Associations Between Children’s Emotion Regulation, Mindful Parenting, Parent Stress, and Parent Coping During the COVID-19 Pandemic

Megan J. Moran1, Samantha A. Murray1, Emily LaPorte2, and Rachel G. Lucas-Thompson1

Abstract
Stress among parents has increased during the COVID-19 pandemic. Research prior to the pandemic indicates that parents of children who struggle with emotion regulation (ER) and who themselves are less mindful report more stress and diminished coping abilities. We know little, however, about these associations in the context of COVID-19. To prevent COVID-related deteriorations in parent well-being and child outcomes and to support parents during this potentially challenging time, it is important to understand the factors that are associated with increased stress as well as adaptive coping. This paper discusses the association between children’s ER, mindful parenting (MP), parent stress, and parents’ coping with parenting during the pandemic in a sample of 217 caregivers of school-aged children (91.0% mothers). Results indicated that children’s ER was associated with parents’ self-reported coping with parenting in the pandemic but was not associated with increased stress. Further, MP moderated the association between children’s ER and coping, such that parents who were the most mindful and had children with better ER skills reported significantly greater ability to cope with pandemic parenting. Coping was lower for other combinations of ER and mindful parenting. These findings contradict those from before COVID, suggesting the relationship between children’s ER and parent outcomes may differ in the COVID-19 context, and offering insights into which parents may be most likely to struggle with coping with pandemic parenting.

Keywords
COVID-19, parenting, stress, mindful parenting, coping, emotion regulation

The COVID-19 pandemic has caused dramatic changes in daily life for families across the United States, including school closures and shifts to online/hybrid learning, restricted access to out-of-school activities and recreational spaces, and limited opportunities for peer interaction. Research conducted prior to the pandemic suggests that high levels of parenting stress predict negative outcomes for parents, children, and the family unit as a whole (Deater-Deckard & Panneton, 2017). There is growing evidence that stress among parents has increased since the beginning of COVID-19 (Calvano et al., 2022). Moreover, experiencing cumulative COVID-related stressors is associated with not only just stress but also mental health problems in parents (Brown et al., 2020). To identify which groups of parents are most in need of support, it is critical to test whether known correlates of parent stress before COVID-19 continue to place parents at greater risk for increased stress during the ongoing pandemic. It is also important to identify those factors that predict better coping with the challenges of pandemic parenting.

Based on research conducted prior to the pandemic, children’s difficulties with emotion regulation (ER) are a particularly robust predictor of parent stress, both cross-sectionally (McBride et al., 2002) and longitudinally (Williford et al., 2007). For example, poor ER in children can lead to difficult temperament and behavior, and subsequent increases in parenting stress (Solem et al., 2011). Pre-pandemic evidence that children’s ER is related to levels of parent stress is consistent, however, we do not know whether this association shows different patterns during COVID-19. Because parents were spending more time in daily caregiving of their children during the period of pandemic-related restrictive measures (Lee et al., 2021), they may have had fewer opportunities (i.e., time,

1Department of Human Development & Family Studies, College of Health & Human Sciences, Colorado State University, Fort Collins, CO, USA
2Department of Psychology, University of Notre Dame, South Bend, IN, USA

Corresponding Author:
Megan J. Moran, Department of Human Development & Family Studies, College of Health & Human Sciences, Colorado State University, 1570 Campus Delivery, Fort Collins, CO 80523, USA.
Email: megan.joy.moran@colostate.edu
self-compassion (Duncan et al., 2009). Parents' competence and efficacy with pandemic-related challenges to parenting is an important gap. Understanding the role of parents in their ability to parent has been associated with improvements in parent internalizing and externalizing symptoms (Bögels et al., 2014), reduced stress (van der Oord et al., 2012), and increased satisfaction with parenting (Singh et al., 2019). In addition, mindful parenting (MP) is the application of mindfulness to parenting, specifically, bringing a nonjudgmental and present-moment-focused attention to one's child and one's parenting. According to Duncan et al. (2009), MP facilitates a more positive experience of parenting and improved parental well-being, supports adoption of more adaptive parenting practices, and increases parent-child affection, which lead to improvements in child outcomes. Intrapersonal mindfulness is commonly incorporated into psychotherapy and counseling (Baer, 2003). Mindful parenting is a newer concept, with a smaller body of research evidence; thus, clinicians may be less familiar with and/or less likely to incorporate mindful parenting into work with clients.

