

Risk and Resilience in Family Well-Being During the COVID-19 Pandemic

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The COVID-19 pandemic poses an acute threat to the well-being of children and families due to challenges related to social disruption such as financial insecurity, caregiving burden, and confinement-related stress (e.g., crowding, changes to structure, and routine). The consequences of these difficulties are likely to be longstanding, in part because of the ways in which contextual risk permeates the structures and processes of family systems. The current article draws from pertinent literature across topic areas of acute crises and long-term, cumulative risk to illustrate the multitude of ways in which the well-being of children and families may be at risk during COVID-19. The presented conceptual framework is based on systemic models of human development and family functioning and links social disruption due to COVID-19 to child adjustment through a cascading process involving caregiver well-being and family processes (i.e., organization, communication, and beliefs). An illustration of the centrality of family processes in buffering against risk in the context of COVID-19, as well as promoting resilience through shared family beliefs and close relationships, is provided. Finally, clinical and research implications are discussed.

Public Significance Statement


The current paper reviews the literature on historical adversities that have threatened societies, such as natural and human-made disasters and recessions, in order to highlight the possible consequences of the current crisis on the well-being of families and children. Families are facing imminent threats to their relationships, rules, rituals, and routines due to COVID-19, which can have major implications for children's coping during this time. Some families will be more impacted than others, due to their prior circumstances, such as those with lower income, mental health and/or special needs, and/or experiences of racism or marginalization. It is important for families to preserve and nourish their relationships and shared beliefs as a way to provide security and hope for children during this time of stress and uncertainty.

Keywords: COVID-19, family stress, family well-being, child adjustment, negative cascade

In response to the COVID-19 pandemic, the scientific community has increasingly reported on child well-being,

including the potential effects of school closures on mental health (Golberstein, Wen, & Miller, 2020) and reports of increased mental health problems in affected regions (Xie et al., 2020). The measured impact of the pandemic on family well-being is presently unknown. However, upward of one third of families have reported feeling very or extremely anxious about family stress resulting from COVID-19-related confinement (Statistics Canada, 2020). It falls clearly within the social justice mandate of scientific and professional psychology to address the suffering of children and families, helping them thrive in the face of this hardship, especially for those who are traditionally underrepresented or marginalized in society (Vasquez, 2012). Thus, it

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is of the utmost importance for practitioners working with children and families to understand the consequences of COVID-19 on families.

The current article describes processes of risk and resilience within families during the COVID-19 pandemic, with a focus on family well-being, as well as preexisting characteristics and experiences of families that may put them at heightened risk for negative consequences of the pandemic, including families experiencing economic hardship, racism, and/or a history of other trauma or adversity. The pandemic is ongoing, and the social and economic impacts are likely to be longstanding. As such, the article draws on developmental and clinical literature across topic areas, including acute crises such as natural disasters, economic upheaval, war and terrorism, as well as chronic and cumulative risk factors (e.g., living in poverty) to examine the potential short- and long-term consequences of the COVID-19 pandemic on family well-being and child adjustment. The central focus on family well-being comes in light of high-quality evidence to show that children's adjustment is largely contingent on the general climate and relationships in a family (Browne, Plamondon, Prime, Puente-Duran, & Wade, 2015) and that interventions to support child well-being are more effective when they include family components (Haine-Schlagel & Walsh, 2015). A goal of the current article was to illustrate that the central tenets of *systems theories*, discussed below, are areas of practical importance to the well-being of humanity during this unprecedented time. The summary that follows is geared toward critically informing practitioners and the scientific community working in the area of child and family mental health, so as to extend understanding of how families will shape children's adjustment throughout and following the COVID-19 pandemic.

Conceptual Framework and Key Principles

The conceptual framework is guided by systemic models of human development and family functioning. Like others (Lerner & Damon, 2006), the model emphasizes multiple layers of ecological organization; nonlinear influence; and multiple, probabilistic determinants of mental health and well-being for both families and children. Pertinent frameworks informing the present discussion include family systems theory (Carr, 2015; Fiese, Celano, Deater-Deckard, Jouriles, & Whisman, 2019), the bioecological model (Bronfenbrenner & Morris, 2006), the family stress model (Conger et al., 2002), and developmental systems theory (Lerner & Damon, 2006). The espoused model, presented in Figure 1, purports that the COVID-19 pandemic will influence children's adjustment in a cascading fashion: Social disruptions from the pandemic will generate heightened levels of psychological distress for caregivers, impacting the quality of relationships among caregivers (marital); par-

