Being a parent, emotional stability, and adjustment disorder symptoms in the face of COVID-19

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Abstract

Objective: The current study examines the correlation between emotional stability and symptoms related to adjustment to the stresses related to the pandemic for parents and nonparents at the initial stage of the COVID-19 outbreak in Israel.

Background: At the early stage of the COVID-19 outbreak, governments prohibited public gatherings and demanded social distancing. These challenges may be especially difficult for individuals with low levels of emotional stability as adaptation difficulties may lead to stress-related outcomes, such as adjustment disorder symptoms. Additionally, in the face of a significant external threat and the demand for intensive joint familial time at home, the parental role becomes especially salient.

Methods: Two hundred forty-four Israeli adults filled in self-reported e-version questionnaires regarding emotional stability, adjustment disorder symptoms, and background variables. A cross-sectional design was used to examine the association between emotional stability and adjustment disorder symptoms, as well as the potential moderation by parenting status.

Results: The findings revealed that the levels of emotional stability were negatively correlated with adjustment disorder symptoms, while being a parent mitigated this correlation. This correlation was nonsignificant among parents.

Conclusion and Implications: It appears that the identity salience of parental role in the current stressful situation and its associated strain may have overcome the advantage of emotional stability. The identity of being a parent has the potential to dismiss it. Here, the social role emerges as more forcible than the personality trait. Recommendations for practice are discussed.
BACKGROUND

The novel coronavirus (COVID-19) can cause acute, highly contagious infectious pneumonia and has a prolonged, no-symptoms incubation period. Since its first detection in December 2019 in Wuhan (Hubei, China; Huang et al., 2020), the rapid spread of the virus has become a major universal concern (World Health Organization, 2020). From an early stage of the pandemic’s outbreak, it was revealed that the psychological stress caused by the pandemic has led to a decrease in positive emotions and to an increase in anxiety and depression (Li et al., 2020). Indeed, studies dealing with this enormous global health crisis indicated that uncertainty and the difficulty to predict the course of the disease, along with the restrictions and control measures taken, have led individuals to perceive the situation as stressful (Freeston et al., 2020; Kinsman, 2012).

The current study is based on a unique data collection conducted during March 2020, when the actual infection rate in Israel was still negligible and the threat of the pandemic was less tangible. At that time, the Israeli Ministry of Health had daily expanded its guidelines for social distancing and restrictions on public gatherings to slow the spread of the pandemic in Israel. In light of the required social distance, people shared more daytime hours at home, mostly with their families, as the worldwide growing catastrophe was revealed through the media and social networks (Lebow, 2020; Mahat-Shamir et al., 2021). The outbreak of COVID-19, as with any other stressful situation, also produced changes in the reality of individuals’ lives—changes that required efforts to adjust to the new situation. When such efforts fail, some individuals may develop symptoms of adjustment disorder. Thus, the present study seeks to examine symptoms of adjustment disorder at the onset of the COVID-19 crisis in Israel (March 2020).

Adjustment disorder

An adjustment disorder is a psychiatric condition in which the person does not adapt sufficiently to a stressful situation and develops symptoms that in some cases require intervention. Adjustment disorder has been found in the prevalence of 7%–12% in the general population (Ben-Ezra et al., 2020), but in even more alarming prevalence of up to 23% in populations that were exposed to acute stress, such as among people who lost their job involuntarily, organ transplant patients and their relatives, or people who faced the current global pandemic (Bachem et al., 2019; Perkonigg et al., 2018; Rossi et al., 2020). According to the International Classification of Diseases and Related Health Problems (ICD-11; World Health Organization, 2022), adjustment disorder is a maladaptive response to a stressful event or a combination of stressful life situations, changes, or ongoing psychosocial difficulties. It is characterized by stress and difficulty to adapt, which is manifested in a variety of symptoms that usually appear within a month from the time of the stressor occurrence and tend to resolve within 6 months unless the stressor persists for a longer duration (Maercker et al., 2013). Symptoms include excessive worry, concentration difficulties, sleep disturbances, recurring stressful thoughts, or constant rumination about the stressor’s consequences, which cause distress and impairment of daily social and occupational functioning. Symptoms can also lead to a loss of interest in work, social life, caring for others, and leisure activities (Maercker et al., 2013). Adjustment disorder is viewed as continuous with normal adaptation processes yet is distinguished from sufficient adaptation by the intensity and severity of psychological distress levels
and other functional impairments (Maercker et al., 2013). The individual’s adjustment to stressful life situations has been linked to various factors, such as gender, age, and previous exposure to traumatic events (Mahat-Shamir et al., 2017; Zelviene et al., 2020). Nevertheless, personality traits were found to be the main factor that explains the development of poorer mental health outcomes and, in particular, emotional stability (Kilby et al., 2018). Given the negative outcomes that may arise from the current global pandemic and the need to adapt to various forced changes, it is important to examine the contribution of emotional stability to the development of adjustment disorder symptoms.

