Individual and gender differences in mindful parenting: The role of attachment and caregiving representations

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1. Introduction

Mindful parenting is one of the most recent applications of mindfulness. It can be broadly defined as a way of parenting that entails bringing mindful attention to parent-child interactions [1]. Despite the recent increase in interest in mindful parenting, little is known about the factors that may be associated with this parenting attitude. In the present study, we focus on the association between parental attachment representations and mindful parenting and explore the mediating role of caregiving representations. Although there is compelling evidence that a secure attachment is a fundamental requirement for sensitive and responsive parental care [2,3,4,5], its association with mindful parenting has not yet been investigated.

1.1. Mindful Parenting

Based on the theory and practice of mindfulness, mindful parenting was first proposed by Kabat-Zinn and Kabat-Zinn [6] as a way of parenting characterized by three main foundations: (1) sovereignty (acknowledging, encouraging, and accepting the child’s inner self); (2) empathy (attempting to see things from the child’s perspective and to understand what the child might be thinking and feeling in a given situation); and (3) acceptance (a complete acceptance of the child’s inner self, feelings, thoughts, and points of view). More recently, Duncan et al. [1] defined mindful parenting as a set of parental practices or skills that seek to enhance moment-to-moment awareness in the parent-child relationship. According to these authors, mindful parenting encompasses five interrelated dimensions: 1) listening with full attention to the child; (2) adopting a non-judgmental attitude of acceptance toward the self and the child; (3) developing emotional awareness of the self and the child; (4) exerting self-regulation in the parenting relationship; and (5) directing compassion toward the
self as a parent and toward the child. Therefore, being a mindful parent involves adopting an
attitude of acceptance and compassion in parenting and being sensitive and responsive to the
child’s needs [1,7]. It implies being fully present and aware of one’s own internal states and
of the internal states of the child during parent-child interactions as well as exerting self-
regulation in these interactions to choose parenting practices that are in accordance with the
parent’s values and goals [1]. The application of non-judgmental and intentional present-
moment awareness to parenting and the adoption of a compassionate attitude can be
considered the key features of mindful parenting that distinguish it from other positive
parenting practices.

Although Kabat-Zinn and Kabat-Zinn [6] laid the groundwork for empirical research
on mindful parenting, it was only recently that the scientific community became interested in
studying this parenting approach. However, research has mainly focused on the development
and efficacy of mindfulness-based parenting interventions (e.g., [7,8]), and much less is
known about the factors that may be associated with this parenting approach. One key factor
may be parents’ attachment representations. It is widely recognized that parents’ attachment
representations play a key role in parenting behaviors [2,4,5,9], although the associations
between parental attachment and mindful parenting and the mechanisms that may mediate this
relationship have not yet been investigated.

1.2. Attachment Representations, Caregiving Representations, and Parenting Outcomes

Attachment theory [10] provides an ideal framework for understanding parental
caregiving behaviors. Parents’ sensitivity and responsivity to their child’s needs, and therefore
the quality of parental care, are largely dependent on the parents’ attachment and caregiving
representations or internal working models [5]. Parents’ attachment representations develop
early in life through repeated interactions with their own attachment figures, particularly the
mother [10]. When attachment figures are not supportive, negative working models of the self
(representations of one’s own worthiness of care and love) and of others (representations about the availability and responsivity of an attachment figure in times of need) are developed, and an insecure attachment orientation (avoidant or anxious) emerges [1,11]. These representations can be understood in terms of two orthogonal dimensions: (1) attachment-related anxiety, which is characterized by a tendency to hyperactivate the attachment system and reflects the degree to which individuals are concerned about others’ availability or support in times of need and are sensitive to rejection and abandonment; and (2) attachment-related avoidance, which is characterized by a tendency to deactivate the attachment system and reflects the degree to which individuals strive to maintain emotional distance and independence from others and feel uncomfortable with intimacy and closeness in relationships. Low scores on both dimensions characterize attachment security, whereas high scores on either of the two dimensions characterize attachment insecurity [12]. Over time, individuals also develop caregiving representations [2,13,14]. Specifically, they develop working models of the self as a caregiver (which reflect the degree to which they perceive themselves as capable of recognizing others’ need for care and providing appropriate care) and working models of the other as a care recipient (which reflect the extent to which they perceive others as deserving of care) [13]. These representations guide individuals’ cognitions, behaviors, and emotions in caregiving interactions and therefore play a key role in parental caregiving behaviors [2,13].

