The Impact of a Parent's Mental Illness on a Child's Life

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Abstract

The aim of this study is to find out what effect does parental mental illness have on the life of the child. A sub-objective of the study is to show the specific problems of the children and the strategies they use to cope with the family situation. The starting point is the concept of parental mental illness as a risk factor in child development. The issue is approached through an ecological approach explaining the interdependence between humans and their environment.

The text is developed as a theoretical essay that analyses the literature sources dealing with the issue of serious mental illness of a parent and its impact on the child. Literature sources were searched for keywords in English and Czech in the Science Direct, Scopus Preview, Cambridge Core and National Library of Medicine databases.

The results show a basic overview of risk and protective factors, children's emotional experience, their specific problems, especially stigma, separation from the parent, and coping strategies to deal with family stress.

Keywords:

mental illness, influence, parents, children, stigma, parentification, prevention.

Introduction

The issue of mental illness is a frequently discussed topic nowadays, not only because of the Covid-19 pandemic, which has increased its prevalence, especially depression and anxiety, by 25 % worldwide.[1] The text looks at this issue from the perspective of social work, which, as a multidisciplinary field, must actively respond to these changes in collaboration with other professionals and draw attention to neglected areas of human life.

Although psychiatric care in our country is developing in a positive direction, a neglected area is the parenting of the seriously mentally ill and the impact of their illness on the child. The family is the place where the symptoms of the illness manifest themselves and affect all its members. With

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1   'Launch of the WHO Guide for Integration of Perinatal Mental and Child Health Services', World Health Organization, cited 7th December 2022, https://www.who.int/news/item/19-09-2022-launch-of-the-who-guide-for-integration-of-perinatal-mental-health.

the deinstitutionalisation of psychiatric care, with the development of community-based care and the reduction in the length of hospital stays of patients, a significant part of the treatment process is shifting to the home environment. The family is the main and most important place of support for the ill parent, but also the place that shapes the life of their child.[2]

Another reason to address these phenomena is not only the increase in mental illness and its impact on the family, but also the change in the position of the child in society, which has transformed throughout history from passive recipients of care to competent social actors with rights. Today, children are the focus of attention and accepted as full members of society.[3]

Yet, adult attitudes that express superiority towards children because of their incompetence, emotional instability, egocentrism, dependency, and because they make mistakes and demand attention are still widespread. This phenomenon has been described within a number of disciplines as the thought paradigm of 'adultcentrism'.[4] Adultcentrism negatively affects the relationship with children and leads to ignoring their needs, which affects not only the relationship between parents and children, but also the provision of professional help. An expert can help them start and lead this conversation. For this reason, it is desirable that their 'voice' can be heard on this subject.

The impact of mental illness on the family as a whole has already been described by a number of Czech experts.[5] However, no study has been conducted in the Czech Republic that focuses on the prevalence of children of parents with mental illness. The review study, which was carried out within the framework of the Children of Parents with Severe Mental Illness project, was based on foreign sources. The results show that 1/3 of mental health service clients take the role of a parent and 1-2 children in 10 have a parent with Serious Mental Illness (SMI).[6] These children are at a higher risk of transmitting this illness than children of healthy parents.[7] Due to the lack of attention, support and services offered, these children are referred to as 'invisible'.[8]

Professionals may face a number of barriers to providing care. One of these is their own preconceptions about whether a parent with SMI can raise a child; a second reason may be lack of knowledge and skills; a third reason may be workload; and a fourth may be the fear that the interview may trigger negative feelings in the child. Also, children and their parents may experience doubts about the contribution of professionals to a greater extent than is the case with other target groups and may even prevent the child from receiving the necessary information.[9]

2   Igor Nosál, *Obrazy dětství v dnešní české společnosti* (Brno: Barrister Principal, 2004), 7.

3   Ibid., 117.

4   Christopher G. Petr, 'Adultcentrism in Practice with Children', *Families in Society: The Journal of Contemporary Human Services* 73, no. 7 (1992): 408-415, https://doi.org/10.1177/104438949207300703; Eleonora Florio, Letizia Caso, and Ilaria Castelli, 'The Adultcentrism Scale in the educational relationship: Instrument development and preliminary validation', *New Ideas in Psychology* 57 (2020): 1-10, https://doi.org/10.1016/j.newideapsych.2019.100762.

5   Kamil Kalina, *Jak žít s psychózou* (Praha: Avicenum, 1987); Eva Syřišťová, *Skupinová psychoterapie psychotiků a osob s těžším somatickým postižením* (Praha: Avicenum,1989); Klaus Dörner et al., *Osvobozující rozhovor* (Praha: Grada, 1999); Oldřich Matoušek, Hana Pazlarová et al., *Podpora rodiny* (Praha: Portál, 2014), Savenje Anke, 'Rodina a psychiatrické onemocnění', in *Psychózy*, eds. Václava Probstová and Ondřej Pěč (Praha: Triton, 2009), 199–208.

6   Anna Havelková, Kateřina Bartošová, and David Havelka, 'Prevalence of Parents and Children Living with Parental Severe Mental Illness', *Československá psychologie* 67, no.1 (2023), 16, https://doi.org/10.51561/cspsych.67.1.63.

7   Myrna M. Weissman et al., 'Offspring of Depressed Parents. 10 Years later'. *Archives of General Psychiatry,* 54, no. 10 (1997): 1001, 1003, https://doi.org/10.1001/archpsyc.1997.01830220054009; Sydney L. Hans, Judith G. Auerbach, Benedict Styr, and Joseph Marcus, 'Offspring of Parents with Schizophrenia: Mental Disorders during Childhood and Adolescence', *Schizophrenia bulletin* 30, no. 2 (2004): 306, https://doi.org/10.1093/oxfordjournals.schbul.a007080.

8   Brenda Gladstone, Katherine Boydell, and Patricia Keever, 'Recasting Research into Children's Experiences of Parental Mental Illness. Beyond risk and resilience', *Social Science & Medicine* 62, no. 10 (2006): 2543, https://doi.org/10.1016/j.socscimed.2005.10.038; Lisa-Marie Dobener, Markus Stracke, Kathrin Viehl et al., 'Children of Parents with a Mental Illness – Stigma Questionnaire. Development and Piloting', *Frontiers in Psychiatry* 13 no. 80003 (*2022*): 1, https://doi.org/10.3389/fpsyt.2022.800037.

9   Alan Cooklin, 'Children of Parents with Mental Illness', in *Children in Family Contexts*, ed. Lee Combrinck-Graham (New York: The

To introduce the issue, it should be mentioned that women with SMI have the same desire to have offspring as healthy women. Foreign studies show an increase in fertility in these women due to deinstitutionalisation of psychiatric care and better pharmacological treatment.[10] Mothers report that the parental role brings them emotional support, a greater zest for life, motivation for treatment and a new social status.[11] Despite their desire to raise their offspring, parents with SMI face a number of negative influences in society and with professionals, especially the stigma of mental illness.[12] There is still a widespread perception that a mentally ill parent can be a danger to themselves and their environment and is incapable of raising a child.[13] Many parents are afraid of not being able to take care of their child, fearing removal of the child from their care, and therefore prefer to hide the symptoms of the illness and not seek professional help.[14]

Methodology

This text is prepared as a theoretical essay that analyses the literary sources dealing with the issue of serious mental illness of a parent and its impact on the child. The analysis of sources is a convenient way to map the existing knowledge about the phenomenon under study and is a springboard for further research.[15] Monographs, peer-reviewed and non-peer-reviewed articles, undergraduate theses, as well as a manual for social workers and websites were considered as literature sources. Literature sources were searched from October 2022 to July 2023 in two phases. First, by keyword (mental illness, parent, children) in English and English text in library databases via Science Direct (n=2,697), Scopus Preview (n=88), Cambridge Core (n=1,477) and the National Library of Medicine (n=132), for a total of 4,394 studies.

The selection of sources was not limited by geography. The criteria for source selection in the first phase were authors who deal with SMI (psychosis, schizophrenia, depression), findings showing the perspective of children aged birth to 18 years, as well as open access to the full text and studies published in the year 2018 to 2022.

After reviewing the abstracts, duplicate studies (n=4,313), studies of somatic illnesses

Guilford Press, 2006), 279-280. Louise O'Brien, Patricia Brady, Melanie Anand, and Donna Gillies, 'Children of Parents with a Mental Illness Visiting Psychiatric Facilities', *International Journal of Mental Health Nursing* 20, no. 5 (2011): 4, https://doi.org/10.1111/j.1447-0349.2011.00740.x. Clare Dolman, Ian Jones, and Louise M. Howard, 'Pre-conception to Parenting: a Systemic Review and Meta-synthesis of the Qualitative Literature on Motherhood for Women with Severe Mental Illness', *Archives of Women's Mental Health* 16, no. 3 (2013): 184-187, https://doi.org/10.1007/s00737-013-0336-0.

10   Letten F. Saugstad, 'Social Class, Marriage, and Fertility in Schizophrenia', *Schizophrenia bulletin* 15, no.1 (1989): 16, https://doi.org/10.1093/schbul/15.1.9; Simone N. Vigod, et al., 'Temporal Trends in General and Age-Specific Fertility Rates Among Women with Schizophrenia (1996–2009): a population-based study in Ontario, Canada', *Schizophrenia Research* 139, no. 1-3 (2012):169–175, https://doi.org/10.1016/j.schres.2012.05.010.

