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## Parental stress in the context of depression in children: a research review and therapeutic challenges

Stres rodzicielski w kontekście depresji u dzieci: przegląd badań i wyzwania terapeutyczne

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### Abstract

The aim of this article is to discuss the issue of parental stress in parents of children with depression. According to the analysis, there is a lack of research specifically addressing this issue. Research on parental stress clearly indicates that it is exacerbated in families of children with developmental disorders, including intellectual disabilities and autism. In this paper, a literature review was conducted on the basis of the keywords “parental stress”, “depression”, and “adolescents” in the medical databases PubMed, EBSCO and Google Scholar, covering the period from 2013 to 2023. However, there is a lack of structured data in the literature that shows unequivocally how psychological stress and, therefore, coping behaviours and strategies affect the course of the child’s illness and the interaction between the parent and the child suffering from depression. Depression and anxiety disorders are increasingly diagnosed in both adults, children and adolescents. Research over the last few years indicates a rising incidence, leading to the view of depression as a disease of civilisation. The COVID-19 pandemic, with all its social aspects, has intensified and accelerated this trend. There has been an observable increase in the incidence of depression across all age groups. Social distancing, isolation, school closures, the transfer of work-related responsibilities to the home, financial problems, distance learning, and anxiety resulting from the epidemiological threat have all contributed to an increase in stress for both children and adults, primarily parents.

**Keywords:** depression, parental stress, adolescents

### Streszczenie

Celem artykułu jest omówienie problematyki stresu rodzicielskiego rodziców dzieci chorych na depresję. Jak wynika z przeprowadzonej analizy, brakuje badań jednoznacznie odnoszących się do tego zagadnienia. Badania dotyczące stresu rodzicielskiego wskazują jednoznacznie na nasilenie tego zjawiska w grupie rodzin dzieci z zaburzeniami rozwoju, w tym z upośledzeniem umysłowym czy autyzmem. W pracy dokonano przeglądu piśmiennictwa na podstawie słów kluczowych „stres rodzicielski”, „depresja”, „młodzież” w medycznych bazach danych PubMed, EBSCO i Google Scholar z lat 2013–2023. Okazało się, że brakuje usystematyzowanych danych, które wskazywałyby jednoznacznie, jak stres psychologiczny i w związku z tym zachowania i strategie radzenia sobie z nim wpływają na przebieg choroby dziecka i interakcje między rodzicem a dzieckiem cierpiącym na depresję. Depresja i zaburzenia lękowe są coraz częściej diagnozowane zarówno u dorosłych, jak i u dzieci i młodzieży. Badania z ostatnich lat wskazują na wzrostowy trend zachorowań, skłaniający do postrzegania depresji w aspekcie choroby cywilizacyjnej. Pandemia COVID-19 wraz ze wszystkimi jej aspektami społecznymi nasiliła i przyspieszyła ten trend. Nastąpił obserwowalny wzrost zachorowań na depresję we wszystkich grupach wiekowych. Dystans społeczny, izolacja, zamknięcie szkół, przeniesienie obowiązków związanych z pracą na grunt domowy, problemy finansowe, nauka zdalna i lęk wynikający z zagrożenia epidemiologicznego przyczyniły się do wzrostu stresu odczuwanego zarówno przez dzieci, jak i dorosłych, przede wszystkim rodziców.

**Słowa kluczowe:** depresja, stres rodzicielski, młodzież

## INTRODUCTION

The COVID-19 pandemic has significantly intensified the prevalence of depression across all age groups. The World Health Organization (2022) reported a 25% increase in the global prevalence of anxiety and depression during the first year of the pandemic. Factors such as social distancing, isolation, school closures, the shift to remote work, financial difficulties, and health-related anxiety have all contributed to heightened stress levels among children and adults, particularly parents (Fegert et al., 2020; Wang et al., 2020). Parenting during the pandemic has presented unprecedented challenges, placing demands on parents for which many were unprepared. The rise in child and adolescent depression has been accompanied by an increase in parental stress, which can adversely affect the development and treatment of the child's condition. A parent's emotional state, their capacity for emotional self-regulation, stress levels and coping mechanisms, understanding and acceptance of the illness, and active involvement in the child's therapeutic process are crucial factors throughout the child's illness and treatment (Coyne et al., 2021; Samji et al., 2022).

