

Master Thesis

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The impact of parenting practices on the positive affect of young children during a pandemic

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Abstract

Objective. The COVID-19 pandemic is a worldwide problem affecting the lives of families and young children in the Netherlands. Research on parenting practices leading to positive outcomes in children during a pandemic hasn't been done yet. The relevance of research on this topic lies in the importance of mental health care of children and preventive care in the future. This study investigates if two parenting practices, empathy and positive coping, are related to a positive affect of children aged one to six years old during the COVID-19 pandemic, taken exposure to COVID-19 into account. *Method.* Parents with children aged one to six participated through an anonymous online survey. A multiple regression analysis was conducted to examine if the parenting practices are related to the child's positive affect. Exposure to negative events caused by the pandemic is represented in five covariates. *Results.* The results of the analysis are not significant $F(7, 134) = 1.50, p = .38$. The model explained 5% of the variance in the child's positive affect. *Discussion.* Possible explanations for this outcome are the sensitivity of the positive affect scale and that less coping strategies of parents are needed when a child has more positive affect. Important limitations are the correlational design, the variables being reported by just one person and the representativeness of the research population. It can be concluded that the two parenting practices and exposure to COVID-19 are not significantly related to the child's positive affect. In the future improved research on this topic could be done.

Keywords: parents, children, positive coping, empathy, positive affect, COVID-19 exposure

Are parental empathy and positive coping related to positive affect of children aged one to six during the COVID-19 pandemic?

The COVID-19 pandemic has become a worldwide problem with many different consequences for families and young children (Masten & Motti-Stefanidi, 2020). In many countries, including the Netherlands, the daily lives of children have been disrupted due to the closure of schools, childcare centres, recreation centres and many other venues. Social contacts with family and friends have become restricted in many ways. Parents are also facing many challenges like protecting their children against adversity caused by the pandemic. They are required to contend with all the usual challenges of parenting, plus the tasks of keeping their children safe and mentally healthy during a time of collective danger and stress. Parents may also face challenges related to their employment, with some parents retaining positions in which they and their families are exposed to the virus or high levels of stress, while others lose their jobs. This may affect their family lives. Parents and children may become frustrated, bored, depressed or irritable. In the worst case scenario's, this can lead to family violence or maltreatment of children (Masten & Motti-Stefanidi, 2020). Children of parents with low socioeconomic status are at a higher risk for mental health problems (Ravens-Sieberer et al., 2021). A study on the long-term effects of pandemics, natural disasters and famines demonstrated that there are potential lifelong negative consequences of such events occurring in a child's life (Yoshikawa et al., 2020). Such consequences include lower educational attainment, lower lifelong earnings, an increased risk of obesity, noncommunicable diseases and mental health problems like depression or schizophrenia (Yoshikawa et al., 2020).

Because of the possible negative consequences of the COVID-19 pandemic on young children and their families, research into the factors that contribute to a positive affect of children is relevant. Insights arising from such research can contribute to improving the healthcare of children and preventive care in the future. Research on the question if parenting practices are related to a positive affect of children during a pandemic has not yet been published. Therefore, this study contributes to the literature covering the impact of pandemics on children. Due to the absence of existing research, the theoretical framework is based on comparable research.

The aim of this study is to investigate if parenting practices are related to a positive affect of children aged three to six years old. In this study, positive affect is defined by the amount in which the child is happy, joyful, playful and smiling (Blackwell et al., 2020). Two parenting practices will be analysed: positive coping and empathy.

Coping is the response of people to situations to prevent or diminish stress, threat, harm, and loss, or to reduce associated distress. Parental coping includes strategies that parents use to respond to situations where their children are involved (Carver & Connor-Smith, 2010). In this study, positive coping of parents is defined as the way of active problem-solving and looking for solutions or strategies of parents to minimize the negative impact of COVID-19 on the child, such as positive reframing or connecting family and friends (Blackwell et al., 2020). The definition of empathy is that someone understands and responds to emotional experiences of others by taking into account their perspective. Empathy is both an internal emotional state, activated by situational factors, and a character trait. In parents, empathy is a method to recognize and respond to the biological needs of their children (Stern et al., 2014).

