



# Parenting in Israel amid COVID-19: the Protective Role of Mentalization and Emotion Regulation

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## Abstract

The global COVID-19 pandemic changed the life of numerous parents. The medical worry, the financial hardship, and the need to take care of children 24/7 caused an enormous burden on parenting, resulting in an elevation in parenting stress and in harsh parenting. In the current study, we were interested in assessing the role of parental emotion regulation and parental mentalization as resilience-promoting factors, by mitigating the harmful relationship between parental distress and negative and positive parenting. Seventy Israeli parents of children (aged 6–14) participated in the study. We assessed parental mentalization and emotion dysregulation before the COVID-19 pandemic. During the national lockdown in Israel in May 2020, we assessed parental distress, COVID-related financial risk, and parental practices. Results indicated elevations in parental distress compared to the population mean, alongside high rates of financial risk. The results indicated that although parental distress was significantly related to parenting practices, parental mentalization, and emotion regulation moderated these relationships in differential ways. Improved capacity for emotion regulation reduced the prevalence of negative parenting practices and higher parental mentalization increased the prevalence of positive parenting, these are despite elevation in parental distress. The results suggested that when parents are able to regulate their own negative emotions and think about a child's mind, they can remain available to support the child's needs despite the elevation in parental distress. Supporting parental capacity for mentalization and emotion regulation during stressful times may prevent the harmful consequences of parental distress on parenting.

**Keywords** Parenting · Distress · Mentalization · Emotion regulation · Resilience · COVID-19

The global COVID-19 pandemic changed the life of many parents. Due to governmentally enforced lockdowns, many parents were no longer able to maintain their jobs or continued working while caring 24/7 for their children due to school closures. Many parents had to deal with a new balance of full-time parenting and supervising distance learning while working from home. Parents who continued working outside the home often worked in environments placing them at a higher risk for infection, such as hospitals, clinics, supermarkets, and pharmacies. For all families, the financial stress and enlarged caretaking responsibilities took place in addition to health-related concerns for themselves and others. These factors were and are likely to contribute

to high levels of stress in the home environment (Brooks et al., 2020; Jiao et al., 2020; Shahyad & Mohammadi, 2020; Spinelli et al., 2021; Wang et al., 2020; Xie et al., 2020). The elevation in parenting burden and distress caused by the pandemic has increased the risk that parents will become less available to support their children during this time and more reactive and impulsive in response to their children's behavioral difficulties as well as the risk that harsh and coercive parenting will prevail (Eisenberg et al., 2005).

Even during routines, parenting involves the management of many daily stressors, including children, family, and personal concerns. Parental experience of incongruence between their internal and external resources and the demand of parenting can result in elevated distress levels and affect parental mental health and well-being (Abidin, 1997). Studies in the past 40 years repeatedly linked parental distress to negative child outcomes (Deater-Deckard & Panneton, 2017; Ramchandani et al., 2005; Sprang & Silman, 2013). Parents who experienced high distress levels

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reported having lower awareness of a child's emotions, lower ability to direct their attention to the child, and difficulties in regulating the child's distress (Fernandes et al., 2021; Gillis & Roskam, 2019; Spinelli et al., 2013). Moreover, highly distressed parents were described as too occupied with managing their own negative effects to pay attention to and attend to their child's emotional experiences and needs (Mammen et al., 2002). Several studies showed that parental distress contributed to impulsive and harsher reactions to a child, often involving criticism, coercion, physical discipline, and laxness (Anthony et al., 2005; Deater-Deckard & Scarr, 1996; Reitman et al., 2002; Webster-Stratton, 1998). Parental distress has also been found to reduce positive parenting. Highly distressed parents were found to spend less time playing with their child, exhibited less interest in the child's play or school activities, and showed less physical and verbal warmth and encouragement (Kwok et al., 2005). Parental distress has repeatedly been linked to lower parental sensitive response and synchrony (Feldman et al., 2004), the presence of less facilitating support (Sanner & Neece, 2018), and the presence of less shared positive affect between parents and infants (Aktar et al., 2017). Therefore, parental distress has been found to affect parenting by both increasing negative parenting and decreasing positive parenting.

In the context of traumatic experiences and disasters involving both children and parents, parental distress level has been found to be an important predictor of child behavioral, emotional symptoms, and child resiliency. For example, children of parents who experienced elevated levels of distress and emotion dysregulation often experienced higher emotional and behavioral difficulties following an event and showed a greater indication of adjustment difficulties (Chemtob et al., 2010). On the other hand, children of parents who were able to manage and regulate their distress following a disaster were able to recover and return to age-expected functioning (Spell et al., 2008). In the aftermath of traumatic events, both negative and positive parenting were identified as significant and separate contributors to child resiliency (Gewirtz et al., 2008; Kwok et al., 2005).

Given the central role of parental ability to cope with the distress caused by trauma and disasters for children's resiliency, it is important to understand parental characteristics that enable parents to cope with such distress and to remain available to their children in spite of their own difficult experiences. An emerging body of research conducted during the COVID-19 pandemic reported on increased parenting stress and, in turn, increased risk of harsh parenting (Chung et al., 2020). On the other hand, other studies suggested that parental distress in the context of COVID had differential implications on parenting (Morelli et al., 2020; Spinelli et al., 2021). Although many parents experienced an elevation in parenting burden and distress, the relationship between parental distress and

negative child outcome was mediated by parents' ability to manage their own negative feelings. For example, Morelli et al. (2020) found that it was the parents' sense of efficacy in managing negative feelings that reduced the negative implications of parental distress on the child's emotion regulation. In the current study, we wanted to expand this research line and assess further resiliency factors that can mitigate the negative effect of parental distress on parenting. In particular, we were interested in assessing whether parental capacities for emotion regulation and mentalization can serve as protective mechanisms and can mitigate the negative effect of parental distress on both positive and negative parenting.

