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Research Paper

When Care-givers Become the Cared-For: Exploring the Impact of Parent's Chronic Mental Illness on Parent-Child Relationship

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ABSTRACT

Navigating the complexities of having a parent with chronic mental illness not only reshapes the traditional dynamics of caregiving but also presents considerable hurdles to the foundational elements of relationships, notably their stability. Therefore, the present research was conducted with the aim of exploring the impact of a parent's chronic mental illness on the parent-child relationship. For this purpose, the study employed qualitative methodology, consisting of focus group discussion. The data from focus group discussion was analysed using narrative analysis and the emergent themes were- search for meaning, absence of self, ambivalence and fantasies. A parent's chronic mental illness plays a role in shaping the self of the individual which in turn shapes the relational thread, giving rise to the ambivalent feelings that are navigated with the help of defenses in the form of fantasies and splitting. Lastly it also brings along the possibilities of abuse and violence in the relationship thus questioning the relational-ethic based on ethics of care and ethics of justice. This research, although emphasizing the lived experiences of a care-giver, equally sheds light on mental illness not simply as a cluster of symptoms but also contextualizes it in the social context. It thus holds implications for clinical interventions and policy change with regards to mental illness.

Keywords: *Caregiving, Parent-Child, Ambivalence, Violence*

Navigating the complexities of having a parent with chronic mental illness not only reshapes the traditional dynamics of caregiving but also presents considerable hurdles to the foundational elements of relationships, notably their stability. This is particularly evident in cases of mental disorders, where the affected individual's connection with themselves becomes inherently unstable (Charmaz, 1995). The chronicity of illness has a profound impact on the individual's sense of self and identity as well as their relationships (Inder et al., 2008). Situating any disorder in a relational context brings forth the understanding of it which is not limited to the symptoms enlisted in DSM-5, but it becomes a lived reality on which the relationship rests upon.

When we are talking of caregiving role-reversal we are explicitly dealing with the domain of informal care. Within this complex domain, what is at center is the well-being of the one being provided care; however when the person being cared–for is someone on whom the

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natural dependency of the caregiver is a predetermined phenomenon, one cannot overlook what this dependency might do to the relationship as well as to the care-provider. It can be argued that being a caregiver to a parent is a condition of precariousness.

Caregiving, a term commonly linked with parents or spouses, stands as a pivotal factor influencing attachment in any relationship, as emphasized by Bowlby. Drawing from Bowlby and Ainsworth's attachment theory, the emotional structure of a relationship is shaped by the quality of care provided, making caregiving a significant contributor to the development of the parent-child relationship (George & Solomon, 1999). While the conventional understanding sees caregiving as originating from parent to child—an essential aspect during the formative years—the reversal of caregiving, can occur in various instances, such as death of the parent, chronic illness of the parent, or even in the absence of any of these. A term commonly used to refer to this reversal is 'Parentification'.

Understanding mental disorders as a disorder with all its symptoms is only a part that defines it. The way it is lived, the cultural, societal and contextual factors give (re)birth to the disorder and has an impact on those around in ways that cannot be predicted. The affective bond between a caregiver and cared-for is thus a complex mosaic of anger, sympathy, love, hatred and most importantly care.

The work on care itself can be seen as a debated terrain, with several important yet conflictual issues present. There is one school of thought, majorly the feminists thinkers, who focus primarily on the perspectives of the care-givers and then there is another school of thought, the disability researchers who focus primarily on the perspectives of the care-recipients (Bondi, 2008). In the former group one can see more of the self in relational terms while in the latter there is emphasis on self-sufficiency and warns against fostering dependent relationships (Watson et al., 2004). In both of these approaches there is a more unitary approach towards care. However what is aimed through this research is to understand the lived reality of mental illness as it plays out in the relationship. This will bring forth perspectives not only on care and care-giving but also expand and add on to the narratives of the illness. Therefore this review is largely an exploration of contextualization of illness in a relational matrix at one level and a deep inquiry into the socio-cultural aspects that interact with the mental illness in the parent-child relationship, at another.