11   Carol T. Mowbray, Daphna Oyserman, and Scott R. Ross, 'Parenting and the Significance of Children for Women with a Serious Mental Illness', *The journal of Behavioral Health Services & Research*, 22 no. 2 (1995): 1, https://doi.org/10.1007/BF02518758; Alena Laštovicová, '*Rodičovství osob s duševním onemocněním*'. BA dissertation. (Olomouc: Univerzita Palackého v Olomouci, Filozofická fakulta, 2013), 46.

12   Wanda M. Chernomas, Diana E. Clarke, and Francine A. Chisholm, 'Perspectives of Women Living with Schizophrenia', *Psychiatric services* 51, no. 12 (2000):1517–21, https://doi.org/10.1176/appi.ps.51.12.1517. Clare Dolman, Ian Jones, and Luise M. Howard, 'Pre-conception to Parenting: A Systemic Review and Meta-synthesis of the Qualitative Literature on Motherhood for Women with Severe Mental Illness'. *Archives of Women's Mental Health* 16, no. 3 (2013): 177, https://doi.org/10.1007/s00737-013-0336-0; Berit Höglund and Margareta Larsson, 'Struggling for Motherhood with an Intellectual Disability – A Qualitative Study of Women's Experiences in Sweden'. *Midwifery* 29, no. 6 (2013): 699, https://doi.org/10.1016/j.midw.2012.06.014.

13   Ioanna Savvidou, Vasilis Bozikas, Sophia Hatzigeleki, and Athanasios Karavatos, 'Narratives about their Children by Mothers Hospitalized on a Psychiatric Unit', *Family process* 42, no. 3 (2003): 395, https://doi.org/10.1111/j.1545-5300.2003.00391.x.; Teresa Ostler, *Assessment of Parenting Competency in Mothers with Mental Illness* (Baltimore: Paul H. Brookes Publishing, 2008), 11.

14   Mowbray, Oyserman, and Ross, 'Parenting and the Significance', 197; Jenny Hearle et al., 'A Survey of Contact', *Psychiatric services* 50, no. 10 (1999): 1356, https://doi.org/10.1176/ps.50.10.1354; Hind Khalifeh et al., 2009, 'Home Treatment as an Alterntive to Hospital Admission for Mothers in a Mental Health Crisis: A Qualitative Study'. *Psychiatric Services* 60, no. 5 (2009): 635. https://doi.org/10.1176/ps.2009.60.5.634.

15   Jiří Reichel, *Kapitoly metodologie sociálních výzkumů* (Praha: Grada, 2009), 130; Jan Hendl, *Kvalitativní výzkum* (Praha: Portál, 2016), 134-137.

(e.g., epilepsy), pharmacological research, Covid-19, and other types of mental illness (e.g., trauma, anxiety, addictive disorders, eating disorders, etc.) were excluded. In addition, studies related to pregnancy, perinatal period, the child suffers from SMI (not the parent) and the child has reached adulthood. After reading the abstracts, the full texts were retrieved (n=81). The second stage of text selection was a manual search using references in the primary texts (n=75). A total of 14 studies, as well as 16 monographs dealing with mental health were included for further examination.

The work with the sources consisted of searching for recurring elements and their interrelationships. With regard to the research questions, they were categorised into the following areas: transmission of SMI to the child, specific problems (emotional experience, stigma, separation, loss) and coping strategies (parentification, identification, parent monitoring, distance, positive impact of SMI).

It was interesting to explore whether the theme is interpreted only negatively or also positively? To increase theoretical sensitivity, the text asks whether SMI can also have a positive influence on the child and under what conditions?[16]

It was not within the scope of the article to cover the topic in its entirety. First, the text defines the term 'serious mental illness' and then specifies it to include psychoses, which affect people in their social roles and are associated with a significant stigma compared to other disorders.[17]

One way of looking at the mechanism of SMI's impact on the child is through an ecological perspective, which shows the connection between the person and their environment as an effective starting point for social work.[18] This implies many areas, risk and protective factors through which the child is affected. Mental illness in the family is a social risk, but it would be a mistake to dwell on the risks. Protective factors strengthen the resilience of the child and the family and help to prevent serious problems. The question of what the main risk and protective factors are is answered in the first part of the text.[19] The identification of risk and protective factors serves both to understand the impact of SMI on the child, but also as a tool to assess the child's family situation.[20] Furthermore, in order to provide effective support to children, it is important to understand their perspective, to address their emotional experience and to identify the specific problems associated with the situation. The text focuses on the search for knowledge about child stigma and separation from the parent due to SMI and identifies strategies that the child uses to cope with family stress that may affect their development – parentification, identification with the parent, 'monitoring', physical and emotional distancing.

At the end of this section, the text outlines some positive aspects of the impact of SMI on the child. From these findings, the study then draws out specific needs of children and implications for social work with an emphasis on prevention.

Theoretical Basis

The group of mental illnesses is not homogeneous but has many forms and phases that have

16   Anselm Strauss and Juliet Corbinová, *Základy kvalitativního výzkumu* (Brno: Nakladatelství Albert Boskovice, 1999), 53-55; Jiří Hendl and Jiří Remr, *Metody výzkumu a evaluace* (Praha: Portál, 2017), 231.

17   Marie Ocisková and Ján Praško, *Stigmatizace a sebestigmatizace u psychických poruch* (Praha: Grada, 2015), 43, 67.

18   Oldřich Matoušek et al., *Encyklopedie sociální práce* (Praha: Portál, 2013), 74-76.

19   Farářová Adéla et al., 'ChildTalks+. A Study Protocol of a Pre-post Controlled, Paired Design Study on the Use of Preventive Intervention for Children of Parents with a Mental Illness with Focus on Eating Disorders', *BMC Psychiatry* 22, no. 1 (2022): 2, https://doi.org/10.1186/s12888-022-04349-5; Andrea Reupert et al., Editorial Perspective: Prato Research Collaborative Change in Parent and Child Mental Health – Principles and Recommendations for Working with Children and Parents Living with Parental Mental Illness, *Journal of Child Psychology and Psychiatry* 63, no. 3 (2022): 350–352, https://doi.org/10.5694/mjao11.11145.

20   Oldřich Matoušek and Hana Pazlarová, *Hodnocení ohroženého dítěte a rodiny* (Praha: Portál, 2010), 137-144.

different effects on the patient and those around him. The following section defines the basic concept of SMI. The transmission of illness from parent to child can be viewed through the lens of an ecological approach. This perspective is essential for understanding the problems of children and for working with this target group.

Serious Mental Illness

SMI is characterised as a mental, behavioural or emotional disorder that leads to severe functional impairment and limits a person in one or more life activities.[21]

The text focuses on chronic psychotic disorders that, because of their long duration, interfere with a person's functioning and affect those around them.[22] One of the episodes of psychotic illnesses is depressive states, so the two disorders cannot be separated.

Psychotic illnesses are characterised by a profound sense of alienation from oneself and a disruption of one's relationship with the outside world. Characteristic features include disturbances in thinking (delusions), disturbances in perception (hallucinations), disturbances in emotionality and behavioural changes. Flamboyant to bizarre manifestations are incomprehensible to others and cause social barriers.[23] In addition to the so-called positive symptoms (delusions, hallucinations), patients experience negative symptoms, which are manifested by apathy, depressed mood, suppressed emotionality and slowed psychomotor pace, including speech.[24] The disease thus causes a decline in social skills in partnership, parenting, household care, employment, etc.[25]

How do these diseases arise? The development of SMI is multifactorial. The individual factors (genetic, biological and psychosocial) are mutually interdependent, and the individual's current stress load also has an impact.[26] Treatment is based on three pillars – pharmacotherapy, psychotherapy and social rehabilitation. Thus, the impact of SMI on the child depends on the stage of the disease and its treatment. In recent years, importance has been attached to the *concept of recovery*. It is a personal and unique process where the patient is empowered to make decisions about his or her own treatment, process personal experience of illness and search for new meaning. He or she thus integrates into ordinary life and reassumes his or her roles despite the limits imposed by the illness.[27]

Ecological Approach

One theoretical framework that explains a phenomenon in terms of cause, effect or context and shows how to influence it is the ecological perspective. The ecological approach emphasises the interdependence of humans and their environment, in their interaction. Exploring the relationship between the individual and the environment appears to be an effective starting point for social work.[28] The state of their interaction is assumed, and attention is directed not only to the

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21 National Institute of Mental Health (NIMH), '*Mental Illness*', 20th July 2023, https://www.nimh.nih.gov/health/statistics/mental-illness.

22 Marie Ocisková and Ján Praško, *Stigmatizace a sebestigmatizace u psychických poruch* (Praha: Grada, 2015), 43, 67.

23 Jiří Raboch, Petr Zvolský et al., *Psychiatrie* (Praha: Galén, 2001), 227-231; Ondřej Pěč, Václava Probstová et al., *Psychózy. Psychoterapie, rehabilitace a komunitní péče* (Praha: Triton. 2009), 16.

24 Ewald Rahn, Angela Mahnkopf, *Psychiatrie* (Praha: Grada, 2000), 169-174.

25 Pěč, Probstová et al., *Psychózy*, 46; Marie Vágnerová, *Psychopatologie pro pomáhající profese* (Praha: Portál, 2004), 340; Václava Probstová and Ondřej Pěč, *Psychiatrie pro sociální pracovníky* (Praha: Portál, 2014), 46.

