

# Investigation of Self Concept in the Young People of Parents With Bipolar Disorder

## Ebeveyninde Bipolar Bozukluk Olan Gençlerin Benlik Tasarımlarının İncelenmesi

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### SUMMARY

**Objectives:** This study aims to analyze the self-concept of young people who have a parent with bipolar disorder.

**Methods:** The study was conducted in the Turkish Ministry of Health, Public Hospitals Administration of Turkey, Manisa Psychiatric Hospital with 131 young people who had a parent with bipolar disorder. The data were collected using an introductory information form and Self-Concept Scale, and analyzed on computer using frequencies, percentages, means, standard deviations and minimum-maximum values. The normal distribution of the data was assessed using the Shapiro-Wilk normality test. The data were compared using the one-way ANOVA test and Student's t-test. Relationships between dependent and independent variables were assessed using the Pearson's correlation analysis.

**Results:** The participants were between the ages of 15 and 25 years, with an average age of 19.83+3.02. Their mean score was 3.54+41.26 on the Self-Concept Scale. The mean scores of the participants did not vary significantly by age, gender, education level, marital status or family structure. However, income level and family support significantly affected their self-concept mean scores. The participants with high incomes were found to score higher on the Self-Concept Scale than those with low incomes. The young people who had received their grandparents' support while growing up except for their fathers' or mothers' support scored higher on the Self-Concept Scale.

**Conclusion:** Low mean scores on the Self-Concept Scale showed that the participants were at risk in terms of mental health. It is recommended that specialist psychiatric nurses, members of mental health teams, carry out practices focused on improving the self-concept of young people who have a parent with bipolar disorder.

**Keywords:** Bipolar disorder in parents; self-concept; youth.

### ÖZET

**Amaç:** Bu çalışmada ebeveyninde bipolar bozukluk olan gençlerin benlik tasarımlarının incelenmesi amaçlanmıştır.

**Gereç ve Yöntem:** Araştırma, T.C. Sağlık Bakanlığı Türkiye Kamu Hastaneleri Kurumu Manisa Ruh Sağlığı ve Hastalıkları Hastanesinde ebeveyninde bipolar bozukluk olan 131 genç ile yürütülmüştür. Araştırmada veriler; Tanıtıcı Bilgi Formu ve Benlik Tasarımı Ölçeği kullanılarak toplanmıştır. Veriler bilgisayar ortamında değerlendirilmiştir. Verilerin analizinde tanımlayıcı analizlerden frekans, yüzde, ortalama, standart sapma ve en büyük – en küçük değer kullanılmıştır. Verilerin normal dağılıma uygunluğu Shapiro-Wilk analizi ile değerlendirilmiştir. Verilerin karşılaştırılmasında, Oneway Anova testi, Student t-testi kullanılırken bağımsız değişkenler ve bağımlı değişkenler arasındaki ilişki Pearson Korelasyon Analizi ile değerlendirilmiştir.

**Bulgular:** Araştırmaya katılan 15-25 yaş aralığındaki gençlerin yaş ortalamaları 19.83+3.02'dir. Gençlerin benlik tasarımı ölçeğinden aldıkları puanların ortalaması 3.54+41.26'dır. Ebeveyninde bipolar bozukluk olan gençlerin yaş, cinsiyet, eğitim durumu, medeni durum, aile yapısını içeren sosyo-demografik özelliklerine göre benlik tasarımı ölçeği puan ortalamaları arasında anlamlı bir fark bulunmazken; gençlerin gelir düzeyine ve destek durumuna göre benlik tasarımı ölçeği puan ortalamaları arasında anlamlı farklılık saptanmıştır. Gelir düzeyi yüksek olan gençlerin, gelir düzeyi düşük olan gençlere oranla benlik tasarımı ölçeğinden aldıkları puanların daha yüksek olduğu bulunmuştur. Yetişirken anne babası dışında büyükannesinden ve büyükbabasından destek alan gençlerin benlik tasarımı ölçeğinden aldıkları puanların daha yüksek olduğu bulunmuştur.

**Sonuç:** Ebeveyninde bipolar bozukluk olan gençlerin, benlik tasarım puan ortalamalarının düşüklüğü ruh sağlığı açısından riskli bir grubu oluşturduklarını göstermektedir. Ruh sağlığı ekibinin bir üyesi olan uzman psikiyatri hemşireleri tarafından ebeveyninde bipolar bozukluk olan gençlerin, benlik tasarımlarının olumlu yönde geliştirmeye odaklanan çalışmaların yapılması önerilmektedir.

