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Challenges of Indian Girls with Maternal Schizophrenia

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Schizophrenia, earlier known as dementia praecox, is considered to be one of the most devastating mental illnesses due to its impact on the individual as well as family members. The Indian context characterized by one's rootedness to family, warrant enquiry about difficulties and burnouts faced by girl children.When it is the mother who is suffering from the illness, there tends to be a huge lag in terms of primary care giving. A disturbed home environment along with inadequate parenting have shown to adversely affect the girl children. The present qualitative research study aimed to explore challenges faced by the girl children with maternal schizophrenia with the help of 43 Mental Health Professionals (MHPs) across India. Interpretative Phenomenological Approach (IPA)was adopted and interviews were conducted using a validated interview guide. Thematic analysis revealed that girl children whose mothers are diagnosed with schizophrenia faced challenges in self, family and social sphere of life. Neglect, self blame and the question 'why me' were recurrent themes.They experienced difficulties in cognitive, behavioral and social domains. The added burden of family responsibilities and social stigma made the surroundings challenging.Exploring the world of girls with maternal schizophrenia would deepen our understanding about impact of schizophrenia on family members and aid us develop interventions to support the care givers.

Keywords: Maternal schizophrenia, girl children, challenges, stigma.

Schizophrenia is a 'multifactorial' disorder, with multiple genes and environmental factors being posited[1]. Family studies have shown that children born to parents with schizophrenia are 15 times more likely to develop the disorder[2]. Gregory and Bateson's theory on the double bind hypothesis, and other theories such as schisms and skewed families and expressed emotions, further initiated the need for looking into the family, as these theories propose that family environment could be a perpetuating or triggering factor for the illness.

Australian study on this population found that families with parental mental illness are facing several problems such as disruptions in relationship, marital disregard, issues with children's schooling along with financial difficulties[3].

When there is an ill parent in the family parenting is affected. The home environment is then disturbed and this may adversely impact the growth of the child. Studies have found children to demonstrate a cognitive decline and deficits in speech which is manifested in the form of incoherent and vague speech patterns along with

difficulty in the social domain, being unable to form relations with peers. This is usually associated with a family environment wherein there is economic instability, marital conflict as well as confusing role transitions[4]. Burman *et al*. (1986, cited in Schiffman *et al*.[5]) observed that high risk families were more likely to have disturbed family tiesrelative to low risk families.

In the Indian context, where the rootedness to family and its importance as a cohesive unit is still a strong pillar of support, emphasis has to be given to the kind of difficulties faced by individuals taking care of the patient, as well as the burnout faced by them. In a family with children, it becomes even more important to address how these are influencing the life of the children. For example, when it is the mother who is suffering from the illness, there tends to be a huge lag in terms of primary care giving in most families, wherein the child not only lacks help in terms of daily activities such as nutrition, getting ready for school and so on, but also faces a communication lag with the mother due to her illness. At this juncture, the father is to fill in for the mother apart from earning for the family and balance responsibilities. This further may lead to burnout for the father and impacts his wellbeing.

The factors such as maternal illness itself, socio economic status, parental interaction and parenting style are complex and interrelated[6]. The influence of maternal mental illness on the child's life is tremendous. A study on girl children and maternal mental illness found that family factors mediate depressive symptoms[7]. Similarly, the low parenting sensitivity and its relationship with parenting attachment among maternal schizophrenia has been explained by researches[8-9]. There exists a negative correlation between maternal mental illness and mental health outcome of the children[10]. These children who show social and emotional symptoms in their early years may develop mood disorders later in their life[11]. In India, children having either parent being treated for Schizophrenia showed lower level of intelligence compared to children whose parents did not report any psychiatric issues[12].

Studies also speak of stigma[13,14] and poor interpersonal relationship due to maternal schizophrenia[15], social embarrassment and hiding the fact of their parental mental illness[16]

The relationship between mother and the child is crucial for the mental development of the child. Schizophrenia disrupts this relationship. The disorganized-disoriented attachment style[17] describes how these children would have a dilemma about their relationship with their mother (Ainsworth, 1978 as cited in Solomon & George[18]).