26 Zuzana Foitová, 'Komunitní péče aneb Aby péče o duši neztratila duši', in *Psychózy*, eds. Ondřej Pěč, Václava Probstová et al. (Praha: Triton, 2009), 214-216; Pěč, Probstová et al., *Psychózy*, 43-48.

27 Foitová, 'Komunitní péče', 220.

28 Oldřich Matoušek et al., *Encyklopedie sociální práce* (Praha: Portál, 2013), 74-76.

shortcomings of the individual and his environment, but also to the strengths, resources and resilience of the individual.

Humans are able to adapt to their living conditions and their adaptation can be further supported and developed in an appropriate way. The child is therefore at the centre of concentric circles consisting of the family (micro-system), peers, school, community (meso-system), social and cultural attitudes and values of society (macro-system).[29] All these systems represent an important element in the life of the child. Just as a number of factors influence the onset and course of mental illness, the impact of a parent's illness on a child is a complex phenomenon involving a number of domains. The topic of risk and protective factors, and their recognition, is central to the prevention and provision of effective support to children and their families.[30]

Risk and Protective Factors

Mental illness in the family poses a risk to the child, i.e., an event that may pose a threat to the child's development. Knowledge of these risks is key to protecting children and preventing these situations.[31] Risk assessment should also take into account the family's strengths and resources, which enhance resilience to stress and can eliminate risks.

The aim of this section is to identify risk and protective factors for parent-to-child transmission of SMI in five areas: genetic and prenatal influences, factors on the parent's side and their interaction with the child, family processes and conditions, external social influences, and factors on the child's side.[32]

Genetic and Prenatal Influences

New findings in research on mental disorders confirm the importance of genetic factors and their interaction with environmental factors such as pregnancy complications, diet quality, substance abuse and other stressors. High levels of stress and anxiety during pregnancy result in a higher risk of emotional and behavioural problems during childhood and adolescence.[33] Genetic causes are a complex area and not all the mechanisms that cause the disorders have yet been identified.[34]

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29 Jiří Kovařík, 'Sociálněekologický model a fenomenologická tradice' in *Základy sociální práce*, ed. Oldřich Matoušek (Praha: Portál, 2001), 248–265; Ostler, *Assessment of Parenting Competency*, 88-102; Terezie Pemová and Radek Ptáček, *Zanedbávání dětí* (Praha: Grada. 2016), 36-38.

30 Clemens M. H. Hosman, Carin T. M. van Doesum, and Floor van Santvoort, 'Prevention of Emotional Problems and Psychiatric Risks in Children of Parents with a Mental Illness in the Netherlands', *Advances of Mental Health* 8, no. 3 (2009): 258-259, https://doi.org/10.5172/jamh.8.3.250; Kjersti Bergum Kristensen, Camilla Lauritzen, and Charlotte Reedtz, 'Support for Children of Parents with Menatl Illness: An Analysis of Patients' Health Records', *Frontiers in Psychiatry* 13, no. 778236 (2022): 2, https://doi.org/10.3389/fpsyt.2022.778236.

31 Igor Tomeš, Sociální riziko', in *Encyklopedie sociální práce*, ed. Oldřich Matoušek (Praha: Portál, 2013), 233-235.

32 Christine Lovejoy, Patricia A. Graczyk, Elizabeth O'Hare, and George Neuman, 'Maternal Depression and Parenting Behavior: A Meta-Analytic Review', *Clinical Psychology Review* 20, no. 5 (2000): 562, https://doi.org/10.1016/s0272-7358(98)00100-7; Clemens M. H. Hosman, Carin T. M. van Doesum, and Floor van Santvoort, 'Prevention of Emotional Problems and Psychiatric Risks in Children of Parents with a Mental Illness in the Netherlands', *Advances of Mental Health* 8, no. 3 (2009): 252–260, https://doi.org/10.5172/jamh.8.3.250.

33 Thomas O'Connor et al., 'Maternal Antenatal Anxiety and Children's Behavioural/emotional Problems at 4 Years', *The British Journal of Psychiatry* 180, no. 6 (2002): 504, https://doi.org/10.1192/bjp.180.6.502; Anja C. Huizink et al., 'Stress During Pregnancy is Associated with Developmental Outcome in Infancy', *Journal of Child Psychology and Psychiatry* 44, no. 6 (2003): 810–817, https://doi.org/10.1111/1469-7610.00166; Monique Robinson et al., 'Pre – and Postnatal Influences on Preschool Mental Health: a Large-Scale Cohort Study', *Journal of Child Psychology and Psychiatry* 49, no. 10 (2008):1118–1125, https://doi.org/10.1111/j.1469-7610.2008.01955.x.

34 Ladislav Hosák, 'Nové poznatky v genetice a epigenetice významných duševních poruch', *Česká a slovenská psychiatrie* 115, no. 3 (2019): 119.

Parent Factors

The impact of SMI on a child is largely determined by factors on the parent's side. The disease affects the parent's behaviour and his or her interaction with the child. Research shows that parents with depression are less friendly, less warm and more directive than parents without this burden.[35] Furthermore, lower levels of sensitivity, capacity for emotional closeness and reciprocity with the child have been observed, and thus less attentiveness to the child's needs.[36] Parents may exhibit either intrusive to hostile communication, where irritability, anger, criticism, rejection or, conversely, withdrawal from contact and withdrawal into oneself predominate. These parents speak less to their children, speak in a weaker voice, touch them less, make eye contact and show no interest. Also, in psychotic disorders, emotional enmeshment can interfere with the ability to express emotions towards the child and impair emotional bonding.[37]

Various studies show variability in parenting skills among parents across different types of illness. Some parents show comparable results to parents without SMI.[38] An important predictor is functioning before the onset of the disease, the patient's attitude towards treatment, and the stage of the disease itself, where interaction improves again in remission.[39] It is important to note that difficulties in parent-child interaction were also observed in those who did not suffer from depression but experienced other personal, relational or social problems.[40] Mowbray shows that the specificity of the SMI diagnosis is not a major predictor of parenting capacity and potential problems. Parents with SMI are not necessarily at greater risk of problematic parenting than parents with less severe illness if symptoms are under control, the parent is undergoing quality treatment and has support in their environment.[41]

Family

The impact of SMI on the child is further influenced by a number of circumstances that take place directly in the family environment. Ostler and Belsky point out the importance of family history, experienced patterns such as punitive parenting, child abuse and neglect,[42] and current family attitudes toward mental illness, such as denial of treatment and the illness itself.[43]

In the area of family processes, the degree of conflict between parents, the possible occurrence

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35 Lovejoy, Graczyk, O'Hare, and Neuman, 'Maternal Depression', 562–564.

36 Śliwerski, Kossakowska, and Jarecka, 'The Effect of Maternal Depression on Infant Attachment: A Systematic Review', *International Journal of Environmental Research and Public Health* 17, no. 8 (2020): 32, https://doi.org/10.1177/1359104502007004006.

37 Sonia Shenoy, Geetha Desai, Ganesan Venkatasubramanian, and Prabha S Chandra, 'Parenting in Mothers with Schizophrenia and its Relation to Facial Emotion Recognition Deficits – a Case Control Study', *Asian Journal of Psychiatry* 40, (2019): 56, https://doi.org/10.1016/j.ajp.2019.01.022; Hind Khalifeh et al., 2009, 'Home Treatment as an Alterntive to Hospital Admission for Mothers in a Mental Health Crisis: A Qualitative Study', *Psychiatric Services* 60, no. 5 (2009): 636. https://doi.org/10.1176/ps.2009.60.5.634.

38 M. Katherine Weinberg and Edward Z. Tronick, 'The Impact of Maternal Psychiatric Illness on Infant Development', *The Journal of Clinical Psychiatry* 59, no. 2 (1998): 53–61.

39 Mary F. Brunette and Wendy Dean, 'Community Mental Health Care for Women with Severe Mental Illness Who Are Parents', *Community Mental Health Journal* 38, no. 2 (2002): 157, https://doi.org/10.1023/a:1014599222218.

40 Christine Lovejoy, Patricia A. Graczyk, Elizabeth O'Hare, and George Neuman, 'Maternal Depression and Parenting Behavior: A Meta-Analytic Review', *Clinical Psychology Review* 20, no. 5 (2000): 566, https://doi.org/10.1016/s0272-7358(98)00100-7.

41 Carol Mowbray, Daphna Oyserman, Deborah Bybee, and Peter MacFarlane, 'Parenting of Mothers with a Serious Mental Illness: Diferential Effects of Diagnosis, Clinical History, and other Mental Health Variables', *Social Work Research* 26, no. 4 (2002): 238. https://doi.org/10.1093/swr/26.4.225.

42 Jay Belsky, 'Child Maltreatment: An Ecological Integration', *American Psychologist* 35, no. 4 (1980): 324–325, https://doi.org/10.1037/0003066X.35.4.320; Ostler, *Assessment of Parenting Competency*, 98.

