

Direct and Indirect Associations of Parental Mindfulness
with Child Coping and Child Depression

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Abstract

Children of depressed parents are at an increased risk for depression and other forms of internalizing and externalizing psychopathology, but certain factors may interrupt or moderate this transmission. Specifically, both dispositional mindfulness and secondary control coping are negatively associated with depression. The present study seeks to understand the intergenerational associations between mindfulness in depressed parents, their children's coping strategies, and children's depression, internalizing and externalizing symptoms. Using data from 242 children and 180 target parents, we assessed the effects of parent mindfulness on child depression through child coping strategies. Regression analysis revealed significant relations between all variables being studied, and modelling of the pathways suggested that there is a partial indirect effect of parent mindfulness on offspring depression or anxiety through secondary control coping skills. This study has potential implications for the clinical application of mindfulness within the context of family interventions.

Introduction

The clinical implications of mindfulness are a growing interest in the field of psychology (Baer, 2003; Burke, 2010). Research has consistently shown a strong negative relationship between trait mindfulness and internalizing and externalizing symptoms in children, adolescents and adults. Mindfulness may therefore have implications for internalizing disorders such as anxiety and depression, which are highly prevalent disorders in American adolescents (Avenevoli et al., 2015). Not surprisingly, mindfulness is not the only factor at play in the development of anxiety and depression. We know that other factors, such as parental depression, put a child at an increased risk for developing depression (Goodman & Gotlib, 1999). We also know that some factors, such as using secondary control coping strategies (e.g., acceptance, cognitive reappraisal), can protect against the development of depression (Compas et al., 2017). The present study is focused on determining the relations among parental mindfulness, children's use of secondary control coping strategies, and children's symptoms of anxiety, depression and other mental health problems. In particular, this study will attempt to address how the mindfulness of a depressed parent relates to a child's coping strategies and depressive symptoms.

Mindfulness and Parenting

Mindfulness has garnered substantial empirical attention over the last several decades, particularly for its potential utility in clinical interventions (Baer, 2003; Burke, 2010; Kabat-Zinn, 2003). It has been incorporated into quite a number of intervention techniques and resulted in such programs as Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy. Mindfulness is defined as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience” (Kabat-Zinn, 2003). These mindfulness-based strategies have been associated with improved attention,

reduced internalizing symptoms, reduced externalizing symptoms, increased gratitude, increased empathy, and reduced stress (Kuyken et al., 2010; Ramel et al., 2004).

The potential benefits of mindfulness to an individual are manifold. The potential benefits of mindfulness in the family unit, however, are less understood. The study of mindful parenting has suggested that reducing stress and rejection while promoting attentive and affectionate parenting has several positive outcomes for both the parent and child (Coatsworth et al., 2015; Corthorn & Milicic, 2016; Kil & Grusec, 2020). Mindful parenting is similar to, but not quite the same as, parent mindfulness, which is being studied here. However, parent mindfulness has been similarly linked to several positive child functioning including reduced externalizing symptoms, reduced risk-taking behavior, reduced aggression, reduced parent-child conflict, and more perspective-taking (Kil & Grusec, 2020; Parent et al., 2010; Singh et al., 2007).

Parenting and Child Coping

In addition to the aforementioned indicators of individual and parent-child functioning, research suggests that mindfulness may be associated with certain coping strategies. Coping strategies are an individual's cognitive, emotional, or behavioral response to a stressor and can be categorized as primary control coping strategies or secondary control coping strategies; primary control strategies address the situation or emotional response at hand while secondary control strategies aid the individual in adapting to the stressor (Compas et al., 2017; Connor-Smith et al., 2000). Dispositional or trait mindfulness in an individual has been associated with less avoidance coping and rumination (Hinterman et al., 2012; Weinstein, Brown, & Ryan, 2009). While parents high in trait mindfulness may implicitly model or explicitly teach these strategies, there are other parent qualities that may predict child coping.

