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REVIEW

A Scoping Review of Self-compassion in Qualitative Studies About Children's Experiences of Parental Mental Illness

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Abstract

Objectives Children of parents with mental illness have higher rates of social and emotional difficulties compared to their peers. One factor associated with lower psychological distress and higher well-being is self-compassion. However, the concept of self-compassion has not been explored in the population of children of parents with mental illness. Self-compassion is an attitude toward oneself. It involves non-judgemental openness to one's own suffering, accompanied by a sense of common humanity and a motivation to alleviate one's own suffering with kindness. This review scoped qualitative literature regarding children and adult children of parents with mental illness concerning their experiences related to self-compassion.

Methods This review employed a scoping method to examine the presence of self-compassion in the qualitative literature pertaining to children of parents with mental illness. Peer-reviewed articles published in English after 1990 were eligible. Only those reporting children's experiences which contained concepts of self-compassion were included. Directed content analysis was employed to characterise self-compassion.

Results Twenty-seven studies were identified, from 10 countries involving 374 children (6–78 years old, approximately 32% male, 68% female). Although examples of self-compassion were described (kind self-talk, acknowledging difficult emotions and sharing experiences in peer support groups), participants typically described experiences which directly opposed self-compassion. Children of all ages reported being isolated by their experience, ignoring their emotions and engaging in self-judgement and self-blame.

Conclusions Results indicate the presence of barriers and facilitators of self-compassion for children of parents with mental illness. Implications for clinical practice and suggestions for future research are presented.

Keywords Parental mental illness · Self-compassion · Children · Scoping review · Qualitative

Mental illness in a parent is a significant matter, affecting almost a quarter of children under 18 years of age (Maybery et al. 2009). A significant proportion of these children will experience mental health challenges at some point in their lives (Mowbray et al. 2006). Compared to their peers, these children are also more likely to experience developmental, social and emotional difficulties (Reupert and Maybery 2016), which can persist into adulthood (Dean et al. 2010; Rasic et al. 2014). The need to support these children throughout the lifespan has been well established (Goodyear et al. 2015; Hosman et al. 2009; Metz and Jungbauer 2019). However, to provide effective support, we need to understand the mechanisms driving these adverse outcomes.

There are several mechanisms involved in intergenerational patterns of mental illness, including genetics, parent- and child-related factors and socioeconomic issues. Beyond genetic contribution (Gatt et al. 2015), these children may be exposed to stress caused by social and economic disadvantages, family violence (Perera et al. 2014), stigma (Hinshaw 2005),

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lost education and unemployment (Yoshikawa et al. 2012). Moreover, some children may be exposed to unhelpful parenting behaviours (e.g. modelling of pathological coping strategies, less emotional availability, neglect or affective instability) (Reupert and Maybery 2007). Child-related factors may also play a part. Improving children's mental health literacy, that is their knowledge and beliefs about mental health, maybe protective as it forms the basis of many preventative interventions for this population (Reupert et al. 2013). Nevertheless, other child-related factors, such as self-concept, have received less attention in the literature.

The psychological and social experiences of children in these families further inform current theories regarding outcome mechanisms for children. A systematic review and meta-synthesis of qualitative research conducted by Dam and Hall (2016) reported that children of parents with mental illness under 18 years commonly experience intense emotions, a sense of responsibility for their parents' well-being, social isolation and shame in the context of parental mental illness. Murphy et al. (2011) found that adult children reflected on long-lasting strain in the parent-child bond, social isolation, persistent trust issues and the emotional "legacy" of parental mental illness. Other adult children highlighted the enduring impact of emotional needs gone unmet. Furthermore, these reviews indicate that children often assume caregiving roles. Caregiving may involve overt acts (watching over medication adherence, washing, cleaning and cooking) or covert acts of caregiving (monitoring the parent for signs of deterioration and adjusting behaviour accordingly). Current approaches to intervention may not always be sufficient to absolve children of a strong sense of responsibility for their parents' well-being (Gladstone et al. 2014). Therefore, further inquiry is needed to examine additional approaches to support children to cope with difficult emotions, caregiving and reappraising responsibility.

Self-compassion is described as an adaptive way of responding to personal suffering (Neff et al. 2018). Operationally, self-compassion has been described interchangeably as a trait, a state, an attitude and a practice (Neff 2003a, b; Zessin et al. 2015). Neff (2003a, b) proposed that self-compassion involves non-judgemental openness to one's own suffering, accompanied by a view of suffering as a shared element of the human experience and a motivation to alleviate one's own suffering with kindness. Neff's definition involves three interrelated components, each with two opposing parts, for example the presence of self-kindness versus self-judgement.

Self-compassion has gained attention due to its association with indicators of mental health and well-being (MacBeth and Gumley 2012; Zessin et al. 2015). Dispositional self-compassion has been associated with greater self-reported well-being (Zessin et al. 2015) and stress management (Galla 2016). The absence of self-compassion was also associated with psychopathology including depression, anxiety and stress symptoms (MacBeth and Gumley 2012). Self-compassion has been found to partially mediate the link between measures of maternal support, family functioning and well-being amongst adolescents (Neff and McGehee 2009). Moreover, self-compassion was found to be amenable to training. In their recent meta-analysis of 27 randomised controlled trials (RCTs), Ferrari et al. (2019) found that self-compassion interventions were moderately effective for increasing self-compassion and reducing self-criticism, depression, anxiety and stress compared to control conditions. The included RCTs involved a range of clinical and community samples. However, they only consisted of adults, predominantly females, living in Western countries. Nevertheless, the results indicate some promise for the effectiveness and clinical utility of interventions aimed at increasing self-compassion.

Self-compassion may be a clinically relevant concept for children and adult children of parents with mental illness. Firstly, self-compassion has been predicted to be important for people who experience high levels of shame and self-criticism (Gilbert and Procter 2006). Secondly, self-compassion has been proposed as an internal coping resource for adults who are caregivers (Iacono 2017; Robinson et al. 2017). It follows then that self-compassion may also be a resource for children who provide care to parents and who experience shame and self-criticism, such as those with parents who experience mental illness (Fjone et al. 2009).

Notwithstanding these potential links, there is a lack of research regarding self-compassion amongst children who provide care, including children of parents with mental illness. This scoping review aimed to identify research examining the experiences of children and adult children of parents with mental illness in relation to self-compassion.

Method

Procedure

Search Method As this research sits at a point between two emerging fields of work (children whose parents have a mental illness and self-compassion), a scoping method, as described by Arksey and O'Malley (2005), was chosen and guided by the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; Tricco et al. 2018). The scoping method allows for a review of a specific area of literature when a relative paucity exists, as is the case for this study. The research question and list of search terms followed a process of iterations as authors became familiar with the literature. Although "self-compassion" was included in the original search strategy, the search yielded zero results. Consequently, we chose to review available qualitative research regarding the children

of parents with mental illness to determine whether themes related to self-compassion were present. Subsequently, self-compassion terms were removed, and qualitative research terms were added to the final search strategy (see Supplementary Materials for search terms).

A systematic search was last conducted on April 13, 2020, across the PsycINFO, SocIndex, CINAHL and MEDLINE databases. The search strategy included subject headings and MESH terms, along with truncation and adjacency commands to gather peer-reviewed literature of a qualitative nature relating to children of parents with mental illness. Search results were imported into an EndNote library, where duplicates were removed. The search strategy identified existing systematic reviews; their reference lists were hand-searched for papers not retrieved by the search strategy. The overall search strategy yielded 2048 unique papers.

