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THE MENTAL DISORDERS IN STUDENTS AND RETROSPECTIVE ASSESSMENT OF PARENTAL ATTITUDES. IMPLICATIONS FOR PSYCHOTHERAPY

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retrospective parental attitudes,
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Summary

Aim. The article presents the issue of perceived relations with parents in a group of students who experience symptoms of mental disorders.

Method. The research referred to 387 students. Participants evaluated themselves using Retrospective Assessment of Parental Attitude Questionnaire and symptom questionnaire based on SCID-I (complied with DSM-5).

Results. The men perceived their fathers' attitudes as more influential. The significant impact on appearing mental disorders had: low acceptance, low autonomy, low or high demands and high inconsistency. The women evaluated both fathers and mothers' attitudes as having impact on experiencing their mental disorders symptoms.

Conclusions. The perception of parental attitudes became predictive on existence of mental disorders symptoms in young adults. The diagnosis of this relation seems crucial in treating mental disorders with psychotherapy, especially family therapy.

Introduction

Dramatic civilisation and cultural changes pose many psychological, social and physical challenges to young people. Job insecurity, growing demands, and social pressure connected to over-expectations all lead to an increasing incidence of mental disorders. Unable to cope with own problems, a lot of young adults escape into illness or addictions.

Studies show that some mental disorders occur in young adulthood more often than in other periods of life (e.g. depression in persons between 18-29 years of age is three times as often as in persons aged 60 plus) [1, 2]. It is therefore crucial to diagnose the problem thoroughly and analyse complex mental disorders in the group of young people, which in turn helps undertake appropriate preventive measures and organise various forms of support. The early diagnose of a mental disorder and its risk factors determine swift undertaking of therapeutic actions.

The research we are conducting focuses on one of the aspects of risk factors contributing to mental disorders, namely an analysis of the situation in the family of origin. It is important to determine whether a type of mental disorders is related to the way persons with mental dysfunctions perceive parental attitudes.

Determinants of mental health disorders and retrospective assessment of parental attitudes (overview of studies)

Professional literature usually classifies mental health risk factors into the following groups: biological conditions, personal experiences, cultural influences, social relations, and social resources [3, 4]. When mental disorders were examined in terms of social and demographic conditions, no correlation was found between them and marriage, education, or occupation. In contrast, analyses indicate a significant correlation between mental disorders and traumatic experiences, financial conditions, economic crisis, and job loss [5]. An inability to cope with everyday affairs is usually connected with the lack of not only individual, but also social resources (no help from others). Lack of support can also result from, among others, the specific way of functioning of the individual who, acting inappropriately with regard to others, make the people around turn against him.

Childhood experiences, related mainly to the family of origin, are given special importance for the appropriate human development. At the early stage of life, parents are usually the most important people for the child. They serve as model figures and point of reference for any attitudes towards the reality. They also are models to identify with. Childhood experiences encoded under many different forms affect the ways the individual fulfils his needs, as well as life activities he undertakes. It is within the family that individuals have first interactions with others, set up relations with family members, shape their personality, image of the self, others and the world, as well develop numerous important skills. Studies show that it is not only one-time traumatic experiences from the individual's childhood that disturb his proper functioning. Equally important are said to be chronic adverse reactions connected to a specific nature of the relations within the family system, closely related to the functioning of its particular members, especially parents. Polish professional literature extensively discussed the family within the context of systemic approach [6-9]. On the one hand, it is a system constituting part of other larger systems (e.g. local communities), but also containing sub-systems, often hierarchised (e.g. spouses and children). The family forms the whole, not only the sum of parts, where a change in one component entails modification of the whole system and depends on its other components. It is a many-sided interaction; a child displaying a certain kind of behaviour disorders in school may affect the family and behaviours of its members (e.g. escalate conflicts or just the opposite – set cooperation between parents aiming to solve the problem), but conflicts between spouses may also translate into child's increased aggression in school. Although in circular thinking, typical of the systemic approach, the correlation between mutual interactions between family members takes precedence over searching out clear causes of various phenomena occurring within the family, behaviours, attitudes, and the expression of personality of adults are considered as crucial factors determining what happens in the family and where it is heading. The family structure, that is its patterns of internal interactions, is associated with the roles assumed by its members, some of which result from a given person's biological traits, or their free choice or action, whereas others follow from unintended taking over of the roles performed (or experienced) in the family of origin. Boundaries, loyalties, messages, rules, alliances, and coalitions are all linked with the family. Alliances are forged to achieve some, usually positive, goal, while coalitions can be formed between two or more persons against other family members. For instance, when the conflict between spouses worsens, mother can