Prior empirical research has investigated if specific parenting practices are related to the mental health of children in response to a variety of disasters and trauma's. Research has shown that the coping of parents is a protective factor against negative outcomes on the child's mental health (Masten & Motti-Stefanidi, 2020). Another study showed that applying active coping strategies is a part of positive parenting, because it creates a responsive, caring and dependable environment for a child (Schofield et al., 2014). Furthermore, it is a predictor of Post-Traumatic Stress Disorder (PTSD) in children when traumatic events in a child's life occur and the parent does not use active coping but instead avoidant coping (Hiller et al., 2017).

Besides coping, empathy is also important in parenting. A study found that parental empathy relates positively to child attachment, security, emotional openness as well as to the child's perceptions of parental warmth. Sensitivity to emotional cues in parents is important to provide a secure basis for the child (Stern et al., 2014). Being empathetic as a parent can be seen as a part of parental responsiveness. Responsiveness in parents can be described as the adaption of the demands and behaviour of the parent to the child's cues, feelings, interests and actions (Roggman et al., 2008). Newland (2015) theorized that responsiveness in parenting may lead to positive child outcomes, including good mental health. Davidov & Grusec (2006) concluded that responsiveness of parents leads to a child's regulation of negative affect.

Children can be exposed to COVID-19 and its negative consequences in different ways. Within this research, five different ways of exposure are studied: a (former) diagnosis of COVID-19 in the child, a (former) diagnosis of COVID-19 in the parent, a (former) diagnosis of COVID-19 in a person close to the child or a family member, the death of a family member or a person close to the child due to COVID-19 and finally a separation of the child from the primary caregiver for more than one day. Findings reveal that young children

can feel the anxiety of separation from the parents during the COVID-19 pandemic (Jiao et al., 2020). In addition, Singh et al. (2020) showed that young children feel a great fear of a family member being infected with COVID-19. Liu et al. (2020) theorized that children who have been separated from their caregivers, children infected by COVID-19 and children whose caregivers have been infected with COVID-19 require special attention, because these children might be more susceptible to mental health problems. Exposure to negative consequences caused by COVID-19 can affect the child in a negative way. Therefore, this study takes five covariates representing exposure to COVID-19 into account.

It is important to do research on how parenting behaviours can lead to a child's positive affect, because specifically young children are highly vulnerable to negative consequences caused by a pandemic. Literature shows that traumatic events in early childhood may lead to adverse outcomes because young children undergo a rapid developmental period and have limited coping skills (De Young et al., 2011). Singh et al. (2020) theorized that natural disasters, like pandemics, could have a greater impact on the emotional and social development young children compared to adults. Children aged three to six years old were more likely to manifest symptoms of clinginess and the fear of infection of family members than older children (Singh et al., 2020).

In this research, parenting behaviours are studied because of the importance of parents for the lives of young children. Compared to adolescents, younger children demand more attention of their parents and have a higher need to have their parents physical present (Singh et al., 2020). As parental practices can have a profound effect on children, it can function either as a risk- or a protective factor. In the times of paramount stress and uncertainty, a secure family environment that the parents can provide is a strong protective factor against negative child outcomes (Schofield et al., 2013). Interaction between the caregiver and the child, specific caregiver behaviours and caregivers' responses to their children's emotional needs and distress are meaningful contributors to children's stress-related appraisals, coping behaviour and adjustment after a traumatic event (Alisic et al., 2011).

The COVID-19 pandemic might influence the positive affect of young children and parenting practices might regulate the child's positive affect. Consequently, the aim of this study is to investigate if two parenting practices, positive coping and empathy, are related to positive affect of a child aged one to six years old during the COVID-19 pandemic. Because the effects of the pandemic on children can depend on the amount of exposure and experiences with negative events caused by COVID-19, this will be taken into account in the study by means of five covariates. It can be expected that empathy and positive coping are

related to the child's positive affect. In addition, it can be expected that a greater amount of exposure to negative events caused by COVID-19 leads to less positive affect.