Mental illnesses, whether psychotic or neurotic, profoundly impact an individual's relationships—not only with themselves but also others. One of the core characteristic across mental disorders is impairment in relationships. Unlike many physical illnesses, mental disorders tend to be chronic and relapsing in nature. This long-term trajectory places sustained emotional, psychological, and sometimes physical strain on caregivers and loved ones. Moreover, the often unpredictable course of treatment and recovery contributes to relational uncertainty, complicating emotional bonds and support dynamics. Understanding how mental illness affects relationships is therefore essential—not only to support those directly affected but also to guide caregivers, inform interventions, and promote more compassionate and effective care systems.

LITERATURE REVIEW

A research conducted by Maskill et al., in 2010, explored how the lives of individuals supporting someone with bipolar are affected. This research brings to light both positive and negative impacts of being a caregiver. The positive impact highlighted the increasing capacity of compassion and sympathy towards people with mental illness and in their relationship in particular. However, the research also taps into the negative impacts it has had on the self of the caregiver as well as the relationship. It was in regards to the characteristic of the disorder, i.e., its chronicity that evoked feelings of anger, sadness and feelings of hopelessness.

A significant challenge in such relationships has been identified as the persistent need to separate the individual from their mental illness — to distinguish behaviours driven by the disorder from those of the person themselves. This form of psychological splitting is often employed as a coping mechanism to maintain the relationship and protect one's own well-being (Speirs et al., 2023). However, it has also been found to be emotionally taxing, as it can lead to the minimisation of one's own experiences and generate internal conflict, particularly when harmful actions must be repeatedly reframed as symptoms of the illness rather than personal choices.

Widespread research is available on caregiving and its impact on the caregiver in terms of how psychiatric symptoms are found in caregivers such as depression, anxiety etc. (Perlick et al., 2008). Further appraisal of caregiver's burden or stress and its coping has also been explored (Chakrabarti et al., 2002; Goossens et al., 2009). The episodic nature of bipolar produces different kinds of challenges on the caregiver with depressive episodes along with it correlating chronicity is more likely to induce greater subjective and objective caregiver's burden (Osctacher et al., 2008).

The majority of these studies typically concentrated on caregivers, particularly family members. In the context of children with parents diagnosed with bipolar disorder, extensive research has been conducted on the inheritability of the disorder in the child. Recently, there has been an initiation of exploration into the socio-emotional and psychological dimensions of this aspect (Backer et al., 2017). Steele et al.'s 2010 research demonstrated the presence of psychiatric symptoms in caregivers of individuals with bipolar disorder. Likewise, other researchers have delved into the consequences of caregiving on the caregiver, encompassing disruptions in psychosocial functioning (Bella et al., 2011). Nevertheless, an area that remains largely unexplored is the dynamic and ambivalent nature of the relationship between a child and a parent. Studies that even focus on caregivers tend to concentrate more on discerning the impact of caregiving on the caregiver, with only a limited number of investigations addressing the relationship between the caregiver and the cared-for individual, especially in the context of parent and child relationship. The existing research in this realm has documented feelings of distance from the patient, instances of encountering violence or apprehension about potential confrontations, alongside reports of positive effects on the relationship (Dore et al., 2001).

As human beings, we are inherently exposed to conditions of uncertainty and potential harm due to our interconnected and interdependent existence (Butler, 2012). This interdependence is more explicitly visible in a parent-child relationship. Due to this uncertain and interdependent relationship, caregiving also poses a challenge to the hierarchical generational boundaries between the parent and child (Minuchin, 1974). It also brings along with it uncertainty as this role-reversal encompassess an array of phenomenon including becoming a parent to parent and enmeshment with the same, which involves a more entangled, close and angry preoccupation with the parent (Mayseless at al, 2004). When the traditional boundaries are challenged, the relational ethics that were guiding the relationship in its normative sense, are also changed. Within the domain of caregiving, what then becomes the guiding force of the relationship are the “care ethics”. It is on care ethics that the moral obligations of the relationship rely upon.