Parenting is one of the most important and commonly undertaken roles in adulthood. Being a parent provides many positive experiences and emotions, but it is also inextricably linked to parental stress (Crnic et al., 2005; Heiman, 2002), which parents cope with through their resources, social support, and other personal and situational factors. However, when a child has a mental illness (such as depression), parental resources may be insufficient compared to the burden of parenting a child with an illness. This can cause a sense of emotional exhaustion, dissatisfaction with one's role as a parent, and mental health disorders, as well as a conviction that one is not the kind of parent they wanted to be (Mikolajczak and Roskam, 2018). The constant need to face parental responsibilities further exacerbates these symptoms, ultimately leading to parental burnout (Roskam et al., 2021). A burned-out parent distances themselves emotionally from their children and does not derive any satisfaction from fulfilling this role, which can consequently lead to a number of negative consequences, such as sleep difficulties, mental disorders, and even violence against children (Blanchard et al., 2021; Mikolajczak et al., 2018).

In this paper, the term "illness" was chosen over "disorder" because, from the perspective of parents, a child's depression often feels like a pervasive and consuming condition that impacts not only the child but the entire family dynamic, aligning with the broader, more tangible connotations associated with the word "illness".

### DIAGNOSIS OF CHILD DEPRESSION AND THEORY OF HOW PARENTS EXPERIENCE ITS STAGES

A child's depression completely changes the functioning of the family (Ambroziak et al., 2021). As a chronic illness that

remains stigmatised in many environments, depression has a major impact on the entire family system and individual family members. Typically, this situation is fraught with a great deal of stress, frustration, fatigue, and the need to re-define parental functioning. Often, the illness contributes to the build-up of conflicts and, in some cases, a complete breakdown of family ties.

Ambroziak et al. (2021), on the basis of the model proposed by Elizabeth Kübler-Ross referring to the theory of stages of experiencing an illness, identified stages that are characteristic of parental adaptation to a child's illness. The stages of coming to terms with illness vary greatly in duration. Some parents move through them quickly, while others linger in certain stages for extended periods.

The first stage is denial, which often involves disbelief, questioning the doctor's diagnosis, downplaying the problem, and seeking other explanations for the child's condition and the symptoms it presents. The second stage is anger, directed at the environment, professionals, life, and fate. The third stage is bargaining with fate. Here, promises of a change in parental attitudes, often a superficial change, toward the child are often noted. This stage is marked by a strong need for action to change the situation. The next phase is depression, lowering of mood, and sadness. There are also prolonged thoughts about the injustice of fate, and distress over the illness and its consequences. The final stage, acceptance, is crucial, as it allows the child's illness to be accepted into consciousness, which promotes an objective look at the illness and the acceptance of professional recommendations. Once the illness has been accepted, the family faces the next difficult task of adapting everyday life to the child's mental illness.

### STRESS EXPERIENCED BY PARENTS OF CHILDREN WITH CHRONIC ILLNESSES

A child diagnosed with an illness needs increased attention and care. Depression is a chronic illness and requires parents to change the family's daily routines and way of life. At the onset of the illness, the focus is naturally on the patient, but it is extremely important to ensure that other family members feel cared for and equipped to help them function when one of their members has a chronic mental illness. A chronic illness, such as depression, places a burden on parents at many levels and can be considered in the category of stress, similar to the experience of raising a child with a disability. The ability to cope with stress depends on the personality traits of the parents, the characteristics of the child, the family system, the social system, and the coping strategies used (Sadowska et al., 2006). Just as families of children with disabilities require support and therapeutic assistance, the same is true for families of a child with mental illness.

The term 'stress' can be defined from many perspectives. Seyle (1963) described stress as a non-specific reaction of an organism to any demands placed on it. Sheridan and Redm-acher (1997) defined stress as a difficult situation in which

there is a discrepancy between a person's needs, tasks, and the possibility of satisfying them.

From a medical point of view, stress is viewed through the stress-disease model and recognised as a disease-causing factor. Life events/daily occurrences can serve as human stressors and trigger stress.

In psychology, no event is seen as stressful in itself until it is perceived and interpreted as such. One and the same event can have different effects on different people, as its objective properties are secondary to the meaning a particular person gives to it (Lazarus, 1986).

Parenting a chronically ill or disabled child is widely described as difficult. Parents often analyse their situation through the lens of social pressure. Parental stress is one of the most acute psychological burdens experienced by parents of sick children. It can be defined as "a condition arising from a real or perceived, but perceived by the family to be real, impairment in the ability to overcome obstacles to family functioning, involving adaptation and adjustment at several levels of family life" (McCubbin and Patterson, 1983). In this understanding, stress is defined differently from a family crisis, which represents a more profound state of family disorganisation associated with the family's inability to make necessary structural and adaptive changes. Thus, family stress does not necessarily escalate into a crisis. The most important characteristics of family stress include its sudden onset, a high degree of threat to the health or life of the whole system or the individual, uncertainty regarding the consequences of the situation, and the necessity to make changes in the family's existing lifestyle (Radochoński, 1987).