Interestingly, the coping strategies of parents themselves may be an important factor for predicting child coping strategies. For mothers, the coping strategies which they suggested to their offspring or demonstrated using themselves predicted the coping strategies of their children (Anderson et al., 2021; Watson et al., 2021). For depressed parents who may have a child at an increased risk of a child with depression, these coping strategies may be particularly important. Beneficial coping strategies in children at high risk for depression have been shown to mediate and moderate the relationship between the mother's depressive symptoms and the child's (Vreeland et al., 2019). While there is a significant relationship between parental depressive symptoms and a child's depressive symptoms, coping socialization, and the child's use of coping strategies associated with mindfulness may have a positive effect on child functioning (Broderick, 2005; Compas et al., 2010; Compas et al., 2015; Goodman & Gotlib, 1999).

Child Coping and Depression

The children of depressed parents are at a particularly high risk for depression, but certain coping strategies have been shown to moderate this risk. In particular, secondary control coping strategies have been linked to resilience, more positivity, and less rumination (Gruhn et al., 2019; Hinterman et al., 2012). There is also preliminary evidence that maternal coping suggestions of secondary control predicted lower adolescent depressive symptoms (Anderson et al., 2021). This relation suggests that secondary control coping in particular may be an important opportunity for interrupting the generational risk for depression.

The Present Study

We have seen in previous research that children of depressed parents are at an increased risk for depression, and we can see through socialized coping and mindful parenting how parenting behaviors may have an effect on this relationship. The present study seeks to

understand how the dispositional mindfulness of a parent with a history of depression may be associated with their child's coping strategies and potential depressive outcomes. We hypothesize that high dispositional mindfulness in parents with a history of depression will be associated with increased use of secondary control coping in their children, which is associated with lower child depression. As such, we would expect an indirect effect of parental mindfulness in parents on child depression through children's use of secondary control coping.

Methods

Participants

Participants were parents from the Nashville, TN and Burlington, VT area who had a history of depression since becoming a parent ($n = 180$) and their children ($n = 242$). Of the 180 target parents with a history of Major Depressive Disorder (MDD) or dysthymic disorder (DY), 160 were mothers (M age = 41.16, $SD = 7.17$) and 20 were fathers (M age = 48.30, $SD = 7.50$). The majority of target parents were married or partnered (62%), while 22% were divorced, 5% were separated, 1% was widowed, and 10% had never married. The racial and ethnic composition of the sample was representative of the local regions in Tennessee and Vermont; the sample was 82% European-American, 12% African-American, 2% Hispanic American, 1% Asian American, 1% Native American, and 2% mixed ethnicity. The parents' level of education spanned from less than high school (6%) to graduate education (23%) and also included parents who had a high school degree (9%), completed some college (30%), or had a college degree (32%). The annual household income of the target parents ranged from less than \$5,000 to more than \$180,000, and the median annual income was between \$40,000 and \$60,000.

Forty-eight parents (27%) in the sample were in a current episode of major depression during the time of data collection for this study, while 132 parents (73%) were not. Additionally,

147 parents (82%) reported having experienced multiple depressive episodes during their child's lifetime with a median of 3 episodes reported. 27 parents (15%) reported having experienced only one depressive episode during their child's lifetime, and five parents (2.7%) reported dysthymic disorder throughout their child's lifetime (one parent did not provide enough information to determine the frequency of episodes).

There were 242 children enrolled in the study. These children were between the ages of 9- and 15-years-old and included 121 girls (M age = 11.38, SD = 2.00) and 121 boys (M age = 11.68, SD = 2.03). Of the children in the study, 74% identified as European-American, 13% as African-American, 3% as Asian America, 2% as Hispanic American, 1% as Native American, and 7% as mixed ethnicity.

Measures

Demographics. Demographic data (e.g., age, gender, education, income, marital status, ethnicity) was collected from parent reports.

