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A REVIEW OF THE LITERATURE: THE IMPACTS OF PARENTAL ILLNESS ON ADOLESCENT SCHOOLING

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ABSTRACT

There is a dearth of studies that consider the impacts of parental illness specifically on engagement and achievement levels of adolescents in school. This literature review presents the knowledge and ideas that have been established in the research on parental illness and adolescent schooling over the last twenty years, and identifies the methodological, conceptual, and theoretical strengths and weaknesses that surface in this area of study. A noteworthy observation from this review is that greater qualitative-based research designs are needed in this area of study, as this can allow for a more in-depth and personalized understanding on the impacts of parental illness. The overall intention of this review is to lay the groundwork for devising, improving, and implementing multiple pathways and hypothesis for future studies to consider. Assuming a variety of research directions and taking into consideration the limitations that are currently present (such as the shortcomings outlined in this review) would certainly lead to both theoretical/scholarly and practical benefits.

INTRODUCTION

Whether it is cancer or bipolar disorder, an individual experiencing an illness is faced with an endless amount of physical, mental, and social dilemmas, such as a loss in energy, increased anxiety, or strained relationships with family members. Such dilemmas usually depend on the type and severity of illness (Pederson & Revenson, 2005). Although it is important to identify an individual’s experiences in having either a mental or physical illness, I suggest that it is also necessary to investigate how the people around them are affected (e.g., family members, friends, peers, and co-workers). According to Vannatta, Grollman, Noll, and Gerhardt (2008), the impacts of illness "...need to be conceptualized at the interpersonal as well as the individual level" (p. 252). Pederson and Revenson (2005) argue that the majority of literature in this area initially focused on the impacts experienced by an individual who is ill themselves. Eventually, studies began
investigating how others are impacted when a person is ill. However, a substantial part of this literature remained more concerned with the impacts on parents when their children or spouses are ill (Pedersen & Revenson, 2005). I find that concern for children affected by parental illness has been relatively neglected, even though there is evidence that parental illness "...affects almost every aspect of child development, from the time of exposure through to adult life" (Manning & Gregoire, 2006, p. 10). Research focusing on children with an ill parent became more apparent following the mid eighties (Lewis, 1986), but studies primarily concentrated on childhood and rarely considered adolescence (Pedersen & Revenson, 2005).

According to Tussing and Valentine (2001), adolescents may be the most vulnerable to parental illness due to the number and degree of transitions (e.g., entering into a new educational environment and negotiating between physical identities) experienced during their particular stage in human development. As they grow and face transitions along the way, adolescents aspire to generate independence from their families, and establish their own autonomy, value systems, and relationships. However, when a parent becomes ill, adolescents are "...pulled in a reverse direction from the natural course of emotional separation from the family, and brought into re-intensified contact with parents" (Wellisch, 1979, p. 166). At the same time, having an ill parent can also work to increase independence, as an adolescent may be forced to learn and assume a number of responsibilities. Pederson and Revenson (2005) suggest that adolescents possess great cognitive resources and are old enough to have already experienced or endured prior distressful circumstances. These types of characteristics can help adolescents with an ill parent better adapt to their situation, and can also allow for greater resilience towards distress.

Adolescents can be affected by parental illness differently than young children or spouses, and consequently, their experiences in school may vary. However, the impacts of parental illness on adolescent schooling are not often considered. Vannatta et al. (2008) argue that "little research has examined the impact of [parental illness] on the adjustment and developmental outcomes experienced by children beyond the nuclear family, [such as] at school, with peers, and in the community" (p. 252). Similarly,
Osborn's (2007) systematic review on the impacts of parental cancer revealed that a majority of studies (e.g., Armsden & Lewis, 1993; Birenbaum, Yancey, Phillips, Chand, & Huster, 2005; Cappelli, Verma, & Korneluk, 2005) focus on the development of anxiety, depression, post-traumatic stress disorder, and self-esteem disorders in children and adolescents. The impacts identified above may have the potential of affecting a student's schooling, but rarely is this stated explicitly. According to Manning and Gregoire (2006), parental illness within a family is a potential predictor of poor academic performance, and therefore, should be frequently included as a determinant. I strongly argue for the development of more studies that look particularly at adolescent schooling when exploring the impacts of parental illness. In my opinion, greater scholarly attention that considers the impacts of parental illness on adolescent schooling can assist health and education practitioners in developing more effective strategies of support.