Eligibility Criteria The inclusion criteria meant that included papers (a) contained qualitative data; (b) reported on the experiences of children (children defined as individuals of any age based on a relationship to a parent a mental illness, inclusive of adult children) of parents with mental illness (mental illness defined as a diagnosed mental illness, screened as part of research or inferred by recruitment source; or an undiagnosed mental illness based on participant self-referral, i.e. a participant considered themself to be the child of a parent with a mental health issue or mental illness) and (c) included children's experiences relevant to self-compassion (as defined by Neff (2003a, b) and Gilbert (2009), including self-kindness, self-criticism, self-blame, shame, self-stigma, sense of isolation, sense of common humanity or shared experience, subjugating own needs, mindfulness, overidentification, hypervigilance, self-care and self-soothing). The review was restricted to studies published in English after 1990. This date limit was imposed to retain feasibility and identify a breadth of key research in this field, whilst also acknowledging that the treatment of families where parents have mental illness has shifted significantly in the past 30 years (Reupert et al. 2015). Furthermore, papers were excluded if (a) children's perspectives were not provided; (b) they focused exclusively on children of parents with a somatic illness, physical disability, cognitive disability or substance use disorder; (c) the primary purpose of the study was to evaluate an intervention; or (d) the study focused exclusively on cases of neglect and abuse.

Selection Process ADS screened all article titles and abstracts to eliminate papers based on the inclusion and exclusion criteria. Subsequently, blind abstract screening was completed by ADS and AR using the Rayyan QCRI review software (Ouzzani et al. 2016). Any conflicts passed to full-text review. Fifty-five papers underwent blind full-text screening by A.D.S. and either J.S., M.L. or A.R. Five disagreements occurred at full-text review and consensus was reached by referring to the individual paper and the inclusion criteria. Results of the screening process are presented in the PRISMA flow diagram (see Fig. 1; Moher et al. 2009). Data were extracted from the published articles by ADS into a table tested and agreed upon by the research team (see Table 1 for a list of the included studies and their characteristics).

Quality appraisal was completed for each article using the Critical Appraisal Skills Program checklist for qualitative research (Critical Appraisal Skills Program 2018). The Critical Appraisal Skills Program (2018) was chosen as it is a simple, evidence-based tool for quality appraisal which can be used to generate a score out of ten for each study.

Data Analyses

To synthesise the qualitative content related to self-compassion, we adapted the directed qualitative content analysis (DQCA) approach proposed by Assarroudi et al. (2018). In the first stage of analysis, we defined main categories and a coding scheme consistent with self-compassion as outlined above in eligibility criteria. We decided to focus the analysis on the content of participant quotes and authors' interpretations (if they were supported by participant quotes). The included articles were each repeatedly read to identify codes based on the coding scheme; codes were then extracted into the categorisation matrix. These codes were compared and contrasted to identify themes relevant to self-compassion. If a theme was observed once or more in a study, it was considered to be present. Themes were reported if they were observed repeatedly across the reviewed studies and were specifically linked to self-compassion. A.D.S., J.S. and A.R. have had significant exposure to children of parents with mental illness through their life experiences and/or work. Prior experience brings with it potential biases and preconceptions, along with understanding and knowledge which can facilitate abstraction (Smith and Osborn, 2015). Therefore, we engaged in self-reflection, journal keeping, robust discussion of themes, comparison to existing research and knowledge from clinical experience working with children of a parent with mental illness. Additionally, we sought to establish the trustworthiness of these findings through a 12-month period of engagement and immersion in the data, providing thick descriptions of themes and detailing the analytic process (Korstjens and Moser 2018).

Results

Study Characteristics

Thirty papers met the inclusion criteria. Of the 30 papers, three represented one data set from a study by Murphy et al. (2015, 2016, 2017), two were based on a single sample (Mordoch

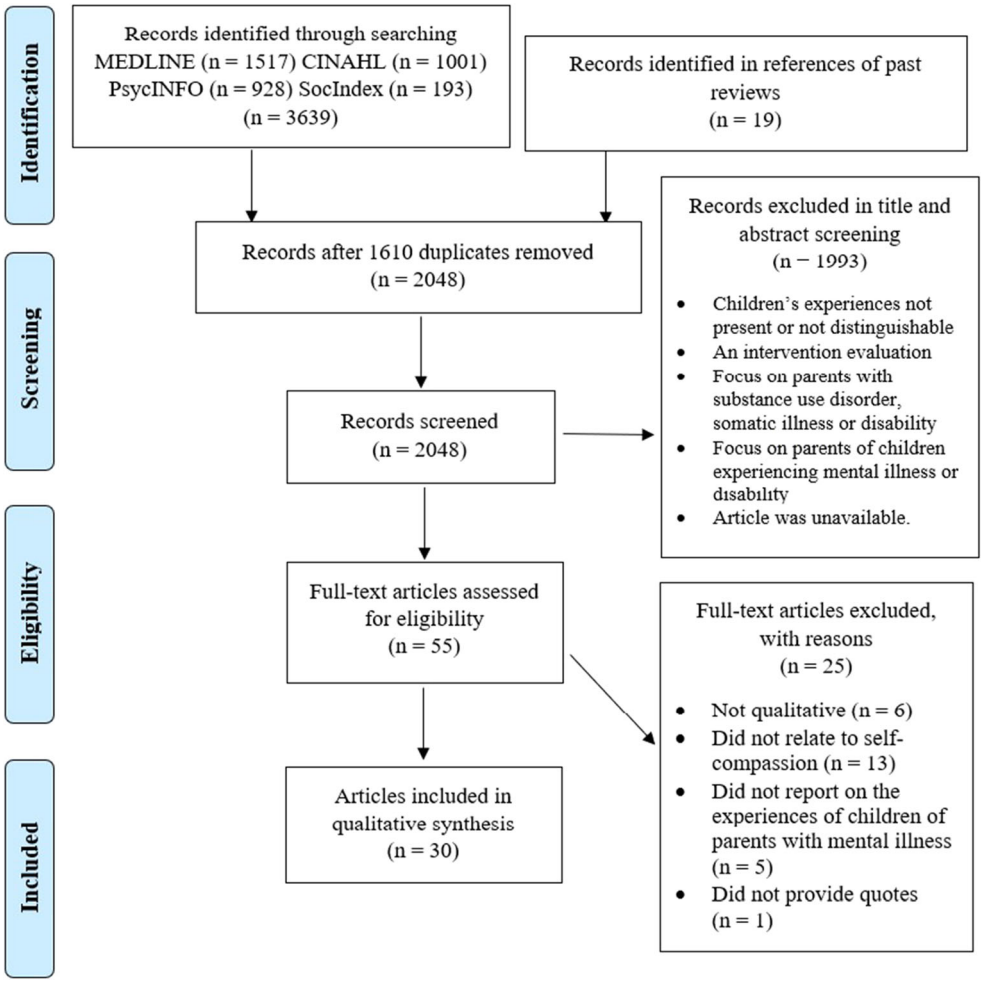

Fig. 1 PRISMA flow diagram

and Hall 2008; Mordoch 2010) and one involved analysis of data which was initially gathered in an earlier study which did not meet inclusion criteria for this review (Riebschleger et al. 1993 as cited in Riebschleger 2004). Ultimately, the review represents 27 unique sets of data, involving 374 participants aged from 6 to 78 years of age. Extracted data from each study are presented in Table 1. The total sample was approximately 32% male and 68% female; this is skewed by studies of adult participants (approximately 77% female), where recruitment was almost exclusively self-identification, compared to child studies (approximately 58% female), where recruitment was based on parental consent and engagement with mental health services.