**Anahtar sözcükler:** Ebeveyninde bipolar bozukluk; benlik tasarımı; gençlik.

### Introduction

Youth is a period when people make decisions that considerably affect and shape their future, and when their identity

formation is completed to a large extent.<sup>[1]</sup> The self is defined as all the feelings and thoughts of individuals about themselves. It is affected by young people's perception of their interactions with their environment. The emotions experienced or felt during the perception of life are the basic infrastructure of the self.<sup>[2,3]</sup> Self-concept and real life should be balanced for good mental health.<sup>[4]</sup>

Bipolar disorder is a chronic disorder characterized by irregularly repetitive manic and depressive phases, or mixed episodes that cover both phases.<sup>[5]</sup> The irregular repetition of bipolar disorder deteriorates people's psychosocial functionality and interpersonal relationships and can affect their children's psychology. The existing data show that the prevalence

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of this disorder in general population is 5%, and that it can be observed at a rate of up to 50% among all kinds of depression.<sup>[6]</sup> Considering that bipolar disorder is so common, and 16.6% of the Turkish population was young in 2013,<sup>[7]</sup> it is useful to conduct descriptive studies of both the disorder and family members affected by it.

Studies of children who have a parent with a mental disorder have indicated that these children have difficult childhoods, may be diagnosed with depression during their adolescence, display the symptoms of mental disorders, and experience behavioral problems and social isolation.<sup>[8,9]</sup> These children have also been reported to feel that their parents do not resemble other children's parents and turn into completely different people, to feel unsafe, to avoid their friends, to go out rarely and to want to speak with someone about their lives.<sup>[10,11]</sup>

Young people need healthy self-development to become socially beneficial and qualified people. This study will be useful to determine how having a parent with bipolar disorder affects young people's self-concept and will help to provide them with appropriate services using the information to be obtained.

## Materials and Method

This is a descriptive study. It was conducted with the study population of the children of in-patients in the bipolar male and female services of the Turkish Ministry of Health, Public Hospitals Administration of Turkey, Manisa Psychiatric Hospital from June to August, 2015 (n=776) after obtaining Ethical Committee Approval no. 2015-55 dated 5.8.2015 and the institution's permission no. 61763929 dated 7.7.2015. No sampling was performed for this study. The study population consisted of the children of the in-patients (n=147), and the study sample consisted of 131 young people who met the inclusion criteria, which were:

- age between 15 and 25,
- no physical and mental disorders (confirmed by their healthy parents),
- having a parent with bipolar disorder,
- having lived with the parent with bipolar disorder until the age of 15, and
- volunteering to participate in the study.

## Limitations of the Study

Sample size was not determined and no sampling was performed since it was assumed that some limitations (not answering the questions with a concern of social acceptability) and losses (concern about the fact that the answers will be shared with their family) could emerge about reaching the planned sample size, considering the subject of this study and

its sensitivity for the adolescents/young people. Therefore, the findings are limited to the study sample and cannot be generalized.

The form and the scale were administered to the participants when they visited their parents and during the educations on protecting families at the Manisa Psychiatric Hospital. Administering the form and scale in the garden of the service due to the absence of a room where interviews could be carried out is another limitation of this study.

## Data Collection Tools

The data were collected using an introductory information form developed by the researchers to obtain the participants' socio-demographic characteristics and the Self-Concept Scale.

## The Introductory Information Form

This form included 15 closed-ended and open-ended questions on age, gender, marital status, family structure, income level, education level and age of the parent with bipolar disorder, when he/she was diagnosed, how many years they lived together with their diagnosed parent, the existence of people who had supported the participants' growth and their identities and the effect of having a diagnosed parent on the participants' decisions.

## 1. The Self-Concept Scale

This scale was developed by Baymur (1968). Positive and negative opinions, value judgments, goals and ideals, emotions, thoughts and behaviors were taken into consideration during the development of this scale.<sup>[12]</sup> A separate study was conducted to test its validity and reliability.<sup>[13-16]</sup> A high score on the scale indicates a positive self-concept.<sup>[17]</sup> The scale has no subscales. In this study, its Cronbach's alpha internal consistency coefficient was found to be 0.94.

## Data Analysis

The data were analyzed on a computer using frequencies, percentages, means, standard deviations and minimum-maximum values.