43 Kamil Kalina, *Jak žít s psychózou* (Praha: Avicenum,1987), 100-103; Klaus Dörner et al., *Osvobozující rozhovor* (Praha: Grada, 1999), 14; Ostler, *Assessment of Parenting Competency*, 97-98. Milan Hausner, *Duševně nemocný mezi námi* (Praha: Avicenum, 1981), 87; Marie Ocisková and Ján Praško, *Stigmatizace a sebestigmatizace u psychických poruch* (Praha: Grada, 2015), 36, 67.

of domestic violence, substance abuse and other adverse life events such as a single parent raising a child are important.[44] Many parents with SMI face financial problems and a low standard of living.[45] Another risk factor is when the other parent also suffers from mental illness and cannot compensate for the negative impact of the illness. If the child lacks a corrective experience, the child identifies with the ill parent. A supportive relationship with the healthy parent and siblings is therefore considered a protective circumstance.[46]

A significant factor that affects the child is the way of communication in the family. Many studies show that children receive no information about a parent's illness, or only partial or distorted information. Some children know that something is happening in the family but do not know what or why, they have no information about the parent's treatment or hospitalisation. [47] This type of communication has several causes. Parents are reluctant to talk to their children because of their protection from negative feelings or because they do not know how to initiate a conversation with their children. For example, they avoid the term 'psychiatry' and use the word 'exhausted' or 'headache'.[48] In relation to the tabooing of this topic, Bowlby describes a strong tendency in families to hide the cause of a parent's death by suicide or to actively forbid children to talk about suicide.[49]

Hiding and concealing mental illness has the effect of suppressing the child's feelings and needs and hiding them outwardly. If children do not receive information, they make it up, or supplement it with fantasy, which increases their anxiety.[50] These communication patterns prevent the child from understanding the mental illness and putting it into a meaningful framework.[51]

External Influences

A parent with SMI may have difficulty establishing and maintaining supportive relationships with friends, relatives, neighbours and professionals. This may be caused by lethargy, difficulty concentrating, reduced voluntary qualities, disinterest in activities, cognitive limitations or paranoid settings. Mental illness is often associated with feelings of shame and subsequent social isolation. Families isolate themselves from the external environment, but also from their members by not talking about the illness.[52]

44 Clemens M. H. Hosman, Carin T. M. van Doesum, and Floor van Santvoort, 'Prevention of Emotional Problems and Psychiatric Risks in Children of Parents with a Mental Illness in the Netherlands', *Advances of Mental Health* 8, no. 3 (2009): 256, https://doi.org/10.5172/jamh.8.3.250; Charlotte Reedtz et al., 'Identification of Children of Parents with Mental Illness: A Necessity to Provide Relevant Support', *Frontiers in Psychiatry* 9, no. 728 (2019): 2, https://doi.org/10.3389/fpsyt.2018.00728.
45 Carol T. Mowbray, Daphna Oyserman, and Scott R. Ross, 'Parenting and the Significance of Children for Women with a Serious Mental Illness', *The journal of Behavioral Healt Services & Research* 22, no. 2 (1995): 196, https://doi.org/10.1007/BF02518758; Alan Cooklin, 'Children as carers of parents with mental illness', *Psychiatry* 8, no. 1 (2008): 19, https://doi.org/10.1016/j.mppsy.2008.10.010.
46 Charlotte Reedtz et al., 'Identification of Children', 12; Cooklin, 'Children as Carers', 18–19.
47 Cooklin, 'Children as carers', 17,; Reedtz et al., 'Identification of Children of Parents with Mental Illness', 6; Kjersti Bergum Kristensen , Camilla Lauritzen , and Charlotte Reedtz, 'Support for Children of Parents with Menatl Illness: An Analysis of Patients' Health Records', *Frontiers in Psychiatry* 13, no. 778236 (2022): 6, https://doi.org/10.3389/fpsyt.2022.778236.
48 Elaine Mordoch and Wendy A. Hall, 'Children's Perceptions of Living With a Parent with a Mental Illness: Finding the Rhythm and Maintaining the Frame', *Qualitative Health Research* 18, no. 8 (2008): 1131. https://doi.org/10.1177/1049732308320775; Marianne V Trondsen, 'Living with a Mentally Ill Parent: Exploring Adolescents' Experiences and Perspectives', *Qualitative Health Research* 22, no. 2 (2012): 178, https://doi.org/10.1177/1049732311420736; Rachel Fearnley and Jason W. Boland, 'Parental Life-Limiting Illness: What Do We Tell the Children?', *Journals Healthcare* 7, no. 1 (2019):10, https://doi.org/10.3390/healthcare7010047.
49 John Bowlby, *Ztráta* (Praha: Portál, 2013), 338–345.
50 Boland Fearnley, 'Parental Life-Limiting Illness', 6-7; Wencke J. Seltzer, *Sedm němých let* (Praha: Portál, 2008), 12-15.
51 Vicki Cowling, *Children of Parents with Mental Illness* (National Library of Australia Cataloguing-in-Publication Data: Vicki Cowling, 1999), 62.
52 Klaus Dörner et al., *Osvobozující rozhovor* (Praha: Grada, 1999), 19-20; Kamil Kalina, *Jak žít s psychózou* (Praha: Avicenum,1987), 128; Ostler, *Assessment of Parenting Competency*, 11; Clare Dolman, Ian Jones, and Louise M. Howard, 'Pre-conception to Parenting: a Systemic Review and Meta-synthesis of the Qualitative Literature on Motherhood for Women with Severe Mental Illness', *Archives of Women's Mental Health* 16, no. 3 (2013): 182, https://doi.org/10.1007/s00737-013-0336-0.

Social ties outside the family play an important protective role. It is the social network of both the child and the parent that provides cognitive, emotional and practical support. Children benefit from intimate and stable relationships. The school environment can be a place of positive experiences for the child, an escape from stress and social isolation in the family.[53]

Child Factors

The characteristics of the child also play an important role in the transmission of SMI to the child. Risk factors include increased vulnerability, difficult temperament, behaviour, negative emotionality, readiness for stress reactions, low self-esteem, poor cognitive and social skills and lack of knowledge about mental illness.[54]

Each child may be affected by illness to varying degrees. It has the greatest impact on the child in the early stages of development,[55] when the capacity for emotion regulation, behaviour and the basis for establishing relationships are being established.[56]

During the first year of life, studies describe delayed sensorimotor development, poorer language skills, social cognitive deficits,[57] attention and behavioural disorders, a greater incidence of emotional problems and difficulties in establishing relationships.[58] It has also been confirmed that there is a negative impact on school performance, due to reduced control and guidance in education.[59] Studies show that these children are at much greater risk of developing SMI than children of healthy parents.[60]

When evaluating risk and protective factors, it is necessary to take into account not only risks and their accumulation, but also protective factors that can mitigate the negative impact of the disease – supportive relationships, well-functioning communication in the family, positive relationship between parents, acceptable socioeconomic status, social skills, healthy self-esteem and confidence and knowledge about mental illness.[61] A summary of the mentioned risk and protective

53   Charlotte Reedtz et al., 'Identification of Children of Parents with Mental Illness: A Necessity to Provide Relevant Support', *Frontiers in Psychiatry* 9, no. 728 (2019): 10, https://doi.org/10.3389/fpsyt.2018.00728.

54   Clemens M. H. Hosman, Carin T. M. van Doesum, and Floor van Santvoort, 'Prevention of Emotional Problems and Psychiatric Risks in Children of Parents with a Mental Illness in the Netherlands', *Advances of Mental Health* 8, no. 3 (2009): 256, https://doi.org/10.5172/jamh.8.3.250.

55   Nicholas M. Kowalenko et al., 'Family Matters: Infants, Toddlers and Preschoolers of Parents Affected by Mental Illness', *The Medical Journal of Australia* 199, no. 3 (2012): 16, https://doi.org/10.5694/mja11.11285.

56   Christine Lovejoy, Patricia A Graczyk, Elizabeth O'Hare, and George Neuman, 'Maternal Depression and Parenting Behavior: A Meta-Analytic Review', *Clinical Psychology Review* 20, no. 5 (2000): 561–592, https://doi.org/10.1016/s0272-7358(98)00100-7; Sherryl H Goodman, Hannah F M Simon, Amanda L Shamblaw, and Christine Youngwon Kim, 'Parenting as a Mediator of Associations between Depression in Mothers and Children's Functioning', *Clinical Child and Family Psychology Review* 23, no. 9 (2020): 427–460, https://doi.org/10.1007/s10567-020-00322-4.

57   Robin E. Gearing, Dana Alonzo, and Caitlin Marinelli, 'Maternal Schizophrenia: Psychosocial Treatment for Mothers and their Children', *Clinical Schizophrenia & Related Psychoses* 6, no. 1 (2012): 28-29, https://doi.org/10.3371/CSRP.6.1.4; Chamarrita Farkas et al., 'Mothers' Competence Profiles and their Relation to Language and Socioemotional Development in Chilean Children at 12 and 30 Months', *Infant Behavior and Development* 59, no. 101443 (2020): 10-11, https://doi.org/10.1016/j.infbeh.2020.101443.

58   Geraldine Downey and James C. Coyne, 'Children of Depressed Parents: An Integrative Review. *Psychological bulletin* 108 no. 1 (1990): 56, https://doi.org/10.1037/0033-2909.108.1.50.

59   Farah Farahati, D.E. Marcotte, and Virginia Wilcox-Gök, 'The Effects of Parents' Psychiatric Disorders on Children's High School Dropout', *Economics of Education Review* 22, no. 2 (2003): 177, https://doi.org/10.1016/S0272-7757(02)00031-6.