Method

Participants

Parents with a child aged one to six years old living in the Netherlands participated in this study. Participants were recruited by means of a selective sample. Six cases with missing values have been excluded from the analysis. In total, 1328 caregivers completed the survey, of which 1322 cases were analysed (97,1% mothers, $M_{age} = 34.47$, $SD = 4.01$). Most of the participants are biological parents of the child: namely in 99,2% of the cases, with 0.3% being adoptive parents, 0.1% foster parents and 0.4% others. The survey was limited to one child of the participant (51.6% boys, $M_{age} = 4.08$, $SD = 1.35$). Amongst the children of the participants, 99.3% were born in the Netherlands, with 96.7% of the participating caregivers born in the Netherlands. In total, 76.7% of the participants are higher educated. Regarding marital status, 96.6% of the participants are in a relationship, with the other 3.4% either divorced, single, widowed or refusing to share their relationship status. Participants reported the net income of their household in scales. Most of the parents, 54.6% reported an income of €3000 to €5000. In total, 22% reported a lower income than €3000 and 23.1% reported a higher income than €5000.

Procedure

This study is part of a broader international research aiming to increase the understanding of the consequences of the COVID-19 pandemic for young families. This is a quantitative research, in which parents and caregivers were asked to complete an online survey via Qualtrics. The questionnaire was developed in Australia and has been translated in Dutch by a team of researchers for the purpose of this study. The study consists of four measurements, each separated by three months. In the current study, only the first measurement is used.

Participants were recruited through social media and by approaching institutions for children, such as day-care centres, primary schools and the Dutch municipal health service. Participants completed a questionnaire which took about 30 minutes. The survey contained questions on demographic factors and COVID-19-related subjects, such as child outcomes, parent distress outcomes and risk- and protective factors. The data has been anonymised and will be preserved on a platform at Utrecht University, in a pseudo-anonymised form. The data cannot not be traced back to individual participants. Participants gave permission to use their e-mail address. Participation in the study was completely voluntary and the participants had the option to stop at any time. They did not receive any reward or money for their participation. The participants were informed about all these facts. An information letter was

available for the participants. This letter contained information about the purpose of the study, the expectations of the participation, the possible advantages and disadvantages, their privacy, with whom their data would be shared and where they could lodge complaints. All the participants gave active consent for the study. The study has been ethically approved by the Ethics Committee of the Faculty of Social and Behavioural Sciences of Utrecht University.

Measuring Instruments

Parental Empathy and Positive Coping. For the purpose of this study, the Parenting During COVID-19 Questionnaire was developed to assess three specific parenting behaviours (De Young et al., 2020). This study uses two subscales: positive coping and empathy. Parental positive coping consisted of four items, assessing whether parents help their children actively cope with COVID-19 in several ways. These items are: providing child-friendly material about COVID-19, encouraging children to see things in a positive way, encouraging children to do practical things when they have negative emotions and finally to connect with family and friends (e.g., “I encourage my child to do practical things when scared, upset or angry”). Parents rated to what extent they used these strategies on a four-point Likert scale (1 = *not at all* and 4 = *a lot*) and a total score was computed by summing all four items scores (with a total range between 4 and 16). A higher score represented the parent uses more positive coping strategies (Cronbach’s $\alpha = .47$). The items in both subscales are continuous variable.

Parental empathy consisted of three items, assessing whether parents tried to be empathetic, encouraged their child to talk about feelings and thoughts and whether parents told their child it’s normal to have negative emotions (e.g., “I try to be empathetic and patient when my child is worried or upset”). Parents rated to what extent they used these strategies on a four-point Likert scale (1 = *not at all* and 4 = *a lot*) and a total score was computed by summing all four items scores (with a total range between 4 and 16). A higher score represented the parent is more empathetic (Cronbach’s $\alpha = .70$).

Children’s Positive Affect. To assess children’s mental health and well-being, parents completed the PROMIS-Early Childhood questionnaire (Blackwell et al., 2020).

The subscale positive affect consisted of four items, assessing the extent to which children experienced and showed positive emotions in several ways: being happy, joyful, playful and smiling a lot. (e.g., “My child was happy”). Parents rated to what extent their child showed these emotions during the last seven days on a five-point Likert scale (1 = *never* and 5 = *always*) and a total score was computed by summing all four items scores (with a total range between 4 and 20). A higher score represented the child had positive affect during the

last seven days (Cronbach's $\alpha = .83$). The items in the subscale are used are continuous variables.

Exposure to COVID-19. The exposure of a child to COVID-19 is represented in five covariates, with the parent reporting whether that covariate is present in their situation. The first covariate is a (former) diagnosis of COVID-19 in the child. The second covariate is a (former) diagnosis of COVID-19 in the parent. The third covariate is a (former) diagnosis of COVID-19 in a person close to the child or a family member. The fourth covariate is the death of a family member or a person close to the child. The last covariate is a separation of the child from the primary caregiver of more than one day due to COVID-19 related reasons. Each covariate is represented in one item. The parent reported the degree of exposure per item, these items are recoded into dummy variables only answering if the child is exposed or not, whether 'no' is a score of 0 points and 'yes' a score of 1 point. So exposure of the covariate is represented by 1 point.