Studies took place across ten countries including six from Australia, six from Canada, five from the USA, eight from eastern Europe, two from the UK and one from Iran. The overall sample was predominantly Caucasian, though exact data on sample ethnicity were not presented for all the studies.

There were some recurring aims throughout the research, including children's experiences of everyday life and how they coped with or understood their parents' mental illness. Some studies sought to examine experiences of caregiving, stigma, "burden" and loss. Others asked for children's perspectives on the support they and their families received or should have received. Studies of adult children have also examined participants' experiences of parenting their own children.

The studies included employed a range of methodologies to collect data including semi-structured interviews (15/27), focus groups (3/27), narrative interviews (3/27) and others (see Table 1). Researchers employed a range of analytic approaches including phenomenological analysis (6/27), grounded theory (5/27), thematic analysis (5/27), content analysis (5/27) and others (see Table 1).

The average Critical Appraisal Skills Program (2018) score was 9.2 out of 10. Almost half of the included papers did not provide detail regarding reflexivity or the relationship of the researcher to the participants (14/30 papers). Other flaws included not clearly articulating ethical considerations (4/30 papers), not describing the analysis procedure (4/30 papers), not clearly articulating the aims of the study (1/30 papers) and possible sampling bias (1/30 papers). Fourteen articles had no issues with quality based on the CASP.

Table 1 List of included studies with quality appraisal, methodological characteristics and sample characteristics

Study					Sample characteristics				
Author (year) country	Purpose	Method and analytic strategy	CASP	Size	Male	Female	Age (years)	Recruitment strategy	Parent's diagnosis
Garley et al. (1997) Canada	To explore subjective needs, cognitions and perceptions of asymptomatic children of parents with a mood disorder, to guide the development of a group intervention	Focus groups Ethnographic qualitative research	9/10[a]	$N = 6$	2	4	11–15	Parents engaged in treatment in the outpatient clinic.	Depression and bipolar disorder
Meadus and Johnson (2000) Canada	To describe experiences of adolescent children, from their own perspective, of living with a parent suffering from a mood disorder. To aid the development of and implementation of nursing interventions designed to help such adolescents	Semi-structured interviews Phenomenological analysis	9/10[a]	$N = 3$	0	3	17	Parents engaged in treatment in a psychiatric facility and volunteer organisation.	Depression and bipolar disorder
Pölkki et al. (2004) Finland	To gain information about personal experiences of younger and older children of severely mentally ill parents Including their experiences, stress reactions, daily cope strategies, long-term resilience, opinions on available and desired informal and professional help	Written narratives and thematic interviews Grounded theory	8/10[bd]	$N = 23$*	NR	NR	9–11, 15+	Adults self-identified. Children were identified by mental health professionals.	Included depression, "manic depression" and schizophrenia
Riebschleger (2004) USA	To explore a child's eye view of living day to day in a family that included a parent with a psychiatric disability	Interviews and focus group Open, axial and selective coding system	8/10[ab]	$N = 22$	11	11	15–17	Parents engaged in treatment in the outpatient clinic and children engaged in a prevention program.	Mood disorder (including depression, bipolar disorder) schizophrenia, post-traumatic stress disorder
Valiakalayil et al. (2004) Canada	To examine the types of burden described by adolescent children of parents with a diagnosis of schizophrenia	Semi-structured interviews Thematic analysis	9/10[a]	$N = 13$	4	9	13–18	Parents engaged in treatment in the inpatient facility.	Schizophrenia
Knutsson-Medin et al. (2007) Sweden	To follow-up with and examine experiences of growing up with a mentally ill parent and opinions concerning contact	Questionnaire with open-ended questions Manifest content analysis	10/10	$N = 36$	15	21	19–38	Parents formerly engaged in treatment in an inpatient facility.	Disorders of mood, psychosis, anxiety, adjustment,

Table 1 (continued)

Study					Sample characteristics				
Author (year) country	Purpose	Method and analytic strategy	CASP	Size	Male	Female	Age (years)	Recruitment strategy	Parent's diagnosis
	with psychiatric services, extent of contact, deficiencies and merit of services							*Had participated in a previous study	eating, personality
Mordoch and Hall (2008) Canada	Aims were not clearly articulated. The authors established a theory of how children manage their experience of living with a parent with mental illness.	Semi-structured interviews, drawings, field notes and memos Grounded theory	8/10[ac]	*N* = 22	14	8	6–16	Parents engaged in treatment	Depression, schizophrenia or bipolar disorder
Östman (2008) Sweden	To investigate how children aged 10–18 experienced their life situation in a family with a parent with a severe mental illness	Semi-structured "in-depth" interviews Thematic analysis	8/10[ad]	*N* = 8	3	5	10–18	Parents engaged in treatment at an inpatient facility.	Schizophrenia or mood disorder
Mordoch (2010) Canada	To understand how children living with parental mental illness understand mental illness and what they want to tell other children	Secondary analysis of semi-structured interviews, drawings, field notes and memos Grounded theory	9/10[b]	*N* = 22	14	8	6–16	Parents engaged in treatment.	Depression, schizophrenia or bipolar disorder
Fjone et al. (2009) Norway	To examine how children who live with parents suffering from mental health distress present themselves to avoid stigma and self-stigmatisation and to be viewed as "normal"	In-depth interviews Meaning condensation and categorisation.	10/10	*N* = 20	6	14	8–22	Self-identified	NR
Foster (2010) Australia	To explore the experience of being the adult child of a parent with serious mental illness and how these adult children had coped with their experiences	Unstructured narrative interviews Interpretive qualitative approach, with autoethnography	10/10	*N* = 10	2	8	25–57	Self-identified	Schizophrenia, bipolar disorder, "severe depression", schizoaffective disorder, comorbid substance use disorder
Maunu and Stein (2010) USA	To describe the nature of adults' experience of personal loss as a result of having a parent with mental illness and to identify factors involved in adults making meaning	Semi-structured interviews Thematic analysis	9/10[a]	*N* = 9	3	6	18–22	Self-identified Also identified as Catholic, Lutheran, Christian, or "no preference" People from any other religious	Depression, bipolar disorder, anxiety disorder, or alcohol use disorder

Table 1 (continued)

Study					Sample characteristics				
Author (year) country	Purpose	Method and analytic strategy	CASP	Size	Male	Female	Age (years)	Recruitment strategy	Parent's diagnosis
	from loss through their spirituality							groups were excluded.	
Oskouie et al. (2011) Iran	To address children's experiences and needs when their parent has a mental illness	Semi-structured interviews Grounded theory	9/10[a]	$N = 10$	4	6	17–26	Parents had engaged in treatment in an inpatient setting	Mood disorders, schizophrenia, obsessive-compulsive disorder (OCD)
Griffiths et al. (2012) UK	To explore the experiences of young people with a parent with OCD, including the impact of parental OCD and their understanding of it	Semi-structured interview Interpretative thematic analysis	10/10	$N = 10$	5	5	13–19	Parent engaged in treatment with a community mental health team	OCD
Trondsen (2012) Norway	To provide further insight into the perspectives and experiences of children and adolescents in their present everyday lives with a mentally ill parent	Online self-help/-support group content Content analysis, action oriented and issue focused	10/10	$N = 16$	1	15	15–18	Parent and family engaged in treatment with a community mental health team	"Severe mental illnesses", including bipolar disorder. Some with a history of psychosis and suicidality
Van Parys and Rober (2013) Belgium	To understand how children experience parental depression and how they experience their own caregiving in the family	Family interviews Thematic analysis and discourse analysis	9/10[a]	$N = 14$	NR	NR	7–14	Parent engaged in treatment in an inpatient setting	Depressive disorder
McCormack and Sly (2013) Australia	To shed light on both positive and negative experiences of growing up in a family where one parent is traumatised by war	Semi-structured interviews Interpretative phenomeno-logical analysis	10/10	$N = 3$	0	3	28–37	Veteran support organisations	Paternal post-traumatic stress disorder (PTSD) with a comorbid substance use disorder
Kahl and Jungbauer (2014) Germany	To identify the challenges children experience when they have parents affected by schizophrenia. To identify what strategies and resources are available to children to cope with this situation and what kind of professional help those children want and need	Problem-centred interviews Content analysis	7/10[abd]	$N = 34$	15	19	8–18	Parent engaged in treatment in an inpatient setting	Schizophrenia or schizoaffective-diagnosed ICD-10
Harrison et al. (2014) Canada	To examine the impact of parental PTSD on the lives of Canadian	Semi-structured interviews	7/10[ade]	$N = 8$	3	5	16–18	Self-identified during a broader study of children of	Paternal PTSD