ents and their children; and, indirectly, siblings. Such changes to families' ways of relating to one another pose a significant risk for the adjustment of children, given their dependence on positive family processes for a host of developmental outcomes. A critical principle here is that the links between hardship, caregiver well-being, family well-being, and children's adjustment are not unidirectional; rather, the links operate within a mutually reinforcing system, whereby stress and disruptiveness in one domain begets the same in another. Preexisting vulnerabilities within families increase susceptibility to social disruptions and the sequelae of the pandemic, whereas intact or strengthened family well-being will serve to protect children and families from such stressors. The presented model is guided by five key principles, with specific examples found in the main body of the text:

1. Child adjustment is multiply determined, with influence from both distal factors (e.g., social disruptions due to COVID-19) and proximal processes (e.g., relationships with close others such as family members, teachers, and/or peers; Bronfenbrenner & Morris, 2006). Contextual risk "gets inside the family" by altering the interpersonal relations within the family (Browne et al., 2015, p. 398). In turn, these disruptions to family well-being "get under the skin," affecting key biobehavioral systems in the developing child and associated behavioral, social, cognitive, and emotional outcomes (Hertzman & Boyce, 2010, p. 330). There is convincing evidence that adversity in the family social context has negative consequences on children's adjustment through the strain it puts on family processes (Repetti, Taylor, & Seeman, 2002).
2. Given the social and economic reach of COVID-19, a significant number of caregivers at the national and global levels are likely facing an unprecedented increase in daily stressors, even if they aren't facing immediate unemployment or illness (Schneider, Waldfogel, & Brooks-Gunn, 2015, 2017), representing a significant threat to their well-being. In turn, the role of caregiver well-being in supporting healthy parenting practices and positive marital relations is well established (Abidin, 1992; Karney & Bradbury, 1995). Caregiver well-being may serve as a funnel through which social disruptions due to COVID-19 infiltrate family functioning via changes to marital, parent-child, and sibling relations (Conger & Elder Jr., 1994).
3. Guided by family systems theory (Carr, 2015; Fiese et al., 2019), the interconnections among family members mean that, in the wake of COVID-