Although the need for security and the capacity for providing care to others are universal [10], there are individual differences in attachment and caregiving representations. Individual differences in caregiving representations are believed to be intrinsically associated with individual differences in attachment representations [2,10,13]. For instance, George and Solomon [14] found a concordance rate of 69% between mothers’ attachment and caregiving representations, which underlines the continuity between attachment and caregiving systems.
at the level of representation. In fact, according to attachment theory, a secure attachment promotes an individual’s willingness and ability to provide care to others, whereas an insecure attachment inhibits adequate caregiving [2, 3, 4, 5, 10]. These individual differences influence the individuals’ parenting behaviors and their expectations and attitudes toward parenting [2, 4]. Specifically, securely attached individuals are best able to effectively care for others, including their children, because they have positive representations of the self and of others, feel comfortable with intimacy and closeness, and use adequate emotion regulation strategies that allow them to maintain their emotional balance while providing support to others [3, 4, 13]. Secure parents are therefore well equipped and motivated to provide sensitive and responsive care to their children [4, 5, 9, 10]. In contrast, avoidant individuals tend to react in a cold and unresponsive manner when others need their assistance [3, 4, 17]. Their discomfort with intimacy and the use of deactivating emotion regulation strategies may lead them to perceive caregiving interactions in negative terms [4, 13]. In addition, they seem to perceive themselves as less able to provide care and others as less deserving of care. In fact, higher levels of avoidance have been found to be associated with more negative working models of the self as a caregiver (i.e., lower levels of perceived ability to provide help and to recognize others’ needs) and with a more negative evaluation of others as worthy of help [13]. Because avoidant individuals have difficulty assuming caregiving roles and are not motivated to do so, they tend to be less sensitive and responsive and to behave in a less warm, close, and supportive manner toward their children [4, 5, 9, 15, 16]. In comparison, anxiously attached individuals tend to be self-centered, to worry about their own attachment needs [4] and to feel extremely distressed when other people need their assistance [17]. Their strong desire to be loved and accepted frequently leads them to be egoistically motivated to provide care and support to others only to attain their relationship goals [4, 13]. In fact, Reizer and Mikulincer [13] found that higher levels of anxiety were associated with higher levels of egoistic
motivations to provide help and with lower levels of perceived ability to recognize the needs of others. In the parenting context, although anxious individuals may be motivated to provide care to their children, their strong desire for closeness and their self-centered tendency may lead them to be intrusive and insensitive to their child’s signals and needs as well as less able than other parents to provide a secure base for their children’s exploration behaviors [5,4,18].

It is important to note that although the association between attachment and caregiving representations has a strong theoretical basis, to the best of our knowledge, only George and Solomon [14] and Reizer and Mikulincer [13] have investigated this link. Likewise, although several studies have provided evidence of a significant link between parents’ attachment representations and parenting behaviors [5], the association between caregiving representations and parenting outcomes has rarely been investigated. One exception is the study by Reizer and Mikulincer [13], who found that among young couples without children, more positive working models of the self as caregiver and more altruistic and less egoistic motivations to provide help were associated with a stronger desire to have children, more positive feelings toward parenthood, more positive expectations of parental self-efficacy and lower levels of perceived barriers against parenthood.

Another critical gap in the literature is the limited research on the effect of the parent’s gender on attachment and caregiving representations and their association with parenting outcomes. Some previous studies have shown that women tend to be less avoidant than men [19] and tend to present more positive working models of caregiving and less egoistic motivations to provide help [13]. However, the large majority of studies have excluded fathers, and the few that have explored gender differences have suggested that mothers and fathers may differ in the way their attachment representations influence their parenting behaviors, emotions or expectations [5]. Therefore, it is essential to develop studies that
include both mothers and fathers and to explore gender differences in the way attachment and
caregiving representations are linked to different parenting outcomes.