A DEFINITION OF TERMS

Before delving into a review of the literature on how parental illness can impact adolescent experiences in school, I think it is important to define and describe some of the terms or ideas associated with this research topic, particularly illness, schooling, engagement, and achievement. Garro (2000) suggests that the meaning of illness varies cross-culturally, but the most common definitions are based on scientific or medical systems of thought. Therefore, in accordance with the research, I define illness through a biomedical perspective. Mental illness (also commonly referred to as psychological disorder) can be defined as an illness or disorder affecting the psyche or the mind (Weiten, 2004). People are usually identified to have psychological disorders when their behaviour becomes unexpected, maladaptive, or stressful. I would suggest that those whose behaviour deviates from cultural norms and constructions are also commonly identified as having a mental illness (which presents as a topic definitely worthy of future exploration). The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a system that records and provides a sound taxonomy of mental illnesses, including anxiety and mood disorders.
Conversely, physical illness is commonly referred to as simply illness, disease, or bodily disorder. In contrast to mental illness, physical illness is not directly relative to the mind or psychology, but rather to a diagnosis stemming from, or relating to the body. More specifically, it refers to an alteration "...in the state of the body or of some of its organs, interrupting or disrupting the performance of the vital functions, and causing or threatening pain and weakness" (University of Newcastle Online Medical Dictionary, 1997-2007). Although mental and physical illnesses are distinctly defined, they are related in the sense that a physical illness can lead to a mental illness, and vice versa. In my opinion, this is the reason why researchers, such as Rolland (1994), suggest that when dealing with illnesses, it is beneficial for investigators from different disciplines (e.g., physicians, psychologists, and social workers) to offer their own assets and liabilities.

I refer to Griffith and Smith's (2005) research on the work mothers complete for their children to define schooling. Schooling can be described as a student's experiences with all that contributes to their education (Griffith & Smith, 2005). This includes their engagement and achievement within the classroom and school-based extra-curricular activities (e.g., school plays), as well as their involvement in educational practices at home, such as homework completion. It is also essential to clarify my understanding of engagement and achievement, as these terms are often defined in various ways. I draw from ideas proposed by Fredricks, Blumenfeld, and Paris (2004) to discuss school engagement and achievement. Fredricks et al. evaluate the theories and beliefs of researchers (e.g., Finn, 1993; Karweit, 1989; Skinner & Belmont, 1993; Zimmerman, 1990) to generate a more detailed understanding of engagement, and in turn, how engagement affects achievement. According to Fredricks et al., engagement is defined in three manners: behavioural, emotional, and cognitive engagement. Behavioural engagement can include positive conduct, involvement in learning and classroom tasks, and participation in school-related activities. Emotional engagement refers to positive and negative reactions or attitudes towards peers, teachers, and academics that influence a willingness to be connected to an institution and complete schoolwork. Lastly, cognitive engagement refers to a psychological investment in learning (e.g., effort to its full potential being put forth and the want for more challenging
homework), and to being a strategic learner (e.g., using intuitive techniques when studying, such as rehearsal or summary). The level or degree of each type of engagement varies, meaning that a student does not always encompass every characteristic listed under each type. Regardless, Fredricks et al. argue that when evaluating engagement, these three dimensions must all be considered in order to understand the complexity of student experiences within school.

Achievement (also commonly referred to as performance) is generally determined by assessing a person's success or abilities when measured against a particular standard. Fredricks et al. (2004) suggest that achievement is usually determined by a student's attainment on tests administered by the school, student self-report forms, and overall grade averages. They report a number of (predominately quantitative) studies (e.g., Connell & Wellborn, 1991; Finn & Rock, 1997; Marks, 2000) that demonstrate a strong correlation between engagement and academic outcomes, including dropping out of school. In other words, students who portray a high level of engagement often obtain higher achievement levels while those who display poor engagement are commonly low achievers, have little interest in pursuing an education past the secondary level, and may actually drop out of school altogether. However, they suggest that there are definitely cases where engagement and achievement do not correlate as easily, and this may have to do with individually-based factors (e.g., socioeconomic status and gender).

A PRESENTATION OF LITERATURE

This literature review includes research (within the last twenty years) that explores the impacts of parental illness on an adolescent's schooling experiences, as well as research that examines the school strategies developed to assist this particular demographic. First, I review the literature that identifies parental illness as problematic for adolescent schooling experiences as well as the research where the impacts of parental illness are viewed in a more positive light. Second, I present the literature that focuses on the development and implementation of support strategies for adolescents with an ill parent. Third, I outline the gaps or areas where further inquiry is warranted, such as the limited number of
studies that are qualitative in nature or that address the difficulties in accessing support strategies for adolescents.

PARENTAL ILLNESS AS PROBLEMATIC FOR SCHOOLING

The majority of studies in this area of research suggest that parental illness can cause problems for an adolescent's schooling (e.g., Farahanti & Marcotte, 2003; Hirsch, Moos, & Reisch, 1985; Lester, Stein, & Bursch, 2003; Schrag, Morley, Quinn, & Jahanshahi, 2004b). Farahanti and Marcotte's (2003) quantitative study investigates the likelihood of an adolescent completing high school if he or she has a parent with a mental illness or psychiatric disorder (including depression, anxiety, alcohol abuse, drug dependence and/or abuse). Data are gathered from the National Comorbidity Survey (NCS) and measured using a model of human capital investment (Becker, 1964), which takes into account the individual (student) characteristics, family characteristics (e.g., income), any exogenous factors (e.g., market/economy), parental issues, and psychiatric disorders. Farahanti and Marcotte's (2003) study reveals that adolescents with a psychiatrically ill parent are at a greater risk of dropping out than adolescents with a healthy parent. It appears that "...psychiatric disorders among the mothers [compared to fathers] have more substantial negative effects, and that the girls are more negatively affected than boys" (p. 175). They suggest that a female adolescent's schooling is likely more impacted by the effects of a mother's mental illness because mental illness limits a mother's ability to advise, guide, and monitor her children, and commonly, the adolescent daughter is required to fulfill the traditional family obligations, such as cooking, cleaning, and caregiving that an ill mother is no longer able to accomplish. With respect to the other characteristics tested, such as race and age, Farahanti and Marcotte (2003) demonstrate that such variables were not statistically significant factors that influenced the dropout rates of adolescents with an ill parent.