One such narrative of relationalism is present in feminists' understanding of ethics of care. Carol Gilligan in her challenge to Kohlberg’s theory of moral development argued that relationality with the other and responding to their needs is central to the moral reasoning underlying ethics of care (Giligan, 1982). It was in her response to Kohlberg’s theory who based his findings on moral reasoning in men, that Gilligan found that women do not use ethic of justice i.e., what is right or wrong, to make moral judgements instead they use ethics of care which are based on the relationship with another person and it is the sense of responsibility deriving from the relationship that gives the moral value and not simply abstract rules and principles (Collins, 2015).

Linda Leonard in her book “the wounded women”, talks about the various ways in which the daughters have been wounded, but also makes us aware of how there is a danger of blaming the father for the wounds, as it is likely to overlook another aspect that the father has been wounded too. Understanding of the wound as a result of the impairment in the relationship of the parent-child becomes crucial in order to appreciate what has been lacking within. Therefore, one lens to look at the impact on the relationship can be via the route of the self of the caregiver. Understanding how the self forms and re-forms in a relationship, can give valuable insights into the relationship as well.

Research Objective

The aim of this research is to understand the impact of a parent's chronic mental illness on the parent-child relationship.

Through this research, the following research questions have been explored:

1. How does care-giving role reversal re-shapes the relationship dynamic between the parent and child?
2. What is the position of power in caregiving role reversal and how does it impact the relationship between the caregiver and the cared-for?
3. How does the caregiver navigate through the challenges experienced towards the cared-for?

METHODOLOGY

Participants

The participants for the focus group discussion were invited through a mail sent on the college id. Initially 15 people responded to the mail out of which 9 participants came in for the final FGD. The group consisted of 7 females and 2 males. All the participants were college going students, currently in their masters program.

Demographic details of the participants

Males	2
Females	7
Total	9
Age range (in years)	18-25

Method of data collection

Focus group discussion was conducted in order to collect data from the participants.

Method of data analysis

The data collected from the focus group discussion was analyzed using narrative analysis. Narrative analysis has been used as the focus group discussion could provide people a space to story their life and as a facilitator, the focus was on employing a narrative analysis approach, which lays emphasis on the social construction of stories thus shifting the focus away from discovering or uncovering the 'truth' to understanding 'how' or the manner in which the story is told. This approach moves away from simply examining 'what' happened, thereby challenging the realist perspective that life stories are direct reflections of actual events (Rosenweld and Ochburg, 1992).

Data analysis

The aim of the present research was to explore the impact of a parent's chronic mental illness on the parent-child relationship. For this purpose a focus group discussion was conducted. There were 9 participants in the focus group discussion, consisting of 7 females and 2 males. The age range of the participants was 18-25. The data was analyzed using narrative analysis through which four themes emerged, namely., a search for meaning, absence of self, ambivalence and fantasy as an escape. In the following section these four themes have been discussed.

A search for meaning: desire to know and longingness

A recurring theme across participants' narratives was a persistent quest to understand the origins of their parent's mental illness—both in terms of "why" and "how" it developed. This search often stemmed from a deeper need to make sense of the disruption the illness had caused in their lives. Despite the varied circumstances that led to role reversals, this desire to comprehend the parent's condition remained constant.

However, this search extended beyond merely identifying causes. It reflected a deeper longing to know who the parent was before the illness—an effort to know a part of the parent unmarked by disorder. In doing so, participants were not just seeking information about the illness, but were also trying to form a more cohesive and complete understanding of their parent—one that illness had obscured or fragmented. This was present so vividly in one of the participant's narrative-
"Everytime my mother told me something about her life, I used to look for signs of where all this might have started, as if looking for explanations for the suffering I had watched my mother go through."- male participant.

One of the participants who did his engineering from IIT and was earning well, felt the need to change his profession and choose psychology and now the readings he his engaging with as a part of the course have become a source to understand his mother not in terms of her symptoms but more experientially.