Statistical Analysis

All statistical analyses were conducted in SPSS version 26 in three steps. Firstly, descriptive statistics for and correlations between the study variables were conducted. For each covariate, the mean score of the percentage of children that was exposed is analysed. Secondly, six assumptions of a multiple regression are considered (Field, 2017). A check of missing values in the data is done, by sorting the variables in ascending order. Cases with one or more missing values are excluded, because these cases can have a profound influence on the analysis (Field, 2017). Outliers are checked by using Cook's Distance, values over 1 could be significant outliers (Chatterjee & Simonoff, 2013). A linear relationship between the independent variables and the outcome variable is observed by making plots of both relationships. A straight line suggests a linear relationship between the independent variable and the outcome variable. Normal distribution of the variables and residuals are checked by doing a Shapiro-Wilk test of normality. A skewed histogram indicates a deviation from normality (Field, 2017). Multicollinearity is checked by conducting an analysis with VIF-scores and tolerance scores. A VIF-score greater than 10 or a tolerance score smaller than .2 indicates a problem (Field, 2017). Finally, homoscedasticity is checked by making a scatterplot and observing the spreading of the cases. Thirdly, the main analysis, namely a multiple regression analysis is conducted to answer the research question whether parental empathy and positive coping are related to the positive affect of children aged one to six during the COVID-19 pandemic. The multiple regression is done in two steps. In the first step, the analysis of the covariates is conducted. This step analyses the hypothesis if the

child's positive affect is related to exposure to COVID-19. Exposure to COVID-19 is represented in the independent variables (Y), the child's positive affect is the independent variable (X). In the second step parental empathy, positive coping and the covariates are analysed together. This step analyses the hypothesis if parental empathy and positive coping are related to the child's positive affect, with exposure to COVID-19 taken into account. The parenting practices and exposure to COVID-19 are the independent variables (Y), the child's positive affect is the independent variable (X). The multiple regression is conducted, including the amount of exposure to COVID-19, because this may influence the positive affect of the child.

Results

Descriptive Statistics

The mean score of positive affect of the children, the positive coping of parents and the empathy of parents are reported in table 1. The correlation between all the variables is also reported in table 1. In total, 0,6% of the children have been diagnosed with COVID-19. In 16,5% of the cases, one parent or both parents have been diagnosed with COVID-19. In 24,6% of the cases, a close person to the child or family member has been diagnosed with COVID-19. In 4,4% of the cases a close person or family member died because of COVID-19. In 11,2% of the cases, the child has been separated of the primary caregiver for more than one day because of COVID-19 related reasons.

Table 1

Descriptive statistics

| | positive coping | empathy | M | SD | Min-max |
|-----------------|-----------------|---------|------|-----|---------|
| Positive affect | | | 4.11 | .45 | 2.50 |
| Positive coping | | r= 1.00 | 2.81 | .60 | 3.00 |
| Empathy | r= .50 | r= 1.00 | 3.66 | .53 | 3.00 |

Note. Values lower than 0.1 = small, Values between 0.1 and 0.3 = moderate, Values above 0.5 = large (Cohen, 1992).

Assumptions

Before conducting the main analysis, six relevant assumptions for a multiple regression analysis were checked to guarantee a valid result of the main analysis (Field, 2017). At first, a check of missing values was done, six cases had missing values, variating from 1 to 11 missing values per case. These cases were excluded. Then, a linear relationship between the independent variables and the outcome variable was analysed. The plots showed a straight line, suggesting a linear relationship between positive affect and both positive coping and empathy. Through a normal distribution, it was established whether the variables and residuals are normally distributed. Positive coping, empathy and positive affect were all not normally distributed but left skewed, because most observations are located in the right side of the normal distribution. However, with a sample larger than 30 participants, it can be assumed that the assumption of normality is not violated (Field, 2017). As shown by the histogram, the residuals are normally distributed. Whether there was multicollinearity was checked by conducting an analysis of VIF-scores and tolerance scores. Multicollinearity is not

present because no VIF-score was greater than 10 and no tolerance score was smaller than .2. By means of a scatterplot, a check of homoscedasticity was done, which is the case because the cases are equally scattered. By means of Cooks's Distance it was checked whether there were any outliers. No values were over 1, so there are no outliers (Chatterjee & Simonoff, 2013).

