

**Child Social Connectedness, Parenting Behaviours, and Resilience in the Post-Pandemic
Period**

Pooneh Montazeralsedgh

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School of Counselling, Psychotherapy and Spirituality

Faculty of Human Sciences

Saint Paul University

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ABSTRACT

The COVID-19 pandemic disrupted family routines worldwide, heightening parental stress and limiting children's social opportunities. These challenges raised concerns about potential long-term effects on parenting practices, child social connectedness, and mental health. The current mixed-methods study had two main objectives: (1) to examine associations among post-pandemic positive parenting, child social connectedness, meaning mindset, and parent-reported child mental health, and (2) to explore families' lived experiences of the pandemic and its perceived long-term impacts. Quantitative data were collected from parents of children aged 6 to 12 using measures of parenting, child social connectedness, meaning mindset, and mental health. Analyses tested whether positive parenting predicted child social connectedness and mental health, and whether these associations were mediated by meaning mindset. Qualitative data were obtained by having parents complete open-ended questions at the end of the survey. The data was examined via inductive thematic analysis to identify common themes in pandemic-related experiences. Findings indicated that positive parenting was indirectly associated with child social connectedness and not directly associated with child mental health outcomes. Mediation analyses further suggested that meaning mindset partially explained these relationships, highlighting its role as a resilience factor. Thematic analysis of qualitative data revealed themes of disrupted routines, challenges with resources and support systems, as well as both strains and silver linings in family life, including stronger family bonds. Overall, findings highlight the complicated impact of the pandemic on families, as well as emphasize the importance of strengthening both parenting practices, and parents' ability to build resilience and foster meaning. Together, these strengths may facilitate families' adjustment and ability to thrive in the post-pandemic world.

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CHAPTER 1
LITERATURE REVIEW

Child Social Connectedness, Parenting Behaviours, and Resilience in the Post-Pandemic Period

Parenting practices are significantly predictive of child social outcomes, particularly children's social connectedness (Akhter et al., 2002; Parkinson, 2014; Yang et al., 2025). Social connectedness involves relationships with others which promote a sense of belonging (Diendorfer et al., 2021; McDermott et al., 2012). Notably, children's social connectedness is associated with better emotional and behavioural outcomes (Anthony et al., 2005). By contrast, the perceived lack of social connectedness is associated with detrimental psychological consequences, such as loneliness, sadness, and anxiety (McDermott et al., 2012; Yang et al., 2025). Prior research highlights the importance of early positive social experiences, as a model for later relationships, which are primarily shaped by children's caregivers (Merkaš et al., 2021). The COVID-19 pandemic led to interruptions in the day-to-day routines of families everywhere (Carroll et al., 2020). Families experienced higher levels of stress, as well as economic instability (e.g., loss of jobs due to complete workplace shut-downs). The government-mandated social distancing limitations also had an impact on families' health-related behaviours due to limited access to outdoor activities (Carroll et al., 2020). These disruptions were associated with changes in parenting practices, as well as children's social, behavioural, and academic development (Carroll et al., 2020; Merkaš et al., 2021; Yakub et al., 2024). To date, however, little is known about the longer-term risks of parenting during COVID-19 on child social connectedness, particularly during the post-pandemic period.

During the pandemic, children were presented with fewer opportunities for socialization (Merkaš et al., 2021), and the pandemic led to higher parental stress which is associated with negative parenting practices (Carroll et al., 2020; Horiuchi et al., 2020). It is important to

understand the longer-term consequences of the pandemic on parents and children in the post-pandemic period, including how their lived experiences may have changed parenting and child social connectedness, respectively. Assessing these areas is imperative to understand the need for programming promoting child and family post-pandemic resilience and to develop such interventions.

As part of resilience to mental health concerns, a sense of meaning is essential as meaning significantly predicts emotional, social, and behavioural well-being (St. John, Armstrong, & Watt, 2023). This sense of meaning could be derived through a variety of experiences, including connection with others, meaningful work, engagement in valued activities, and healthy attitudes toward situations (Frankl, 1986; Itzvan et al., 2016; St. John, 2017). In turn, finding meaning can help parents develop post-pandemic resilience as well as be able to manage obstacles in a more facilitative manner (Watt, 2023). The search to find meaning in everyday life, rather than an overarching purpose in life, has been labelled as “Meaning Mindset” or “MM” (Armstrong & Potter, 2022). To further elaborate, MM is the ability to recognize treasured experiences, creations, special moments or situations, encountered through individual agency over thoughts and behaviours, positive self-concept, having hope for the future, and openness to experiences. MM promotes resilience to mental health concerns (Armstrong et al., 2018). This theory is also referred to as MMT (Meaning Mindset Theory; Armstrong, Watt, Potter, & Epperson, 2025) and is part of the Third Wave Positive Psychology approach (Lomas et al., 2020). Thus, resilience fostered through MM should be examined in relation to child social connectedness, parenting practices, and COVID-19, as little is known about ways to cultivate parenting and social resilience in the post-pandemic world.

Child Social Connectedness

Social competence is a necessary element of social connectedness as it involves the skills needed to connect with others (Jack & Jordan, 1999). In particular, creating a social environment that allows children to learn the necessary skills to interact with others is of utmost importance (Jack & Jordan, 1999; Lim et al., 2013; Denham et al., 2023). Four definitions of social competence have been reviewed as part of the literature including, specific skills, sociometric status, relationships, and functional outcomes (Rose-Krasnor, 1997). Various researchers conceptualized specific skills based on what they thought the elements of social competence should be (Jones et al., 2015). For instance, some defined it as social success, others as the ability to prove adaptability in situations, or as being able to accomplish interpersonal tasks (Rose-Krasnor, 1997). Thus, skills-based approaches to social competence vary based on how it is operationally defined. Sociometric status, as another approach to measuring social competence, is defined as popularity and likeability amongst peers (Rose-Krasnor, 1997; van der Wilt et al., 2019; Shehu, 2019; Split et al., 2023). While studies have demonstrated that peer rejection is related to future challenges for children in terms of school dropout and delinquency, there is little evidence that popularity relates to future success (Rose-Krasnor, 1997). Overall, sociometric status does not always accurately measure social competence as children could also maintain friendships but not be considered popular and well-liked by a larger group (Rose-Krasnor, 1997). The relationship approach measures social competence from a quality of individual relationships perspective (Newcomb & Bagwell, 1995). Specifically, the literature has reported that children with no friends are lonelier and that the number of friends positively correlates with both academic and socio-emotional adjustment (Bisono et al., 2019; Sethi & Scales, 2020). This approach is also limited, since the definition of “friendship” could vary, and the quality of the

friendship may negatively or positively impact the child, regardless of the number of friends (Rose-Krasnor, 1997). It is important to note that generally, children with friends have better conflict resolution and task performance skills due to taking part in more frequent social activities (Khalfaoui, 2021). In the long run, having friendships creates a setting for healthy social and emotional growth (Newcomb & Bagwell, 1995). Finally, the functional approach to social competence is associated with social problem-solving in addition to the setting of goals/tasks, and is outcome oriented (Rose-Krasnor, 1997). For example, children and adolescents who place more emphasis on social goals were rated as more socially effective than those who did not prioritize such goals (Rose-Krasnor, 1997). One main issue with the functional approach is that outcome judgments would vary based on the specific goals (i.e., having multiple goals within the same situation that conflict) (Rose-Krasnor, 1997). Generally, all four dimensions can play an important role in defining social competence when used effectively. Integrating these approaches into a singular definition with six dimensions, Cutrona and Russell (1987) proposed social needs that a person displays when they are socially competent: 1) guidance (seeking out advice or information); 2) reliable alliance (having people to turn to for tangible help); 3) reassurance of worth (feeling appreciated for competence and abilities, feeling valued by others); 4) opportunity for nurturance (provides support for others); 5) attachment (perceives that they have an emotional bond with someone from which they can feel a sense of security); and 6) social integration (perceives a sense of belonging to a group with mutual interests, concerns, or hobbies). Further, Harter (1985) adds to these competency skills with four more elements, including knowing how to make friends, having the skills to get others to like oneself, knowing what to do to have others like or accept a person, and understanding what it takes to become popular.

Concerning the development of these social competency skills, researchers have pointed to the role of play time (i.e., quality, duration, frequency) in infants as a dimension of social connectedness (Coelho et al., 2017; Zosh et al., 2022). Playing with others allows children to engage in social interactions, which helps develop their social, cognitive, and emotional capabilities (Coelho et al., 2017; Zosh et al., 2022). The skills children acquire from such interactions develop as they get older, learning more advanced ways of interacting (i.e., empathizing, cooperating, and conflict management skills) (Coelho et al., 2017). On the contrary, a study by Conte et al. (2018) questioned these associations, concluding that they did not find a relationship between prosocial behaviours and emotion knowledge during free play in general. However, they reported that in more structured play contexts, higher levels of emotion knowledge were associated with greater prosocial behaviour, indicating that the relationship varied depending on the type of play setting (Conte et al., 2018).

Peer acceptance, also referred to as social acceptance, has also been reviewed by multiple studies as an important dimension to social connectedness (Chang, 2004; Jose et al., 2012; Law et al., 2013; Silk et al., 2012). Continuing with considering play time, Coelho et al. (2018) concluded that children with more positive play behaviours (measured based on teacher observation) tend to be more socially accepted by their peers, resulting in more friendships. They also mentioned that children with greater social acceptance are more cooperative, can participate in constructive play, and do not take part in disruptive behaviours. On the contrary, children with less reciprocal friendships tend to take part in isolated play time, which correlates with fewer social skills (Coelho et al., 2018).

Other studies also examined the role peer acceptance plays within social connectedness, but in relation to other constructs, such as self-esteem or and academic achievement (Bishop &

Inderbitzen, 1995; Wentzel & Caldwell, 1997). The sample for the study by Bishop and Inderbitzen (1995) was an adolescent population in contrast with Coelho et al.'s (2018) sample of young children and infants. The researchers surveyed 542 students in the ninth grade, aiming to find an association between peer acceptance, friendship, and self-esteem. They concluded that adolescents with one or more reciprocal friendships scored higher on self-esteem measures than students without reciprocal friendships. Interestingly, they found that friendship predicted self-esteem more in comparison with peer acceptance (Bishop & Inderbitzen, 1995). In other words, adolescents who had at least one friend were in some ways protected from having low self-esteem, regardless of how socially accepted they were by other peers. This result sheds light on the importance of developing intervention programs such as social skills training to promote resilience. The training should teach children and adolescents the skills needed to form and maintain friendships, as opposed to teaching conversational skills with the sole purpose of being socially accepted (Bishop & Inderbitzen, 1995). Another study by Li et al. (2022) also considered self-esteem but in relation to how the parent-child relationship and parental responses to child performance may have impacted it. Specifically, they looked at parents' "success-oriented" response vs. "failure-oriented" response and how it impacts children's self-esteem (Li et al., 2022). Researchers found that success-oriented responses positively predicted self-esteem, whereas failure-oriented responses negatively predicted it, which also impacted the parent-child relationship. This result is because success-oriented responses demonstrate positive emotions which helps build a child's self-esteem. In addition, when children have higher self-esteem, there is a greater likelihood of them conveying such positive emotions to their peers as well, as modelled by their parents (Li et al., 2022).

Moreover, with regards to the link between friendships, peer acceptance, and academic achievement, Wentzel and Caldwell (1997) found that peer relations in young adolescents were correlated with academic achievement. Peer relationships were reportedly significant predictors of grades and being part of a group was a predictor of students' overall Grade Point Average (García-Bacete et al., 2023; Wentzel & Caldwell, 1997). Thus, peer acceptance as a dimension of social connectedness sheds light on other dimensions such as self-esteem and academic achievement as well.

Additionally, prosocial behaviour on its own is considered a construct of social connectedness as it determines the level and quality of connection (Carlo et al., 2024; Padilla-Walker et al., 2023). A study by Jackson and Tisak (2001) explored the development of prosocial thinking in children and how it could vary by child age. As part of the study, 83 children of various ages from 7 to 12 years old were recruited to take part in interviews. The prosocial behaviours of helping, cooperating, sharing, and comforting were considered along with child age (Jackson & Tisak, 2001). Researchers concluded that, for helping, most children indicated that they would help their friends as it would be inappropriate to not do so. Findings on cooperation pointed to the fact that the older the child, the less likely they mentioned wanting to cooperate. The youngest participants reported that they would feel guilty for not cooperating and that their peers might frown on their lack of cooperation. For sharing, the youngest children reported more likelihood of sharing. However, children of all ages mentioned they would fear negative peer reactions if they do not share. Finally, for comforting, the oldest children reported a higher likelihood of comforting their friends as it would be wrong to not do so. They also indicated fearing negative reactions from their peers if they do not comfort their friends (Jackson & Tisak, 2001). Conclusively, there seems to be developmental differences in the four prosocial

behaviours the study examined. Such results stress the importance of taking into consideration age differences alongside the prosocial context when studying social outcomes (Carlo et al., 2024; Jackson & Tisak, 2001). Therefore, aspects such as role of play time, peer acceptance and prosocial behaviour are important dimensions of child social connectedness. However, as none of these factors has been explored recently, particularly post-pandemic, current findings may be very different than in the time period in which the earlier research was conducted as a result of potential societal changes. Another key factor important to explore includes parenting behaviours, as well as how behaviours relate to child social connectedness.

Parenting Behaviours

As previously stated, parenting behaviour also plays a significant role in relation to children's development. For example, the experiences parents had during their own childhood may be considered as a potential factor impacting their parenting behaviour later in life (Boullier & Blair, 2018; Steele et al., 2016). A review article by Greene et al. (2020) examined numerous studies that investigated the link between parents' childhood victimization and their parenting behaviour. The aim was to focus on parenting behaviours that may stem from potential intergenerational impacts of abuse such as abusive and problematic parenting (Green et al., 2020). Since 97 studies were reviewed, there were various findings. However, some key meta-analytic results included the fact that parents who reported being physically abused or witnessing violence in their home growing up were more likely to report engaging in abusive or neglectful parenting now. Also, parents who experienced repeated occurrences of victimization were later more likely to perpetrate child abuse (Greene et al., 2020). Overall, the review by Greene et al. (2020) brings attention to the potential impact of parents' own experiences of maltreatment and its relationship with their parenting practices today. Thus, parental childhood experiences could

be considered as a key dimension of parenting behaviour due to the possible direct and indirect impacts on their present-day parenting.

Further studies have examined the mediating role of parenting behaviour on children's or adolescents' anxiety and depression. A longitudinal study by van der Bruggen et al. (2010) took into consideration both paternal and maternal control (psychological control and granting autonomy) and support (emotional warmth and rejection) as mediating variables. The sample included 35 children (preschool age) and their parents. A mix of questionnaires, interviews, and observations were used as part of the methodology for the study which spanned across two time points (with a year between time points) (van der Bruggen et al., 2010). There were several results reported at the end of the one-year period. Primarily, researchers reported that rejection from mothers mediated the relationship between child negative emotionality and their likelihood of having anxiety or depression. In turn, higher levels of negative emotionality in children predicted higher maternal psychological control (van der Bruggen et al., 2010). An unexpected finding was the fact that higher maternal warmth was correlated with higher levels of child anxiety and depression. Researchers proposed two potential explanations for this unexpected finding. The first explanation could be that if mothers are perceived to display high maternal warmth, there may sometimes be a lack of discipline, as well as difficulty with setting limits and boundaries for children (van der Bruggen et al., 2010). Setting limits for children has associations with giving them a chance to "fight" with their parents, making them stronger and, thus, less likely to develop anxiety and depression (Gallagher, 2008). Secondly, if the maternal warmth is too high, it is possible that over-involvement is also high (Barlow, 2002). This situation could create an environment where children do not get opportunities to develop new skills to cope with their own stressors which could lead to anxiety and depression (Barlow,

2002). However, it is important to mention that this finding regarding maternal warmth is not consistent with the broader literature, hence the unexpected nature of the finding. For instance, a large meta-analysis by Pinquart (2017), which included findings from 1,015 studies, found that greater parental warmth was associated with fewer internalizing symptoms in children and adolescents. For fathers, they concluded that paternal parenting behaviours were not related to perceived negative emotionality in children. However, higher autonomy granting from fathers was linked with lower child anxiety and depression (van der Bruggen et al., 2010). On the contrary, research has shown that anxious parents tend to grant children less autonomy which could result in higher reports of child anxiety (Lazarus et al., 2016). Thus, it is important for researchers to consider both mothers and fathers as part of their sample due to likely differential results.

Similar to the Lazarus et al., study, a study by Finkenauer et al. (2005) also examined the association between parenting behaviour and emotional and behavioural problems, but with a focus on the adolescent population. This cross-sectional study collected data from over one thousand boys and girls between the ages of 10 to 14 years old through the use of self-report questionnaires. Measures such as parenting, self-control, behavioural problems, emotional problems, and self-esteem scales were used as part of the surveys (Finkenauer et al., 2005). Researchers concluded that lower levels of self-reported self-control are associated with emotional and behavioural problems for boys and girls in that age group. Further, if adolescents perceived their parents as psychologically controlling, they were more likely to have behavioural problems (i.e., aggression) and emotional issues (i.e., depression and low self-esteem). On the other hand, if their perception of their parents was that they are supportive and accepting, it was associated with fewer emotional problems (Finkenauer et al., 2005). Once again, such results

point to the important role parenting behaviours have on adolescents' behavioural and emotional well-being.

Aside from behavioural problems which are considered externalizing behaviours, parenting dimensions could also potentially influence children's internalizing behaviours. These behaviours include but are not limited to, social withdrawal, somatic complaints, feelings of loneliness, and sadness, etc. (Rose et al., 2018). A review by Rose et al. (2018) examined several studies on the relationship between parenting and children's internalizing behaviours. These researchers concluded that certain types of negative parenting practices such as, over-reactive parenting, over-involved parenting, authoritarian, and permissive parenting are linked with internalizing behaviour problems for children. Further, hostile parenting, spanking, and corporal punishment also put children at risk of developing internalizing behaviour problems (Rose et al., 2018). By contrast, positive parenting practices such as the use of warmth, responsiveness, and high engagement (i.e., authoritative parenting) were found to decrease internalizing issues (Rose et al., 2018; Johnson et al., 2018).

Further research has been conducted to investigate different parenting styles (with a focus on authoritarian vs. authoritative parenting) and their association with children's adjustment (Kaufmann et al., 2000; Areepattamannil, 2010). Specifically, Kaufmann et al. (2000) explored the association between authoritarian and authoritative parenting and children's socio-emotional adjustment, whereas Areepattamannil (2010) discussed these parenting styles within the context of children's academic achievements. The first study surveyed over a thousand mothers of elementary school children where the mothers completed a few self-report questionnaires. After thorough analyses, it was found that there was a positive association between authoritative parenting and healthy child adjustment. On the contrary, authoritarianism was negatively related

to child emotional and behavioural problems (Kaufmann et al., 2000). Thus, this style of parenting was found to strongly predict positive child adjustment. Even though previous studies had found a negative link between authoritarian parenting and child adjustment, Kaufmann et al. (2000) result was weak for this correlation. Interestingly, they found that higher parental authoritarianism was related with better child adjustment, which is contrary to many previous studies (Kaufmann et al., 2000). In the study by Areepattamannil (2010) parents also completed questionnaires on parenting style, as well as on their child's school achievement. As part of authoritative parenting, encouragement and monitoring were dimensions that were explored. It was found that parental encouragement was positively correlated with children's school achievement (Areepattamannil, 2010). However, parental monitoring (i.e., rule-setting, monitoring their homework, etc.) was shown to have a negative association with school achievement. The study did not report any specific results on authoritarian parenting style, however, did mention that generally this style of parenting is related to poorer behavioural and psychological outcomes for children (Areepattamannil, 2010). Therefore, parenting style is an important dimension to explore as part of parenting behaviours as it has a potential impact on both parents' and children's well-being and adjustment.

In a meta-analysis by Valcan et al. (2018), researchers investigated whether parenting behaviours could predict early executive functions in children. Executive functions (EFs), also referred to as EFs, are higher level cognitive processes which are considered crucial in children's academic success. EFs include shifting and working memory, as well as inhibition (Valcan et al., 2018). As part of the meta-analysis, the parental behaviours were divided into three categories including, positive (i.e., responsiveness, warmth, and sensitivity), negative (i.e., detachment and control), and cognitive (i.e., cognitive stimulation, autonomy support, and scaffolding) (Valcan

et al., 2018). Based on the review of 42 studies, the results indicated that there are significant correlations between executive functions in children and both positive and cognitive parenting behaviours (Valcan et al., 2018). Such results point to the importance of parenting on multiple aspects of children's growth, including the higher-level complex aspects of development.

Associations Between Parenting Behaviours and Child Social Connectedness

As previously mentioned, parenting behaviour and child social connectedness are related to one another (Groh et al., 2022). Studies have reported on the impact of early attachment on children's peer relationships throughout their childhood and adolescence (Groh et al., 2022; Schneider et al., 2001). Within the review by Schneider et al. (2001), researchers identified several variables that serve as moderators between attachment and peer relations such as assessment of attachment, assessment of peer relations, gender of parent and child, age at assessment, time in between assessments, Socio-Economic Status (SES) risk status and culture (Schneider et al., 2001). The studies considered some or all these factors as moderators of this relationship. Schneider et al. (2001) used Effect Size (ES) to report on the relationship between parent-child attachment and children's friendships. The researchers concluded that the bonds created within family circles are similar to that of close friendships as they involve similar social skills. Thus, potentially as a result of this similarity, there is a significant association between parent-child attachment and close friendships later in children's lives (Schneider et al., 2001). It is important to mention that there was not a significant predictive association found for parent-child attachment and peer relations that are not categorized as "close," unlike those who are close. Another main finding across studies reviewed was the fact that the age of the child made a difference in the significance of this prediction. It was reported that the older the child was, the stronger the ES connecting parental attachment and peer relations (Schneider et al., 2001).

Another study by Rispoli et al. (2013) also studied the relationship between attachment and early childhood social competence (i.e., peer relations) amongst other constructs. Researchers included data gathered as part of the Early Childhood Longitudinal Study-Birth cohort (ECLS-B) which involved 6,850 parent-child dyads. Regarding attachment security and peer relations, it was concluded that the effort parents put into creating and maintaining secure connections with their children has a possible impact on children's social functioning (i.e., making friends) in early childhood years (Dagan et al., 2023; Rispoli et al., 2013).