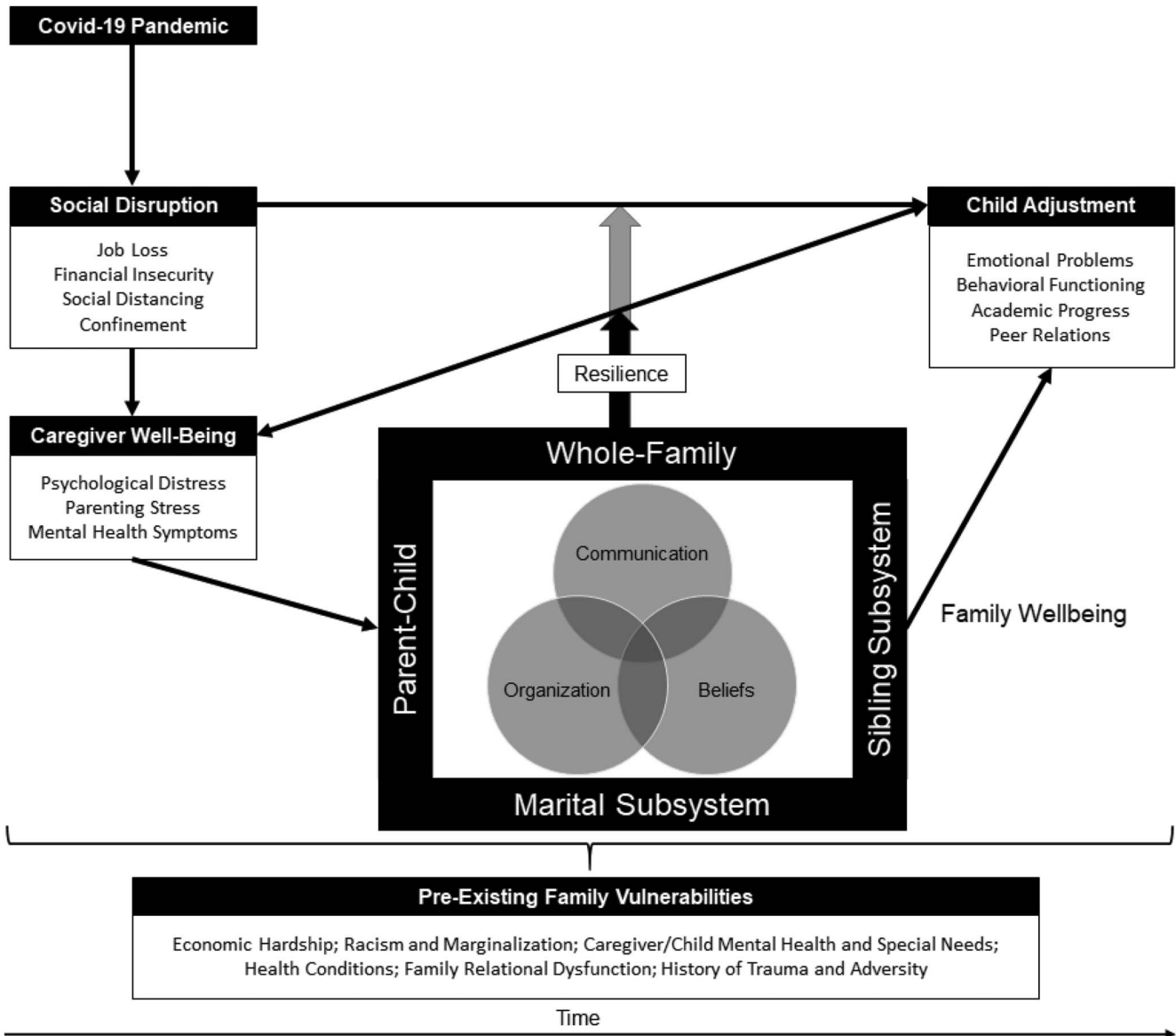


Figure 1. How social disruption due to COVID-19 may impact child adjustment. The conceptual framework purports that the COVID-19 pandemic will influence children’s adjustment in a cascading fashion. Social disruptions from the pandemic will infiltrate family processes across subsystems and the whole family, through their detrimental impact on caregiver well-being. In turn, children’s adjustment across several domains will be compromised, given the extent to which children’s well-being is contingent on the health and well-being of the family. Processes of moderation will also be at play, with some families and individuals at heightened risk for poor outcomes and others in a position to maintain adaptive functioning and/or thrive, thus signaling resilience in the face of adversity.

19, stressors that impede the functioning of one family member may lead to changes in the functioning of all family members. Thus, understanding the ways in which the functioning of one family member (or dyad) impacts the functioning of another family member (or dyad) is central to understanding the impact of COVID-19 on the well-being of entire families. The family itself is as an

emergent property not reducible to its constituent parts (i.e., a “system”).

4. In addition to considering the structure of families (individuals, dyads, and whole families), there are key mediating processes within the family that channel and/or modify risk emanating from social disruption to individual (mal)ad-

aptation. Guided by Walsh's (2015) family resilience framework, family well-being is conceptualized by three overarching processes: (a) *communication* (clear information, emotional sharing, collaborative problem-solving, dyadic and family coping), (b) *organization* (adaptability, connectedness, and access to social and economic resources), and (c) *belief systems* (meaning-making, hope, and spirituality). These processes are purported to be disrupted or altered in many families in the context of the pandemic. They can also serve as sources of resilience.

5. There will be considerable variability in how families will be impacted by the COVID-19 pandemic. Some families will be more vulnerable to the sequelae of the pandemic than others, based on pre-existing vulnerabilities, such as families with low income, mental health and/or special needs, and/or experiences of racism or marginalization. Other families may experience resilience or *posttraumatic growth*—the ability not just to survive but to thrive in the face of adversity (Calhoun & Tedeschi, 2014; Masten & Narayan, 2012). For instance, the quality of children's family relationships has been shown to support children's coping with disasters and other severe adversities (Masten & Narayan, 2012). Thus, resilience may be more likely if family well-being is preserved or enhanced during this time.

What follows is a review of the pertinent literature on the impact of adversity on subsystems of the family, namely parent-child, marital, and sibling relationships, with a focus on application to the COVID-19 crisis. This is followed by a description of the ways in which COVID-19 is presenting a threat to stability at the level of the whole family. The potential for family resilience is then illustrated, with a focus on how the bonds and beliefs that connect family members will provide security and hope for children during this time of stress. In the last section of the article, research and clinical implications are discussed.