Shapiro-Wilk analysis found the data to be normally distributed. The comparison of the data was performed using the one-way ANOVA test and Student's t test. The relationship between dependent and independent variables was assessed with Pearson's product-moment correlation analysis. The results were evaluated at a 95% confident interval and a  $p < 0.05$  significance level.

## Results

Of the participants, 50.4% were females, and 49.6% were males. Of them, 27.5% were between 15 and 17 years of age, 37.1% were between 18 and 21 years of age, and 34.3%

were between 22 and 25 years of age. Their average age was  $19.83 \pm 3.02$ . Of them, 41.3% were studying at a university, 32.8% were studying in high school, 23.7% had completed primary school, and 12.2% were not literate. Of the participants, 63.4% were single, 32.8% were married, and 3.8% were divorced or living separately from their spouses. Of them, 62.6% were living with their nuclear family, and 27.5% with their extended family. Of the families, 29.8% had lower incomes than their expenses, 46.6% had incomes equal to their expenses, and 23.7% had more income than their expenses.

The participants obtained a mean score of  $3.54 \pm 41.26$  on the Self-Concept Scale. The minimum and maximum scores of the participants on the Self-Concept Scale were -86 and 90, respectively.

No significant differences were found between the mean scores on the Self-Concept Scale by age, education level, marital status and family structure. However, a significant difference was found for income level ( $t=3.65$ ;  $p=0.029 < 0.05$ ). The participants with low incomes obtained lower scores on the Self-Concept Scale than those with high incomes (Table 1).

Of the participants' parents with bipolar disorder, 51.9% were mothers, and 48.1% were fathers. No statistically significant difference was found between the mean scores of the participants on the Self-Concept Scale ( $p=0.246 > 0.05$ ) by gender of the parent with bipolar disorder (Table 2).

A statistically significant difference was found between the participants' mean scores when they had had people other than their parents supporting their growth ( $t=3.183$ ;  $p:0.02 < 0.05$ ). The participants who had received material and moral support from their grandparents had a higher mean score on the Self-Concept Scale ( $F=3.68$ ;  $p=0.004 < 0.05$ ).

The average age of the mothers and the fathers with bipolar disorder was  $48.24 \pm 8.87$  and  $47.71 \pm 6.92$ , respectively. The mothers and fathers with bipolar disorder had been diagnosed for  $16.75 \pm 5.67$  and  $17.06 \pm 5.94$  years on average, respectively. The participants had lived with their mothers and fathers with bipolar disorder for  $19.38 \pm 3.13$  years and  $18.46 \pm 2.57$  years on average, respectively. Correlation analysis showed that the ages of the participants and their parents, years of parents' diagnosis and living with diseased parents were not related to the participants' mean scores on the Self-Concept Scale.

**Table 1.** The Mean Scores of Young People Who Have a Parent with Bipolar Disorder and Their Socio-Demographic Characteristics

Socio-demographic characteristics	Mean $\pm$ SD	Min./Max.	p	t/F
Gender				
Female	8.24 $\pm$ 40.50	-84/90	0.191	1.315
Male	-1.21 $\pm$ 41.79	-86/88		
Education level				
Illiterate	2.31 $\pm$ 43.61	-42/90	0.497	0.79
Primary pchool	-0.51 $\pm$ 42.40	-76/71		
High school	-0.83 $\pm$ 40.03	-86/85		
University and postgraduate education	11.70 $\pm$ 41.26	-63/90		
Marital status				
Single	0.54 $\pm$ 42.54	-86/90	0.202	1.62
Married	1.62 $\pm$ 39.35	-48/90		
Divorced-widowed-separated	-16.00 $\pm$ 24.27	-42/6		
Family type				
Nuclear	3.56 $\pm$ 41.97	-84/90	0.993	0.007
Extended	3.94 $\pm$ 43.13	-86/90		
Other	2.38 $\pm$ 33.5	-43/88		
Income level				
Income less than expenses	-10.58 $\pm$ 46.91	-84/90	0.029	3.65
Income equal to expenses	7.37 $\pm$ 35.88	-51/90		
More income than expenses	13.80 $\pm$ 40.19	-86/88		

SD: Standard deviation; Min.: Minimum; Max.: Maximum.

