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What works in Pandemic Times? A Qualitative Study of Resilience and Coping Strategies of Families Facing COVID-19 Pandemic Measures in Germany

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Abstract

Many studies show the psychosocial impact of the pandemics and containment measures on families and children during the SARS-CoV-2 pandemic. This raises the need to develop concepts that support families in this and similar future scenarios. Based on psychological and educational research, such approaches should promote active coping strategies on a resource-based view. With the research question, which strategies families used to cope with this situation, we conducted a qualitative interview

study. This was based on review studies of the risks of the pandemic and scientific coping models. In this context, our interview partners showed different strategies, especially in the change of relationship patterns, changes in parenting behavior and in everyday routines, which were activated and evaluated as positive. Based on these findings, possible support strategies for families through social support are proposed and discussed.

Keywords: COVID-19 Pandemic, Families, Children, Pandemic, Psycho-social Impact, Coping

Introduction

Since the outbreak of SARS-CoV-2 in the Chinese city of Wuhan has evolve into a global pandemic in the early 2020s, families with children have been under extraordinary pressure. That a pandemic situation as well as the implementation of non-pharmaceutical interventions (contact restrictions, school closures, mandatory masking to comprehensive lockdowns) also has a psychological impact that particularly affects families with children and adolescents was already known from previous scenarios before the COVID-19 pandemic ^[1, 2]. In specific, the risks of isolation and quarantine ^[3, 4] and exacerbation of intra-family conflict and domestic violence ^[5, 6] have been documented repeatedly since the Spanish flu in the early 20th century through the outbreaks of previous Corona viruses in 2002/2003 and 2012, Influenza-A-Virus H1N1 (swine flu) in 2009 and the major Ebola outbreaks in West Africa in 2014 to 2015.

Accordingly, even as containment measures were being implemented in most countries around the world, appropriate warnings about the psychological impact and increasing family violence were being sounded. Unfortunately, this discourse was quickly conducted in a dualistic manner, as if infection control and prevention of psycho-social problems were opposing aspects between which governments had to decide. This perception, which was much too short-sighted, significantly obstructed the discourse on necessary measures to support families and protect them from psycho-social suffering.

In the meantime, however, there is a broad body of research on the psycho-social consequences of the SARS-CoV-2 pandemic. Both the psychological consequences of the pandemic as such and a wide variety of aspects of non-pharmaceutical interventions (NPI) have been studied extensively and in a wide variety of study designs. For example, it was clearly confirmed that the psychological stress experience of children and adolescents has increased ^[7], that conflict density and family violence have increased ^[8, 9], and that the phases of school closures as well as distance learning have led to an increase in educational inequality and to learning deficits ^[10, 11, 12].

Despite these findings, simply concluding that NPI's unilaterally cause psychological stress seems too short-sighted. This is because, in addition to the undoubtedly negative influences of NPI's, they also have a protective effect that is also psychologically protective. For example, school closures trigger various problems for families, from care problems to learning deficits to experiencing loneliness and social isolation. At the same time, however, a higher risk of infection ^[13] also triggers anxiety ^[2, 14]. Many contacts in schools lead to many quarantines when incidence is high, which is more problematic for families than a community lockdown ^[4, 15]. Greater incidence of infection in families leads to higher mortality among parents and other primary caregivers ^[13, 16]. And prolonged containment in out-of-school settings (e.g., stores, restaurants, body-related

services) leads more families into poverty and livelihood concerns, which is a very serious psychological stressor for families and children^[17]. Also, several studies showed that there were also beneficial aspects of the pandemic on mental health and social structure in families^[18].

We therefore consider it important to discuss the risk of a pandemic to the mental health and psychosocial integrity of children, adolescents, and families in a more complex manner^[19, 20]. Focusing only on weighing which alternative does the least perceived harm seems to miss the point. A pandemic is obviously too complex for such a simple management. Rather, in addition to research on stress factors and risks, which is of course necessary, we also need research that looks at the resilience of families and reveals the coping strategies that can be strengthened and supported through political as well as pedagogical measures. Current research clearly shows that the mental health and the dynamic of families during the pandemic depends on resources and resilience factors, most of which existed before the pandemic^[21, 23].