60   Myrna M. Weissman, et al., 'Offspring of Depressed Parents. 10 Years later', *Archives of General Psychiatry* 54, no. 10 (1997): 932; Myrna M. Weissman et al., ˇOffspring of Depressed Parents: 20 Years Later', *The American Journal of Psychiatry* 163, no. 6 (2006): 1003-1006, https://doi.org/10.1176/appi.ajp.163.6.1001; Clemens M. H. Hosman, Carin T. M. van Doesum, and Floor van Santvoort, 'Prevention of Emotional Problems and Psychiatric Risks in Children of Parents with a Mental Illness in the Netherlands', *Advances of Mental Health* 8, no. 3 (2009): 258-259, https://doi.org/10.5172/jamh.8.3.250; Kimberlie Dean et al., 'Full Spectrum of Psychiatric Outcomes Among Offspring With Parental History of Mental Disorder', *Archives of General Psychiatry* 67, no. 8 (2010): 822, https://doi.org/10.1001/archgenpsychiatry.2010.86.

61   Clemens M. H. Hosman, Carin T. M. van Doesum, and Floor van Santvoort, 'Prevention of Emotional Problems and Psychiatric Risks in Children of Parents with a Mental Illness in the Netherlands', *Advances of Mental Health* 8, no. 3 (2009): 258-259, https://doi.org/10.5172/

factors is shown in the table below.

The model of risks and protective factors is criticised by some authors because it assumes the family as a deficit and the child as a victim. Proponents of the concept of resilience, on the other hand, suggest seeing the child as a competent person who actively shapes his life and uses the available resources to do so.[62] Many parents are able to raise their children independently or with the support of others,[63] yet many studies of parenting with SMI are focused mainly on risk factors, much less on their resources, strengths and fulfilment of the parental role.[64] This corresponds to the results of findings on the positive effect of SMI on the child, as shown in the next part of the text.[65]

Table: Overview of risk and protective factors

	Risk factors	Protective factors
child	Low age Demanding temperament Problematic relationship with parents, siblings Vulnerability	Higher age Warm relationship with parent, siblings Developed social, language skills Own leisure activities Supportive relationships with peers Stable school attendance Child understands parent's illness
parent	Increased restlessness or extreme lethargy Obsessions, hallucinations, delusions about the child, suicidal tendencies Substance abuse Negative relationship with child, inappropriate communication Refusal of treatment	Parent was functioning before the outbreak Responsible approach to treatment, the disease is compensated Positive interaction with the child, warm relationship Relationship between parents is positive The other parent is available, in good health
environment	Unsuitable housing Lack of financial security Social isolation Family arrangements are unstable High conflict rate, divorce Child abuse and neglect Family and neighbourhood unaware of the disease or have a negative attitude towards treatment Professionals do not accept the parental role Lack of access to health and social services	Suitable housing Financial security Family, friends, school know about the disease, provide support Professionals support the parenting role Access to health and social services

jamh.8.3.250.

62   Brenda McConnell Gladstonea, Katherine M. Boydella, and Patricia McKeever, 'Recasting Research into Children's Experiences of Parental Mental Illness. Beyond risk and resilience', *Social Science Medicine* 62, no. 10 (2006): 2543, https://doi.org/10.1016/j.socscimed.2005.10.038; Marianne V Trondsen, 'Living with a Mentaly Ill Parent: Exploring Adolescents' Experiences and Perspectives', *Qualitative Health Research* 22, no. 2 (2012): 175-176, https://doi.org/10.1177/1049732311420736.

63   Ostler, *Assessment of Parenting Competency*, 7.

64   Carol T. Mowbray, Daphna Oyserman, and Scott R. Ross, 'Parenting and the Significance of Children for Women with a Serious Mental Illness', *The journal of Behavioral Healt Services & Research,* 22 no. 2 (1995): 198, https://doi.org/10.1007/BF02518758; Clare Dolman, Ian Jones, and Louise M. Howard, 'Pre-conception to Parenting: a Systemic Review and Meta-synthesis of the Qualitative Literature on Motherhood for Women with Severe Mental Illness', *Archives of Women's Mental Health* 16, no. 3 (2013): 173.

65   Nigel Thomas et al., 'Your Friends Don't Understand: Invisibility and Unmet Need in the Lives of Young Carers', *Child and Family Social Work* 8 no. 1 (2002): 41, https://doi.org/10.1046/j.1365-2206.2003.00266.x; Jo Aldridge, 'The Experiences of Children Living with and Caring for Parents with Mental Illness', *Child Abuse Review* 15, no. 2 (2006): 82, https://doi.org/10.1002/car.904; Reza Zeighami, Fatemeh Oskouie, Soodabeh Joolaee et al., 'The Positive Effects of Parents Mental Illness on their Children: A Qualitative Study', *Journal of Medical Science* 13 no. 4 (2014): 451; https://doi.org/10.3329/bjms. v13i4.12989.

Specific Problems of Children

Children's emotional experiences and the coping strategies children use to adapt to changes in the family are issues that are also worthy of attention. The most typical strategies are role reversal (parentification), identification with and monitoring of the parent, and emotional and physical distance.

Emotional Experience

Children experience a range of negative feelings during different stages of a parent's illness. International sources show how the stigma of SMI is passed on to children, where they experience feelings of shame and guilt for the family's problems and for the parent's current mood – irritability, depression, anger and other expressions.[66] The strong feelings of guilt Bowlby describes in children whose parents died as a result of suicidal actions.[67]

For adolescents, feelings of embarrassment are described at times of bizarre behaviour by the parent, such as wearing inadequate clothing that causes them to refuse to go out in public with the parent. Some children do not bring their peers home because of unstable moods and neglect of the home.[68] Too strong and prolonged feelings of shame are a burden for children. Some children express their feelings openly, some more by their behaviour.[69] If a child feels ashamed or inadequate, he or she uses various coping mechanisms, such as blaming others, denying the problem, lying or showing aggression.[70] Shame has been found to be a risk factor for later deviant behaviour in young adulthood, while guilt has been associated with a lack of empathy and the development of social skills.[71]

Cooklin and Trondsen point to a deep sense of loneliness and confusion. Many children do not talk about family problems with parents, relatives or peers, either because of loyalty or out of fear of not being understood. Children have to deal with the illness itself and other consequences. If they do not have enough information about the family situation, they may experience uncertainty about how to interpret a parent's behaviour, or uncertainty arising from the parents' conflicting demands, for example, to perform the role of caregiver in the family while attending school and fulfilling their responsibilities.[72]

Some authors describe children's feelings of sadness and loss, particularly from the loss of closeness to a parent, strained relationships and family problems. Many children are afraid of mood swings, of symptom flare-ups and associated hospitalisation, or of suicidal behaviour and the

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66 Dobener et al., 'Children of Parents with a Mental Illness – Stigma Questionnaire', 5-9; Annick Bosch, Monique van de Ven, and Karin van Doesum, 'Development and Validation of the Guilt and Shame Questionaire for Adolescent of Parents with a Mental Illness', *Journal of Child and Family Studies* 29, no. 3 (2020): 6-9, https://doi.org/10.1007/s10826-019-01671-7.

67 John Bowlby, *Ztráta* (Praha: Portál, 2013), 341.

68 Ostler, *Assessment of Parenting Competency*, 109; Miroslava Khollová, 'Patologické shromažďování', *Psychiatrie pro praxi 10*, no. 6 (2009): 265. Annick Bosch, Monique van de Ven, and Karin van Doesum, 'Development and Validation', 3-9; Marie Vágnerová, *Psychopatologie pro pomáhající profese* (Praha: Portál, 2004), 347-348.

69 Ostler, *Assessment of Parenting Competency*, 107.

70 Daniel Golding and Kim S. Hudges, 'Creating Loving Attachments: Parenting with PACE to Narture Confidence and Security in the Troubled Child', in *Užitečný rádce pro (náhradní) rodiče: adoptivní rodiče, partneri rodičů, příbuzné, pěstouny a pečovatele*, ed. Petra Winnette (Praha: Natama, 2012), 61–63.

71 Jeffrey Stuewig et al., 'Children's Proneness to Shame and Guilt Predict Risky and Illegal Behaviors in Young Adulthood', *Child Psychiatry Human Development* 46, (2015): 224-225, https://doi.org/10.1007/s10578-014-0467-1.

72 Alan Cooklin, 'Children of Parents with Mental Illness', in *Children in Family Contexts*, ed. Lee Combrinck-Graham (New York: The Guilford Press, 2006), 271-272; Alan Cooklin, 'Living Upside Down: Being a Young Carer of a Parent with Mental Illness', *Advances in Psychiatric Treatment* 16, no. 2 (2010): 141–146, doi: 10.1192/apt.bp.108.006247; Marianne V. Trondsen, 'Living with a Mentally Ill Parent: Exploring Adolescents' Experiences and Perspectives', *Qualitative Health Research* 22, no. 2 (2012): 178-182, https://doi.org/10.1177/1049732311420736.

subsequent loss of a parent. Children also fear the need for future parental care and the hereditary transmission of the disease to themselves.[73]

Bowlby in particular describes the manifestations of anger. The child reacts to separation from the parent with anxiety and anger, which is intended to help reunion and prevent further repetition. He also describes children's feelings of anger towards themselves in relation to feelings of guilt for a parent's suicidal actions, feelings of anger towards a sick parent who repeatedly threatens suicide or anger towards a surviving parent after the parent has completed suicide.[74]

Emotional experience is not the only area in which a parent's illness affects the child. Children face a number of problems along with their parents and must adapt to the situation by changing their attitudes and behaviours, as the following section shows.