**Table 2.** The Mean Scores of Young People Who Have a Parent with Bipolar Disorder and the Gender of the Parent with the Disorder

Parents' characteristics	Mean $\pm$ SD	Min./Max.	p	t/F
The parent with the disorder				
Mother	7.58 $\pm$ 42.38	-84/90	0.246	1.165
Father	-8.80 $\pm$ 39.88	-86/85		

SD: Standard deviation; Min.: Minimum; Max.: Maximum.

**Table 3.** The Mean Scores of Young People Who Have a Parent with Bipolar Disorder and the Existence of People Supporting Their Growth

	Mean±SD	Min./Max.	p	t/F
Existence of people supporting young people's growth				
Yes	13.54±44.15	-86/90	0.02	3.183
No	-8.28±34.28	-76/79		
The people supporting young people's growth				
Nobody	-8.28±34.28	-76/79	0.004	3.68
Family members	6.87±38.87	-40/85		
Aunt-uncle	-2.92±50.98	-86/71		
Grandmother-grandfather	34.47±36.38	-48/81		
Friend-neighbor	6.41±48.07	-46/90		
Teachers-specialists	19.1±43.13	-37/90		

SD: Standard deviation; Min.: Minimum; Max.: Maximum.

Of the participants, 61.1% responded affirmatively and 38.9% responded negatively to the question whether their parents' disease affected their important personal decisions. This matter did not significantly affect their mean scores on the Self-Concept Scale.

### Discussion

The minimum and maximum scores on the Self-Concept Scale were -130 and 130, respectively. A high score on the Self-Concept Scale shows a positive self-concept.<sup>[17]</sup> In this study, the minimum and maximum scores of the participants on the Self-Concept Scale were -86 and 90, respectively. Their mean score on the Self-Concept Scale was 3.54±41.26. A study of the self-concept of pre-service teachers in the final year of university found their mean scores on the Self-Concept Scale to be 51.79, and the standard deviation to be 34.09. The minimum and maximum scores of the participants on the Self-Concept Scale were -68 and 111, respectively.<sup>[4]</sup> Another study analyzed the self-concept of high school students who did or did not receive music education and found their mean score on the Self-Concept Scale to be 42.38.<sup>[18]</sup>

The participants in this study obtained a much lower mean score on the Self-Concept Scale than samples of young people who did not have a parent with bipolar disorder. Having a parent with bipolar disorder or another mental disorder may negatively affect young people's self-concept because it influences children's secure attachment to their parents, the development of their self-confidence, the fulfillment of their physical and social responsibilities, the satisfaction of their age-specific needs and the formation of their self-concept.<sup>[19,20]</sup> The lower mean score of the young people who have a parent with bipolar disorder indicates that the self-concept of this group should be improved. They should be supported by mental health specialists and psychiatric nurses should carry out studies or projects in order to improve their self-concept.

The average age of the participants was 19.83±3.02. Although no relationship was found between the participants'

age and mean scores on the Self-Concept Scale, 84 of them stated that they were more exhausted since they had not had a parent to meet their material and moral needs as they grew up, and that they had not fully comprehended their parents' disease, but were more affected as years passed. These were their answers to the open-ended questions, "Has your parent's disease affected you while you were making important personal decisions (about marriage, jobs, education, etc.)?" and "How has your parent's disease affected you while you were making important personal decisions?" Individuals with mental disorders may become unable to meet their children's basic needs due to their disease.<sup>[21]</sup> In addition, their children may be at risk of emotional and behavioral problems.<sup>[22]</sup> Health services provided to families for chronic mental disorders should be improved to meet the needs of young people.

Although no relationship was found between the participants' gender and mean scores on the Self-Concept Scale, they gave different answers to the open-ended questions, "Has your parent's disease affected you while you were making important personal decisions (such as marriage, jobs, education, etc.)?" and "How has your parent's disease affected you while you were making important personal decisions?" The participants whose mothers had bipolar disorder, particularly the female participants, indicated that their responsibilities such as dishwashing, laundry, house cleaning and so forth had increased due to their mothers' inability to fulfill their domestic roles because of hospitalization, and that having a parent with bipolar disorder had negatively affected their lives. The participants whose father had bipolar disorder stated that they had difficulties because they had to work due to their father's inability to earn a livelihood. Studies in the literature also support that the children who have a parent with a mental disorder have difficulties reporting that they undertake caregiver roles to reduce tension in the family due to the disorder.<sup>[23]</sup> Harmancı and Dumar indicated the importance of support programs to help caregivers cope with



the difficulties they experience since they are at high risk of mental health problems due to caregiver burden.<sup>[21]</sup>

Although no significant difference was found between the participants' mean scores on the Self-Concept Scale by marital status and family type, a majority of married young people stated that they married in their twenties to leave home and considered marriage an escape. Studies have reported that having individuals with bipolar disorders in families negatively affect their atmospheres,<sup>[24]</sup> which supports these statements.