The literature presents vulnerabilities of children whose parents are diagnosed with Schizophrenia. The Indian context adds complexity where gender roles and relation between parent and children of same sex are peculiar. In spite of changes taking place, a women is primarily seen as a care giver. Thus, the illness of a women in the family (the mother) is likely to have peculiar implications for girl children assumed to be 'would be care givers'. Hence, it becomes crucial to explore the experiences of girl children affected by maternal schizophrenia as it is believed in India that 'Future of a woman is future of the family'.

METHOD

The purpose of the present study was to understand how schizophrenia of mother affects a girl child in the Indian context. The study aimed to explore experiences of mental health professionals (MHPs) 20 psychiatrists and 18 clinical psychologists and 5 psychiatric social workers about the challenges faced by the girl children whose mothers are diagnosed with schizophrenia. The participants were having at least 5 years of experience of working with schizophrenia population from different regions across India. The study adopted a qualitative research design with Interpretative Phenomenological Approach (IPA), clear focus on participants' meaning-making[19]. The participants were selected through non probability sampling using linear snowball sampling method. This type of purposive sampling is helpful where there is a scarcity of sample[20].

The participants were identified from different regions across India, working in rehabilitation settings and public hospitals with psycho social rehabilitation facilities. Linear snowball sampling, a type of purposive sampling was adopted to identify psychiatrists and clinical psychologists for participation. This non probability technique works like a chain referral where one participant who fits the criterion of the study is

identified, who in turn identifies other participants who may be eligible for the study. This type of purposive sampling is used in circumstances where in identification of the sample may be difficult due to scarcity of the population[20].

The data collection process was divided in phases starting from development of interview schedule using the existing literature. In the second phase, it was validated by three experts of qualitative research and the study area. The next phase included the screening of the participants and obtaining informed consent. The interviews were conducted between 2013 and 2015. The average length of interview was 90 minutes. Transcripts were prepared based on the audio recordings. Few MHPs answered the interview questions in writing instead of audio recordings due to paucity of time. Memos and member check procedure followed the phase of preparation of transcripts. Thematic analysis was used to analyze the data. Thematic analysis is a systematic approach of coding and identifying themes in qualitative research [21,22].

Two independent coders analyzed the data using manual method and NVIVO respectively. The results were kept under basic themes, organizing themes and global themes keeping a common ground in between.

The Ethics Committee of Christ University granted permission to the study.The ethical norms of informed consent, anonymity and confidentiality, debriefing were strictly adhered to. The participants were made aware of their rights such as voluntary participation, right to withdraw etc.

RESULTS

This qualitative research focused on identifying the challenges faced by the girl children in Indian context. MHPs between 30 years to 55 years from all over India who had experience with this population were included. In depth and semi structured interviews were conducted.

From the results of the qualitative analysis,the global theme 'Life of the girl child with maternal schizophrenia' was identified. This global theme has three organizing themes namely challenges with self, challenges faced in the family and challenges in societal interaction. Each of these organizing themes have several basic themes.

The following table shows results of the data analysis on the challenges faced by the girl children in India with maternal schizophrenia.

DISCUSSION

Life of the Girl Child with Maternal Schizophrenia

India has been showing improvements in terms of girl children and their development in the community. Recent amendments are examples for it. However, in terms of mental health of a girl child, lots need to be done. There is stigma attached to mental illness in India, specifically "women's mental health". Women's mental health is a concern in every dimension of life – home, work and community. India mostly has a patriarchal society, which means that opportunities women get are very few, they are suppressed. Only few women raise to the positions they are at today. And, many women in this developing economy are seen to venturing out into the work space. But, that does not give them a chance to minimize the work at home or share at home. Thus, balancing the work and home and still being the part of larger community is the

