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Parental Efficacy Moderates the Association Between Empathy and Burden Among Parents of Children Admitted to a Psychiatric Ward

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Empathy is considered a positive aspect of caregiving, although in certain circumstances, being empathic might increase the burden of caregivers. The current study assessed the associations between empathy, parental efficacy, and family burden among parents of children who were hospitalized in a psychiatric unit. Specifically, we examined whether the association between empathy and family burden was moderated by the parents' sense of self-efficacy. Seventy parents of children with psychiatric disorders, hospitalized in an inpatient psychiatric unit, filled out questionnaires of empathy, parental efficacy, and family burden. Results supported a moderating role of parental efficacy between empathy and family burden (interaction effect: $\beta = -1.72$, $p = .0406$). Specifically, empathy was positively related to family burden among parents with low self-efficacy (conditional effect = 0.70, $p = .032$) and negatively related to family burden among parents with high self-efficacy (conditional effect = -0.39 , $p = N.S$). Implications for practice include the importance of self-efficacy and address the possible negative implications of empathy among parents of children treated in a psychiatric hospital.

Keywords: Parents; Self-efficacy; Empathy; Family burden

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Empathy is defined as a person's ability to feel and identify with the emotions of another person, thereby allowing him/her to understand and accept the other without judging (Hooker, Verosky, Germine, Knight & D'Esposito, 2008). Research has shown that empathy is associated with a host of positive outcomes: better coping with distress and crises, a positive self-concept, positive social behavior, and emotional control (Landazabal,

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2009; Oppenheim, Koren-Karie, Dolev, & Yirmiya, 2009; Pavey, Greitemeyer, & Sparks, 2012; Perry & Szalavitz, 2010). Within the family context, parents' ability to feel empathy toward their child has been shown to help parents better understand their child's needs and react to the child more accurately (Davis, 2018). Moreover, a positive association has been found between the parents' ability to feel empathy toward their child and the child's ability to cope and develop empathy (Vinik, Almas & Grusec, 2011). Empathy is also considered to be related to child attachment security and emotional openness (Stern, 2018) and as such is perceived as an important and essential factor in child development and adjustment.

At the same time, empathy might also increase burden, especially at times of crisis or conflict, when identifying with another person's pain might lead to one's own experience of pain (e.g., Fonagy, 2018; Righetti et al., 2016; Van Lissa et al., 2017). Indeed, research has shown that parental empathy has both positive and negative psychological and physiological implications (Goubert, Vervoort, Sullivan, Verhoeven & Crombez, 2008; Manczak et al., 2016). For example, Goubert et al (2008) showed that parents' empathy to the pain of a child was positively related to parental distress, and Manczak et al (2016) reported that while parental empathy was beneficial for adolescents and related to better emotion regulation and less systemic inflammation, it also had both positive and negative implications for parents manifested in greater self-esteem and sense of purpose in life and related to higher systemic inflammation.

Fonagy (2018) also discussed parental empathy and suggested that it might cause an erosion of the parent/child boundary, interfering with the healthy separation between the child's and parent's experiences. Interestingly, it is possible that an individual's inner resources may determine whether empathy possesses positive or negative implications. According to this idea, persons with resources such as confidence, self-esteem, and coping abilities may be able to use their empathy in an adaptive manner and not experience the negative implications of empathy. Empirical support for this idea stems from a study that showed that among a community sample of adults, empathy was strongly related to depressive symptoms in persons with low self-esteem and low mastery compared to persons with high self-esteem and mastery (Schieman & Turner, 2001).

Applying this idea within the context of parenthood, it is possible that a parent's confidence in his/her parenting skills might interact in a positive way with his/her ability to empathize. That is, a sense of parental self-efficacy stemming from the ability to cope well with familial challenges (Bloomfield & Kendall, 2012; Streisand, Swift, Wickmark, Chen & Holmes, 2005) might buffer the negative implications of empathy, as parental efficacy presumably enables one to utilize his or her empathy in a productive manner. Of note, parental efficacy is regarded as an essential resource for parents allowing them to react adaptively to different challenges of parenthood (see the review of Jones & Prinz, 2005).