Table 1 (continued)

Study					Sample characteristics				
Author (year) country	Purpose	Method and analytic strategy	CASP	Size	Male	Female	Age (years)	Recruitment strategy	Parent's diagnosis
	youth who have experienced it	"Resembled" grounded theory						parents in the defence force	
Carroll and Tuason (2015) USA	To understand the experiences of children of mothers with SMI, many of whom may be influenced by associative stigma	Semi-structured interviews Consensual qualitative research	10/10	$N = 12$	0	12	26–76	Self-identified Participants also identified as lesbians	Major depressive disorder with psychosis, bipolar disorder, borderline personality disorder (BPD) and OCD
Murphy et al. (2015, 2016, 2017) Australia	To gather parenting narratives of adult children who have experienced childhood parental mental illness	Partnership model involving meetings with participants Narrative analysis	10/10	$N = 13$	3	10	30–78	Self-identified	Schizophrenia, psychosis, depression, or other mood disorder
McCormack et al. (2016) Australia	To understand and describe the subjective interpretation of growing up with parental mental ill-health, including positive and negative sense-making. To obtain rich data related to the complexity of parent-child dyad impacted by mental ill-health and highlight perceptions of support, family dynamics, sense of self, impact on adult life	Semi-structured interviews Interpretative phenomenological analysis	10/10	$N = 7$	1	6	20–45	Self-identified	Schizophrenia, substance use disorder or depression. Described symptoms met diagnostic criteria
Petrowski and Stein (2016) USA	To replicate and extend existing research on perceived role reversal and felt obligation, explore the nature of family ties between daughters and their fathers and siblings and account for the ways that maternal mental illness has impacted their lives	Semi-structured interview Content analysis	9/10[a]	$N = 10$	0	10	18–22	Self-identified	Bipolar disorder, major depressive disorder or schizophrenia. Described symptoms met DSM-IV diagnostic criteria
McCormack and Devine (2016) Australia	To further increase awareness and understanding of the experiences of children of veterans	Semi-structured interviews Interpretative phenomenological analysis	10/10	$N = 5$	1	4	28–38	Families connected with veteran support services—parents had	Paternal PTSD

Table 1 (continued)

Study					Sample characteristics				
Author (year) country	Purpose	Method and analytic strategy	CASP	Size	Male	Female	Age (years)	Recruitment strategy	Parent's diagnosis
	from the adult child perspective							served in the Vietnam war	
Patrick et al. (2019) Australia	To examine the experiences of adult children specifically in relation to their parenting roles, extending on findings of the Murphy et al.'s (2015) study	Semi-structured interviews Interpretative phenomeno-logical analysis	9/10[a]	$N = 10$	1	9	27–51	Self-identified	Depression, anxiety, bipolar disorder, schizophrenia, PTSD, OCD, comorbid substance use disorder
Blake-Holmes (2019) UK	To understand how adults who cared for a parent with a mental illness make sense of their experience and what impact this has on them as adults	Biographical narrative interviews Thematic narrative method	9/10[a]	$N = 20$	5	15	19–54	Self-identified	"Severe enduring mental illness"
Metz and Jungbauer (2019) Germany	To investigate how individuals having grown up with a mentally ill parent evaluate their childhood experiences and to gain insight into the long-term effects that parental mental illness has on their path through life	Narrative inquiry Qualitative content analysis	10/10	$N = 18$	3	15	26–64	Self-identified, referred via a health professional, health institutions and self-help groups	Schizophrenia, depression, bipolar disorder, schizoaffective disorder, paranoid personality disorder, OCD, BPD, substance use disorder
Valdez et al. (2019) USA	To investigate what is it like to have a mother with depression, which elements of the experience are essential for all youth, the nuances in the experiences between preadolescents and adolescents and how culture and context influence youths' experiences of maternal depression	Focus groups Phenomenolo-gical inquiry	10/10	$N = 12$	6	6	9–16	Parents engaged in treatment with a community service and families participated in intervention 12 months prior	Mothers with depression who were undocumented South American born immigrants
Total	-	-	9.2/10	$N = 374$	~ 23%	~ 77%	6–78	-	-

Note. CASP (2018): a, reflexivity not clearly discussed; b, ethics not clearly discussed; c, aims not clearly articulated; d, analysis procedure not detailed; e, sampling bias possible

NR, information not reported in the article

*The sample included males and females, including 17 females aged 15 years and over and six children, 9–11 years of age, whose gender representation was not reported

Directed Qualitative Content Analysis

Three themes were found to be relevant to self-compassion; *Isolation*; *Concealing emotions* and *Self-judgement* (see Table 2 for the presence of themes). Themes are described below, alongside an aspect of Neff's self-compassion to which they relate, with accompanying representative quotes and corresponding participant demographic details, where available.

Common Humanity vs Isolation: Isolation A key element of self-compassion is a sense of common humanity, a sense of connection with humanity on the basis that all people are vulnerable to experiencing suffering (Neff 2003a, b). Alternatively, one might feel isolated or separated from others by experiences of suffering (Neff 2003a, b). Participants in 25 of the 27 studies discussed these concepts. Isolation was observed across the studies, whilst a sense of common humanity was almost exclusively described in relation to peer support groups.

Children of parents with mental illness experience isolation in that they sense they and their families are wrong or different compared to normal families, "Our family was wrong…we were just a dysfunctional, broken family, we just weren't normal like other families." (Adult; McCormack et al. 2016, p. 335) Differences were noted when children compared their family with families they perceived as "normal". Perceived "wrongness" stemmed from awareness and, often, internalisation of social stigmas regarding people with mental illness. Therefore, these children felt not just different, but ashamed and embarrassed.