The psychological literature emphasises the reciprocal influence of both parental and child factors on the nature of the stress experienced.

Depression is an illness that changes a child's behaviour. Behaviours that are difficult for parents to accept (e.g. self-harm, truancy, avoidance of contact, aggression, withdrawal, chronic sadness) emerge, causing stress and evoking a range of negative emotions in parents. While no studies currently show a direct correlation between the behaviours exhibited by a child with depression and parental stress, research on parental stress in the context of raising a child with a disability or autism suggests that such stress is exacerbated by the child's specific disorders and behaviours. It has been proven that the severity of parental stress is related to the specificity of the child's disorder and the type of disability. Parents of children with developmental disorders or psychomotor hyperactivity show higher levels of stress compared to parents struggling with their child's asthma or HIV infection, and parents raising healthy children, whose development is normal (Gupta, 2007). The child's characteristics and, above all, the way they are perceived by their parents, are important for their adaptation process. The more problematic the children's behaviour, the higher the stress level experienced by their mothers (Hassall et al., 2003). It is not the reduction in intellectual performance per se,

but precisely the child's problematic behaviour that is the greatest source of stress for parents (Baker et al., 2002).

Sources of parental stress can be twofold – factors closely related to the child's characteristics (temperament, behaviour, health) and factors directly related to the parents themselves (their perceptions of the child, attitudes, and past experiences) (Abidin, 1995). This study does not directly address the parental stress experienced by parents of children with depression and the specificity it presents. We likelihood and similarity of the stress response and the stressor causing it can only be inferred, but there is a lack of research that explicitly identifies the dominant sources of stress for parents of children with depression (mental illness).

## DEPRESSION RISKS FOR PARENTS OF CHILDREN WITH DEPRESSION

The child's chronic illness forces the parent to make an increased caregiving effort, and implement a change in functioning. In addition to the parental role, the parent has to assume responsibility for the child's healing process and, in the case of depression, also assist the child with many activities.

With regard to the parents of children with depression, there is a lack of research clearly indicating what additional activities/roles parents take on. However, when analysing research on the roles of parents of children with chronic illnesses or disabilities, it becomes evident that studies highlight anxiety, depression and burnout in this group of parents, such as those by Masulani-Mwale et al. (2018), Resch et al. (2012), Singer (2006), Yamaoka et al. (2016), and in the research review by Olsson and Hwang (2008). This refers to a state of physical and psychological exhaustion, followed by feelings of loneliness and hopelessness. A meta-analysis of studies conducted between 1984 and 2003 indicates a significantly increased risk of depression among mothers raising a child with a disability (developmental disorder), as compared to mothers of children who are developing normally (Singer, 2006).

## STIGMATISATION OF THE MENTALLY ILL AND PARENTAL STRESS

Parental stress resulting from a child's mental illness can also be linked to the stigmatisation of mental illness and those who suffer from it. Depression is still perceived negatively by the majority of society, despite many awareness campaigns. A child suffering from depression, particularly one whose behaviour is perceived as "strange" by those around them, may be subject to stigmatisation by their environment and thus their family as well. Researchers have noted that those close to the patient often become stigmatised too. This phenomenon is referred to as courtesy stigma. The stigmatisation of families of individuals with mental illness can stem either from a sense of shame about having an ill, "other" family member, from a sense of guilt

and responsibility for their illness, or from the attribution of “mentally ill” status to the whole family.

Parents may not only feel responsible for causing their child’s illness but also for failing to provide their child with necessary help or getting them hospitalised. Feelings of guilt regarding the mental illness of a family member coexist with feelings of hurt from social rejection. On the other hand, siblings and children may reject and ridicule the mentally ill loved one as a defensive reaction (de Barbaro, 2004).

As research shows, long-term care of a mentally ill person often results in the development of neurotic and depressive disorders (Ciałkowska-Kuźmińska and Kiejna, 2010). Magaña et al. surveyed Hispanic families of individuals with mental illness and found that up to 40% of them had depressive symptoms ( $\geq 16$  points on the CES-D scale). Additionally, the greater the severity of mental illness symptoms in the ill family member, the greater the severity of depressive symptoms in the immediate caregiver (Podogrodzka-Niell and Tyszkowska 2014).