Thus, although parents' ability to empathize may lead to positive outcomes such as reduced burden, an overidentification with their child's pain may also create distress, which could be buffered by a sense of parental efficacy. These complex processes might be intensified under extreme and stressful situations such as the context of a child's psychiatric hospitalization, during which parents' levels of empathy may be positively or negatively associated with family burden, depending on the parents' sense of efficacy. If parents have a low sense of efficacy (i.e., if they do not perceive themselves as capable of dealing with the crisis), their empathy may cause distress. However, if parents have a high sense of efficacy, their empathy may be associated with lower distress. The purpose of the present study was to investigate the hypothesized interaction between a parent's empathy and parental efficacy among parents of children hospitalized on a psychiatric inpatient unit.

METHOD

Study Design and Participants

The current study was part of a larger project addressing the experiences of parents of children with psychiatric disorders (Hasson-Ohayon, Pijnenborg, Ben-Pazi, Taitel, & Goldzweig, 2017; Hasson-Ohayon, Ben-Pazi, Silberg, Pijnenborg, & Goldzweig, 2019) in an inpatient psychiatric unit in Israel.

Eighty-three parents of children (mean age of children = 10.3, $SD = 2.18$) hospitalized in a psychiatric inpatient unit were invited to participate in the study. Thirteen parents refused to participate as a result of being overwhelmed with the situation and/or being afraid of emotional disclosure. The final sample consisted of 70 parents, who were not dyads, 24 of whom were fathers (34%) and 46 of whom were mothers (66%). The mean age of the parents was 43.77 years ($SD = 6.85$), the mean years of education was 13.99 years ($SD = 2.69$), and the mean number of children per family was 4.43 ($SD = 2.57$).

The mean age of the hospitalized children was 4.43 ($SD = 2.57$), 52 were male (72%), 38 (54%) had a behavioral disorder, 24 (34%) had a serious mental illness such as schizophrenia or depression, and 8 (11%) had autistic spectrum disorder (based on medical files).

Inclusion criteria included first psychiatric hospitalization of the child, fluency in Hebrew, and provision of informed consent. Exclusion criteria included having an organic or psychotic disorder.

Instruments

The Interpersonal Reactivity Index scale (IRI; Davis, 1983) was used to measure empathy. This scale is a 28-item questionnaire that conceptualizes empathy as an individual's ability to see the situation from the other's point of view and imagine his or her feelings. The index was found to be reliable and valid in different languages and settings (e.g., Fernández et al., 2011; Gilet et al., 2013). In the current research, we used the Hebrew version (Even, 1993). We used a single total aggregated score of the questionnaire in order to measure parents' general empathy. Internal reliability as measured by Cronbach's alpha was 0.655.

The Parental Sense of Competence Scale (PSOC; Johnston & Mash, 1989), in its Hebrew version (Pagorek-Eshel & Dekel, 2015), was used to assess parental self-efficacy. The scale is a 16-item 6-point Likert-type scale that measures two dimensions: satisfaction (anxiety, motivation, and frustration) and efficacy (parents' competence, capability levels, and problem-solving abilities in their parental role). In the current research, Cronbach's alpha values were 0.61 for satisfaction and 0.74 for efficacy.

The Family Burden Interview (Zarit, Reever & Bach-Peterson, 1980), in its Hebrew version (Anar, 2003), was used to assess family burden. This scale is a 29-item questionnaire designed to assess how often the individual feels oppressed by various aspects of caregiving. It assesses the frequency with which relatives experience these feelings on a 4-point Likert-type scale and has been previously used among parents of persons with serious mental illness (Levy-Frank, Hasson-Ohayon, Kravetz & Roe, 2011). In the present study, Cronbach's alpha for the scale was 0.83.

Design and Procedure

After receiving approval from the hospital's institutional review board (IRB), the first author of this paper approached the parents of children who had been hospitalized in this facility during the previous two months. The researcher explained to them the purpose of the study and the anonymous nature of its data collection. After signing informed consent forms, parents were provided with the questionnaires.

Statistical Analysis

Power calculation: The power calculation was conducted by G*Power3.1 (Faul, Erdfelder, Buchner, & Lang, 2009). Calculations were based on a linear multiple regression with three predictors (empathy, parental efficacy, and interaction of empathy and parental efficacy) tested for R^2 increase (the explained variance added by the interaction effect to the model), given medium effect size ($F^2 = 0.15$) and alpha levels of 0.05, and a sample of 70 parents yielded a satisfactory power (1-beta) of 89%.