1.4. The Present Study

Although many studies have shown a consistent relationship between parental
attachment and various parenting outcomes [5], to the best of our knowledge, no study has
explored the link between attachment and mindful parenting. However, recent studies have
revealed that attachment insecurity is associated with lower levels of dispositional
mindfulness [20,21,22] and that difficulties in the emotional regulation (e.g., rumination and
thought suppression) of insecure individuals may explain this association [21]. These findings
suggest that negative cognitive and emotional processes that develop in the context of
insecure attachments may hinder the development of mindful awareness [21,22]. Therefore, it
is reasonable to suppose that attachment (in)security is associated with parents’ ability to
bring mindful awareness into interactions with their children. In the current study, we
explored this possibility. Mindful parenting was investigated as a unidimensional construct
because our focus was on investigating specific caregiving pathways through which
attachment dimensions could be linked to a general mindful parenting attitude and not to
specific dimensions of this parental approach. This approach is consistent with previous
studies that have investigated mindful parenting as a unidimensional construct [23].

The current study had three goals. First, we intended to examine differences between
mothers and fathers in attachment and caregiving representations and mindful parenting.
Based on previous studies, we expected mothers to be less avoidant and to present more
positive representations of caregiving and less egoistic reasons for providing care compared
with fathers. Regarding mindful parenting, we did not advance a hypothesis because, to the
best of our knowledge, no previous study has explored gender differences in this construct.
Second, we aimed to explore the indirect effect of parental attachment representations on mindful parenting through caregiving representations. Specifically, we explored the mediating role of working models of the self as caregiver (representations of the self as an efficient provider of help and as able to perceive the other’s distress signals and need for support) and of others as care recipients (representations of others as deserving of help) and egoistic motivations to provide help (providing help because of self-focused motives). Based on previous research [13], we hypothesized that higher levels of anxiety would be associated with lower levels of mindful parenting through more self-focused motivations to provide help and a lower ability to recognize other’s needs and that avoidance would be linked to lower levels of mindful parenting through a more negative perception of others as worthy of help and a decreased ability to recognize others’ needs and to provide effective help. Third, we aimed to examine whether the proposed model remained invariant for mothers and fathers. Because no previous studies have examined this path model, we did not present a hypothesis related to this goal.

2. Materials and Methods

2.1. Participants

The sample included 439 biological parents (67% mothers) of school-aged children/adolescents, with a mean age of 42.36 years (SD=6.19; range: 23-63) and with a mean of 1.90 children (SD=0.80; range: 1-7). The majority were married or living with a partner (89.3%). With regard to education levels, 309 parents (70.4%) had completed basic or secondary studies, and 130 (29.6%) had completed graduate or post-graduate studies. Although the majority (82%) had paid employment, 79 parents (18%) were unemployed or were full-time stay-at-home parents.

2.2. Procedure
The sample was collected in public schools (82.7%) and in the general community (17.3%) in the north and central regions of Portugal. Authorization for sample collection was obtained from the Portuguese Data Protection Authority and from the Board of Directors of two school units. After authorization was received, 24 classes from six schools of the two school units were randomly selected. Teachers were contacted by the researchers, informed about the study, and asked to collaborate as intermediaries between the researcher and the parents. Participants from the general community were recruited through the researcher’s acquaintances. In both cases, parents were given a letter explaining the study, the informed consent form, and the questionnaires to be completed at home and returned a week later. Written informed consent was obtained from all parents.

2.3. Measures

2.3.1. Attachment Representations

The Portuguese version of the Experiences in Close Relationships–Relationship Structures questionnaire (ECR-RS; [24,25]) was used to assess attachment-related anxiety (e.g., “I'm afraid that this person may abandon me”) and avoidance (e.g., “I prefer not to show this person how I feel deep down”) toward the parent’s own mother or mother-like figure. The ECR-RS is composed of nine items rated on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The subscale score consists of the mean of the items, with higher scores indicating higher attachment avoidance and anxiety. The original ECR-RS [25] has shown good psychometric properties, including adequate reliability (α > .80) and construct validity. The Portuguese version [24] confirmed the original two-factor structure and also exhibited adequate reliability (α > .72) and construct validity.