In addition to attachment security and peer relations, a study by Farrant et al. (2012) aimed to understand how parenting facilitates the progression of children's prosocial behaviours by examining toddlers/children between the ages of 47 to 76 months. The hypothesis states that maternal empathy (both cognitive and emotional) would positively predict parenting which encourages perspective-taking. Maternal empathy might then aid in the development of cognitive empathy and as a potential result, predict children's prosocial behaviour (Farrant et al., 2012). The findings of the study supported the hypothesis by indicating that mothers who are better at perspective-taking encourage their children to do the same, which can improve children's prosocial capabilities. Also, the higher the levels of emotional empathy from mothers, the greater the progression of children's cognitive empathy skills (Farrant et al., 2012). Thus, aside from parent-child attachment, parents' own emotional and cognitive abilities appeared to influence children's social outcomes as well. Another study by Bornstein et al. (2018) took it a step further by exploring the link between parenting cognitions in toddlerhood to parenting practices in preschool to child externalizing behaviours in classroom settings. This longitudinal study discussed the literature on the relationship between parent cognitions and parenting practices. For instance, mothers who believe they are competent parents are more likely to have a warm

and responsive parenting style (Bornstein et al., 2018). The study itself included a sample of 317 mother-child dyads which spanned across three waves within 8 years. The researchers concluded that parenting cognitions in toddlerhood predicted positive parenting when their child was in preschool. In turn, positive parenting in preschool predicted lower levels of child externalizing behaviours within classroom settings in middle childhood (Bornstein et al., 2018).

Building on children's behaviours within classrooms, a review by Alegre (2011) reported on the little literature that is available on the link between parenting practices/styles and children's emotional intelligence (i.e., within classrooms). For example, children whose parents are authoritative are more resilient, do better in school, and score higher on measures of prosocial behaviour (Lianos, 2015). There is also a link between parental responsiveness and better emotion regulation, lower externalizing behaviours, and higher self-esteem in children (Alegre, 2011). By contrast, negative demandingness from parents (i.e., inconsistent or harsh discipline) is associated with both externalizing and internalizing problems, as well as lower prosocial behaviour. In terms of emotional intelligence, research has found that parental warmth is correlated with higher emotional knowledge and understanding in children. In adolescents, parental warmth has also been associated with higher emotional intelligence overall (Alegre, 2011). Higher emotional intelligence also has a potential impact on externalizing and internalizing behaviours as it appears to be associated with fewer symptoms. There is a need for more studies investigating the link between parenting styles and childhood emotional intelligence as much of the current research focuses on adults' emotional intelligence (Alegre, 2011).

In addition to emotional intelligence, a study by Barnett et al. (2012) not only examined the link between parenting and social competence, but also considered its association with

language development. In particular, this study examined the link between sensitive parenting and children's language development, as well as social competence for children aged 24 to 36 months. The results of the study were mixed regarding the bidirectional associations between parenting, language development, and social competence (Barnett et al., 2012). It was found that mothers' sensitive parenting when children were 12 months old positively linked with better language and social skills at 24 months old. Although there were some differences reported amongst boys and girls, overall, they shared similar results (Barnett et al., 2012).

To add further on social competence, other studies examined how different factors such as parents' affect and parental reactions to negative emotions could potentially influence their social outcomes as well. Isley et al. (1999) studied parents and children's affect during play time and its relationship with social functioning with peers. The study concluded that children who expressed more positive affect when playing with their parents were rated as more socially competent by their teachers and peers (Isley et al., 1999). Also, parental positive affect correlated with better social competence skills for children. On the contrary, children who express more negative affect towards parents and vice versa are more likely to have lower quality peer interactions and relationships (Isley et al., 1999; Spinrad et al., 2022). Similarly, Eisenberg et al. (1996) also examined children's social competence but with considering its relationship with parents' reactions to their children's expressed emotions. The results indicated differences between mothers and fathers as there were less conclusions for fathers' reactions. Mothers' reactions that were more "problem-focused" were positively associated with child social competence (Eisenberg et al., 1996; Morris et al., 2023). By contrast, there was a link between mothers who had minimizing reactions towards their children and lower child social competence. For fathers, minimizing reactions correlated with lower social functioning but mostly on the

paternal distress and punitive reactions measures. Also, if daughters were looked at as socially competent by their mothers and teachers, fathers had less “problem-focused” reactions (Eisenberg et al., 1996). Fathers were also found to provide their daughters who struggle more socially with better advice. Overall, the maternal findings included more significant results than the paternal findings, which indicates a need for further studies on paternal links (Eisenberg et al., 1996; Morris et al., 2023; Spinrad et al., 2022).

In addition to parenting behaviours and child social competence, parents’ own maltreatment history and mental health is associated with their parenting type, which can then be potentially predictive of child outcomes (Madigan et al., 2023; Taraban et al., 2022). In a study conducted by Wolford et al. (2019) the link between harsh parenting (which stems from a history of maltreatment), and child outcomes were examined. The study reported on many different child outcomes, however relevant to social competence it was found that adolescents who experienced harsh parenting had higher internalizing problems such as social withdrawal (Wolford et al., 2019). Thus, stressing the importance of considering parents’ own history when studying the types of parenting practices and its relationship with child social outcomes (Wolford et al., 2019). Thus far, the importance of social connectedness, parenting, as well as how they relate to one another appear to have important associations, and this may differ depending on the gender of the parent or the parent’s own history. The pandemic and its associations with child social connectedness and parenting has also been an emerging topic of discussion amongst researchers. Specifically, the COVID-19 pandemic could potentially affect both child social connectedness and parenting behaviours (Feinberg et al., 2022; Loades et al., 2020; Prime et al., 2020).

The Impact of COVID-19 on Parenting and Child Social Connectedness

The COVID-19 pandemic included restrictions, regulations, and orders to stay at home. Such constricting measures limited the quality and quantity of social interactions both parents and children can engage in outside of their house (Merkaš, et al., 2021). For adults, social connections are needed, in particular during stressful periods (i.e., a pandemic). When these interactions were limited during lockdowns, it was found that adults experienced higher stress and fatigue levels (Nitschke et al., 2021). For children, interpersonal interactions with peers have been an essential part of their daily lives through school. Social isolation and loneliness during the pandemic appeared to have negative impacts on children's mental health, reportedly resulting in increased symptoms of depression and anxiety (Loades et al., 2020). Specifically, the lack of play and interaction at important stages of social development has been found to be detrimental for children's social competence (Lee, 2020; Merkaš et al., 2021). As a result, one of the main ways children stayed connected to their friends or spent their spare time was through digital means (phones, laptops, video games, etc.).

Although technology helped people remain connected with one another during this period, the excessive use of technology was found to be associated with unhealthy forms of social connectedness (Pandya & Lodha, 2021). For instance, youth who spent an excessive amount of time playing video games were more socially disconnected from others, which was correlated with a range of mental health problems. Thus, despite the fact that the lockdown periods are over, it remains important for researchers to continue promoting digital habits that are healthy. Patterns became established and some children still experience social disconnectedness as a result of increased screen-usage habits they grew accustomed to during the pandemic (Pandya & Lodha, 2021). Aside from children's preoccupation with screens, parental

usage of technology also has been found to be negatively associated with child social competence. This is the case because parents could emotionally neglect or ignore their children when using their screens (Merkaš et al., 2021). Thus, more frequent technology use by parents was correlated with lower emotion regulation skills for children which is negatively associated with their prosocial behaviours. However, it is important to note that parents' emotional stability buffered the negative association with children's socialization to some extent (Merkaš et al., 2021).

Aside from increased technology use and its potential impact on parents and children, it is important to discuss how the pandemic may have affected parenting overall. Chung et al. (2020) aimed to understand the relationship between parents' perceived effect of the pandemic and how it could increase harsh parenting, in turn, potentially impacting overall parent-child closeness. Data was collected from 258 parents in Singapore through online questionnaires assessing parenting stress, perceived COVID-19 impacts, and parenting outcomes (i.e., harsh parenting) (Chung et al., 2020). The results indicated that parents who perceived the impact of COVID-19 to be more negative also reported higher levels of parenting stress during this time (Chung et al., 2020). In turn, higher parenting stress was related to an increased likelihood of resorting to harsh parenting strategies was associated with poorer parent-child relationship quality. The only mediator that was reported as part of the study was how the level of stress seemed to have mediated COVID-19 relation with harsh parenting to some extent (Chung et al., 2020). Similarly, another study by Angoff et al. (2021) also examined perceived stress. However, unlike Chung et al. (2020), Angoff et al. (2021) investigated the link between perceived stress and parenting practices that are related to physical activity and food specifically. Parents are known to play a significant role in their children's overall health behaviours, but the current

study is one of the few studies that examine potential changes in relation to food and physical activity during the pandemic (Angoff et al., 2021). For the study, 140 parents were recruited to complete a set of online questionnaires (i.e., perceived stress scale, decision fatigue scale, and behaviour changes during COVID). Following data analysis, it was reported that higher levels of perceived stress correlated with fewer positive behavioural changes, especially when decision fatigue was higher (Angoff et al., 2021). However, overall, parents took part in more positive parenting behaviour changes in relation to physical activity and food during the pandemic. This specific result was encouraging for researchers as it indicated that, despite stress and fatigue levels being higher during this time, parents still engaged in positive behaviours to ensure the health of their children (even if the quantity of positive behaviours may have been impacted to some extent) (Angoff et al., 2021).

A study by McRae et al. (2021) also examined parents' psychological distress during lockdowns and the ways in which it could lead to harsh parenting. Unlike Chung et al. (2020), McRae et al. (2021) considered how cooperative parenting and partner support could act as protective factors that may lessen the potential negative impacts of the pandemic on parenting. Parents who participated in the study had a child between the ages of four to five years old and were asked to complete an online questionnaire (McRae et al., 2021). The survey took into account variables such as emotional well-being, psychological distress, depressive symptoms, parenting, stress, etc. Researchers concluded that parental distress correlated with an increase in reported harsh parenting. However, as hypothesized, partner support and cooperative parenting acted as a buffer for parenting during lockdowns (McRae et al., 2021). Thus, this research brought forth the importance of considering variables that act as protective factors as opposed to solely focusing on negative impacts.

The COVID-19 pandemic not only increased parental stress, resulting in harsh parenting, but also increased fears amongst parents (Suffren et al., 2021). Researchers sought to investigate the link between COVID-related fears and controlling parenting behaviours during lockdowns (Wissemann et al., 2021). This study recruited 249 individuals (most of which had at least one child living with them). Wissemann et al. (2021) relied on self-report questionnaires that asked about COVID-related emotions and parenting styles. They concluded that COVID-related fears predicted future parental controlling behaviours. This finding may be due to the fact that parents had to exercise extreme caution during the lockdown period, resulting in higher anxiety. Potentially, parents may have been forced to view the world as more threatening to protect themselves and their families. In turn, the controlling behaviours could have adverse effects on children's mental health (Wissemann et al., 2021).

Overall, parenting has its own set of unique challenges, but combining the pre-existing obstacles with a global pandemic, many parents faced additional difficulties during this time (Shum et al., 2022). Parents, in particular mothers, who worked and took care of their children from home experienced a reported decline in their mental health. They not only had to adjust to working from home but also balancing that with home-schooling their children by helping them adapt to online school (Shum et al., 2022). It is also important to note that some families such as low-income and single parent households experienced higher stress levels, and consequently poorer mental health during the pandemic (Shum et al., 2022). The current study by Shum et al. (2022) aimed to qualitatively understand parents' lived experiences and how they supported their families throughout the pandemic. Unlike some of the aforementioned studies, the current one also reported on resources to help parents cope with the difficulties of the pandemic, as well as finding positive impacts (Shum et al., 2022). The researchers interviewed 18 parents who had a

child between the ages of 2 and 16 years old at home. The questions asked about their experiences during the pandemic, how things have changed compared to pre-pandemic, negative experiences regarding parenting, coping, and what they require support with (Shum et al., 2022). The data was then analyzed using a reflexive thematic analysis which resulted in four themes. The themes included, “worries and uncertainties,” “mental exhaustion,” “resources to help cope with challenges,” and “finding the positives” (Shum et al., 2022). Once again, the most notable results that sets the study apart from other research is the fact that they reported on positives and resources. For instance, parents from higher income families drew from their resources at home (i.e., the availability of technological devices). Resources such as extended family members (i.e., grandparents) were also appreciated more during this time for help with childcare. In terms of positives, many families reported that they got the chance to spend more time as a family, strengthening their connections to one another. Some also mentioned that the pandemic would help children become more resilient and appreciative in the future (Shum et al., 2022). Despite the challenging aspects of the pandemic on both parents and children, there are several strengths to draw on as well. If more research had focused on compiling resources for families during the lockdowns, perhaps families would have had better mental health during such unprecedented times. Overall, little is known about the relationship between parenting and child social connectedness in the post-pandemic period. Further, there has been little to no studies to date looking at resilience in relation to parenting and child social connectedness in the post-pandemic period.

Resilience and Meaning Mindset (MM)

Resilience is a process involving adaption regardless of the risks and obstacles that present themselves. It is the ability to grapple with, as well as to overcome various challenges (Karakasidou et al., 2023). Generally, resilience has been examined within a framework

involving risk, adversity, crises and disaster (Southwick et al., 2014). Crises whether socio-economic, political, environmental, or health related pose challenges to individuals as it is a disruption to their system. The COVID-19 pandemic is the latest and most severe health crisis faced by people all around the world (Karakasidou et al., 2023). From the start of the pandemic, researchers sought to examine the potential impact of the pandemic on peoples' mental health and sense of resilience. It has been noted that mental health issues such as, anxiety, depression and stress were experienced by approximately 30% of adults during the pandemic (World Health Organization, 2022). On the contrary, in general, one's resilience is inversely correlated with mental health issues (i.e., anxiety, depression, loneliness, distress and suicidal thoughts) (Killgore et al., 2020). Thus, the concept of resilience brings about the importance of developing interventions to help families navigate challenges that perhaps became exasperated during and/or after the pandemic.

As previously mentioned, Meaning Mindset (MM) has been correlated with mental health. MM, meaning in daily life, is experienced through agency over thoughts and behaviours, hope for the future, positive self-concept, and openness to experience (Armstrong & Potter, 2022). MM is positively associated with social connectedness, as well as behavioural and emotional well-being (Armstrong & Potter, 2022). It is important to note that some children demonstrated resiliency during the pandemic, some even thriving, whereas others struggled to cope. For adults, positive coping depended on the meaning they attached to the situation(s) (Armstrong & Potter, 2022). For children, MM predicted positive pandemic coping and mental health (Armstrong & Potter, 2022). Overall, there are strong correlations between child mental health and MM which would need to be further explored, as studies in this area are limited (Parrot et al., 2021).

As mentioned previously, MMT is a third wave Positive Psychology theoretical framework

(PP3.0). PP3.0 builds on the second wave of Positive Psychology (PP2.0) which originated from Logotherapy and Existential theory (Frankl, 1946/1986; Wong, 2017). There are slight differences between PP2.0 and PP3.0 such that PP3.0 is much more interdisciplinary and multicultural. It is however important to note that PP2.0 had made significant strides compared with first wave Positive Psychology. For instance, where first wave Positive Psychology focused on pursuing happiness and positive emotions as a means of gaining well-being, PP2.0 mentioned that happiness naturally occurs when on the pursuit to find meaning (Lomas et al., 2020). Thus, PP2.0 focuses on both the positive, as well as the more difficult feelings and experiences that one can encounter on the quest to find meaning (Itzvan et al., 2016; Wong, 2017). Overall, as MMT as a PP3.0 approach builds on PP2.0, but recognizes the importance of diverse voices and mixed methods research. PP3.0 takes into account one's social, environmental and cultural circumstances. It is an incorporation of individual principles, values and strengths that sets PP3.0 apart from previous Positive Psychology waves (Lomas et al., 2020; Wissing et al., 2022). The associations between parenting, social connectedness and mental health, as mediated by MM, supplemented by a qualitative voice to help further explain results has yet to be studied.

It is important to note that even though the critical phase of the pandemic has ended, its relevance to family functioning and child well-being extends beyond the period of lockdowns. The current study does not make assumptions stating that the correlations among positive parenting, social connectedness, meaning mindset, and child mental health are caused by or unique to the post-pandemic period. Instead, the post-pandemic context provides a significant developmental setting that allows for these relationships to be examined following a prolonged period of disruption to family routines, peer interactions, schooling and social development. Due to the cross-sectional nature of the current study, causal connections regarding the impact of the

pandemic cannot directly be made. Therefore, the quantitative component examines the correlations amongst variables within a post-pandemic sample, while the qualitative component directly explores parental perceptions of their families' experiences during the pandemic, as well as reporting on any perceived lingering effects.

Current Study & Originality

The current study has two main objectives: (1) to examine post-pandemic positive parenting in conjunction with social connectedness and mental health of children, and (2) to understand the lived experiences of parents and children, and the perceived potential longer-term effects of the pandemic on parenting and child social connectedness. The hypotheses for this study are as follows: (1) Quantitatively, it is predicted that parents will report low levels of positive parenting. Given the potential fallout from the pandemic, noted in the literature (Prime et al., 2020; Brown et al., 2020) it is expected that average self-reported positive parenting scores may be significantly lower than the typical mean score on a questionnaire measuring positive parenting. Specifically, it is expected that positive parenting scores will be at least one standard deviation below the mean from pre-pandemic measure validation samples. (2) Further, given the literature on parenting, social connectedness, and mental health (Denham et al., 2003; Eisenberg et al., 2006; Rueger et al., 2016) it is predicted higher levels of positive parenting will be associated with greater child social connectedness and fewer child internalizing symptoms. (3) If self-reported positive parenting scores are lower in the current sample than in typical samples who have used the same measure, it is expected that there will be lower reported quantity and quality of child social connectedness and, therefore, poorer child mental health. This will be tested by ensuring that the score is one standard deviation below the typical mean score for the measure. (4) Meaning mindset will mediate the association between positive parenting and child

social belonging, such that greater positive parenting will be associated with stronger child meaning mindset, which in turn will be associated with greater social belonging. Further, qualitative data will be used to explore and understand in more depth the experiences of families during the pandemic. Together, these hypotheses aim to provide a thorough examination of the relationships among parenting, social connectedness, and child mental health in the post-pandemic context.

The current study addresses gaps in the literature by examining positive parenting, child social connectedness, meaning mindset, and mental health within a post-pandemic context. While existing research has emphasized outcomes during and shortly following the pandemic, the current study integrates these constructs to provide a comprehensive understanding of children's overall well-being in the years following COVID-19. The present study does not assume that the relationships among these variables are unique to, or caused by, the pandemic; rather, it examines how these factors relate within a post-pandemic sample following a period of disruption to family routines, schooling, and children's social experiences. In particular, by considering the potential mediating role of meaning mindset as a resilience factor, this research offers insight into the mechanisms linking parenting to child outcomes. By including qualitative data in the current research, families' lived experiences can be taken into consideration, providing additional context regarding parents' perceptions of their experiences during the pandemic and any perceived lingering effects. Ultimately, the current study aims to contribute to the development of targeted parenting and clinical interventions by identifying key processes that help promote child well-being and support family resilience in the long term in a post-pandemic world.

CHAPTER 2

METHODOLOGY

Methodology

The present study employed a cross-sectional mixed-methods design, incorporating both quantitative and qualitative components. The quantitative component involved examining positive parenting, child social connectedness, meaning making, and mental health in the aftermath of the pandemic. The inclusion of a qualitative component allowed for an exploration of whether parents' lived experiences aligned with, or provided deeper insight into, the quantitative findings. From a Third Wave Positive Psychology perspective, in which MMT is positioned, there is a strong emphasis on methodological pluralism, incorporating both quantitative and qualitative approaches to capture diverse participant perspectives and improve the contextual fit of research applications (Lomas et al., 2020). Participants were recruited through notices in the community, and through social media. Initially, the study aimed to recruit 80 to 100 participants; however, after data screening and cleaning, the total sample consisted of 51 participants. Due to missing data across variables, analytic sample sizes ranged from approximately 30 to 50 participants depending on the analysis conducted. Although the majority of studies have approximately 100 participants, the current study can be used as a guideline for future research with a larger sample size. The studies discussed were similar to the current one in terms of goals and yielded statistically significant results with the 100-participant sample size (Lianos, 2015; Anthony et al., 2005; Coelho et al., 2017).

Demographics

As part of this study and as demonstrated in Table 1, the total number of participants that completed the survey was 51 parents. Out of 51 participants, 36 of them (70.6%) fully completed the demographic questions, while 15 participants (29.4%) partially completed questions. The majority of parents (66.7%) were between the ages of 35 to 44 years old, while 27.8% were

between 45 to 54 years, and finally, 5.6% between 25 and 34 years of age. Overall, parents were between 25 to 54 years old, $M=41.8$ ($SD=5.3$). Many parents self-identified as female (88.9%), while 11.1% self-identified as male. Almost all participants indicated that they were married (94.4%), with 2.8% reporting being separated and 2.8% mentioning that they were cohabitating with a partner. Educational achievement was fairly high as 50% of participants reported completing a postgraduate degree, with 41.7% holding a bachelor's degree. 72.2% of participants were full-time employees, 16.7% reported being self-employed, 5.6% being stay-at-home parents, and 5.6% reported being unemployed. In terms of household income, the majority (63.9%) reported a high annual income of \$150,000 or more. 13.9% reported their household income to be between \$100,000 and \$149,999, 8.3% between \$50,000 to \$74,999, and 2.8% between \$75,000 to \$99,999. 11.1% of participants preferred not to self-disclose their household income.

In terms of ethnicity, the majority of the participants identified as white (66.7%) which accounted for two-thirds of the sample. 11.1% identified as Asian, 5.6% as Middle Eastern or North African, 2.8% as Hispanic/Latino, 2.8% as multiracial/multiethnic, and 11.1% as "other race" (i.e., South Asian, Ashkenazi Jewish, etc.). For most participants (60.8%) the main language spoken at home was English. However, 39.2% reported having a multilingual household with languages such as, French, Arabic, etc. being spoken as well. Since parents also reported on the age and gender of their child, demographics indicated that their children were in fact between the ages of 6 to 12 years old. The majority of children seemed to be 10 years old (25%), 19.4% were 9 years old, and 13.9% were 12 years old. With regards to child gender, parents reported 55.6% as male, 41.7% as female, and 2.8% as non-binary/third gender.