**Emotional stability**

Personality traits reflect the differences between one individual to another in how they feel, think, and behave in diverse life situations (McCrae & Costa, 2003) and how they adjust to stressful life situations (Costa & McCrae, 1991). Accordingly, personality traits predict the development of stress-related outcomes (Malouff et al., 2005). Amid the five personality components that underlie human behavior: extraversion, agreeableness, conscientiousness, openness, and emotional stability (or its other extreme pole—neuroticism), it has been emotional stability that has been found to be prominent in predicting mental health outcomes (Mazza et al., 2020). Moreover, the component of emotional stability was found to be the strongest predictor of mental health outcomes compared to the other personality traits (Lahey, 2009; Malouff et al., 2005). Neuroticism (i.e., low levels of emotional stability) is described as a relatively stable tendency to perceive the surrounding world as threatening and psychologically distressing and to react with negative emotions. It includes, for example, irritability, anger, sadness, anxiety, worry, hostility, and vulnerability (Costa & McCrae, 1992). While individuals with high levels of emotional stability are described as emotionally stable, regulated, and moderately emotional responsive even in the face of major difficulties (Lahey, 2009), individuals with low levels of emotional stability have negative and intense emotional reactions and are also unable to adapt to relatively marginal challenges (McCrae & Costa, 2003).

These tendencies can be viewed through the lens of the transactional stress theory (Lazarus & Folkman, 1984), which addresses the resources that assist individuals to cope with stressful situations. According to the theory, stress is not an objective state, but a subjective interpretation attributed to a given event. A situation that is perceived as stressful requires coping resources. The assessment of available resources may reveal a gap between the environmental requirements and the resources available to the individual. As a result, individuals may appraise that the external event requires more coping resources than those available to them, namely, they refer to it as a threat to their mental well-being (Folkman & Lazarus, 1986; Lazarus & Folkman, 1984).

Accordingly, individuals with low levels of emotional stability may perceive a greater gap between the contextual requirements and their coping resources and respond to stressful situations with more intense emotions (Schneider et al., 2012), which increases the likelihood of developing adjustment disorder symptoms (Patra & Sarkar, 2013). In the opposite direction, individuals with higher levels of emotional stability may tend to perceive their coping resources as satisfying when they have to deal with threatening and stressful situations (McCrae & Costa, 2003), such as the current major health crisis.

In the few studies examining the association between emotional stability and adjustment disorder, low levels of emotional stability predicted an increase in adjustment disorder symptoms (Lung et al., 2006; Vallejo-Sánchez & Pérez-García, 2017). However, to our knowledge, no studies have examined the direct association between personality traits (i.e., emotional stability in particular) and adjustment disorder since ICD-11 published a revised classification for adjustment disorder (International Advisory Group for the Revision of ICD-10 Mental and...
Individuals characterized with lower levels of emotional stability may report more symptoms related to adjustment disorder in the context of the COVID-19 pandemic, which is threatening citizens around the globe, and as restrictions on gatherings and citizens’ mobility are being imposed.