"*I did engineering before and I was earning a handsome amount of money, but then I changed my profession. The readings that I am reading here, like when I read about hysteria, I feel like a lot of it was similar to my mother's experience…. I do not agree with the bipolar diagnosis, I feel her symptoms are more bodily."*

"And she just, she used to just sleep, like, for 16 hours with the medicines, because she really needed that rest. But I feel nobody sort of understood her subjectivity. Nobody's trying to understand her."

This search for meaning was twofold: it was both an attempt to reconstruct the parent's identity and an effort to make sense of the child's own experience—why they found themselves in a caregiving role, and what their relationship with the parent truly meant. Underneath this was often a yearning for connection, continuity, and coherence in a relationship marked by rupture and ambiguity.

The caregiver's ongoing search for a cohesive image of their parent can be understood as part of a broader attempt to construct meaning within a disrupted parent-child relationship. From an attachment theory perspective, as developed by John Bowlby (1969, 1973, 1980), early interactions with caregivers form the foundation for internal working models—mental representations of the self, the other, and the dynamics of relationships. When a caregiver becomes physically or emotionally unavailable due to illness, especially mental illness, these models may become fragmented or insecure. In this context, the child's effort to understand who the parent was before the illness reflects an attempt to repair or stabilize this disrupted attachment bond. The caregiving role reversal further complicates this process, as the child must navigate the emotional strain of care while still seeking the kind of attuned presence typically expected from a parent.

Simultaneously, narrative identity theory, as articulated by Dan P. McAdams (1993, 2001), suggests that individuals develop a coherent sense of self by constructing life stories that provide meaning, continuity, and purpose. Within this framework, the participant's effort to piece together a more complete and "whole" image of the parent functions as a narrative strategy—one that allows them to make sense of their own life circumstances, emotional responses, and caregiving role. The parent's absence, or their partial presence in the relationship, represents a gap in the child's narrative—an ambiguity that challenges identity formation. Reconstructing the parent's story is, in effect, a way of reconstructing one's own. As Missine (1984) notes, the question is not only "why" this role reversal occurred, but also "what" meaning the individual can derive from the position they find themselves in. Through both attachment reparation and narrative construction, the participant seeks to re-establish a sense of continuity in a relationship marked by rupture.

Absence of self

There was a conspicuous absence of the self in the care-giver's narrative. This absence manifested in how caregivers recount their experiences, often highlighting the prioritization of the cared-for individual's needs over their own. One poignant verbatim that encapsulates this sentiment was-
"*I was thinking about receiving love, and the notion of when a lot of times we deny that care to ourselves when we do give it as care-givers*"- female participant.

The above statement underscores a critical insight into the caregivers' internal world. The act of caregiving frequently entails self-neglect. The absence of self in the narrative can also be placed on the other (the cared-for), whose needs are considered to be primary in the relationship.

The search for meaning in relationships is so prevalent that the self finds itself somewhere placed at the periphery. In the way participants describe their experience, there is more emphasis on the parent and their challenges and somewhere the place of self in the relationship is not present. When participants were asked about their way of relating to the parent when the parent is particularly in a difficult phase of their illness, their description was based more on describing the symptoms of the parent with very less emphasis on their place in the relationship. It seems like the carer does not have any self-identity and is simply invisible to oneself or is only a part of the parent (Harding 2001).

The only place when the self comes in was in their description of the helplessness they experienced, *"she was not able to cope at that time, of course. And I just honestly felt helpless. I just remember that."- male participant.*

It was present in the narratives how embedded this lack of recognition of the self has become that it manifested itself in various relationships and there too assuming the same role. However there is something more that gets communicated through this.

"*Will I ever let myself be loved? I know how to love but I always look away when love looks at me and that's because I hide my fear behind the excuse of not hurting someone. But the truth is that I don't want to be hurt. We humans desire closeness but when we are close we invite the opportunity to hurt one another. But when we reveal our true selves that's when healing occurs*."- male participant.