Descriptive statistics and correlation analyses were conducted. Correlations between background variables (i.e., parent’s gender, age, years of education, child’s gender, child’s age) and the outcome variable (i.e., family burden) were not significant. In addition, no significant differences in burden levels across child’s diagnosis were found. There was therefore no need to control for these variables or enter them as covariates into further analyses.

A Kolmogorov–Smirnov test indicates that parental efficacy, parental satisfaction, empathy, and family burden do not deviate significantly from a normal distribution ($D(70) = 0.079, p = .2; D(70) = 0.085, p = .2; D(70) = 0.072, p = .2; \text{ and } D(70) = 0.093, p = .2$); Mardia’s multivariate skewness and kurtosis were also found to be nonsignificant (skewness $b = 2.12, p = .207$; Kurtosis $b = 23.92, p = .96$).

In order to examine the main hypothesis that parental efficacy would moderate the relation between empathy and family burden, we used a regression-based model with empathy, efficacy, and the interaction between empathy and efficacy as predictors of family burden. For the application of the model, we used a specific macro (“processes v3”) developed for the SPSS software (Hayes, 2017). As there is a high correlation between parental satisfaction and family burden ($r = -.60, p < .01$), satisfaction was entered as a covariate into the model.

RESULTS

Correlational Analyses

Table 1 presents the Pearson correlations between the study variables. Family burden was found to have a significant negative correlation with both parental satisfaction and parental efficacy. Empathy was found to have a significant negative correlation with parental satisfaction and a nonsignificant correlation with parental efficacy and family burden. Parental satisfaction and parental efficacy were found to have a significant positive correlation with each other.

Assessing the moderation model: The process macro (v3; Hayes, 2017) was used in order to test the study hypotheses. Parental satisfaction, parental efficacy, empathy, and the interaction between parental efficacy and empathy were entered into a regression model as predictors of family burden. The model was found to be significant, $F(4,65) = 11.29$,

TABLE 1
Intercorrelation Between the Study Variables

	Empathy	Parental Satisfaction	Parental Efficacy	Family Burden
Empathy	1.00			
Parental satisfaction	−0.24*	1.00		
Parental efficacy	−0.06 N.S.	0.53**	1.00	
Family burden	0.21	−0.60**	−0.30*	1.00

* $p < .05$.

** $p < .01$.

$p < .0001$, and explained a substantial part of the variance in family burden, $R^2 = .41$. Table 2 presents the regression coefficients. The interaction between parental efficacy and empathy was found to be significant, thus confirming the moderation model. The interaction was probed by using the Johnson–Neyman technique that derives the value of the moderator (parental efficacy) at the exact point of significance of the conditional effect (empathy as predicting family burden). The Johnson–Neyman technique revealed a significant positive conditional effect (relation between empathy and family burden) at values of parental efficacy under 3.6. The conditional effect positive and nonsignificant values of parental efficacy were above 3.6 and under 4.86. At values of parental efficacy above 4.86, the effect of empathy upon family burden was increasingly negative but not significant (see Table 3 for the conditional effect of empathy at selected levels of parental efficacy). In order to visualize the moderation effect, we produced a graph presenting the conditional effect as a function of the levels of parental efficacy. The effects at levels of parental efficacy under 3.62 were significantly positive (higher empathy was related to higher levels of family burden), as can be seen in Figure 1.

DISCUSSION

The current study examined whether a parent’s perception of his/her parenting abilities—that is, parental efficacy—moderated the association between empathy and family burden. Results showed a significant interaction effect between sense of efficacy and empathy; specifically, among parents with a high sense of self-efficacy the association between empathy and family burden was negative (the more the empathy, the less the burden), whereas among parents with a low sense of efficacy, this association was significantly positive (the more the empathy, the more the burden). These findings reveal that for parents whose children are hospitalized on a psychiatric unit, the ability to be empathic may have a negative emotional effect, in particular in situations where parents feel helpless and lacking effective tools to cope with the complexity of the situation.