Table 1*Demographic Characteristics of the Sample (N=51)*

Variable	Category	n	Valid %
Age (years)	25–34	2	5.6
	35–44	24	66.7
	45–54	10	27.8
Gender Identity	Woman	32	88.9
	Man	4	11.1
Relationship Status	Married	34	94.4
	Separated	1	2.8
	Cohabiting/domestic partnership	1	2.8
Education	High school diploma	1	2.8
	Some college/vocational	2	5.6
	Bachelor's degree	15	41.7
	Postgraduate degree	18	50.0
Employment	Employed full-time	26	72.2
	Self-employed	6	16.7
	Stay-at-home parent	2	5.6
	Unemployed	2	5.6
Household Income	\$50,000–74,999	3	8.3
	\$75,000–99,999	1	2.8
	\$100,000–149,999	5	13.9
	\$150,000+	23	63.9
	Prefer not to say	4	11.1
Race/Ethnicity	White	24	66.7
	Asian	4	11.1
	Middle Eastern/North African	2	5.6
	Hispanic/Latino	1	2.8
	Multiracial/Multiethnic	1	2.8
	Other (self-described)	4	11.1
Language at Home	English	31	60.8
	Multilingual (Arabic, French, etc.)	20	39.2

Variable	Category	n	Valid %
Child Age (years)	6	4	11.1
	7	4	11.1
	8	4	11.1
	9	7	19.4
	10	9	25.0
	11	3	8.3
	12	5	13.9
Child Gender	Female	15	41.7
	Male	20	55.6
	Non-binary/third gender	1	2.8

Procedures

Participants were recruited through social media posters distributed in community and parenting Facebook groups across the Ottawa-Gatineau area. Based on the social media posters, interested and eligible participants were automatically directed to the survey link. The poster included the eligibility criteria for participants, the approximate length of time needed to complete questionnaires, a brief description of the study's goal, additional parts of the study (qualitative portion), the link to the online questionnaire, and contact information of the researcher should they have any questions or concerns. A convenience sampling approach was employed, whereby participants self-selected into the study by accessing the survey link. To be included in this study, participants needed to be parents or legal guardians of a child between the ages of 6 to 12 years old, needed to be currently living with the child, and have the ability to speak, read, and write in English to ensure comprehension of study questionnaires. It is important to note that for convenience purposes, participants were expected to determine their own eligibility and did not need to contact the researcher to obtain the link to the survey.

The questionnaire linked to SurveyMonkey and consisted of a series of questions (both quantitative and qualitative). For the qualitative portion, parents typed their responses to a series of open-ended questions about their own and their children's experiences during and after the pandemic. The inclusion criteria for the qualitative portion remained the same and depended on voluntary participation as it was simply included at the end of the survey as an optional section. Once the quantitative data was collected, the results were analyzed by inputting the raw data into SPSS. The qualitative component was analyzed using an inductive thematic analysis. Additional details regarding the analysis are outlined in the Data Analysis section

Measures

Alabama Parenting Questionnaire (APQ)

The Alabama Parenting Questionnaire (APQ; Frick et al., 1991) is a parent-report scale that examines parenting practices related to child externalizing difficulties. This 42-item questionnaire has a 5-point response scale. The APQ measures five subscales of parenting: 1) involvement: positive involvement with child, 2) positive parenting: use of positive discipline methods, 3) inconsistent discipline: consistency in use of discipline, 4) supervision and monitoring, and 5) use of corporal punishment. This questionnaire also exists in short form, commonly referred to as APQ-9 (consisting of 9 questions) (Elgar et al., 2007). The 9-item questionnaire includes measures of positive parenting, inconsistent discipline, and poor supervision, and is commonly used to reduce participant burden. The APQ-9 was the version administered in the current study. Items are rated on a 5-point Likert scale ranging from 1 (never) to 5 (always) (Elgar et al., 2007). The APQ has demonstrated acceptable psychometric properties, including reliability and validity (Schmeck et al., 2001; Świącicka et al., 2019). Previous research has reported Cronbach's alpha coefficients of $\alpha = .75$ for involvement, $\alpha = .77$

for positive parenting, and $\alpha = .73$ for inconsistent discipline, with lower reliability observed for supervision/monitoring ($\alpha = .59$) and corporal punishment ($\alpha = .55$) (Essau et al., 2006). The short-form has similar validity and reliability such that the Cronbach's alpha ranges from ~0.65 to 0.80 which is considered acceptable (Elgar et al., 2007). In the current study, internal consistency was acceptable for positive parenting ($\alpha = .80$) and inconsistent discipline ($\alpha = .79$), and lower for poor supervision ($\alpha = .54$).

Social Belonging Scale (SBS; Parent form)

The Social Belonging Scale-Parent form is currently an unpublished measure. It was developed to examine parents' perceptions of their child's social belonging and connectedness. The measure includes 10 questions rated on a 6-point likert scale with answers ranging from 1=strongly agree to 6 (strongly disagree) (Armstrong, unpublished). For this measure, the higher scores reflect greater perceived social belonging/connection for the child within social and peer related contexts. An example of the type of question as part of this scale would be "My child has many friends" or "My child makes 'social mistakes' that peers don't like." (Armstrong, unpublished). Even though the measure is currently unpublished, Armstrong has provided some psychometric information regarding the measure. The scale revealed excellent internal consistency as Cronbach's $\alpha = .94$. Convergent validity was supported through significant positive correlations with measures of child mental health (ISA). The internal consistency was excellent at ($\alpha = .93$). There was also a significant inverse association with gifted IQ scores ($IQ > 130$), meaning that higher intelligence was correlated with lower social belonging ($p < .05$) (Armstrong, unpublished data). There has been no further information provided. Internal consistency in the present study was acceptable ($\alpha = .71$).

Meaning Mindset

Child Identity and Purpose Questionnaire (Ch.I.P; Parent form)

Meaning Mindset (MM) was measured using the Child Identity and Purpose Questionnaire (Ch.I.P). To date, there are numerous questionnaires examining sense of purpose in adults, but very few of them use language that is translatable to kids. As a result, the Ch.I.P was developed which takes into account positive identity constructs that is an area that represents meaning for children. Ch.I.P was developed by Dr. Laura Armstrong in 2016 and in 2018 to 2020, the questionnaire was updated into the Child Identity and Purpose Questionnaire-Interactive (Ch.I.P-I) by Armstrong and other colleagues (Armstrong et al., 2020). The difference between the two versions is that the original Ch.I.P is a standard questionnaire designed for parents, whereas, the Ch.I.P-I is a video-based interactive version that would be used directly with children between the ages of 6 to 12 years old (Armstrong et al., 2020; Armstrong, 2016). Both the parent and child-report version of Ch.I.P aim to examine perceptions of children's sense of meaning (value of experiences), identity (i.e., self-concept & role within the family/community), and purpose in life (i.e., motivation & goals) (Armstrong, 2016). The Ch.I.P-I is a 12-item questionnaire with a 0 to 10 sliding scale (Armstrong et al., 2020). For the purposes of the current study, the original Ch.I.P for parents, reflecting on child MM, was used and includes a 12-item 10-point sliding scale. The questionnaire has been designed to help researchers capture potential developmental factors that may serve as a protective mechanism against negative psychosocial consequences. For Ch.I.P, the higher the scores are, the stronger the child's sense of identity and purpose is (10=better) (Armstrong, 2016). As part of the pilot study, it was indicated that Ch.I.P has acceptable internal consistency with Cronbach's alpha values being between ~0.70 to 0.82 across all subscales. For face and content validity, evidence

was determined through direct feedback from parents, children and mental health professionals during item development (Armstrong, 2016). Even though Ch.I.P-I was not used in the current study, it is important to note that the internal consistency was ($\alpha = .82$) which is acceptable as well (Armstrong et al., 2020). Also, in terms of internal consistency reliability, the Cronbach's alpha was 0.95 for the child participants which is considered excellent (as part of Ch.I.P-I). The scale has good content validity since it determined whether the items of the subscales were relevant to meaning-making for children. Face validity was used in order to provide information for inclusion of items, as well as ensuring the wording of the questions are child-friendly (Armstrong, 2016). In the current study the internal consistency for Ch.I.P was good ($\alpha = .86$).

Interactive Symptoms Assessment (ISA)

The ISA is an interactive video-based measure designed to measure child behavioural (externalizing) and emotional (internalizing) mental health and well-being. It assesses functioning across a variety of child internalizing and externalizing behaviours for children between the ages of six to twelve years old (Armstrong et al., 2020). Although the ISA is video-based, it is still a self-report measure that has 12 items being scored from 0 to 10. Each item has a video demonstration and a slider that children use to score. The video demonstration includes still images of the characters. For instance, "The child felt good about the friends in her life this week." The child is instructed by the video to move the slider to the far end (score of 10) if they did not feel about their friends this week just like the character on the screen. The subscales of the ISA include, mood and anxiety symptoms, obsessions and compulsions, behavioural symptom (attention deficits and conduct concerns), as well as self-esteem (including social self-esteem, body image, and sense of personal accomplishment) (Armstrong et al., 2020). For the purpose of the current study, a parent self-report version of the ISA was adapted by Armstrong to

use since it does not directly survey child participants. Instead, the ISA includes 12 questions (using a 10-point sliding scale) where the lower the score, the better the child is doing. The ISA parent measure was found to be reliable and valid in terms of content and face validity, as well as internally consistent ($\alpha = 0.83$ for the short form). The ISA also demonstrated good criterion validity since the scores were highly associated with self-esteem and mental health (Armstrong et al., 2020). For the current study, the internal consistency of ISA was excellent ($\alpha = .91$).

Parenting sense of competence scale (PSOC)

The parenting sense of competence scale (PSOC) is a self-report measure developed to assess parents' self-perceptions of their competence and efficacy within the parenting role. It consists of 17 items, each rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree) (Gibaud-Wallston & Wandersman, 1978). Higher scores as part of this questionnaire indicate greater perceived competence and satisfaction in parenting. Efficacy and satisfaction are the two main subscales of PSOC. While the Efficacy subscale includes parents' sense of skill, problem-solving ability, and ability to manage parenting demands, the Satisfaction subscale captures affective experiences of parenting. This includes frustration, anxiety, and overall contentment or sense of enjoyment within their role as a parent (Gibaud-Wallston & Wandersman, 1978). The PSOC is a commonly used measure within both research and clinical settings since it is used to examine parenting sense of confidence/competence and has good psychometric properties. It is also generalizable across a range of socioeconomic groups, diverse cultural contexts, as well as child populations (Johnston & Mash, 1989). The internal consistency ranges from ~0.70 to 0.80 for both subscales. Some studies reported a Cronbach's alpha as high as ($\alpha = 0.88$) as well which is deemed acceptable to good. Stability of parental self-perceptions over time has also been demonstrated through test-retest reliability (Johnston & Mash, 1989).

Construct validity is also revealed through noteworthy correlations between parenting stress, parenting practices, and child behavioural outcomes. Finally, predictive validity for PSOC has also been shown as lower efficacy and satisfaction scores are correlated with increased parental stress and child externalizing behaviours (Johnston & Mash, 1989). In the current study, the internal consistency of the PSOC was acceptable ($\alpha = .68$), although slightly below the conventional threshold of .70. It is important to note that the PSOC was included as a supplementary exploratory measure to provide additional context regarding parents' perceived competence and satisfaction in their parenting role. It was not included in the primary hypotheses or mediation analyses but was examined descriptively and through bivariate correlations with the primary study variables.

Data Analysis

Quantitative Analysis

Data Screening & Cleaning

Data screening of quantitative data (Tabachnick & Fidell, 2007), along with reliability and validity checks for qualitative data (Creswell, 2009), was carried out using SPSS 30. Quantitative data were exported from SurveyMonkey and analyzed using SPSS. The dataset was screened and cleaned through checking for incomplete or duplicate responses, identifying potential invalid or inattentive responses (e.g., patterned answering or unusually short completion times), and examining missing data. Partially completed surveys were retained when sufficient data were available for analysis. Specifically, scale scores were calculated when at least 75% of the responses required for a given measure were available. As a result, the final analytic sample varied depending on the variables included, ranging from approximately 30 to 50 participants.

Further screening included checking for outliers, data entry errors, and violations of statistical assumptions. Outliers were examined using standardized scores and visual inspection (e.g., boxplots), and no extreme outliers requiring removal were identified. Missing data were examined at both the item and variable levels. Initially, multiple imputation was conducted to evaluate the potential impact of missing data; however, results were comparable to those obtained using the original dataset. Therefore, analyses were conducted using the non-imputed data. As a result, missing values were handled using pairwise deletion, allowing all available data to be included in each analysis due to the small sample size. As a result, sample sizes varied slightly across analyses depending on data availability. Variables were also assessed for normality through examination of skewness and kurtosis, as well as a visual review of distributions. Following data screening, descriptive statistics were conducted to explore participant characteristics and key study variables, including means, standard deviations, and ranges. Reliability analyses (Cronbach's alpha) were also conducted to assess the internal consistency of study measures prior to inferential analyses.

Multiple regressions were used to examine relations between parenting behaviour and child connectedness. Multiple regression is a statistical method that uses multiple explanatory variables (also known as independent variables) to predict the result of a response variable (dependent variable) (Field, 2018). A hierarchical regression analysis was also used to explore meaning making as a potential mediator between parenting and child social connectedness and well-being.

Qualitative Analysis

As previously mentioned, the qualitative component includes seven questions at the end of the quantitative survey to explore parents' lived experiences during and after the pandemic.

The questions were open-ended in nature and designed to capture parents' perspectives on their experiences, parenting practices, and their child's social and emotional development. Example questions included: "How did your daily routine and your role as a parent change during the pandemic, and what were the biggest challenges you faced?" and "In what ways did the pandemic affect your child's mental health, emotional well-being, and social interactions?" The full list of questions is provided in **Appendix B**. The parents have the option to complete or skip any of the questions as participation is voluntary. Participation in the qualitative portion varied across the seven open-ended questions, with between 31 and 35 participants providing a response to each question. Parental responses were exported from SurveyMonkey and prepared for coding using an inductive thematic analysis approach to identify emergent themes (Braun & Clarke, 2013). The qualitative data were prepared for analysis by reviewing the written responses for completeness and removing any potentially identifying information prior to coding. As part of Braun and Clarke (2013) inductive thematic analysis, data is transcribed and reviewed multiple times to note down themes. More specifically, Braun and Clarke (2013) outline the six stages of how this is done. The first stage includes familiarizing oneself with the data, also known as the reading and rereading step to gain a thorough understanding of the data. The second stage involves producing the initial codes and as part of this, the researcher's predictions about themes and trends are taken into consideration. The third step involves the researchers looking for recurring motifs, scanning to see what is important, and grouping codes into potential themes. Fourth, the motifs are examined by re-evaluating the themes determined in the earlier phases (to ensure consistency of data). Fifth, the researchers identify the themes by creating detailed summaries that transport the significance of the themes and patterns. The final step is composing, which involves contributing ideas and information to the dissertation or article (Braun & Clarke,

2022). Once all data analysis steps were complete, researchers then assessed for the validity and reliability to ensure generalizability, accuracy and transferability of results. Reliability was estimated by comparing different versions of the same measurement. Validity although harder to measure, was approximated through the comparison of the results to other relevant data. Finally, to enhance reliability, two reviewers examined and coded the qualitative data. Inter-rater agreement was assessed using percentage agreement, and discrepancies were resolved through discussion to reach consensus.

CHAPTER 3

RESULTS

Results

Descriptive Statistics

Descriptive statistics for all study variables are presented in Table 2. Parents reported positive parenting scores ($M = 12.93$, $SD = 1.77$) and Meaning Mindset scores ($M = 84.26$, $SD = 17.62$). Children had social belonging scores ($M = 42.42$, $SD = 7.59$). Child internalizing symptoms (ISA) had a mean score of $M = 43.00$ ($SD = 18.89$), with the relatively larger standard deviation indicating greater variability in scores within the sample. Parenting sense of competence was assessed across two dimensions, with parents reporting efficacy ($M = 34.44$, $SD = 6.90$) and satisfaction ($M = 36.93$, $SD = 9.13$).

In relation to Hypothesis 1, positive parenting scores in the current sample were compared with the mother and father validation samples reported by Elgar et al. (2007). Elgar et al. reported mean positive parenting scores of 13.78 ($SD = 1.50$) for mothers and 13.14 ($SD = 1.79$) for fathers. One standard deviation below these means corresponds to scores of 12.28 and 11.35, respectively. The mean positive parenting score in the current sample ($M = 12.93$, $SD = 1.77$) was not at least one standard deviation below either of these values. Therefore, Hypothesis 1 was not supported. Also, since the criterion of lower positive parenting specified in Hypothesis 3 was therefore not met, the expected pattern of lower social connectedness and poorer child mental health proposed in Hypothesis 3 was not evaluated based on this criterion.

Table 2

Descriptive Statistics for Study Variables

Variable	N	M	SD	Min	Max
Internalizing Symptoms (ISA)	43	43.00	18.89	16.00	108.00
Meaning Mindset (CHIPSUM)	47	84.26	17.62	42.00	120.00

Variable	N	M	SD	Min	Max
Social Belonging	43	42.42	7.59	20.00	57.00
Positive Parenting (APQ)	44	12.93	1.77	7.00	15.00
PSOC – Efficacy	41	34.44	6.90	18.00	48.00
PSOC – Satisfaction	41	36.93	9.13	9.00	53.00

Note. M = mean; SD = standard deviation.

Quantitative Results

Prior to conducting the main analyses, assumptions of normality were evaluated through examination of skewness and kurtosis values alongside visual inspection of variable distributions. Mild deviations from normality were observed for the child mental health variable (ISA), which is consistent with the expected distribution of mental health outcomes in community-based samples. Given the robustness of regression analyses to moderate violations of normality, the untransformed original variable was retained for subsequent analyses.

Correlations

Bivariate Pearson correlations were conducted to examine correlations amongst positive parenting, social connectedness, meaning mindset and child mental health outcomes. Parenting sense of competence was also included measuring efficacy and satisfaction. As per the second hypothesis, it was predicted that positive parenting will be predictive of child social connectedness, and as a result predictive of mental health outcomes. As shown in table 3, social belonging was positively correlated with meaning mindset ($r=.53, p<.001$). In other words, higher social connectedness correlated with a stronger sense of purpose, identity and meaning. Positive parenting was also significant positively correlated with meaning mindset ($r=.56, p<.001$) as well as parenting sense of competence-efficacy ($r=.45, p=.003$). Parenting sense of

competence-satisfaction was also positively correlated with both meaning mindset ($r = .35$, $p = .030$) and parenting sense of competence-efficacy ($r = .37$, $p = .019$).

On the contrary, internalizing symptoms were negatively correlated with both social belonging ($r = -.19$, ns) and with parenting sense of competence-satisfaction in parenting ($r = -.67$, $p < .001$). This would suggest that parents reporting more child internalizing symptoms felt less satisfied in their role as parents. Mental health scores were also negatively correlated with meaning mindset ($r = -.44$, $p = .005$), demonstrating that children with a stronger sense of identity and purpose were reported to have fewer internalizing symptoms. Overall, the correlation results mostly support the hypothesis by demonstrating associations between positive parenting, social connectedness and mental health.

Table 3
Bivariate Correlations

Variable	1	2	3	4	5	6
1. Social Belonging	—					
2. Child Meaning Mindset (CHIP)	.53**	—				
3. Internalizing Symptoms (ISA)	-.19	-.44**	—			
4. Parenting Sense of Competence – Efficacy	.27	.35*	-.04	—		
5. Parenting Sense of Competence – Satisfaction	.12	.35*	-.67**	.37*	—	
6. Positive Parenting (APQ)	.21	.56**	-.16	.45**	.29	—

* $p < .05$, ** $p < .01$, *** $p < .001$.

Regression Analysis

A series of regression analyses were conducted in accordance with the current study's second hypothesis, regarding positive parenting predicting children's social connectedness, and

eventually their mental health. Regression analyses aimed to determine whether there are direct relationships amongst the aforementioned variables. It is important to mention that to ensure the accuracy of the results, analyses were ran a few times to consider any potential violations of normality. The dependent variable (ISA) demonstrated mild skewness and kurtosis upon inspection. However, these deviations were considered acceptable and consistent with the expected distribution of mental health variables in community samples. Given that regression analyses are robust to moderate violations of normality, the original (untransformed) variable was retained. Multicollinearity was also assessed prior to conducting the regression analyses. Collinearity diagnostics indicated a tolerance value of .70 and a Variance Inflation Factor (VIF) of 1.4. These values were within acceptable ranges, indicating that multicollinearity was not a concern in the current analyses. Linear regressions were then conducted to examine whether positive parenting and social belonging predicted child mental health outcomes.

The first analysis aimed to examine the effect of positive parenting (APQ) on child internalizing symptoms, operationalized as child mental health (ISA). As shown in Table 4, results indicated that positive parenting was not a significant predictor of parent-perceived child internalizing symptoms, $F(1, 39) = 0.96, p = .332$, with an $R^2 = .02$. This suggests that positive parenting accounted for approximately 2% of the variance in child internalizing symptoms. The regression coefficient was non-significant, $B = -1.65, SE = 1.68, \beta = -.16, t = -0.98, p = .332$. In other words, although higher levels of positive parenting were associated with slightly lower levels of child internalizing symptoms, this relationship was not statistically significant.

Similarly, the effect of social belonging on child mental health was examined using regression analysis. As demonstrated in Table 5, results indicated that social belonging was not a significant predictor of child internalizing symptoms, $F(1, 38) = 1.44, p = .237$, with an $R^2 = .04$.

This suggests that social belonging accounted for approximately 4% of the variance in child internalizing symptoms. The regression coefficient was non-significant, $B = -0.53$, $SE = 0.44$, $\beta = -.19$, $t = -1.20$, $p = .237$. Although the results suggested a trend toward a negative association between social belonging and child internalizing symptoms, this relationship was not statistically significant.

Overall, although the results were not statistically significant, both positive parenting and social belonging demonstrated small negative associations with child internalizing symptoms. These findings were consistent in direction and magnitude, indicating stability in the observed relationships. The results suggest that while parenting and social belonging may not directly predict child mental health outcomes in this sample, other factors, such as meaning mindset, may play an important mediating role.