It has long been known from therapy science that it is above all resource activation that helps to initiate positive change processes and to deal with psychological crises. Accordingly, the success of interventions also depends to a large extent on whether the intervention helps to activate resources or not^[24]. The same could be demonstrated in the context of child, youth and family welfare^[25].

In addition, we were able to show in a currently ongoing research project with families who, due to psycho-social stress factors, must already be considered vulnerable before the pandemic, that especially the support of families, e.g., through socio-pedagogical family aide, was strongly changed during the pandemic. Both the direct contacts between social workers, the perception of appointments and the stringent work on goals collapsed significantly with the first lockdown and did not return to the initial level even in phases of extensive relaxation over the summer and autumn months of pandemic measures (see Figure 1). Although the data have not yet been definitively analyzed and published, it can be said at this point that active support for families was reduced during the pandemic^[21], although it is known that the vulnerability of children and families increased. So, the question of how families can be actively supported to meet the challenges of the pandemic seems fundamentally important to us.

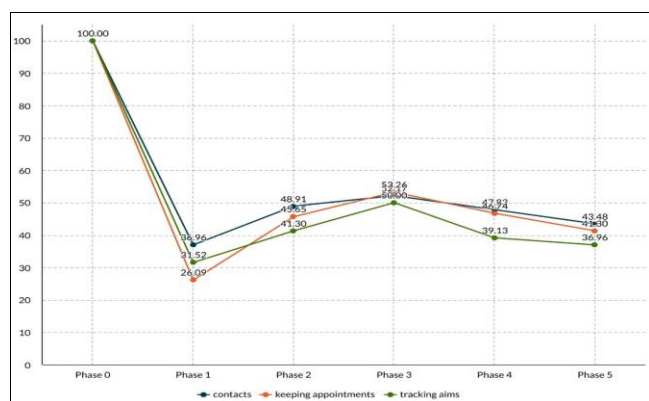


Fig 1: Changes in the care and support of vulnerable families in the context of child and youth welfare services^[21]

Following these findings, we focused our study presented here on the question of which coping strategies families activated to manage the situation under pandemic conditions and which of these strategies they considered successful or helpful. Because no reference studies were available on this topic at the time the study was initiated, a qualitative design with a small sample was chosen initially to approach the research question.

Methods

We conducted a qualitative interview study with mothers from Germany. The interviews were analyzed using qualitative content analysis methods^[26, 27].

The sample consisted of five mothers. In order to be able to focus on the aspect of coping strategies in everyday family life, care was taken in the selection of the sample to ensure that the families had a comparable level of family resources and did not belong to the group of families considered to be threatened by particular risks. Thus, the sample is not a representative cross-section of society. Nor would this have been possible given the sample size for an initial study. Rather, the sample can be described as privileged. All mothers lived with a partner (no single mothers in the narrower sense). All families had a secure income and sufficient spatial possibilities, so that each family member had retreats and the family homes even had a garden. Three of the families have two children, the other two have three each. Thus, the study examined the coping mechanisms developed by families who were not burdened by high-risk factors that existed prior to the pandemic, as such risk factors would have biased the results in terms of coping. A study of coping by families who would be considered high-risk families based on pre-pandemic stress factors is ongoing in parallel at our university but has not yet been finished^[21].

All interviews were conducted in October 2021. The interviews were conducted in a guided way, The interview guide contained 11 questions about the family's living situation and 13 questions specific to pandemic management, which were open-ended and designed to encourage narrative. Interview time varied from twenty to forty-five minutes. All interviews were transcribed, and MaxQDA software was used for coding.

The guiding questions were based on the deductive category system (also viewable via data availability) previously developed, which evolved along the empirical state of research on the psychosocial stress factors of the COVID-19 pandemic, as presented by the mapping review of one of the authors (see Figure 2, ^[19]). On the other hand, systematizations of empirical coping research were included. On this basis a distinction was made between intrapsychic coping, interpsychic coping, problem-centered coping, and emotion-centered coping^[28, 29]. This distinction is based on the hypothesis that different strategies of support are needed in each case to stimulate the respective coping strategies.