This excerpt speaks a lot about the intricate dynamics of love, fear, vulnerability and healing, also highlighting their ambivalence towards love and intimacy. There is a core revelation of the vulnerability of being hurt because they find themselves being placed in the paradox of intimacy. The two different faces of this paradox reveal the longingness and avoidance of close relationships aimed at protecting oneself from the pain one is likely to experience in the relationships. This idea of relationships being painful is what is being derived from their relationship with the parent while being in the care-giving role, such that one does not reveal their true selves, in order to protect it. There is absence of the self not only in the way they make sense of their life and their position, but also in their ways of relating.

"Sometimes I used to see mere friends ke parents, they are dreaming, they are building businesses, they are traveling together and they are exploring life, they are exploring things and they have their own interests, their likes and dislikes. They are passionate about some things, they are learning new things and I think that sort of creates a bond and an environment in your family with your parents, that you imbibe those things very easily too and but when those circumstances are mostly depressed when your parents are just sort of like in the survival state most of the times they really don't look forward much in life. It somewhere depresses that part of play in you."- female participant

In the above except, there is an indication of extension of the parent's survival state on the participant's sense of self. The absence of parents' engagement in life beyond mere survival leads to a family environment devoid of play, passion, and exploration. The participant articulates this effect poignantly: "*It somewhere depresses that part of play in you*." Here, the "part of play" symbolizes not just leisure, but the broader concept of personal fulfillment and the pursuit of one's interests and dreams. "Play" here can also be understood in the

Winnicotian terms. This narrative underscores the profound influence of the caregiving environment on the individual's development of self. When caregivers are unable to express and pursue their own identities due to overwhelming caregiving demands, it creates an environment where the cultivation of self—both for the caregivers and those they care for—is significantly hindered.

Ambivalence

"*It is pressurizing, but she isn't asking for too much****"*****-** male participant

One of the underlying themes within the narratives of the participants was the ambivalent attitude towards the parent. They were subtly presenting their challenges of being in such a role and feelings it invokes within them and at the same time taking up the moral position in the relationship. In a very simplistic form this ambivalence can be described as a struggle between "**what one should do and what one wants to do".** What lies on the two ends of this ambivalent position is morality or "ethics of care" and lack of agency which is accompanied by the dependency experienced in the relationship.

One thing that was common among the participant's experience was the way their relationship got shaped in the experience of being a caregiver. It mostly starts with anger, anger of being burdened with a role that one did not expect to take, the anger giving voice to their narrative of being a victim in this role. One of the participants said -

"*I know that they became parents for the first time, but that's not my fault, I was also a child for the first and last time*". - female participant

Another participant said- *"I wish they had figured it out before I was born, at least then it would have been an individual journey".*

Coser in his paper has argued that feelings of ambivalence can also be attributed to status transitions. Transitioning from one status or role to another often means that meeting the expectations of the new role requires not meeting those of the previous one. This can create significant ambivalence, particularly when moving into the role of a family caregiver. Ethically, this transition can raise complex issues as the individual navigates conflicting duties and responsibilities, balancing the care for a loved one with other personal and professional obligations (Coser, 1966).

Let us first look at one end of this ambivalence, the lack of agency and its role in giving rise to ambivalence in the relationship:

The lack of agency present in such relationships cannot be attributed to someone explicitly taking away the agency but it is more so influenced by the 'dependence'.

The caregiving role inherently involves a multifaceted dependence, where one individual relies on another for various forms of support, including emotional sustenance and decision-making assistance.
"She never takes her own decision. She, she's always sort of different, dependent on us, mostly on me. And, like, if she wants to go somewhere, and if I am busy, she'll be like, okay, let's leave it. Recently, there was a, there was some wedding. And I was busy with college. So she was like, it's okay, I don't want to go with that. And like, and somewhere, it sort of

creates that pressure also, to always be there, to always take care. I chose not to go abroad because of her, to study. And I mean, it was always sort of an implicit decision. It was never, like, out. Like, it was not really, I say, thinking about it. It was just sort of present that I need to be here. I mean, I think all of us need that space, that safety with someone, with someone we can talk. And I think I've always been that person for her." - male participant

The above narrative is of a male participant whose mother has bipolar disorder, in describing his relationship with his mother, the participant mentioned how his relationship with his mother is marked by dependence on her part to an extent that making life choices for oneself is not a choice anymore.

