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Contemporary Parenting and Its Association With Parents' Well-Being in the Face of COVID-19: The Mediating Role of Guilt

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This study examines the association between the contemporary role of parenting and the well-being of its agent—the parent. In particular, I focus on parental feelings of guilt as a mechanism underlying the association between parenting styles and difficulties to adjust to changing circumstances, in the face of COVID-19. The sample was recruited through social networks and included 382 Israeli parents, mostly educated mothers (ages 23–57, average education 16.4 years) who reported being the primary caregiver in a committed relationship. All participants filled out online self-report questionnaires that addressed their parenting style, parental guilt feelings, and difficulties to adjust in the face of COVID-19. The analysis of these questionnaires indicated a significant direct association between hostile/coercive parenting and adjustment difficulties, and an indirect significant association between engaged/supportive parenting and adjustment difficulties through parental guilt feelings. These findings are discussed in light of the Conservation of Resources Theory and in light of parental contemporary social imperatives.

Public Policy Relevance Statement

Social imperatives that shape contemporary parenting force parents to attempt to be the “perfect” parents by intensively meeting their children’s needs. This study emphasizes the toll that such parenting takes on its agents—the parents—as it can provoke feelings of guilt that are associated with poor well-being.

We live in an era of “well-being,” in which enormous emphasis is put on personal subjective well-being, self-worth, quality of life, and individualism (). Well-being is a multidimensional concept referring to individuals’ assessment of their lives on multiple domains (e.g., physical, psychological, social) and from multiple perspectives (e.g., individual, familial, societal;). Since the establishment of the National Institute of Mental Health in the 1940s, research focus has led to the perception of well-being and mental health as synonymous (). Moreover, the typical morbidity of our era is intertwined with

mental health risk factors, as it evolves around diseases that are caused—or at least contributed—by distress, emotional burden, and poor quality of life (). The World Health Organization defines mental health as “a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (). According to this definition, mental health comprises the ability to function at a satisfactory level of emotions and behaviors, which includes the need to adjust to the changing circumstances of everyday life. In other words, difficulties to adjust—namely, to appropriately react to changing, atypical, or unexpected conditions ()—may negatively affect mental health.

The outbreak of COVID-19, in the beginning of 2020, has brought about an abrupt, worldwide need to constantly, rapidly (), and all the more forcefully adjust to changing circumstances. As part of governments’ attempts to prevent the spread of the pandemic, along with efforts to minimize its damage to the economy, social restrictions are issued intermittently according to data obtained on death and infection rates. These intense changes in “normal” life circumstances, alongside the great uncertainty and

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The study is original and is not currently submitted or published elsewhere. It does not contain data that are currently submitted or published elsewhere. The study was approved by the ethics committee at Ariel University. I declare that I have no conflict of interest.

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mental distress caused by a multitude of pandemic-related stressors (health-related concerns, job insecurity, work–family conflicts, etc.), have already been found to impact mental health (). In particular, the effect of the pandemic is evident within the family, where the well-being of both parents and children has been impacted substantially (). The present study focuses on adjustment in the context of the family, particularly on the parenting role. Indeed, parenting is a major realm in which individuals are confronted with the need to intensively and constantly adjust to stressful daily tasks—a need that is greatly intensified in the face of the COVID-19 pandemic.

Although studies show a trend of change (), parenting is still considered to be a central, natural, and even mandatory role that we are all expected to take on once we achieve adulthood (). As opposed to many other social and personal roles that we take during our lifespan, parenting is, to some extent, an unquestionable task of adulthood. For many centuries, parenting has been regarded as a milestone of the adult development process; even nowadays, most children take it as a *fait accompli* that they will become parents or even see parenting as their ultimate lifetime aspiration (). In line with this perception of the profound importance of the role of parenting, together with the current emphasis on individualism and self-realization (), contemporary parenting—and, especially, motherhood, which is still considered the main form of parenting practice—is characterized with the striving for perfection (). This aspiration dictates high social standards, which require mothers to sacrifice their own needs so as to fully meet their children's needs (), while still maintaining high levels of happiness and life satisfaction (as portrayed by some famous mothers on social media) and, at the same time, providing a salary equal to that of their partners and taking part in the familial economic efforts ().