Stigmatisation

Mental illnesses are still associated with a number of prejudices and attitudes that often stem from ignorance and fear of these illnesses. Various negative characteristics are attributed to sufferers, which can lead to discrimination in society. The experience of stigma brings with it feelings of shame and lowered self-esteem, resulting in hiding, concealing problems and preventing the patient from seeking professional help.[75] The sick person then accepts and internalises the attitudes of those around them, which affects their own behaviour. How does the stigma of SMI affect children?

Research shows that children and adolescents struggle with feelings of shame both in their own families and at school among their peers. They fear not being accepted by their peers, so they conceal their parents' diagnosis and their use of medication.[76] This phenomenon leads to limiting interaction with peers or avoiding social contact altogether, resulting in an increased incidence of depression. Stigma in children is specific because contact with peers is essential for the formation and maintenance of their social identity.[77]

Separation and Loss

Although ill parents prefer to be treated at home and hide the symptoms of the illness in order to care for the child, in the acute phase, hospitalisation in a psychiatric ward is sometimes

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73 Alan Cooklin, 2008, 'Children as Carers of Parents with Mental Illness', *Psychiatry* 8, no. 1 (2008): 18–19, https://doi.org/10.1016/j.mppsy.2008.10.010; Trondsen, 'Living with a Mentally Ill Parent', 179-180; Kjersti Bergum Kristensen, Camilla Lauritzen, Charlotte Reedtz, 'Support for Children of Parents with Mental Illness: An Analysis of Patients' Health Records', *Frontiers in Psychiatry* 13, no. 778236 (2022): 7, https://doi.org/10.3389/fpsyt.2022.778236.

74 John Bowlby, *Ztráta* (Praha: Portál, 2013), 340-344; John Bowlby, *Odloučení* (Praha: Portál, 2012), 232.

75 Erving Goffman, *Stigma. Notes on the Management of Spoiled Identity* (New Jersey: Penguin Random House,1963), 3-5; Gragam Thornicroft, Diana Rose, Aliya Kassam, and Norman Sartorius, 'Stigma: Ignorance, Prejudice or Discrimination?', *British Journal of Psychiatry* 190, no. 3 (2007): 192–193, https://doi.org/10.1192/bjp.bp.106.025791; Graham Thornicroft at al., 'Stigma: Ignorance, Prejudice or Discrimination? '*British Journal of Psychiatry* 190, no. 3 (2007): 3–4. https://doi.org/10.1192/bjp.bp.106.025791; Petr Winkler, Tomáš Formánek, Karolína Mladá, and Sara Evans Lacko, 'Development of Public Stigma Toward People with Mental Health Problems in Czechia 2013–2019', *European Psychiatry* 64, no. 1 (2021): 1–2, https://doi.org/10.1192/j.eurpsy.2021.2226.

76 Derrick Kranke, Jerry Floersch, Lisa Townsend, and Michelle Munson, 'Stigma Experience among Adolescents Taking Psychiatric Medication', *Children and Youth Services Review* 32, no. 4 (2010): 499, https://doi.org/10.1016/j.childyouth.2009.11.002; Annick Bosch, Monique van de Ven, and Karin van Doesum, 'Development and Validation of the Guilt and Shame Questionaire for Adolescent of Parents with a Mental Illness', *Journal of Child and Family Studies,* 29(3), 2020: 4-11, https://doi.org/10.1007/s10826-019-01671-7; Dobener, Stracke, Viehl et al., 'Children of Parents with a Mental Illness – Stigma Questionnaire', 7-11.

77 Jamie Ferrie, Hannah Miller,Simon C. Hunter, 'Psychosocial Outcomes of Mental Illness Stigma in Children and Adolescents: A Mixed-Methods Systematic Review', *Children and Youth Services Review* 113, no. 104961 (2020): 9–23, https://doi.org/10.1016/j.childyouth.2020.104961; Andrea Reupert et al., 'Stigma in relation to families living with parental mental illness: An integrative review', *International Journal of Mental Health Nursing* 30, (2021): 19-20, https://doi.org/10.1111/inm.12820.

unavoidable.[78] The stay can be pre-planned, but also involuntary, if the patient endangers himself and his surroundings, and can last for several weeks or months.[79]

Hospitalisation can be beneficial for the family when it protects them from stress and undue responsibility,[80] and burdensome for the child when it requires a change in caregiver, daily routine and leaving the home environment, especially when the family distorts or completely conceals these circumstances.[81] A traumatic situation may arise when the child witnesses the intervention of the emergency medical services against the wishes of the sick person.[82]

Hospitalisation is a burdensome factor, especially for mental disorders that arise shortly after the birth of a child. Separation disrupts the postnatal bond between mother and child. There are special psychiatric wards abroad where the mother can be hospitalised together with the child and where comprehensive care is provided.[83] If this type of care is not possible, there should at least be appropriate spaces where children and parents can meet during hospitalisation.[84]

Another situation in which a child is separated from a parent is temporary or permanent substitute care in times of inadequate care in the family. Irreversible and extreme separation is the loss of a parent due to suicidal behaviour. These situations impair the child's sense of security and safety and threaten the stability of the family.[85]

Strategy for Managing the Load Situation

Children in immediate and long-term stressful situations develop certain strategies.

Parentification

One of the coping strategies children use to respond to family stress is to disrupt the natural boundaries of the family system. This phenomenon takes many forms (child as parent, child as partner, friend). For the purposes of this text, and in line with foreign sources, the role reversal between parent and child is referred to as parentification.[86] Children have the ability from an early age to empathise with the emotional experience of the adult and to regulate their behaviour accordingly.[87]

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78 Phyllis Montgomery, Catherine Tompkins, Cheryl Forchuk, and Susan French, 'Keeping Close: Mothering with Serious Mental Illness', *Journal of Advanced Nursing* 54, no. 1 (2006): 24–25, https://doi.org/10.1111/j.1365-2648.2006.03785.x; Hind Khalifeh et al., 2009, 'Home Treatment as an Alterntive to Hospital Admission for Mothers in a Mental Health Crisis: A Qualitative Study'. *Psychiatric Services* 60, no. 5 (2009): 636-638, https://doi.org/10.1176/ps.2009.60.5.634.

79 Jiří Raboch and Pavel Pavlovský, *Klinická psychiatrie v denní praxi* (Praha: Galén, 2008), 150-153.

80 Khalifeh, 'Home Treatment as an Alterntive to Hospital Admission for Mothers in a Mental Health Crisis', 639.

81 Josef Langmeier and Zdeněk Matějček, *Psychická deprivace v dětství* (Praha: Karolinum, 2011), 50-52. Elaine Mordoch and Wendy A. Hall, 'Children's Perceptions of Living With a Parent with a Mental Illness: Finding the Rhythm and Maintaining the Frame', *Qualitative Health Research* 18, no. 8 (2008): 1140, https://doi.org/10.1177/1049732308320775; Charlotte Reedtz et al., 'Identification of Children of Parents with Mental Illness: A Necessity to Provide Relevant Support', *Frontiers in Psychiatry* 9, no. 728 (2019): 5, https://doi.org/10.3389/fpsyt.2018.00728.

82 Jiří Raboch and Pavel Pavlovský, *Klinická psychiatrie v denní praxi* (Praha: Galén.2008), 150-153.

83 Margaret P. Salmon et al., 'A National Audit of Joint Mother and Baby Admissions to UK Psychiatric hospitals: an Overview of Findings', *Archive of Women's Mental Health* 7, no. 1 (2004): 68–69, https://doi.org/10.1007/s00737-003-0042-4; Louise M. Howard, 'The separation of mothers and babies in the treatment of postpartum psychotic disorders in Britain 1900–1960', *Archive of Women's Mental Health* 3, no. 1 (2000), 4–5, https://doi.org/10.1007/PL00010323.

84 Louise O'Brien, Patricia Brady, Melanie Anand, and Donna Gillies, 'Children of Parents with a Mental Illness Visiting Psychiatric Facilities', *International Journal of Mental Health Nursing* 20, no. 5 (2011): 4, https://doi.org/10.1111/j.1447-0349.2011.00740.x.

85 Teresa Ostler, *Assessment of Parenting Competency in Mothers with Mentall Illness* (Baltimore: Paul H. Brookes Publishing, 2008), 111; Jung M. Park, Phyllis Solomon, and David Mandell, 'Involvement in the Child Welfare System among Mothers with Serious Mental Illness', *Psychiatric services* 57, no. 4 (2006): 494, https://doi.org/10.1176/ps.2006.57.4.493; Alan Cooklin, 'Children as Carers of Parents with Mental Illness', *Psychiatry* 8, no. 1 (2008): 18–20, https://doi.org/10.1016/j.mppsy.2008.10.010.

86 Patricia K. Kerig, 'Revising the Construct of Boundary Dissolution: A Multidumensional Perspective', *Journal of Emotional Abuse* 5, no. 2-3 (2005): 13-16, https://doi.org/10.1300/J135v05n02_02.