This dependency places significant pressure on the caregiver, as noted by several participants who shared their experiences and the emotions that arose within these relationships. The sense of dependency profoundly impacts the caregiver's sense of agency. Knowing that someone depends on them for their needs influences the decisions caregivers make and constrains the choices available to them. Many participants' narratives highlighted this dynamic, revealing an absence of choices and, consequently, a diminished sense of agency. This also gives birth to feelings of powerlessness in the relationship. Moreover, this lack of agency, rooted in the dependency within the relationship, can foster feelings of anger and frustration towards the cared-for individual, as the caregiver's ability to act autonomously is compromised. Pilmer has done extensive work on ambivalence in parent-child relationship and found a similar finding wherein he reported the parental dependency as being a factor that negatively affected their quality of parent and child relationship (Pillemer et al., 2019). According to the concept of sociological ambivalence, people are more prone to feelings of ambivalence when a structured sense of social relations puts a constraint on their ability to act autonomously (Connidis and McMullin, 2002).

On the other end of this ambivalence are the "moral ethics". While the discussion in the listening circle was moving towards the expression of anger towards the parents, one of the participants brought in another narrative, who had lost her father and her mother has been suffering from depression mentioned-

"*I know it is difficult to deal with your parents sometimes but you know what I also feel that having this noise around is better than a lifetime silence"*.

Fantasies

"***I want to be a good parent to my children and dream with them"***- female participant.

Being in a care-giving role is not all pleasurable, and when reality is not pleasing, fantasy becomes an easy escape from such difficult emotions. Fantasies not only become a source of outlet of their difficult emotions but also allows them to re-imagine an alternate reality and re-store their sense of self. Fantasies allow us to make that which seems unbearable, bearable.

"It's not fair" - this was the initial response of one of the participants when he was asked about his fantasies in the care-giving relationship with his mother. Although the response is short, what it indicates is something much deeper. It is at one level an expression of dissatisfaction and anger which cannot be directly expressed in the relationship and therefore

an outlet for difficult emotions yet at another level it is an expression of an alternate reality, where one has an idea of what fairness would look like.
"My biggest fantasy is to be a parent who is present. I really want to be a dad who is there and like that will sort of heal a part of me. I used to think that it is to prove myself, but actually its more than that. I think seeing my kids getting that comfort, that safety from me would sort of heal a part of myself. I know to be there I have a lot to heal too before I get into that role."- female participant

The participants' description of the desire to be that parent for the child that he did not have is what I would term as a **"vicarious fulfillment of the absences of one's life**". This is a phenomenon which we can otherwise see but from the perspective of a parent when parents impose their desires on the child or make sure they do not go through the similar experiences they have been through. However the present context gives us a pretext of this phenomenon when the future parent is still a child and is willing to fulfill his wishes that he had as a child by fantasizing about the kind of parent he would be.

Fantasies also bring the self at the center, and thus also the scope for the ambivalence to be resolved, it also helps the child regain that agency. Another form of fantasy which was present in the participants narrative was seeking a relationship that can provide that "care", which lacked herein.

"I think I have made peace with the fact that I have to be a parent that I never had, but to heal myself I can seek therapy that can provide me that care".
What is lacking in these relationships is restored through other relationships or that is what one aims to, such as one participant mentioned trying to find that "holding space" in the therapeutic relationship. For some people this relationship came in the form of therapeutic relationship while for others this came through friendships and romantic relationships, which is also a form of support for them.

DISCUSSION

The aim of the present research was to explore the impact of a parent's chronic mental illness on the parent-child relationship. For this purpose, a focus group discussion was conducted. There were 9 participants in the focus group discussion, consisting of 7 females and 2 males. The age range of the participants was 18-25. The data was analyzed using narrative analysis through which four themes emerged, namely., a search for meaning, absence of self, ambivalence and fantasy as an escape. In the following section these four themes have been discussed in line with the broader research questions.