Mentalization is defined as one's capacity to envision mental states—thoughts, feelings, desires, beliefs, and intentions—in oneself and in others (Fonagy et al., 1991). Parental mentalization refers to the parent's ability to think about the child as a mental agent, with thoughts, feelings, and motives that may be different than theirs (Sharp & Fonagy, 2008). It was suggested that the capacity for mentalization can promote parents to be curious and open-minded in relation to the child and can improve parental sensitive and regulatory response to a child's emotional and physical needs (Fonagy & Target, 1997). Consequently, a reflective parenting stance may reduce negative attributions about the child, foster more empathic reactions, and therefore improve parents' ability to manage the child's distress (Lok & McMahon, 2006; Rutherford et al., 2013; Schechter et al., 2006). In the current study, we followed Luyten et al. (2017) operationalization of parental mentalization. Low parental capacity for mentalization has been represented by parental lack of interest in the child's mental world and a tendency to attribute negative meaning to the child's behaviors. Improved parental mentalization has been represented by parental interest and curiosity in the child's mental state.

Emotion regulation refers to the processes by which individuals influence how they experience and express their emotions (Gross, 1998). In the transition to parenting, parents' capacity for emotion regulation plays a crucial role in their ability to respond sensitively to children's distress (Rutherford et al., 2015b). A high ability for emotion regulation enables parents to act in a more flexible manner and reduces hostile, coercive, and controlling behaviors in response to difficulties with their child (Crandall et al., 2015; Leerkes et al., 2015; Rutherford et al., 2015b). Likewise, parental difficulties in emotion regulation—and in particular higher levels of impulsivity and lower capacity for effortful control—were linked to more negative disciplinary strategies and to more parental rejection of the child (Bridgett et al., 2015; Saritaş et al., 2013). Fewer studies focused on the relationship between parental emotion regulation and positive parenting. Saritaş et al. (2013) showed that parents

with higher emotion regulation difficulties provided less encouragement and exhibited less warmth toward their child.

In the context of the elevation in parenting distress during the COVID-19 pandemic, parental mentalization may help parents remain mindful of their child's different emotional experiences and hence be sensitive and available to support the child despite their own difficulties. Parental capacity for emotion regulation may enable parents to regulate their own distress effectively, which may, in turn, improve their emotional availability and contingent response to the child's distress.

## The Preset Study

The vicious circle of parenting distress, negative parenting, and children's emotional and behavioral difficulties described earlier is of worldwide concern, amplified during a global pandemic affecting billions of families. In the current study, we used data collected before and during the pandemic to explore the contribution of parental capacity for mentalization and emotion regulation to both negative and positive parenting practices during the pandemic. We were interested in examining whether parental mentalization and emotion regulation can buffer the destructive effect of parental distress on parenting. Moreover, previous studies mostly focused on the relationship between parental distress and coercive and hostile parenting. In the current study, we asked to broaden the frame by evaluating the harmful consequences of parental distress on both positive and negative parenting.

We hypothesized that parents who have a higher capacity to regulate negative affect and think about the mental states underlying their children's behaviors will exhibit less negative and more positive parenting behaviors, even during times of an elevated distress level. More specifically, we hypothesized that parental distress would have a negative impact on both negative and positive parenting and that parental mentalization and parental emotion regulation would moderate the relation between parental distress and parenting behaviors.

## Method

### Participants

Seventy Israeli parents (93% mothers) of school-age children (50% girls) recruited from the community and social networks participated in the study. Each participating parent (mother or father) answered questionnaires in relation to one child. The study took place in May 2020, when a nationwide lockdown had taken place and the school

system was closed. All parents that participated in the current study participated in a longitudinal study on parental homework involvement before. The first phase of the study took place between 2017 and 2019. Out of the 105 families that participated in the first phase, 70 agreed to participate in the second COVID-19 phase. A *t*-test comparison between families that participated and families that did not participate revealed no differences in emotion dysregulation and mentalization. Inclusion criteria for the first phase were parents of children who were (1) in elementary school and (2) not studying in the special education system. Eighty-one percent of parents were living in a two-parent household. Prior to the COVID-19 outbreak, 41% of the sample reported a family income above the national average, only 8% of the participants reported a lower family income than the national average (16,518 ILS; Central Bureau of Statistics, 2019). In addition, 92% of the parents completed higher education. Most parents identified as traditional or religious (65.7%). Children's ages in May 2020 ranged from 6 to 14.6 years ( $M=9.8$ ,  $SD=1.85$ ), and in most families (67.1%), at least three children were living at home during the lockdown. As to learning disabilities and ADHD, 2.9% of the children were reported as having a learning disability, and 10% were reported as diagnosed with ADHD. Fifty-four percent of the sample reported that their employment status was unchanged or that they had jobs as essential workers during the lockdown. Seventeen percent were on unpaid leave, and 43% reported dealing with financial challenges during the pandemic outbreak. Forty-three percent had a family member in a health risk group, and 2.9% had a family member who was sick.