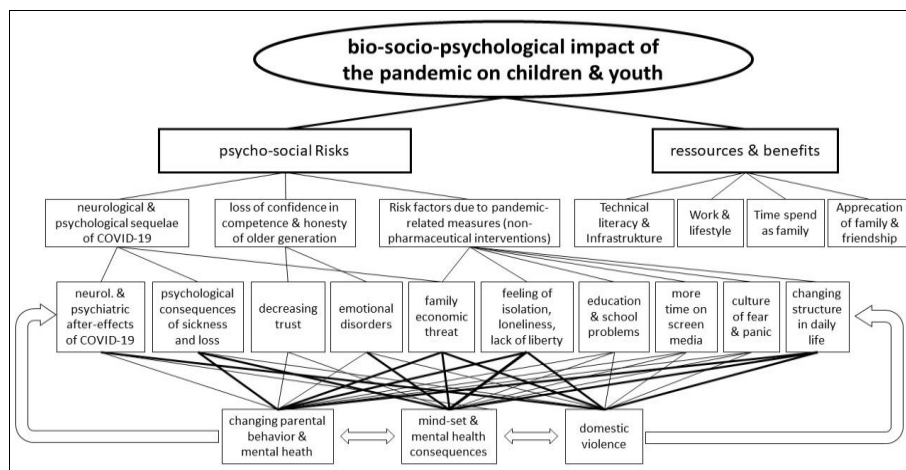


Fig 2: Structural analysis of psychosocial burdens of the COVID-19 academy^[19]

The research project was based on the following research hypotheses:

1. The family situation was stressed by the pandemic. Families experience the different risk factors differently according to their individual life situation.
2. Families activate resources in such a crisis situation that were already available before the pandemic.
3. Families need to develop also new coping strategies to deal with the different challenges of the pandemic and the lockdowns.
4. Parents can reflect on which coping strategies helped them to deal with the situation in a more effective way and to activate benefits and resources, and which ones were rather unsuitable for this purpose.

During the interpretation, the material was first summarized in accordance with qualitative content analysis and reduced to its meaning-carrying paraphrases. In the second step, the data were then fitted into the deductive category system first, insofar as they could be assigned to the results and categories expected from the state of the research. Finally, in relation to the question of how the individual risk factors were coped with, inductive categories were developed from the material, substantiated with anchor examples, and generalized.

Results

The findings of the study could be basically categorized into three areas: Family confrontation with stress and risk factors, resources used, and coping strategies developed.

Risk Factors

At the risk factor level, most of the categories formed based on the literature review^[19] were shown to be confirmed. None of the families had been infected with SARS-CoV-2 in the past period, so that all risk factors named referred exclusively to the pandemic situation, but not to the possible consequences of an illness.

Four of the mothers described family conflicts that arose from the lockdown situation and the experienced confinement: "[...] it was often very tense, so you got annoyed at every little thing you got annoyed very quickly, because somehow you didn't have not had the space, to somehow withdraw at the time or to simply say, you go somewhere on your own, you do this, you do that" (Interview A, line 95 ff.).

Two mothers even described a temporary deterioration of the relationship between them and the child. All the mothers described a reaction of the children to the serious changes in the living situation due to the loss of daily school attendance, leisure time activities and meeting friends. Three of the mothers felt burdened because their children showed a high need for support in homeschooling, and four mothers saw their children's age-related developmental opportunities limited. Four of the mothers described themselves as more impatient and stressed during this time, and in the case of two of them the children were also clearly more impulsive and selfish. Fears related to the overall situation of the pandemic and possible infections were evident on the part of both the mothers (three mentions) and the children (four mentions). On the level of the couple relationship, two mothers stated that there was less time for activities as a couple, and four mothers saw the additional burden of the pandemic as being distributed to their disadvantage. In one family, a special feature emerged because one of the children had a chronic disease that was associated with an increased risk of severe COVID-19 disease progression, at least early in the pandemic. Strikingly, three of the mothers mentioned three-quarters or more of the risk factors, while one mother described almost no negative aspects of the experience (see Table 1).