create a coalition with the child, by which she satisfies her needs of belonging and love, but also tie the child and change its relations with the father or peers (sometimes with the future partner, too). Such interactions can lead to various disorders in the functioning of the family system. It usually happens that abnormalities of one family member (e.g. the child) are treated as expression of the whole family system's disorder which is projected onto that individual. If this person, although adult, is still entangled in problems of the family of origin, which in turn means she has not separated herself from the family and depends on them, it can be more effective to work on the whole family rather than on "the patient being identified". The family is a dynamic structure subject to the development over time. Haley distinguished six stages of the family development [10]. He makes references to Erickson, who believed that psychopathological symptoms emerge when the family life cycle gets disturbed. For instance, a strong anxiety felt by a young woman who has become mother is a sign of the couple's problem with entering the stage of raising children. Apart from focusing on the symptoms, the therapy aims to solve the problem of a given family and re-start family life cycle. Many young people never separate enough from their family of origin, which impedes completion of next stages: finding a partner and building one's own relationship.

In the context of family relations emphasis is put on the importance of parental attitudes [11]. Young adults (therefore students, too) form a group of persons who can perceive their parents' attitudes from a less egocentric and more objective point of view because they do it from a longer time horizon than children who are under the care of mother and father. Some researchers claim that retrospective assessment of parental attitudes is a more objective indicator of child-raising influence than parental attitudes (and therefore findings of the studies on adults, pertaining to their perceived parental attitudes, seem more accurate). The young adult's manners, personality, and his functioning all seem to be affected more by the image of parents construed in the relationship, and its subjective meaning assigned by the object of these interactions than sole interactions as seen by interacting persons [12, 13]. Early adulthood is the stage of empirically driven verification as to whether the resources gathered in the family of origin will enable young adult to establish mature and close relations and relationships, assume adult roles and duties, build a coherent identity, define one's limitations, take control over one's life, and transform dependency-based parent-child relation into an interdependent adult-adult relation [14].

A lot of studies discussed in the literature on the subject were devoted to dependencies of various characteristics or aspects of the individual's psychological condition on parental attitudes and their retrospective perception. In terms of psychopathological symptoms occurrence, it is important to find a link between parental attitudes and the axial symptom of many disorders – anxiety. Studies confirm that parental acceptance fosters the child's ability to establish solid emotional bonds and express feelings. In contrast, rejection is associated with the child's propensity for aggression, disobedience, disordered development of evolved emotions, asocial or antisocial behaviours. Rejection may also give grounds for a sense of helplessness, intimidation, and difficulties with adaptation caused by inhibition, which is often underlain by anxiety [15, 16]. Studies show that parental attitudes of the mother and father affect daughters and sons differently; therefore, rejection by the father affects the development of introverted daughters, whereas the mother's neglectful attitude correlates significantly with sons' introvert symptoms, hostility towards others, and emotional

excitability. Plopa empirically proved that the demanding attitude of fathers fosters negative attitudes and emotional excitability of children of both sexes. Faulty and adamant parental attitudes may lead to the inhibition of individuation [13], which can in turn be one of the factors precipitating psychopathological symptoms in young adults.

The correlation between retrospective parental attitudes and anxiety seen as young adults' state and trait was examined by Jankowska [15]. It turned out that the perceived excessively demanding attitude of the father is correlated with the anxiety understood as a trait and state in men, whereas the rejecting attitude – with the anxiety as a state. None of the fatherly attitudes towards daughters had significantly contributed to the intensification of symptoms of anxiety (no statistically significant differences). The perceived demanding and autonomy limiting attitude of the mother correlates with the anxiety showing as a trait in sons. The study also showed a link between an inconsistent attitude of the mother and the anxiety seen as the daughter's trait and correlations between motherly over-demanding, rejecting and autonomy limiting attitudes and anxiety as a state.