Parent-Child Relationships

With the significant adversities facing families during the COVID-19 pandemic, strong family leadership—characterized by nurturance, guidance, and protection—is essential (Walsh, 2015). Unfortunately, this authoritative style becomes tenuous during times of stress and uncertainty, which can result in undue strain on parent-child relationships. Indeed, natural experiments of the 2008 global recession found evidence for reductions in maternal warmth and increases in harsh parenting (including spanking) corresponding to economic up-

heaval (Brooks-Gunn, Schneider, & Waldfogel, 2013; Schneider et al., 2015, 2017).

To understand this change in behavior, it can be helpful to draw on the family stress model, originally developed during the Great Farm Crisis of the 1980s (Conger & Elder, 1994): When caregivers are faced with highly elevated levels of stress, their mental and emotional resources are drained, making the task of positive leadership in the family challenging, if not insurmountable. What may be expected, then, is an overreliance on less effective parenting approaches (e.g., harshness or coerciveness). In the context of COVID-19, acute financial stressors facing caregivers are common. Unprecedented rates of unemployment, the collapse of economic markets, and inadequate financial relief packages from certain governments have left many families in financial turmoil. During times of widespread economic upheaval, financial stress impacts families directly via individual job loss, as well as indirectly through uncertainty about the national economy and/or local unemployment rates (Schneider et al., 2015, 2017). Of course, these economic concerns occur alongside stressors related to both the biomedical and social consequences of COVID-19. These include threats to the health of oneself and/or loved ones, reductions in social support outside the home, and changes to work roles and/or routines, as well as the burden on caregivers to meet the social and educational needs of children with the closure of local schools and childcare centers. Indeed, following times of severe adversity, such as natural and human-made disasters, there is increased risk for adult mental health and substance use problems (Galea et al., 2002; Vetter, Rossegger, Rossler, Bisson, & Endrass, 2008). This acute level of stress faced by caregivers is of grave concern given the suffering and associated behaviors (e.g., substance use) it may cause in caregivers themselves, as well as the link between caregiver and child well-being following severe adversity (Chemtob et al., 2010).

In addition to the threats to the well-being of caregivers during COVID-19, there are also increased demands on the parent-child dyad to negotiate topics that, prepandemic, may not have been problematic (e.g., use of shared spaces) or that were virtually nonexistent (e.g., new restrictions on activities such as going to playgrounds to uphold physical distancing). The effects of extended isolation and home confinement that are inherent to the COVID-19 crisis are causing profound changes to family routines and rituals that are often taken for granted (further elaborated on in the section on whole-family processes). Indeed, research has suggested that when children are not in school, they are less physically active, have poorer sleep hygiene, and spend more time in front of screens (Brazendale et al., 2017). With chang-

ing structures comes increased demands on parents to flexibly develop new routines, rules, and limits.

The increased demand on parental resources, combined with reductions in parental capacity due to problematic mental health and/or coping behaviors (e.g., substance use), places parents at risk to rely more heavily on problematic forms of leadership. This can become a breeding ground for coercive cycles in parent–child interactions wherein a parent reacts emotionally to a misbehaving child, which leads to further negativity from the child and the eventual escalation of the conflict or parental avoidance. Over time, these negative cycles of behavior have been linked to poor relationship quality and poor child psychosocial adjustment (Patterson, 2016).

There is longitudinal support for the cascading effects described, wherein economic pressure in the family is related to greater parental psychological distress and harsh parenting, with consequences for children's behavioral adjustment (Nepl, Senia, & Donnellan, 2016). This process has been demonstrated in diverse populations, too, including various family structures, ethnic backgrounds, and geographic locations (Masarik & Conger, 2017). Support for the sequelae of economic pressure has also been demonstrated during widespread economic upheaval, internationally, despite differences in governance across societies. For instance, even in the welfare state of Finland, which has a robust social security system, families who experienced the economic recession in the early 1990s were severely affected by economic hardship, with spillover effects to parental mental health, marital quality and parenting, and subsequent child mental health problems (Solantaus, Leinonen, & Punamäki, 2004).