It is of little wonder, therefore, that contemporary parenting is associated with low mental health indicators, such as anxiety (), stress, depression, and low self-esteem (). Moreover, the prevalence of individuals who are childless by choice is growing (), although at the cost of evoking moral outrage and being considered disadvantaged for social connections (). The outlook of research on contemporary parenting as a role that changes from a socially orientated construct to a child-focused construct and, eventually, to a parent-focus construct further emphasizes the individualistic postmodern perception of well-being.

In professional literature, the most prevalent approach to evaluate the type and quality of parenting is through parenting styles. Abundant research has investigated the prevalence of different parenting styles and the quality of parent–child interactions in the general population, both in the context of cultural diversity and among specific populations (). Contemporary literature refers to two main parenting styles: (a) Engaged/supportive parenting, which is characterized by a warm, affectionate relationship between the parent and the child and by the acceptance of the child by the parent; and (b) hostile/coercive parenting, which reflects domineering, harsh, and non-supportive parenting (). Most of this

literature refers to parenting styles in the context of the normative development and optimal well-being of the child, emphasizing parenting styles that either promote or hinder the child's development in all life domains (e.g.,). However, what is the impact of parenting styles on the social agents who take on the parenting role, namely, the parents themselves? Although the definition of the parenting role places the parent–child relationship at the center, the postmodernistic perception of individualistic well-being requires that we further examine and understand the impact of this role and its executed styles on the mental health of the parent as well. Indeed, while available literature indicates positive associations between hostile/coercive parenting and poor well-being ()—including, for example, child anxiety () and postnatal distress, which leads to symptoms of ADHD ()—these associations were described mostly for the children. Conversely, literature on the association between parenting style and parental well-being, especially with regard to adjustment, is scarce and calls for further investigation.

One of the factors that play an important role in the sense of well-being is conscientious feelings: Guilt, shame, embarrassment, and pride (). Parental guilt is an almost inherent component of the parenting role (), and, therefore, guilt is at the focus of the present study. Guilt is defined as the negative emotion evoked when one realizes that his/her own action or behavior caused harm to another person. As such, guilt is regarded as a prosocial and reparative factor () that emphasizes people's need to attune themselves to others. The study of guilt in the context of parenting focuses mostly on mothers' feelings of guilt generated by the work–home conflict, namely, the conflict between the two major roles in their lives: Developing a career and being a parent (). This issue has been studied in both directions, acknowledging the bidirectional impact of the workplace on parenting and vice versa (). Nevertheless, as adult life is the sum of more than these two realms, and as it includes conflicts in multiple areas and life circumstances, guilt may arise from ample reasons and follow countless situations. Surprisingly, only a handful of studies have directly investigated parental guilt in its wider context.

Thus far, parental guilt has not been studied in relation to specific parenting styles. However, guilt arises in negative social contexts and is embedded in contemporary parenting, which implies that parental guilt might serve as a mechanism underlying the association between parenting style and low mental health, which may be reflected by adjustment problems. Here, I assume that parents who attempt to be perfect by providing warmth and support and meeting the child's needs experience higher levels of parental guilt, which, in turn, might reduce the ability of the parent to adjust to new circumstances. Therefore, this study examines the association between parenting styles, feelings of guilt that these styles might provoke, and the consequences of these feelings on the difficulty of parents to adjust.

The present study was conducted during the recent COVID-19 pandemic, which is a source of stress to the entire world population (). Alongside its disastrous costs, the pandemic also provides a unique opportunity to study the difficulty to adjust to new circumstances; these are times of uncertainty in multiple aspects of life, from the continuous concern for the physical health of the self and loved ones, through the hardships of social distancing (even at the sphere



of the nuclear family), to material hardships stemming from the instability of economies worldwide. Therefore, the pandemic allows for the examination of parents' difficulty to adjust to the changing circumstances in light of their parenting style and levels of parental guilt. The extreme, clinical manifestation of adjustment difficulties is a diagnosis of adjustment disorder: A stress-related disorder that is experienced as a maladaptive reaction to stressful life events () and expressed in preoccupation with the stressor, functional impairment, and failure to adapt. Since the present study aimed to examine a nonclinical population, symptoms of adjustment disorders, as defined by the latest version of the International Classification of Disorders (),

served as a nonclinical indication of participants' difficulties to adjust.

To the best of my knowledge, difficulties to adjust have not been examined in the context of parenting styles or parental feelings of guilt. Nevertheless, in light of the existing literature, it is hypothesized that: (a) hostile/coercive parenting will be positively associated with adjustment difficulties; (b) engaged/supportive parenting will be negatively associated with adjustment difficulties; and (c) parental guilt will mediate the association between parenting style and adjustment difficulties.