Also looking specifically at psychiatrically-based illnesses, Somers (2006) studies the impacts of having a schizophrenic parent on children and adolescents. Her research focuses on how health, education, leisure activities, home tasks, family, and friendships are affected for children and adolescents when having a parent with schizophrenia, compared to having a healthy parent. The subjects of the study include parents with the illness (i.e.,
patients attending mental health services in South West Dublin), and children and adolescents (aged 8 to 16 years). Semi-structured interviews and The Social Behaviour Assessment Schedule (Platt et al., 1980) are used for data collection. The impact on schooling is assessed through the following categorizations: missed days at school, no problems at school, behaviour problems, and school refusal. The results reveal that adolescents with one schizophrenic parent "...had similar profiles to the children [including adolescents] of well parents in the areas of physical health, positive family feelings, friendships, hobbies, and household tasks" (Somers, 2006, p. 1319). However, the adolescents of one schizophrenic parent experienced "...more psychiatric disturbance, more problems associated with school, less contact with relatives, and spent more time at home" (Somers, 2006, p. 1319). For example, 47% of children and adolescents with an ill parent (sample group) missed days of school, while only 24% of children and adolescents with a healthy parent (control group) demonstrated such absenteeism (i.e., the former missed significantly more days than the latter). Furthermore, 41% of the sample group displayed behaviour problems in school, compared to 29% in the control group. Within her discussion, Somers (2006) explains that the stigma of having an ill parent is one major reason as to why these children and adolescents endured greater difficulties, as they can often absorb the negativities of their situation and neglect to seek assistance.

Similar findings are notable in the studies that solely investigate parental physical illnesses. Lester et al.'s (2003) longitudinal study aims to determine if the somatic symptoms experienced by a parent with HIV can cause similar somatic distress in adolescents (aged 11 to 18 years). Somatic symptoms are characterized as changes or functions relating to the body, such as headaches (Weiten, 2004). In addition to interviews and a questionnaire, data relative to school are collected using a four items scale (i.e., 1) dislikes school; 2) is a poor student; 3) poor relations with teachers; and 4) poor relations with classmates). Lester et al. 's (2003) study reveals that the adolescents who portrayed similar somatic symptoms as their ill parent experienced academic difficulties and feelings of not wanting to go to school. Although this correlation was found at the beginning of the study and not at follow-up, Lester et al. (2003) speculate that school
problems may have continued to persist as a result of the somatic symptoms experienced, but adolescents may have been more focused on their physical symptoms that resulted instead.

Schrag, Morley, Quinn, and Jahanshahi (2004a) also examine the impacts of a parent with a physical illness, as they compare the Quality of Life (QOL) of children and adolescents with epilepsy to children and adolescents without epilepsy, but of parents with Parkinson's disease. The objective of the study is to determine which group experiences greater difficulties with memory and concentration, social support, family functioning, communication, understanding, and school behaviour. The study subjects include males and females (aged 12 to 48 years) who either have epilepsy or a parent with Parkinson's disease. Data are gathered through questionnaires, which include a number of sub-scales, such as the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Schrag et al.'s (2004a) study reveals that children and adolescents with epilepsy and those of parents with Parkinson's disease portrayed an equal extent of poor school behaviour, because these groups can similarly lack information on a disorder, may not have someone to talk to, and may not receive enough external support.

A need for children and adolescents to access more information on a disorder is also unveiled through Coldstream and May's (2006) compilation of literature on the potential effects of having a parent with chronic renal failure (a physical illness). According to Coldstream and May (2006), most of the effects appear negative. Of the many studies reviewed by Coldstream and May (2006), four (Auer, 2002; Friedlander & Vienderman, 1982; Hoover, MacElveen, & Alexander, 1973; Tsaitas, 1976) consider the impacts of parental chronic renal failure on student schooling. For example, in Tsaltas' (1976) study, the sample children and adolescents (aged 6 to 18 years) demonstrated behaviour problems at school and fewer opportunities for interactions with peers.