In Witkowska's research on the retrospective assessment of motherly attitudes towards women with anorexia nervosa, ill women assessed their mothers as more demanding and rejecting when compared with the healthy women who saw their mothers as more loving, protective, and liberal. Women from the clinical group perceived their fathers as more rejecting compared with healthy ones [16].

Compared to the group of healthy people, patients with bulimia nervosa (mostly women) tend to perceive their mothers as persons with an over-demanding attitude [17].

In turn, in comparison with the persons without any mental disorders, patients experiencing panic attacks felt as if they were provided with less care and attention, whereas parents were, in their opinion, over-demanding and less accepting [18].

The perceived overprotective attitude of the mother and her hyper-responsibility constitute a risk factor for emotional hyper-sensitivity and symptoms of obsessive-compulsive symptomatology in adults [19].

Nishikawa, Sundbom and Hagglof's study analysed, among others, the relationship between perceived parental attitudes and mental problems of adolescents. According to the authors, correlations in the group of women were stronger than in men's. Parental rejection predicated internalising disorders in men (depression, anxiety, somatic problems, social withdrawal) and externalising ones (propensity to aggression and delinquency). In the group of women all three negative parental attitudes included by the authors: rejection, overprotection and anxious rearing constituted significant factors predisposing to both types of disorders [20].

Sideridis and Kafetsios [21] showed that when compared to standard parental care, overprotection leads to increased anxiety and stress, as well as lower effectiveness of task completion in adolescent and university students. Fathers' caring attitude is more strongly associated with the lower fear of failure, anxiety and depression than of mothers.

Parental acceptance and limited control shifting towards greater autonomy of adolescents predicate the lower intensification of symptoms of depression. A high acceptance level in mothers negatively correlates with the frequency of alcohol and marihuana abuse [22]. In young people's view, positive parental attitudes reduce the possibility of them reaching for psychoactive substances [23], whereas findings of the longitudinal study

indicated that parenting style based on social support and control contributed to the avoidance of alcohol and psychoactive substance abuse [24].

Crucially important in the development of the propensity to workaholism are requirements set down by both parents. Exceptional significance is given to the father's attitude in terms of workaholic traits towards sons on the threshold of adulthood. The sons who retrospectively perceived their parents as over-demanding, non-accepting, inconsistent and limiting their autonomy tended to become workaholics (compared to respondents from other groups) [25].

There were also longitudinal studies which examined the relationship between parental support for children entering young adulthood with their satisfaction with life at the middle age [26]. In the study repeated after 30 years, the father's supportive attitude contributed to a subjectively perceived better health condition and less intense symptoms of depression. Greater support from mothers concurred with positive emotions. No significant differences were observed between daughters and sons.

To sum up, studies confirm many correlations between perceived parental attitudes and specific mental disorders.

Aim of study

To date, not many analyses have been carried out on students' mental health and conditions of disorders from the perspective of young people. The study aims to find out how students displaying mental disorders retrospectively assess parental attitudes. Answers were saught to the following questions:

- Is there a relationship between students' retrospective assessment of their mothers' attitudes (taking into consideration gender) and occurrence of symptoms typical of particular mental disorders?
- What is the correlation between specific attitudes of the father (assessed retrospectively) and particular mental abnormalities of students (taking into consideration gender)?
- Are there any differences between men and women with various disorders in the way they perceive mother's and father's influence?

Material and methods

The analysis examined results of the studies carried out on students. According to the research procedure, the study aimed to distinguish from students the persons with a variety of mental disorders. The study included 97 studying patients who were undergoing treatment in the mental health outpatient centre. The remaining 90 persons were selected from a group of randomly examined 290 students. All in all, the diagnosis covered 387 students (113 men and 274 women), of whom 187 persons, who have experienced some disorders in the past or still do, were qualified for further analyses. The high percentage of respondents have suffered from more than one mental disorders (the tables in "Discussion of research results" section provide the number of persons diagnosed with specific disorders based on DSM-5 classification criteria). Respondents were students of the University of Rzeszów (57.6%) and Rzeszów University of Technology (42.4%) in the various faculties (internal security, dietetics, economics, German studies, physiotherapy, Polish studies, information

technology, mechanics, mechatronics, education studies, midwifery, law, physical education, management studies).