Exposure to COVID-19 and the Child's Positive Affect

To examine whether parental empathy and positive coping are associated with the child's positive affect, controlling for exposure to COVID-19 related negative outcomes, a multiple regression analysis was conducted in two steps. In the first step, an analysis of the five covariates was conducted. As shown in table 2, model 1 explained 5% of the variance of the children's positive affect. This model was not significant $F(5, 136) = 1.50, p=.19$.

Exposure to COVID-19, Parenting Practices and the Child's Positive Affect

In the second step, an analysis of parental empathy, positive coping and the five covariates associated with the child's positive affect was conducted. As shown in table 2, model 2 explained 5% of the variance in the child's positive affect. This model was not significant $F(7, 134) = 1.10, p=.38$.

The model results demonstrated firstly that both parental coping and empathy were still not significantly associated with the child's positive affect ($p>.05$). Secondly, the model demonstrates that the association between exposure to COVID-19 and the child's positive affect is not significant ($p>.05$). Therefore, the hypothesis on the association between two parenting practices and the child's positive affect controlling for exposure to COVID-19 is rejected.

Table 2.*Outcome of the multiple regression analysis*

| | <i>B</i> | <i>St. Error</i> | β | <i>t</i> | <i>p</i> | ΔR^2 |
|---------------------------------|----------|------------------|---------|----------|----------|--------------|
| Model 1 (constant) | 4.14 | .07 | | 61.75 | .00 | .05 |
| COVID-19 diagnosis child | -1.03 | .50 | -.17 | -2.06 | .04 | |
| COVID-19 diagnosis parent | -.06 | .09 | -.06 | -.70 | .49 | |
| COVID-19 diagnosis close person | -.10 | .09 | -.10 | -1.13 | .26 | |
| COVID-19 death close person | -.07 | .15 | -.04 | -.47 | .64 | |
| Separation child and caregiver | .05 | .10 | .05 | .53 | .60 | |
| Model 2 (constant) | 4.27 | .35 | | 12.05 | .00 | .05 |
| COVID-19 diagnosis child | -1.07 | .50 | -.18 | -2.07 | .04 | |
| COVID-19 diagnosis parent | -.06 | .09 | -.06 | -.65 | .52 | |
| COVID-19 diagnosis close person | -.10 | .09 | -.10 | -1.16 | .25 | |
| COVID-19 death close person | -.07 | .15 | -.04 | -.45 | .65 | |
| Separation child and caregiver | .05 | .10 | .05 | .54 | .59 | |
| Positive coping | .01 | .09 | .01 | .07 | .94 | |
| Empathy | -.04 | .11 | -.04 | -.35 | .73 | |

Discussion

The aim of this study was to investigate whether two parenting practices, positive coping and empathy, were related to the positive affect of children aged one to six years old during the COVID-19 pandemic. Exposure to negative events caused by COVID-19 were also taken into account by means of covariates. Based on prior research, higher levels of parental empathy and positive coping were expected to be associated with higher levels of positive affect of children. However, a Pearson correlation test revealed no correlation between positive affect and empathy, and a small negative correlation between positive affect and positive coping. Moreover, a multiple regression analysis, which took into account both parenting practices as well as exposure to COVID-19 related negative events showed no significant results. Therefore, in this study, neither parental practices are found to be significantly related to the child's positive affect. This result differs from the expectation, because prior comparable research has shown that coping of parents is a protective factor against negative outcomes in the child's mental health (Masten & Motti-Stefanidi, 2020). In addition, a prior study showed that parental responsiveness, of which empathy can be seen as a part, can lead to positive child outcomes including good mental health (Newland, 2015). This specific research topic has not been examined before, so the outcome of this study could not have been found before. However, the outcome may possibly be explained by the sensitivity of the positive affect scale. The normal distribution of the scale skewed left, because most parents reported a high positive affect of their children and only a few parents reported a low positive affect. Therefore, the scale might not have been sensitive enough to measure the child's positive affect. In follow-up research, an improved scale could be used which represents the positive affect of the child in a better way. The scale can be improved by adding more items with a higher level of detail. Additionally, the scale for both parental practices might also not be sensitive enough. Parental empathy is represented in three items and parental positive coping in four items. Due to the small number of items, it's possible that the parental practices are not fully represented in the items. These scales may also be improved by adding more items.