Method

Participants and Procedure

The study was based on convenience "snowball" sampling. After receiving the approval of the ethics committee at Ariel University (AU-SOC-OL-20200422), a link to an electronic survey was disseminated through social media platforms (Facebook and WhatsApp). The participants were directed to a website where they were informed about the aim of the survey, the issues they will be asked about, and the anonymous nature of the survey. They were then asked to sign an informed consent form before proceeding to the online questionnaire.

The sample comprised 382 Israeli parents of children under the age of 16. Most participants were mothers (78.2%), between the ages of 23 and 57 years old ($M = 38.7$, $SD = 7.3$) and with 16.4 years of education on average ($SD = 2.3$). Almost all participants reported being in a committed relationship (90%), and most of them reported being the primary caregiver (78.4%). The participants reported an average of 3.1 children per family ($SD = 1.6$), with 4.9 years ($SD = 3.8$) being the average age of the youngest child.

Measures

Demographics. The participants were asked to report their age, gender (1 = male, 2 = female), marital status (1 = single, 2 = in a committed relationship, 3 = separated or divorced, 4 = widowed), subjective economic status (e.g., using the item "How would you define your economic status?" 1 = not good, 2 = good, 3 = very good), education level (by number of years in academic institutes), number of children, and the age of their youngest child. Finally, to control for the effect of exposure to COVID-19, the participants were asked to report information regarding the extent of exposure to COVID-19-related cases, using an 8-item nominal scale that was developed for the purpose of this study. More specifically, the scale escalated from acquaintance with people who were exposed to the virus and have been quarantined

or were infected, through the participant being quarantined or infected due to exposure to the virus, and culminating in acquaintance with people who were hospitalized or died as a result of the virus. Participants were asked to indicate "yes" or "no" in response to each item, and the final score was calculated by summing the positive responses. A Kuder-Richardson test for binary variables () indicated a reasonable internal consistency of 0.62.

Parenting Style. Parenting style was assessed by using the Parent Behavior Inventory (PBI), developed by

. The questionnaire included 10 items that assess engaged/supportive parenting behaviors (e.g., "I thank or praise my child") and 10 items that assess hostile/coercive parenting behaviors (e.g., "I lose my temper when my child doesn't do something I ask him/her to do"). The participants were asked to rate the extent to which they behave as described in each item on a 6-point Likert scale, ranging from 1 = "Not true/I do not do that at all" to 6 = "Very true/I do that all the time." The total score for each parenting style (engaged/supportive and hostile/coercive) was calculated by averaging the scores of the relevant items. The calculated Cronbach's α was 0.79 for the hostile/coercive parenting style and 0.88 for the engaged/supportive parenting style.

Parental Guilt. Parental guilt was assessed by using the Feeling of Guilt about Parenting measure, developed by

. This 14-item scale describes parenting-related situations that may generate feelings of guilt among parents (e.g., "I lose my temper with my child easily because I am affected by issues unrelated to family"). The participants were asked to rate their feelings of guilt regarding each situation on a 4-point Likert scale, ranging from 1 = "Not at all guilty" to 4 = "Very guilty." The total guilt score was calculated by summing the items. Cronbach's α was 0.91.

Adjustment Difficulties. Adjustment difficulties were assessed by using the ultra-brief Adjustment Disorder—New Module 4 (ADNM-4) questionnaire, which is based on the ADNM-20 questionnaire, developed by

and later shortened by . This shortened four-item scale is used to screen for adjustment problems and reflects two core symptom clusters: Preoccupation (e.g., using the item "I am constantly reminded of the stressful situation and can't do anything to stop it") and failure to adapt (e.g., "Since the stressful situation, I find it difficult to concentrate on certain things"). To adapt this scale to the context of the COVID-19 pandemic, the words "stressful situation" were replaced with "Coronavirus outbreak." Participants indicated the frequency of each symptom on a 4-point Likert scale, ranging from 1 = "Never" to 4 = "Often." The total adjustment score was calculated by summing the items. Cronbach's α was 0.82.

Data Analysis. Pearson correlation coefficients were first calculated to examine the associations between the study's variables. Then, a mediation model (see) was examined using the PROCESS macro for SPSS version 3.4 ().

To eliminate possible bias due to individual differences, the mediation model was examined while controlling for age, gender, economic status, education level, marital status, and the extent of exposure to COVID-19-related cases.