The studies used the following research techniques: Mental Disorders Questionnaire (compliant with DSM-5) based on the modified Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) [27] and the Questionnaire of the Retrospective Assessment of Parents Attitudes (KPR-Roc) by Plopa [28].

Discussion of research results

The research aimed to determine how strong is the relationship between perceived parental attitudes and specific symptoms of mental disorders. Results are presented in the tables below.

Table 1. **Correlations between perceived mothers' attitudes and intensity of mental disorders in sons**

Disorder	Mother — acceptance	Mother — demands	Mother — autonomy	Mother— inconsistency	Mother— protection
Depression (N = 30)	-0.059	-0.012	-0.058	0.093	0.035
Panic (N = 38) (including panic and agarophobia)	-0.085	-0.027	0.009	0.028	0.037
PTSD (N = 30)	-0.014	0.018	0.010	0.076	0.096
Alcohol abuse (N = 37)	-0.075	0.117	-0.135	0.238*	0.172
Psychoactive substance abuse (N = 23)	-0.048	0.233*	-0.097	0.215*	0.163
Somatoform disorders (N = 34)	-0.141	0.171	-0.122	0.244*	0.153
Psychotic disorders (N = 18)	-0.078	0.216*	-0.120	0.267**	0.246**

* significant correlation at the 0.05 level, ** significant correlation at the level of 0.01, N – number

The analysis of results in Table 1 indicates a correlation between perceived mothers' attitudes and specific mental disorders in sons. It turned out that psychotic symptoms are correlated ($p < 0.01$) with mothers' overprotection and lack of consistency. The sons with such disorders more frequently assessed their mothers as more demanding. In contrast, study participants who displayed somatic disorders perceived their mothers as inconsistent ($p < 0.05$). It also turned out that the perceived demanding and inconsistent attitudes of mothers are associated with psychoactive substance abuse by sons ($p < 0.05$).

Table 2. **Correlations between perceived fathers' attitudes and intensity of mental disorders in sons**

Disorder	Father— acceptance	Father — demands	Father — autonomy	Father — inconsistency	Father — protection
Depression (N = 30)	-0.374**	0.282**	0.278**	0.409**	0.031
Panic (N = 38) (including panic with agarophobia)	-0.213*	O.218*	-0.243*	0.283**	0.033
PTSD (N = 30)	-0.259**	0.231*	0.258**	0.338**	0.085
Alcohol abuse (N = 37)	-0.160	0.175	-0.131	0.238*	-0.109
Psychoactive substance abuse (N = 23)	0.070	0.104	-0.035	0.065	-0.065
Somatoform disorder (N = 34)	-0.125	0.340**	-0.162	0.360**	0.166
Psychotic disorders (N = 18)	-0.223*	0.367**	-0.272**	0.474**	0.117

* significant correlation at the level of 0.05, ** significant correlation at the level of 0.01, N – number

Table 2 indicates lack of correlation between the perceived father's protective attitude and mental dysfunctions in sons. In addition, persons with disorders usually see their fathers as inconsistent. Taking into consideration specific abnormalities one by one – depression correlates with the father's lack of consistency ($p < 0.01$), lack of acceptance ($p < 0.01$), giving full freedom ($p < 0.01$), and high expectations ($p < 0.01$). The sons with panic disorder involving panic attacks more often assessed their fathers as inconsistent ($p < 0.01$), non-accepting ($p < 0.05$), demanding ($p < 0.01$), and giving great autonomy ($p < 0.05$), Similar correlations showed in posttraumatic stress disorder. In case of somatoform disorders, sons assessed their fathers as more demanding and inconsistent ($p < 0.01$).