Table 4

Linear Regression Predicting Child Internalizing Symptoms from Positive Parenting

Outcome Variable: Internalizing Symptoms (ISA)

Predictor	B	SE B	β	t	p
Constant	63.998	21.935	—	2.918	.006
Positive Parenting	-1.654	1.684	-.155	-0.982	.332

Model Statistics:

$R = .155$, $R^2 = .024$, Adjusted $R^2 = -.001$, $SE = 19.17$

Table 5

Linear Regression Predicting Child Internalizing Symptoms from Social Belonging

Predictor	B	SE B	β	t	p
Constant	65.908	19.261	—	3.422	.002

Predictor	B	SE B	β	t	p
Social Belonging	-0.531	0.442	-.191	-1.202	.237

Model Statistics:

$R = .191$, $R^2 = .037$, Adjusted $R^2 = .011$, $SE = 19.13$

Mediation Analysis

Meaning Mindset as a Mediator Between Positive Parenting and Social Belonging

Mediation analysis was conducted through SPSS using PROCESS Model 4 (Hayes, 2022) to examine whether meaning mindset mediated the relationship between positive parenting and social belonging in children. The hypothesis had stated that higher levels of positive parenting would promote a strong sense of meaning, which in turn, would be correlated with a greater sense of social belonging in children. The results of the mediation analysis indicated that there is a relationship between positive parenting and social belonging, but only when looked at through the pathway of meaning mindset. When testing for mediation, the mediator variable used Ch.I.P (parent-perceived child meaning mindset), the independent variable (X) used APQ (positive parenting), and the dependent variable (Y) used the social belonging scale.

As demonstrated in Table 6, results suggested that positive parenting significantly predicted meaning mindset ($B = 5.75$, $SE = 1.36$, $p < .001$, 95% CI [2.99, 8.50]). In other words, parents with higher positive parenting behaviours also reported higher levels of meaning mindset in their kids. Sequentially, meaning mindset also significantly predicted social belonging ($B = 0.22$, $SE = 0.06$, $p = .002$, 95% CI [0.09, 0.35]). This result points to the fact that children with a stronger sense of purpose and identity were perceived by their parents as having a better overall social connectedness. It is important to note that there was no direct effect of positive parenting on social belonging as mediated by meaning mindset as the result was not significant ($B = -0.31$,

$SE = 0.65, p = .64, 95\% CI [-1.64, 1.01]$). However, the indirect effect of positive parenting on social belonging through meaning mindset was statistically significant, ($B = 1.27, BootSE = 0.40, 95\% CI [0.54, 2.10]$). Since the 95% bootstrap confidence interval did not include zero, the indirect result is considered significant. In other words, the relationship between positive parenting and children's social belonging functions indirectly through meaning mindset.

Table 6

Mediation Analysis Examining the Indirect Effect of Positive Parenting on Social Belonging Through Child Meaning Mindset

Path	B	SE	t	p	LLCI	ULCI
X → M (Positive Parenting → Child Meaning Mindset)	5.75	1.36	4.23	<.001	3.00	8.50
M → Y (Child Meaning Mindset → Social Connectedness)	0.22	0.06	3.39	.002	0.09	0.35
X → Y (Positive Parenting → Social Connectedness)	0.31	0.65	-0.48	.635	-1.64	1.01
Indirect effect (X → M → Y)	1.27	0.40	—	—	0.54	2.10

Note. $N = 39$. Unstandardized coefficients are reported. Indirect effects were tested using bootstrapping with 5,000 resamples. LLCI = lower limit confidence interval; ULCI = upper limit confidence interval. An indirect effect is considered statistically significant when the 95% bootstrap confidence interval does not include zero.

Qualitative Results: Thematic Analysis

As previously mentioned, the purpose of using qualitative data was to help explore the depth of families' experiences during the pandemic, including potential perceived long-term impacts. The open-ended questions were added to the end of the survey to facilitate the completion of the qualitative portion, while saving time and resources. The goal of the qualitative section was to enrich and complement the quantitative findings in a more nuanced manner. It is important to note that the quantitative data was able to identify patterns and

statistical correlations between positive parenting, social belonging and child mental health, specifically through the indirect pathway of meaning mindset. However, the qualitative section added more depth and facilitated the understanding of patterns and experiences through the parents' lens. For analyzing the qualitative results, Braun and Clarke's six phases of inductive thematic analysis were followed step-by-step. The thematic analysis shined light on to real-life experiences, challenges, as well as ways families were able to make sense of faced difficulties (through the lens of meaning making & resilience) in their day-to-day lives. Braun and Clarke's thematic analysis were followed, "(1) familiarization with the corpus, (2) data-driven, semantic coding across the dataset, (3) initial theme development by collating codes, (4) theme review against coded extracts and the full dataset, (5) defining and naming themes, and (6) producing the report with illustrative excerpts." (Braun & Clarke, 2013, pp. 202-204). In order to warrant trustworthiness, the analysis was done via a trail of coding decisions, back and forth comparison across participants, negative-case checks, and thick description with multiple example quotations. It is important to mention that the quotes are minimally edited for readability (due to typos) and preserve participants' original message.

Inter-rater agreement for thematic coding was high (85% agreement), indicating strong consistency between reviewers. Thematic analysis of participants' open-ended responses is categorized into six themes. Each theme is connected to parenting and family life in one way or another during and after the pandemic. As part of the six themes, three to four subthemes were also noted, highlighting the nuances of parents' experiences. The thematic analysis points to families' shifts/adaptation, meaning-making, and social reconnection. Each theme and subtheme will be further elaborated on with direct participant quotations in the following section:

Theme 1. Collapsing Boundaries & Parental Overload

Definition: Home became the site of work, school, parenting; multitasking, role strain, and mental load.

Subthemes:**1. Work–school pile-up & logistical burden** — supervising online school while working

As part of the qualitative responses, parents described difficulties managing their own work, their children's schooling, and home life during the pandemic. Parents described fatigue and a loss of structure in their daily lives, highlighting the challenges associated with this adjustment. Home environments turned into both home and school as parents juggled online school and home life. One parent mentioned “*Daily routine changed dramatically to manage kids in online school while trying to work from home... Biggest challenges include taking on more mental load.*” Another mentioned “*It was a 24-7 role with no breaks or down time,*” once again highlighting the challenging aspects and having to adapt to blurry boundaries between home, school, work and life.

2. Stress, guilt, and quick coping (screens/treats) — lowered structure due to the pressure.

The second sub theme emphasizes the guilt and stress parents experienced during the pandemic, in particular when they had to manage their kids with short-term strategies (i.e., treats). Some parents felt like they did not have enough energy or time to teach the kids emotional regulation and structure. A parent mentioned “Micro moments of chaos... easy to give in... quick happiness hits like screens or treats.” Another noted, “Went from working parents to working from home and supervising my children. They wound up with more screen time and less peer interactions, so they just stopped communicating with friends.” Such responses highlight the struggle parents had between “survival” coping and “ideal” parenting.

3. **Loss or absence of support** — closed daycare, limited family help; frontline/essential workers.

The third sub theme focused on the role of support, or more importantly, the lack of family/external support during the pandemic. Parents reported feeling both burnt out and isolated during this time, in particular with school closures when everyone was told to stay at home. There were also some parents who were frontline and essential workers and still had to meet the demands of their job while being a caregiver to their children full time. One parent noted “significant isolation and stress of being 2 doctors working more with young children and limited supports.” Another parent mentioned “A lot more time spent parenting-really felt the lack of support (no school outside the house, other family members unable to help due to lockdown, etc.”). Both capture the loneliness parents experienced, and the struggles to meet the demands of work and life. Perhaps if people isolation measures were not as strict, resources such as access to community networks, family members, etc. could have been a viable option for some parents to lessen the burnout.

Overall, the first theme really emphasizes parental strain and burnout during the pandemic and the difficulties adjusting post-pandemic. Such qualitative findings adds to the quantitative result connecting lower positive parenting with higher child internalizing symptoms (mental health concerns). It reinforces the idea that environmental burn out may have an indirect effect on overall family functioning and well-being through the stress parents experienced during that time.

Theme 2. Social Deprivation & Developmental Fallout for Children

Definition: Less peer contact; delays in social skills, confidence, and school re-engagement; anxiety/shyness.

Subthemes:**1. Interrupted peer learning & confidence**

Before the pandemic, children were used to going to school and interacting with their peers. However, since the COVID lockdowns, children were robbed of those socialization opportunities, which increased their dependence on their immediate family, as well as negatively impacted their confidence. Parents expressed that their child “didn’t learn to make friends,” and are “still building back.” Some specified “much less socialization...didn’t learn to make friends...prefer being with family to friends” highlighting the post-pandemic effects as well. Based on these responses, it suggests that social deprivation during the pandemic did not just have temporary consequences since it also impacted children’s ability to start or keep friendships. In turn, this can negatively impact their self-esteem when it comes to peer social settings.

2. Anxiety, clinginess, and mask-related fears (hesitancy around others, fear of sickness)

Aside from the pandemic’s impact on socialization, parents also reported higher levels of anxiety in their children related to COVID itself. One parent noted “She would hide her face in fear of getting sick... took her a school year to start talking to her teacher.” This statement captures the post-pandemic lingering effect on children related to worries of getting sick through socialization. Another parent mentioned “they are probably more anxious and worried” noting the overall anxiety and fear their children experienced. Although isolation measures seemed like the only viable

choice at that time, such statements point to the indirect and/or direct effects of isolation on children's fears/anxiety, perhaps leading to them perceiving social spaces as unsafe. In the longrun, parents worried about developmental and social delays for their children having gone through a time of uncertainty and remoteness.

3. Divergency by age/temperament

A noteworthy observation of parental responses as part of this theme was how children's experiences also varied based on their age and personality. Thus far, the focus has been more heavily on the negative effects of the pandemic, however, it is important to note that some parents highlighted their children's resilience and flexibility during this time as well. One parent mentioned "He adapted incredibly well but was cautious to keep 6' apart," emphasizing the seamless adjustment while noting the sense of caution.

Another parent mentioned "I often left my kids to fend for themselves and they figured things out. Thank goodness they were/are independent," once again, noting the children's ability to adjust which could have something to do with age (i.e., older children may have understood and thus, adjusted better to changes). Therefore, the diversity in children's experiences should also be considered as personality, age and overall context can change the direction of the outcome.

Generally, the second theme highlights the lasting effects of the pandemic on children, both socially and emotionally. As noted, these experiences do vary by age, personality and family context. Noteworthy themes were less peer interactions, heightened anxiety and inconsistent developmental/social effects. Once again, this theme also adds value to the quantitative findings since there was a positive correlation between social belonging and child mental health. Both results emphasize how the lack of social connections during and after the

pandemic could have potentially increased child anxiety, and ultimately lowered their self-confidence. Thus, focusing efforts on peer socialization (both initiating and sustaining friendships) should be focused on as part of post-pandemic recovery.

Theme 3. Adaptive Family Coping & Positive Parenting Practices

Definition: Families created routines and practices that safeguarded stress and supported connection.

Subthemes:

1. Structured routines & autonomy — predictable schedules; child independence

The third theme focuses on the positive coping mechanisms parents put in place to help their children adapt. The importance of structure and daily routines were emphasized by parents as an aid in reducing stress on the family. One parent noted “Having a very structured routine... was very beneficial and reassuring... developed a sense of autonomy.” Another mentioned that “As my child was young the daily routine did not change alot. However I wish I would have just read, played and learned more with her (& less allowed Tv).” Such statements highlight the importance of structure in providing stability during an unprecedented time, while pointing to aspects parents wish they would have done differently. Children’s independence and adjustment seemed to depend a lot on organized schedules as their daily lives had shifted.

2. Outdoor/nature time & local exploration — parks, walks, nature.

Another positive coping mechanism included the amount of time families spent outdoors. As the peak of the COVID-19 pandemic was around spring/summer, families took comfort in spending time in nature. Although socialization was limited, outdoors provided a safer way for family and friends to meet up while social distancing. One parent mentioned “We went outside in nature a lot... discovered new natural areas...

we've tried to keep it up." Another reflected that "I think we kept a pretty good social balance - outside & via facetime." Thus, being able to spend time outdoors had physical, social and emotional benefits, helping families bond and feel somewhat secure during this time.

3. **Intentional connection & gratitude** — family time, rituals, video calling with grandparents

As physical social gatherings were limited, families found new ways of connecting with their loved ones (i.e., via video calls). They also created and prioritized time spent with family through various daily or weekly rituals. For example, one parent mentioned "He FaceTimed with grandparents daily to keep connected when we couldn't visit with them". Another stated "More conversations about why we make decisions. Practicing gratitude together at the table to build positivity." The importance of both maintaining a connection through virtual means and quality time with one's immediate family are highlighted as coping mechanisms.

4. **Health literacy & hygiene habits** — handwashing, boundary-respect.

Before the pandemic, hygiene was a topic of discussion amongst families, however, during the pandemic, there was a need for further elaboration on boundaries, health and overall sanitation. Children became increasingly aware of why it is important to wash your hands and to maintain physical boundaries with others. A parent stated "We wash our hands more often now and we don't like it when people stand too close to us so we keep our distance. We discuss often how other people do not have things as easy as we do with clean water." Another mentioned "Wash hands when coming into home. More discussions with child about the body and how people get sick." Such findings

explain the role of the pandemic on children's self-awareness, not only in relation to hygiene, but also to social learning.

Overall, the third theme shifted focus away from the negative effects of the pandemic on child development and socialization. Instead, it brought forward the protective coping mechanisms families put in place to help their children adjust. Routines/rituals, time spent in nature, virtual connections with loved ones and detailed conversations about health and hygiene all point to positive coping. Once again, the results align with the quantitative portion which demonstrated positive correlations between positive parenting and child mental health, and specifically parents' sense of efficacy. Thus, highlighting the protective function of positive parenting practices in fostering connection and child adjustment.

Theme 4. Supports, Uneven Resources, and Meaning making

Definition: Diverse experiences tied to childcare access, family help, job flexibility, and SES; Meaning-making

Subthemes:

1. Access to Support Systems- childcare or extended family/peer help

As previously mentioned, the pandemic was more difficult for families who did not have outside support. There were reports of some parents expressing gratitude for having extended family help for child care and/or having good community networks. Access to these resources significantly seemed to reduce pandemic-related burden/stress. One parent noted "I was very lucky that my mom was able to help a lot. Like A LOT! As well, my partner and I both prioritize parenting so I felt like we really had a group of three adults who were caring for the kids." Similarly, another mentioned "I was fortunate enough to join a group of supportive moms who gathered children outdoors at parks

when we could.” Thus, supportive relationships with others served as a protective factor in family stability and mental health.

2. **Inequities in Flexibility and Resources-** Variation in employment demands, financial stability, and available supports

On the other hand, some parents were not as fortunate in regards to job flexibility and/or access to outside support. There were parents who reported feeling overwhelmed and isolated, which seemed to correlate with holding demanding jobs. A parent stated “We parented, schooled and worked high stress jobs at home all at the same time. It was easy to give in and not have structure and patience was tough. Especially those moments where everything needed to be done all at once at the same time. Very stressful.” Another mentioned “Working from home and trying to get a child ready for school at the same time.” Once again, highlighting the difficulties of work, school and life balance during the pandemic. It is important to mention that SES did seem to play a role as parent who had more flexible jobs, often also held higher paying positions and/or jobs with benefits where they could financially afford time off, sick days, etc. This resulted in heightened stress and exhaustion for families with limited support.

3. **Meaning-making & Perspective-**parental perception, growth and positives

Since the current study focused on meaning-making, it is important to include parents’ perceptions and how it connects with lower stress and better family development. Despite the inequalities, many parents discussed how they grew and learnt more gratitude during that time. For example, one parent mentioned “Nothing negative. If anything, at the time especially, it was a bit of a blessing in disguise. My husband worked from home while I was on maternity leave. We learnt to do a lot more as a family and enjoyed our time together.” Another stated “It was

good because we spent a lot of time together all day.” Once again, tying in the importance of quality time and family bonding. Such reflections emphasize the way in which parents’ interpretations during that time could have been a protective buffer and an emotional resource. The way some families shifted focus from isolation to time spent together highlights the positive outlook/sense of meaning during an uncertain period.

In general, the fourth theme underlined the diversity in families’ experiences during the pandemic based on the availability and access to support and resources, as well as their individual perspectives. Unfortunately, the uneven access to support could potentially influence parental mental health due to less positive parenting practices. In turn, this could have a negative impact on child development and mental health as well. However, meaning-making and a sense of appreciation amongst some families relates back to the quantitative finding regarding the indirect effect of meaning mindset (serving as a mediator) between positive parenting and child mental health. Thus, it is possible that meaning mindset can act as a connector between difficult circumstances and family resilience/coping.

Theme 5. Lingering Effects & Re-establishing Social Connectedness

Definition: Post-pandemic aftermath includes lingering anxiety, uneven social skills, renewed efforts to rebuild community/social ties

Subthemes:

1. Ongoing social hesitancy/attachment to parents

The fifth theme focuses more on the post-pandemic effects of the pandemic on children’s social well-being. There were many reports of increased social anxiety, social hesitancy in interacting with their peers and clinging to parents after their return to in-

person classes. Some children felt a sense of unease having to engage with other children as it was not their immediate family or in the comfort of their homes. One parent stated “They didn't meet many new people during this time, and I think it's made them anxious about new people. They are also very clingy and don't like me to leave even now.” Another mentioned that “I think our kids spent a lot of time with each other and us. They are probably more anxious and worried.” Thus, as important as it is to focus on the increased family bonding during lockdowns, there should be discussion on the social hesitancy post-restrictions as well as its links to child attachment, social anxiety and potential co-dependency.

2. **Proactive re-engagement** — extracurriculars, therapy, parental boundary setting/self-care.

To elaborate on the first sub-theme, the second sub-theme focuses on parental efforts post-lockdowns in helping their child adjust and grow. Some reported that they tried to re-enroll their children in activities outside of school hours to foster socialization. They also tried to take more time for self-care during that time in order to re-establish a sense of normalcy and balance between work and life. One family even reported seeking therapy as a means to accelerate recovery and adjustment, “We started family therapy after the pandemic because I wanted to make sure we were supporting our kids as well as we could. If the pandemic hadn't happened, I might not have needed that kind of professional support.” Another mentioned the importance of time spent together, as well as apart, “I have learned that it is not healthy for parents and children to spend time with one another 24/7. It is important for us all to have time apart and interact with others, engage in extracurriculars outside of the house.” Both statements highlight parents' effort in helping their family re-adapt as well as re-engage with others.

3. **Mixed long-term appraisals** — from “no long-term effects” to “poorer well-being, less cohesion.”

It is important to mention that there was not always a strong sense of cohesion amongst parental responses, in particular when discussing long-term effects. It is understandable that responses would vary since as discussed, despite it being a global pandemic, not all families had the same personal circumstances/access to support/resources. One parent mentioned “I don’t foresee any long-term effects” which can be interpreted in different ways. It could either mean that up to date, they have not noticed any long-term impacts on their child or that they do not think there will be any later on. Another parent stated “poorer well-being, less family cohesion” which is on the other end of the scale compared to the other parent’s observation. Once again, the responses point to the divergence of families’ experiences and sense of resilience during and after the pandemic.

To conclude, theme five underlines the variance in families’ post-pandemic adjustment, social anxiety, and re-engagement with others. The differences in families’ recovery (i.e. social hesitancy) also aligns with the quantitative results demonstrating distinctive relationships between positive parenting, social connectedness and child mental health. For instance, families who focused more on actively promoting social connectedness for themselves and their children post-pandemic may score higher on measures of social belonging and meaning mindset. On the other hand, families who report social hesitancy/anxiety in the aftermath of the pandemic may have more internalizing symptoms/poorer mental health.

Theme 6. Reflections on Public-Health Measures (Children's Hypotheticals)

Definition: Fewer school/playground closures, acceptance of restrictions, mixed views on masks

Subthemes:

1. School and Playground Closures as Harmful-Critical spaces for child socialization and mental health

The final theme as part of the qualitative results captures parents' reflections on social distancing measures during lockdowns. There was a strong sense of coherence in parents' responses in regards to school and playground closures. The majority of parents thought it to be unnecessary as those are essential spaces for child learning, socialization, growth and well-being. One parent mentioned "Avoid school closures... Definitely not closed the parks and playgrounds." Another stated "They never would have shut down the playgrounds" when asked what they think could have been done differently at that time. These statements suggest that parents believed school and playground closures to be particularly detrimental to their child's well-being.

2. Realistic Acceptance of Restrictions- Challenging implementation but understanding the reason for such measures

On the other hand, while some families expressed stronger perspectives on pandemic-related measures, others understood the need for actions such as masking. They were able to acknowledge the difficulty in applying it, but also understood that it is needed to minimize the spread of the virus " They understood the needs but the implementation was difficult on them when going back to school." Another parent shared "There was some stress because I have an autoimmune disease, so we were more cautious than some other families with masks and contact with friends and family" highlighting their unique circumstances. The aforementioned statements demonstrate families' efforts in balancing the emotional difficulties they faced with the new restrictions while still understanding the necessity from a public health perspective.

3. Mixed Views on Masking -Ambivalence about masks; balancing safety with social/emotional concerns

Specifically in relation to masks, parents did not all share the same perspectives. While the previous section outlined some families' understanding of masking, this sub-theme demonstrates the ambivalence towards it. Parents found it difficult to separate the potential health/safety necessities from their children's socio-emotional development (i.e., lowering child confidence). One parent mentioned "I think masking was a mistake, it took my kids a long time to feel safe taking off their mask. It was sad to see." Another stated "Knowing what we know now, I would not have made my kids wear a mask." Both imply the potential negative long-term effects masking may have had on their children's development.

Overall, the final theme mainly outlines the struggles families faced in attempting to understand the need for public safety measures, while being concerned for their child's socio-emotional development post-pandemic. The potential impact of prolonged restrictions such as school/playground closures and masking on child's overall well-being was of great concern for most. Within the quantitative results, lower child social connectedness was correlated with poorer child mental health. Parental concerns regarding their child's development aligns with that result as it demonstrates how lockdown measures may have indirectly shaped children's socio-emotional well-being both during and after the pandemic.

Collectively, the six qualitative themes provide a rich understanding of parents' lived experiences during and after the pandemic. It not only aligns with the quantitative findings but adds further context regarding the indirect pathways that could influence child well-being. Discussions of parental overload, low child socialization, and the lingering emotional effects of the pandemic mirror the quantitative results since lower social belonging was correlated with

poorer child mental health outcomes. Similarly, adaptive family coping and intentional connections mirror the positive parenting and meaning mindset variables as part of the quantitative portion since they serve as protective factors. Finally, families' perspectives on public health measures highlight the way structural disturbances (i.e., school closures, masking, etc.) may have indirectly effected parenting and child socio-emotional development. Overall, the qualitative results deepen the statistical relationships found as part of the quantitative portion. It also opens future discussions of various pathways that could be affecting family resilience in a post-pandemic world.