## Measures

**Multidimensional Assessment of Parenting Scale (MAPS)** The positive parenting and negative parenting subscales of the Multidimensional Assessment of Parenting Scale (Parent & Forehand, 2017) were used in the current study. The positive parenting subscale includes 16 items representing proactive parenting, positive reinforcement, warmth, and supportiveness (e.g., "I show respect for my child's opinions by encouraging him/her to express them"). The negative parenting subscale includes 18 items representing hostility, lax control, and physical control (e.g., "I yell or shout when my child misbehaves"). Items were rated by parents on a 5-point Likert scale ranging from never (1) to always (5). In the current study, we used a Hebrew translation of the Multidimensional Assessment of Parenting Scale that was validated using a translation back to English and approved by the original authors. Cronbach's alphas for positive and negative parenting were high (Cronbach's alpha for both = 0.85).

**State-Trait Anxiety Inventory** In the current study, parental distress was measured using the validated Hebrew version of the State-Trait Anxiety Inventory (STAI-S), a subscale of Spielberger's et al. (1983) STAI. The subscale includes 20 items (e.g., "I am tense"; "I am worried"). State anxiety is a temporary anxious emotional state or reaction triggered by a specific situation. Its intensity and volatility also change with time (Spielberger et al., 1983), making it a good indicator of parental concurrent distress level. To adapt the STAI-S to the present study, respondents were asked to report on how they had been feeling "since the beginning of the lockdown." Each item was scored on a 4-point Likert scale, with choices ranging from not at all (1) to very much so (4). The minimum score of the subscale is 20, with a maximum score of 80. The higher the score is, the more severe the anxiety condition. In the current study, the STAI-S subscale reliability was excellent (Cronbach's  $\alpha = 0.93$ ).

**Parental Reflective Functioning Questionnaire** Parental mentalization was assessed using the Hebrew version of the original Parental Reflective Functioning Questionnaire (Luyten et al., 2017; Shai et al., 2017). In the current study, we used two scales from the Parental Reflective Functioning Questionnaire: interest and curiosity, and pre-mentalizing. The interest and curiosity scale contains six items (e.g., "I like to think about the reasons behind the way my child behaves and feels"). Higher scores on the interest and curiosity subscale represent a strong tendency to think about the child's mental states, whereas low scores reflect an absence of interest in them. The pre-mentalizing scale contains six items (e.g., "When my child is fussy, he or she does that just to annoy me"). Higher pre-mentalizing scores indicate greater difficulties in mentalization. In the present study, one item was omitted from this subscale ("I find it hard to actively participate in make-believe play with my child") as it applies to younger children. Each item in the questionnaire was rated on a 7-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (7). The subscales were scored by computing the average of the respective items. In the present study, Cronbach's alphas for both scales were adequate (interest and curiosity Cronbach's  $\alpha = 0.70$ , and pre-mentalizing Cronbach's  $\alpha = 0.68$ ).

**Difficulties in Emotion Regulation Scale** The Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) is a 36-item measure that assesses difficulties in emotion regulation. Participants completed the Hebrew version translated and validated by Gershky et al. (2017). Items were scored on six subscales evaluating factors associated with impairment in emotion regulation: nonacceptance of emotional responses; difficulties engaging in goal-directed behavior; impulse control difficulties; lack of emotional awareness; limited access to emotion regulation strategies; and lack of emotional clarity.

Items were rated on a 5-point Likert scale ranging from almost never (1) to almost always (5). The subscales were scored by summing the respective items, and the total score was computed by summing the subscales, with higher scores representing greater difficulties in emotion regulation. In the present study, the Difficulties in Emotion Regulation Scale reliability was excellent (Cronbach's  $\alpha = 0.93$ ).

**COVID-19 Financial Risk Index** We used a similar procedure to that of Morelli et al. (2020) to create an index that assesses financial risk factors during the lockdown. One point was given for each of the following if it was present: (a) a household with low socioeconomic status, (b) a worsened working status of the participating parent during the lockdown, and (c) reporting having financial challenges during the lockdown. The index was a composite of these factors. The financial risk index was created ad hoc for this research as a rating scale of the impact of different financial factors on the well-being of the participating parents during the lockdown.

## Procedure

Participants were part of a longitudinal study on parental involvement in homework. During phase 1 of the study prior to the COVID-19 breakdown, participants completed the Difficulties in Emotion Regulation Scale and Parental Reflective Functioning Questionnaire and were video recorded with their child during homework preparation. Participants were contacted again in May 2020 during the national lockdown and asked to participate in phase 2 of the study. Parents who agreed to participate were asked to complete a collection of surveys concerning their distress, parenting practices, and COVID-related stressors (see summary table presenting the study variables and their assessment time in Table 1). At the end of the survey, parents were invited to write about the major challenges they experienced in their parenting since the pandemic outbreak. Informed consent was obtained for each phase of the study. All procedures were in accordance with the ethical standards of the Institutional Research Committee and with the 1964 Helsinki declaration and its later comparable ethical standards.

**Table 1** Summary of study variables and their assessment time

Assessment time	Variable
Pre COVID-19 breakdown	Parental reflective functioning Difficulties in emotion regulation
During COVID-19 breakdown	Multidimensional assessment of parenting Parental distress COVID-19 financial risk

The Ethics Committee of The Hebrew University of Jerusalem approved the study.

## Results

Pearson correlation coefficients of study variables are summarized in Table 2. As expected, parental distress was significantly and positively correlated with negative parenting. Parental distress was also positively correlated with parental pre-mentalizing and parental emotion dysregulation. Parental pre-mentalizing was negatively correlated with positive parenting and positively correlated with negative parenting. Parental interest and curiosity in the child's mental states were positively correlated only with positive parenting. Parental emotion dysregulation was negatively correlated with positive parenting and positively correlated with negative parenting.