Table 3. **Correlations between perceived mothers' attitudes and intensity of mental disorders in daughters**

Disorder	Mother — acceptance	Mother — expectations	Mother — autonomy	Mother — inconsistency	Mother — protection
Depression (N = 81)	-0.078	0.132	-0.021	-0.129*	0.057
Panic (N = 38) (including panic with agarophobia)	-0. 130*	0.242**	-0.096	0.240**	0.029
PTSD (N = 100)	-0.278**	0.247**	-0.301**	0.281**	-0.033
Anorexia nervosa (N = 17)	-0.164**	0.109	-0.102	0.117	0.015
Bulimia nervosa (N = 29)	-0.097	0.099	-0.107	0.138*	0.039
Alcohol abuse (N = 32)	-0.090	0.116	-0.057	0.190**	0.077
Psychoactive substance abuse (N = 12)	0.242**	0.165**	-0.115	0.173**	-0.031
Somatoform disorders (N = 81)	-0.126*	0.101	-0.116	0.059	0.054
Psychotic disorder (N = 24)	-0.235**	0.174**	-0230**	0.150*	0.032

* significant correlation at the level of 0.05, ** significant correlation at the level of 0.01, N – number

When analysing correlations between particular mothers' attitudes and specific disorders (Table 3), it was observed that female students with PTSD or anorexia nervosa, as well as those abusing psychoactive substances, significantly more often admitted their mothers' lack of acceptance ($p < 0.01$). The persons with panic attacks and somatoform disorders also more often felt insufficient approval from their side ($p < 0.05$). Analyses also indicate a correlation between the mother's over-demanding attitude and panicky behaviours, PTSD, psychoactive substance abuse, and psychotic symptoms ($p < 0.01$). Female students with PTSD and psychotic symptoms ($p < 0.01$) reported lack of mothers' approval of autonomy, whereas those with attacks of panic and PTSD, alcohol and psychoactive substance abuse more often observed mothers' inconsistency ($p < 0.01$). Slightly less distinctive correlations of this sort were observed in case of women with depression and psychotic symptoms ($p < 0.05$). A correlation was also reported between mothers' attitudes and intensity of the course of anorexia nervosa. Anorectic students claimed they were not accepted by mothers ($p < 0.01$).

Table 4. **Correlations between perceived fathers' attitudes and intensity of mental disorders in daughters**

Dis order	Father — acceptance	Father — expectations	Father — autonomy	Father — inconsistency	Father — protection
Depression (N = 81)	-0.184**	0.133*	-0.112	0.180**	-0.060
Panic (N = 38) (including panic with agarophobia)	-0.080	0.136*	-0.104	0.213**	0.023
PTSD (N = 100)	-0.292**	0.177**	-0.226**	0.260**	-0.085
Anorexia nervosa (N = 17)	-0.102	0.143*	-0.069	0.057	0.040
Bulimia nervosa (N = 29)	-0.127	0.117	-0.077	0.110	0.033
Alcohol abuse (N = 32)	-0.055	0.120	-0.056	0.089	0.050
Psychoactive substance abuse (N = 12)	-0.132*	0.063	-0.099	0.089	-0.012
Somatoform disorder (N = 81)	-0.199**	0.155*	-0.175*	0.224	0.009
Psychotic disorder (N = 24)	-0.246**	0.183**	0.207**	0.223**	0.00

***** significant correlation at the level of 0.05, ** significant correlation at the level of 0.01, N – number

Taking into consideration retrospective assessment of fathers' attitudes made by daughters (Table 4), it turned out that there is no correlation between fatherly overprotection and given mental disorders. Female students with PTSD and psychotic symptoms most frequently ($p < 0.01$) felt their fathers did not appreciate their capacities, limited their autonomy, and were over-demanding and inconsistent. The persons displaying somatoform disorders underlined principally the lack of fathers' acceptance ($p < 0.01$) and assessed them as over-demanding and controlling ($p < 0.05$). In case of symptoms of depression, female students most often reported lack of fathers' acceptance, inconsistency ($p < 0.01$) and less frequently also their expectations ($p < 0.05$). Panic reactions were more frequent in case of persons who perceived fathers as inconsistent ($p < 0.01$). Studies did not confirm the correlation between specific fathers' attitudes and bulimia nervosa in daughters. Only students with anorexia nervosa more frequently described their fathers as more demanding ($p < 0.05$).

