Family Resilience during Covid-19: Contrasting Cases of Mothers' Beliefs and Behaviors to Support Child Well-being

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Abstract: The Covid-19 pandemic drastically changed family dynamics and daily routines across the United States. In this poster, we present contrasting cases from a remote diary study showing how two mothers are demonstrating family resilience during the pandemic by developing open or closed communication practices to support their children's psychological well-being during Covid-19. The findings of this study contribute to the development of a spectrum of family resilience communication practices to make sense of uncertain times.

Keywords: communication, family resilience, child well-being, Covid-19, case study

Literature review

Recent reviews of research that document how families cope with natural and human-made disasters predict dramatic variation in adaptations to pandemic-driven social, economic and health related stressors (Holmes et al., 2020). Resilience in the face of these traumas is a dynamic process, with responses ranging along a broad continuum. Research on family resilience in particular shows that adaptation is supported when caregivers and children develop shared belief systems that foster positive outlooks, help make sense of adversity, create a sense of togetherness, and nurture value-driven transcendent perspectives within culturally meaningful frameworks (Walsh, 1996). Family resilience has been studied as an outcome and as interactional practices and routines which involve "organizational patterns, communication and problem-solving processes, community resources, and affirming belief systems" (Walsh, 1996, p.1). In this study, we focus on understanding communication processes caregivers employ related to child well-being, since the well-being of young children is of central concern during the pandemic (Golberstein, Wen & Miller, 2020). We examine the following research question: How do caregivers vary in their communication behaviors to support their child's well-being? In this particular health crisis, the virus is a major source of anxiety for parents and children and it is critical to understand how families are communicating about it.

Methods

Participants were selected from the dscout panel, equally distributed by household income brackets (<$50K, $50-99K, and over $100K). They lived in 28 states, and 55% identified as White, 16% Black, 15% Hispanic/Latinx, 9% Asian, and 4% Middle Eastern/North African. Each selected one child in grades K-5 to focus on in the study (53% were K-2). We selected two mothers, Alice and Tyra, from the larger diary study using the dscout app (Pozos et al., 2021). We took a case study approach (Yin, 2017) and selected two cases which were both similar in parent role (i.e., mothers), child age (i.e., 5-years old), and child gender (i.e., female); however, these mothers represented opposite ends of a spectrum from open to closed communication based on Walsh's family resilience framework. Alice is a 36-year-old white woman who is a homemaker in a high-income household making over $99K annually. Tyra is a 36-year old African-American woman working as a full-time clinical coordinator in the healthcare industry, making between $50-99K annually.

Findings

As summarized in Figure 1, Alice expressed a need to protect her daughter's well-being, which she planned to implement by shielding her daughter from harmful information, down-regulating negative emotions, and

redirecting attention from Covid-19. In contrast, Tyra demonstrated communication processes for family resilience that were characterized with clarity, open emotional sharing, and collaborative problem solving to validate her daughters' feelings and learn together about Covid-19.
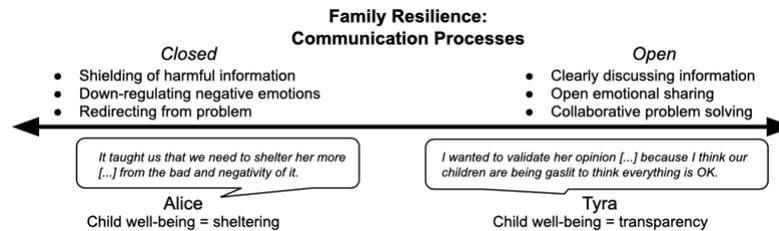
Figure 1: Spectrum of family resilience communication processes from closed to open

Alice decided to protect her daughter Sammy's well-being by not mentioning Covid-19 and not turning on the news to protect her from being frightened by the pandemic. Sammy asked Alice, "What is coronavirus?", "Are people dying?", and "Can kids get it?" Alice's response is described in the quote below:

> We didn't want her to hear all that. You know, the details. I wanted her to know that Coronavirus is out there and people are getting sick and everything like that. But I think a little too much information for her little ears. So it was sad. It was sad that my child had to worry something about the Coronavirus and people dying and everything like that. But it taught us that we need to shelter her more and not talk about Coronavirus around her, and shelter her just from the bad and the negativity of it.

Tyra, on the other hand, is willing to listen to her daughter Tiana's inquiries and answer them as authentically as she can. In this way, she is protecting her daughter's well-being by making sure Tiana feels validated and heard. For example, Tiana asked her mother why China had reopened. Tyra's response is captured in the response below:

> She is coming up with her own novel ideas about how things should work. And I wanted to validate her opinion in that moment because I think even our children are being gaslit in one way or another to think that everything is OK... She's much too young to think that what she has to say and her opinion is crazy because it's not. And just to continue to keep the lines of communication open and I just tell her, you know, if you have other questions just ask me, you know, and I'll try to answer them the best I can.

Overall, Alice and Tyra's contrasting cases demonstrate how sociocultural context and caregivers' experiences may influence their communication practices around child well-being practices. Future research includes examining a broader range of contexts and experiences in the larger sample. During a time when much of the literature has focused on the negative consequences of Covid-19, this work has significant implications by contributing a strengths-based family resilience framework of communication practices.

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