The results indicated a mean rate of 40.08 ( $SD = 11.29$ ) in relation to parental distress. This rate is higher than the average rate previously reported for the normative and low distress population (for example, Spielberger et al. (1983),  $M = 35$ ,  $SD = 10.5$ ; Constantin et al. (2022),  $M = 29.09$ ,  $SD = 19.40$ ), and closer to a study with a clinical population of high-risk women ( $M = 44.6$ ,  $SD = 9.9$ ; Van der Bij et al., 2003).

Moreover, we found that 63% of the participants reported a higher score than 35, suggesting that around two-thirds of the sample experienced an elevated level of distress during the assessment time. Additional stressors reported in the study were related to the financial instability caused by the lockdown. Seventeen percent of the parents reported that they were on unpaid leave, and 9% reported that they were sent home at the expense of their vacation days. In addition, 43% of the parents reported mild to serious financial challenges during the lockdown. This report suggests an increase in financial stress for many participating families and represents a shift from the high employment rates reported before COVID-19. As expected, the financial risk index was significantly and positively correlated with parental distress level.

We used a two-stage hierarchical regression to test the relative contributions of parental distress, parents' financial risk, parental emotion dysregulation, and parental mentalization to negative parenting (Table 3). Parental distress and parents' financial risk were entered in stage one, and parental pre-mentalizing and emotion dysregulation were entered in stage two. The results of the regression revealed that parental distress contributed significantly to the regression model ( $B = 0.26$ ,  $SE = 0.07$ ,  $\beta = 0.42$ ,  $p < 0.01$ ), as did parents' financial risk ( $B = -2.36$ ,  $SE = 0.98$ ,  $\beta = -0.28$ ,  $p < 0.05$ ), and accounted for 19% of the variation in negative parenting.

**Table 2** Pearson correlation coefficients of the main study variables

	1	2	3	4	5	6	7	8	9
1. Pre-mentalizing	-	-0.31**	0.17	0.29*	-0.29**	0.37**	-0.22	-0.04	-0.05
2. Interest and curiosity		-	0.03	0.05	0.36**	-0.08	-0.12	0.09	0.09
3. Parental emotion dysregulation			-	0.40**	-0.28*	0.50**	-0.09	-0.16	0.06
4. Parental distress				-	-0.23	0.34**	-0.16	-0.003	0.29*
5. Positive parenting					-	-0.33**	-0.12	-0.17	-0.11
6. Negative parenting						-	-0.03	0.04	-0.16
7. Grade							-	0.12	-0.02
8. Child gender								-	0.00
9. COVID-19 financial risk index									-

Note: bivariate correlations are presented. \* $p < 0.05$ , \*\* $p < 0.01$

**Table 3** Summary of hierarchical regression analysis predicting negative parenting

Variable	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	$R^2$	$\Delta R^2$
Step 1					0.19	0.19**
Parental distress	0.26	0.07	0.42**	3.63		
COVID-19 financial risk index	-2.36	0.98	-0.28*	-2.41		
Step 2					0.38	0.20**
Parental distress	0.11	0.07	0.18	1.53		
COVID-19 financial risk index	-1.9	0.88	-0.22*	-2.12		
Emotion dysregulation	0.15	0.04	0.40**	3.74		
Pre-mentalizing	2.24	0.97	0.24*	2.31		

Note: \* $p < 0.05$ , \*\* $p < 0.01$



Parental pre-mentalizing ( $B = 2.24$ ,  $SE = 0.97$ ,  $\beta = 0.24$ ,  $p < 0.05$ ) and emotion dysregulation ( $B = 0.15$ ,  $SE = 0.04$ ,  $\beta = .40$ ,  $p < 0.01$ ) were both significantly associated with negative parenting. Together, the variables accounted for approximately 40% of the variance in negative parenting,  $F(2,64) = 10.02$ ,  $p < 0.001$ .

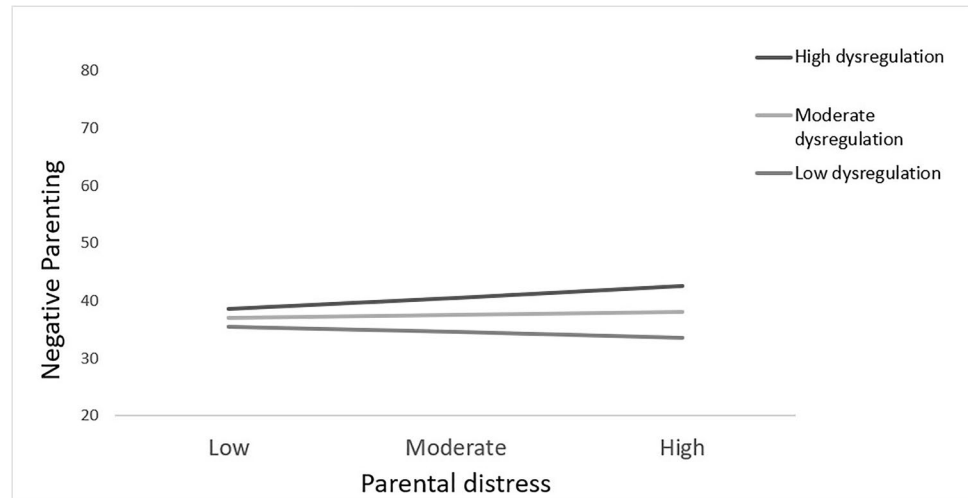
To further understand the contributions of parental emotion dysregulation and parental mentalization to negative parenting, we examined the interactive effects of parental pre-mentalizing and parental emotion dysregulation on the relation between parental distress and negative parenting. We used PROCESS macro (Hayes, 2017) to examine a model of two independent moderators. Each variable was centered prior to creating the interaction term. The moderation analysis yielded a significant interactive effect for parental emotion dysregulation ( $B = 0.007$ ,  $SE = 0.003$ ,  $p < 0.05$ ) but not for parental pre-mentalizing, suggesting that the effect of parental distress on negative parenting depended on the level of parental emotion dysregulation. Simple slopes for the association between distress and negative parenting were tested for low, moderate, and high emotion dysregulation levels. Parental distress was significantly related to negative parenting only for a high level of emotion