Considering together the theoretical model of MP (Duncan et al., 2009) and the mindfulness stress-buffering hypothesis (Creswell & Lindsay, 2014), we expect that MP would be helpful in times of particularly high parenting-related stress. Although intrapersonal mindfulness buffers against the negative mental and physical health effects of general stressors (Bränström et al., 2011), the extent to which MP serves to buffer the effects of robust parenting stress (ER) has not been investigated. Intervention studies show MP may lead to improvements in parent internalizing and externalizing symptoms (Bögels et al., 2014), reduced stress (van der Oord et al., 2012), and increased satisfaction with parenting (Singh et al., 2007). MP also is thought to support parents' beliefs in their competence and efficaciousness due to its emphasis on self-compassion (Duncan et al., 2009). Parents' perceived competence in their ability to parent has been associated with more effective parenting practices, which are important for child outcomes (Jones & Prinz, 2005). Particularly in the current context of widely reported distress among parents, understanding the role of parents' beliefs in their ability to cope with pandemic-related challenges to parenting is an important gap.

In this study, we sought to test whether 1) children's ER difficulties were associated with parent stress during the pandemic, consistent with pre-pandemic evidence; 2) children's ER difficulties were associated with worse coping among parents; and 3) MP moderates the relationship between ER and either of these outcomes, such that more mindful parents report less stress and better adjustment if their children have low ER abilities, relative to less mindful parents.

**Method**

**Participants**

Participants were 217 caregivers in the United States. Demographic information is reported in Table 1. Participants were eligible to complete the survey if they had at least one child between 4 and 12 years old. Parents of children in this age were recruited because they are the most likely to a) be most affected by school closures, and b) still be involved in a significant level of childcare (compared to older children). Only one parent per household could complete the survey.

**Procedure**

Participants were recruited through school listserv emails and social media posts to complete an online survey. Parents provided their informed consent, and then answered questions.

| Table 1. Sociodemographic Characteristics of the Sample (n = 217). |
| --- | --- | --- |
| n | % |
| Mother | 98 | 91.0 |
| Father | 8 | 7.4 |
| Other caregivers | 2 | 1.9 |
| Age of child reported on (Mean/SD) | 8.63 | 2.48 |
| Race | | |
| Hispanic | 12 | 6.0 |
| Asian | 10 | 5.6 |
| Black/African American | 7 | 3.3 |
| White | 163 | 82.5 |
| 2 or more races | 7 | 3.3 |
| Other | 3 | 1.5 |
| Region | | |
| Midwest | 146 | 75.3 |
| Southeast | 2 | 1.0 |
| Southwest | 1 | 0.5 |
| West | 58 | 23.2 |
| Yearly household income | | |
| <$51,000 | 39 | 15.1 |
| $51–70,999 | 14 | 6.4 |
| $71–90,999 | 19 | 8.8 |
| $91–110,999 | 20 | 8.7 |
| $111–130,999 | 24 | 11.0 |
| $131–150,999 | 15 | 6.9 |
| >$151,000 | 50 | 23.1 |
| Co-parenting relationship | 166 | 76.5 |
| Number of school-aged children in the household (Mean/SD) | 3.06 | 1.12 |
about their stress, their child’s emotion regulation, and how well they believed they were able to cope with parenting during the pandemic. Parents were instructed to report the age of their oldest child under 12 years old and respond to all questions with that child in mind. Responses were checked for validity using a series of steps similar to Bauermeister et al. (2012), and cases of duplicate IP addresses/email addresses, or those with nonsensical qualitative responses and/or survey completion times that were unrealistically faster than the estimated completion time were removed. Cases which did not complete at least 25% of the survey were also removed. Participants were compensated $5 for completing the survey. Data were collected between February and May 2021. All procedures were approved by the Institutional Review Board.

**Measures**

*Child emotion regulation.* Participants completed the 8-item ER subscale of the Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997, reporting on their child’s emotional expression, empathy, and emotional self-awareness (e.g., “Can say when s/he is feeling sad, angry or mad, fearful or afraid”) on a four-point scale (1 = never to 4 = almost always; α = 0.72).

*Interpersonal mindfulness in parenting scale.* Participants completed the 10-item Interpersonal Mindfulness in Parenting Scale (IEM-P; Duncan, 2007), indicating on a scale of 1 (never true) to 5 (always true) how often certain statements applied to them (e.g., “When I’m upset with my child, I notice how I am feeling before I take action”; α = 0.71).

*Perceived stress scale.* Participants completed a four-item version of the Perceived Stress Scale (PSS-4, Cohen et al., 2014), a widely used measure of stress appraisals. Participants responded, on a scale of 0 (never) to 4 (very often) to questions related to how often in the last month they had experienced general stress (e.g., “In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?”). In this sample, the PSS demonstrated acceptable internal consistency (α = 0.78).

*Coping with pandemic parenting.* Participants responded to an author-developed question, “How well have you been able to adjust to parenting in the pandemic,” on a five-point scale from “extremely well” to “not well at all.”