> …some people know that my Mom was mentally ill and some people don't . . . It was a secret I was hiding. There was a lot of shame with it. It was like . . . my Mom is

Table 2 The studies which themes were present

Author & year of publication	Theme			
	Isolation	Concealing emotions	Self-judgement	Caring responsibility
Garley et al. (1997)	X		X	X
Meadus and Johnson (2000)	X	X	X	X
Pölkki et al. (2004)	X	X	X	X
Riebschleger (2004)	X	X	X	X
Valiakalayil et al. (2004)	X	X	X	X
Knutsson-Medin et al. (2007)	X		X	X
Mordoch and Hall (2008); Mordoch (2010)	X	X	X	X
Östman (2008)	X	X	X	X
Fjone et al. (2009)	X	X	X	
Foster (2010)	X	X	X	X
Maunu and Stein (2010)	X	X	X	X
Oskouie et al. (2011)	X	X	X	X
Griffiths et al. (2012)	X	X	X	X
Trondsen (2012)	X	X	X	
Van Parys and Rober (2013)	X	X	X	X
McCormack and Sly (2013)	X	X	X	X
Kahl and Jungbauer (2014)	X	X	X	X
Harrison et al. (2014)	X	X		
Carroll and Tuason (2015)	X	X	X	X
Murphy et al. (2015, 2016, 2017)	X	X	X	X
McCormack et al. (2016)	X	X	X	X
Petrowski and Stein (2016)	X	X		X
McCormack and Devine (2016)	X	X	X	X
Patrick et al. (2019)		X	X	
Blake-Holmes (2019)			X	X
Metz and Jungbauer (2019)	X		X	X
Valdez et al. (2019)	X	X	X	X
Total	25/27	23/27	25/27	23/27

> crazy, so they are going to think I'm crazy. (39-year-old-female; Carroll and Tuason 2015, p. 1068)

Parental mental illness was often a "taboo subject, an unspoken family secret, which was neither talked about in the family nor outside." (34-year-old-male; Metz and Jungbauer 2019, p. 3) Keeping this family secret meant children were isolated with few opportunities to establish a sense of common humanity.

Accordingly, many children did not talk about their experiences of parental mental illness with friends. Moreover, most children believed that other people could not help anyway because, without lived experience, they would never understand.

> Some of my best friends say that I can talk to them when I need to, and that is certainly a good thing, but regardless of how much I tell them, they will never really understand. I feel very alone in the middle of all this. (Adolescent; Trondsen 2012, p. 180)

In practice, this meant many children were alone to deal with troubling circumstances and feelings. This feeling of isolation remained for many adult children, described by this woman:

> I think probably the overwhelming thing was how lonely and isolated and how little I talked and reached out to people and that it continues to this day. I have to make a conscious effort to reach out for help. I tend to try and deal with things by myself…then when I finally do ask for help it's usually when I'm at crisis point. (Foster 2010, p. 3147)

However, participants described gaining a sense of common humanity when they shared their experiences with other children who had parents with mental illness. Such rare opportunities provided relief from the isolation and left children feeling validated, connected and understood.

> People were going through like, "My dad is sick." And I'm like, "Mine too." It was really weird how it can be such a relief just to hear somebody else say, "My dad's nuts!" and actually mean it and understand. (Adolescent; Harrison et al. 2014, p. 100)

Even for adult children, opportunities to share their experience of having a parent with a mental illness are rare yet valuable. As told by the 34-year-old son of a mother living with schizophrenia:

> Where silence and speechlessness previously prevailed, something becomes 'talkable' and thus appears less threatening. It took me – like many other children of mentally ill parents – a very long time until I dared to tell my story. (Metz and Jungbauer 2019, p. 8)

Mindfulness vs Concealing Emotions: Concealing Emotions In self-compassion, mindfulness is a non-judgemental state of mind which involves observing negative thoughts and feelings with openness, acceptance and balanced awareness, without suppression, denial or getting caught up in storylines of suffering (Neff 2003a, b). These concepts were discussed in 23 of the 27 studies.

Several children described engaging in mindful awareness of their difficult emotions through self-talk, journaling, listening to emotive music, talking to peers, family members, toys, pets or imaginary friends. Some spoke about acceptance as a way to cope.

> You have to accept it before you can feel better about it. That's what I had to learn to do. (Child/Adolescent; Mordoch and Hall 2008, p. 1138)

Conversely, some adult children's parenting narratives reflected their unmet desire for mindfulness in their own childhood. Participants who were parents themselves, described endeavouring to allow their children to express their emotions and their individuality, an experience they did not have as children (Patrick et al. 2019). At the same time, others described how they were unable to parent in the way they hoped as their childhood left them emotionally numb.

A tendency to conceal emotions was pronounced. To illustrate, participants described strong emotions, involving dread, grief, anger and shame, combined with efforts to control and suppress their emotions.

> Suddenly a huge amount of emotions, deep emotions. There are no words to describe the amount of fear and guilt. We only tried to cope somehow. In practice, it meant that everybody kept the emotions inside. (Pölkki et al. 2004, p. 158)

In a world that could be consistently unpredictable, children developed a "self-induced lithium" (76-year-old female; Carroll and Tuason 2015, p. 1069) so as to not ride the "roller coaster" of their parents' tumultuous emotions (Adult female; Foster 2010, p. 3145). Some children assumed the role of the strong one for their family, looking for external guides for how to behave.

> I try to be strong, but am often very sad, even though I don't show it to the rest of the family… I notice that I

> keep a lot inside me. (Adolescent; Trondsen 2012, p. 180)

Emotional concealment was used as a means of coping with their experiences. Mordoch and Hall (2008) found that children reported hiding their distress to "better manage their situation". However, authors noted that "children who appeared calm during participant observation often described feeling emotionally drained and distressed" (p. 1130).

Some children described considerable difficulty with observing and recognising their own emotions and their own needs, a key aspect of mindfulness. Moreover, children reported difficulty trusting their own emotions and wondering how they "should" be feeling. This was an experience which persisted into adulthood. In the words of this woman whose parent experienced schizophrenia:

> I mean it's probably more that I don't know what I should be feeling...It's not the feeling I'm feeling but I just need to be angry because I didn't know how to express other feelings. (Adult female; Murphy et al. 2016, p. 671)

Akin to overidentification, children in 23 out of the 27 studies described concerns about inheriting their parents' illness. Contrary to mindfulness, strong emotions were perceived by children as a warning sign or reminder of their genetic risk, further compounding their original emotions with worry and dread.

> If I felt down or something or the other, then I was worrying, well am I going to be like that too, so...It sort of makes me wonder like sometimes if I haven't got some of his [Pause], you know, um the affective disorder or something. If it's not, cause I've heard like it's heredity or something. (17-year-old female; Meadus and Johnson 2000, p. 387)

Self-kindness vs Self-judgement: Self-judgement The third element of self-compassion is a desire to alleviate one's own suffering with kindness. Self-kindness involves offering oneself warmth and understanding during times of suffering. Alternatively, one might respond to suffering from harsh self-judgement, criticism or blame. This theme of self-judgement was observed in 25 of the 27 studies in the review. Once again, whilst some children described instances of self-kindness, examples of self-judgement were more common.

Self-judgement was evident in children's descriptions of feeling "worthless". In some cases, self-worth was associated with unmet attachment needs or instances of abuse during childhood. For some young adults, rare moments of affection were viewed as a "validation of existence" (28-year-old female; McCormack and Sly 2013, p. 306). Worthlessness and self-hate were most often described in cases when parents were diagnosed with trauma-related or comorbid substance use disorders, such as this young man whose father suffered from post-traumatic stress disorder after serving in the Vietnam war.

> It was always "you're hopeless, you're no good, you're useless" … so I guess I've carried that all through my life. (Adult male; McCormack and Devine 2016, p. 282)

A sense of self-blame and guilt was reported by children, often associated with having caring responsibilities in relation to their parents' mental health, an experience described in 23 of the 27 studies. Children reported feeling responsible to keep their parent well, lift their low mood, monitor medication adherence and prevent relapse or suicide, and many felt guilty if they were unable to do so.