dysregulation ( $B = 0.20$ ,  $SE = 0.10$ ,  $p < 0.05$ ). Figure 1 plots the simple slopes for the interaction.

A second two-stage hierarchical regression was used to examine contributors to positive parenting (Table 4). Parental distress and parents' financial risk were entered at stage one of the regression. Parental Interest and curiosity and emotion dysregulation were entered at stage two. The results of the hierarchical multiple regression revealed that at stage one, parental distress contributed marginally significant to the regression model ( $B = -0.13$ ,  $SE = 0.07$ ,  $\beta = -0.23$ ,  $p = 0.06$ ). Financial risk was not a significant contributor to this model ( $B = -0.51$ ,  $SE = 0.98$ ,  $\beta = -0.06$ ,  $p = 0.60$ ). Both variables accounted together for 6.1% of the variation in positive parenting. Parental interest and curiosity ( $B = 3.0$ ,  $SE = 0.93$ ,  $\beta = 0.35$ ,  $p < 0.01$ ) and emotion dysregulation ( $B = -0.08$ ,  $SE = 0.04$ ,  $\beta = -0.23$ ,  $p = 0.06$ ) were both significantly associated with positive parenting. Together, the model accounted for approximately 23% of the variance in positive parenting,  $F(2,64) = 4.83$ ,  $p < 0.01$ .

To further understand the contributions of parental emotion dysregulation and parental mentalization to positive parenting, we examined the interactive effects of parental interest and curiosity and parental emotion dysregulation

**Fig. 1** The interactive effect of emotion dysregulation on the relation between parental distress and negative parenting



**Table 4** Summary of hierarchical regression analysis for parental mentalization, emotion dysregulation, and parental distress predicting positive parenting

Variable	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>R</i> <sup>2</sup>	$\Delta R^2$
<b>Step 1</b>						
Parental distress	-0.13	-0.07	-0.23 <sup>†</sup>	-1.85	0.06	0.06
COVID-19 financial risk index	-0.51	-0.98	-0.06	-0.53		
<b>Step 2</b>						
Parental distress	-0.08	0.07	-0.13	-1.08	0.23	0.17**
COVID-19 financial risk index	-0.76	0.90	-0.10	-0.85		
Emotion dysregulation	-0.08	0.04	-0.23 <sup>†</sup>	-1.9		
Interest and curiosity	3.0	0.93	0.35**	3.24		

Note: <sup>†</sup> $p < 0.10$ , \* $p < 0.05$ , \*\* $p < 0.01$

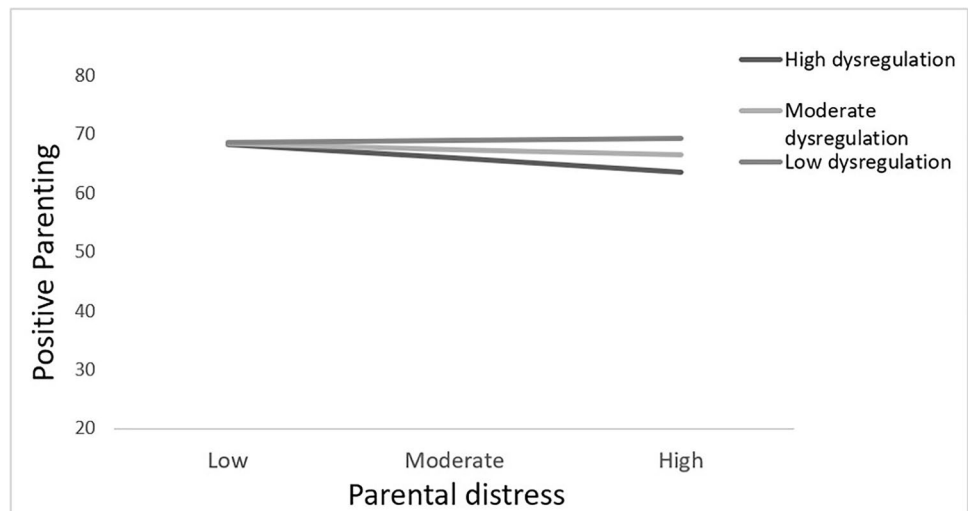
on the relation between parental distress and positive parenting. We used PROCESS macro (Hayes, 2017) to examine a model of two independent moderators. Each variable was centered prior to creating the interaction term. There was a significant interaction between parental distress and emotion dysregulation ( $B = -0.006$ ,  $SE = 0.003$ ,  $p = 0.05$ ) and a marginal interaction between parental distress and parental interest and curiosity ( $B = 0.14$ ,  $SE = 0.08$ ,  $p = 0.07$ ), suggesting that the effect of parental distress on positive parenting depended on both parental emotion dysregulation and mentalization. Simple slopes for the association between distress and positive parenting were tested for low, moderate, and high levels of emotion dysregulation, and for low, moderate, and high levels of interest and curiosity. Parental distress was significantly and negatively related to positive parenting at high levels of emotion dysregulation and moderate to low levels of Interest and curiosity. The results of the simple slope test suggest that in the context of high parental