2.3.2. Caregiving Representations

The Portuguese version of the Mental Representation of Caregiving Scale (MRCS; [13,26]) was used. This self-report instrument includes four subscales: (1) perceived ability
and availability to provide effective help ("I can alleviate others’ distress in an effective
way"), (2) perceived ability to recognize other’s needs ("Sometimes, I don’t notice when I’ve
been asked for help"), (3) appraisal of others as worthy of help ("In my opinion, a person
should solve his problems on his own"), and (4) egoistic motives to provide help ("I help
others while expecting to get some personal reward"). Subscales 1 and 2 assess working
models of the self as caregiver, and subscale 3 assesses working models of others as care
recipients. The MRCS has 27 items, with responses on a 7-point Likert scale ranging from 1
(strongly disagree) to 7 (strongly agree). The subscale scores consist of the mean of the
items, with higher scores indicating more positive working models of caregiving and more
self-focused motives for providing care. The original MRCS [13] has a five-factor structure
and exhibited adequate reliability (αs>.75) as well as convergent, discriminant and construct
validity. Similarly, the Portuguese version [26] presented adequate reliability (αs>.70) and
validity. The factor structure confirmed the original one, with the exception of the “altruistic
motives for helping” dimension, which in the Portuguese version integrates the “perceived
ability to provide help” dimension.

2.3.3. Mindful Parenting

The Portuguese version of the Interpersonal Mindfulness in Parenting Scale (IM-P;
[27,28]) was used to assess mindful parenting. This self-report questionnaire includes 31
items ("I rush through activities with my child without being really attentive to him/her")
rated on a 5-point Likert scale that ranges from 1 (never true) to 5 (always true). The total
score is the mean of all items and is used as a global indicator of mindful parenting. The IM-P
has shown adequate reliability and construct validity in American and Dutch samples [27,29].
The Portuguese version has also evidenced good psychometric properties, including adequate
reliability and construct validity [28].

4. Results
4.1. Preliminary Analyses

Differences in sociodemographic and study variables between parents recruited in schools and parents recruited in the general community were analyzed. No significant differences were found in parents’ age, \( F(1,437)=2.94, p=.087 \), gender, \( \chi^2(1)=0.001, p=.978 \), marital status, \( \chi^2(1)=1.64, p=.201 \), education levels, \( \chi^2(1)=3.65, p=.067 \), number of children, \( F(1,437)=1.30, p=.254 \), and employment, \( \chi^2(1)=1.45, p=.227 \). With regard to the study variables, no significant differences were found in mindful parenting (\( F_{1,437}=2.94, p=.087, \eta^2=.01 \)), attachment representations (Wilk’s Lambda=0.997, \( F_{2,436}=0.71, p=.492, \eta^2=.00 \)) and caregiving representations (Wilk’s Lambda=0.997, \( F_{4,434}=0.32, p=.866, \eta^2=.00 \)). Given the absence of significant differences in the sociodemographic and study variables, the two subgroups were analyzed together in the subsequent analyses.

The differences between the mothers and fathers regarding sociodemographic variables were also analyzed before the main analyses were conducted to identify any covariates that should be included in the subsequent comparison analysis. The mothers were significantly younger than the fathers (mothers: \( M=41.44, SD=5.60 \); fathers: \( M=44.25, SD=6.90 \); \( t_{437}=4.58, p<.001, \eta^2=.05 \)). Although the proportion of participants who were married or living with a partner was higher than the proportion without a partner for both the mothers and the fathers, among the participants who did not have a partner (10.7% of the total sample), there were significantly more mothers than fathers (mothers: 85.1%, \( n=40 \); fathers: 14.9%, \( n=7 \); \( \chi^2(1)=7.83, p=.005, \eta^2=.13 \)). No significant differences were found between the mothers and the fathers in their levels of education, employment, and number of children.