Z Fisher's exact test allowed to determine differences between women and men as regards the strength of relationship between fathers' and mothers' attitudes and the intensity of particular mental diseases. The studies showed that fathers' influence on sons is stronger than on daughters. Fathers' inconsistency perceived by students was more strongly correlated with depression in men than in women (statistically significant differences, $Z = 2.15$; $p < 0.03$) and psychotic symptoms ($Z = 2.46$; $p < 0.01$). As regards the lack of fathers' acceptance, this attitude more often has influence on symptoms of depression in sons than in daughters ($Z = 1.76$; $p < 0.08$). Analyses confirmed that too high expectations of fathers more often correlate with the occurrence of somatoform disorders ($Z = 1.68$; $p < 0.09$) and psychotic disorders ($Z = 1.7$; $p < 0.09$) in sons.

The analysis of mothers' parental attitudes and relationships with mental disorders in men and women showed their definitely stronger influence on daughters. It turned out that female students with panic attacks statistically significantly more often than sons perceived their mothers as undemanding ($Z = -2.37$; $p < 0.02$). In the same vein, PTSD in women was more often related to mothers' inaccurate expectations ($Z = -2.03$; $p < 0.04$) and getting them dependent on themselves (lack of autonomy – $Z = 2.78$; $p < 0.01$). A tendency for differentiation was observed in correlations between lack of mothers' expectations and psychoactive substance abuse ($Z = 1.72$, $p < 0.09$). Women with PTSD slightly more often than men (tendency within the range of differences $Z = -1.88$; $p < 0.06$) assessed their mothers as inconsistent. Lack of mothers' consistency more often correlated with panic attacks in women than in men (tendency for differences – $Z = -1.84$; $p < 0.06$).

Only mothers' overprotective attitudes correlated more strongly with sons than daughters. The men abusing psychoactive substances slightly more often (tendency for differences) assessed mothers as overprotective ($Z = 1.69$; $p <0.09$). Similarly, a tendency was observed to the effect of a stronger correlation between psychotic disorders and mothers' excessive concentration on their sons ($Z = 1.9$; $p < 0.06$).

Discussion of results and implications for psychotherapy

Taking into consideration intensity of mental disorders in men, they were correlated definitely less with perceived mothers' attitudes than with fathers' improper attitudes (especially lack of acceptance, too much autonomy or its lack, too high expectations, and inconsistency favoured depression and PTSD). Women with disorders in turn more often assessed perceived attitudes of both mothers and fathers as inappropriate (especially respondents with symptoms of PTSD and psychotic disorders). Only where students abused psychoactive substances, significant proved lack of acceptance and too high expectations of mothers.

Analysing differences in the intensity of parents' influence on male and female students (Z Fisher test), it turned out that there were more significant correlations between father-son and mother-daughter relationships, which only proves how important is identification with the parent of the same sex. However, the literature on the subject more often underlines the role of the mother [29]. Plopa's studies also indicate the correlation between mothers' inappropriate attitudes and neurotic traits of adults, yet more important correlations pertained to mother-son than mother-daughter relationship. More correlations were also discovered between mothers' influence on children than fathers' attitudes towards sons and daughters. Neurotic traits in sons were associated with mothers' over-demanding, overprotective, and inconsistent attitudes, as well as low autonomy and acceptance. The more demanding and simultaneously inconsistent mothers were, the less acquiescent sons proved. Taking into consideration fathers' influence, their high expectations, overprotection, and inconsistency correlated with sons' neuroticism [28].

Our studies did not show any correlation between the degree of protection and incidence of disorders. The only correlations concerned mothers' overprotective attitudes between sons with psychotic symptoms, which could result (as a secondary phenomenon) from the need for support under intensification of symptoms of the disease. Therefore, we should figure out why results differed. To this end, further research in this respect is

necessary. It is possible that genetic factors are growing in importance once mental disorders emerge. When analysing participants' assessment of parental attitudes, reciprocal dependency between interactions should be taken into consideration. On the one hand, students with disorders more frequently assess their parents negatively, but on the other hand, it is a specific way of a daughter's or son's functioning that provokes specific behaviours of parents. It therefore seems that negative feedback loop between the parent and child can intensify abnormalities in the whole family system, and, on a circular basis, compound dysfunctions in specific family members. A family system therapy, aiming to identify improper behaviours of system members and restore homeostasis in the family, can be helpful under such circumstances. This, in turn, forms the basis for individuation and reaching maturity in order to assume roles in the family of procreation.