CHAPTER 4

DISCUSSION

Discussion

The purpose of the present mixed-methods dissertation was to assess and explore the relationship between positive parenting, child social connectedness and parent reported child mental health, as mediated by meaning mindset. As previously mentioned, the study had hypothesized that quantitatively parents will report lower levels of positive parenting due to pandemic-related stressors (Brown et al., 2020). This was expected to be revealed in parents' self-reported responses, such that the scores on the positive parenting measure would be lower than the established average mean. The second hypothesis had suggested that positive parenting will predict child social connectedness, and as a result, mental health as well. Once again, if parents' self-report scores on positive parenting were in fact lower in the current sample in comparison with typical samples, it was expected that there would also be lower quantity and quality of child social connectedness, and thus, poorer child mental health. Further, since meaning mindset is predictive of social connectedness and mental health (Armstrong & Potter, 2022), the aforementioned variables (parenting, social connectedness and mental health) were also explored through the lens of meaning mindset and resilience. Qualitatively, the questions that parents completed were used to further explore families' experiences during the pandemic, as well as to understanding the potential longer-term, lingering effects.

Following data analysis, the quantitative results demonstrated some correlations between positive parenting, child social connectedness, meaning mindset and child mental health. Despite the fact that regression analyses did not find direct effects of positive parenting or child social connectedness on mental health, mediation analyses demonstrated a significant indirect pathway through meaning mindset. This result suggests that the parental impact on child well-being is not directly related to parenting behaviours but that it may be indirectly related through a cognitive-

emotional lens. Parents helping their children understand various difficulties, relationships and day-to-day experiences through a meaningful lens could help with their socio-emotional adjustment, and overall, support resilience in the post-pandemic world.

Qualitatively, parents' responses help strengthen the understanding of their lived experiences during the pandemic by considering their daily reality and routines. Notably, the six themes included, parental overload, social deprivation for children, adaptive coping techniques & positive parenting, uneven access to resources & support, lingering socio-emotional effects, and parents' reflections on public health measures during the pandemic. Taken together, the six themes shed light onto the complexity and unpredictability of the post-pandemic atmosphere for families. It also points to the important role of meaning making and resilience as a protective factor for families which aligns with the quantitative mediation findings. Families who were able to make positive meaning through expressing gratitude, strengthening family ties and community rebuilding generally reported better socio-emotional adjustment post-pandemic. Together, the incorporation of both the quantitative and qualitative results deepen the understanding of families' recovery, adaptation, renewing social connections and socio-emotional well-being after the pandemic.

Integrated Discussion of Findings

Positive parenting & child mental health

According to the literature on parenting, positive parenting is known to be positively associated with child mental health (Rose et al., 2018; Johnson et al., 2018). Positive parenting includes providing positive reinforcement for adaptive child behaviour, such as offering rewards, praise or positive attention (Shelton et al., 1996). For instance, positive parenting involves providing children with an engaging, safe and positive learning environment, being assertive in

applying appropriate positive discipline, and having reasonable expectations (Sanders, 2003).

Thus, positive parenting is more behavioural and technical in nature and has associations with children's socio-emotional adjustment (Morris et al., 2007; Shelton et al., 1996).

From a developmental point of view, parents are the child's primary attachment figures and help shape children's sense of trust and security as they navigate the world. As part of the qualitative responses, parents explicitly stated how their responsibility towards their child's emotion regulation increased even further during the pandemic. They also mentioned that one of the most challenging parts was trying to take care of their child's emotional and mental well-being while still ensuring they succeed academically. For instance, one parent mentioned "Balancing their emotional well-being with their education became a daily priority, and it taught us all how to be more resilient and informed." Consistent with prior literature, during the pandemic, parents faced a significant amount of stress due to school closures which created an imbalance in home, work and life responsibilities (Karki et al., 2020). Despite the sense of overwhelm, parents had to find ways to manage their stress if they wanted their children to continue growing up in a nurturing and positive environment. Thus, positive parenting that helps promote adaptive coping, security, as well as emotional regulation are all significant protectors for their mental well-being (Karki et al., 2020). Post- COVID-19 lockdowns, positive parenting continues to remain important as children underwent significant changes such as, disrupted routines and limited access to social support.

As per prior research on the link between positive parenting and child mental health, it would be normal to assume that there is a direct predictive correlation between the two variables. However, it is important to note that the absence of a direct effect as part of the regression analyses does not mean that positive parenting does not indirectly affect child mental health.

Previous studies have also examined the indirect role and have concluded that parenting has a direct impact on the practices that support child mental health, instead of directly impacting the internalizing symptoms on its own (Morris et al., 2007; Eisenberg et al., 2010). Positive parenting may simply be one of the many factors that could influence mental health. Other factors may include, child personality and temperament, coping styles, social belonging, major life events, and other contextual factors such as one's socio-economic status (Compas et al., 2017). This pattern was also noticed within the qualitative findings as parents indicated that they “just tried their best to survive” or that “it was a 24/7 role with no breaks or down time.” These reports suggest that parent's capacity to provide positive parenting may have been lowered due to high demands and pandemic-related stressors. In relation to coping styles and social belonging, there were many qualitative reports on the absence of peer interactions leading to increased isolation which also influenced child well-being. This is also important since it points to the fact that parenting practices (i.e., positive parenting) alone may not be enough to explain child well-being. Thus, the presence of other factors could reduce the direct effect of parenting practices once considered within a larger and more complex framework.

Moreover, since the current study was cross-sectional in nature, it may not have been able to determine direct correlations between parenting and child mental health at this point in time, especially five years post-pandemic. Cross-sectional studies also hinder the ability to determine causal relations between variables and in this case, may have contributed to the absence of the indirect correlation as well (Chirico, 2023). The effects of parenting on child mental health may also be more gradual and can vary from one time point to another. For example, parents explained how there are remaining lingering effects of the pandemic till date. One parent noted “To this day, the pandemic and the forced isolation due to endless lockdowns had a significant

effect on our family's well-being, our mental and physical health, our stress levels, and our child's development." Consequently, it might be more challenging to pinpoint a specific time where the relationship would be directly influential since pandemic-related stressors were not short-term. Children's lack of exposure to social circles due to lock downs and school closures may have worsened their mental health at certain times points which may have diminished the protective effect of positive parenting (Prime et al., 2020). Once again, the qualitative reports support this idea and highlight parental concern by mentioning that their children "didn't learn to make friends" or that they "just stopped communicating with friends." Thus, context and timing could play a huge role as parenting may serve as a buffer for children's mental health but may not be able to prevent the effect of other stressors.

Social Connectedness and Child Mental Health

The literature on social connectedness has shown clear links between peer relations and mental health outcomes (Allen et al., 2018). Children with higher social connectedness on average tend to have lower levels of anxiety and depression. They are also better equipped to manage their emotions and overall stress during difficult times (Allen et al., 2018; Holt-Lunstad et al., 2015). Qualitatively, parents highlighted the importance of social connections on their child's emotional and social well-being. One parent mentioned "fewer social engagements made it hard on my 5-year-old. Children learn from socializing, and I feel like we missed out on a lot of that learning." This demonstrates how parents viewed social isolation during the pandemic as negatively affecting children's development.

Furthermore, there is a lack of publications on child social connectedness and mental health as most of the research in this area tends to focus on adolescents. One of the possible reasons for this focus could be the fact that adolescence is a vulnerable stage of life, with a

greater likelihood of facing various mental health challenges. As a result, there are more publications focusing on this critical time to help normalize adolescents' mental health challenges and its' relation to social connectedness. Another potential explanation could be the fact that most studies use self-report questionnaires to assess mental health. Depending on the age of the child, they may not be as capable of rating themselves and thus, studies must rely on parents' reported responses of how they think their children might feel or think. Therefore, some studies might refer to the adolescent population but could be generalizable to children as well.

Researchers, educators and parents all agree that peer relations help provide children with developing social and emotional regulation skills, as well as helps children establish a sense of self within social contexts (Pepler & Craig, 1998). As part of the qualitative section, some parents noticed their child struggling with conversational skills during and after the pandemic. One parent mentioned "A bit stressful around others for quite a while and didn't have people over as much. I feel like socially there are some delays in development of skills like communication." Another noted "The isolation and lack of social interactions caused her to lose her social skills that we had previously worked so hard to achieve with her, and she experienced regression in her speech, and her ability to interact with others." Once again, highlighting the importance of interactions with peers as it influences multiple areas of child development. Moreover, Hartup (1996) indicates that friends influence child development in a many ways. One way is through acceptance or rejection within a group of peers as part of a larger social framework. Another is by looking at the positive and negative ways friends can either shape one another's development or contribute negatively through unusual or deviant activities (Hartup, 1996). Thus, having healthy friendships can act as a buffer for children's mental health, even if it is not a direct correlation.

Given the significant impact of peer relations on mental health and the pandemic limiting peer support, child mental health may have suffered as a result. During the first lockdown, families were faced with strict social distancing guidelines and parents were concerned for their child's limited social opportunities. Many children experienced an increase in both internalizing (mental health) and externalizing symptoms during and after the pandemic (Ng & Ng, 2022). It is important to note that limited chances to interact with peers did not directly worsen mental health, however, was found to be a significant contributor amongst other factors such as, socioeconomic status, increased screen time, less time outdoors, etc. (Ng & Ng, 2022). Specifically focusing on peer interactions, a study by AlHarbi et al. (2023) reported that children between the ages of one to eighteen years old notably had less friends during the pandemic in comparison with before the lockdowns. This is not a surprising result since most people were limited to interacting with members of their household and did not have opportunities to make new connections or to maintain current ones (apart from online connections). It is important to mention that the age range of that study includes both children and youth (as many studies do) to generate more generalizable data. Also of significance is the period that follows the pandemic, also referred to as post-pandemic as the effects on mental health were not temporary (AlHarbi et al., 2023; Ng & Ng, 2022).

Research conducted post-pandemic also highlights the important role of child social connectedness on mental health. In this context, both the absence of social opportunities during the pandemic and the lingering effects on mental health, such as social hesitation post-pandemic will be discussed. As previously mentioned, school closures and social restrictions limited children's opportunities to interact with their peers. This not only temporarily disrupted their lives but influenced child mental and emotional well-being post-pandemic as well. Even though

restrictions were lifted and lockdowns ended, research mentioned that children still experienced high levels of anxiety, loneliness, emotional challenges and an overall hesitancy engaging with peers in-person. Particularly noteworthy is peer's hesitation to engage since their confidence might have been impacted during the isolation period creating a barrier to social reintegration (Banerjee et al., 2021). Studies also reported that some children struggled to go back to or start in-person school after adjusting to the online environment (Banerjee et al., 2021). The qualitative data also supported this finding as one parent mentioned "My son did not enjoy going back to school like he did before the pandemic. He had a hard time accepting being away from us." This statement, along with others, highlights shared parental concerns regarding children's social adjustment following extended social isolation.

Further, despite the association between social connectedness and mental health, no direct links were observed between the two variables which is consistent with the findings for positive parenting. Similar to positive parenting, social connectedness may also serve as one of the many determinants of mental health and not as an only predictor. The literature on child development mentions that it is the integration of multiple systems such as, family dynamics, individual coping mechanisms, and social contexts that contribute to child outcomes (Sameroff, 2010; Saracho, 2023; Trawick-Smith, 2022). This highlights the important role of multiple variables working together as opposed to in isolation, leading to differential impacts on child well-being. Taken together, these discoveries suggest that social connectedness acts as a protective factor for children's mental health and overall psychosocial recovery post-pandemic. In other words, better social connectedness may support mental health rather than act as a causal variable in determining better outcomes.

Furthermore, similar to the discussion on the potential effect of the study's methodology on positive parenting, the cross-sectional nature of the study may have also impacted the results on social connectedness and mental health. Social connectedness is not a fixed construct, meaning that it is an evolving and adaptive variable that is difficult to measure at a specific time point. From a developmental perspective, even though the need to belong and connect with others may be constant, the purpose, nature and ways of interacting shift over time. For instance, children's quality and quantity of friendships change from one age to another as their needs, goals and social skills shift naturally. As a result, the current study's attempt at measuring social connectedness at a single time point may not have fully captured the complexity and long-term effects of this construct. It is also important to mention that the data for this study was also collected 5 years post-pandemic (from the initial lockdown). To elaborate, it is possible that the effects of the pandemic on social connectedness and child mental health may have worn off by now, meaning that some children have recovered socially. Conversely, it is also possible that some children are still struggling depending on their age and other contextual factors during the pandemic, as well as now. The variability of families' experiences was reflected as part of the qualitative responses as well. Where one parent mentioned "I think we've been fortunate to have few long-term effects," another stated, "to this day, the pandemic and the forced isolation due to endless lockdowns had a significant effect on our family's well-being." Hence, these dichotomous statements demonstrate the limitations of conducting a cross-sectional study to measure individual experiences. Due to the imbalanced and/or delayed patterns, it is difficult to determine an average of children's experiences as it may not fully reflect individual struggles over the long-term. As a result, there is a need for longitudinal studies to examine the impact of social connectedness on child mental health over a longer period of time. Within the current

study, given the absence of a direct relationship between social connectedness and child mental health, it is important to consider other variables such as meaning mindset that may help explain the relationship.

Theoretical Origins of Meaning Mindset

Meaning in life focuses on the purpose and significance of one's existence. It is a personal experience often based on individual values, relationships and goals (Steger, 2012). A sense of meaning comes to be when people have the ability to find coherence behind every day mundane experiences. This sense can be derived from connecting with others, nature, or to a supreme being. It can be found through creativity, helping actions or simply, having positive thoughts about self and life (Armstrong et al., 2025). A sense of meaning is a significant predictor of social, emotional and behavioural health, as well as helps promote resilience to difficulties later in life (Wong, 2017).

Victor Frankl was the earliest founder of a meaning-based theory for mental health. He discussed how meaning is rooted in three values: creative, experiential and attitudinal values. Creative values are values that individuals find by creating work or doing certain acts. Experiential values are found through experiencing something (i.e., truth) or meeting someone (i.e., love or connection). Finally, attitudinal values are found through accepting inevitable suffering as part of life and adopting a positive outlook or courageous attitude towards the situation(s) (Uemura, 2018). It is important to note that all three values have a sense of connectedness or relationship in common. In later years, other authors proposed the need for a fourth meaning to capture the essence of simply "being together," also referred to as coexistent values. The reason for this addition was because in certain contexts, a person may not be able to carry out actions to fulfill the three values due to particular limitations. Thus, coexistent values

capture the value of “connectedness” and “being” in a relationship rather than having to rely on creating actions and experiences (Uemura, 2018).

Moreover, Frankl suggested two different interpretations of meaning, one being people experiencing a sense of purpose in life. The second focuses on people’s perception of moments and experiences that are meaningful in their daily life (Frankl 1946/1986). When focusing on the relationship between meaning and mental health, Frankl’s second conceptualization is more relevant. This is due to the fact that individuals’ daily sense of meaning is more susceptible to change through learning different skills compared to an overall sense of purpose (Armstrong et al., 2019; Frankl, 1946/1986). Since the skills to nurture the perception of meaning can be acquired, meaning mindset emerged as an orientation. As previously mentioned, meaning mindset, also referred to as MM is the ability to identify valued experiences, creations, special moments or situations through openness to experiences, hope for the future, positive self-concept and agency over one’s own thoughts and behaviours. This set of skills consisting of agency, hope, openness and positive self-concept is referred to as MM (Armstrong et al., 2025). The theory is also named meaning mindset theory (MMT) and is part of the Third Wave Positive Psychology approach (Armstrong & Potter, 2022; Lomas et al., 2020). Thus, resilience as fostered through MM was examined as part of the study to assess the relationship between child social connectedness, parenting practices and mental health within the context of the pandemic.

The Mediating Role of Meaning Mindset

The mediation analysis indicated that meaning mindset significantly mediated the relationship between positive parenting and social connectedness. Higher levels of positive parenting were associated with a stronger meaning mindset, which successively predicted greater social belonging amongst children. This result suggests that positive parenting may indirectly

impact children's social connectedness through internal psychological processes such as, meaning-making. The indirect pathway is also demonstrated through the qualitative responses as parents noted the importance of ongoing discussions. One parent mentioned "We talked openly about things and answered their questions, which seemed to help" pointing to the importance of conversations in helping their children navigate such unprecedented times. In this regard, processes that help children understand and attach meaning to their experiences helps them develop a meaning mindset. This mindset may act as a psychological bridge between parenting practices and child social outcomes since social connectedness is not merely a result of parenting behaviour. It highlights the important role of parents in promoting resilience and helping children make positive meaning of their experiences. It also emphasizes the link between children's emotional and cognitive understanding of situations and their ability to socialize and feel a sense of belonging. Overall, there is a need for more studies to consider mediational pathways as a means to connect parenting and child development, rather than simply relying on direct correlations.

Parental Socialization of Meaning

Research on meaning has established that individuals who have higher scores on perceived meaning in life tend to have better coping mechanisms, more resilience and lower levels of psychological distress after undergoing stressful situations (Ostafin & Proulx, 2020). The resilience to life stressors is of particular importance as life is full of transitions and uncertainty. A body of cross-sectional studies have specifically demonstrated that life meaning is inversely correlated with psychological distress, depression and anxiety. Through moderation analysis they have also found that meaning moderates the relationship between the intensity of trauma and PTSD symptoms (Debats, 1996; Steger et al., 2009; Haynes et al., 2017, as cited in

Ostafin & Proulx, 2020). Similarly, longitudinal studies have concluded that when considering baseline life meaning, it was shown to be inversely predictive of psychological distress a year later. In other words, meaning predicts not only short-term improvements in mental health, but also enduring benefits over time (Eakman, 2014, as cited in Ostafin & Proulx, 2020).

Developmentally, meaning construction is of great significance as children are continuously learning and adapting. Meaning-making during childhood years helps children understand and make sense of their emotional experiences, social relationships and personal difficulties. The interpretations children form may influence how they understand themselves and cope with difficult circumstances. Meaning Mindset Theory helps provide one framework for understanding this process by putting emphasis on psychological resources such as hope, agency, openness to experience, and positive self-concept (Armstrong et al., 2025). Parents can help form their children's sense of meaning through communication, positive modelling (i.e., teaching them how to cope), and emotional support (Eisenberg et al., 2010; Fivush, 2011). Thus, positive parenting may be associated with children's social belonging, in part through the internal processes children use to make sense of their experiences.

This process was also highlighted as part of the qualitative findings as parents mentioned "More conversations about why we make decisions." Such statement points to the intentionality behind parents' efforts to once again, help their children understand their experiences. In early childhood, parents and primary caregivers are children's primary social partners, and it is through these everyday interactions that children begin to derive meaning. Positive parenting practices including responsiveness, warmth, validation and open dialogues help provide children with a framework for meaning-making. As part of the qualitative responses, one parent noted "Practicing gratitude together at the table to build positivity." This further illustrates how parents

may help children find meaning through everyday interactions. Specifically, through this framework, children can incorporate their personal experiences into personal narratives that carries unique meaning to them (Fivush & Nelson, 2004). These findings suggest that parents may play a significant role in children's meaning-making process, however, despite this observable pattern, there is a lack of studies examining the direct link between parenting and children's meaning formation. To date, the literature has largely focused on meaning-making in adult populations, with far fewer studies examining how meaning frameworks develop in the first place. This gap in the literature is worth acknowledging as research has shown links between parenting and children's cognitive, emotional and social development. Thus, it is likely that their role in children's ability to make meaning and develop a sense of purpose may also be a significant contribution to the literature. Even though the current study did not find a direct correlation between positive parenting and mental health outcomes, it did suggest that positive parenting may indirectly affect child social connectedness through meaning-making. Therefore, meaning-making is developmentally relevant, regardless of whether studies consider it as a pathway linking variables (through mediation) or as an independent variable.

Meaning Mindset throughout the Pandemic

The COVID-19 pandemic marked a period of immense stress for families around the world. In the early months of the pandemic, research revealed an increase in individual's psychological distress including, panic symptoms, stress, anxiety, depression, PTSD symptoms, as well as difficulties with sleep (Yang et al., 2021). In an attempt to promote resilience amongst individuals, research sought to examine whether meaning-making could potentially decrease the negative effects of the pandemic on mental health. A recent study by Wong & Shek (2025) highlights the significant role of meaning in promoting well-being and mental health during

periods of adversity. Another study by Yang et al. (2021) used the MINE scale (meaning making in negative experiences) to determine whether meaning-making could increase coping during the pandemic. The three-wave longitudinal study demonstrated that participants reported an increased sense of MINE compared to before the COVID-19 outbreak. They also reported that participants with higher scores on MINE experienced less psychological distress both during the initial outbreak, as well as three months afterwards (Yang et al., 2021). Thus, this finding highlights the potential role of meaning-making on individual's mental well-being as they navigate stressful situations.

Similarly, the mediating role of meaning mindset is also important to consider for children's mental health. During the COVID-19 pandemic, children experienced uncertainty, social disruptions and a shift in their daily routines. The pandemic challenged their emotional and cognitive framework that they had created thus far, and forced them to adapt to less socialization, more isolation and online school (Waters et al., 2022). Qualitatively, one parent noted "They didn't really understand what was happening, they did notice we weren't as "social" but still had close friends and family around." Interestingly, although few studies examined the link between parenting and child meaning-making before the pandemic, increased scholarly attention emerged during and after COVID-19 as researchers sought to understand how families made sense of and adapted to crisis. Research on parenting during the pandemic has discussed the importance of parents providing structured support and scaffolding children's meaning-making process during this critical period (Provenzi et al., 2020). As the pandemic persisted longer than anticipated, researchers identified different ways for caregivers to help children deal with the uncertainty. Four ways had been proposed by Provenzi et al. (2020) as part of the meaning-making process. This includes, parents' own emotional awareness and self-regulation,

attentive listening, simple talking, and lastly, playing and practicing together. When parents are able to regulate and express their own emotions, children may also learn how to understand uncertain situations through observing their behaviours. Through attentive listening, parents create space for children to express themselves, enabling them to support their meaning-making and promote adaptive coping. Finally, once self-regulation and attentive listening are in place, parents have the chance to use specific language and symbols (i.e., drawings, play, use of metaphors) to help children organize their experiences in meaningful ways (Provenzi et al., 2020). Collectively, such relational processes allow parents the opportunity to foster a positive environment where co-constructing meaning, emotion regulation, and promoting resilience becomes feasible. Thus, previous research suggests that meaning-making may have served as a protective process for children during the pandemic by helping them make sense of difficult experiences and manage their emotions in the face of adversity.