Mindful Attention Awareness Scale (MAAS). The Mindful Attention and Awareness Scale (MAAS) is a 15-item scale that reflects the participant's trait mindfulness in relation to global experiences and specific day-to-day activities. This measure was created to focus specifically on the attentiveness and awareness aspects of mindfulness rather than associated characteristics such as gratitude or empathy (Brown & Ryan, 2003). Each item reflects how frequently the participant has a particular experience on a Likert scale from 1 (almost always) to 6 (almost never). A mean performance is calculated for the 15 items, and higher scores indicate a higher level of mindfulness. This measure is well validated and has good internal consistency for a variety of samples (MacKillop & Anderson, 2007).

Responses to Stress Questionnaire (RSQ). The Response to Stress Questionnaire (RSQ) is a 57-item scale that assesses both voluntary and involuntary responses to stress (Connor-Smith et al., 2000). Each item relates to a stress response typical of an adolescent and is rated on a scale from 1 (being “not at all”) to 4 (being “a lot”). Subscales of the RSQ reflect voluntary vs. involuntary responses, engagement vs. disengagement strategies, and primary vs. secondary control. Parent reports on their child and the child’s report on themselves were both recorded. The current study focused on children’s use of secondary control coping, including acceptance, cognitive reappraisal, positive thinking, and distraction (Connor-Smith et al., 2000).

Child Depressive Symptoms. Child depressive symptoms were recorded via the Child Behavioral Checklist (CBCL; Achenbach & Rescorla, 2001) and the Youth Self Report (YSR; Achenbach & Rescorla, 2001). Target parents completed the CBCL, which is a 112-item checklist of behaviors rated on a scale of 0 (being “not true” for their child) to 2 (being “very true or often true” for their child). The YSR was completed by the child themselves and similarly consists of 112 items rated on the same scale. Both assessments produce an “Anxious/Depressed” subscale consisting of 13 items reflecting anxiety and depressive symptoms.

Design and Procedure

Approval for all study procedures was obtained at both Vanderbilt University and the University of Vermont. Participants were recruited from a variety of sources, including mental health practices, family and general medical practices, and media outlets. Of the 967 parents who contacted the research team, 490 were screened by telephone to determine eligibility. Parents were eligible if they had experienced a depressive episode during their child’s lifetime (or were currently experiencing one) but were ineligible if they had a history of bipolar disorder,

schizophrenia, or schizoaffective disorder. Families were also ineligible if their child had a history of autism spectrum disorders, a learning or intellectual disability, bipolar disorder, schizophrenia, conduct disorders, or substance/alcohol abuse. Upon determining eligibility, the target parent with a history of depression completed all parent measures at baseline, and their child in the 9- to 15-year age range completed the child measures. It is important to note that the families were recruited and enrolled in a prevention intervention, but the scope of the present study does not extend beyond data gathered at baseline prior to assigning participants to any conditions.

Results

The range, means, and standard deviations of measures are reported in Table 1. Bivariate correlations between the measures are shown in Table 2. Parent mindfulness was positively correlated with child secondary control coping ($r = .28; p < .001$). Parent mindfulness was negatively correlated to their child's symptoms of anxiety and depression ($r = -.31; p < .001$). Children's secondary control coping and symptoms of anxiety and depression were also negatively correlated ($r = -.51; p < .001$). Regression analysis revealed that parent mindfulness and child secondary control coping accounted for a significant portion of the variance in child anxiety and depression symptoms ($R = .52, p < .001$; parent mindfulness, $\beta = -.129, p < .001$; child secondary coping, $\beta = -.46, p < .001$).

To assess both the direct association between parent mindfulness and child depression and the indirect association between parent mindfulness and child depression accounted for by child coping, Model 4 of the PROCESS macro (v3.4) for SPSS was used. The PROCESS macro is a modeling tool used to describe these direct (path c, c') and indirect paths (path ab). The model demonstrating the relations investigated in this investigation are demonstrated in Figure 1.