Leaving parents by young adults often gives rise to a crisis situation [10]. The family has to define its identity anew and adjust to changes. Living with still outstanding problems in relationships may not suffice; there may come in unconscious processes which will uphold already existing or lead to new mental disorders. If psychopathological symptoms concern adult children, the identified patient, usually at the similar level of differentiation as other family members, is often in a regressed state and remains emotionally or financially dependent on the family. In addition, he may maintain an unnaturally close relationship with one of the parents, thus can be triangulated. The parent does not want to lose a close emotional relationship, which in turn can prevent the young adult from entering into a real, independent, and loving partnership [30]. All these factors can make separation from the family of origin a difficult experience. Erickson's family psychotherapy may turn out effective in the work with the family, for instance [31]. Admittedly, it makes use of the accomplishments of numerous trends within the family system therapy, but also points out its distinctive nature [32]. The therapist practising Ericksonian methods who, through his creative interventions and actions, introduces context to changes, activates patients inside, but especially outside the therapist's office (when, in their everyday lives, they are supposed to follow the previously agreed course of actions). The therapy aims to introduce changes, whereas the change means trying out new forms of behaviours developing adequate patterns of relationships (insight or understanding is not the necessary condition for the change). The core of the therapy consists in utilization[1], which, on the one hand, can be realised through acceptance and then in the implementation of various forms of behaviours and family members' attitudes in such a way as to facilitate the change as expected from the therapeutic point of view (instead of considering it a sign of resistance). On the other hand, utilization can refer to making use of resources and potentiality of specific persons and families. Thanks to this, the therapist and family system offers a wide range of possible changes – family's and individuals' past experiences with overcoming difficulties and individual traits form the basis

[1] Jeffrey Zeig (1992) defines utilization as a therapist's readiness to respond strategically to anything related to the patient or environment in which the patient resides. There are conscious and unconscious statements, resources, strengths, experiences, abilities (or weaknesses), relationships, attitudes, problems, symptoms, deficiencies, passions, aversion, emotions... The list is unlimited, but concerns the central idea: if something is part of a patient's life may be useful in achieving a therapeutic goal; and if the patient is bringing it to therapy, it may be more valuable than anything the therapist might suggest. Zeig JK, Munion WM. Milton H. Erickson. Gdańsk: Gdańskie Wydawnictwo Psychologiczne; 2005, pp. 70-71.

for handling problems in the future. The process is also facilitated through "experiential" language of the therapist and meeting the family in their world model.

Other characteristics of this therapy include non-directiveness and metaphoric nature of the therapist's suggestion, which allows the family members to freely use them. Ericksonian therapy is oriented towards the future and family integration. It is also based on hypnotherapy [32], use of metaphors, anecdotes, stories, and examples [33], which helps to introduce initially small changes to the family's functioning (solving more or less vital problems, conflicts, trying out new behaviours, shaping family relationships and contacting each other). The therapy uses paradoxical techniques, where the patient is encouraged to uphold the symptom and repeat it [34]. Apart from Ericksonian approach, there are also other effective forms of the system therapy and the individual therapy plays an important role here, too. The choice of particular interventions depends on numerous factors and, first and foremost, on the therapist's qualifications and patient's circumstances.

Study results indicate frequent incidence of mental disorders in examined students. However, it turned out that merely one third of the randomly selected students with disorders have consulted the psychologist or psychiatrist. Unfortunately, many young people have concerns about going to a therapist. One of the reasons includes fear of stigmatization and lack of proper information about the possibilities of support from professionals. Therefore, it is necessary to motivate this group of people to undertake treatment. Holding lectures on developmental difficulties, crisis situations at this stage of life and providing instructions on recommended aid centres. Not only an individual or group therapy, but also wide-ranging preventive interactions constitute a crucial condition for mental health of young adults.

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