Meaning Mindset as an Indirect Pathway

The significant indirect effect found through meaning mindset in the current study highlights the multilayered nature of development. Although no direct effects were observed between variables, this pattern of findings is theoretically valuable, as it highlights the importance of examining indirect pathways that are often overlooked in the literature. The finding is consistent with existing literature on the nonlinear nature of child development. Specifically, Donald Ford and Richard Lerner (1992) were the first to formally define Developmental Systems Theory (DST) which emphasizes that development is not merely impacted by genetics. They discussed how development is in fact influenced by a multitude of variables working together, while considering individual, relational, and contextual factors (Ford & Lerner, 1992). In sum, DST emerged to reject the simple nature-nurture separation, stressing

the importance of many factors correlating with development, without being forced to attribute it to a single cause. From this standpoint, meaning-making represents an internal process for children that grants them the opportunity to assign purpose and emotional significance to their experiences (Park, 2010). Within the qualitative responses, one parent observed that “They prefer being with family to friends.” This response illustrates how children’s experiences of belonging may have shifted during and after the period of disruption. When examining links between positive parenting and child mental health, the way in which children attach meaning to their experiences is significant. Research has shown the positive impact of positive parenting on mental health since it provides children with an emotionally supportive and validating environment. However, the framework children may use to adapt and create meaning from their social interactions is an internal process that could easily be discounted. As a result, the internal frameworks alongside parenting behaviours should be examined as it highlights how children may experience social belonging, as well as life. This may help explain the non-significant direct effects found in the current study, as meaning mindset may represent an internal process through which children interpret their experiences.

To further elaborate, the process of “sense-making” not only starts in early years of development but also varies from child to child (Langeveld, 1984). The variance is highlighted in sibling studies where two children grow up with the same parents and within the same environment but may experience differences in their sense of belonging due to the meaning they attach to their experiences (Plomin, 2011; Turkheimer, 2000). In other words, child social outcomes may be influenced not only by having supportive peer relations, but also by how each child emotionally and cognitively processes their experiences within those dynamics. Many researchers use the term “nonshared environment” to explain the differences amongst siblings

within the same household (Turkheimer, 2000; Hetherington et al., 1994). Children may form different peer relations, experience the same parents differently, and encounter various stressors throughout their upbringing. Their “separate social worlds” such as, different teachers, friends, expectations and roles they embody within their family all play a role in determining social outcomes. The experiences that are not shared plays a significant role in children’s mental health and social belonging, however, so does their individual interpretations of these experiences. Children within the same family may have different stress thresholds, emotion regulation skills, and overall ability to cope with life stressors and change (i.e., the COVID-19 pandemic) (Hetherington et al., 1994; Kullberg et al., 2021). As part of the qualitative answers, a parent while referring to all their kids noted “All three in different ways” while discussing the differential effects of pandemic stressors on children within the same family. This illustrates how children within the same family may experience the same circumstances differently, which is consistent with the concept of a nonshared environment (Hetherington et al., 1994). Taken together, the aforementioned studies highlight the importance of moving towards more integrative research that considers the role of internal mechanisms such as meaning mindset. By taking into account meaning mindset as a mediator, the current study contributes to the literature on the internal cognitive-emotional processes of child development. Thus, meaning mindset may represent an important internal process to consider when examining how children respond to difficult experiences. Qualitatively, some parents also described resilience and coping during the pandemic. For example, one parent mentioned that “They were resilient for the most part and had fun.” Future studies may consider exploring these indirect pathways longitudinally and perhaps consider including children’s voices directly within their study. This would not only explore meaning mindset further but would also observe whether it is a variable that could shift

over the course of child development. Overall, by integrating both quantitative and qualitative findings, the current study highlights the potential significance of internal psychological frameworks that shape child development, as well as help children adjust post-pandemic. Such patterns set the groundwork for taking into consideration the broader theoretical and practical implications of the study.

Theoretical Implications

The current study contributes to the literature by highlighting the potential importance of examining indirect pathways alongside direct-effect models. The majority of the literature examines linear correlations between parenting practices, child social connectedness and mental health. It is important to mention that testing for direct effects remains significant, however, when there is an absence of direct outcomes, there is a need to look beyond this model and towards indirect mechanisms. As previously discussed, this analysis aligns with Developmental Systems Theory since it focuses on development emerging as a result of multiple factors working together. When examining child outcomes through this lens, parenting behaviours on their own may not always directly predict child socialization, since children may process their experiences differently. Given this developmental framework, child adjustment may be exhibited through indirect pathways that operate through mediating variables such as meaning mindset.

Developmental psychology studies are encouraged to move towards models that take into account children's internal psychological process or in the case of the current study, meaning mindset. Meaning mindset as a mediator allowed for a more in depth understanding of how children make sense of and integrate their experiences, as opposed to focusing on external behaviours alone. In other words, it encourages researchers to not only study what happens to children but also how children understand what happens.

The inclusion of meaning mindset as an indirect pathway also has implications for psychology research to focus more on children. Throughout the literature, there is a lot of emphasis on adult or adolescent populations with regards to meaning-making, whereas, as indicated, children's meaning mindset may also be associated with their social outcomes. This also relates to the notion of nonshared environment which explains why children growing up with the same parents may have differences in their social or emotional regulation. This further highlights the potential role of meaning-making, as children may interpret similar environments and experiences differently, even if exposed to the same environment and events. As previously mentioned, meaning-making often begins in early years of children's development which may be difficult to study at that point in time (Fivush et al., 2011). This may occur because children do not yet possess the language skills needed to articulate their internal states or comprehend the causes behind experiences. As mentioned throughout the discussion, meaning mindset may act as a bridge or cognitive-emotional filter through which parenting behaviours pass through (as internalized by the child) and transformed into social outcomes. This emphasizes the role of interpretation that varies from one child to another in shaping social belonging. It suggests that belonging may be psychologically created as opposed to socially pre-determined. Thus, the study highlights the importance of developmental research in considering meaning-making mechanisms in early childhood as meaning mindset may act as a protective buffer against adverse experiences.

The present findings also contribute to the theoretical understanding of children's adjustment post-pandemic. The majority of studies that were published shortly after the end of lockdowns focused on children's social re-integration as a means to improve their overall well-being. Even though re-exposing children to their peers after a lengthy period of isolation may

help their social belonging, it is not sufficient as a sole measure of restoration. As indicated, children's ability to recover post-pandemic may also depend on how they understood this prolonged period of interruption. It is important to mention that although parents and teachers played an important role in helping children interpret the pandemic, children's own meaning-making processes may also play a role in their adjustment. For instance, some children had little to no problems adjusting back to their routines and social interactions while others may appear more cautious or anxious. This inconsistency in child adjustment was particularly reflected through the qualitative responses as well. One parent noted "Socially they are nervous, shy and very anxious around others, especially adults." Another parent mentioned "The pandemic had minimal impact on their social and emotional wellbeing." The variability in children's experiences further emphasizes the need for measures that go beyond exposure to peers. It requires more explicit conversations with children around belonging, safety, competence and their unique needs within social contexts (Gallo, 2022). Children tend to learn various social norms and skills throughout different stages of development. As part of the qualitative responses, parents also discussed differences in adjustment amongst their own children based on the age they were at the time the pandemic started. Consequently, children who had fewer opportunities to develop these skills during the pandemic may have needed to develop them later, potentially contributing to differences in their adjustment. Skills such as, conflict resolution, sharing, empathizing, taking turns and overall social etiquette had to be reconstructed or learned (Gallo, 2022). Therefore, social re-integration post-pandemic reflects an ongoing adjustment process that moves beyond the presence of social opportunities. The findings help shift attention from environmental factors to children's psycho-social readiness and meaning-making post-disruption.

Finally, the present study also has significant methodological implications for child development research. As previously discussed, the current study's ability to find significant indirect results in the absence of direct effects emphasizes the need for studies to not solely rely on direct correlational models. If direct pathways are examined as predictors, significant developmental processes may be unobserved as part of indirect mechanisms. Research may benefit from moving beyond examining whether one variable predicts another to also considering how variables may work together. The results highlight the importance of considering mechanism-focused pathways that help link relational experiences to mental and social well-being. In the case of the present study, mediation analysis was best suited to capture developmental processes and act as a bridge between positive parenting, and child social belonging.

The use of mixed methodology in the current study also highlighted the value of combining both quantitative and qualitative methods. In particular, since variables such as social connectedness and meaning-making are complex and multi-layered, a more comprehensive approach is required to fully capture their nature. The purpose of the quantitative analyses was to determine the structure of relationships between parenting practices, child social connectedness and mental health. The qualitative responses provided additional context for interpreting the quantitative findings by illustrating how families understood their experiences. Thus, the use of mixed-methods designs is exceptionally beneficial when examining concepts that may include subjective interpretations. Taken together, the findings support a move towards developmental research frameworks that highlight interpretation, process and consider individual context in addition to statistical correlations. Beyond the theoretical relevance, the current findings also provide direction for practical approaches in supporting children's well-being.

Practical Implications

According to the findings of the current study, there are several significant implications applicable to the real world. Primarily, the findings suggest that parenting interventions and family-support programs could benefit from including meaning-making within their programs. Many of the family-based interventions currently focus on behavioural strategies instead of helping families effectively talk to their children. Such conversations should be centred around how children understand difficulties such as the events that transpired during the pandemic. These programs would allow parents to have intentional conversations with their children, validate their emotions and help them interpret their experiences in a way that fosters coping. Once again, this would allow parents to shift from “what” they can do to “how” children comprehend the world around them which may influence their internal experiences within the family and their overall adjustment.

Further, there are implications for both educational and clinical settings as well, especially after the COVID-19 pandemic period. Both schools and mental health professionals till this date may benefit from including meaning-oriented approaches within their programs or practice. They can include narrative activities, art therapy, open-ended discussions and guided reflections as part of their process to help promote better socio-emotional adjustment amongst children. Simply providing a safe space (whether in groups or individually) where children are able to discuss their feelings, experiences, ask questions and attempt to understand their thoughts may support their overall well-being. It is important to mention that even though several years have passed since the initial lockdowns, some parents in the current study continued to describe social and emotional difficulties that they perceived as lingering effects of the pandemic. Parents also described differences in how their children adjusted following this period of disruption,

including how they processed emotions and experiences. As a result, such programs and interventions may still be applicable in current times. Moreover, there is a need for more interventions that are emotion-focused as opposed to behaviour-focused as it would help emphasize the role of meaning-making. Overall, both teachers and clinicians may help children strengthen their social skills and support resilience in the face of potential uncertainties

The findings also have important implications for the ways child well-being is examined in clinical settings. Shortly after the pandemic and until today, many schools and clinicians primarily assess child well-being through a behavioural checklist. Although this may be helpful for some, it could potentially overlook the children who are externally adjusted but struggle internally with anxiety, self-confidence, etc. The checklists focus on symptoms and are not able to capture how children feel individually or how easy or hard it has been for them to adjust socially. It would be helpful if practitioners could include reflective open-ended questions that explore children's confidence, sense of belonging and overall hesitancy in social situations. This could be added as an addition to the behavioural checklist and not as a replacement as external behaviours would still need to be assessed. The purpose behind doing so would be similar to why researchers chose to add qualitative questions along with quantitative ones (similar to the current study). This adds important context to the findings in both scenarios, as dialogue is essential for truly understanding others' experiences. Thus, including more check-in questions in both school-based screenings and clinical settings may allow for children who need additional support (despite the lack of behavioural problems) to be identified earlier on.

Furthermore, since it is now five years post-pandemic, children are no longer adjusting to a temporary disruption but may still be developmentally influenced by it. Qualitatively, some parents until this date report developmental delays that are often observable. There are reports of

children's increased hesitancy in engaging with peers, difficulty maintaining friendships, or having challenges interacting with new peers. As a result, there are implications for educational settings to focus on rebuilding social competences according to the age of the child. It is important for teachers to monitor children's social skills and emotional well-being as a means to support them in appropriate ways. Particularly, it would be beneficial to reduce assumptions regarding the alignment of social skills with children's chronological age as the pandemic may have led to delays. In this regard, interventions move from post-pandemic recovery to helping children strengthen competencies that may not have been established during the pandemic.

From a broader point of view, the results of the study suggest that the support families receive post-pandemic should not solely include individual interventions. It is important that the support is well-integrated into various school and community programs to reach a broader audience. Due to the developmental delays some children experienced during the pandemic, it is crucial for educators and policy makers to intentionally provide children with opportunities to strengthen their social skills. It is also important for educators and parents to not expect time to simply aid children in resuming or gaining certain social skills. As mentioned, encouraging children to collaborate with peers, take part in group activities and engage in cooperative learning may help the social gaps that still need addressing years after the pandemic. If schools are able to incorporate these provisions as a typical resource, it may also reduce stigma and encourage families to reach out for additional support. Overall, acknowledging that social adjustment takes times, these interventions emphasize the importance of continuing developmentally-informed support. While these findings offer meaningful implications, it is important to consider some limitations when interpreting the results as well.

Limitations & Future Directions

Despite the many strengths and contributions of the current study, there are a few limitations that should be considered. Primarily, the study is cross-sectional in nature, which although has several strengths, cannot determine causality or directionality amongst variables. Even though a significant indirect effect was found using mediation analysis, cause-and-effect cannot be detected with this type of design. For instance, children with stronger social belonging may elicit more positive parenting behaviours, as opposed to parenting impacting child social outcomes. Similarly, the cross-sectional design does not allow for conclusions that the relationships observed among the study variables were caused or changed by the pandemic. Thus, cross-sectional studies' inability to determine directionality pushes researchers towards longitudinal research.

Further, the characteristics of the sample may be an important limitation as well. Specifically, the sample size as well as the fact that the majority of participant characteristics were very similar, leading to a homogenous sample. Regarding the sample size, the current study originally aimed to recruit approximately 80–100 participants; however, the final sample consisted of 51 participants, with sample sizes varying across analyses due to missing data. The smaller sample may have reduced statistical power to detect smaller associations among the study variables and increased the risk of Type II error. As mentioned, the homogenous nature of the sample may also be a limitation as many participants had similar demographics. For instance, many participants had a high level of education & income, with the majority being mothers, married, and living in the Ottawa-Gatineau area. The similarities within the demographics may have led to less variability in parenting behaviours and child well-being, as well as limited the generalisability of the results to the greater population. For example, it may be difficult to

generalize the results to single-parent and lower income households due to the potential of facing different challenges within and after the pandemic. This restricted range may have contributed to a ceiling effect, particularly for positive parenting, making it more difficult to detect significant associations between variables. Also, the participants who took part in the study all voluntarily chose to complete the questionnaires as their recruitment was predominantly through social media resulting in convenience sampling. Future research should attempt to recruit a larger and more diverse sample (i.e., from across the country) to strengthen validity and generalisability of results. Future research should also aim to recruit participants using more systematic or stratified sampling approaches as opposed to solely relying on convenience sampling.

Moreover, another limitation of the study was the sole reliance on parent self-report measures. Both the quantitative and qualitative components of the study relied on parents' self-reported perceptions of their own parenting practices, as well as their perceptions of their children's social and emotional well-being. It is important to note that parental perceptions are significant contributions to the literature, however studies have been attempting to include child measures as well. Initially, the current study was planning on including child-form questionnaires and interviews, however, time constraints posed a problem. Research demonstrates low to moderate agreement between parent and child reports of internalizing symptoms (often $r < .40$), reflecting inconsistencies in perceptions of child mental health while emphasizing the importance of including child self-report data (De Los Reyes & Kazdin, 2005; De Los Reyes et al., 2015). Prior research relying solely on parents' perceptions increases the possibility of response bias, as well as shared method variance which may inflate correlations amongst variables. For instance, parents who have a positive perception of their own parenting may also rank their child as more socially connected, resilient and overall adjusted. In addition,

certain internalizing symptoms such as self-doubt or anxiety may not be externally observable to parents which may lead to an under-or over-estimation of child well-being. Since variables such as social belonging and meaning mindset rely on subjectivity, surveying children's own interpretations may have been beneficial. Overall, future studies should incorporate multi-method approaches with attempts to survey parents, children and perhaps even educators. This would help reduce shared method bias, strengthen ecological validity, and provide a more in-depth understanding of the relationships amongst the variables under study.

Researcher reflexivity should also be taken into account when interpreting the qualitative findings. As the present study was theoretically informed by MMT, it is possible that familiarity with this framework influenced how certain responses were interpreted or coded. To help reduce potential bias, two reviewers independently examined and coded the qualitative data, with discrepancies resolved through discussion and consensus.

Finally, there are some important measurement-related limitations that need to be addressed as well. It is important to note that the current study predominantly utilized existing measures for the quantitative portion to ensure high validity. However, some measures such as the Social Belonging Scale (Parent form), have not been used in official publications and may require additional psychometric validation. Although the Social Belonging Scale demonstrated acceptable internal consistency in the current sample ($\alpha = .71$), its broader psychometric properties have not yet been established. Future research should examine its reliability over time, as well as its convergent and discriminant validity across larger and more diverse populations. Overall, future research would benefit from validating these tools cross-culturally and amongst socioeconomically diverse samples to ensure generalisability and consistency. By improving the

psychometric foundation of these measures, the results could be interpreted with greater confidence and extended more consistently across broader research and applied settings.

Conclusion and Recommendations

The COVID-19 pandemic marked a period of immense disruption to family life, daily routines, and child socialization. For most, this period was accompanied by higher stress levels, difficulties with adjustment, and struggling to maintain work-life balance. Given the existing research on the effects of the pandemic, the current study sought to examine the relationship between positive parenting, child social connectedness and mental health. The study also used mediation analyses to assess the potential mediating role of meaning mindset within the aforementioned constructs. The study utilized a mixed-methods design by including both quantitative and qualitative sections for parents to complete. The purpose of the qualitative section was to enhance and further deepen the quantitative responses by investigating families' lived experiences during and after the pandemic.

Through a series of regression analyses, quantitative findings were not able to directly detect a relationship between parenting practices and child mental health outcomes. Social connectedness on its own also did not directly predict mental health either. However, the mediation analyses were able to offer a more nuanced interpretation as indirect significant results were found. Specifically, a significant indirect association was found between positive parenting and social belonging through meaning mindset. In other words, positive parenting significantly predicted child meaning mindset, which was subsequently associated with greater social belonging. The significance of the indirect pathway suggests that meaning mindset may represent an internal psychological process linking positive parenting with children's social belonging. These findings suggest that parenting impacts child well-being not only through

observable behaviours, but also through internal psychological processes such as meaning-making, identity formation, and purpose. As previously mentioned, such findings align with both Third Wave Positive Psychology and Meaning Mindset Theory perspectives, emphasizing the multi-layered nature of resilience and its' roots in children's meaning-making processes. It is important to make attempts in perceiving resilience as a subjective way in which children interpret and navigate their experiences as opposed to simply defining it as the absence of distress.

The qualitative findings of the study further enhanced the quantitative responses through underlining the strengths and difficulties families went through during, as well as after the pandemic. There were reports of higher stress, limited support and resources, difficulty managing time, and disrupted routines. On the other hand, there were also reports of family adaptation, resilience, bonding and opportunities for development. Taken together, both the quantitative and qualitative findings highlight the variability and complexity of families' experiences post-pandemic. The findings also highlight the potential importance of resilience and meaning-making in children's socio-emotional well-being.

Practical Recommendations for Parenting Programs and Therapy

There are several practical applications that parenting interventions and mental health programs can integrate:

1. Promoting Reflective Parenting Practices

Encouraging reflective parenting practices is a core component of the parent-child relationship (Menashe-Grinberg & Atzaba-Poria, 2023). Reflective parenting involves parents actively seeking to understand their child's behaviours and underlying mental states, which may support children in making sense of their internal experiences and fostering meaning-making. Reflective

parenting may include strategies such as, emotional validation, encouraging reflection, and asking children open-ended questions which can help children develop a sense of purpose and agency. By integrating reflective parenting into educational and therapeutic settings, parents and children may benefit from a practical approach to enhancing socio-emotional well-being and fostering resilience in post-pandemic contexts.

2. Integrating Meaning-making into Parenting Programs

As previously mentioned, parenting and educational programs may benefit from moving beyond behavioural strategies alone by helping parents actively promote meaning in their children's lives. The meaning-making approach is deeply embedded within narrative-based therapies as it encourages dialogue and makes active attempts to understand one's subjective experiences. As part of this program, parents would be encouraged to ask their children about their goals, values, and purpose to help them interpret difficult experiences. The programs may also provide parents with practical tools such as, story-telling prompts, value-based activities and reflective exercises as part of their day-to-day routines. By integrating these practices into children's daily interactions, parents can support their children's sense of purpose, aid them with fostering meaningful social connections and resilience.

3. Supporting Social Connectedness and Parent Understanding

Alongside programs that help increase children's social belonging, programs may also benefit from considering children's internal development. As previously stated, children's unique personalities and temperament must be taken into consideration when promoting meaning-making. This can be implemented through guided open-ended discussions, group reflection exercises, and strategies that promote empathy and understanding of one's own experiences. In parallel, psychoeducation may also be provided to parents regarding the potential role of internal

psychological processes, such as meaning mindset, in the relationship between positive parenting and child outcomes. Educating parents on this potential indirect pathway may also help them be more consistent with their parenting behaviours such as warmth, encouragement, and structure. Taken together, these dual mechanisms offer a targeted approach to strengthening child social connectedness and overall mental well-being.

4. Meaning-centered Therapeutic Techniques

Within clinical settings, meaning-focused interventions may be intentionally incorporated to support children's sense of identity and facilitate understanding of their internal experiences. This is particularly important in the face of emotional, developmental or social challenges such as those faced during the pandemic. Clinicians may administer structured techniques with children in session such as, guided imagery or emotional processing, narrative reframing, and reflection exercises to help children organize their thoughts and feelings. These interventions would naturally target children's internal mechanisms such as agency, purpose and identity formation. These mechanisms are key components of Meaning Mindset Theory, and the current findings suggest that meaning mindset may also play an important role in children's social belonging. It would also be beneficial for therapists to directly involve parents through joint sessions to provide psychoeducation and help them integrate meaning-making practices at home. By integrating these strategies into clinical practice, therapy can move beyond focusing on external symptoms towards addressing the internal processes that support children's socio-emotional well-being.

5. Post-Pandemic Recovery Programming

Therapeutic and parenting programs may continue to address families' recovery and growth-oriented development several years post-pandemic, as the effects of the COVID-19 pandemic are

likely to continue shaping family functioning over time. Even though the period of acute stress has passed, many families still report experiencing lingering disruptions in their children's development, socialization, and overall mental health (Kariyil et al., 2025). Thus, programs that normalize families' unique experiences while providing practical tools to support long-term adjustment is key in promoting resilience. Practical tools may include, facilitating open-ended conversations about challenges, routine consistency and management, and focusing on the parent-child bond. To further advance these programs, focusing on meaning-making and resilience-building may help families understand their past experiences in a positive light. This may also help promote a sense of stability and increase adaptability for families long-term in face of potential future challenges.