Identity

Although personality traits are considered consistent across the life span and across life events (e.g., Denissen et al., 2019; West & Graziano, 1989), the impact of social roles and identities on the personality has been documented (Cuhadar et al., 2017). The identity theory argues that all individuals in modern societies have multiple identities that are hierarchically organized. Identity salience is defined as the relative positioning of a particular identity in this identity hierarchy. Identity salience predicts the likelihood that a person will play a given role identity in certain situations or in varied situations (Merolla et al., 2012; Stryker & Burke, 2000). The salience of the identity is a function of commitment (i.e., the power of the ties to social networks), which is critical for carrying particular identities from situation to situation and for activating these identities in a variety of situations (Stryker, 2007).

One of the prominent identities that is based on the social roles in adults’ life is being a parent. Because being a parent is a focal life domain, which consists of high levels of commitments, this role identity is considered salient, meaningful, and with a high probability to be invoked across various situations (Stets & Serpe, 2013). In the current context of social distancing and intensive joint familial time at home, the role identity of parents becomes even more salient (Brown et al., 2020). In the current study, we were interested in the influence of parental identity on the association between the personality trait of emotional stability and quality of adjustment to the challenges related to the pandemic.

Being a parent

Being a parent is a social role. Like other social roles, the parental role encompasses obligations and responsibilities that trigger emotions, thoughts, values, beliefs, and interactions (Thoits, 2013). Being a parent represents individuals’ beliefs and attitudes about the role of a caregiver, including the processes by which these beliefs and attitudes are developed (Cao et al., 2016).

In examining the way in which being a parent affects the ability to cope with stressful situations, it must be taken into account that the parental role involves additional care and worry for others, above and beyond oneself. For example, it was found that parenthood has acted as a buffer from anxiety (Yaakobi et al., 2014), thereby protecting individuals from stress-related consequences. On the other hand, caring and worrying for others, above and beyond caring for oneself, may intensify the stress and add an extra load because there is a heightened concern for the health, protection, and well-being of others. From this point of view, being a parent might become a burden when coping with a stressor such as the outbreak of the COVID-19 pandemic.

Literature indicates that compared to studies conducted regarding family domains or the impact of the transition to parenthood on the individual, studies that compare parents and non-parents are relatively scarce (e.g., Ruppanner et al., 2019; Simon & Caputo, 2019). Moreover, there are only a few studies that examined the perspective of a role, namely the fact that an individual is a parent as opposed to the quality of performing the role, as a moderating factor in the context of mental health (Evenson & Simon, 2005). The existing literature regarding the association between parenthood per se and mental health outcomes is indecisive (Nelson et al., 2014).
While some studies did not find differences between parents and nonparents regarding their mental health outcomes (e.g., Evenson & Simon, 2005), other studies have found differences but in the opposite directions; parents demonstrated less mental health difficulties in some studies (e.g., Kalucza et al., 2015) but more in others (Nomaguchi & Milkie, 2003). Some studies have found that those differences between parents and nonparents actually depend on the stage of parenthood (children’s age) and not on being a parent in general (Simon & Caputo, 2019). This may imply that the associations that were found between parenthood and mental health are a matter of parental role requirements, rather than the fact of being a parent. However, the connections between being a parent and adjustment disorder have yet to be investigated.

The research context

The time of this research coincided with the outbreak of COVID-19 just prior to March 2020. At that time, the World Health Organization (2020) and accordingly the Israeli Ministry of Health (2020) instructed residents to reduce social meetings beyond the family circle. This amplified the interactions between close family members and increased the amount of time spent together indoors. Under these circumstances, the parental role, which generally plays a key role and a prominent identity in adults’ everyday life at any age (Levitzki, 2009; Lowenstein et al., 2007), became even more salient since it became extremely intense under forced seclusion of the family at home (Lebow, 2020).

As the salience identity of the parental role is an outcome of commitment to social interactions network (Stryker, 2007), the unique social context in which this social role occurs is meaningful (Miller & Chen, 2001). Israel, where the present research was conducted, is characterized by high levels of familialism, which is reflected in high marriage rates, low divorce rates, and younger age at first marriage compared to most of the Western world (Central Bureau of Statistics, 2020; Fogiel-Bijaoui, 2017; Kestler-Peleg et al., 2019). Moreover, Israel is also a pronatalist country (exalting motherhood and encouraging parenthood for all; Kestler-Peleg & Lavenda, 2018). Whether because of the biblical commandment to be fruitful and to reproduce, or because of the Holocaust trauma and the recurring wars, reproduction is a major goal of life for most Israeli citizens (Birenbaum-Carmeli, 2016). Thus, in Israeli culture, being a parent is widely regarded as a way to ensure continuity of existence, identity, and perception, and therefore the salience of Israeli parental identity is recognized even more.