Table 1: Risk-factors named by Interviewees

Risk-Factor	Named by family				
	A	B	C	D	E
Increase in family conflicts	✓		✓	✓	✓
temporarily deteriorating relationship mother-child	✓		✓		
Children's reaction to changes in daily routines and rhythms	✓	✓	✓	✓	✓
Burden of high support needs in homeschooling			✓	✓	✓
Age-appropriate occupations and needs have been compromised	✓		✓	✓	✓
Mothers experienced themselves as more impatient and stressed	✓		✓	✓	✓
Mothers experienced their children as more impulsive and selfish	✓		✓		
Parents' fear of infection with SARS-CoV-2	✓		✓	✓	
Fears among the children	✓		✓	✓	✓
Less time for the couple relationship	✓			✓	
Corona-related burdens distributed to the disadvantage of mothers	✓		✓	✓	✓
A family member belongs to special risk group due to previous disease risk group			✓		

Resources

When asked which resources were experienced as helpful during the pandemic but were already present before the pandemic, a homogeneous picture emerged due to the selection of the sample:

All mothers named economic security and a privileged housing situation as clear advantages. All interview partners named their social network outside the core family as a resource during the pandemic. Four of the mothers stated that the family was technically well equipped and had digital skills. The resource of a stable partnership and mutual support as well as the cohesion of the family was also named by three mothers.

Overall, of course, it is not surprising that these resources were present in the selection of women interviewees chosen in our study. Of interest was rather whether the families were aware that these were resources to better cope with the situation and whether these privileges emerge as distinguishing factors compared to families living in poverty or greater isolation and social exclusion.

Special, individual resources were named, for example, good skills in the areas of school content, which stemmed from the mothers' own professions and meant that it was easy to support the children in homeschooling, at least in terms of content. One mother named an extended residency in a third world developing country as a resource because, from that experience, she never felt like she was in a difficult place in life. One mother's partner was on parental leave at the beginning of the Corona crisis, so that the situation could be set up well as a couple, divided up and the children supported together.

The mothers also reported on pandemic-specific resources in the interviews. Here we can see how differently and how ambivalently the lockdown time was experienced by the mothers. While one mother perceived the system relevance of her job and the associated entitlement to emergency care in schools and daycare centers as a resource, two other mothers named precisely the forced job-related break as a resource, because it allowed them to take intensive care of the children. Four of the mothers experienced the slowdown of everyday life as a resource, which also made many positive moments and experiences possible. Two of the families used the time of the first lockdown to improve their housing situation through construction projects on their own house and thus, on the one hand, to achieve goals that they already had for a long time and, on the other hand, also to create better conditions for the pandemic situation that was still going on for a long time.

Coping-Strategies

The main question of our research project, however, was about the coping mechanisms of the families. Which strategies, behaviors or adaptations led to being able to better handle or cope well with the situation?

In answering this question, inductive categories were drawn from the mothers' narratives (see table 2). Fundamental to this was the above-mentioned distinction between intrapsychic and interpsychic coping strategies, as well as instrumental/problem-centered and emotion-centered coping strategies.

In all interviews, it was clear that the pandemic situation and the measures of contact restrictions, changes in daily life due to school closures, homeschooling, and home office, as well as fears and worry in the context of the pandemic were

coped with together as a family. Only a few strategies were reported as having to be described as intra mental coping. One mother stated that she largely repressed the issue of Corona and simply did not address it. Another mother drew a lot of her strength for this time from recalling biographical experiences that enabled her to feel capable of coping with the current crisis: "(...) but you always thought 'Yes there are also worse things, ne?'" But we were both in third world countries, my husband and I and we have both seen worse things and I think it has helped us somehow through it." (Interview D, lines 352 ff.). Also, two of the interviewees reported screaming, crying, or freaking out in various situations. This had had a relieving effect and helped to deal with frustration.

While all strategies of intra mental coping belong to emotion-centered coping, families have developed a broad and differentiated spectrum in the domain of inter mental coping. First and foremost, all interviewees report actively drawing on resources from their network outside the family: "(...) we had the area around us and we also have a very large social environment, so the grandparents are nearby, although you only met them outside, but even then grandma took the children for a walk. When it was no longer possible (...) we also have many friends" (Interview D, line 36 ff). This also applies to other family members. They had gone through the crisis together with an extended network, e.g., through direct one-to-one contacts and partly through contacts via cell phone and social media. Some families mentioned that the common agreement to follow the recommended distance and hygiene rules reduced the fear of infections and thus had a stabilizing effect. Similarly, the use of media and online services was experienced as supportive.