Prior to the study, a higher explained variance and a higher level of significance in the model including the covariates was expected. However there is no difference in explained variance and the level of significance between the model with and without the five covariates. This outcome means that the child's exposure to negative outcomes caused by COVID-19 made no significant difference to a model without exposure to COVID-19.

As parental empathy is a part of parental responsiveness, studying these parental practices might have led to another result because responsivity consists of more practices than just empathy. Therefore, it might occur in more situations and responsiveness can have a greater influence on the child than just empathy.

A plot of the linear relationship between the child's positive affect and positive coping of parents showed a negative relationship. A possible explanation for this outcome is the sensitivity of the positive affect scale. Another possible explanation of the negative relationship between a child's positive affect and positive coping is that when a child has more positive affect, less coping strategies of parents are necessary to provide positive affect in the child. When a child has less positive affect, parents may show effort to promote their child's well-being as protecting children against negative outcomes is one of the tasks as a parent (Schofield et al., 2013).

This research has several strengths and limitations. we will sum up four strengths. The first strength of the research is that the study included a large sample size. This is a strength because the results of a study are more generalizable with a larger sample size. In addition, a larger sample size in a study leads to a larger power. The second strength of this research is that the study was conducted in an ethical manner, approved by the ethical committee of Utrecht University. The third strength is that although parental empathy and positive coping are very important parental behaviours, they were not previously studied together in relationship to a child's positive affect. The fourth strength of this study is that positive parenting practices and a positive child outcome were investigated, whereas in contrast most research on this topic investigates what affects a negative child outcome. Therefore, this research may provide new insights.

Beside these strengths we will sum up four limitations of this study. The first limitation is the representativeness of the research population. The study aimed to reflect the society in the research population through families with different cultural and socio-economic backgrounds. In addition, the study aimed to achieve a fairly equal ratio in boys and girls and in fathers and mothers participating in the study. However, the sample isn't nationally representative, due to the self-selecting nature of the recruitment method. Mothers, higher educated parents and parents with a Dutch ethnicity were overrepresented in this study. In a stratified sample as opposed to a self-selecting sample, a representative sample can be controlled. Secondly, this study has a cross-sectional design, but for this study only the first measurement is included. As a result, no change can be witnessed over time, as COVID-19-related limitations change. A longitudinal design may give more insights in alternative

explanations of the first results, such as the possibility that the affect of children predicts the parental practices. A third limitation is that one parent reported all the variables. It may be that the other parent also exhibit parenting practices affecting the child, but these practices are not reported. Moreover, it may lead to a distorted picture because the variables are reported from one person's point of view. Fourth, due to the correlational design, the direction of the correlation did not come clear in this study. Therefore it is also possible that instead of parenting practices predicting the child's affect, the child's affect predicts the parenting practices. It may be that when the child already has a positive affect, the need of the parents to be empathetic and to apply positive coping strategies to make their child happier is less. The last limitation concerns the items representing the parenting practices. The parenting practices are represented by a limited number of items. Stern et al. (2014) described parental empathy as a way to recognize and respond to the biological needs of their children. The biological needs of children are not fully represented in the items, as it only includes conversations with the child. For instance, a physical way of being empathetic is not included. Carver & Connor-Smith (2010) defined parental positive coping as the response of parents to prevent or diminish stress, threat, harm, and loss, or to reduce associated distress in their children. Parental positive coping is therefore a broad concept, but the variable contains four items representing detailed behaviours of parents such as promoting their child to contact with family and friends. Therefore, positive coping may not be fully covered in these items. A suggestion for improvement could be to use more items or describe the parental behaviour more generally in the items.

Conclusion

This study aimed to answer the research question whether parental empathy and positive coping are related with the child's positive affect. In conclusion, this study showed that parental empathy and positive coping are both not significantly related to the child's positive affect. In addition, no significant difference was found between a model with and without the five covariates. The relevance of this research lies in the possible negative consequences of the COVID-19 pandemic for young children and their families. Future research with improved scales or research that studies other parental practices should be conducted and could find other results. Insights arising from future research can contribute to healthcare and preventive care of children after the pandemic or when future pandemics or comparable events happen.