With the association between emotional stability and adaptability to stressful life situations, we hypothesized that people with higher levels of emotional stability would adapt more easily, thus indicating fewer symptoms of adjustment disorder. In addition, we assume that being a parent affects this association. Thus, being a parent will moderate the correlation between emotional stability and symptoms of adjustment disorder (see Figure 1). Namely, in light of the identity salience of parental role at this specific time of the outbreak of COVID-19, and especially in a culture where parenthood is hallowed, such as the Israeli culture, we believe that the parental role will have a more dominant impact on the individual’s ability to adjust, beyond

![Diagram](https://example.com/diagram.png)  
**Figure 1** The examined moderation model
personality traits. Therefore, we assume that the association between emotional stability will be weaker among parents compared with nonparent participants.

METHODS

Participants and procedure

After receiving the approval of the ethics committee at Ariel University, an invitation was posted on social media public groups (mainly Facebook and WhatsApp) to participate in the study through a link to an online questionnaire. Because the present study dealt with issues that are relevant to the general population, general platforms were used to publish the invitation. Participants were asked to sign an electronic informed consent and respond to a questionnaire dealing with the psychological impacts of the COVID-19 outbreak (Spector, 2019).

The sample included 244 Israeli adults, mostly women (85.7%), between the ages of 18 and 55 years ($M = 32.15$ years, $SD = 8.49$). About half of the sample (52.5%) reported being in a committed relationship and more than a third (43.0%) were single. The rest of the sample (4.5%) were divorced. Among the 244 participants, 101 (41.4%) were parents. Parents’ age ranged between 22–55 years ($M = 38.08$ years, $SD = 7.44$) and nonparents’ age ranged between 18–49 years ($M = 27.97$ years, $SD = 6.48$). Parents reported a mean of 2.47 children per family ($SD = 1.19$), with the eldest child’s age ranging from 2 months to 18 years ($M = 9.19$ years, $SD = 5.39$). Please see Table 1 for more demographic information.

Measures

Sociodemographic background

Participants were asked to report background information including gender, marital status, age, number of children, and the age of the eldest child.

Emotional stability

Participants were asked to complete the widely used Ten-Item Personality Inventory (TIPI) developed and validated by Gosling et al. (2003). This is a very short questionnaire, with one item representing each pole of the five traits (sum of two items for each trait). Although the
original TIPI (Gosling et al., 2003) showed low-to-moderate Cronbach’s alphas (α = .40–.68), a typical finding in short scales (Ziegler et al., 2014), it exhibited high temporal stability (r = .62–.77), and strong correlations with longer personality trait measures, such as with the Big Five Inventory (r > .65). For each item, participants were asked to rate their agreement with the traits described even if one of its poles is more dominant. The rating was done on a 7-point Likert scale ranging from 1 (disagree strongly) to 7 (agree strongly). The present study used the mean score of the two-item neuroticism-emotional stability subscale of the TIPI (i.e., the mean of the reversed score on “anxious, easily upset” and the score on “calm, emotionally stable”). The higher the score, the greater the degree of emotional stability and the lesser the degree of neuroticism.

Adjustment disorder

Participants were asked to fill in the ultra-brief Adjustment Disorder–New Module-4 (ADNM-4; Ben-Ezra et al., 2018; Lavenda et al., 2019) that is based on the Adjustment Disorder–New Module-20 (ADNM-20; Einsle et al., 2010) to screen for adjustment disorder symptoms. The brief measure captures two core symptom clusters of adjustment disorder: preoccupation (two items: “I have to think about the stressful situation a lot and this is a great burden to me” and “I constantly get memories of the stressful situation and can’t do anything to stop them”) and failure to adapt (two items: “Since the stressful situation, I find it difficult to concentrate on certain things” and “Since the stressful situation, I do not like going to work or carrying out the necessary tasks in everyday life”). This questionnaire was developed and validated in line with the ICD-11 new conceptualization of adjustment disorder. Participants were asked to indicate the frequency of the symptoms since the outbreak of COVID-19, on a scale from 1 (never) to 4 (often). The final score was calculated by summing respondents’ scores. The internal consistency reliability of this scale in the present study was .88.