The participants with low incomes scored lower on the Self-Concept Scale than those with high incomes. The participants stated that they made significant expenses and even sold their homes, borrowed money from everyone, and had their educations interrupted due to financial problems due to their parents' disease. These were their answers to open-ended questions on the introductory information form. They also stated in their answers that specially becoming indebted to shopkeepers caused unease in their families. Studies in the literature have also reported deterioration in family harmony and relationships among family members as well as financial problems. The symptoms of the disorders may affect intrafamily dynamics and cause harmony problems.<sup>[23]</sup> Families should be considered as a whole, and families with mental disorders should be supported morally and materially as well as those with physical disorders. Considering that the participants' self-concept scores increased as their income levels increased in this study, offering business opportunities to the parents with bipolar disorder, supporting their right to employment by law, and making payments to the family members giving care to their parents with bipolar disorder will positively affect young people's self-concept since it will contribute to the family's income level.

Unlike the finding of this study that the self-concept scores were not affected by whether the parent with bipolar disorder was father or mother, Ekdahl et al. reported that the effects of having a parent with a mental disorder on family life and children differed according to whether this parent was mother or father.<sup>[25]</sup> They indicated that if the parent with a mental disorder was the father, children continued their life in their own home, and their school and family life were less affected. However; if the parent with a mental disorder was the mother, they needed other caregivers and their life was more affected.

The young people who had received their grandparents' support while growing up except for their father's or mother's support scored higher on the Self-Concept Scale. A study in the literature reported that it is important for them to receive support from their grandmothers, grandfathers or best friends to cope with the difficulties they experience.<sup>[26]</sup> This

shows that the support received from older family members contributes to self-concept, particularly in traditional communities such as Turkey where they are respected very much, and helps children to cope with the effects of their parents' mental disorder. This support is important, but insufficient. In this study, the participants stated that they wanted to share their experiences with a specialist and receive support. The support of specialist psychiatric nurses is needed. Particularly specialist psychiatric nurses in community mental health centers who can find opportunities to interview patients and family members during home visits should provide psycho-education services, which are reported to affect patients with bipolar disorder, their families and their children positively<sup>[27,28]</sup> and to contribute to young people's self-concept.

The literature includes studies which indicate that children who have a parent with mental disorder have very difficult childhoods.<sup>[8,9]</sup> In this study, 38.9% responded negatively to the question whether their parents' disease affected their personal decisions, and no significant difference was found between their mean scores on the Self-Concept Scale. This may be because of many reasons. There may be a special group among the participants who accepted their parents' disease and learned to cope with it better. In addition, some participants may have tried to show that they had no problems while answering the questions due to the fear of stigmatization. There is a possibility that non-significant statistical analysis scores are obtained. Studies with larger sample sizes may better clarify this issue.

## Conclusion

This study analyzes self-concept of young people who have a parent with bipolar disorder. The participants in this study obtained a mean score of 3.54±41.26 on the Self-Concept Scale. This mean score is lower than the mean score indicated by other studies conducted with young people who did not have a parent with mental disorders using the Self-Concept Scale. The low mean score on the Self-Concept Scale of the young people who have a parent with bipolar disorder showed that they were at risk in terms of mental health. They should be provided with services to protect their mental health and increase their self-concept scores.

The participants with low incomes had a more negative self-concept than the participants with high incomes. Offering business opportunities to the parents with bipolar disorder, supporting their right to employment by law and making payments to the family members who give care to their parents with bipolar disorder, and thereby contributing to the families' income level, can be recommended in order to support families with mental disorders as well as families with physical disorders.

The higher scores of the participants who had received

their grandparents' support while growing up except for their father's or mother's support on the Self-Concept Scale indicate that the support received from older family members contributes to self-concept, particularly in traditional communities such as Turkey. However, the insufficiency of this support is indicated by the fact that the participants stated they wanted to share their experiences with specialists and receive help. Support from specialist psychiatric nurses, members of mental health teams, is thus needed. Specialist psychiatric nurses should make interventions for patients with bipolar disorder, their families and their children since this will make a great contribution to their lives.

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