Table 1. Challenges faced by the girl children with Maternal Schizophrenia

Global themes	Organizing themes	Basic themes
1. Life of a girl child with maternal schizophrenia	1.1. Challenges with self	1.1.1 Cognitive challenges
		1.1.2 Behavioral challenges
		1.1.3 Self blame
		1.1.4 Why me?
		1.1.5 Child being neglected by the well parent
	1.2 challengesfaced in the family	1.2.1 Expectation to grow faster and to take responsibility of the family
		1.2.2 Expectation of caregiving and care giver burden
	1.3 Challenges in societal interaction	1.3.1 Issues with social behavior
		1.3.2 Social taboo

biggest challenge they face. This triggers stress that in turn harms their health. It is a vicious cycle; too many deadlines at work and responsibilities at home is challenge to balance which triggers stress. This tension harms a person physiologically which later harms the mental health. Such stressors can be a co-morbid factor to illnesses like anxiety, depression and phobias which can further lead to more devastating states if not treated at the right time. The recent amendments have shown a rise in female education and female career. But, there is a need to uplift them in the social sphere and the care for their mental health. Their mental health affects their children too and specially, girl children.Life of a girl child with maternal schizophrenia faces many challenges in life starting from anxiety to stigma and rejection. These factors might contribute to their ill being in their later life. It is well said that, the quality of a childhood decides the quality of its future. Maternal schizophrenia can lead to lot of complications in the life of a girl child. Firstly, they do not get the love and care they are supposed to get. The mother's presence and defense for the child in the community matters much. But, when this is lost, the child is clueless about whom to trust, whom to share with and can easily become the point of rejection in their small groups that becomes larger later. Thus, maternal schizophrenia affects not only the patient, but the family as whole and especially children.

Challenges with self

Schizophrenia has an established genetic basis and thus, children born to parents with schizophrenia inherit a genetic vulnerability, predisposing them to develop some form of psychological issues or schizophrenia in later adulthood [23]. Thus, there is a possibility that children of parents with schizophrenia may show deficits in various domains such as emotional, cognitive, behavioral, social and physical[24].

• Cognitive challenges

Poor attention skills have been reported by numerous studies[25- 28]. In this study the MHPs are confirming the same.

"She makes errors a lot …shows they have poor attention and particularly sustained attention" (P2, P10, P23, personal communication).

"I also felt that when I started to interact, she was not able to focus also" (P23, P42, personal communication).

"The third daughter had some problems with her studies…I would say because of poor concentration" (P19, personal communication).

"She couldn't take decisions for themselves mostly because they are uncertain about themselves or have some sort of fear or are confused" (P5, personal communication).

"She was a little clumsy in motor coordination" (P34, personal communication).

The above verbatim are examples of the perspective of the MHP's on the cognitive difficulties faced by the girl children which are similar to the findings of thestudies mentioned above.

"Inabilities in problem solving ability – was poor in any task … which was condemned by her family members."(P10, personal communication).

One unique thing here is in India is; instead of taking these children for intervention or counselling,some families condemn them as mentioned by the MHP.

• Behavioral challenges

Girls whose mothers are being treated for schizophrenia displayed withdrawn behavior, daydreaming, clumsy behavior, dependent behavior, confused behavior and social withdrawal[27,29,30]. The following verbatim from this study shows the same.

"Seen subtle temperamental characteristics in her … for example ranging from hyperactivity to impulsivity" (P34, personal communication).

"According to the well parents' reports the girl child shows tantrums when he is asked to do something. It will be exhibited in the form of throwing things, and not talking, or brush teeth, not willing to take any decision independently." (P11, personal communication).

"That is one thing we can make out when they come here, being very stubborn and demanding behavior" (P41, personal communication).

"The third daughter was behaving little oddly" (P19, personal communication).

Studies explored "the mothering skills of women with mental illness" and found that in cases of maternal illness, there may be neglect of the child or due to the illness[31-32]. Under such circumstances, the child may be left without a caregiver and thus, the need for attention. The demanding behavior and odd behaviors may also be results of inconsistent care giving.

• Self blame

This theme refers to different thought processes of the girl children associated with the illness of the mother. It is necessary to understand these thought processes as they may give rise to negative self-perceptions. Mednik and Schulsinger (1968, cited in Garmezy[33]) found children whose mothers are getting treated for schizophrenia to be intolerant, had high conflict ratios and portrayed a negative self-image.

"she was very close with her mother. So the father thought that she may get the problem, what the mother has.. But there she has developed low confidence…" (P4, personal communication).