RESULTS

Data analysis was conducted using the IBM SPSS statistic package (SPSS-26). First, t tests were conducted to examine the differences between parent and nonparent participants. Then, a moderation model was conducted to examine the moderating effect of being a parent on the correlation between levels of emotional stability and symptoms of adjustment disorder using PROCESS 3.4 macro for SPSS (Hayes, 2018), with a bias-corrected bootstrap with 5,000 resamples.

The t-test analyses revealed that there was no significant difference in adjustment disorder symptoms (t(242) = 0.52, p = .61) between the group of parents (M = 7.31, SD = 3.08) compared with the group of nonparents (M = 7.52, SD = 3.18). Similarly, no significant difference was found in the levels of emotional stability (t(242) = −0.81, p = .42) between the group of parents (M = 4.76, SD = 1.31) compared with the group of nonparents (M = 4.62, SD = 1.39).

Participants’ age, as well as the age of the oldest child, were covaried out to control for individual differences and eliminate their potential impact on the examined effect of the moderating model (Spector, 2019). Overall, the correlation between levels of emotional stability and adjustment disorder among all participants was negative and significant (r = −.23, p < .001). In the moderation analysis, a significant interaction was found between emotional stability and parenting status (parent and nonparent) on symptoms of adjustment disorder (N = 244; β = .69, t(238) = 2.31, p = .02). This interaction was probed by a computational procedure (Hayes, 2018). As indicated in Figure 2, this association remained significant for nonparents only: β = −.78, t(238) = −4.23, p < .001, confidence interval (CI) [−1.14, −0.42].
However, the association between levels of emotional stability and adjustment disorder symptoms was not significant for parents ($N = 101; \beta = -.09, t_{(238)} = -0.39, p = .69$, CI $[-0.55, 0.37])$.

**DISCUSSION**

To our knowledge, the present study is the first to explore the relationship between emotional stability and symptoms of adjustment disorder in the face of the COVID-19 outbreak. Additionally, the study is the first to explore the effect of parental role on emotional stability and quality of adaption specifically in the COVID-19 pandemic response. Specifically, this association was studied within the unique circumstances of social distancing and prohibited public gatherings, which were firmly enforced during the initial phase of the COVID-19 outbreak and generated forced and intense familial interactions.

The findings confirmed the proposed research hypotheses, indicating that higher levels of emotional stability were correlated with lower reported adjustment disorder symptoms among the general population. It was also found that in accordance with the identity theory (Stryker, 2007), being a parent is significant in this context and it moderates the correlation between levels of emotional stability and adjustment disorder symptoms beyond participants’ age and the age of their eldest child. Previous research has indicated role identity salience as a protective factor for the individual (Thoits, 2012). The current study, however, is novel as it indicates the identity salience of being a parent as a protective factor for the parents themselves. Thus, although the correlation between emotional stability and adjustment disorder for non-parents was significant, it was nonsignificant for parents. In other words, parents’ emotional stability is not correlated with adjustment disorder symptoms. Apparently, under the threat of COVID-19, the identity of the individual as a parent is a stronger predictor of his or her ability to adjust than their emotional stability. Namely, the salience of the parental role may overcome the benefits of personality trait in its impact on adjustment disorder symptoms.

As far as we know, this is the first study to examine the correlation between emotional stability and the new conceptualization of adjustment disorder (ICD-11). Studies that examined

![Figure 2](image-url)  
**Figure 2** The effect of being a parent on the association between levels of emotional stability and symptoms of adjustment disorder
the association between emotional stability and previous conceptualization of adjustment disorder (ICD-10) are quite limited as well (Lung et al., 2006; Vallejo-Sánchez & Pérez-Garcia, 2017). Consistent with Lazarus and Folkman’s transactional stress theory (1984), the findings of the current study demonstrate that those individuals with high levels of emotional stability refer to the environmental requirements, as reflected by the current global pandemic, as demanding coping resources that are available to them. This perception, in turn, raises more adaptive reactions such as the ability to concentrate or experience a good quality of sleep, interest, and familial, social, and occupational functioning (Maercker et al., 2013)—that is, fewer adjustment disorder symptoms.