In addition to focusing on either a mental or physical illness, some studies consider both (e.g., Anderson & Hammen, 1993; Hirsch et al., 1985). Anderson and Hammen (1993) investigate the impacts of bipolar (mania and depression), unipolar (depression), and medically ill (diabetes and arthritis) mothers on children and adolescents (aged 8 to 16 years) in comparison to children and adolescents with healthy parents over a three year period. The impacts on children and adolescents that are measured include...
school behaviour, social competence, and academic performance.
Data on school (such as academic performance, behaviour, and peer relations) are gathered from mothers (who ranged in age and stage of disease), children and adolescents (both males and females), and teachers through interviews, as well as school reports (e.g., record of suspensions), the Conners Teacher Rating Scale (Conners, 1969), and the Child Behaviour Checklist (Achenbach & Edelbrock, 1983). The results reveal that children and adolescents of unipolar mothers experienced significantly more chronic behavioural problems in school and poorer academic performance when compared to those of bipolar, medically ill, and healthy mothers (Anderson & Hammen, 1993). Although children and adolescents of mothers with bipolar disorder often ranked as having the second most difficulties, the differences uncovered between children and adolescents of bipolar, medically ill, and healthy mothers in the areas of school behaviour and performance were not as significant, but present nonetheless. Anderson and Hammen (2003) propose that the children and adolescents of unipolar and bipolar mothers suffered the most because of being exposed to more stressors and negative mother-children relations. This study determines that high stress levels and negative relations were influential on the extent of school impacts experienced.

Hirsch et al. (1985) also acknowledge both mental and physical health conditions in their examination on the effects of parental illness on an adolescent's self-esteem, school and family, and overall life events. Parents with depression and arthritis are compared with non-ill parents. Data are gathered from parents and adolescents (both groups varied in age and gender). Schooling is assessed using a scale (Epstein & McPartland, 1976) that measured school satisfaction, commitment, performance, and reactions to teachers. The results show that the schooling of adolescents with depressed parents suffered the most, followed by adolescents of parents with arthritis, and the healthy parent group being least affected. Hirsch et al. (1985) suggest that the low scores in school satisfaction, commitment, performance, and reactions to teachers stemmed primarily from the low self-esteem measures, and similar to Anderson & Hammen (2003), from an increased number of negative life events adolescents experience as a result of parental illness.
Lastly, Janes, Weeks, and Worland (1983) compare teachers’ evaluations pertaining to adolescents of parents diagnosed (based on the DSM II and DSM III) with schizophrenia, schizoaffective disorder, affective disorder, "other" psychiatric problems, disturbances, or physical illness to evaluations of adolescents with healthy parents. Using the Hahnemann High School Behaviour Rating Scale (Spivak & Swift, 1967) and the Pupil Rating Form (Watt, Stolorow, Lubensky, & McClelland, 1970), the impacts of parental illness on adolescent schooling are evaluated based on measures including (but not limited to) scholastic motivation, harmony, reasoning ability, verbal interaction, rapport with teacher, and intellectual independence. According to Janes et al. (1983), adolescents with parents who have a DSM III diagnosis of schizophrenia or major affective disorder demonstrated significant differences from those with healthy parents, compared to the other illnesses that demonstrated less significant outcomes. More specifically, the results reveal that "adolescents who have a parent with a DSM III diagnosis of schizophrenia or major affective disorder were rated lower than children of non ill parents in scholastic motivation, harmony, emotional stability, flexibility, and acceptance of others" (p. 238). Janes et al. (1983) identify fewer significant effects experienced by adolescents based on all of the DSM II diagnoses. Furthermore, socioeconomic status is noted as a significant factor in 6 of the 17 measures.

PARENTAL ILLNESS VIEWED IN A POSITIVE LIGHT

Although research in this area appears to confirm that parental illness causes difficulties for adolescents in school, a number of studies (e.g., Aldridge & Becker, 2003; Hoke, 2001; Pederson & Revenson, 2005; Reupert & Mayberry, 2007b) present this issue in a more positive light. Hoke's (2001) study explores the impacts on child and adolescent functioning and adjustment in life (including school) when having a mother with breast cancer (at various stages), compared to having a healthy mother. The study subjects include mothers with breast cancer, and children and adolescents (aged 8 to 16 years). The data relative to school are gathered and measured using the Youth Self-Report checklist (Achenbach, 1991) that considers a Total Problems Score (measuring behaviour) and a Social Competence Score (measuring school, extra-curricular, and social functioning).
According to Hoke, children and adolescents of mothers with breast cancer did not differ (on any of the outcome measures) from children of mothers with benign biopsies. Some of the measures include school and social functioning, anxiety symptoms, behavior problems, adjustment, and social competence. At times, children and adolescents of mothers with breast cancer reported better functioning (including in school) during their mother's distresses when compared to the group with healthy mothers. Hoke suggests that children and adolescents of mothers with breast cancer "...may have looked to outside activities to help them cope with the situation at home, or they may have tried to help their mothers when they were more distressed by doing better in school and social activities" (p. 368). Hoke decides that this may have been the reason why there were few significant differences between the study groups, or why children and adolescents of mothers with breast cancer scored better at times.

Vannatta et al.'s (2008) study also investigates women with breast cancer, and similarly does not uncover many differences between the children and adolescents of these mothers and those with healthy mothers. The objective of Vannatta et al.'s study is to evaluate the friendships, social interactions, and peer acceptance in children and adolescents (aged 8 to 16 years) of mothers recently diagnosed with breast cancer. The study subjects include ill mothers, children, adolescents, teachers, and comparison peers (individuals with healthy parents). Data from these subjects are collected using the Revised Class Play technique (Masten, Morison, & Pellegrini, 1985), a Best Friend Nomination method (Bukowski & Hosa, 1989), and peer acceptance ratings (Asher, Singleton, Tinsley, & Hymel, 1979). The results reveal that children and adolescents of mothers with breast cancer appeared similar to comparison peers on measures of pro-social behaviour, leadership popularity, aggressivedisruptive, and sensitive-isolated. However, males of mothers with breast cancer were deemed as being more sensitive-isolated than comparison male peers, but the researchers conclude that the difference was not statistically significant.