"lot of the cognitions that we worked on, especially in case of the girl child. There was so much of negativity, that I'm not good enough, I don't have good friends, I can never do well, I'll never be able to excel in what I do, I don't want anybody…I don't want to go to school" she blamed herself (P7, personal communication).

"…but she blames herself, so 'something I have done that they both are fighting about'…" (P9, personal communication).

"self-confidence is poor, because no is there to guide ... For that you know, they have self-pity also, because all the children in this age are enjoying, 'my mother is like that, others think crazy about me'…" (P15, personal communication).

"feels very insecure when she meets new people" (P23, personal communication).

The distorted home environment and the conflict they witness leads the girl children to put the blame on themselves .Self blame can also arise when the child begins comparing his/her ill parent with those of the peers and realizes the difference. This could develop shame in them[34]. There may be no one to guide the child as the ill parent is indisposed and the well parent is busy. This can negatively impact the child's confidence and lead the child to doubt herself.As there is no quality time with the mother, these girls develop self doubts. Quality time gives a positive impact in the children which is missed out on here[35].

• Why me?

This is a common question asked to oneself when someone faces extreme situations. They start questioning their existence and wonder "why only me?" when everybody else is leading a normal life. Sense of comparison to the better person and situation arises here.This basic theme is the one question asked by many children when they compare behavior of their ill mother with their friends' parents. At least in the Indian setting, mothers play a role in the development and progress of the child. The mothers are completely involved in child care and often held solely responsible to all the problems children face. Even the social role theory talks about care giving as the role of the mother. According to the social role theory, every individual has a role to play that is expected and unconsciously designed by the society as per the cultural norms. When a person deviates from the role, they are rejected and not approved[36]. Thus, maternal health influences the way children are treated.Children want their mothers to be involved, interacting with their friends like other mothers do but more often than not, the ill mother is unable to do so. As the child grows older and gains more maturity, she may gain more clarity on the situation.

"With that client, one thing she always questioned… She would always say that 'how come I got this in life and not somebody else my age…so if you see a lot of these kids have this kind of feeling that I didn't deserve to have parents like this. Even this older kid that I'm seeing, even she has said the same thing that when my other friends could get better families, why is it that I have got this kind of a family?" (P7, personal communication).

"Some maybe…it can be kind of anger going outside or anger going inside…why is it happening to me? Or why my family?" (P16, personal communication).

"there are gaps in schizophrenic mothers parenting. So the child is deprived of all this. It will be an emotional deprivation as well a comfort, the comfort level of the mother is not there specifically for the girl child"(P20, personal communication).

In describing the difficulties faced by the girl children, the participants talked about the question girls would often ask and to which providing a satisfactory explanation was difficult. Girls may feel that they did not deserve parents like this and that they deserve better. When their families are compared with that of their friends, these girls feel that they also should have had families with no issues or illness. When such a question is asked by a very young child, taking the cognitive maturity into consideration, it may be

very difficult to provide the child with an adequate explanation.

The participants observed that some girls experienced anger, arising from the illness of the parent and its potential implications. Depending on the personality of the child and other factors such as coping resources, the child either directed the anger externally or repressed it. Both of these strategies are maladaptive, especially the latter one. The anger was the child's way of reacting as she could not comprehend why this was happening to them and no one else.

"Anyway, there are some girls who don't even want to say it is my mother, because the other person is abnormal, so these are all issues, which are social issues" (P20, personal communication).

Some girls may feel embarrassed about the illness of the parent and try to hide it. This is because the child considers it to be abnormal which could be a result of the manner in which extended family members/society at large reacts to the parent and her illness. The child may also have to suffer other social consequences such as stigma and taboo which makes it very difficult to accept the illness of the parent. Interaction of such factors can cause the child to question why she had to be the target or why her parent was affected by the illness.

"a lot of criticism in her peer group, in her local group, about her mother, you know, lot of criticism. mother is like that, …doing like this, you mother is not dressing up properly, all those sorts of criticism she couldn't take it. (P 44, personal communications 2015)

"she didn't want to admit her parent. It's like, they don't want to tell other people that my mother is sick, so they are ashamed." (P39, personal communication).