Adding the parenting role to this dynamic between emotional stability and symptoms of adjustment disorder emphasizes that being a parent constitutes a dominant identity component beyond the social role in accordance with the identity theory (Stryker, 2007; Stryker & Burke, 2000). The parental identity, as any other identity, is a self-structure that provides a sense of consistency and continuity across the life span (Erikson, 1959, 1968). Individuals obtain various psychological benefits from their identity, especially from those that are based on social roles. Furthermore, the higher the identity is in the prominent, central, or committed hierarchy of individuals, the more they act in accordance with that identity, which will be more useful to them (Thoits, 2013).

One potential interpretation of the moderation effect of the parental role found in the present study is that the parental role is so profound that it took over and masked the impact of the personality trait so that this role is internalized as an integral part of the self. It appears that both the personality trait of emotional stability as well as the identity domain of being a parent may reflect different facets of the self. As Stryker (2007) noted, “The self is multifaceted, composed of diverse parts, that sometimes are independent of one another and sometimes interdependent, sometimes mutually reinforcing and sometimes conflicting, as well as being organized in many ways” (p. 1091).

However, while personality theory refers to the self as dispositional structures of traits, identity theory refers to the internalized meanings of social roles through which persons relate to others. Although usually these two perspectives have not been tested together, examining the interaction between them raises a deeper understanding of the dynamics between them and the way they affect mental health. To the best of our knowledge, this is the first study that examined the moderating impact of being a parent on the correlation between personality traits and mental health outcomes. The role of being a parent, which in its essence is the care for others, appears to change the perceived coping resources of the individuals and allows them to be more adaptive to the stressful situation. It is assumed that the role of being a parent protects individuals in some way from the instability of the stressful situation and gives them a certain framework to cope with.

In the context of COVID-19, the parental role identity becomes even more dominant than usual. This role can be referred to as an expression of generativity, a concept coined by Erikson (1963). Generativity is the conscious concern for the next generation. It is attained when individuals cease putting themselves before others, instead extending their attention and behaviors toward the welfare of others. Generativity is described as an expression of liberation from egocentrism, as a gradual expansion of the self, and as a way of dealing effectively with developmental challenges during midlife (McAdams, 2001) as well as into old age (Villar, 2012).

Identifying one’s self-perception as generative has been found to be associated with better mental and physical health over time, which may provide protection against the challenges involved in caring for another (Roth et al., 2015). For instance, parents’ self-perception of caring for others may produce a positive self-concept and higher self-efficacy, which creates the potential to overcome personality traits (Farchi et al., 2018). When individuals invest themselves in their roles, they not only get a sense of who they are as meaningful social objects, but also of what they should think about and how they should behave in given situations.
Individuals also get feedback on their performance from other individuals’ approval (or disapproval) of their social role. This feedback is the social commitment that forms the infrastructure for the identity salience (Merolla et al., 2012). These social approvals are supposed to reduce anxiety or despair. Thus, the existence and enactment of role identities benefit the individual’s mental health (Thoits, 2013).

Like rescue and emergency teams, as well as mental health professionals who are required to function during stressful conditions, parents benefit from the proactive attitudes embedded in caring for others, and therefore they may feel less helpless and stressed (Masson, 2019). The internalized role determines how to feel, think, and act. Therefore, it seems that in the current study, the salient identity of the parental role overcomes the personality trait of emotional stability and interrupts its association with the mental health state of adjustment disorder symptoms.

Another aspect of being a parent and generativity may refer to parenthood as providing a sense of meaning and fulfillment, which overcomes low levels of emotional stability (Zhou et al., 2009). The sense of meaning derived from parenthood may be even more intensified in a pronatalist society, such as Israel, where parenthood has an additional special meaning (Fogiel-Bijaoui, 2017). In addition to the general view of parenthood as an expression of self-actualization and personal aspirations, Israelis add meaning to this social role from a wider societal perspective, which integrates their personal and collective purpose in life (Kestler-Peleg & Lavenda, 2018).