The first research question explored the impact of the parent's chronic mental illness on the parent-child relationship. Through the focus group discussion and themes that emerged showed that the relationship was impacted in two ways, one through the absence of self in the relationship and secondly through the ambivalence experienced.

The role that relationships play in the development of the self has been deeply explored by Winnicott in his book Playing and reality (Winicott, 1971) through his concepts of the good enough mother, the one who provides the child feeling of omnipotence by gratifying their needs and subsequently moves them from the illusionary state to the disillusionment of its omnipotence. Drawing upon these ideas one can argue that the formation of the self of a person is placed in the relational context. In case of caregiving, the relational context is that of caring for the parent and in doing so the self has either become absent or undergoes negation of its experiences. Therefore it can be seen that the care-giving for the other shapes the "self" of the care-giver in the parent-child relationship and the manner in which the self is formed then has implications for the relationship that the self forms with the Other. Drawing from Winicott's idea of false self compliance, the self which is then formed in these relationships is the false self (Winicott, 1965). The false self is based on the premise of complying to the needs of the other, in this case that of the care-giver, which also explains why the narrative of the self was absent. However there is also another purpose that the false self serves which is that of protecting the true self (Winicott, 1960). Therefore it can be said that the self becomes absent in order to protect its annihilation. Several researchers have indicated how the self gets affected in care-giving (Wang et al., 2019; Noonan et al., 1997; Sawatzky et al., 2013). The theme of search for meaning, highlights that although there is absence of the self however at the same time there is also a constant search for the self through the search for meaning in the relationship.

Another way in which the parent-child relationship gets impacted due to the parent's illness came in the form of feelings of ambivalence towards the parent which had several underlying factors. Rutman, 1996 has also described these themes of powerful and powerlessness in caregiving and some of the instances that lead to such feelings. Ambivalence resulted due to heightened feelings of helplessness, abuse on one hand and love, respect and duty on the other hand, directed towards the same person. The parent's illness also increases the possibility of violence and highlights the power dynamics in the relationship, which also contributed to the negative feelings experienced towards the parent. All of these factors highlight the challenges of care and care-giving but they also bring to forefront the challenges pertaining to relationships at large and how they reflect the way the larger social and cultural dynamics are placed. Hence what gets explored in the realm of care, is not limited to simply this area but it speaks for care in several settings and relational dynamics.

The second research question aimed to explore the power-dynamics in the such relationships. The power-dynamic that gets highlighted in role reversal in care-giving, brings violence at the center of care and thus questioning the idea of ethics of care. Studies that have explored violence in caregiving have centered their focus on the violence inflicted by the caregivers on the cared-for (Pillemer et al., 19920. On the other hand there are a pool of studies that have explored the association between mental illness and violence on the care-givers (Pinyopornpanish et al., 2022). However in this research, it has been argued that mental illness can give rise to possibilities of violence but this violence cannot be attributed simply to the illness. Although the illness might stretch the limitations of an individual and can lead them to engage in such behavior, there is also more than that which is present and that is the personhood of the individual. This opens up a larger narrative of violence in relationships and the gendered subject in the relationship. Within the literature of ethics of care, there has been a tendency to keep ethics of justice and ethics of care as two distinct categories, however ethics of care would remain too limited without the presence of ethics of justice, as violence has the tendency to shake the emotional thread which binds the relationship in the context of care.