The direct association of the effect of parent mindfulness on their child's proportion of secondary control coping (pathway *a*) was significant ($B = .0011, \beta = .32, p < .001; CI [.0007, .0015]$). The effect of a child's secondary control coping on their symptoms of anxiety/depression (pathway *b*) was also significant at ($B = -81.6125, \beta = -.46, p < .001; CI [-102.2527, -60.9724]$). The total effect of parent mindfulness on child anxiety and depression (pathway *ab*) was also significant ($\beta = -.17, p < .001; CI [-.2399, -.0906]$). The direct effect, pathway *c*, of parent mindfulness on their child's symptoms of anxiety/depression was significant ($\beta = -.08, p = .0316; CI [-.1472, -.0068]$). The indirect effect, pathway *c'*, was also significant ($\beta = -0.09; CI [-.1336, -.0495]$). This suggests that there is a partial indirect effect of parent mindfulness on offspring depression or anxiety through secondary control coping skills.

Discussion

The current study examined how the mindfulness of a depressed parent may relate to the coping strategies and depression of their offspring. Mindfulness skills such as awareness and balance may map well onto secondary control coping, which includes positive thinking, reappraisal, and acceptance, which have shown to negatively relate to depression symptoms (Compas et al., 2017). Therefore, the present study was attempting to better understand how the mindfulness skills of a parent may affect their offspring, potentially through coping. These results support the hypothesis that parental mindfulness may have a partial indirect effect on offspring depression through secondary control coping. Analyses support that parent mindfulness may have a significant effect on child coping and that child coping may have a significant effect on the child's depression. There was a partial indirect effect in the total pathway of parent mindfulness on child depression through coping, meaning that some portion of the variance in this relation is not accounted for by coping and perhaps there are other factors at play. These

results have important implications for understanding caregiver behaviors and a potential protective factor (i.e., parent mindfulness) for offspring at increased risk for depression. While we have a preliminary understanding of the potential benefits of mindfulness for the individual, the present study is looking beyond the individual to potential benefits of mindfulness within interpersonal relationships.

The findings of the present study parallel what has already been found in the literature. The positive correlation found here between parent mindfulness and secondary control coping in the child supports previous findings of offspring coping paralleling that of their mothers (Anderson et al., 2021; Watson et al., 2021). The present study also adds to existing research on the relation between trait mindfulness and coping strategies (Hinterman et al., 2012; Weinstein, Brown, & Ryan, 2009). The significant negative relationship between secondary control coping and depressive symptoms adds to existing empirical evidence that secondary control coping has a positive effect on child functioning and reduced depressive symptoms (Anderson et al., 2021; Broderick, 2005; Compas et al., 2010). As a summative pathway, our findings suggest that mindfulness may have some important clinical utility for caregiver interventions.

This study expands upon the existing research by examining the interplay of parent mindfulness and child coping on child depression. Unlike previous studies, this study investigated the interpersonal outcomes of mindfulness within the context of parent-child relationships while taking into account the role of coping behaviors. While there has been a surge in mindfulness research over the last few decades, understanding the social and developmental utility of mindfulness is a relatively newer area of study (Baer, 2003; Burke, 2010; Kabat-Zinn, 2003). The study also posits this potential within the specific population of children of depressed

parents who are especially at-risk for depression (Goodman & Gotlib, 1999), and therefore this study lends itself well to understanding the clinical implications for a vulnerable population.

Additional exploratory analysis including child reports on either their coping mechanisms or symptoms did not produce significant results. This suggests that the significance of the present study's findings may be due, in part, to using reports from the same individual (i.e., parents) for each variable. Nevertheless, the significant results amongst parent reports suggests that there is a potential association between parent mindfulness and child anxiety/depression via coping. Additionally, these findings are limited by potential confounding variables, such as parent depression. When parental depression (measured using the Beck Depression Inventory; BDI) was included as a control variable, weaker associations were produced. There may be additional confounding variables at play, potentially accounting for some of the variability in child anxiety/depression. The potential influence of confounding variables and a lack of variability in reporters may be contributing to lower internal validity within the present findings.