4.2. Differences between Mothers and Fathers

The means, standard deviations, and Pearson’s correlations for the study variables are presented in Table 1.
Controlling for age and marital status, a significant multivariate effect of gender was found for attachment representations (Wilk’s lambda=.984, $F_{2,434}=3.48$, $p=.032$, $\eta^2=.02$) and caregiving representations (Wilk’s lambda=.877, $F_{4,432}=15.20$, $p<.001$, $\eta^2=.12$). Regarding attachment, subsequent univariate analyses revealed that fathers presented higher levels of avoidance than mothers ($F_{1,435}=6.95$, $p=.009$, $\eta^2=.02$), but no differences were found for anxiety ($F_{1,435}=0.33$, $p=.567$, $\eta^2=.00$). Concerning caregiving representations, mothers reported a higher perceived ability to provide effective help ($F_{1,435}=34.67$, $p<.001$, $\eta^2=.07$) and to recognize others’ needs ($F_{1,435}=35.94$, $p<.001$, $\eta^2=.08$) and less egoistic motivations to provide help ($F_{1,435}=25.66$, $p<.001$, $\eta^2=.06$) compared with fathers. No significant differences were found in the appraisal of others as worthy of help ($F_{1,435}=1.38$, $p=.240$, $\eta^2=.00$). Finally, mothers reported significantly higher levels of mindful parenting than fathers did ($F_{1,434}=10.85$, $p=.001$, $\eta^2=.02$).

4.3. Mediation Model

Structural equation modeling using maximum likelihood estimation was conducted to test the proposed parallel multiple mediation model (Figure 1). The statistical significance of the indirect effects was estimated using bootstrap resampling procedures with 2000 samples and a 95% bias-corrected confidence interval (BC95%CI). The criteria for a good model fit were CFI≥.95, RMSEA≤.06, and SRMR≤.08 [30]. The specific indirect effects and the corresponding confidence intervals were estimated using AMOS user-defined estimands (Amos Development Corporation, 2010). Initially, we tested a model that included all of the paths between variables. Because this model exhibited an inadequate fit (CFI=.754; SRMR=.111; RMSEA=.299, $p<.001$; 90%CI=.255/.346), we trimmed it by eliminating the non-significant paths (between attachment anxiety and the perceived ability to provide effective help and between attachment anxiety and mindful parenting), following the
recommendations of Kline [31]. The final model had a good fit to the data (CFI=.999; SRMR=.015; RMSEA=.026, $p=.588; 90\% CI=.000/.102$) and explained 26% of the mindful parenting variance. As presented in Table 2, attachment anxiety had a significant indirect effect on mindful parenting via the perceived ability to recognize others’ needs and the egoistic motives for providing help. Conversely, attachment avoidance had a significant direct effect on mindful parenting and a significant indirect effect through the perceived ability to provide effective help and the appraisal of others as worthy of help.

4.4. Multi-Group Analyses

The structural invariance of the path model across genders was tested in two steps, beginning with the examination of the baseline model for each group separately and followed by multi-group analyses comparing the unconstrained model with a model in which structural weights were fixed to be equal across groups [32]. The model’s invariance was established when the chi-square difference ($\Delta \chi^2$) was non-significant. The baseline model for each parent group demonstrated a good fit to the data [mothers: $\chi^2(2)=2.35, p=.301; CFI=.999$, SRMR=.018; RMSEA=.024, $p=.537; 90\% CI=.000/.121$; fathers: $\chi^2(2)=0.35, p=.838; CFI=1.00$, SRMR=.010; RMSEA=.00, $p=.838; 90\% CI=.000/.094$]. The difference between the unconstrained model and the constrained model was not significant, $\Delta \chi^2(1)=0.11, p=.740$, suggesting the model’s invariance.

5. Discussion

The main finding of this study was that attachment-related anxiety and avoidance were indirectly associated with mindful parenting through different aspects of caregiving representations. Additionally, a direct association between attachment avoidance and mindful parenting was found, corroborating previous studies that show a stronger and more consistent
As expected, our results suggest that avoidant parents may be less able to be mindful in their relationships with their children because of a lower perceived ability to provide effective help to others, which is in accordance with the theoretical predictions of attachment theory. On one hand, avoidant individuals usually experience increased difficulties assuming caregiving roles [3,4,15,16,17] because in their attempt to keep their attachment system deactivated, they keep a safe emotional distance from others and feel uncomfortable when others are distressed and need support [3,4]. Consequently, in their relationship with their children, they may face what Rholes et al. [33] refer to as an “approach-avoidance conflict” (p. 282): although caring for a child, particularly in a mindful way, implies the activation of the caregiving behavioral system and the provision of sensitive and responsive care to children, avoidant parents want to keep their attachment system deactivated and consequently distance themselves from their children. On the other hand, because individuals learn how to provide care to others through repeated care experiences with their own attachment figures [2,4,13,14], it is likely that avoidant individuals, who typically had rejecting, cold, and unavailable mothers, have internalized parenting and caregiving models characterized by distance and reduced availability. In addition, attachment avoidance was linked to mindful parenting through negative working models of others as care recipients. This result suggests that avoidant parents consider others less worthy of care, which may also predispose them to be less mindful and compassionate in their relationship with their children.