When considered together, these recommendations highlight the importance of addressing both post-pandemic recovery and the internal mechanisms that support children's socio-emotional development. Building on these applied implications, the present study contributes to the literature in meaningful ways by examining parenting and child social connectedness through the lens of meaning mindset in the years following the pandemic. It highlights the importance of considering meaning-making mechanisms in early childhood and its' potential effects on child social development. The findings suggest that cultivating children's sense of identity, purpose, agency and self-confidence may serve as a buffer in the face of future difficulties. For most families, the pandemic was a test of their resilience in unexpected ways, however, some families were able to find silver linings and grow stronger together. The current study signifies that resilience can be internally strengthened in subtle, yet meaningful ways through understanding children's sense of meaning. When parents demonstrate positive parenting through warmth, structure and encouragement, they may be indirectly helping their

child form a framework through which managing challenges becomes possible. In an increasingly complex and rapidly evolving world, intentionally fostering meaning and a sense of belonging may serve as a critical protective factor in the face of uncertainty. By investing in these foundational psychological processes, efforts can shift beyond reactive crisis management toward proactively strengthening the capacities that enable families to adapt, recover, and ultimately flourish amid inevitable societal changes.

References

- Alegre, A. (2011). Parenting styles and children's emotional intelligence: What do we know? *The Family Journal*, 19, 56-62.
- AlHarbi, A. M., Alghamdi, A. A., Alabbasi, J. M., Alsufyani, N. I., Alharbe, A. A., Abuaunouq, S. M., ... & Alabbasi, J. (2023). Impact of the COVID-19 Lockdown on Children's Psychosocial Well-Being: A Cross-Sectional Study in Saudi Arabia. *Cureus*, 15(6).
- Allen, K. A., Kern, M. L., Vella-Brodrick, D., Hattie, J., & Waters, L. (2018). What schools need to know about belonging. *Educational Psychology Review*, 30, 1–34.
- Anthony, L. G., Anthony, B. J., Glanville, D. N., Naiman, D. Q., Waanders, C., & Shaffer, S. (2005). The relationships between parenting stress, parenting behaviour and preschoolers social competence and behaviour problems in the classroom. *Infant and Child Development*, 14(2).
- Akhter, N., Hanif, R., Tariq, N., & Amato, P. R., & Fowler, F. (2002). Parenting practices, child adjustment, and family diversity. *Journal of Marriage and Family*, 64, 703-716.
- Angoff, H. D., Dial, L. A., State, F., Varga, A. V., Kamath, S., & Musher-Eizenman, D. (2022). Impact of stress and decision fatigue on parenting practices related to food and physical activity during COVID-19. *Child: Care, Health, and Development*.
- Areepattamannil, S. (2010). Parenting practices, parenting style, and children's school achievement. *Psychological Studies*, 55, 283-289.
- Armstrong, L.L, et al. (2022) "The Interactive Symptoms Assessment: I.S.A. – Development and Validation Using a Knowledge Translation-Integrated Model." *Current Psychology* (New Brunswick, N.J.), vol. 41, no. 5, pp. 3038–54, <https://doi.org/10.1007/s12144-020-00801-5>.

- Armstrong, L. L., & Potter, C. L. (2022). Measuring child coping in times of societal crises: Pilot development, reliability, as well as mental health and meaning mindset convergent validity of the children's crisis coping scale (3Cs). *Frontiers in Psychology, 13*, 947507.
- Armstrong L.L, Watt E, Potter C.L and Epperson B.L (2025) Meaning mindset theory: a transdiagnostic approach to mental health promotion and intervention for children. *Front. Psychol. 15*:1467332. doi: 10.3389/fpsyg.2024.1467332.
- Armstrong, L. L. (2016) THE CHILD IDENTITY AND PURPOSE QUESTIONNAIRE (CH. IP): Pilot assessment and development.
- Armstrong, L. L. , Watt, E. , St. John, E. , & Desson, S. (2020). The interactive symptom assessment: I.S.A.—Development and validation using a knowledge translation-integrated model. *Current Psychology, 41*(5), 3038–3054. 10.1007/s12144-020-00801-5.
- Armstrong, L. L., Watt, E., St. John, E., & Desson, S. (2019). The Child Identity and Purpose Questionnaire-Interactive: Development and Validation of the Revised, Video-Based Version Using a Knowledge Translation-Integrated Approach. *The Humanistic Psychologist, 48*(3), 298–317. <https://doi.org/10.1037/hum0000147>.
- Banerjee, J., Vasudevan, M., SV, K. K., & Kiran, P. (2021). Post pandemic school reluctance—Do children require attention, support, and intervention? *Asian Journal of Psychiatry, 67*, 102940.
- Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and panic* (2nd ed.). New York: Guilford Press.
- Barnett, M. A., Gustafsson, H., Deng, M., Mills-Koonce, W. R., & Cox, M. (2012). Bidirectional associations among sensitive parenting, language development, and social competence. *Infant and Child Development, 21*, 374-393.

- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Berti-Equille, L., Dasu, T., & Srivastava, D. (2011, April). Discovery of complex glitch patterns: A novel approach to quantitative data cleaning. In *2011 IEEE 27th International Conference on Data Engineering* (pp. 733-744).
- Bishop, J. A., & Inderbitzen, H. M. (1995). Peer acceptance and friendship: An investigation of their relation to self-esteem. *Journal of Early Adolescence*, 15, 476-489.
- Bisono, E. F., Fahrudin, T., & Buliali, J. L. (2019). Friend Relationship Weighting for Academic Performance Prediction on University Delegation at Following Competition. *IPTEK The Journal for Technology and Science*, 30(2), 45-48.
- Bornstein, M. H., Putnick, D. L., & Suwalsky, J. T. (2018). Parenting cognitions→ parenting practices→ child adjustment? The standard model. *Development and psychopathology*, 30, 399-416.
- Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health*, 28(3), 132-137.
- Braun, V., & Clarke, V. (2022). Toward good practice in thematic analysis: Avoiding common problems and being a knowing researcher. *International journal of transgender health*, 24(1), 1-6.
- Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child abuse & neglect*, 110, 104699.

Caballo, V. E., Arias, B., Salazar, I. C., Calderero, M., Irurtia, M. J., & Ollendick, T. H. (2012).

A new self-report assessment measure of social phobia/anxiety in children: the social anxiety questionnaire for children (SAQ-C24). *Behavioral Psychology/Psicología Conductual*, 20 (3).

Canada, S. (2000). *National Longitudinal Survey of Children and Youth (NLSCY)*

Cycle 3 survey instruments: Parent questionnaire. Ottawa, Canada: Author.

Carlo, G., Padilla-Walker, L. M., & Grazzani, I. (2024). The development of prosocial behavior in childhood and adolescence: Contemporary perspectives and future directions.

Developmental Psychology, 60(1), 1–15. <https://doi.org/10.1037/dev0001605>.

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, 23-52.

Coelho, L., Torres, N., Fernandes, C., & Santos, A. J. (2017). Quality of play, social acceptance and reciprocal friendship in preschool children. *European Early Childhood Education Research Journal*, 25, 812-823.

Conte, E., Grazzani, I., & Pepe, A. (2018). Social cognition, language, and prosocial behaviors: a multitrait mixed-methods study in early childhood. *Early Education and Development*, 29, 814-830.

Chang, L. (2004). The role of classroom norms in contextualizing the relations of children's social behaviors to peer acceptance. *Developmental Psychology*, 40, 691.

Chirico, F. (2023). Cross-sectional studies in occupational health research: An overview of strengths and limitations. *G Ital Psicol Med Lav*, 3(3), 86-93.

Chung, G., Lanier, P., & Wong, P. Y. J. (2020). Mediating effects of parental stress on

- harsh parenting and parent-child relationship during coronavirus (COVID-19) pandemic in Singapore. *Journal of family Violence*, 1-12.
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in personal relationships*, 1(1), 37-67.
- Dagan, O., Madigan, S., & Sagi-Schwartz, A. (2023). Early attachment and children's social competence: A longitudinal perspective. *Developmental Psychology*, 59(8), 1452–1464. <https://doi.org/10.1037/dev0001572>.
- De Los Reyes, A., Augenstein, T. M., Wang, M., Thomas, S. A., Drabick, D. A., Burgers, D. E., & Rabinowitz, J. (2015). The validity of the multi-informant approach to assessing child and adolescent mental health. *Psychological bulletin*, 141(4), 858.
- De Los Reyes, A., & Kazdin, A. E. (2005). Informant discrepancies in the assessment of childhood psychopathology: a critical review, theoretical framework, and recommendations for further study. *Psychological bulletin*, 131(4), 483.
- Denham, S. A., Bassett, H. H., & Wyatt, T. (2023). The socialization of emotional competence in early childhood. *Child Development Perspectives*, 17(1), 15–21. <https://doi.org/10.1111/cdep.12483>.
- Denham, S. A., Blair, K. A., DeMulder, E., Levitas, J., Sawyer, K., Auerbach–Major, S., & Queenan, P. (2003). Preschool emotional competence: Pathway to social competence?. *Child development*, 74(1), 238-256.
- Diendorfer, T., Seidl, L., Mitic, M., Mittmann, G., Woodcock, K., & Schrank, B. (2021). Determinants of social connectedness in children and early adolescents with mental disorder: A systematic literature review. *Developmental Review*, 60, 100960.

- Dolenc, P. (2007). Psychometric characteristics of the Self-Perception Profile for Children. [Slovene]. *Psiholoska Obzorja/Horizons of Psychology*, 16(1), 7-23.
- Eisenberg, N., Fabes, R. A., & Murphy, B. C. (1996). Parents' reactions to children's negative emotions: Relations to children's social competence and comforting behavior. *Child Development*, 67, 2227-2247.
- Eisenberg, N., Spinrad, T. L., & Eggum, N. D. (2010). Emotion-related self-regulation and its relation to children's maladjustment. *Annual review of clinical psychology*, 6(1), 495-525.
- Elgar, F. J., Waschbusch, D. A., Dadds, M. R., & Sigvaldason, N. (2007). Development and validation of a short form of the Alabama Parenting Questionnaire. *Journal of child and family studies*, 16(2), 243-259.
- Epperson, B., & Armstrong, L. Reconceptualising Ombuds Practice to Improve Mental Health with “EASE”. ENOHE YEARBOOK, 10.
- Essau, C. A., Sasagawa, S., & Frick, P. J. (2006). Psychometric properties of the Alabama parenting questionnaire. *Journal of Child and Family Studies*, 15, 595-614.
- Farrant, B. M., Devine, T. A., Maybery, M. T., & Fletcher, J. (2012). Empathy, perspective taking and prosocial behaviour: The importance of parenting practices. *Infant and Child Development*, 21, 175-188.
- Feinberg, M. E., Mogle, J. A., Lee, J. K., Tornello, S. L., Hostetler, M. L., Cifelli, J. A., Bai, S., & Hotez, E. (2022). Impact of the COVID-19 pandemic on parent, child, and family functioning. *Family Process*, 61(1), 361–374. <https://doi.org/10.1111/famp.12649>.
- Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage.
- Finkenauer, C., Engels, R., & Baumeister, R. (2005). Parenting behaviour and

- adolescent behavioural and emotional problems: The role of self-control. *International Journal of Behavioral Development*, 29, 58-69.
- Fivush, R. (2011). The development of autobiographical memory. *Annual review of psychology*, 62(1), 559-582.
- Fivush, R., & Nelson, K. (2004). Culture and language in the emergence of autobiographical memory. *Psychological science*, 15(9), 573-577.
- Ford, D. H., & Lerner, R. M. (1992). *Developmental systems theory : an integrative approach*. Sage Publications.
- Frankl, V. (1946/1986). *Man's search for meaning*. New York, NY: Simon & Schuster. Gil, E. (1994). *Play in family therapy*. New York, NY: Guilford.
- Frick, P.J. (1991). *The Alabama Parenting Questionnaire. Unpublished rating scale*. University of Alabama.
- Gallagher, S. B. (2008). *Anxiety in childhood: The role of parental cognition and behaviour*. Unpublished doctoral dissertation, The University of Manchester, Manchester.
- Gallo, D. (2022). Post-Pandemic Teaching in the Early Childhood Classroom: Supporting Children's Social Skills to Enhance Play Experiences. *International Journal of the Whole Child*, 7(02), 79-100.
- García-Bacete, F. J., Sureda-García, I., & Cillessen, A. H. N. (2023). Peer acceptance and academic achievement: A longitudinal study of reciprocal relations. *Developmental Psychology*, 59(5), 890–902. <https://doi.org/10.1037/dev0001521>.
- Gibaud-Wallston, J., & Wandersman, L. P. (1978). *Development and utility of the Parenting Sense of Competence Scale*. Unpublished manuscript, Vanderbilt University.
- Greene, C. A., Haisley, L., Wallace, C., & Ford, J. D. (2020). Intergenerational effects

- of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clinical psychology review*, 80, 1-22.
- Groh, A. M., Fearon, R. M. P., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Roisman, G. I. (2022). Attachment in the early life course: Meta-analytic evidence for its role in socioemotional development. *Child Development Perspectives*, 16(2), 84–90. <https://doi.org/10.1111/cdep.12443>.
- Hartup, W. W. (1996). The company they keep: Friendships and their developmental significance. *Child Development*, 67, 1–13.
- Hinshaw, S. P., Owens, E. B., Wells, K. C., Kraemer, H. C., Abikoff, H. B., Arnold, L. E., ... & Wigal, T. (2000). Family processes and treatment outcome in the MTA: Negative/ineffective parenting practices in relation to multimodal treatment. *Journal of Abnormal Child Psychology*, 28, 555-568.
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality. *Perspectives on Psychological Science*, 10(2), 227–237.
- Horiuchi, S., Shinohara, R., Otawa, S., Akiyama, Y., Ooka, T., Kojima, R., . . . Yamagata, Z. (2020). Caregivers' mental distress and child health during the COVID-19 outbreak in Japan. *Plos One*, 15.
- Isley, S. L., O'Neil, R., Clatfelter, D., & Parke, R. D. (1999). Parent and child expressed affect and children's social competence: modeling direct and indirect pathways. *Developmental Psychology*, 35, 547.
- Jack, G., & Jordan, B. (1999). Social capital and child welfare. *Children & Society*, 13, 242-256.

Jackson, M., & Tisak, M. S. (2001). Is prosocial behaviour a good thing?

Developmental changes in children's evaluations of helping, sharing, cooperating, and comforting. *British Journal of Developmental Psychology*, 19, 349-367.

Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18(2), 167–175.

https://doi.org/10.1207/s15374424jccp1802_8.

Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American journal of public health*, 105(11), 2283-2290.

Jose, P. E., Ryan, N., & Pryor, J. (2012). Does social connectedness promote a greater sense of well-being in adolescence over time?. *Journal of research on adolescence*, 22(2), 235-251.

Kaufmann, D., Gesten, E., Lucia, R. C. S., Salcedo, O., Rendina-Gobioff, G., & Gadd, R. (2000). The relationship between parenting style and children's adjustment: The parents' perspective. *Journal of Child and Family Studies*, 9, 231-245.

Khalifaoui, A., García-Carrión, R., & Villardón-Gallego, L. (2021). A systematic review of the literature on aspects affecting positive classroom climate in multicultural early childhood education. *Early Childhood Education Journal*, 49(1), 71-81.

Killgore W.D., Taylor E.C., Cloonan S.A., Dailey N.S. Psychological resilience during the COVID-19 lockdown. *Psychiatry Res.* 2020;291:113216. doi: 10.1016/j.psychres.2020.113216. [PMC free article] [PubMed] [CrossRef] [Google Scholar].

- Kullberg, M. L. J., van Schie, C. C., Van Sprang, E. D., Hartman, C. A., van Hemert, A. M., Penninx, B. W., & Elzinga, B. M. (2021). Why some siblings thrive whereas others struggle: a within-family study on recollections of childhood parental bonding and current adult depressive and anxiety symptoms. *Journal of Affective Disorders*, 281, 413-421.
- Law, P. C., Cuskelly, M., & Carroll, A. (2013). Young people's perceptions of family, peer, and school connectedness and their impact on adjustment. *Journal of Psychologists and Counsellors in Schools*, 23(1), 115-140.
- Langeveld, M. J. (1984). How does the child experience the world of things?. *Phenomenology+ Pedagogy*, 215-223.
- Lazarus, R. S., Dodd, H. F., Majdandžić, M., De Vente, W., Morris, T., Byrow, Y., ... & Hudson, J. L. (2016). The relationship between challenging parenting behaviour and childhood anxiety disorders. *Journal of Affective Disorders*, 190, 784-791.
- Lianos, P. G. (2015). Parenting and social competence in school: The role of preadolescents personality traits. *Journal of Adolescence*, 41, 109-120.
- Li, W., Tan, F., Zhou, Z., Xue, Y., Gu, C., & Xu, X. (2022). Parents' Response to Children's Performance and Children's Self-Esteem: Parent-Child Relationship and Friendship Quality as Mediators. *International Journal of Environmental Research and Public Health*, 19, 6012.
- Lim, S. M., Rodger, S., & Brown, T. (2013). Model of social competence in an early childhood environment. *Occupational Therapy in Mental Health*, 29(2), 114-133.
- Johnson, S., Elam, K., Rogers, A. A., & Hilley, C. (2018). A meta-analysis

- of parenting practices and child psychosocial outcomes in trauma-informed parenting interventions after violence exposure. *Prevention science*, 19, 927-938.
- Kariyil, T., Gabriel, M., Sanghavi, K., & Chawla, E. M. (2025). Impact of the COVID-19 Pandemic on the Emotional Health of Children Under 6 Years in Washington, DC. *Children*, 12(8), 981.
- Karki, U., Dhonju, G., & Kunwar, A. R. (2020). Parenting during the COVID-19 pandemic. *JNMA: Journal of the Nepal Medical Association*, 58(231), 957.
- Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., ... & Crawley, E. (2020). Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59, 1218-1239.
- Lomas, T., Waters, L., Williams, P., Oades, L. G., & Kern, M. L. (2020). Third wave positive psychology: broadening towards complexity. *The Journal of Positive Psychology*, 16(5), 660–674. <https://doi.org/10.1080/17439760.2020.1805501>.
- Madigan, S., Racine, N., Vaillancourt, T., Korczak, D. J., Hewitt, J. M., & Tough, S. (2023). Associations between parental mental health and child social and emotional outcomes: A systematic review and meta-analysis. *JAMA Psychiatry*, 80(4), 340–350. <https://doi.org/10.1001/jamapsychiatry.2022.4694>.
- Mcdermott, B., Berry, H., & Cobham, V. (2012). Social connectedness: A potential aetiological factor in the development of child post-traumatic stress disorder. *Australian & New Zealand Journal of Psychiatry*, 46(2), 109-117.
- McKenzie, D. P., Mackinnon, A. J., Péladeau, N., Onghena, P., Bruce, P. C., Clarke, D. M., ... & McGorry, P. D. (1996). Comparing correlated kappas by resampling: is one level of

- agreement significantly different from another?. *Journal of psychiatric research*, 30(6), 483-492.
- Menashe-Grinberg, A., & Atzaba-Poria, N. (2023). The predictors of change in reflective parenting therapy: Uncovering the influence of parental reflective functioning and child temperament in predicting the improvement in parent–child relationship and child outcome following DUET group intervention. *Development and Psychopathology*, 35(4), 1901-1912.
- Merkaš, M., Perić, K., & Žulec, A. (2021). Parent distraction with technology and child social competence during the COVID-19 pandemic: The role of parental emotional stability. *Journal of Family Communication*, 21, 186-204.
- McRae, C. S., Overall, N. C., Henderson, A. M., Low, R. S., & Chang, V. T. (2021). Parents' distress and poor parenting during a COVID-19 lockdown: The buffering effects of partner support and cooperative coparenting. *Developmental Psychology*, 57, 1623-1632.
- Morris, A. S., Cui, L., & Steinberg, L. (2023). Parenting and children's emotion regulation: Implications for social competence and adjustment. *Annual Review of Developmental Psychology*, 5, 123–145. <https://doi.org/10.1146/annurev-devpsych-120920-023455>.
- Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social development*, 16(2), 361-388.
- Muris, P., Meesters, C., & Fijen, P. (2003). The Self-Perception Profile for Children: Further evidence for its factor structure, reliability, and validity. *Personality and Individual Differences*, 35(8), 1791-1802.

- Newcomb, A. F., & Bagwell, C. L. (1995). Children's friendship relations: A meta-analytic review. *Psychological Bulletin*, 117, 306.
- Ng, C. S. M., & Ng, S. S. L. (2022). Impact of the COVID-19 pandemic on children's mental health: a systematic review. *Frontiers in psychiatry*, 13, 975936.
- Nitschke, J. P., Forbes, P. A., Ali, N., Cutler, J., Apps, M. A., Lockwood, P. L., & Lamm, C. (2021). Resilience during uncertainty? Greater social connectedness during COVID-19 lockdown is associated with reduced distress and fatigue. *British Journal of Health Psychology*, 26, 553-569.
- Ollendick, T. H., Ryan, S. M., Capriola-Hall, N. N., Salazar, I. C., & Caballo, V. E. (2019). Evaluation of the reliability and validity of the Social Anxiety Questionnaire for Children in adolescents with social anxiety disorder. *Journal of psychopathology and behavioral assessment*, 41, 16-24.
- Ostafin, B. D., & Proulx, T. (2020). Meaning in life and resilience to stressors. *Anxiety, Stress, & Coping*, 33(6), 603-622.
- Padilla-Walker, L. M., Carlo, G., & Memmott-Elison, M. K. (2023). Prosocial behavior development across childhood and adolescence: A longitudinal perspective. *Child Development*, 94(2), 345–360. <https://doi.org/10.1111/cdev.13890>.
- Pandya, A., & Lodha, P. (2021). Social connectedness, excessive screen time during COVID-19 and mental health: a review of current evidence. *Frontiers in Human Dynamics*, 3.
- Parkinson, R. (2014). Is psychodynamic theory necessary for an effective theory of child development? *Journal of Social and Psychological Sciences*, 7, 1-6.