Most of the relevant coping strategies, however, related to the organization of everyday life and intra-family relationships. Coordination at the couple level also seemed to be particularly important for coping with the crisis. Especially the two mothers (and additionally one more), who named the effects of the pandemic on the couple relationship as a risk factor, also saw good coordination as a couple as an important strategy about coping. Daily routines played an important role. On the one hand, the families systematically reverted to daily routines that had been established before the pandemic, even if the daily rhythm in the lockdown did not indicate this: "(...) the children also had such a rhythm. So, I attached importance to the fact that they really started their schoolwork at eight o'clock in the morning and that I could control that" (Interview C, line 253 ff).

On the other hand, routines had to be planned in a way that was adapted to the new set of organizational challenges. If these arrangements and plans succeeded in preserving a regular daily routine, this contributed a major factor to the stability of the family. Parenting behavior also adapted to the new situation. At many points, it seemed important to the mothers to pay particular attention to rules, fair distribution of tasks and processes. In other areas, however, such as media consumption, the original rules could not be maintained, and the parenting style had to be adapted. In this respect, there was a readjustment in the parents' parenting behavior, which did not generally become more relaxed or stricter, but required different adjustments in different areas. In addition to this collaborative reorganization of everyday life, however, the mothers interviewed also described the

special value of quality time. Joint outings, handicrafts or baking, playing together and regular meals contributed to the good atmosphere and psychological well-being. Talking with the children about the current situation and their experience of the pandemic, as well as isolation and lockdown, also helped to strengthen family relationships and thus to cope better with the situation.

A final aspect mentioned by two mothers concerned sibling relationships. Although the mothers had no direct influence on this, they named it as a significant family coping strategy

that the siblings got along so well during this time and that their relationship was closer and more friendly than before the pandemic: "And what has also changed is that (...) the children among themselves. So, the big one has through that yes kindergarten and so on had closed, also her brother better accepted. He was always annoying, the little one, but then it was nice to have someone there. You could cuddle him, tell him something or other, and play with him (...) That has developed positively." (Interview A, line 329 ff.)

Table 2: Coping strategies during the COVID-19 pandemic

	Emotional Coping	Instrumental Coping	Named by family					
			A	B	C	D	E	
Intramental Coping	Repressed the issue of Corona and simply did not address it			✓				
	Recalling biographical experiences					✓		
	Screaming, crying, or freaking out in various situations				✓	✓		
Intermental Coping	Joint coping with social networks outside the immediate family.		✓	✓	✓	✓	✓	
		Follow the distance and hygiene rules	✓		✓	✓		
		Use of media and online services			✓	✓		
		Partnership-based management through Coordinated, modified distribution of tasks	✓	✓		✓	✓	
		Reverting to daily routines		✓			✓	
		Planning and adapting daily routines	✓		✓	✓	✓	
		Readjustment of parenting behavior	✓		✓	✓	✓	
		Intentional and Conscious use of quality time as a family positive development of the sibling relationship	✓		✓	✓	✓	

Discussion

Even though the study has only a small sample, some discussion points can be worked out from the qualitative results that are significant for the psycho-social support and counselling of families.

Based on the current state of research, it is not surprising that families with sufficient resources as a starting point perceived the phases of contact restrictions, homeschooling, and in some cases home office as troublesome and stressful, but overall got through them without major mental health problems [15, 18, 19]. We also assumed this result at the beginning of our research. It has long been known that the effects of lockdowns depend substantially on risk factors that are independent of the pandemic [10, 20]. Alternatively, some families also face risks from the containment measures that are nonetheless not pandemic-specific but are also risk factors outside the pandemic, e.g., economic deprivation, increasing alcohol consumption, or lack of social networks, which then have a particularly severe impact [19]. None of these were known to be present in the families interviewed. Nor were any of the resources named as helpful by the families initially surprising. In the case of resources created by the pandemic and then used to cope, the ambivalence of the situation is apparent: while some families saw and used the fact of deceleration and job-related restrictions (without economic losses) as a resource, another mother cited the maintenance of routine as a resource because both parents had system-relevant jobs and the children were allowed into educational institutions for emergency care. Thus, the families each turned their specific living situation into a resource.