Whereas avoidant parents might perceive themselves as less able to provide care, anxious parents seem to perceive themselves as less able to recognize others’ needs for help. Because the attachment system is hyperactivated in anxious individuals, they are usually overly focused on their own distress and attachment needs, which may impair their ability to
perceive or recognize their child’s or other people’s needs [3,4]. In fact, previous studies have demonstrated that anxious individuals tend to feel distressed when other people need their assistance and are less likely to exhibit altruistic and compassionate behaviors [3,17]. In the parenting context, it has also been demonstrated that anxious parents tend to be more insensitive to their child’s signals of need [18]. We may suppose that when their children need support or show signs of distress, anxious parents may fail to recognize the need to help their child or may feel emotionally overwhelmed, and their hyperactivating strategies may lead them to focus on both the child’s distress and their own emotional distress instead of adopting a mindful approach. Not surprisingly, we found that anxiety, but not avoidance, was indirectly linked to mindful parenting through egoistic motivations to provide help. This result corroborates our hypothesis and the results of previous studies [13] and suggests that providing help to others only to fulfill one’s own needs for intimacy and closeness may hinder an individual’s ability and willingness to adopt the compassionate and responsive attitude that mindful parenting entails.

One important finding was that mothers and fathers differed in their levels of mindful parenting and in attachment and caregiving dimensions, although the proposed path model was invariant across genders. In keeping with our initial hypothesis and the results of previous studies [13,19], we found that fathers presented higher levels of attachment avoidance, more egoistic motivations to provide help, and a lower ability to recognize others’ needs and to provide help compared with mothers. In addition, fathers presented lower levels of mindful parenting than mothers did. Although further research is needed to more thoroughly understand this gender effect, the observed differences may be the result of socialization and/or biological processes. On one hand, women are still expected to more often assume caregiving roles, particularly those related to the education of children [34]. On the other hand, there are biological and evolutionary differences between men and women (e.g., women
have the ability to breast-feed their children) that explain why women are better prepared to assume caregiving roles [35]. Nevertheless, our findings demonstrated that associations between attachment and caregiving representations and mindful parenting are not dependent on the parents’ gender, supporting the theoretical proposition that all human beings are born with attachment and caregiving systems that interact with each other and influence parenting outcomes [2,4,5,14].

5.1. Limitations and Conclusions

This study has some limitations. First, its cross-sectional design does not allow the establishment of a causal relationship among variables. Although the direction of the relationships presented in the model is strongly supported in the attachment literature, future longitudinal studies should confirm our findings. Second, because we only assessed attachment to the maternal figure, some caution is needed in interpreting the results and generalizing them to other attachment figures. Third, we did not inquire about previous mindfulness training or participation in parenting intervention programs, which could influence individuals’ mindful parenting practices. Fourth, the representativeness of the sample cannot be guaranteed because parents were recruited at only two school units in the north and central regions of Portugal and in the general community through the researcher's acquaintances. Additionally, the majority of participants were mothers (67%). Ideally, the sample should have been composed of an equivalent number of mothers and fathers from different regions of Portugal. Fifth, the exclusive use of self-report measures may limit the validity of our findings because the participants’ responses may have been influenced by social desirability and defensive strategies. Additionally, the common method variance that may result from using only one assessment method should be avoided in future studies by employing a multi-method measurement strategy. For instance, it would be interesting to use an interview measure, such as the Adult Attachment Interview, to assess adult attachment
representations and to explore the degree of convergence between self-report and interview methods.