Future studies will need to investigate these relations using multiple measures on each variable. Increasing interrater reliability on all variables (parent mindfulness, child coping, and child (anxiety/depression)) may help to elucidate these associations. Additionally, perhaps administering a more thorough battery of assessments on these measures will better allow us to parse out potential relations in these factors. It is also important to note that the present data was gathered from an intervention baseline of depressed parents. Future studies will want to include more varied participants, so that we may better understand the role of the parent's own clinical symptomology in these associations. Using participants with varying levels of clinical severity and demographic factors may help us to parse out to which populations the present findings are

generalizable. Nonetheless, the present findings aid us in identifying potential associations that merit further investigation.

Despite the present limitations, these findings may have important clinical implications. Being able to identify the factors at play in childhood anxiety or depression may help us to identify populations at risk. Investigating the role of other factors accounting for some of the variability in these relations, as we have done in the present study with secondary control coping, may help us to additionally identify potential protective factors. In summary, the present study suggests preliminarily that parental mindfulness may be a significant predictor of childhood depression, a relation that may be partially accounted for by the child's own coping skills.

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Table 1. *Descriptive statistics for measures of parent mindfulness, offspring secondary control coping, and offspring symptoms of anxiety and depression.*

	M	SD	N
MAAS Prorated Sum	55.007	14.219	236
RSQ Ratio Secondary Control Coping	215	.048	235
CBCL Anxious/Depressed T Score	59.91	8.450	234

Table 2. *Correlations between parental mindfulness, child and parent reports of the child's secondary control coping, child and parent reports of the child's anxiety and depression, and parent depression.*

	1.	2.	3.	4.	5.
1. MAAS Parent Mindfulness	—				
2. CBCL Anxious/Depressed T Score	-.28**	—			
3. YSR Anxious/Depressed T Score	-0.05	.43**	—		
4. RSQ Parent Report of Secondary Control Coping	.31**	-.51**	-.30**	—	
5. RSQ Child Report of Secondary Control Coping	.04	-.18**	-.41**	.18**	—
6. BDI Parent Depression	-.34**	.14*	.13*	-.05	-.05

** $p < 0.01$ (2-tailed)

* $p < 0.05$ (2-tailed)

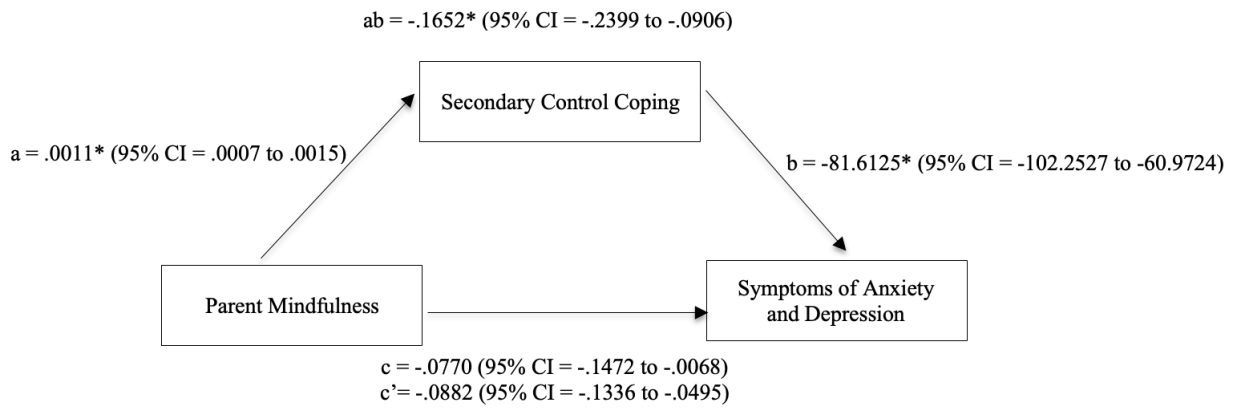


Figure 1. Direct and indirect associations of parent mindfulness and symptoms of anxiety and depression through secondary control coping without covariates.