Some girls may face criticism from the peer group because of the illness of the parent. The child may not be able to cope with such stressful peer interactions. This may cause the child to withdraw socially. This may also be the reason why children are hesitant to admit their ill parents to the hospital. They feel ashamed about parent's illness and do not want anybody else to find it out[37].

• Child being neglected by the well parent

Care giver burden and burnout of the family members while taking care of the patient and the family is also an issue to be taken care of, as in the absence of one member, the well parent is to assume the role, and provide quality care to the child as well. The well parent gets into the dual role of both parents. This dual role is a burden as they have to become caregivers for the patient too. When burden or burnout is faced by this substituting figure, not only does it take a toll on the family system as a whole, but the quality of care given to the patient may also reduce, hence worsening the patient's status and also the quality of care given to the child who is facing the void of one caregiver. The well-parent may be inattentive to the child, not emotionally available or neglect the childcompletely. If the child is not given quality care as a result of burnout, she may also experience other issues such as emotional problems or academic issues[38].

"wife has a problem but concentrating and caring for her, and not giving importance to the child will crop up another problem at home" (P11, personal communication).

" 'my mother is like that, others think crazy about me.' In that she may also not be able to get her fathers affection and care also" (P15, P16 personal communication).

"there is no structure to their life; nobody is like, getting them ready to go to school and stuff like that….Because children have not been looked after, they haven't been taken care of by the well parent …(P35, personal communication).

Between caring for the ill parent and working, there is no time for the child. Even if it is not the well parent, the child needs a consistent caregiver. If the child is unable to form a strong relationship with a caregiver, the child may later experience emotional difficulties or issues in other areas of functioning[38]. They feel lonely, unwanted by the well parent[34] which is what the participants have voiced out through the verbatim.

The participants indicated that girl children experience an emotional turmoil. They tend to blame themselves for the state of their mothers. Being seen as future mothers, girls feared carrying the same disorder. Thus, a girl child is more likely to get severely affected by maternal schizophrenia.

Challenges faced in the Family

This organizing theme refers to the family and home environment of the child. Tienari (1991 cited in Schiffman *et al.*,[6]) highlights the importance of family. The girl children from India

with maternal schizophrenia has to take the role of a parent; in other words "parentified child" to keep their family in a good shape. This is causing a lot of burden on them because still they are children. Some MHPs says that this responsibility provided them compassion and resilience but taken them their childhood.

• Expectation to grow faster and to take responsibility of the family

With specific reference to India, family has a very important role to play as family is considered as a cohesive unit capable of providing support and care to individuals suffering from mental illness. Reversal of roles can occur depending on which parent is ill. If the mother is the ill parent, a void can be created in primary care giving. The father then has to step into the role of the primary caregiver along with being the primary earning member of the family. Such a role reversal could have unfavorable consequences for the child as he/she is deprived of the quality time with the ill parent and the well parent. The same applies when the father is an ill parent and mother has to take up additional responsibilities[39].

The MHPS felt that the girl children in Indian scenario are pushed to take the responsibility of taking care of their siblings, daily chores of the family and help the well parent in maintaining the home. As P 40 is pointing, in some cases the girl child will be withdrawn from studies to take the responsibilities of the home.

"Girl children used to have lot of issues because they will not go to school, they are denied school that is one. The second thing is, once they are thirteen or fourteen years old, they have to take care of the younger siblings also especially if the mother is ill. (P40, personal communication).

"I see how much burden the well-parent is taking in. without help... They won't be able to maintain…when no support is available … hence they take the help of the girl child." (P3, personal communication).

Lack of resources added to the burden of the family motivating them to take help of the girl child to maintain their home. In the Indian scenario these frugal resources making them lean on the available support. Indian families experience multifaceted impact of several of such poor resources[40].

"Then another problem is economical, they're not able to afford a maid or care giver."(P15, personal communication).

This forces the families to relay on girl children for the family need. This creates a pressure on the girl child to grow faster to take up the role of an adult which is depriving their right to enjoy the childhood.