emotion dysregulation and lower mentalization, parental distress was linked to reduced positive parenting. Figures 2 and 3 plot the simple slopes for the interaction model. Table 5 presents the results of the two-way interaction models. As with negative parenting, when parental emotion dysregulation and parental mentalization were included in the model, parental distress level was no longer a significant predictor of positive parenting.

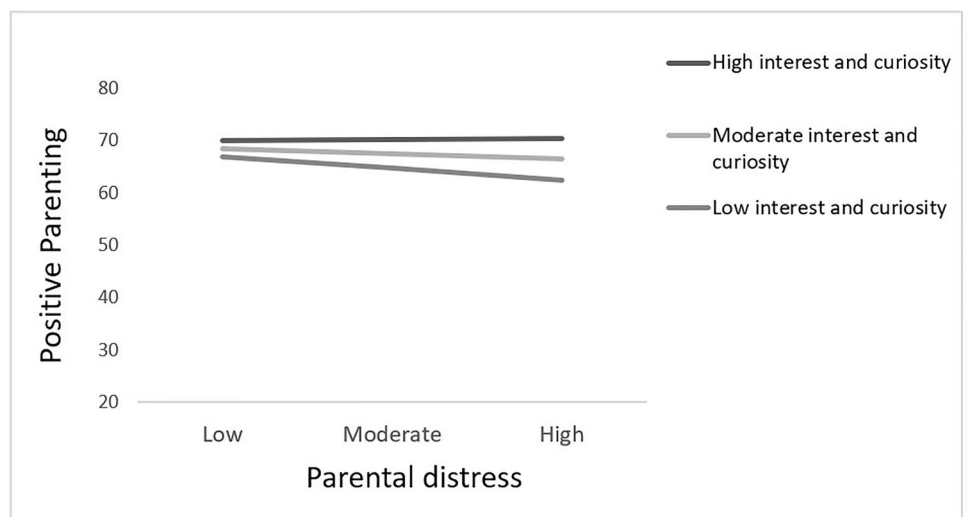
## Discussion

The outbreak of the COVID-19 global pandemic and the acute measures taken by governments to control the disease changed the lives of billions of families. The elevation in parenting burden and distress caused by school closures, financial instability, and medical concerns increased the risk that parental distress would negatively impact parenting

**Fig. 2** The interactive effect of emotion dysregulation on the relation between parental distress and positive parenting



**Fig. 3** The interactive effect of parental interest and curiosity on the relation between parental distress and positive parenting



**Table 5** Summary of interaction models

Relation	Interaction	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Parental distress and negative parenting	Parental distress × parental emotion dysregulation	0.007*	0.003	2.05	0.04
	Parental distress × pre-mentalizing	0.03	0.07	0.48	0.63
Parental distress and positive parenting	Parental distress × parental emotion dysregulation	−0.006*	0.003	−1.99	0.05
	Parental distress × interest and curiosity	0.14 <sup>†</sup>	0.08	1.82	0.07

Note: <sup>†</sup> $p < 0.10$ , \* $p < 0.05$

and children's well-being. In the current study, we sought to understand better factors that can mitigate the negative consequences of parental distress on parenting by evaluating the protective roles of parental emotion dysregulation and parental mentalization. The results of the study indicated high distress rates among studied parents. Consistent with our hypotheses, the results showed that although parental distress was related to both negative and positive parenting practices, parental emotion dysregulation and parental mentalization moderated these relationships, suggesting that higher capacity for mentalization and emotion regulation can help parents manage their elevated distress levels while remaining available to support their children.

### Parental Distress and Parenting Practices

Parents in the present study presented with higher rates of parental distress compared to the scale's average, with more than half of the sample (63%) reporting experiencing mild to high levels of distress (> 35). The lack of available data on parental distress before the pandemic limits our ability to determine whether the pandemic was driving the elevation in parental distress. Nonetheless, given the characteristics of the sample before the pandemic in terms of socioeconomic status, marital rates, parental education, and child's difficulties, it is possible to assume that high distress levels did not represent the majority of the sample before the pandemic outbreak (Santiago et al., 2011; Williams, 2003). Moreover, results from studies around the world that were conducted during the initial phases of the pandemic indicated a similar pattern of high distress among the adult population (da Silva et al., 2021) and in the parenting population in particular (American Psychological Association, 2020; Brown et al., 2020; Campbell, 2020; Chung et al., 2020). According to the American Psychological Association report (APA, 2020), seven out of ten parents in the US reported that being responsible for their children's online learning and adjusting to a new family routine was stressful.

In line with these reports, when asked to write about challenges to their parenting, participating parents in our study described that managing children's remote learning from home was a challenging and distressing task. Other parents reported that the absence of schools, social circles, and organized outdoor activities for children made them responsible also for recreation and socialization opportunities. For example, one parent wrote.

“My children had no daily routine. Teachers sent messages about homework all day. When you have three children at home, you need to be available for each teacher. You need to know what their tasks are and when their deadlines are—three of them. I was stressed. I never got around to making it. I honestly felt sometimes that I was “neglecting” one child because I never managed to find time to help him.”