**Results**

Analyses were conducted using the Statistical Package for the Social Sciences (SPSS, version 22.0; IBM SPSS). Descriptive statistics were computed for all sociodemographic and study variables (Table 1). Preliminary analyses included tests of normality to ensure there were no outliers and that parametric tests were appropriate. Bivariate correlations were examined between all study variables (Table 2).

In all of the rest of the analyses, we included child age and sex as covariates because parents may respond differently to child behavior based on these characteristics (Podolski & Nigg, 2001). We also included parent race and income as covariates, as these may be associated with different effects of COVID-19 on well-being (Wanberg et al., 2020).

First, we performed two multiple regressions to examine whether children’s ER predicted parent stress and coping (Table 3). In the first model, we examined parent stress as the outcome; the model was not significant, $R^2 = .10$, $F_{(5, 89)} = 1.97$, $p = .09$. Child ER did not account for significant variation in parent stress ($r_{sp} = -.13$, $p = .21$). In the second model, child ER significantly predicted coping, $R^2 = .13$, $F_{(5, 89)} = 2.54$, $p = .03$. The unique variance accounted for by child ER was $r_{sp} = .24$, $p = .02$.

We then conducted two multiple regressions using PROCESS for SPSS (Hayes, 2017) to examine the moderating effect of MP on the associations between child ER and parent stress and parent coping (Table 4). Although the overall model predicting stress was significant, $R^2 = .20$, $F_{(7, 85)} = 3.10$, $p = .01$, the interaction of MP and child ER was not significant. The model predicting parent adjustment was significant: $R^2 = .22$, $F_{(7, 85)} = 3.40$, $p < .01$ According to the effect size standards of Cohen (1988), the moderating effect of MP was significant but small-to-moderate in size: $ΔR^2 = .04$, $F_{(1, 85)} = 4.39$, $p = .04$. Using Johnson–Neyman significance region testing, we found that MP increased the positive association between child ER and parent adjustment, but only at high

| Table 2. Summary of Intercorrelations, Means, and Standard Deviations of Study Variables. |
|------------------------------------------|------|------|------|------|
| 1. Emotion Regulation                    | 2.   | 3.   |
| 2. Mindful Parenting                     | .39**|      |
| 3. Parent Stress                         | -.28**|-.36**|
| 4. Parent Coping                         | .33**| .34**| -.52**|
| M                                        | 29.72| 36.4 | 5.35 | 3.47 |
| SD                                       | 3.63 | 3.93 | 2.72 | .92  |

| Table 3. Associations Between Child ER and Parent Outcomes. |
|-------------------------------------------------------------|
| Parent Stress                                               | B    | SE   | β    | p    |
| Constant                                                    | 11.35| 2.49 | .00  |      |
| Child age                                                   | -.16 | .09  | -.17 | n.s. |
| Female                                                      | -.29 | .53  | -.06 | n.s. |
| Race: Non-white                                            | -.15 | .78  | -.02 | n.s. |
| Household income > $101K/year                               | -1.03| .52  | .21  | n.s. |
| Emotion Regulation                                          | -.10 | .08  | -.13 | n.s. |
| $R^2 = .10$                                                 |      |      |      |      |

| Parent Coping                                               | B    | SE   | β    | p    |
|-------------------------------------------------------------|
| Constant                                                    | .84  | .44  | n.s. |      |
| Child age                                                   | .01  | .03  | .04  | n.s. |
| Female                                                      | .21  | .18  | .12  | n.s. |
| Race: Non-white                                            | .36  | .26  | .14  | n.s. |
| Household income > $101K/year                               | .17  | .18  | .10  | n.s. |
| Emotion Regulation                                          | .06  | .03  | .25  | <.05 |
| $R^2 = .13$                                                 |      |      |      |      |
levels of MP (+1SD above the mean) and high levels of children’s ER (+1SD above the mean) (Figure 1). Otherwise, MP did not change the association between child ER and parent adjustment.

**Discussion**

In this study, we investigated whether children’s ER was associated with parent stress and ability to cope with pandemic parenting and whether MP moderated these associations. Contrary to research from prior to the pandemic (McBride et al., 2002; Williford et al., 2007), children’s ER was not associated with parent stress. It was, however, associated with better coping with pandemic parenting. Furthermore, this association was moderated by MP such that only parents who were the most mindful and had children with the strongest ER abilities reported significantly better coping. These findings provide important information about the ways that COVID-19 may be influencing family dynamics and suggest that there may be important qualifications to theory and prior evidence that suggests MP is associated with reduced stress and more adaptive coping.