This finding is in line with the idea that empathy may exact a personal price if it is not combined with a positive sense of self-efficacy (Goubert, Vervoort, Sullivan, Verhoeven & Crombez, 2008; Schieman & Turner, 2001). Among parents of children with psychiatric disorders, in order for empathy to be beneficial, one must have confidence in his/her ability to cope with existing parenting-related challenges. Of note, the positive effect of parental efficacy on parental burden, beyond its interaction with empathy, has been previously addressed. For example, parental efficacy was found to mediate the influence of family support on maternal depression, with family support being related to lower depressive symptomatology as a result of enhancement of maternal self-efficacy (Haslam, Pakenham & Smith, 2006). Another study found that parental efficacy moderated the negative emotional effect of children’s behavioral problems on their mothers’ stress, with higher maternal self-efficacy associated with less stress stemming from their children’s behavioral problems (Jackson, 2000).

TABLE 2
Predicting Family Burden: Regression Coefficients

	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i> <	<i>LLCI</i>	<i>ULCI</i>
Parental satisfaction	−0.41	0.066	−0.60	−6.25	.0001*	−0.54	−0.28
Parental efficacy	0.995	0.48	1.44	2.09	.0406*	0.43	1.95
Empathy	1.62	0.74	1.11	2.19	.0322*	0.14	3.095
Parental efficacy × empathy	−0.33	0.16	−1.72	2.09	.0406*	−0.65	−0.015

* $p < .05$.

TABLE 3
Conditional Effects of Focal Predictor (Empathy) at Values of the Moderator (Parental Efficacy)

Parental Efficacy	Conditional Effect	SE	t	p<	LLCI	ULCI
2.75	0.70	0.32	2.19	.032*	0.062	1.34
3.62	0.41	0.20	1.99	.05*	0.00	0.82
4.86	−0.006	0.16	−0.36	.71 N.S	−0.39	0.27
6.00	−0.39	0.27	−1.40	.16 N.S	−0.93	0.16

Note. LLCI, lower limit of 95% confidence interval; ULCI, upper limit of 95% confidence interval.
*p < .05.

FIGURE 1. Conditional Effect of Empathy on Family Burden as Function of Parental Efficacy (Effects for Parental Efficacy <3.62 are Significant).

The findings should be considered cautiously in light of the study limitations. First, the cross-sectional design does not allow for conclusions regarding causality. For example, it is possible that family burden creates less parental efficacy, rather than vice versa. In addition, without a longitudinal design, conclusions are limited to the period of hospitalization only, and not beyond. In addition, the sample size is relatively small; the sample may therefore be biased, with parents who felt more burdened declining to participate. Finally, although the child’s diagnosis was not taken into account with regard to family burden, the inclusion of different diagnoses limited our ability to make inferences regarding parental coping with specific diagnoses.

With these limitations in mind, the current study has clinical implications for family and parents therapy in the context of a child’s psychiatric hospitalization. Although empathy is usually perceived as an effective “tool” for parents, this study supports the notion that special attention should be given to parental self-efficacy as a means of enhancing the positive effects of empathy. In the context of parental guidance and therapy, it would be beneficial for clinicians to help parents enhance their sense of self-efficacy and be aware of possible overidentification with the child. The findings also emphasize the importance of parents developing some degree of emotion regulation that includes empathizing with the child while also maintaining a sense of self-efficacy. A lack of emotion regulation may lead

a parent to feel overwhelmed and unable to think clearly about the most appropriate course of action or the best way to react to the child (see the review on parental emotion regulation by Bariola et al, 2011). Family therapy with parents coping with psychiatric hospitalization of a child should include attention to practical problem-solving to enhance the parents' confidence in their ability to cope with the situation.

It is also important to give therapeutic attention to the complex, sometimes contradictory, feelings that parents may experience in response to their child. Feelings of empathy and desire to help may coexist alongside feelings of guilt, shame, and insecurity. In addition, lability in the experience of different feelings may occur, which is often termed as "roller coaster," as hope and despair may change repeatedly (e.g., McCann et al, 2009). In therapy, accepting these feelings and their dynamic and being compassionate toward them can enhance both parental efficacy and empathy (Carr, 2009).

In future studies, examining emotion regulation, in particular, might help shed light on a parent's ability to cope with his/her potentially overwhelming feelings of empathy. In addition, other variables related to illness perception (such as internalized stigma), or to parents' social resources (such as social support), should also be tested as moderators of empathy. A longitudinal assessment would also be beneficial to address the long-term consequences of parental empathy.

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