• Expectation of care giving and care giver burden

Caregiver burden has been defined as "a psychological state that ensues from the combination of the physical work, emotional and social pressure, like the economic restriction that arise of taking care of the patients" (Dillehay & Sandy, 1990 cited inCaqueo-Urizar &Gutiérrez-Maldonado[41]). According to the authors, caregiver burden has been associated with poor quality of life and significant impact on health.

When the mother is the ill parent, a void can be created in primary care giving. The father then has to step into the role of the primary caregiver.Since he is the earning member of the family, the family tend to expect the girl child to take up the role of the primary care giver.

"girl child undergoing lot of confusion …not able to voice out. But to provide support to her mother. *(*P17, personal communication,)

"She is expected to be strong … and not to seek support." (P27, personal communication)

"she has to take care of her mother's need and her medication." (P36, personal communication)

It can be argued that girl children are expected to take role of a care provider and provide nourishment to the family, especially younger siblings. This can be a seen as an early push to take up roles and responsibility for which the child is not ready yet. Feminist psychology addresses how gender related expectations and gender roles shape experiences of an individual. Here also, girl children were assumed to take up the role of a care giver to the patient and the family also.

Care giving is associated with chronic stress and negative emotional responses such as burden and stigma [41]. That is what has been reported by the MHP's about the girl children in India, who have taken the role of the primary care giver. They tend to have confusion, stress and may not be able to voice out their feeling to others in the family. Even if they are voicing out it may not be heard. That is the status in most of the families.

Challenges in Societal Interaction

Having a mentally ill person at home creates a lot of challenges for the care givers in the society, especially in the Indian scenario where stigma and social taboo are still present.This pose difficult challenges for girl children in particular.

• Issues with social behavior

It was experienced as a result of not being liked by peers, being called overweight, showing clingy or dependent behavior, and getting teased[27]. Poor socialization ,excessive shyness, difficulty making friends due to lack of trust or being unable to understand social cues were also been reported among these girls in India.

"she had Social backwardness…shyness, inappropriate behavior in play, dressing and self care" (P2, P6, P11, P19, P23, P36, P44, personal communication).

"Socially not very great in terms of proper socialization… behave as if she knows everything again very inappropriate to the situation" (P1, personal communication).

One of the major problems girls face is that of sustaining relationships. These girls find it difficult to trust other people and have errors in their cognition such as dichotomous thinking /all or none phenomena.Deficits in the social domain can lead to poor adjustment because the support system necessary for healthy adjustment and coping is not available.

"Yes. These children showed certain behavioral problems like difficulty with effective communication…behavioral problems like maintaining healthy relationships with people especially peers" (P14, personal communication).

Social Cognition refers to the child's ability to understand social norms, process them and respond to them appropriately. It is essential for one to live harmoniously in society. With a well developed social cognition, an individual is able to understand different social cues and learn to respond to these cues according to the social norms prevalent. When there are deficits in this paradigm, the children may be sidelined by their peers thus isolating them. The subsequent isolation only worsens the situation for such children as the availability of social support declines[42].

The MHPs, in the present study, reported problems in social cognition with regard to the attitudes, behaviors and interactions of these girl children.

"Very subtle deficits you can see in these girls… can impact on the overall functioning; and their academic performance, and ability to be effectively integrated into the society" (P18, personal communication).

• Social taboo

The taboo associated with mental illness and seeking psychological help has, for a long time, driven people underground causing the existing issues to exacerbate further. For these girls, the concern may be with regard to what the extended family members or relatives will say and also concerned about the future.

"when her mother is affected by schizophrenia, other, society will degrade this children" (P15, personal communication, 2014).

"We still have a lot of taboo based on mental illness. So the taboo we have about mental illness in our country is an illness first of all" (P16, personal communication, 2015).

"So like they will tell us that there will always be stigma, there will be negative thinking and that we don't have too many friends because everybody keeps saying that you are daughter of this and things like that" (P40, personal communication, 2015).

According to the participant stigma would be present along with certain negative attitudes. These girls may not have many friends because the child's identity will always be associated to the illness of the parent. This would negatively impact the child's self-esteem as well as the parent child relationship[43].