Contrary to Hoke (2001) and Vannatta et al. (2008), Aldridge and Becker (2003) examine the impacts of mothers and fathers with a mental illness. More specifically, Aldridge and Becker's study investigates 40 families of parent(s) diagnosed with
different types of severe and enduring mental illnesses (e.g., bipolar disorder and schizophrenia), and how the impacts of their illnesses affect their children and adolescents' development and transition into adulthood. The participants in the study include parents with mental illnesses, children and adolescents (ranging in age and gender), and any key professionals (e.g., social worker) connected to the families. Data are gathered through surveys and interviews. Although their findings indicate that the children and adolescents of mentally ill parents experienced physical, psychological, social, and educational crises, Aldridge and Becker highlight that some of the negative outcomes stemmed from the point of view of the ill parents. The children and adolescents did feel extra pressure and responsibility in response to their parent's illness, but half of them also described their parent's illness as a positive experience (e.g., filial closeness, heightened maturity, enhanced friendship experiences, and better understanding for vulnerable people).

Although not the focal point in studies, there appears to be an understanding that an encouraging outcome for adolescents is possible in response to the impacts of parental illness. Researchers seem to recognize the need for studies to undertake this type of a positive standpoint. In their review, Pederson and Revenson (2005) demonstrate that although under-researched, positive outcomes for adolescents can develop in response to the impacts of parental illness. For example, some adolescents acquire skills, such as self-reliance, when they are forced to care for their own needs without parental assistance (Pederson & Revenson, 2005). Reupert and Mayberry (2007b) support the above insights, as they suggest that parental illness allows for children and adolescents to assume the role of caregiver, and in this role, they can learn to be more independent. Finally, Korneluk and Lee's (1998) review reference a number of studies (e.g., Howes, Hoke, Winterbottom, & Delafield, 1994; Wellisch, Gritz, Schain, Wang, & Siau, 1991) that reported no elevated risks (including anxiety, depression, behaviour problems) for adolescents with chronically ill parents.

**SCHOOL STRATEGIES THAT SUPPORT ADOLESCENTS WITH AN ILL PARENT**

Several researchers (e.g., Nakou, 2004; Reupert & Mayberry, 2007a) offer suggestions on the ways schools support (or should
be supporting) students in these circumstances. The most common form of assistance identified within the literature is through social support services that include different methods of intervention and guidance in school. Group interventions based within schools appear as a popular method of assistance within the research (e.g., Diareme, Tsiantis, Romer, Tsalamaniou, Anasontzi, Paliokosta, & Kolaitis, 2007). Members of these groups can include students, their family members, and educators. Fobair (1997) suggests that group intervention programs initiated through schools are more beneficial than agency-based programs, as treatment costs less, is available to more than one person at a time, and provides people who feel alienated with a sense of security and kinship.

In addition to group-based programs in schools, educators can also offer simple and non-costly supportive strategies. Reupert and Mayberry's (2007a) study investigates the strategies used by teachers, school counsellors, and principals to assist children and adolescents of parents diagnosed with a mental illness. Data are collected from six teachers (four secondary and two primary), two school counsellors, and one high school principal through semi-structured interviews. Reupert and Mayberry uncover a number of useful strategies initiated by educators, such as departmentalizing larger tasks into smaller ones, encouraging close relationships between school teachers, administrators, and fellow peers, and creating a whole "culture of caring" that stressed the importance of open communication channels between school, home, and community.

Individuals within schools that are not necessarily "educators" can also provide support. Laccetti and Vessey (2007) highlight how school nurses can assist children and adolescents who struggle with the impacts of parental illness. They propose that school nurses can help students medically, and provide them with greater information about their parent's illness and how to deal with the outcomes. Nurses can help ensure that a student with an ill parent maintains their usual routines, which attempts to "normalize" their particular situation. They can help teachers understand the impacts of some assignments on students who live with an ill parent, and in turn, help them restructure activities or tasks in more positive or manageable ways.

Some researchers identify methods of assistance that are not always based within schools, but are still applicable for
educational contexts. Following their study, Reupert and Mayberry (2007b) highlight the importance of human service and health agencies in helping individuals cope with the impacts of parental illness. Furthermore, they suggest specific types of assistance that are (or should be made) accessible for children, adolescents, and their families, such as crisis plan kits and illness coping information programs available through the internet. Schools have the resources to connect students and their families to these types of support services. Along similar lines, Tussing and Valentine's (2001) research investigates the use of bibliotherapy (reading combined with therapy by a trained professional) as a treatment modality. They examine and consider eleven young adult fiction books as a therapeutic tool for adolescents with a mentally ill parent. Tussing and Valentine (2001) suggest that bibliotherapy helps adolescents to better understand and treat their problems. Schools can play an important role in aiding the bibliotherapy treatment process by contacting the necessary professionals and providing books through their libraries.