A final explanation refers to being a parent as a means of preserving the continuity of human existence, which offers symbolic protection against external threats (Lifton, 1979). Presumably, when people are assured of their continuing existence and ability to pass on their genes, perceptions, and beliefs to the next generation, they are less concerned about existential threats. Continuity provides them with a sense of protection (Baldwin et al., 2020; Zhou et al., 2009). In Israel, this aspect may be even more powerful because that continuity reflects not only personal aspirations but national as well. When it comes to the existence of a new generation after the Nazis’ attempt to exterminate Jews in the Holocaust, or in the attempt to strengthen the grip of the Jewish people in the State of Israel and against the surrounding Arab countries in the context of reoccurring wars (Birenbaum-Carmeli, 2016), the role of parenthood holds greater meaning for the individual. These socio-cultural-political values may strengthen the sense of security that is enabled due to parenthood.

**Limitations and recommendations**

The study is a cross-sectional design, which lacks information regarding the participants prior to the initial outbreak of COVID-19 and, therefore, does not allow for the conclusion of directionality of results. Another limitation is the sample’s lack of representativeness in terms of gender and lack of information regarding participants’ economic status, which could have biased the study’s findings.

In addition, the study is based on self-report questionnaires that may be biased by social desirability. Another limitation is that the study did not employ a measure of COVID-19 perceptions to capture the uniqueness of the period in which the study was conducted (Mahmoud et al., 2021). And finally, the subscale of emotional stability is based only on two items. Although the subscale is widely used and considered well established, it might be oversimplified.

In the future, it is recommended to examine the moderating role of being a parent, as well as of parental identity, in the associations between personality and other mental states and use longitudinal design that will investigate the development component of the associations over time. Likewise, it is suggested to examine the moderating effect of being a parent on the
association between emotional stability and adjustment disorder in the context of other stressful situations and to compare different socioeconomic statuses, religions, and cultures in light of the different perceptions and attitudes attributed to parenthood. In addition, a comparison between mothers and fathers as well as between couples and single parents with children of different ages may shed light on these correlations. Furthermore, other parental characteristics should be added to future studies, such as parental style, parental self-efficacy, or parental stress levels, in order to better understand the dynamics of being a parent. Finally, future studies should further investigate identity theory and the interesting role of salient identity in the dynamic between traits and mental health.

**Practical implications**

Although the current study’s findings are preliminary, mental health professionals should be aware of the importance of emotional stability in the face of stressful life events. More specifically, professionals and policy makers should allocate resources to identify individuals with low levels of emotional stability as being more vulnerable to developing adjustment disorder symptoms, especially those who are nonparent adults. This population seems to be at risk for threatening and stressful situations and in need of more extended support and more assistance resources. It is also noteworthy that professionals working with children and families should be aware of the strength of parenting for dealing with such stressful situations. Given the salience of the parental role and its predictive strength on the individual’s ability to adjust to stressful circumstances, it is recommended that professionals assist parents who are exposed to stressors by recruiting their parental identity and emphasizing their role as parents (i.e., focusing on caring for others, protecting, encouraging, and supporting others) as a source of strength and meaning.

**Conclusions**

In the present study, being a parent has emerged as a salient identity and a prominent role that overcomes the personality trait of emotional stability in the face of an external threat. This revelation of the importance of aspects embedded in the social role of being a parent for dealing with stressful life situations (i.e., meaning in life, preserved daily routines, as well as care for others) can be used to help nonparents in their coping strategies to reduce the potential for developing adjustment disorder symptoms.

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**How to cite this article:** Kestler-Peleg, M., Pitcho-Prelorontzos, S., Mahat-Shamir, M., Kagan, M., & Lavenda, O. (2022). Being a parent, emotional stability, and adjustment disorder symptoms in the face of COVID-19. *Family Relations, 1–14*. https://doi.org/10.1111/fare.12745