A sense of guilt for the child’s illness is often observed in families of children suffering from depression. Parents themselves may wonder why it happened and what they did wrong to make their child ill. A sense of guilt and shame about the child’s illness emerges and, at the same time, the family often begins to isolate themselves socially. This situation can increase feelings of stress related to the loss of contacts and the need to cope alone without the support of loved ones.

### SEVERITY OF PARENTAL STRESS IN THE COVID-19 PANDEMIC

The COVID-19 pandemic generated many entirely new challenges for families. Isolation, remote learning, financial problems, lack of social contact in natural settings, and fear of losing one’s job or becoming ill resulted in increased levels of parental stress, including chronic stress, which affects mental and physical health and relationships in the long term.

A study conducted in the US at the Department of Paediatrics, Children’s Hospital in Richmond, Virginia during the initial period of the 2020 pandemic showed an increase in overall stress compared to the pre-COVID-19 period (Adams et al., 2021). An increase in parental stress was also noted at the start of the pandemic (May 2020), followed by a decrease in September 2020, but it remained relatively higher than retrospectively reported pre-COVID-19 values. The majority of parents reported that they found it difficult to perform parental duties in the same way as before the COVID-19 pandemic. The 10-item Perceived Stress Scale (PSS-10) was used to measure overall stress. Participants were first asked to compare their feelings of stress before and during the pandemic (study time). Analysis of the data showed that parental stress increased during the pandemic. Almost half of the respondents stated that parenting

became more difficult as the pandemic continued. The most common factors that influenced the increase in parental difficulties were changes in children’s day-to-day functioning and anxiety related to COVID-19, as well as the demands of remote homeschooling for children via the Internet.

The pandemic also had an impact on mothers’ relationship with their children. According to a study conducted in Poland, a mother’s perceived threat of coronavirus and her experience of the pandemic versus her relationship with her child (Lachowska, 2021) found that during the pandemic, a mother’s negative experience of the pandemic had a significant effect on the mother–child relationship. This resulted in an increase in the use of mother-reported hurtful parenting behaviours and a decrease in mothers’ perceived closeness to their child. This effect is mediated by parental stress.

Numerous studies indicate that the COVID-19 pandemic is associated with an increase in parental stress as a result of cumulative stressors, which consequently leads to an increase in adverse childhood experiences. Research analyses also indicate that parental stress increased during the COVID-19 pandemic and did not return to pre-pandemic values (Adams et al., 2021).

### PARENTAL STRESS AND CHILD’S MENTAL HEALTH

Numerous studies have shown a strong link between parental mental health (anxiety, depression), stress, and child psychopathology. Evidence from studies in both non-clinical and clinical samples indicates that child internalisation and externalisation problems are linked to parental stress. During the COVID-19 pandemic, parental anxiety, depressive symptoms, and stress were linked to internalising and externalising problems in children and adolescents. A Turkish study (Roskam et al., 2021) indicated that symptoms such as anhedonia, irritability, hyperactivity, sleep problems, appetite issues, anxiety, or nervousness were influenced by parental stress, especially in mothers. An association was found between higher levels of stress and psychiatric symptoms in children.

### THE CHILD’S MENTAL ILLNESS AND THE PARENT’S WITHDRAWAL FROM THE RELATIONSHIP

Stress, including parental stress, increases during a child’s illness. Chronic stress puts parents at risk of burnout. As Mikolajczak and Roskam (2018) point out, the process of parental burnout begins when parents feel tired, exhausted by their role, and believe they lack the resources to cope with their responsibilities. Emotional exhaustion steadily intensifies, causing parents to try to conserve the resources they have left and protect themselves by emotionally distancing themselves from their child, focusing only on meeting their child’s basic needs, and becoming less, and becoming less involved in parenting and their relationship

with their child because they do not enjoy being with them. When this situation is prolonged, exhausted and distanced parents lose enjoyment of their role, which contrasts with their previous self-image as a parent, leading to a sense of low achievement as a parent and a decline in self-esteem (Mikolajczak and Roskam, 2018; Roskam et al., 2021). Parents of children who have struggled with illness have been shown to experience parental burnout. Consequently, parental burnout can result in withdrawal from the relationship with the child, which can have a significant impact on the therapeutic process of children with mental illness.