Parents also described that their stress was aggravated by insufficient information from authorities regarding the pandemic and not knowing how to explain the situation to their children.

An additional family stressor assessed in the current study concerns the financial instability caused by the pandemic. Almost 43% of the parents in our sample said that they had mild to serious financial challenges during the lockdown. The relationship between financial instability and distress was demonstrated in prior studies conducted during COVID-19, showing higher levels of distress among unemployed individuals and those who were on leave or had to work from home during confinement (Banna et al., 2022; Choi et al., 2020; Kazmi et al., 2020). Prior research suggested that loss of work is not limited to affecting financial stability but can also affect well-being by contributing to a lack of a daily routine and structure (Kazmi et al., 2020), which was highly evident in the written descriptions of the parents in this study.

Taken together, the accumulating evidence on parental higher distress during COVID-19 and the sample's characteristics before the pandemic (e.g., average socioeconomic



status, high rates of two-parent households, low rates of child difficulties, and high education rates), support the possibility that the elevated rates of parental distress were related, at least in part, to the circumstances created by the pandemic.

Consistent with past reports on parenting during stressful times (Gewirtz et al., 2008), the results of our study indicated that parental distress was related to an increase in negative parenting and a decrease in positive parenting. Parents with elevated distress reported more negative parenting practices, such as intrusive parenting, angry exchanges, and a lack of adequate monitoring and structure. Concomitantly, more anxious parents reported using less positive parenting practices (e.g., physical affection, support, praise, and positive attention). Several parents reported having fewer positive interactions and less enjoyable times with their children in their written responses. For example, one of the parents wrote, “It was really difficult for me spending all this time with my children at home. I had to entertain them and keep them busy. I didn’t like it. It was not good for me.”

Our results replicated recent studies worldwide on the negative implications of the pandemic on parenting. Parents’ difficulty in dealing with stressors related to COVID-19 was associated with their depletion of emotional resources and children’s psychological problems (Spinelli et al., 2021). Other studies showed that an increase in parental stress raised the risk of harsh parenting and of child maltreatment (Brown et al., 2020; Campbell, 2020; Chung et al., 2020).

### **The Protective Role of Parental Emotion Regulation and Parental Mentalization**

The results of our study highlighted the protective role of parental emotion regulation in relation to both negative and positive parenting. In relation to negative parenting, when the parental capacity for emotion regulation was considered, parental distress contributed only marginally to negative parenting. This finding suggests that when parents are able to manage their own negative emotions adaptively, they will be better able to cope with stressful situations and refrain from coercive and hostile behaviors toward their children. Parental emotion regulation can be seen from this perspective as an emotional buffer reducing the level of negative affect transferred from the parent’s experience to the children, possibly by enabling parents to be aware of their own emotions, to use cognitive regulatory mechanisms such as reappraisals and acceptance, and to refrain from impulsive and explosive reactions.

Recent studies on the effect of parental emotion regulation on parenting during stress demonstrated similar results. For example, parents with improved capacity for emotion regulation were better able to tolerate the distress related to a crying baby (Martin et al., 2020). Maternal emotion

regulation moderated the relationship between maternal posttraumatic symptoms and negative maternal response to the child’s negative affect (Gurtovenko & Fainsilber Katz, 2020). In a population of military veterans, fathers’ coercive parenting was predicted by paternal emotion dysregulation (Zhang et al., 2020). In a study conducted in Italy during the national lockdown, Morelli et al. (2020) demonstrated how parents’ ability to manage negative emotions reduced the negative consequences of parental distress on a child’s emotion regulation.

Interestingly, our findings also highlighted the role of parental emotion regulation in relation to positive parenting. Parents with improved capacity for emotion regulation continued to be positively involved with their children and support them emotionally even when experiencing elevated distress. These findings suggest that parents who are more regulated may be more available for positive interactions with their children and better able to foster positive feelings even during stressful times (Forgays & Forgays, 1991; Rääkkönen, 1993; Weidner et al., 1988).

Taken together, parental capacity for emotion regulation may play a fundamental role in promoting parenting practices that are organized, contingent, and supportive of the child’s needs. In a time of global and prolonged crisis, when children’s routines are disturbed, and social and academic structure is absent, higher parental emotion regulation may enable parents to remain available emotionally to their children and hence support children’s capacity to manage their own distress.

In relation to parental mentalization, the results of our study highlighted the role of parental interest and curiosity in the child’s mental state as an important contributor to positive parenting during stressful times. Even when experiencing elevated distress, curious and reflective parents continued to be positively engaged with their children. Moreover, in some of the cases, in the context of high parental mentalization, positive parenting increased in spite of the elevation in parental distress. It is possible that parents who held a mental perspective of their child were able to notice the child’s emotional needs during these stressful times and to increase their level of support accordingly. Moreover, parents with a higher capacity for mentalization could have been better able to separate their own and their child’s mental states and thus remain attentive and responsive to their child despite their difficult personal experiences. Parental mentalization from this perspective can be described as a mental flashlight, enabling parents to continue to see their child despite their own distress.

The capacity of parents to hold both their own and the child’s mind simultaneously was suggested in previous research as a possible mechanism enabling distressed parents to remain sensitive to their child’s needs (Borelli et al., 2017; Rutherford et al., 2015a). Mentalization may also

enable parents to maintain a positive view of their child in the context of emotional and behavioral difficulties (Ger-shy & Gray, 2020). Therefore, while parental mentalization may not reduce negative parenting practices, it may enable parents to draw more empathy toward their children during stressful times and thus initiate more positive interactions.