Of course, not all parent–child relationships will be equally impacted by the social disruptions in the COVID-19 crisis; there will be individual differences in the extent to which ongoing societal changes will strain caregivers' well-being and adaptive parenting behaviors. Pandemic-related stress in the family may be heightened when caregivers are managing children with special needs and/or more challenging behaviors, given the heightened baseline levels of parenting stress found in these families, combined with the reduction in supports that are likely occurring during the pandemic (Raphael, Zhang, Liu, & Giardino, 2010). This was demonstrated during the recession in Finland, wherein children's preexisting mental health predicted parenting behavior during the recession (Solantaus et al., 2004). Preexisting family characteristics also play a role: The level of risk that financial hardship poses for caregiver well-being will likely vary based on families' economic situation prior to the pandemic. For instance, the links between financial stress and compromised caregiver mental health are stronger among mothers in low-income compared to

middle-income families, perhaps due to more severe consequences associated with insufficient financial resources in low-income families (Ponnet, 2014). Thus, though financial stress and fears of unemployment may be a common experience during the pandemic, the consequences to families may be greater for those with preexisting economic hardship, compared to less economically vulnerable families.

Taken together, the ongoing crisis places caregivers at a heightened risk for psychological distress and, in turn, problematic parenting behaviors. Over time, such changes in the caregiving environment, combined with changing parenting demands due to confinement, may lead to escalating negativity and weakened relationships within parent–child dyads.

Marital Conflict and Dissolution

Dating back to the 1930s and 1940s, sociologists documented the role of economic strain during the Great Depression, as well as family separation during World War II, on social relationships. Hill (1949) was one of the first to make explicit the link between external stress on family (in)stability, and subsequent empirical research demonstrated that stressful events such as serving in the military, having a heart attack, welfare, and poverty are each associated with increased risk of marital dissolution (e.g., Bahr, 1979; Gimbel & Booth, 1994). In the 4 weeks following the declaration of the national emergency in the United States, more than 22 million Americans have lost their jobs during the COVID-19 pandemic, a number that figures to rise as businesses remain shuttered (Long, 2020). Financial issues are a well-established risk factor for divorce (Amato & Rogers, 1997), and these operate through proximal factors such as conflict tactics and marital satisfaction (Dew, Britt, & Huston, 2012). Moreover, physical illness of a partner has been shown to be a significant stressor that increases marital dissatisfaction and likelihood of later divorce (Daniel, Wolfe, Busch, & McKeivitt, 2009; Yorgason, Booth, & Johnson, 2008). These stressors are considerably more likely during the pandemic and may lead to increased risk of marital breakdown that threatens the well-being of parents and their children.

Significant life events may exacerbate preexisting marital problems or create new difficulties, as has been demonstrated for natural disasters, especially when they are accompanied by stress related to job loss, injury or illness, and parenting concerns (see Cohan, 2010). There is evidence for a cascading effect of economic pressure on caregiver distress, which, in turn, is related to more conflict and less support in the marital relationship (Nepl et al., 2016). Constructive communication, conflict resolution, and problem-solving skills may be key mediating processes linking stressful events to marital quality or stability (Kar-

ney & Bradbury, 1995; Woszidlo & Segrin, 2013). Considering the significant stress that many families are experiencing during the pandemic, the risk of marital conflict and dissolution is likely elevated.

In the case of community disasters, external social support is often disrupted and partners must rely even more on one another, yet adversity and stressful life events can interfere with the capacity to both request and provide partner support (Cohan, 2010). Everyday stressors may weaken feelings of togetherness (“we-ness”), decrease emotion sharing and dyadic coping, increase withdrawal behaviors, and compromise the quality of communication. Moreover, preexisting vulnerabilities or personality traits may be exacerbated during periods of stress, including the expression of anxiety, hostility, dominance, stubbornness, or rigidity (see Randall & Bodenmann, 2017). Furthermore, the effects of acute negative events (e.g., job loss) on marital satisfaction may be especially potent among those who were already experiencing prepandemic financial, health, or other chronic stressors (Karney, Story, & Bradbury, 2005). These findings again speak to the notion of individual differences—although many families will be exposed to new stressors during the pandemic, only some will experience significant marital problems.