Interestingly, coping but not stress was significantly associated with ER. This finding was counter to our hypothesis that

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**Table 4.** MP Moderating Association Between Child ER and Parent Outcomes.

| Parent Stress          | B   | SE  | p     |
|------------------------|-----|-----|-------|
| Constant               | 6.44| 24.46| n.s.  |
| Child age              | −.12| .09 | n.s.  |
| Female                 | −.51| .51 | n.s.  |
| Race: Non-white        | .04 | .74 | n.s.  |
| Household income > $101K/year | −1.31| .51 | .011  |
| Emotion Regulation (ER)| .35 | .79 | n.s.  |
| Mindful Parenting (MP) | .07 | .69 | n.s.  |
| ERxMP                  | −.01| .02 | n.s.  |
| R² = .20               |     |     |       |

| Parent Coping          | B   | SE  | p     |
|------------------------|-----|-----|-------|
| Constant               | 16.81| 8.43| .049  |
| Child age              | .00 | .03 | n.s.  |
| Female                 | .21 | .18 | n.s.  |
| Race: Non-white        | .31 | .26 | n.s.  |
| Household income > $101K/year | .27 | .17 | n.s.  |
| Emotion Regulation (ER)| −.52| .27 | n.s.  |
| Mindful Parenting (MP) | −.43| .24 | n.s.  |
| ERxMP                  | .02 | .01 | .039  |
| R² = .22               |     |     |       |

**Figure 1.** Mindful parenting moderation of effect of child emotion regulation on parent coping.

Note. Trajectory of parents’ coping with pandemic parenting as children’s emotion regulation increases, when Mindful Parenting (MP) scores were at one standard deviation above the mean, at the mean, and one standard deviation below the mean.
children’s ER would be associated with increased parent stress, particularly during COVID-19 when many parents were spending more time with their children. It is possible that, during COVID-19, new stressors overshadowed ER as a significant source of parent stress. Furthermore, whereas our measure of stress was global, our coping measure was COVID- and parenting-specific and may relate more directly to child behavior. This distinction might partially explain why coping, but not stress, was related to children’s ER in our sample.

In addition, the moderation finding suggests MP plays a role in the association between child ER and coping, particularly for those parents of children with high ER. MP may optimize the association between children’s adaptive ER and parents’ own sense of positive adjustment to parenting during COVID-19. This finding is in line with what we would expect given that MP emphasizes awareness of one’s child (Duncan et al., 2009). It is possible that mindful parents may be better able to appreciate their children’s strong ER skills and translate those into positive parenting outcomes.

Among parents of children with low ER, mindful parents were no more likely to report successful coping than nonmindful parents, however. This finding contradicts research suggesting that more mindful individuals are better able to cope with high levels of stress (Bergin & Pakenham, 2016; Bränström et al., 2011) and perhaps highlights the importance of attending to the distinction between mindfulness and MP. Although intrapersonal mindfulness may be particularly helpful in times of stress (Creswell & Lindsay, 2014), mindful parenting is a relational process and thus may be more influenced by the shift in parent—child relationship dynamics (e.g., amount of time spent together, parent taking on more teaching roles) we observed during the pandemic (Lee et al., 2021; Weaver & Swank, 2021).

The impact of the pandemic on children may offer other explanations for the limited benefits of MP in this study. First, one study found that child ER difficulties increased during the pandemic (Giannotti et al., 2021). It is possible that some children in our sample were experiencing pronounced ER difficulties for the first time during the pandemic. The onset of ER difficulties combined with challenges of pandemic parenting may have rendered previously helpful MP practices less effective for some parents. Additionally, children with low ER may have been experiencing more difficulty adjusting to the pandemic. One study of school-aged children found that high ER was associated with greater routine maintenance, a behavioral indicator of positive adjustment (Dominguez et al., 2020). In light of research that mindfulness is associated with greater empathy (Jones et al., 2019; Trent et al., 2016), and theory suggesting MP involves greater awareness of one’s child, more mindful parents of children with low ER may have been more keenly aware of their child’s increased distress during the pandemic, which could have adversely affected their coping. Future studies should examine the roles of increased awareness of one’s child and/or empathy in mindful parenting, and how we might better support mindful parents of children with regulatory difficulties.

The contributions of this study should be considered with certain limitations in mind. The sample was predominantly mothers who were White and upper-middle class. Particularly given that COVID-19 has had disparate impacts across demographic groups (e.g., Rogers et al., 2020), future studies on this topic should include more representative samples. Further, data relied on self-report only, and social desirability effects likely played a role in parent responses. Additionally, the coping outcome was assessed using a single author-developed item, which helped facilitate a brief, minimally burdensome survey; however, a more robust measure of this outcome is preferable. Despite these limitations, these results suggest that ER may be operating differently during COVID-19 in terms of its association with parent stress, and that the benefits of MP for parent coping may be limited to only those parents whose children exhibit strong ER skills. These preliminary findings highlight a potentially important avenue for intervention with parents and families. To allow us to more confidently translate these findings into implications for clinical practice, future research should investigate the direction of these effects longitudinally.

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ORCID iD

Megan J. Moran  https://orcid.org/0000-0003-1460-3876

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