### **PRACTICAL ASPECTS OF THERAPEUTIC WORK WITH PARENTS OF CHILDREN SUFFERING FROM DEPRESSION AND THE IMPACT OF COVID-19 PANDEMIC ON PARENTAL STRESS**

Therapeutic work with parents of children suffering from depression requires a multifaceted approach, including both educating parents about the specifics of the illness and providing emotional support in coping with the mental burden (Sikora, 2021). Strengthening parenting skills and fostering a sense of efficacy in parents when responding to their child's needs is crucial. Current empirical research indicates that parents of depressed children experience significant stress, the intensity of which increased during the COVID-19 pandemic, with studies in recent years reporting that social isolation, financial insecurity, and limited access to health care and therapeutic support compounded feelings of parental overload. Parents exposed to chronic stress are more likely to struggle with managing their child's emotions, which can hinder the therapeutic process. Therefore, it is vital in therapy not only to focus on the child but also to help parents manage their own stress. This can be achieved through relaxation techniques, support groups, or individual therapy, which ultimately supports the effectiveness of treating the child's depression.

### **SUMMARY**

A child's depression is a significant burden for parents. It requires the whole family to take action to help the child. This generates tremendous stress for parents, which is often initially driven by a misunderstanding of the reasons for the child's change in behaviour, the diagnosis, and the therapeutic process. The child's depression, like other chronic illnesses, affects the parents' social and individual behaviour. Based on research into parental stress in the context of children with disabilities and children on the autism spectrum, it can be concluded that, under the influence of the child's illness, its symptoms and course, parental stress increases and becomes a cause of emotional suffering for the parents, often resulting in mental health problems. Currently, there is no direct research that clearly identifies the areas in which parents under the influence of their

child's depression experience the most stress, which of the child's behaviours exacerbate parental stress, or how parental stress influences the course of the illness and the child's therapeutic process. This gap in the literature raises significant questions about the broader implications of parental stress in the context of a child's depression.

### **WHY IS RESEARCH LACKING IN THIS AREA?**

One potential reason for the lack of research on the intersection of child depression and parental stress may be the traditional focus of mental health studies, which prioritise the individual with the disorder. Historically, the family dynamic has been viewed as peripheral rather than integral to understanding the condition. Furthermore, the methodological challenges of studying complex, bidirectional influences – where parental stress can exacerbate a child's depression, and the child's depression increases parental stress – may discourage researchers from exploring this field. Another barrier is the stigma surrounding mental health, which can make families reluctant to participate in such studies, thereby limiting the availability of data.

### **Consequences of gap in research**

#### **For parents**

The lack of targeted research leaves parents without evidence-based resources to understand and manage their stress effectively. Without clear guidance, they may feel isolated, guilty, or inadequate in their parenting, further exacerbating their stress. This can result in burnout, strained family relationships, or even the onset of mental health issues such as anxiety or depression in parents themselves.

#### **For the child**

Parental stress can have a profound impact on the child's illness and treatment process. Studies in related fields suggest that elevated parental stress may reduce parents' ability to provide the emotional support and consistency needed to help their child recover. A parent overwhelmed by stress might inadvertently respond to their child's needs with impatience, frustration, or emotional withdrawal, which can hinder the therapeutic alliance between the child, the parent, and the therapist.

#### **For the treatment process**

Parental stress can disrupt the effectiveness of therapeutic interventions. Parents play a crucial role in ensuring that children attend therapy sessions, adhere to treatment plans, and incorporate therapeutic strategies into daily life. High levels of parental stress might lead to inconsistencies in these areas, potentially delaying recovery or even causing treatment dropout. Additionally, stressed parents may have difficulty engaging with therapists in family-based approaches, which are often vital for treating childhood depression.

## RECOMMENDATIONS FOR FUTURE RESEARCH

### To address these gaps, future studies should:

- **Identify specific stressors:** explore which aspects of a child's depression – e.g. behavioural symptoms, school-related issues, or social withdrawal – have the greatest impact on parents.

Examine bidirectional influences: investigate how parental stress and a child's depression interact dynamically over time.

- **Develop targeted interventions:** focus on creating programmes or resources specifically designed to help parents manage their stress in the context of their child's mental health condition.

Integrate family-based research: adopt a systemic perspective in mental health research that emphasises the interdependence of individual and family dynamics.

By addressing these research gaps, the field can better support parents in managing their stress, leading to improved outcomes for both them and their children, and enhancing the therapeutic process as a whole.

### Conflict of interest

*The authors do not report any financial or personal connections with other persons or organisations which might negatively affect the content of this publication and/or claim authorship rights to this publication.*

### Author contribution

*Original concept of study; collection, recording and/or compilation of data; writing of manuscript: DWS. Analysis and interpretation of data: KŻ, DWS, ESM. Final approval of manuscript: DWS, EM.*

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