Problems in the marital dyad may also stem from heightened mental health difficulties in the context of major life stressors. For example, divorce rates increased following both World War II and the Vietnam War (Lipman-Blumen, 1975; South, 1985), which may have been influenced by (untreated) posttraumatic stress disorder in returning veterans (Riggs, Byrne, Weathers, & Litz, 1998). Moreover, the well-documented increase in mental health problems following the September 11 (9/11) terrorist attacks (Galea et al., 2002) could be viewed as a risk factor for marital conflict and/or dissolution, given the higher incidence of divorce in the context of mental illness (Mojtabai et al., 2017). In national surveys, increased media exposure to the 9/11 attacks was associated with increased posttraumatic stress symptoms and general distress (Schlenger et al., 2002), and greater posttraumatic stress was associated with poorer coping strategies and increased odds of marital separation (Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002). Children were also affected, with more than 60% of families in New York City (and 49% in the rest of the United States) reporting child distress in relation to the 9/11 attacks, which could be attributable to direct exposure or indirect exposure, including through parents or the media (Schlenger et al., 2002). Thus, poor parental mental health following a national or global crisis may threaten the integrity of the marital dyad, with negative consequences for child well-being.

Already during the COVID-19 pandemic, heightened mental health difficulties have been reported in the general public in China, including depression, anxiety, and posttrau-

matic stress (Qiu et al., 2020). Moreover, evidence of increased intimate partner violence in several countries directly threatens the well-being of children and those being abused, a risk that may be exacerbated by increased substance use during this period (Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020). While systematic evaluation of marital relations is still required, the capacity to engage in effective communication, problem-solving, and dyadic coping in the face of stressful events is crucial to protect the marriage and family system (Merz, Meuwly, Randall, & Bodenmann, 2014).

Sibling Relationship Quality

The sibling relationship is marked by a unique level of familiarity, intimacy, and emotionality (Dunn, 2002) and is significantly influenced by the family climate (Jenkins, Rasbash, Leckie, Gass, & Dunn, 2012). Adverse family circumstances such as financial stress and household chaos (e.g., a lack of routines, steady exposure to TV) have been previously linked to higher aggression between siblings and poorer sibling relationships (Kretschmer & Pike, 2009; Tippet & Wolke, 2015). Risks to the sibling relationship may be expected during the COVID-19 pandemic, in part due to the transactional relations between sibling dynamics and family members’ well-being and relationships (Feinberg, Solmeyer, & McHale, 2012). For instance, with the expected increases in marital conflict during this stressful time, siblings may imitate hostility and coercive interactions observed between their parents (Conger, Stocker, & McGuire, 2009). There may be spillover of negative emotion from parent–child relationships as well: Siblings whose mothers show higher levels of negativity and malaise are themselves more hostile toward one another (Jenkins et al., 2012). Such an effect is also seen in father–child relationships, wherein higher levels of conflict between fathers and children is related to elevations in sibling conflict (Kim, McHale, Wayne Osgood, & Crouter, 2006). This cascading process—wherein adversity in the family context impacts sibling relations through changes in parenting behavior—has been previously demonstrated. Specifically, in families with more chaos in the home, parents are more likely to show less warmth and more harshness, which is, in turn, related to the quality of sibling relationships (Kretschmer & Pike, 2009). This effect cuts both ways, with negativity in the sibling relationship likely to put increased stress on the family system and other family relationships (Feinberg et al., 2012).

Risks to the sibling relationship during COVID-19 may also result from increases in differential treatment from parents. Specifically, there is evidence for enhanced differentiation in parental positivity and negativity directed toward siblings in adverse circumstances (Meunier, Boyle, O’Connor, & Jenkins, 2013). In other words, under condi-

tions of risk, parents are more likely to treat their children differently (a phenomenon popularly known as favoritism). This is also true of families experiencing marital discord, wherein poorer marital communication is associated with less equal treatment of siblings (Deal, 1996). Under stressful circumstances, such differential treatment has negative consequences not just for the less favored child, but for all siblings in the home and for the quality of the sibling relationship itself (Jenkins et al., 2012; Meunier et al., 2013). This is of critical importance, because siblings play a role not only in scaffolding each other's development (Prime, Pauker, Plamondon, Perlman, & Jenkins, 2014) but in safeguarding against the effect of stressful life events (Gass, Jenkins, & Dunn, 2007). Given that many children are experiencing home confinement and potential isolation from other protective adults (e.g., teachers and grandparents), preservation of the sibling relationship becomes all the more important to successfully cope with potential stressors.