> I always had that fear that—um if anything happened to him while I was away that I hadn't done enough to help him (crying) . . . I tried every way I could from every angle to stop him. (34-year-old female; McCormack and Sly 2013, p. 308)

Guilt and blame were felt by many, often younger children, who interpreted their parents' symptoms as signs that they had done something wrong or misbehaved. This was reinforced when some were explicitly blamed by their parent or overheard discussions of post-natal illness onset. Nonetheless, adult children described how self-criticism, hypervigilance and determination drove them to achieve, though at a cost. This woman spoke with ambivalence about how anxiety, abuse and her guilt over perceived failure as a carer drove self-abuse, but also perseverance and achievement.

> I was always mature, I was switched on, I can see that has been negative in a lot of ways, because I am so anxious and, that I can't relax. But I do see it as a big positive too, that I've just never stopped so I have achieved lots. (Adult female; McCormack et al. 2016, p. 339)

Some children provided clear examples of how they employed self-kindness and mindfulness of emotions in efforts to independently manage difficult emotions and hard times.

> I'm saying sorry to myself about when I was really sad. Like, "Sorry you're sad". It helps solves my problems. I just do it myself. (Child/Adolescent; Mordoch and Hall 2008, p. 1135)

For some adult children, redistributing responsibility for parental health, creating parent-child boundaries, engaging in self-inquiry and developing positive relationships had allowed them to repair their sense of self. In doing so, adult children "gave themselves permission to embrace…self-compassion" and "self-forgiveness" (McCormack and Devine 2016, p. 284). The therapeutic value of confronting self-blame and the role of social support in this effort are described by this teenager when reflecting on her school's peer support group for children of parents with post-traumatic stress disorder.

> …you get so low on yourself, sometimes thinking, "What did I do wrong? I did something wrong." But then you talk to this other person, and they're like, "We did nothing wrong. It's them. They're sick" and you have to realise that. (Adolescent female; Harrison et al. 2014, p. 100)

Discussion

This study sought to examine the experiences of children and adult children of parents with mental illness, in relation to self-compassion. Our review suggested there were no papers directly examining self-compassion amongst children of parents with mental illness. Nonetheless, aspects of self-compassion were observed in the representations of children's experiences in qualitative research. Within the literature, children described examples of self-compassion, though instances denoting a lack of self-compassion (isolation or a lack of common humanity, concealing emotions or a lack of mindfulness and self-judgement as a lack of self-kindness) were common.

Included studies were drawn from a range of countries and adopted a range of data collection and analysis approaches with children of various ages, including adult children. In terms of the quality of the reviewed studies, researchers had frequently failed to discuss the potential influence of personal bias or relationship with participants on their findings. This may have resulted in subsequent analyses being represented as objective, rather than inherently subjective—which is the nature of good, transparent qualitative research (Newton et al. 2012).

Participants' descriptions of stigma, silence, secrecy and shame provide the context in which children experienced isolation associated with experiences of parental mental illness. Participants tended not to report a sense of common humanity unless they were connected with siblings or a peer group with similar experiences. Isolation in the context of stigma aligns with research by Corrigan and Miller (2004), who described how children can be perceived as "contaminated" by a parent's mental illness. We observed that if children internalise societal stigma, they may struggle to offer themselves kindness and compassion when they suffer in relation to a parent's mental illness.

In this review, children reported a tendency toward concealing emotions. This finding may suggest that the difficult emotions felt by children in relation to a parent's mental illness may not be acknowledged or addressed. Participants made sense of their tendency to conceal difficult emotions in various ways, with some suggesting that this persisted into adulthood. Within Neff's (2003a, b) model of self-compassion, mindfulness is distinctly contrasted with overidentification, but not concealment or subjugation of emotions. Thus, Neff's model may not adequately represent the experience of self-compassion for this population.

Descriptions of self-judgement, particularly self-blame, were frequently cited in the included studies and may indicate barriers to self-compassion. This finding extends the notion of Corrigan and Miller (2004), as it suggests that, like spouses and siblings, children experience blame for the mental illness of their loved one. Children who assumed responsibility for their parents' mental health, reported experiencing a sense of self-blame and self-judgement when parent's symptoms worsened or were unresolved. These children also described barriers to engaging in self-care and self-compassion, including when they described themselves as selfish for considering their own needs.

Limitations and Future Research

There are some notable limitations to this review. An a priori framework was adopted to identify content associated with self-compassion, and we did not focus on content that did not relate to self-compassion. This approach introduced the risk of confirmation bias. Therefore, we note that 13 of the articles which underwent full-text screening were excluded from the final review as they did not include content relevant to self-compassion. Consequently, these findings are drawn from a subset of the extant qualitative literature, in which self-compassion was presented, and this may not represent the experiences of all children of parents with mental illness. Additionally, the direct quotes included in qualitative papers are typically exemplar quotes, and only represent a small fraction of the collected data. Furthermore, as examining self-compassion has not been the primary aim of any qualitative literature to date, some self-compassion-related content may have been collected but not presented in the results of those studies. Additionally, it is important to note that we did not seek to determine whether self-compassion explains children's outcomes. Even so, the findings of this review suggest that self-compassion may be relevant for some children of parents with mental illness.

Furthermore, our prior exposures to children of parents with mental illness—through life and/or work experiences—bring with them potential biases and preconceptions. However, as discussed in methodology, steps were taken to reduce the risk of bias directing the findings, whilst also drawing on existing knowledge to facilitate the abstraction process.

Notwithstanding the noted limitations, the findings of this review indicate directions for future research. Researchers might consider recruitment of more ethnically and culturally diverse populations and strengthen the consideration and reporting of concepts of trustworthiness in qualitative research, a noted limitation in some of the papers identified. Qualitative research is needed to explicitly examine the experiences and perspectives of children of parents with mental illness in relation to self-compassion, including the presence of ambivalence. Future quantitative research might examine the personal, relational and cultural antecedents of self-compassion in children of parents with mental illness, including whether self-compassion is implicated in relationships between childhood experiences and their outcomes. Furthermore, as children of parents with substance use disorders may be particularly at risk of childhood experiences associated with the development of self-criticism (Hinrichs et al. 2011), future research might also examine self-compassion amongst their population. Finally, the themes identified in this study may provide relevant targets for interventions to address the mental health and well-being outcomes for children of parents with mental illness. The emotional experiences reported by participants, including isolation, self-criticism, shame and emotional concealment, may highlight specific challenges faced by this group which need to be addressed. Thus, future research is needed to determine the clinical utility of self-compassion embedded into interventions for children and adult children of parents with mental illness and evaluate whether self-compassion interventions designed for these children and their families might mitigate their significant hardships.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.**Supplementary Information** The online version contains supplementary material available at https://doi.org/10.1007/s12671-020-01560-x.

References

Studies included in the scoping review are marked by an (*).

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19–32. https://doi.org/10.1080/1364557032000119616.

Assarroudi, A., Armat, M. R., Nabavi, F. H., Ebadi, A., & Vaismoradi, M. (2018). Directed qualitative content analysis: The description and elaboration of its underpinning methods and data analysis process. *Journal of Research in Nursing, 23*(1), 42–55. https://doi.org/10.1177/1744987117741667.

*Blake-Holmes, K. (2019). Young adult carers: Making choices and managing relationships with a parent with a mental illness. *Advances in Mental Health,* 1-11. https://doi.org/10.1080/18387357.2019.1636691

*Carroll, L., & Tuason, M. T. G. (2015). 'Perpetually self-reflective': Lesbian daughters of mothers with severe mental illness. *The Counselling Psychologist, 43*(7), 1059-1083. https://doi.org/10.1177/0011000015602316.

Critical Appraisal Skills Program (2018). *CASP qualitative checklist*. Retrieved from: https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf.