But the question of what strategies the families developed and used to cope with the pandemic situation with all its challenges can be considered very significant for psycho-social counseling work. Simply keeping risk factors as low as possible is not enough to support families. As described above, resource activation is particularly important for the

success of interventions. This is especially important because the pandemic restrictions initially significantly limited the scope of psychosocial support in comparison to the situation before the pandemic. In this sense, the result of our study raises the following question: How can families be supported in discovering, developing and using coping strategies for themselves through counseling and support in the sense of an empowerment approach?

If we look at the intra mental strategies of emotional coping, we see that emotion regulation at the parental level takes on an important function. This is also consistent with findings that stress experienced by parents exerts a serious effect on children's psychological distress as well as on potential escalations of family violence [30, 31]. In this respect, strategies of stress reduction as well as emotion regulation are important strategies for families that seem to be under pressure in this regard. Parents need to know that this reaction, while normal, can become quite problematic for everyday family life, and that it is helpful to seek support here when overwhelm threatens. Families who are considered vulnerable and who were already seen to have an increased potential for conflict outside of the pandemic need targeted approaches and offers here - especially if the family or even just one parent must go into quarantine or disease isolation.

Conclusion

Overall, however, it can be concluded from our interviews that the inter mental coping strategies are more pronounced, more significant and easier to support with counseling. In the first place, there would be a massive information campaign that emphasizes the knowledge of the importance of daily structure, rituals in everyday life, and the high significance of an equal and fair distribution of the additional effort in care work between the family members (especially the adults). Single parents are a group that is particularly challenged by the lockdown and need fast,

unbureaucratic and effective access to relief and support - whereby an equal distribution of tasks can also be encouraged, especially in the case of separated parents.

In addition to this basic communication of the important aspects of how families can support themselves and effectively activate their own resources, families who have been plunged into a psycho-social problem situation as a result of the COVID-19 pandemic need targeted counseling and educational services aimed at discovering and implementing precisely these coping strategies. For this purpose, it is elementary important that people in helping professions as well as teachers and social workers at schools know about these factors and focus their attention on them.

Social support systems, especially from the perspective of social space orientation, should also aim to establish targeted contact networks for children and parents in difficult life situations or with few supportive network structures, to strengthen social cohesion in the neighborhood, and to offer safe (in terms of protection against infection) contact and meeting opportunities for people who are particularly at risk of loneliness. These social networks outside the family were actively used by all our interview partners and experienced as relieving. People who do not have such networks due to their life situation can be effectively supported here if the counseling and assistance systems make targeted offers here and place a focus on such support, especially during the pandemic.

It also seems particularly important to us to offer families opportunities for quality time and joint activities. Unfortunately, this is always a question of resources in terms of financial possibilities and family mobility. Here, targeted support can be offered. True to the basic pedagogical attitude: much joy bears much burden; families can benefit especially from being encouraged to engage in such activities. This ranges from joint play times within the family (for which some parents also need concrete motivation and guidance) to enabling excursions and outdoor activities.

It can thus be seen that the results that our small study was able to show are quite suitable for deriving targeted counseling offers for families to strengthen their resilience and coping strategies. In this regard, our final collection is certainly by no means complete. However, it seems important to us not to rely on strategies of "deficit compensation" now, but to develop and implement resource-oriented offers to establish possible coping strategies especially in this phase, in which many children, adolescents and families are highly insecure.

Limitation

Of course, it is also important to perceive the limitations of the study. First, the size of the target group must be specified. The hypothesis that it is possible to draw conclusions from a group of test persons that can certainly be described as privileged to families that have not developed appropriate coping strategies on their own is also fundamental. Parallel studies are underway at our university (cf. ^[19, 21]). However, the choice of a sample in which no special risk constellations were to be expected was made deliberately so that the focus of the evaluation could be placed on (successful) coping with the crisis.

Finally, it should be noted that we used a questionnaire, which was developed based on the state of research on risk factors and resources, to create inductive categories for

coping from the interview, because corresponding preliminary studies were still pending. Now, after our first study, it would be possible for future research to also integrate the strategies found into an interview guide and thus validate them on a larger, perhaps more diverse sample. The study was not communicatively validated due to time constraints ^[26]. However, reflecting the results back to the interviewed mothers would equally be an interesting further research step, on the one hand to consolidate the result, and on the other hand to gain further insights into the families' self-evaluation regarding corona time in the context of an "expert delfi" ^[32].

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