Taken together, sibling relationships may suffer as a result of the COVID-19 pandemic due to the negative impact of pandemic-related stressors on marital relationships and parenting behavior, with spillover effects into the sibling subsystem. Such a deterioration in the sibling relationship may put families at risk for further relational disruptions and family stress.

Whole-Family Processes

Having illustrated the nature in which the COVID-19 pandemic is likely to disrupt particular subsystems within the family, it follows from the principles of family systems theory (Carr, 2015; Fiese et al., 2019) to consider the potential effects of the pandemic on the entire family. To understand the putative consequences of the pandemic on family well-being, one must consider the influence of these stressors at the level of the family as a whole. The emergent principle of a family whole has been described by structural theorists as the (family) whole as being greater than the sum of its parts (Minuchin & Fishman, 1981).

With respect to Walsh's (2015) family resilience framework, which emphasizes communication, organization, and belief systems within families, there is growing evidence that communicative and organizational processes across entire families become disrupted under settings of distress. For example, using a round-robin assessment methodology whereby every possible dyad in the family is considered, Browne, Leckie, Prime, Perlman, & Jenkins (2016) examined the effects of social or distal stressors on observed levels of interpersonal sensitivity (i.e., communicative clarity, perspective-taking, and attunement) in families with children ages 3–8 years. By using this novel design, one can parse out the extent to which behaviors such as interpersonal sensitivity are attributable to whole-family pro-

cesses, after accounting for the influence of individuals and dyads within the family. Results indicated that the whole family showed less interpersonal sensitivity under settings of stress. That is, higher levels of cumulative risk—indexed with a composite of factors such as maternal history of adversity, adolescent parenthood, maternal depression, marital conflict, low income, and poor neighborhood quality—were associated with lower scores on observed levels of interpersonal sensitivity, and this effect accounted for a substantial portion of the variance at the whole-family level. Similar patterns of family clustering in communicative and organizational processes (such as attachment, perceived support, trust, affection, hostility, and reactivity) have also been observed in families with older children (Eichelsheim, Deković, Buist, & Cook, 2009). These findings highlight the need to consider whole-family dynamics in response to COVID-19 induced stressors.

An analysis of pandemic-related disruptions in family life necessitates consideration of organizational processes subsumed by the three Rs: routines, rituals, and rules (Fiese et al., 2002; Ford, 1983), which are distinct patterns of family engagement. Whereas routines emphasize pragmatic and utilitarian functions (e.g., getting ready for school in the morning), rituals are symbolic, often carry emotional significance, and serve to strengthen the family unit and its shared set of values (e.g., the cross-cultural ritual of gathering for meals; Fiese et al., 2002). Routines have been linked to language, academic, and social skills in children, whereas strong family rituals are predictive of attachment security and family cohesion (Spagnola & Fiese, 2007). Finally, rules may refer to the unspoken emotional and relational patterns governing interactions in a family (e.g., an implicit family rule to not talk about emotions; Ford, 1983) or may literally refer to limits on the standards of behavior, for the purposes of family socialization (Grusec, 2002).

There has been a dramatic shift in the routines of family life during the COVID-19 pandemic on a magnitude likely not seen since World War II. Social (or physical) distancing has resulted in virtually all children in the world staying home from school, alongside many parents who have either been laid off or are working from home. In the event that parents are still working, routines are similarly disrupted in that children are staying home while parents are away and alternative childcare arrangements are required. Whatever the case, the basic mechanics of daily life have been seriously disrupted. These difficulties likely extend to rituals as well. For instance, the Chinese Lunar New Year, traditionally involving massive migration of individuals to their hometowns for celebrations, coincided with the emergence of COVID-19 (Chen, Yang, Yang, Wang, & Bärnighausen, 2020). Disruptions have extended to community gatherings for Easter, Passover, and Ramadan; rituals of life cycle transitions such as birth, marriage, and death; and the wide-