87 Marie Vágnerová, *Vývojová psychologie* (Praha: Portál, 2000), 95.

In this context, a number of foreign authors describe a weakening of the parental role, where these changes occur. The child begins to perform a number of duties in place of the parent in order to maintain the functioning of the family, such as housework, meal preparation, care of self, siblings or financial management (instrumental parentification), or to meet the emotional needs of the parent (emotional parentification) when coming to the child for advice and help. The actor in this phenomenon may not only be the parent, but also the child who voluntarily takes on the role of an adult. The gain for the child is a sense of control over the situation and at least an outward sense of security or also the hope that sufficient parental care can change the manifestations of the illness.[88]

Emotional parentification puts the child at a higher risk in psychosocial development. This phenomenon manifests itself in children as anxious or depressive experiences, somatic difficulties or aggressive behaviour and rule-breaking.[89] Role reversal is an adaptive response when the child is learning responsibility and new skills but becomes a problem when it disrupts development, and the child ceases to be a child. In the long term, it can lead to poorer relationships, difficulty detaching from the parent in adolescence and an increased focus on helping others rather than oneself.[90]

How a child is affected by parentification depends on many factors such as the length of the period, the developmental stage, the child's resilience and the wider social ties of the family. The transfer of competence to the child can also have a positive effect, provided that it respects the child's developmental capacities and does not exceed his or her coping abilities.[91]

Identification

Particularly in families where the child is raised by only one parent and the family is subjected to social isolation, the child becomes part of the parent's illness in the sense of an anxious, depressed or psychotic view of the world.[92] An example of this is the paranoid attitude of the parent, which may limit the child's contact with the environment or his inadequate reactions, for example, when in a stressful situation he reacts with laughter or an absent gaze.[93]

The explanation for this phenomenon is the process of socialisation of the individual, as described, for example, by Stork and Dytrych. A child naturally learns by imitation and identification with a close person, his or her attitudes, values, and expressions in order not to lose them and to maintain security and safety. It follows that a child whose parent suffers from delusions and hallucinations will accept these manifestations uncritically. Otherwise, he would be exposing himself to internal conflict. It is only at school age that he can compare the behaviour of those close to him in relation to social norms and identify with a peer group that will enable him to become independent of his family environment.[94]

88   Jo Aldridge, 'The Experiences of Children Living with and Caring for Parents with Mental Illness', *Child Abuse Review* 15, no. 2 (2006): 80-83, https://doi.org/10.1002/car.904; Alan Cooklin, 'Living Upside Down: Being a Young Carer of a Parent with Mental Illness', *Advances in Psychiatric Treatment* 16, no. 2 (2010): 144, https://doi.org/10.1192/apt.bp.108.006247; Vicki Cowling, *Children of Parents with Mental Illness* (National Library of Australia: Cataloguing-in-Publication Data: Vicki Cowling, 1999), 25; Teresa Ostler, *Assessment of Parenting Competency in Mothers with Mentall Illness* (Baltimore: Paul H. Brookes Publishing, 2008), 108; Lenka Pivodová and Lenka Lacinová, 'Fenomén spoustifikace: studie o partnerském vztahu mezi rodičem a dítětem', *Psychologie ČMPS* 10, no. 1 (2016): 2-3.

89   Linda M. A. Loon et al., 'Loon, Parentification, Stress, and Problem Behavior of Adolescents who have a Parent with Mental Health Problems', *Family Process* 56, no. 1 (2015): 6-10, https://doi.org/10.1111/famp.12165; Pivodová and Lacinová, 'Fenomén spoustifikace', 4.

90   Nigel Thomas et al., 'Your Friends Don't Understand: Invisibility and Unmet Need in the Lives of Young Carers', *Child and Family Social Work* 8 no. 1 (2002): 40-41, https://doi.org/10.1046/j.1365-2206.2003.00266.x.

91   Aldridge, 'The Experiences of Children Living with and Caring for Parents with Mental Illness', 82-83; Pivodová and Lacinová, 'Fenomén spoustifikace', 12.

92   Ostler, *Assessment of Parenting Competency*, 110.

93   Vicki Cowling, *Children of Parents with Mental Illness* (National Library of Australia Cataloguing-in-Publication Data: Vicki Cowling, 1999), 17.

94   Jan Čáp and Zdeněk Dytrych, *Utváření osobnosti v náročných životních situacích* (Praha: Státní pedagogické nakladatelství, 1968), 73;

Parental Monitoring and Distancing

Another daily coping strategy for children is to monitor the parent's health and try to prevent it from deteriorating. Children strive to maintain a positive atmosphere and avoid all situations that could worsen his or her mood. Other children take an emotional or physical distance, for example by spending time with friends outside the home. Adolescents have been observed trying to move away to avoid family problems.[95]

The Positive Effect of SMI on the Child

From an ecological perspective, this issue cannot be considered only in terms of the negative consequences of SMI on the child. In the context of the phenomenon of parentification, research studies also show positive aspects for the child and the whole family. Trondsen states that, although family relationships are fraught with tension, children feel compassion for their parent and long for their parent's closeness.[96] Children who have cared for their parents have rated the experience as meaningful, which has given them inner strength, greater independence, autonomy in problem solving and better preparation for future life. They also became more sensitive to the needs of others, learned greater responsibility, matured earlier and found a close relationship with their parent and other family members.[97]

Children's Needs and Implications for Social Work

Stigma and social isolation are the main reasons why the needs of these children are neglected.[98] The analysis of the themes shows that each child's experience is unique, and their needs may change over time according to the stage of the illness – the warning signs period, the outbreak, the hospitalisation, the residual period.[99]
Firstly, children need support in their relationship and interaction with their parents, which is beneficial for the parents themselves.
According to the Adultcentrism described in the introduction of the text, children are perceived as incompetent,[100] therefore they do not receive the necessary information, which causes their insecurity. Many studies have shown that information is crucial for them to understand the manifestations of illness, treatment, recovery options, etc.[101] The most appropriate person for open

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Marie Vágnerová, *Vývojová psychologie* (Praha: Portál, 2000), 95-98, 125, 191; John Bowlby, *Ztráta* (Praha: Portál, 2013), 345.

95   Cowling, *Children of Parents with Mental Illness,* 25; Elaine Mordoch and Wendy A. Hall, 'Children's Perceptions of Living With a Parent with a Mental Illness: Finding the Rhythm and Maintaining the Frame', *Qualitative Health Research* 18, no. 8 (2008): 1131, https://doi.org/10.1177/1049732308320775; Marianne V. Trondsen, 'Living with a Mentaly Ill Parent: Exploring Adolescents' Experiences and Perspectives', *Qualitative Health Research* 22, no. 2 (2012): 183, https://doi.org/10.1177/1049732311420736.

96   Trondsen, 'Living with a Mentally Ill Parent', 181.

97   Nigel Thomas et al., 'Your Friends Don't Understand: Invisibility and Unmet Need in the Lives of Young Carers', *Child and Family Social Work* 8, no. 1 (2002): 41. https://doi.org/10.1046/j.1365-2206.2003.00266.x; Jo Aldridge, 'The Experiences of Children Living with and Caring for Parents with Mental Illness', *Child Abuse Review* 15, no. 2 (2006): 82-83. https://doi.org/10.1002/car.904. Reza Zeighami, Fatemeh Oskouie, and Soodabeh Joolaee, 'The Positive Effects of Parents Mental Illness on their Children: A Qualitative Study', *Journal of Medical Science* 13, no. 4 (2014): 451, https://doi.org/10.3329/bjms. v13i4.12989.

98   Karin van Doesum, Camilla Lauritzen, and Charlotte Reedtz, *Manuál ChildTalks+* (Praha: 1. lékařská fakulta Univerzty Karlovy, E-clinic, Voksne for Barn, The Arctic Univerzity of Norway, ADHD Association, 2020), 6.

99   Reza Zeighami, Fatemeh Oskouie, and Soodabeh Joolaee, 'Mental Health Needs of the Children of Parents with Mental Illness', *Journal of Nursing and Midwifery Sciences* 5, no. 3 (2018): 98–100, https://doi.org/ 10.4103/JNMS.JNMS_36_18.

100 Eleonora Florio, Letizia Caso, and Ilaria Castelli, 'The Adultcentrism Scale in the educational relationship: Instrument development and preliminary validation', *New Ideas in Psychology* 57 (2020): 1-10, https://doi.org/10.1016/j.newideapsych.2019.100762.

101 Alan Cooklin, 2008, 'Children as Carers of Parents with Mental Illness', *Psychiatry* 8, no. 1 (2008): 19, https://doi.org/10.1016/j. mppsy.2008.10.010; Marianne V. Trondsen, 'Living with a Mentally Ill Parent: Exploring Adolescents' Experiences and Perspectives',

communication is themselves. An expert can help them start and lead this conversation.[102] If the parent is hospitalised and their condition and the conditions of the psychiatric ward allow it, the child should be able to remain in personal contact with the parent, and if this is not possible, at least at a distance.

Secondly, children need any intimate relationship in which they can talk openly about their problems, share their thoughts and fantasies. They need to experience that their experiences will be understood, they need to hear that they are not responsible for their parent's illness or recovery.[103] Open conversation helps children to navigate the family situation, understand the parent's behaviour, reduces their insecurity and promotes their resilience.[104]

Thirdly, children need to take care of their mental health, promote healthy self-esteem, understand their emotions, and learn strategies for coping with stress and dealing with the stigma of mental illness. Supportive family and school environments can be helpful in this area. The child's ability to seek help from those around him or her is also an important coping strategy.