Despite these limitations, this study offers innovative and important contributions to the literature. It is the first study to examine the differences in mindful parenting between mothers and fathers and to explore a mediation model linking parents’ attachment and caregiving representations to this parenting outcome. This study is highly innovative because it distinguishes different caregiving pathways through which attachment anxiety and avoidance are linked with mindful parenting. Overall, this study suggests that insecure parents are poorly equipped to adopt a mindful approach in their relationships with their children and that their difficulties in providing care may originate in their relationship with their mother or maternal figure. Mindful parenting entails being fully present with an attitude of acceptance and compassion and being sensitive and responsive to the child’s needs [7], which is unlikely to occur if parents are struggling to maintain some degree of emotional distance from their children or are primarily focused on their own needs.
References


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stressful event. *Attachment & Human Development*, 6, 31-52. Doi: 10.1080/146167303100001659584


Table 1. Descriptive statistics and correlations among study variables

<table>
<thead>
<tr>
<th>Cronbach’s alpha</th>
<th>Total sample $n=439$</th>
<th>Mothers $n=294$</th>
<th>Fathers $n=145$</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td></td>
<td>$M(SD)$</td>
<td>$M(SD)$</td>
<td>$M(SD)$</td>
<td></td>
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</tr>
<tr>
<td>1. Anxiety</td>
<td>.80</td>
<td>2.56(1.65)</td>
<td>2.55(1.67)</td>
<td>2.58(1.60)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Avoidance</td>
<td>.85</td>
<td>2.82(1.31)</td>
<td>2.70(1.33)</td>
<td>3.06(1.24)</td>
<td>.28**</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. MRCS-Provide</td>
<td>.74</td>
<td>5.38(0.69)</td>
<td>5.51(0.71)</td>
<td>5.12(0.57)</td>
<td>-.10*</td>
<td>-.19**</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. MRCS-Recognize</td>
<td>.76</td>
<td>5.08(0.94)</td>
<td>5.25(0.90)</td>
<td>4.73(0.93)</td>
<td>-.23**</td>
<td>-.15**</td>
<td>.37**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. MRCS-Egoistic</td>
<td>.77</td>
<td>2.40(0.87)</td>
<td>2.26(0.86)</td>
<td>2.69(0.81)</td>
<td>.29**</td>
<td>.17**</td>
<td>-.36**</td>
<td>-.44**</td>
<td></td>
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<tr>
<td>6. MRCS-Others</td>
<td>.75</td>
<td>4.63(1.33)</td>
<td>4.68(1.34)</td>
<td>4.53(1.30)</td>
<td>-.15**</td>
<td>-.15**</td>
<td>.20**</td>
<td>.34**</td>
<td>-.36**</td>
</tr>
<tr>
<td>7. Mindful parenting</td>
<td>.81</td>
<td>3.63(0.36)</td>
<td>3.67(0.34)</td>
<td>3.55(0.38)</td>
<td>-.21**</td>
<td>-.25**</td>
<td>.33**</td>
<td>.43**</td>
<td>-.33**</td>
</tr>
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*p<.05; **p<.01
Table 2. *Total, direct, and indirect effects*

<table>
<thead>
<tr>
<th>Direct effects</th>
<th>Unstandardized coefficients</th>
<th>Standardized coefficients</th>
<th>p value</th>
<th>BC95% CI Lower/Upper</th>
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<td>.249</td>
<td>.001</td>
<td>.152/.348</td>
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<td>-.110</td>
<td>.046</td>
<td>-.214/-0.03</td>
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<tr>
<td>AV→Provide</td>
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<td>-.194</td>
<td>.001</td>
<td>-.281/-0.099</td>
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<td>Recognize→MP</td>
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<td>Others→MP</td>
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<td>.009</td>
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<th>Standardized coefficients</th>
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*Note.* AV: avoidance; ANX: anxiety; MP: mindful parenting; Provide: perceived ability to provide effective help; Recognize: perceived ability to recognize other’s needs; Egoistic: egoistic motives for providing help; Others: appraisal of others as worthy of help.
Figure 1. *Path model with standardized regression coefficients*

*Note.* For simplicity, measurement error terms and non-significant paths are not shown (trimmed model). All paths were significant.