Most of the support mechanisms identified above are commonly accessible to students in elementary and secondary schooling. Support mechanisms at the post-secondary level are also worthy of exploration. I searched for support options available for students in need (particularly those with an ill parent) on the websites of five post-secondary institutions in Ontario, Canada: Algonquin College, Humber College, University of Toronto, University of Western, and York University. The institutions offer support under categories such as, "Counselling Services" (Algonquin College, 2008), or "Student Health Services" (University of Western, 2008). Of the five post-secondary schools searched, the University of Toronto (2008) appears to be the only institution that divides counselling services into more detailed sections: Health/Wellness centre, Psychiatric service, Crisis Response program, and Family Life. The programs consist of personal, one-on-one counselling, or seminar/group discussions, and appear to be easily accessible for students, as well as surrounding community members not in school. They are primarily designed to confidentially address issues that are affecting a student's education, ranging from academic performance stress to career choice decisions. Other post-secondary institutions likely offer similar assistance programs as those described above, but unfortunately, they cannot all be
explored at this time. A school-wide survey can be distributed (via email) to students that inquires about their specific needs and how the school can be of assistance. Through this survey, post-secondary institutions can develop support mechanisms that are unique to students with an ill parent attending their school.

AN EXPLORATION OF RESEARCH IMPLICATIONS

Only a small body of research (e.g., Reupert & Mayberry, 2007a; Somers, 2006; Vannatta et al., 2008) exclusively targets parental illness, its impacts on adolescent schooling, and the mechanisms available for support. Within this small body of research, several of the studies (e.g., Anderson & Hammen, 1993; Hirsch et al., 1985) are dated. Nonetheless, these dated resources are still important to acknowledge, as they represent the preliminary research undertaken that actually considers how parental illness affects surrounding individuals, including spouses, children, and adolescents. As with every area of study, gaps in the literature (such as dated resources) are often notable. In this section, I highlight the theoretical, methodological, and conceptual limitations that I discovered while reviewing the literature, which are divided into subheadings according to themes (e.g., adolescents and schooling, multidisciplinary perspectives and approaches, and illness diversity). My intention here is not to criticize or find faults within the research, but rather to identify and suggest areas where greater attention would be advantageous for the future development of more detailed and diverse studies when exploring the impacts of parental illness on adolescent schooling.

ADOLESCENTS AND THEIR SCHOOLING

In the majority of the research, adolescents are rarely considered separately from children or young adults. For example, Anderson and Hammen (1993) assess the effects of parental illness on adolescents' and children's academic performance and school behaviour. There are a number of psychological and physiological differences between children, adolescents, and young adults (as briefly discussed earlier in this review), and therefore, I think that it would be beneficial to consider these groups separately. With respect to adolescent schooling, it is often incorporated among other aspects being explored. For example, in
Anderson and Hammen's (1993) study, although they assess adolescent school behaviour, it is in combination with social competence, and other internalizing and externalizing behaviours. I believe that it is necessary to consider other variables in addition to schooling, as demonstrated in Anderson and Hammen (1993). However, it appears that in doing so, an in-depth exploration into the impacts of parental illness on adolescent experiences in school is often limited. For example, studies rarely address the question of how a student's engagement or achievement may be affected in response to the impacts of parental illness (i.e., are the student's grades suffering? Is she or he having difficulty concentrating in class?). I think that other measures can be incorporated without limiting the analysis on school. More importantly, when integrating other measures (such as how the impacts of parental illness can cause social incompetence in adolescents), it is essential to draw connections between how these measures can impact school, or as an example, how social incompetence can impact a student's level of engagement or achievement.

In addition, the type of adolescent schooling addressed is commonly at the late elementary and secondary level, and not at the post-secondary level. The period of adolescence is defined differently, depending on certain perspectives and contexts. According to Statistics Canada (2001), the typical age of high school graduation is 18, except for Quebec where it is one year less. As a result, it is possible that a student can begin postsecondary schooling between 17 and 18 years of age. When considering this data, I believe that students within their initial years of post-secondary education can still be considered adolescents. Along similar lines, there is a need for greater consideration of an adolescent's school experiences prior to the diagnosis of, or exposure to parental illness. What were their engagement and achievement levels before they experienced the impacts of parental illness? Cerel, Fristad, Verducci, Weller, and Weller (2006) suggest that children and adolescents who experience academic and behaviour problems prior to parental illness are more likely to experience even greater problems after parental diagnosis and exposure. I suggest that researchers can access information on previous levels of engagement and achievement through an examination of cumulative education reports kept on file within schools or through in-depth interviews with past teachers.
MULTIDISCIPLINARY APPROACHES AND PERSPECTIVES