Finally, there needs to be a balance between possibly caring for parents (siblings, household) and meeting the needs for education, leisure activities and establishing supportive relationships with peers.[105]

Assistance and support for this target group should include not only work with the whole family, but also with the family environment and in cooperation with professionals in multidisciplinary teams. The approach of professionals should be based on the strengths and resources of the family.[106] In addition to attention to parents, who need to be supported in their parenting competences to understand the needs of their children, it is necessary to take an individual approach to each child, as their experience is unique. Early identification of problems is an important principle of assistance. Preventive interventions are an effective tool in reducing risk in children. Discussions about the parent's mental illness in the form of education help to resolve problems in the family and strengthen their resilience.[107] However, a conversation with the child about the family situation should always be conducted with the prior consent of the parent.[108]

For professionals working with families, the key questions are how long and to what extent does the child take on the role of an adult? How long will he or she occupy this role?[109] The child should be recognised in the role of caregiver, but at the same time should have the option of respite

Qualitative Health Research 22, no. 2 (2012): 183, https://doi.org/10.1177/1049732311420736.

102 Rachel Fearnley and Jason W. Boland, 'Parental Life-Limiting Illness: What Do We Tell the Children?', *Journals Healthcare* 7, no. 1 (2019): 8-10, https://doi.org/10.3390/healthcare7010047.

103 Alan Cooklin, 'Children as Carers of Parents with Mental Illness', *Psychiatry* 8, no. 1 (2008): 19, https://doi.org/10.1016/j.mppsy.2008.10.010; Alan Cooklin, 'Children of Parents with Mental Illness', in *Children in Family Contexts*, ed. Lee Combrinck-Graham (New York: The Guilford Press, 2006), 273-278.

104 Andrea E Reupert et al., 'Intervention Programs for Children whose Parents Have Mental Illness: A Review', *The Medical Journal of Australia* 199, no. 3 (2012):18-21, https://doi.org/10.5694/mjao11.11145. Andrea E. Reupert and Darryl Maybery, '"Knowledge is Power": Educating Children About Their Parent's Mental Illness', *Social Work in Health Care* 49, no. 7 (2010): 636-638, https://doi.org/10.1080/00981380903364791.

105 Vicki Cowling, *Children of Parents with Mental Illness* (National Library of Australia Cataloguing-in-Publication Data: Vicki Cowling, 1999), 62-63.

106 Andrea Reupert et al., 'Editorial Perspective: Prato Research Collaborative Change in Parent and Child Mental Health – Principles and Recommendations for Working with Children and Parents Living with Parental Mental Illness', *Journal of Child Psychology and Psychiatry* 63, no. 3 (2022): 350–352, https://doi.org/10.5694/mjao11.11145; Kim Foster et al., 'Family-Focused Practice with EASE', *International Journal of Mental Health Nursing* 28, no.1 (2019): 5-9, https://doi.org/10.1111/inm.12535.

107 Andrea Reupert et al., 'Intervention Programs for Children whose Parents Have Mental Illness: A Review', *The Medical Journal of Australia* 199, no. 3 (2012): 18-21, https://doi.org/10.5694/mjao11.11145.

108 Karin van Doesum, Camilla Lauritzen, and Charlotte Reedtz, *Manuál ChildTalks+* (Praha: 1. lékařská fakulta Univerzity Karlovy, E-clinic, Voksne for Barn, The Arctic Univerzity of Norway, ADHD Association, 2020).

109 Teresa Ostler, *Assessment of Parenting Competency in Mothers with Mentall Illness* (Baltimore: Paul H. Brookes Publishing, 2008), 109.

services where they can defer this role. Establishing relationships with children with similar experiences – peer programmes where they can share their experiences with others and see that other children are experiencing similar problems – is proving to be an important protective factor. Children also need support in developing a crisis plan in case symptoms worsen and a parent is hospitalised. The plan should include who will care for the child, whether they can visit the parents and what information the child can receive.[110]

Conclusion

The issue of the impact of parental SMI on the child is an under-analysed area in our country. Mental illness in the family is a stressful life situation that poses a social risk.

Parents with this burden have to cope with the symptoms of the illness and a range of other problems such as stigma, social isolation, lack of emotional and material support, reduced socio-economic status and fear of impending loss of care for the child.[111]

Although parents may be temporarily or permanently diminished in their role, SMI is not a predictor of inadequate childcare and parenting. Parents can provide adequate care for the child, especially if they have support in their environment.

The ecological approach shows the interconnectedness of humans with their environment. The interplay of risks and protective factors creates a broad context in which the child is affected.[112]

A child's situation requires attention, particularly when risk factors are cumulative, which is central to prevention and to providing effective support to children and their families. Assistance to these children should therefore encompass the different levels of this model, taking into account the strengths and resources of the family.[113]

However, the aim of this text has been to seek an understanding of children who are affected by these circumstances in the family and need support. Children experience a range of negative feelings changing over time – feelings of shame and guilt, loneliness, insecurity, sadness, fear and anger.

Children's experiences are associated with both short-term and long-term problems. The stigma of parental SMI also affects the children and is reflected in their self-esteem, communication within the family and also in their relationship with the environment.[114]

A problematic strategy by which the child copes with changes in the family is role reversal with

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110 Andrea Reupert and Darryl Maybery, 'What Do We Know about Families Where Parents Have a Mental Illness?', *Child & Youth Services* 37, no. 2 (2016): 103–104, https://doi.org/10.1080/0145935X.2016.1104037.

111 Carol T. Mowbray, Daphna Oyserman, and Scott R. Ross, 'Parenting and the Significance of Children for Women with a Serious Mental Illness', *The journal of Behavioral Health Services & Research,* 22, no. 2 (1995): 1, https://doi.org/10.1007/BF02518758; Wanda M. Chernomas, Diana E. Clarke, and Francine A. Chisholm, 'Perspectives of Women Living with Schizophrenia', *Psychiatric services* 51, no. 12 (2000): 1518, https://doi.org/10.1176/appi.ps.51.12.1517; Berit Höglund and Margareta Larsson, 'Struggling for Motherhood with an Intellectual Disability – A Qualitative Study of Women's Experiences in Sweden'. *Midwifery* 29, no. 6 (2013): 700, https://doi.org/10.1016/j.midw.2012.06.014.

112 Clemens M. H. Hosman, Karin van Doesum, and Floor Santvoort, 'Prevention of Emotional Problems and Psychiatric Risks in Children of Parents with a Mental Illness in the Netherlands', *Advances of Mental Health* 8 no. 3 (2009): 254-259, https://doi.org/10.5172/jamh.8.3.250; Reupert and Maybery, 'What Do We Know about Families Where Parents Have a Mental Illness?', 101-102.

113 Terezie Pemová and Radek Ptáček, *Zanedbávání dětí* (Praha: Grada. 2016), 127.

114 Derrick Kranke, Jerry Floersch, Lisa Townsend, and Michelle Munson, 'Stigma Experience among Adolescents Taking Psychiatric Medication', *Children and Youth Services Review* 32, no. 4 (2010): 499, https://doi.org/10.1016/j.childyouth.2009.11.002; Marianne V. Trondsen, 'Living with a Mentally Ill Parent: Exploring Adolescents' Experiences and Perspectives', *Qualitative Health Research* 22, no. 2 (2012): 178–183, https://doi.org/10.1177/1049732311420736; Jeffrey Stuewig et al., 'Children's Proneness to Shame and Guilt Predict Risky and Illegal Behaviors in Young Adulthood', *Child Psychiatry Human Development* 46 (2015): 223-225; https://doi.org/10.1007/s10578-014-0467-1; Jamie Ferrie, Hannah Miller, and Simon C. Hunter, 'Psychosocial Outcomes of Mental Illness Stigma in Children and Adolescents: A Mixed-Methods Systematic Review', *Children and Youth Services Review* 113, no. 104961(2020): 9–23, https://doi.org/10.1016/j.childyouth.2020.104961.

the parent. In the long run, it can have both negative effects on his development and positive effects. It is important to distinguish between the importance of the caring role for the child and the child's experience of it.[115]

The text necessarily contains a number of limitations. Firstly, it does not focus on methodological approaches to assessing parental competence with SMI and the child's potential vulnerability; it merely outlines a direction for possible interventions based on identifying the needs of children. Secondly, it does not address the impact of SMI on the child at different stages of development. Thirdly, it does not address attachment disorder, as the use of this concept requires more in-depth knowledge.[116] Fourthly, it does not map the types of social services for this target group or their availability.

For further research, it would be useful to look at the impact of SMI on the child at each stage of development, as each age stage has its own specific needs. It would also be useful to look in more detail at communication within the family and to elaborate on recommendations for interviewing the child.

The text draws attention to the neglected target group of children whose parents suffer from SMI. Professionals and parents themselves are often unaware of how their children perceive the family situation. Presenting the problems and needs of children can lead to a reduction of risks in their development and also reduce the stigma of parents with this burden.

This text has provided a reflection of the findings on the perspective of children experiencing mental illness in their family. The knowledge contributes to ensuring that they do not remain an 'invisible' target group and that improvements in their quality of life occur.

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115 Brenda McConnell Gladstone, Katherine M. Boydella, and Patricia McKeever, 'Recasting Research into Children's, Experiences of Parental Mental Illness. Beyond risk and resilience, *Social Science Medicine* 62, no. 10 (2006): 2541-2546, https://doi.org/10.1016/j.socscimed.2005.10.038.

116 Petra Winnette, *Attachment, poruchy attachmentu, diagnostika a terapie s otazníky* (Praha: Natama, 2020), 9.