"Yeah that is one problem that many girls are coming up with. They are saying like 'I cannot bring my friends home because my mother is mentally ill. They might know, when they come home they might know that my mother is mentally ill.' " (P5, personal communication, 2015).

"So very often because of these problems they withdraw into their shell, because of the stigma associated with all these" (P34, personal communication, 2014).

Children of parents with schizophrenia are stigmatized and this causes the children to withdraw socially[44]. The experience of shame, which is a highly unpleasant emotion can threaten one's self integrity[37]. Because of social stigma, women are less likely to visit a mental health

facility (Sethi, 1978 cited inDavar[45]). The studies and the verbatim are evident enough to point out how these girls socially withdraw themselves due to maternal schizophrenia.

Especially in India, the major concern isabout possible future alliances which might be extinguished because of mental illness or factors associated with parents[46].

"alliances for marriage …difficult ..they don't come. It's more of a stigma" (P4, personal communication, 2014).

"mothers illness hindering them to be accepting the girls as their future daughter in laws etc. …maybe the stigma. "(P5, personal communication, 2014).

" this girl said my boyfriend left me after coming to know about my mother.."(P17,Personal communication)

The above verbatim is clearly pointing out difficulties faced by girls in terms of their marriage and life,specifically love life due to mothers illness and stigma associated with it.

Maternal schizophrenia creates a hollow in the life of a child as she misses out on care and affection. Psychoanalysis suggests that girl children identify themselves with mothers and learn gender appropriate behavior. When such influential agent of socialization is not present in her full capacity, the girl child can be expected to face difficulties in social sphere. In addition to this, girls face stigma because they are assumed to be the 'cause' and 'carrier' of the disorder. Thus, they are subjected to undue criticism and exclusion with respect to romantic relationship and marital alliances. Feminist perspective highlights how female gender experiences a disadvantaged position in the society. The study threw light on difficulties faced by girl children whose mothers are diagnosed with schizophrenia in terms of changed life, extra responsibility and stigma.

CONCLUSION

From the personal communication it can be understood that there are many challenges that need to be resolved in the field of mental health, especially with regard to girl children and maternal schizophrenia. Some of the challenges are common for both boys and girls. Mental health services are mostly concentrated in the city areas and thus, rural areas do not have easy access to mental health services. In India mental health awareness is improving but still lot more has to happen in terms of gender equality. When we look superficially, it may look like gender equality is present, however it may not be so. The present study is one of such attempt to reveal what is happening in the real world.

The diagnosis of a mental illness is never restricted to the individual. Through a complex web of connections, the family becomes deeply involved in the process as well. There is network of implications that needs to be addressed at the first go. Educating the family of the patient is one side of the story, while educating the society is the other. Families of patients learn about the illness anyway, but, they need to be trained on facing the society with full strength. The girl child is expected to grow up fast and take on added responsibilities. The environment they grow up in, makes them learn about the illness and the care-giving at an early age. It is at this time, the girl child needs to be taught on facing her peers and others regarding the maternal illness.

It is important to note that patients in stage of remission and relative stability also indicate signs of cognitive disturbances[47], indicating potential for negative impact on family environment. Understanding the impact on the family and on the girl children will help mental health professionals (MHPs) to design rehabilitation strategies while reducing the risk of relapse. Studies in future may trace the impact on girl children right from onset of symptoms to remission of maternal Schizophrenia. The trajectory of impact would allow the MHPs to understand vulnerabilities of care givers and intervene sooner. The girl children can be encouraged to share their lived on experiences. This would help us understand the internal world of girl children affected by maternal Schizophrenia. Variations can be studied to reveal the dynamics among age of girl children, birth order, presence of sibling, family structure and so on.

Mental Health professionals in India highlight the breakdown in structure and communication within family and issues faced by children in cognitive, behavioral, social domains demand prompt intervention[48]. Early intervention is the need of the our for such children, especially in India[49]. Educating the society about mental health, its implications and care, will make the society

respect the caregivers. On the other hand, it can also make them responsible while dealing with such patients and offering help when needed. Though the mental health awareness has been blooming in India, a lot needs to be done in different spheres of the society.

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