An important (and recurrent) methodological limitation is that many studies in this field (e.g., Anderson & Hammen, 1993; Farahanti & Marcotte, 2003; Hirsch et al. 1985; Lewis & Hammond, 1996) employ a more quantitative approach in the research process. According to Romer, Barkmann, SchulteMarkwort, Thomalla, and Riedesser (2002), only one quarter of the studies they reviewed are qualitative in nature. Romer et al. (2002) suggest that "qualitative studies should be used to explore a field and generate hypotheses. Their phenomenological approach may allow description of a complex picture, including the subjective experience of the individuals studied" (p. 25). A qualitative approach can address the complexities involved when investigating parental illness and the experiences of adolescents in school. In addition, the quantitative approaches commonly used are limited in certain respects. For example, Romer et al. (2002) suggest that many quantitative-based studies (e.g., Anderson & Hammen, 1993; Hirsch et al, 1985; Schrag et al., 2004a) do not refer to any theoretical frameworks to situate and explain their results, but rather rely solely on the constructs of their research instruments (e.g., questionnaires). I think that it is important to position research within a particular framework, particularly when conducting a study with participants.

In my opinion, the assumption of quantitatively-based research approaches likely explains why a majority of studies analyze data through a psychological perspective, and thus, focus mainly on psychological variables. The impacts of parental illness on adolescents can be investigated through a number of vantage points, but multidisciplinary perspectives are rarely represented. Exploring this topic from different angles (such as through an educational lens) can render greater insights into dimensions (other than those psychologically-based) that come into play with parental illness and its impacts on adolescents. Socioeconomic variables and structural crises (e.g., racism and representations of illness) are examples of important dimensions to address, but are only included in some studies (e.g., Farahanti & Marcotte, 2003; Hirsch et al., 1985; Pederson & Revenson, 2005). For instance, parental illness can become a financial burden on the family, which can be due to a high amount of medical expenses, the loss
of an additional income, or both. Poverty is often identified as most detrimental for student academic achievement (Seccombe, 2000). Therefore, I believe that such concerns are important to consider (especially in combination with the psychological components), as they can reflect differences in the way an adolescent with an ill parent experiences school.

POSSIBLE POSITIVE OUTCOMES FOR ADOLESCENTS

I noted a couple of concerns with the research (e.g., Aldridge & Becker, 2003; Hoke, 2001; Pederson & Revenson, 2005; Reupert & Mayberry, 2007b; Vannatta et al., 2008) that presents the impacts of parental illness on adolescents in a more favourable perspective. First, I suggest that not enough studies examine the possible positive outcomes for adolescents living with an ill parent, as Pederson & Revenson (2005) also identify in their literature review. Armistead, Klein, and Forehand (1995) propose that the stresses and difficulties of parental illness for adolescents outweigh any positive outcomes that can result, which may be a reason why the "positive" studies are scarce. Second, other than studies by Hoke (2001) and Vannatta et al. (2008), the positive experiences for adolescents highlighted in this literature review are rarely specific to schooling. For example, Aldridge and Becker (2003) suggest that the impacts of parental illness on adolescents encourage the development of empathy for vulnerable people. In my opinion, it would have been beneficial to understand how this trait can help in bettering an adolescent's schooling. I agree with Pederson and Revenson (2005) that more studies that address the positive outcomes for adolescents with an ill parent are urgently needed. However, I would argue that the "positive" studies should still address the lived experiences of adolescents, including their hardships, and must make clearer connections to school experiences in particular.

DEFINITION OF TERMS AND CONCEPTS

A conceptual limitation evident through the literature review is that much of the research consists of undefined and unsupported terms and concepts that are relevant to the topic a limitation that Grabiak, Bender, and Puskar (2007) also note in their review of the impacts on adolescents with parental cancer. Terms, such as behaviour and achievement, are not clearly defined, nor are they
supported by any pre-existing model or framework. For example, Schrag et al. (2004a) do not provide detail as to what "school behaviour" entails for them, and in Anderson and Hammen's (1993) study, "medically ill" is not thoroughly explained. Another conceptual limitation is the lack of explicit references to engagement. Fredricks et al. (2004) stress the importance of engagement when addressing any issue concerning students and school, but this concept is generally absent in the literature concerning the impacts of parental illness on adolescent school experiences. In my opinion, such conceptual limitations can prevent a better understanding of exactly how schooling is impacted.

DIVERSITY OF ILLNESSES

The incorporation of a diversity of illnesses is also limited. The literature appears to focus more on the impacts of parental mental illnesses on adolescents, and with respect to physical illnesses, there are only a handful of diseases that are commonly investigated (Armistead et al., 1995). Mental illnesses may be less understood, more stigmatized, and not as supported/funded through the healthcare system when compared to physical illnesses. As a result, I think it is possible that parental mental illness is perceived as more of a concern for adolescents than parental physical illness, which can be the reason why the former is focused on more within the research. Furthermore, a reason why only a handful of physical illnesses are included may stem from the way certain physical illnesses are perceived through a scientific lens. For example, medical studies may identify cancer or multiple sclerosis as having a high number of negative impacts. As a result, parents with cancer and multiple sclerosis become popular subjects when investigating the impacts of parental illness on adolescent schooling. Grabiak et al. (2007) argue that studies in this area should be more versatile and diverse. Hirsch et al. (1985) suggest that past studies (e.g., Cowie, 1961; Worland & Hesselbrock, 1980) demonstrated a low number of differences between the impacts on adolescents who have a mentally ill parent and those with a physically ill parent, which makes the incorporation of both feasible. The inclusion of multiple illnesses allows for making connections and highlighting similarities between the severity of illnesses, their impacts on individuals, and common coping methods (Pederson & Revenson, 2005).
SUPPORT STRATEGIES: IMPLEMENTATION AND ACCESSIBILITY