Corrigan, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health, 13*(6), 537–548. https://doi.org/10.1080/09638230400017004.

Dam, K., & Hall, E. O. C. (2016). Navigating in an unpredictable daily life: A meta-synthesis on children's experiences living with a parent with severe mental illness. *Scandinavian Journal of Caring Sciences, 30*(3), 442–457. https://doi.org/10.1111/scs.12285.

Dean, K., Stevens, H., Mortensen, P. B., Murray, R. M., Walsh, E., & Pedersen, C. B. (2010). Full spectrum of psychiatric outcomes among offspring with parental history of mental disorder. *Archives of General Psychiatry, 67*, 822–829. https://doi.org/10.1001/archgenpsychiatry.2010.86.

Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of rcts. *Mindfulness, 10*, 1455–1473. https://doi.org/10.1007/s12671-019-01134-6.

*Fjone, H. H., Ytterhus, B., & Almvik, A. (2009). How children with parents suffering from mental health distress search for 'normality' and avoid stigma: To be or not to be... is not the question. *Childhood, 16*(4), 461-477. https://doi.org/10.1177/0907568209343743.

*Foster, K. (2010). 'You'd think this roller coaster was never going to stop': Experiences of adult children of parents with serious mental illness. *Journal of Clinical Nursing, 19*(21-22), 3143-3151. https://doi.org/10.1111/j.1365-2702.2010.03293.x.

Galla, B. M. (2016). Within-person changes in mindfulness and self-compassion predict enhanced emotional well-being in healthy, but stressed adolescents. *Journal of Adolescence, 49*, 204–217. https://doi.org/10.1016/j.adolescence.2016.03.016.

*Garley, D., Johnston, N., Gallop, R., & Pipitone, J. (1997). Children of the mentally ill: A qualitative focus group approach. *Journal of Psychiatric and Mental Health Nursing, 4*(2), 97–103. https://doi.org/10.1046/j.1365-2850.1997.00036.x.

Gatt, J. M., Burton, K. L. O., Williams, L. M., & Schofield, P. R. (2015). Specific and common genes implicated across major mental disorders: A review of meta-analysis studies. *Journal of Psychiatric Research, 60*, 1–13. https://doi.org/10.1016/j.jpsychires.2014.09.014.

Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment, 15*, 199–208. https://doi.org/10.1192/107.005264.

Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy, 13*, 353–379. https://doi.org/10.1002/cpp.507.

Gladstone, B. M., McKeever, P., Seeman, M., & Boydell, K. M. (2014). Analysis of a support group for children of parents with mental illnesses: Managing stressful situations. *Qualitative Health Research, 24*(9), 1171–1182. https://doi.org/10.1177/1049732314528068.

Goodyear, M., Hill, T.-L., Allchin, B., McCormick, F., Hine, R., Cuff, R., & O'Hanlon, B. (2015). Standards of practice for the adult mental health workforce: Meeting the needs of families where a parent has a mental illness. *International Journal of Mental Health Nursing, 2*, 169. https://doi.org/10.1111/inm.12120.

*Griffiths, J., Norris, E., Stallard, P., & Matthews, S. (2012). Living with parents with obsessive–compulsive disorder: Children's lives and experiences. *Psychology and Psychotherapy: Theory, Research and Practice, 85*(1), 68-82. https://doi.org/10.1111/j.2044-8341.2011.02016.x.

*Harrison, D., Albanese, P., & Berman, R. (2014). Parent-adolescent relationships in military families affected by post-traumatic stress disorder. *Canadian Social Work Review / Revue Canadienne de Service Social, 31*(1), 85. Retrieved from www.jstor.org/stable/43486312.

Hinrichs, J., Defife, J., & Westen, D. (2011). Personality subtypes in adolescent and adult children of alcoholics: a two-part study. *Journal of Nervous and Mental Disease, 199*(7), 487–498. https://doi.org/10.1097/NMD.0b013e3182214268.

Hinshaw, S. P. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *The Journal of Child and Adolescent Psychology and Psychiatry, 46*(7), 714–734. https://doi.org/10.1111/j.1469-7610.2005.01456.x.

Hosman, C. M., Van Doesum, K. T., & Van Santvoort, F. (2009). Prevention of emotional problems and psychiatric risks in children of parents with a mental illness in the Netherlands: I. The scientific basis to a comprehensive approach. *Australian E-Journal for the Advancement of Mental Health, 8*(3), 250–263. https://doi.org/10.5172/jamh.8.3.250.

Iacono, G. (2017). A call for self-compassion in social work education. *Journal of Teaching in Social Work, 37*(5), 454–476. https://doi.org/10.1080/08841233.2017.1377145.

*Kahl, Y., & Jungbauer, J. (2014). Challenges and coping strategies of children with parents affected by schizophrenia: Results from an in-depth interview study. *Child & Adolescent Social Work Journal, 31*(2), 181-196. https://doi.org/10.1007/s10560-013-0316-2.

*Knutsson-Medin, L., Edlund, B., & Ramklint, M. (2007). Experiences in a group of grown-up children of mentally ill parents. *Journal of Psychiatric & Mental Health Nursing, 14*(8), 744-752. https://doi.org/10.1111/j.1365-2850.2007.01181.x.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *The European Journal of General Practice, 24*(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092.

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*(6), 545–552. https://doi.org/10.1016/j.cpr.2012.06.003.

*Maunu, A., & Stein, C. H. (2010). Coping with the personal loss of having a parent with mental illness: Young adults' narrative accounts of spiritual struggle and strength. *Journal of Community Psychology, 38*(5), 645–655. https://doi.org/10.1002/jcop.20385.

Maybery, D. J., Reupert, A. E., Patrick, K., Goodyear, M., & Crase, L. (2009). Prevalence of parental mental illness in Australian families. *Psychiatric Bulletin, 33*(1), 22–26. https://doi.org/10.1192/pb.bp.107.018861.

*McCormack, L., & Devine, W. (2016). Childhood and the imposition of war: Self-blame, absolution/nonabsolution, and vicarious growth in adult children of Vietnam veterans. *Traumatology, 22*(4), 278–287. https://doi.org/10.1037/trm0000097.

*McCormack, L., & Sly, R. (2013). Distress and growth: The subjective "lived" experiences of being the child of a Vietnam veteran. *Traumatology, 19*(4), 303–312. https://doi.org/10.1177/1534765613481855.

*McCormack, L., White, S., & Cuenca, J. (2016). A fractured journey of growth: Making meaning of a 'broken' childhood and parental mental ill-health. *Community, Work & Family, 20,* 1-19. https://doi.org/10.1080/13668803.2015.1117418.

*Meadus, R. J., & Johnson, B. (2000). The experience of being an adolescent child of a parent who has a mood disorder. *Journal of Psychiatric & Mental Health Nursing, 7*(5), 383-390. https://doi.org/10.1046/j.1365-2850.2000.00319.x.

*Metz, D., & Jungbauer, J. (2019). "My Scars Remain Forever": A qualitative study on biographical developments in adult children of parents with mental illness. *Clinical Social Work Journal*. https://doi.org/10.1007/s10615-019-00722-2.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine, 6*(7), e1000097. https://doi.org/10.1371/journal.pmed1000097.

*Mordoch, E. (2010). How children understand parental mental illness: 'You don't get life insurance. What's life insurance?'. *Journal of the Canadian Academy of Child and Adolescent Psychiatry / Journal de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent, 19*(1), 19-25. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2809442/.

