

Reports of Parents of Adolescent Children With Depression in Outpatients Treatment

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Abstract- Depression in adolescence has been the subject of a great deal of research interest over recent years in studies investigating use of medications, new treatments, and the negative impact on family relationships. Studies investigating family aspects have observed that parents who are the primary guardians of such adolescents also suffer from the implications of their child's depressive disorder. The objective of this brief communication is to report feelings expressed by parents faced with depressive adolescent children in outpatients treatment. **Method:** The methodology applied was clinical-qualitative method. A total of 12 mothers and 2 fathers took part, all parents of adolescents with depression. **Results:** It was observed that the parents exhibited a degree of distress and insecurity with relation to managing and dealing with their relationship with their depressive offspring, feelings that were very much present in descriptions of their attempts to define their position. **Conclusion:** In exploring the parents' feelings, it was found that the disease weakens parents because they often do not know how to act in response to their children's depressive crises, undoubtedly

Index Terms— Adolescents, depression, family, treatment.

I. INTRODUCTION

Depression in adolescence has been the subject of a great deal of research interest over recent years in studies investigating use of medications, new treatments, and the negative impact on family relationships [1],[2]. Studies investigating family aspects have observed that parents who are the primary guardians of such adolescents also suffer from the implications of their child's depressive disorder [3],[4]. These parents evoke a subjectivity with regard to the representativeness surrounding depression, which is an aspect that we believe it is extremely important to study, since the adolescents' depression has implications for their personal and intrafamily development. The objective of this brief communication is to report feelings expressed by parents faced with depressive adolescent children in outpatients treatment.

II. METHOD

The methodology applied was qualitative analysis [5] and the clinical-qualitative method was employed [6]. The sample was selected intentionally and was closed to new

enrollments when a saturation criterion was met [6]. A total of 12 mothers and 2 fathers took part, all parents of adolescents with depression in outpatients treatment at a University Hospital in the interior of the state of São Paulo, Brazil. The project was approved by the local Research Ethics Committee, under protocol number: 1,735,485. Participants signed free and informed consent forms and an interview script comprising semi-structured questions was used. Interviews were conducted in a private room at the same center and on the same day as the outpatients consultations. Interviews lasted an average of 45 minutes and were recorded and later transcribed by the lead investigator. Content analysis was employed for discussion, according to the current state of the art [7].

III. RESULTS AND DISCUSSION

Depression in adolescent offspring gives rise to many issues related to the parents' emotions. It is considered necessary to include extracts from statements made by parents to best illustrate these phenomena.

It was observed that the parents exhibited a degree of distress and insecurity with relation to managing and dealing with their relationship with their depressive offspring, feelings that were very much present in descriptions of their attempts to define their position.

This can be observed in the report below:

[...]It's very hard, very hard, because there are times when I don't know what to say, I don't know how to deal with her, because when she's OK, we talk to each other normally, she talks to her brother and sister, everything, it's wonderful, she goes to school one day, comes back, then another day, suddenly, she changes. Then she doesn't want to get out of bed anymore, she doesn't want to go to school, and when you talk to her, she's aggressive straightaway. Now, now I don't see that anymore, but to start with when I first realized, it was very hard to deal with her. (I2)

Distress caused by not knowing how to deal with a depressed child and ambiguous feelings with relation to the disease are sources of conflict in the relationship, because parents are unable to set limits or find it difficult to do so.

It was also observed that the parents were apprehensive with relation to the disease diagnosis, because the term

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depression suggests a disorder of an emotional and psychiatric nature, leading parents to seek answers for the psychological suffering that their children are experiencing.

[...] So, with relation to "Y" I feel like this, sometimes she will be normal, the child I saw being born, who is still the same today. Other times she changes into a "Y" who I don't recognize. (because of the depression). (I2)

The urge to understand what might have caused the depression to develop and, primarily, how to intervene are issues that were discussed and reflected on with these parents, as highlighted in the extracts below;

[...] So, it's confusing, I'm feeling extremely confused, extremely sad, that is... I feel that this time I'm not capable of solving the problem (the daughter's depression), so I've been feeling like that, it's very painful for me. (15)

Ah, I feel so sorry for him. I want to help him, or say something to help, but I can't find the right words. [...] I don't even leave him on his own. I'd like to help more. (18)

The need to understand their children's depression was confirmed in parents' utterances and it clearly interferes in the interpersonal dealings in the relationship on both sides, since parents feel they are being blamed emotionally by their depressive children, forcing them to reevaluate their maternal and paternal roles in the light of the disease.

I still don't know how to look after him. When he is very depressed, sad, I don't even know what to say. So, I still don't know, I will have to learn to look after him like this [...] (18)

The distress of not knowing how to deal with a depressed child denotes issues of a psychological nature that need to be investigated and considered, since the parents' ability to fulfill their designated roles can be compromised. One point that should be highlighted is the limits of the relationships. In response to their children's illness and, in conjunction, their own questioning of the meaning of the depression, analysis reveals that the parents exhibit fragility with relation to maintaining an assertive posture, compromising the limits that have been set and which are necessary for a healthy relationship. Therefore, it is considered that these situations compromise the progress of the clinical care being provided, in addition to raising questions about the bond formed between the parents and their children.

[...] The worst is that I don't know what to do, I feel lost, we don't know what is going on ... she's is very withdrawn, you know. (I10)

These associations created and established in the emotional bonds with their children arouse in the parents thoughts and feelings of impotence and fear in relation to the disorder.

Even indicating a suppression of their exercise of the maternal or paternal role, or generating feelings of insecurity with relation to the way to guide and help their children in the process of recovery.

[...] There are days when she is irritable, but I control her, I pretend, I ignore it, pretend ... that she will go to bed and she'll sleep, then she'll wake up better, so I have to ignore her, because otherwise[...] when she goes on, talking, talking, talking, I let her talk. I let her talk by herself, and then, sometimes, I talk to her a little, then I leave her alone and she goes to sleep. (E3)

It is considered significant to evoke the feelings that permeate this new organization that has been set up: fear, distrust, lack of information about depression, questions about how to act with relation to the adolescent's crises.

Conflicting feelings that evoke reflections and establish new paradigms that help parents to deal with the psychological context that encompasses this atmosphere of adolescent psychiatry.

It is necessary to consider the extent to which these parents were capable of articulating their emotions with relation to their children's disease. In other words, it is to be expected that the physical and emotional symptoms provoked by the depressive condition are the subject of much reflection on the part of the parents. Winnicott [8], pediatrician and child psychoanalyst, considered the importance given to maternal figures when a child has a disease, and stated that their complaints and distress should be listened to by their children's doctors, with the aim of helping them to learn about the disease. This could be considered support for parents not only to learn about the clinical features of development of the disease, but primarily to enable them to transcend the fantasies that invade them [9].

Donald Winnicott [10] also believes that parents substantially understand and know what their children need. This statement leads to the consideration that the relationship between the doctor and parents of depressive adolescents should be seen in a unique manner, aiming to involve them, not merely for the clinical or outpatients treatment of their sick child, but in order that they can understand the experiences and features of the weakening of parental roles in caring for and living with the adolescent.

IV. CONCLUSION

In exploring the parents' feelings, it was found that the disease weakens parents because they often do not know how to act in response to their children's depressive crises, undoubtedly there is a movement towards supporting these parents that needs clarification within the psychiatric team, providing, in addition to medical explanation about the disorder, the conditions and possibilities for creation of the resources to support them, since they are complementary

sources within the mental health care provided to their children.

V. DISCLOSURE

The authors reports no conflicts of interest related to this work.

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