In looking specifically at the literature on support resources, few studies (e.g., Nakou, 2004; Reupert & Mayberry, 2007a) evaluate the implementation and effectiveness of school-based strategies that help students cope with the impacts of parental illness. For the most part, studies (e.g., Anderson & Hammen, 1993; Lester et al., 2003; Schrag et al., 2004a) simply add a small section in the conclusion that addresses a few strategies of assistance. Diareme et al. (2007) suggest that parental illness and its impacts on adolescents have only been extensively addressed in two intervention studies. It is possible that studies addressing school-based support strategies are lacking due to the limited number of studies that exclusively target parental illness and its impacts on adolescent schooling. In other words, I believe that if parental illness is not identified as a factor that can impact an adolescent's engagement and achievement levels, then research on the implementation of support strategies will be scarce. Through her exploration of how educators help students with a mentally ill parent, Nakou (2004) suggests that teachers are often unable to identify the students in their classroom with an ill parent. Therefore, without identification, the development of support strategies may not occur.

Another shortcoming is that the majority of support strategies outlined are not specific to schooling, as identified in an earlier discussion on the possible positive outcomes for adolescents. Assistance through external means (such as healthcare agencies) is definitely beneficial. However, I think that greater information is necessary in order to understand how access to external supports might actually improve an adolescent's experiences in school. For example, private therapy sessions outside of the school context can help adolescents with an ill parent gain greater self-esteem (i.e., a favourable impression of oneself that may have suffered in response to the impacts of parental illness). It is essential to highlight how enhanced self-esteem can help improve student engagement and achievement.

Finally, there is also a need for studies to consider the social or structural issues that impede on the development and accessibility of support. Pederson and Revenson (2005) argue that although treatment and support services can be available, adolescents and their families may not have access to these
resources. Sambamoorthi and McAlpine (2003) suggest that racial or ethnic background, education, income, and health insurance are factors that sometimes limit the type and extent of accessible care services; services that may prevent the onset of illnesses, and allow for early intervention for the individual who is ill and their family members. In some cases, support for adolescents with an ill parent within schools is unavailable unless these types of barriers are overcome.

FUTURE DIRECTIONS

The variety of impacts in response to parental illness (as suggested in the literature) demonstrates that as with many lifealtering circumstances, individuals are affected differently and can be supported in a number of ways. An adolescent's reactions to the impacts of parental illness are not always foreseeable. Despite the limitations notable in the research and outlined in this review, these studies have undoubtedly contributed valuable insights in the area of parental health and adolescent schooling. The development of support strategies (although limited in number) has led to positive outcomes for ill parents and their children's schooling. In sum, the findings and discussions that appear within these studies have likely increased awareness for health and educational practitioners, and consequently have shaped, influenced, and modified their respective practices.

As mentioned earlier, the objective of this literature review was to guide future studies in research directions that are underexplored, or have not yet been examined at all. It would be beneficial for future research in this area to develop longitudinal studies. I suggest that researchers should study individuals as they experience the impacts of parental illness throughout adolescence. These investigations could generate a better understanding of the different and shifting ways adolescents experience the impacts of parental illness on schooling over a period of time. A better understanding of the impacts of parental illness on adolescent schooling can also be established by investigating other groups involved, such as teachers, school administrators, school board/government officials, social workers, adolescents of healthy parents, and ill parents (just to name a few). These groups can understand and interpret the impacts of parental illness on a student's schooling experiences in different ways; ways that may be beyond or outside of the scope for the adolescent with an ill
parent. Researchers should pay attention to the factors or social constructs (e.g., socioeconomic status, race, gender, and age) that can benefit or complicate the impacts of parental illness for adolescents. This can provide greater insight into how and why the impacts of parental illness on an adolescent are experienced differently, which can lead to the development of more specific support strategies.

In addition, I think it would be interesting to explore the impacts of parental illness on adolescents when both parents are ill. Forthcoming studies could also examine how the impacts of parental illness on adolescents can differ when a parent is ill and surviving, compared to a parent who is terminally ill, or who has already passed. Another valuable consideration in this area of research would be to compare the impacts of parental illness on adolescents who live/reside with their parents versus those who do not. Assuming a variety of research directions (such as those described above) and taking into consideration the limitations that are currently present (such as the methodological or conceptual shortcomings outlined in this review) would certainly lead to both theoretical/scholarly and practical benefits. It is notable that greater knowledge can be generated towards this topic of interest, which reflects the importance and necessity of integrating diverse and multiple measures when considering parental illness as a factor that impacts adolescent schooling. This literature review represents the foundation through which greater knowledge and research can develop.

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