- Pepler, D. J., & Craig, W. M. (1998). Assessing children's peer relationships. *Child Psychology and Psychiatry Review*, 3(4), 176-182.
- Pinquart, M. (2017). Associations of parenting dimensions and styles with internalizing symptoms in children and adolescents: A meta-analysis. *Marriage & Family Review*, 53(7), 613–640.
- Plomin, R., & Daniels, D. (2011). Why are children in the same family so different from one another?. *International journal of epidemiology*, 40(3), 563-582.
- Plomin, R., Reiss, D., Hetherington, E. M., & Howe, G. W. (1994). Nature and nurture: genetic contributions to measures of the family environment. *Developmental Psychology*, 30(1), 32.
- Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American psychologist*, 75(5), 631.
- Provenzi, L., Baroffio, E., Ligabue, S., & Borgatti, R. (2020). The little professor and the virus: scaffolding children's meaning making during the COVID-19 emergency. *Frontiers in psychiatry*, 11, 817.
- Rispoli, K. M., McGoe, K. E., Koziol, N. A., & Schreiber, J. B. (2013). The relation of parenting, child temperament, and attachment security in early childhood to social competence at school entry. *Journal of School Psychology*, 51, 643-658.
- Rose, J., Roman, N., Mwaba, K., & Ismail, K. (2018). The relationship between parenting and internalizing behaviours of children: A systematic review. *Early Child Development and Care*, 188, 1468-1486.
- Rose-Krasnor, L. (1997). The nature of social competence: A theoretical review. *Social Development*, 6, 111-135.

- Rueger, S. Y., Malecki, C. K., Pyun, Y., Ayccock, C., & Coyle, S. (2016). A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. *Psychological Bulletin*, 142(10), 1017–1067.
- Sameroff, A. (2010). Dynamic developmental systems: Chaos and order. In G. W. Evans, & T. D. Wachs (Eds.), *Chaos and its influence on children's development: An ecological perspective*. 255-264.
- Sanders, M. R. (2003). Triple P – Positive Parenting Program: A population approach to promoting competent parenting. *Australian E-Journal for the Advancement of Mental Health*, 2(3), 127-143. doi:10.5172/jamh.2.3.127.
- Saracho, O. N. (2023). Theories of child development and their impact on early childhood education and care. *Early Childhood Education Journal*, 51(1), 15-30.
- Shelton, K. K., Frick, P. J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology*, 25(3), 317-329. doi:10.1207/s15374424jccp2503_8.
- Sethi, J., & Scales, P. C. (2020). Developmental relationships and school success: How teachers, parents, and friends affect educational outcomes and what actions students say matter most. *Contemporary educational psychology*, 63, 101904.
- Schmeck, K., Poustka, F., Döpfner, M., Plück, J., Berner, W., Lehmkuhl, G., ... Lehmkuhl, U. (2001). Discriminant validity of the Child Behaviour Checklist CBCL-4/18 in German samples. *European child & adolescent psychiatry*, 10(4), 240–247. doi: 10.1007/s007870170013.
- Schneider, B. H., Atkinson, L., & Tardif, C. (2001). Child–parent attachment and children's peer relations: A quantitative review. *Developmental Psychology*, 37, 86.

- Shehu, B. (2019). Peer acceptance in early childhood: Links to socio-economic status and social competences. *Journal of Social Studies Education Research*, 10(4), 176-200.
- Shelton, K. K., Frick, P. J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology*, 25, 317-329.
- Silk, J. S., Stroud, L. R., Siegle, G. J., Dahl, R. E., Lee, K. H., & Nelson, E. E. (2012). Peer acceptance and rejection through the eyes of youth: pupillary, eyetracking and ecological data from the Chatroom Interact task. *Social cognitive and affective neuroscience*, 7(1), 93-105.
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5, 25338.
- Spilt, J. L., Koot, H. M., & van Lier, P. A. C. (2023). Children's social competence, peer relationships, and classroom adjustment: A developmental perspective. *Developmental Psychology*, 59(2), 345–357. <https://doi.org/10.1037/dev0001443>.
- Spinrad, T. L., Eisenberg, N., & Cumberland, A. (2022). Parental emotion socialization and children's social competence: Contemporary perspectives. *Developmental Psychology*, 58(6), 987–1002. <https://doi.org/10.1037/dev0001345>.
- Steger, M. F. (2012). Making meaning in life. *Psychological inquiry*, 23(4), 381-385.
- Steele, H., Bate, J., Steele, M., Dube, S. R., Danskin, K., Knafo, H., ... & Murphy, A. (2016). Adverse childhood experiences, poverty, and parenting stress. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 48(1), 32.

- Suffren, S., Dubois-Comtois, K., Lemelin, J. P., St-Laurent, D., & Milot, T. (2021). Relations between child and parent fears and changes in family functioning related to COVID-19. *International Journal of Environmental Research and Public Health*, 18(4), 1786.
- Tabachnick, B. G., Fidell, L. S., & Ullman, J. B. (2019). *Using multivariate statistics*. NY, NY: Pearson.
- Taraban, L., Shaw, D. S., Leve, L. D., & Wilson, M. N. (2022). Intergenerational transmission of parenting: The role of parental childhood experiences and current functioning. *Developmental Psychology*, 58(4), 650–662. <https://doi.org/10.1037/dev0001319>.
- Trawick-Smith, J. (2022). *Early childhood development: A multicultural perspective*. Pearson. One Lake Street, Upper Saddle River, New Jersey 07458.
- Turkheimer, E., & Waldron, M. (2000). Nonshared environment: a theoretical, methodological, and quantitative review. *Psychological bulletin*, 126(1), 78.
- Uemura, K. (2018). The fourth meaning in life: With a discussion of what Viktor E. Frankl calls meaning. *Philosophy Study*, 8(6), 288-297.
- Valcan, D. S., Davis, H., & Pino-Pasternak, D. (2018). Parental behaviours predicting early childhood executive functions: A meta-analysis. *Educational Psychology Review*, 30, 607-649.
- van der Bruggen, C. O., Stams, G. J. J., Bögels, S. M., & Paulussen-Hoogeboom, M. C. (2010). Parenting behaviour as a mediator between young children's negative emotionality and their anxiety/depression. *Infant and Child Development*, 19, 354-365.
- van der Wilt, F., van der Veen, C., van Kruistum, C., & van Oers, B. (2019). Why do children become rejected by their peers? A review of studies into the relationship between oral

- communicative competence and sociometric status in childhood. *Educational psychology review*, 31, 699-724.
- Waters, L., Algoe, S. B., Dutton, J., Emmons, R., Fredrickson, B. L., Heaphy, E., ... & Steger, M. (2022). Positive psychology in a pandemic: Buffering, bolstering, and building mental health. *The journal of positive psychology*, 17(3), 303-323.
- Wentzel, K. R., & Caldwell, K. (1997). Friendships, peer acceptance, and group membership: Relations to academic achievement in middle school. *Child Development*, 1198-1209.
- Wisseman, K., Mathes, B., Meyer, A., & Schmidt, N. B. (2021). COVID-related fear maintains controlling parenting behaviors during the pandemic. *Cognitive Behaviour Therapy*, 50, 305-319.
- Wolford, S. N., Cooper, A. N., & McWey, L. M. (2019). Maternal depression, maltreatment history, and child outcomes: The role of harsh parenting. *American journal of orthopsychiatry*, 89, 181-191.
- Wong, P. T. P. (2017). Meaning-centered approach to research and therapy, second wave positive psychology, and the future of humanistic psychology. *Humanist. Psychol.* 45, 207–216. doi: 10.1037/hum0000062.
- Wong, T., & Shek, D. T. (2025). Meaning-focused coping in university students in Hong Kong during the COVID-19 pandemic: a qualitative study. *International journal of environmental research and public health*, 22(4), 614.
- World Health Organization. (2022). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. Geneva: WHO.

- Yakub, N., Ahmad, M., & Khan, S. (2024). Impact of COVID-19 on parenting stress and child development: A systematic review. *Journal of Affective Disorders Reports, 15*, 100700. <https://doi.org/10.1016/j.jadr.2024.100700>.
- Yang, Z., Ji, L. J., Yang, Y., Wang, Y., Zhu, L., & Cai, H. (2021). Meaning making helps cope with COVID-19: A longitudinal study. *Personality and Individual Differences, 174*, 110670.
- Yang, X., Li, Y., & Zhang, Q. (2025). Parenting styles and children's loneliness: The mediating role of social connectedness. *Frontiers in Public Health, 13*, Article 1688824. <https://doi.org/10.3389/fpubh.2025.1688824>.
- Zosh, J. M., Hirsh-Pasek, K., Hopkins, E. J., Jensen, H., Liu, C., Neale, D., Solis, S. L., & Whitebread, D. (2022). Accessing the inaccessible: Redefining play as a spectrum. *Frontiers in Psychology, 13*, 804376. <https://doi.org/10.3389/fpsyg.2022.804376>.

APPENDIX A

SURVEY QUESTIONNAIRES

The following items were used to assess parenting behaviours using the **Alabama Parenting Questionnaire – Short Form (APQ-9)**. Parents rated each item on a 5-point Likert scale ranging from 1 (Never) to 5 (Always).

1. You let your child know when he/she is doing a good job with something.
2. You threaten to punish your child and then do not actually punish him/her.
3. Your child fails to leave a note or let you know where he/she is going.
4. Your child talks you out of being punished after he/she has done something wrong.
5. Your child stays out in the evening after the time he/she is supposed to be home.
6. You compliment your child after he/she has done something well.
7. You praise your child if he/she behaves well.
8. Your child is out with friends you don't know.
9. You let your child out of a punishment early.

Social Belonging Scale (Parent Form)

The Social Belonging Scale was used to assess parents' perceptions of their child's social connectedness. Items were rated on a Likert-type scale ranging from strongly disagree to strongly agree.

1. My child is accepted by most peers at school.
2. My child has many friends.
3. My child experiences bullying or teasing at school.
4. My child is often invited to birthday parties.
5. Other children invite my child to play with them.

6. My child worries about what others think about them.
7. My child feels like they fit in academically with peers.
8. My child makes “social mistakes” that peers do not like.
9. My child is often picked first (or nearly first) by peers for activities at school.
10. It is easy for my child to make new friends.

Interactive Symptoms Assessment (ISA – Parent Form)

The ISA was used to assess parents’ perceptions of their child’s internalizing symptoms. Items were rated using a 10-point sliding scale.

- 1) My child felt good about the friends in their life this week / My child didn’t feel good about the friends in their life this week**
- 2) My child felt that they did many things well this week / My child felt that they didn’t do anything well this week**
- 3) Over the past week, my child has been feeling happy most of the time / Over the past week, my child has been feeling sad most of the time**
- 4) This week, my child wanted to do many fun things / My child did not feel like doing much at all this week**
- 5) My child didn’t lie to anyone this week / My child told many lies this week**
- 6) My child was cheerful this week / My child was irritable this week**
- 7) My child did not have arguments or fights with family or friends this week / My child often had arguments with family or friends this week**
- 8) My child was not worried or fearful this week / My child was feeling worried or fearful a lot this week**
- 9) My child didn’t worry about dirt, germs or getting sick this week / My child

was worried about dirt, germs, or getting sick this week**

10) My child was nice to everyone this week / My child said mean things to some people this week**

11) My child found it easy to sit still (in class or at home) this week / My child found it hard to sit still (in class or at home) this week**

12) My child looked in the mirror this week and felt good about what they saw / My child looked in the mirror and did not feel good about what they saw**

Child Identity and Purpose Questionnaire (Ch.I.P – Parent Form)

The Ch.I.P. was used to assess children's sense of identity, meaning, and purpose. Items were rated using a 10-point sliding scale.

1) When my child has a difficult feeling like sadness, fear, or anger, they find it easy to think about things to feel a bit better/When my child has a difficult feeling like sadness, fear, or anger, they find it hard to think about something to feel a bit better**

2) When my child has a difficult feeling like sadness, fear, or anger, they talk to someone or play with someone/When my child has a difficult feeling like sadness, fear, or anger, they don't talk to someone or play with someone**

3) When my child has a difficult feeling like sadness, fear, or anger, they chose to relax, have fun, or create something/When my child has a difficult feeling like sadness, fear, or anger, they choose not to do much of anything**

4) My child is happy to be themselves/My child wishes that they were a different person**

5) My child thinks that they are important to other people/My child thinks that they are not important to other people**

- 6) My child thinks that they have done many things to be proud of/My child thinks that they have not done many things to be proud of**
- 7) My child knows that good things will happen in their life as they grow up/My child doesn't know if good things will happen in their life as they grow up**
- 8) My child believes that their life is important/My child believes that their life doesn't matter**
- 9) My child knows that they can find ways to get something that is important to them /My child doesn't know if they can find ways to get things that are important to them**
- 10) My child is interested in watching their feelings as well as other people's feelings/My child is more interested in what they can see, feel, hear, taste, and touch, rather than feelings**
- 11) My child likes to try new things and learn new things/My child likes to stick with things that they know**
- 12) My child often participates in a very fun activity with other children and one or more adult leaders/My child does not often participate in a very fun activity with other children and one or more adult leaders**

Parenting Sense of Competence Scale (PSOC)

The PSOC was used to assess parental efficacy and satisfaction. Items were rated on a 6-point Likert scale ranging from 1 (Strongly Disagree) to 6 (Strongly Agree).

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age.
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.

4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.
5. My parents were better prepared to be good parents than I am.
6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.
7. Being a parent is manageable, and any problems are easily solved.
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.
9. Sometimes I feel like I'm not getting anything done.
10. I meet by own personal expectations for expertise in caring for my child.
11. If anyone can find the answer to what is troubling my child, I am the one.
12. My talents and interests are in other areas, not being a parent.
13. Considering how long I've been a parent, I feel thoroughly familiar with this role.
14. If being a parent of a child were only more interesting, I would be motivated to do a better job as a parent.
15. I honestly believe I have all the skills necessary to be a good parent to my child.
16. Being a parent makes me tense and anxious.
17. Being a good parent is a reward in itself.

APPENDIX B

QUALITATIVE QUESTIONS

Participants were asked the following open-ended questions at the end of the survey:

1. How did your daily routine and your role as a parent change during the pandemic, and what were the biggest challenges you faced?
2. In what ways did the pandemic affect your child's mental health, emotional wellbeing, and social interactions?
3. Did you adopt any new parenting strategies during the pandemic? If so, which ones have you found helpful and continued to use?
4. Looking back, what do you think were the long-term effects of the pandemic on your family's emotional well-being and your child's development?
5. Do you feel the pandemic has changed the way you view your child's needs or your role as a parent? In what ways?
6. Was there anything specific that your child did to cope with the pandemic?
7. If your child had been involved in making public health pandemic decisions, what would they have done differently?

APPENDIX C

QUALITATIVE CODING FRAMEWORK AND THEMES

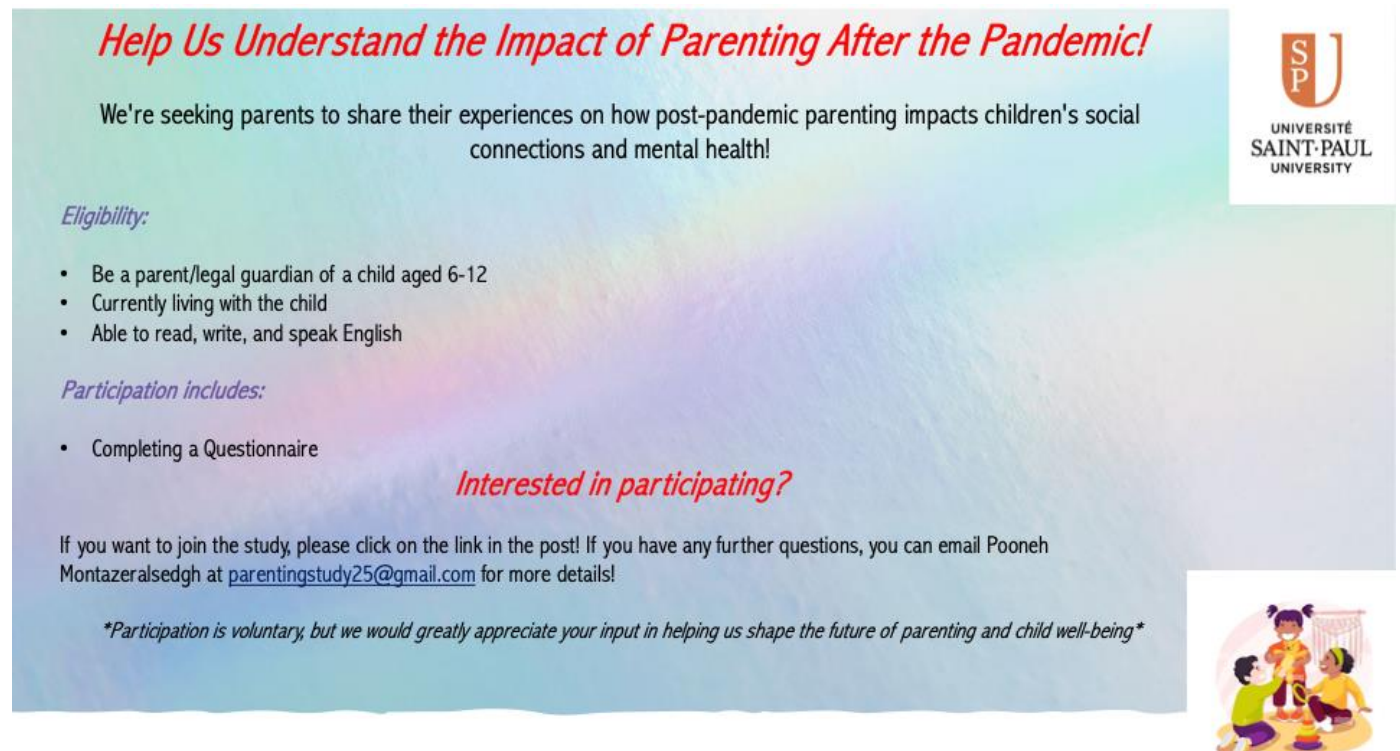
Theme	Description	Example Quote
Collapsing Boundaries and Parental Overload	Parents described blurred boundaries between work, childcare, and home responsibilities, resulting in heightened stress, exhaustion, and role overload.	“It was a 24-7 role with no breaks or down time... online school combined with work was one of the biggest challenges.”
Social Deprivation and Developmental Impact on Children	Reduced peer interaction led to concerns about children’s social skills, emotional development, and increased anxiety or withdrawal.	“The isolation... caused her to lose her social skills... and she experienced regression in her speech and ability to interact with others.”
Adaptive Family Coping and Positive Parenting Practices	Families adapted by creating new routines, increasing quality time, and using strategies such as outdoor activities and open communication.	“We started spending more intentional time together... and tried to focus on positivity.”
Supports, Uneven Resources, and Meaning-Making	Access to support systems varied across families, with some reporting strong support while others experienced isolation. Many engaged in reflection and meaning-making.	“Having support made a big difference... without it, everything felt overwhelming and isolating.”
Lingering Effects and Re-establishing Social Connectedness	Parents reported ongoing challenges in rebuilding social skills, peer relationships, and emotional regulation post-pandemic.	“Even now, my child struggles to reconnect socially... it’s been hard to rebuild those skills.”
Reflections on Public-Health Measures	Parents reflected on pandemic policies, expressing mixed views about restrictions, school closures, and their impact on children	“They never would have shut down playgrounds... kids needed that space to play and socialize.”

APPENDIX D

CONSENT AND RECRUITEMENT

Participants were recruited through social media platforms (e.g., Facebook) and word-of-mouth.

The following recruitment poster was used to invite participation:



Help Us Understand the Impact of Parenting After the Pandemic!

We're seeking parents to share their experiences on how post-pandemic parenting impacts children's social connections and mental health!

Eligibility:

- Be a parent/legal guardian of a child aged 6-12
- Currently living with the child
- Able to read, write, and speak English

Participation includes:

- Completing a Questionnaire

Interested in participating?

If you want to join the study, please click on the link in the post! If you have any further questions, you can email Pooneh Montazeralsedgh at parentingstudy25@gmail.com for more details!

Participation is voluntary, but we would greatly appreciate your input in helping us shape the future of parenting and child well-being



IMPLIED CONSENT FORM

Title of the Study: Child Social Connectedness, Parenting Behaviours, and Resilience in the Post- Pandemic Period

Researcher: Pooneh Montazeralsedgh (MA) – parentingstudy25@gmail.com

Supervisors: Dr. Laura Armstrong (Ph.D., C.Psych.) & Dr. Yuanyuan Jiang (Ph.D., C.Psych.),
Saint Paul University

Purpose of the Study

This research aims to explore the impact of the COVID-19 pandemic on parenting behaviors, child social connectedness, and resilience. The findings will contribute to a better understanding of how families have adapted post-pandemic and may help inform future support strategies and interventions.

What Participation Involves

Participation involves completing an online survey about parenting experiences and child social connectedness. The survey will take approximately 20-40 minutes to complete. You may choose to skip any question that makes you uncomfortable.

Potential Risks and Benefits

There are minimal risks to participating in this study. Some questions may cause emotional discomfort if they bring up personal or challenging memories. You may skip any questions that you do not wish to answer. The benefit of participating is contributing to important research that may help improve support systems for families.

Confidentiality and Data Protection

Your responses will remain confidential. No identifying information will be collected, and all data will be securely stored on a password-protected system. Only the researcher will have

access to the data. Results will be presented in aggregate form, ensuring that individual responses cannot be traced back to participants.

Voluntary Participation

Your participation is entirely voluntary. You may withdraw from the study at any time without penalty. If you decide to stop participating, any data collected up to that point will remain confidential and, unless requested otherwise, may still be used in the study.

Contact Information

If you have any questions or concerns about this study, you may contact the researcher at parentingstudy25@gmail.com. If you have any concerns regarding the ethical aspects of this study, you may contact the Office of Research and Ethics at Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4, Tel.: (613) 236-1393.

Consent

By proceeding with the survey, you confirm that you have read and understood this information. Your decision to complete and submit the survey indicates your consent to participate in this study.

Support Resources

Although there are minimal risks to participating in this study. Some questions may cause emotional discomfort if they bring up personal or challenging memories.

You may find the following services helpful:

- Parent Support Line – The Parent Resource Centre’s Parent Support Line provides support for parents and caregivers. Call 613-482-8173.

- Mental Health Helpline – A 24/7 bilingual service for individuals aged 16 and older experiencing a mental health crisis. Call 613-722-6914 (Ottawa) or 1-866-996-0991 (toll-free outside Ottawa).
- Distress Centre of Ottawa and Region – A 24/7 confidential distress line offering emotional support and crisis intervention for adults. Call 613-238-3311.
- Family Support Services – Counselling and Family Service Ottawa offers counseling and family support. Call 613-233-8478.
- Your family physician or a licensed counselor – For individualized mental health support and guidance.