*Mordoch, E., & Hall, W. A. (2008). Children's perceptions of living with a parent with a mental illness: Finding the rhythm and maintaining the frame. *Qualitative Health Research, 18*(8), 1127-1144. https://doi.org/10.1177/1049732308320775.

Mowbray, C. T., Bybee, D., Oyserman, D., MacFarlane, P., & Bowersox, N. (2006). Psychosocial outcomes for adult children of parents with severe mental illnesses: Demographic and clinical history predictors. *Health & Social Work, 31*(2), 99–108. https://doi.org/10.1093/hsw/31.2.99.

Murphy, G., Peters, K., Jackson, D., & Wilkes, L. (2011). A qualitative meta-synthesis of adult children of parents with a mental illness. *Journal of Clinical Nursing, 20*(23-24), 3430–3442. https://doi.org/10.1111/j.1365-2702.2010.03651.x.

*Murphy, G., Peters, K., Jackson, D., & Wilkes, L. (2015). Childhood parental mental illness: Living with fear and mistrust. *Issues in Mental Health Nursing, 36*(4), 294-299. https://doi.org/10.3109/01612840.2014.971385.

*Murphy, G., Peters, K., Wilkes, L. M., & Jackson, D. (2016). Adult children of parents with mental illness: Losing oneself. Who am I? *Issues in Mental Health Nursing, 37*(9), 668-673. https://doi.org/10.1080/01612840.2016.1178359.

*Murphy, G., Peters, K., Wilkes, L. M., & Jackson, D. (2017). Adult children of parents with mental illness: Navigating stigma. *Child and Family Social Work, 22*(1), 330-338. https://doi.org/10.1111/cfs.12246.

Neff, K. D. (2003a). Development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250. https://doi.org/10.1080/15298860390209035.

Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860390129863.

Neff, K. D., & McGehee, P. (2009). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9*(3), 225–240. https://doi.org/10.1080/15298860902979307.

Neff, K. D., Tóth-Király, I., & Colosimo, K. (2018). Self-compassion is best measured as a global construct and is overlapping with but distinct from neuroticism: A response to Pfattheicher, Geiger, Hartung, Weiss, and Schindler (2017). *European Journal of Personality, 32*(4), 371–392. https://doi.org/10.1002/per.2148.

Newton, B. J., Rothlingova, Z., Gutteridge, R., LeMarchand, K., & Raphael, J. H. (2012). No room for reflexivity? Critical reflections following a systematic review of qualitative research. *Journal of Health Psychology, 17*(6), 866–885. https://doi.org/10.1177/1359105311427615.

*Oskouie, F., Zeighami, R., & Joolaee, S. (2011). Outcomes of parental mental illness on children: A qualitative study from Iran. *Journal of Psychosocial Nursing and Mental Health Services, 49*(9), 32-40. https://doi.org/10.3928/02793695-20110802-06.

*Östman, M. (2008). Interviews with children of persons with a severe mental illness—Investigating their everyday situation. *Nordic Journal of Psychiatry, 62*(5), 354-359. https://doi.org/10.1080/08039480801960065.

Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan — A web and mobile app for systematic reviews. *Systematic Reviews, 5*, 210. https://doi.org/10.1186/s13643-016-0384-4.

*Patrick, P. M., Reupert, A. E., & McLean, L. A. (2019). We are more than our parents' mental illness": Narratives from adult children. *International Journal of Environmental Research and Public Health, 16*(5), 839. https://doi.org/10.3390/ijerph16050839.

Perera, D. N., Short, L., & Fernbacher, S. (2014). 'It's not that straightforward': When family support is challenging for mothers living with mental illness. *Psychiatric Rehabilitation Journal, 37*, 170–175. https://doi.org/10.1037/prj0000074.

*Petrowski, C., & Stein, C. (2016). Young women's accounts of caregiving, family relationships, and personal growth when mother has mental illness. *Journal of Child and Family Studies, 25*(9), 2873-2884. https://doi.org/10.1007/s10826-016-0441-6.

*Pölkki, P., Ervast, A. S. E., & Huupponen, M. (2004). Coping and resilience of children of a mentally ill parent. *Social Work in Health Care, 39*(1), 151-163. https://doi.org/10.1300/J010v39n01_10.

Rasic, D., Hajek, T., Alda, M., & Uher, R. (2014). Risk of mental illness in offspring of parents with schizophrenia, bipolar disorder, and major depressive disorder: A meta-analysis of family high-risk studies. *Schizophrenia Bulletin, 40*(1), 28–38. https://doi.org/10.1093/schbul/sbt114.

Reupert, A., & Maybery, D. (2007). Families affected by parental mental illness: A multiperspective account of issues and interventions. *American Journal of Orthopsychiatry, 77*(3), 362–369. https://doi.org/10.1037/0002-9432.77.3.362.

Reupert, A., & Maybery, D. (2016). What do we know about families where parents have a mental illness? A systematic review. *Child and Youth Services, 37*(2). https://doi.org/10.1080/0145935X.2016.1104037.

Reupert, A. E., Cuff, R., Drost, L., Foster, K., van Doesum, K. T. M., & van Santvoort, F. (2013). Intervention programs for children whose parents have a mental illness: A review. *The Medical Journal of Australia, 199*(3), 18–22. https://doi.org/10.5694/mja11.11145.

Reupert, A., Maybery, D., Nicholson, J., Goepfert, M., & Seeman, M. (2015). *Parental psychiatric disorder: Distressed parents and their families*. London: Cambridge University Press.

*Riebschleger, J. (2004). Good days and bad days: The experiences of children of a parent with a psychiatric disability. *Psychiatric Rehabilitation Journal, 28*(1), 25-31. https://doi.org/10.2975/28.2004.25.31.

Riebschleger, J., Freddolino, P., Kanaga, B., & Miller, J. (1993). *Invisible people: Children of parents with mental illness*. Paper presented at the National Association of State Mental Health Program Directors Research Institute Inc., Annapolis, MD.

Robinson, S., Hastings, R. P., Weiss, J. A., Pagavathsing, J., & Lunsky, Y. (2017). Self-compassion and psychological distress in parents of young people and adults with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities, 31*(3), 454–458. https://doi.org/10.1111/jar.12423.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain, 9*(1), 41–42. https://doi.org/10.1177/2049463714541642.

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Change, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., et al. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*, 467–473. https://doi.org/10.7326/M18-0850.

*Trondsen, M. V. (2012). Living with a mentally ill parent: Exploring adolescents' experiences and perspectives. *Qualitative Health Research, 22*(2), 174-188. https://doi.org/10.1177/1049732311420736.

*Valdez, C. R., Raines, C. R., Davies, K. D., & D'Costa, S. (2019). Latina/o children living with an immigrant mother with depression: Developmental and cultural nuances in recognition and coping. *Family Process, 58*(4), 986–1002. https://doi.org/10.1111/famp.12398.

*Valiakalayil, A., Paulson, L. A., & Tibbo, P. (2004). Burden in adolescent children of parents with schizophrenia: The Edmonton high risk project. *Social Psychiatry & Psychiatric Epidemiology, 39*(7), 528–535. https://doi.org/10.1007/s00127-004-0778-9.

*van Parys, H., & Rober, P. (2013). Trying to comfort the parent: A qualitative study of children dealing with parental depression. *Journal of Marital and Family Therapy, 39*(3), 330-345. https://doi.org/10.1111/j.1752-0606.2012.00304.x.

Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioural health of children and youth. *American Psychologist, 67*(4), 272–284. https://doi.org/10.1037/a0028015.

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology. Health and Well-Being, 7*(3), 340–364. https://doi.org/10.1111/aphw.12051.