References

- Alisic, E., Boeije, H. R., Jongmans, M. J. & Kleber, R. J. (2011). Supporting children after single-incident trauma. *Clinical Pediatrics*, 51, 274–282.
<https://doi.org/10.1177/0009922811423309>
- Ashiabi, G. S. & O’Neal, K. K. (2015). Child social development in context. *SAGE Open*, 5, 215824401559084. <https://doi.org/10.1177/2158244015590840>
- Blackwell, C. K., Wakschlag, L., Krogh-Jespersen, S., Buss, K. A., Luby, J., Bevans, K., ... & Cella, D. (2020). Pragmatic health assessment in early childhood: The PROMIS of developmentally based measurement for pediatric psychology. *Journal of pediatric psychology*, 45, 311-318.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22, 723–742.
<https://doi.org/10.1037/0012-1649.22.6.723>
- Carroll, N., Sadowski, A., Laila, A., Hruska, V., Nixon, M., Ma, D. W. & Haines, J. (2020). the impact of covid-19 on health behavior, stress, financial and food security among middle to high income Canadian families with young children. *Nutrients*, 12, 2352.
<https://doi.org/10.3390/nu12082352>
- Carver, C. S. & Connor-Smith, J. (2010). Personality and Coping. *Annual Review of Psychology*, 61, 679–704. <https://doi.org/10.1146/annurev.psych.093008.100352>
- Chatterjee, S., & Simonoff, J.S. (2013). *Handbook of regression analysis*. Hoboken, New Jersey: John Wiley & Sons. Inc.
- Cobham, V. E., McDermott, B., Haslam, D. & Sanders, M. R. (2016). The role of parents, parenting and the family environment in children’s post-disaster mental health. *Current Psychiatry Reports*, 18. <https://doi.org/10.1007/s11920-016-0691-4>
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155–159.
<https://doi.org/10.1037/0033-2909.112.1.155>

- Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., ... Frank, D. A. (2011). US housing insecurity and the health of very young children. *American Journal of Public Health, 101*, 1508–1514. <https://doi.org/10.2105/ajph.2011.300139>
- Dalton, L., Rapa, E. & Stein, A. (2020). Protecting the psychological health of children through effective communication about COVID-19. *The Lancet Child & Adolescent Health, 4*, 346–347. [https://doi.org/10.1016/s2352-4642\(20\)30097-3](https://doi.org/10.1016/s2352-4642(20)30097-3)
- De Young, A. C., Kenardy, J. A. & Cobham, V. E. (2011). Trauma in early childhood: A neglected population. *Clinical Child and Family Psychology Review, 14*, 231–250. <https://doi.org/10.1007/s10567-011-0094-3>
- De Young, A. Paterson, R. & Vasileva, M. (2020, May). *COVID-19 Unmasked: Prospective longitudinal study to determine the impacts of the COVID-19 pandemic on the mental health and wellbeing of infants and preschool aged children and their families*. Queensland, Australia: Children's Health Queensland Hospital and Health Service.
- Field, A. (2017). *Discovering Statistics Using SPSS*. Thousand Oaks, Canada: SAGE Publications.
- Gil-Rivas, V. & Kilmer, R. P. (2013). Children's adjustment following Hurricane Katrina: The role of primary caregivers. *American Journal of Orthopsychiatry, 83*, 413–421. <https://doi.org/10.1111/ajop.12016>
- Hiller, R. M., Meiser-Stedman, R., Lobo, S., Creswell, C., Fearon, P., Ehlers, A., ... Halligan, S. L. (2017). A longitudinal investigation of the role of parental responses in predicting children's post-traumatic distress. *Journal of Child Psychology and Psychiatry, 59*, 781–789. <https://doi.org/10.1111/jcpp.12846>
- Jiao, W. Y., Wang, L. N., Liu, J., Fang, S. F., Jiao, F. Y., Pettoello-Mantovani, M. & Somekh, E. (2020). Behavioral and emotional disorders in children during the COVID-19

epidemic. *Pediatric pharmacology*, 17, 230–233.