The current study is the first to our knowledge to examine the unique role of parental mentalization regarding parenting practices in the context of stressful situations such as the COVID-19 pandemic. Moreover, the study results demonstrated differential implications of parental characteristics on parenting. While parental emotion regulation seems to play a central role in hostile and harsh parenting, parental mentalization may play an important role in maintaining parental warmth and emotional support for the child. As Grusec and Davidov (2010) demonstrated, positive and negative parenting may serve different functions in the social-emotional development of children. Although the parental response to a child's negative affect influences the child's own capacity for emotion regulation, warm, and supportive parenting may increase the child's well-being and social skills. In the face of a prolonged global crisis when children depend on their parents for distress regulation but also for socialization, parental ability to maintain both parenting aspects may be crucial for children's mental health.

The current study expands the family resiliency literature by shedding light on the relationship between parental distress and parenting practices and suggesting specific parenting mechanisms that can reduce the negative implications of parental distress on parenting (Gewirtz et al., 2008; Kwok et al., 2005). The model suggested in the current study envisions parents as the anchor of the family resilience, and hence, perceives parental cognitive and emotional resources as crucial for the maintenance of family communication, cohesion, and support in the face of atrocities (Black & Lobo, 2008; McCubbin & McCubbin, 1996). According to the model, in the face of disaster, parents who have an improved capacity to regulate negative affect may have an improved ability to accept and understand their emotions (Daks et al., 2020) and modulate their behavioral responses according to their parenting goals. Parental mentalization, on the other hand, can help distressed parents to separate their own emotional experience from the child's experience, and thus, more flexibly adapt their behaviors to the child's new needs. Taken together, parental emotion regulation and mentalization may underline a flexible and adaptive family response to stressful situations that may improve the family's ability to successfully adapt to the new conditions (Daks et al., 2020). Moreover, as parental emotion regulation and mentalization are amenable to change following interventions (Bate & Malberg, 2020), targeting them during a crisis can improve families' ability to cope adaptively with stressful external demands.

## Summary, Limitations, and Implications

This study sought to illuminate the possible mechanisms underlying parental behaviors in a time of a global pandemic and lockdown. Our findings demonstrated the destructive effect of increased parental distress on parental behaviors, as indicated by the elevation in negative parenting and reduction of positive parenting. That effect notwithstanding, our results also suggested that parental emotion regulation and mentalization can play a protective role in these circumstances and buffer the negative consequences of parental distress on parenting. Moreover, parental emotion regulation and mentalization, as demonstrated in the current study, play a different role in parenting practices. Although parental emotion regulation may be crucial to reducing hostile and harsh parenting, parental mentalization may promote parents' ability to provide emotional support.

Despite these important findings, this study had some limitations. First, the sample was relatively small due to the longitudinal design and the participation of only part of the original sample in the COVID-19 phase. It is possible that the burden of the household responsibilities during the lockdown created a participation barrier. Second, our participants were predominately female, Israeli Jewish, well educated, and middle class. The low prevalence of families with lower socioeconomic status could have biased the results of the study. Future studies should investigate the suggested dynamics in more diverse samples and with fathers. Third, the study was based on parents' self-reports and hence may have been influenced by the parental desirability of presenting good parenting practices. The desirability threat may have lowered the reported levels of negative parenting or distress and increased the reported levels of positive parenting. Finally, because there was no available data on parenting practices and parenting distress prior to the COVID-19 pandemic, it is difficult to conclude that the relationships observed are unique to the pandemic time and do not represent parental distress level and parental practices in routine. Thus, it is possible that some of the relationships observed in the current study were an outcome of long-term parental distress and less closely linked to crisis conditions caused by COVID-19. An additional assessment point with the sample after the return to the routine may enable us to assess the unique contribution of the COVID-19 crisis to parental distress.

Alongside the contribution of the findings to the literature on family resilience, our findings may also hold significant applications for prevention programs. As indicated by the results of our study, parental distress has a differential effect on parenting. Early evaluation of parental characteristics alongside parenting stressors may enable prevention programs to determine which families are at elevated risk

and may require early parenting-based interventions. Early interventions may reduce the parental experience of helplessness and isolation and improve parental cognitive and emotional resources.

There are several intervention programs targeting parental emotion regulation and mentalization that can be easily adapted to crisis times and telehealth delivery modes. For example, mindfulness-based parenting programs offer a well-studied venue for addressing parental distress and can help parents improve their capacity to regulate stress reactions in a relatively short time (Chaplin et al., 2018; Fuller & Fitter, 2020; Ling et al., 2021). In addition, several mentalization-based treatment programs (MBT) were developed for working with high-stress families in various settings (Asen & Fonagy, 2021; Asen & Midgley, 2019a, b). A recent study demonstrated how MBT could be applied successfully to the online setting following COVID-19 (Bate & Malberg, 2020). Dissemination of the treatment approaches described above to at-risk families can enhance parental ability to cope with COVID-19-related stressors and, in turn, improve parental emotional availability and support of their children. When provided early, these treatments “boost” parental emotional and cognitive resources and can mitigate the adverse effects of disasters on children’s development and mental health.

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**Availability of Data and Material** Data and materials will be stored in an accessible place and will be provided upon request.

**Code Availability** Not applicable.

## Declarations

**Conflict of Interest** The authors declare no competing interests.

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