The third research question was to understand how to navigate through the ambivalence experienced towards the cared-for. It was found that the caregivers primarily engage in two routes, one is that of fantasies that serve as an outlet for complex emotions experienced and secondly by the process of splitting. Both these routes serve as a sort of protective mechanism shielding the self from the traumatic experience within the relationship (Knox, 2003). Splitting is also one of the defense mechanisms from the attachment theory perspective, which is also aimed at reducing the distress. Fantasy too serves as a crucial defense mechanism against the intrusion of realities that exceed our current capacity to handle (Knox, 2003). Knox has also argued that fantasies defend against the humiliating sense of helplessness, which was also evident in one of the participants' narrative. Kohut proposes that when narcissism is wounded, it triggers both feelings of rage and fantasies of grandiosity. These reactions serve to shield the ego from the painful realization of rejected dependence (Kohut,1972). Therefore the ways of navigating through the ambivalence in the relationship are Another method that has been mentioned in attachment theory is that of distance regulation which is an effective strategy for affective regulation (Dozier et. al, 2001). The ways of navigating through ambivalences happen in the first place to protect the relationship in some ways and thus safeguard the attachment (Holmes, 2001). Affect regulation has been seen at the heart of intrapsychic processes (Knox, 2003), hence splitting and fantasies, which are both intrapsychic processes also serve as ways of regulating the ambivalent feelings. Moreover, defenses not only are the ways to protect oneself but also play a role in meaning-making, they not only distort the experience but also play a part in forming the experience (Knox, 2001). It has also been observed that feelings of helplessness and humiliation in the relationship can serve as narcissistic damage which also explains the absence of self in most of the narratives.

Connecting it back to the initial curiosity that the research began with, it can be seen that there is an oscillation between the self and the other in the process of making sense of the relationship. Meaning making in this relationship sometimes requires the child to withdraw from the relationship in the form of fantasies, while sometimes bearing witness to those experiences is more essential.

CONCLUSION

The research explored the impact of a parent's chronic mental illness on the parent-child relationship. It has unveiled a complex tapestry of emotions, dynamics, and coping mechanisms. Although the research aimed at exploring the relational dynamic between the care-giver and cared-for, it also simultaneously opened up several complex layers of mental illness and gendered self in the relationship.

One of the central themes that emerged was the profound impact on the self of the caregiver. Within the relational context of caregiving, the self was found to be either absent or experienced a negation of its experiences, leading to the formation of a false self as a protective mechanism. Drawing from Winnicott's concepts, the false self emerged as a response to the caregiver's compliance with the needs of the parent, serving to shield the true self from annihilation.

Feelings of ambivalence towards the cared-for parent also surfaced as a significant challenge within the parent-child relationship, stemming from a myriad of underlying factors such as helplessness, abuse, and love. Coping mechanisms such as splitting and fantasies were identified as strategies employed by caregivers to navigate through the ambivalence and protect themselves from the traumatic experiences within the relationship. Moreover, violence emerged as a prominent issue within the context of caregiving, highlighting the power dynamics inherent in role reversal and raising questions about the ethics of care.

In conclusion, this research underscores the complexity of the parent-child relationship in the context of parental mental illness and emphasizes the need for a more nuanced understanding of caregiving dynamics. By exploring the lived experiences of caregivers, this study offers valuable insights into the challenges, coping mechanisms, and relational dynamics involved in caring for a parent with chronic mental illness. Moving forward, it is imperative to address these complexities and develop support systems that acknowledge the multifaceted nature of caregiving and promote the well-being of both caregivers and their parents.

Therefore it can said that the parent's chronic mental illness plays a role in shaping the self of the individual which in turn shapes the relational thread, it gives rise to ambivalent feelings that are navigated with the help of defenses in the form of fantasies and splitting and lastly it also brings along possibilities of abuse and violence in the relationship thus questioning the relational-ethic based on ethics of care and brings the question of ethics of justice along with it. This research holds implications for clinical interventions and policy change with regards to mental illness.

Limitations and implications for future research

One of the biggest limitations of this research is the presence of a single narrative that is of the caregiver. The research aimed to explore the relationship and hence both the voices, that of the care-giver and cared-for must have been included. Therefore, the future research can focus on the other side of the story or bridge the two narratives to give a more comprehensive understanding of the area under concern. Secondly, its methodology can also serve as the limitation, although autoethnography is a recognized qualitative methodology but it is still a debated one due to the claims of generalizability. Therefore, future researchers can employ case studies and personal interviews that can increase the generalizability of the research.

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Conflict of Interest

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