<https://doi.org/10.15690/pf.v17i3.2127>

Liu, J. J., Bao, Y., Huang, X., Shi, J. & Lu, L. (2020). Mental health considerations for children quarantined because of COVID-19. *The Lancet Child & Adolescent Health*, 4, 347–349. [https://doi.org/10.1016/s2352-4642\(20\)30096-1](https://doi.org/10.1016/s2352-4642(20)30096-1)

Masten, A. S. & Motti-Stefanidi, F. (2020). Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity and Resilience Science*, 1, 95–106. <https://doi.org/10.1007/s42844-020-00010-w>

Newland, L. A. (2015). Family well-being, parenting, and child well-being: Pathways to healthy adjustment. *Clinical Psychologist*, 19, 3–14. <https://doi.org/10.1111/cp.12059>

Ravens-Sieberer, U., Wüstner, A., Otto, C., Erhart, M., Devine, J. & Schlack, R. (2020). Impact of the COVID-19 pandemic on the mental health and quality of life of children and adolescents. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.3671434>

Roggman, L. A., Boyce, L. K. & Innocenti, M. S. (2008). *Developmental parenting: A guide for early childhood practitioners*. Baltimore, Maryland: Paul H. Brookes Publishing.

Schofield, G., Beek, M., Ward, E. & Biggart, L. (2013). Professional foster carer and committed parent: Role conflict and role enrichment at the interface between work and family in long-term foster care. *Child & Family Social Work*, 18, 46–56.

<https://doi.org/10.1111/cfs.12034>

Schofield, T. J., Conger, R. D. & Neppl, T. K. (2014). Positive parenting, beliefs about parental efficacy, and active coping: Three sources of intergenerational resilience. *Journal of Family Psychology*, 28, 973–978. <https://doi.org/10.1037/fam0000024>

Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G. & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review

with recommendations. *Psychiatry Research*, 293, 113429.

<https://doi.org/10.1016/j.psychres.2020.113429>

Stern, J. A., Borelli, J. L. & Smiley, P. A. (2014). Assessing parental empathy: A role for empathy in child attachment. *Attachment & Human Development*, 17, 1–22.

<https://doi.org/10.1080/14616734.2014.969749>

Yoshikawa, H., Wuermli, A. J., Britto, P. R., Dreyer, B., Leckman, J. F., Lye, S. J., ... Stein, A. (2020). Effects of the global coronavirus disease-2019 pandemic on early childhood development: Short- and long-term risks and mitigating program and policy actions. *The Journal of Pediatrics*, 223, 188–193.

<https://doi.org/10.1016/j.jpeds.2020.05.020>

Zimmer-Gembeck, M. J. & Skinner, E. A. (2010). The development of coping across childhood and adolescence: An integrative review and critique of research.

International Journal of Behavioral Development, 35, 1–17.

<https://doi.org/10.1177/0165025410384923>

Appendix 1.

Data collection activities

The study started with the recruitment of the participants and the data collection. We collaborated with a team of students and supervisors from Utrecht University. We met every few weeks online with this team. During the first meetings we discussed the research and made a plan for the recruitment and data collection. During the meetings that followed, we evaluated the process and made new plans and agreements. I have done several data collection activities. First I created an information folder for the participants. I also have been involved in designing a logo. In addition, I cooperated in setting up social media channels providing information of the research. I also approached organizations, such as childcare centres to approach the target population. I focused on organizations approaching people that were less represented in the research, such as people with a non-Dutch nationality and fathers. I also approached the target population through my own network and social media channels. Finally, with the other students I entered the questionnaire in Qualtrics and translated the survey from Dutch to English.

Reflection

Reflecting on the cooperation with the team, I am satisfied. We always made clear agreements and we were able to evaluate the process well. Because we cooperated with a team consisting of six to seven people, I learned the importance of making clear agreements and plans, and also to communicate clear about this. When cooperating with several people it is important to stick to agreements and a time schedule. Overall this went well, but it is a learning point for myself to stick to agreements and times schedules even more strictly. Because we cooperated with more students, I sometimes did not take my own responsibilities enough, it felt like the group was responsible for the tasks more than the individual.

During the data collection I also learned the importance of communication and to take initiative in approaching organizations. The more the researcher dares to take initiative and communicates clear, the more organizations cooperate. So giving enough information is important, also in the communication with individual participants. Therefore we provided information in an information flyer, letter and a website.

In conclusion I learned several things during the data collection and the cooperation with the other researchers. In the future I want to practice more with taking my own responsibilities and a communicate clear to organizations.