spread closing of cultural institutions. For children and caregivers alike, this disruption to rituals and routines carries a great emotional salience: Life has changed. Moreover, for those families who experience a COVID-19 diagnosis in one or more family members, there is further potential for disruptions to the family's rules and routines related to illness (Crespo et al., 2013), in addition to the monumental family disruption of unexpected loss and grief (see Lieberman, Compton, Van Horn, & Ippen, 2003, for a comprehensive discussion). Inasmuch as caregivers are able to maintain some semblance of normality, or create a "new normal," surrounding rituals during the pandemic, there is likely to be a protective effect, because routines and rituals have been identified as a core feature of family resilience in the face of stress (Harrist, Henry, Liu, & Morris, 2019). For example, meaningful rituals have been found to promote family well-being in families where one member is experiencing illness, in part, through fostering family cohesion and hope (Crespo et al., 2013; Santos, Crespo, Canavarró, & Kazak, 2015). On top of this assault on routines and rituals, caregivers are simultaneously experiencing pressure to renegotiate rules, such as when schoolwork needs to be completed or parameters on when children can leave the home. Collectively, there are challenges that are testing the adaptability and flexibility of families, en masse, in an unparalleled fashion.

Family Resilience: The Healing Power of Beliefs and Relationships During Adversity

The COVID-19 pandemic may, unfortunately, result in population-level increases in unfavorable outcomes for family relationships and child adjustment. This is keeping with decades of theory and research, in addition to natural experiments of social stressors (such as the 2008 recession) that nowhere near approximate the size and scope of the present situation. However, the extent to which this severe adversity will impact individual families and children will largely depend on other related factors in their lives (Doom & Cicchetti, 2018; Masten & Narayan, 2012). Consistent with systemic frameworks around families' tendencies to adapt in the face of challenge, all families will be doing their best to mitigate the amount and type of disruption taking place (Walsh, 2015). At least two general processes in family resilience will support this phenomenon: (a) the building and maintenance of family relationships that offset the fallout of the otherwise distressing situation, and (b) the optimization of family belief systems in providing a framework of understanding events related to COVID-19.

Just as family relationships may serve as a pathway through which distal risk impacts psychosocial adjustment, they can also serve as a buffer against a multitude of sociocontextual risk, supporting child adjustment in the face of adversity (Conger & Conger, 2002). For instance, in a

systematic review on the potential negative consequences of armed conflict in the Middle East, supportive relationships and positive interactions with family members were shown to protect children's mental health (Dimitry, 2012). The importance of positive family relationships to child and adolescent depressive and posttraumatic stress disorder symptoms has also been demonstrated in the context of Hurricane Katrina (Kronenberg et al., 2010) and tsunami exposure in Sri Lanka (Wickrama & Kaspar, 2007).

Close relationships within the family can also help to weather unfavorable circumstances within the family system (or subsystems; e.g., caregiver psychological distress and/or marital conflict) that may arise amid the social disruptions of COVID-19. For instance, children whose mothers show chronic depression are less likely to have psychiatric symptoms themselves if their fathers engage in sensitive parenting behaviors (Vakrat, Apter-Levy, & Feldman, 2018). Furthermore, children exposed to parental psychological distress and marital conflict are better adjusted if they have positive relationships with their siblings (Davies, Parry, Bascoe, Martin, & Cummings, 2019; Keeton, Teetsel, Dull, & Ginsburg, 2015). This is a reminder that not all relationships within the family need to be unaffected for children to adjust to stressful conditions; a single supportive relationship, even against a backdrop of heightened risk, may be sufficient to offset the effects of stress on children's functioning.

It is important to note that the protective effect of close relationships extends beyond the immediate family. For instance, children from disharmonious homes show fewer emotional and behavior symptoms when they have close relationships with adults outside the home (e.g., relatives, teachers, neighbors; Jenkins & Smith, 1990). Moreover, children exposed to harsh parenting are less likely to demonstrate behavioral difficulties when their grandmothers are highly involved in caregiving duties (Barnett, Scaramella, Nepl, Ontai, & Conger, 2010). Social support from family and friends has been shown to support caregiver distress and its impact on parenting behaviors as well (McConnell, Breitzkreuz, & Savage, 2011). Unfortunately, social distancing guidelines mean that many families are cut off, at least physically, from such extrafamilial supports. Although some relations can be maintained through virtual connection (e.g., by phone, video, and/or writing), others will not. This represents a significant loss of social supports outside the home.

Turning to the second process in family resilience, families coconstruct a characteristic system of family beliefs that guides how they view the world, ascribe meaning to life experiences, and respond to hardship (Walsh, 2015). In response to the COVID-19 pandemic, the belief systems of families around the globe are activated, and unprecedented world events and corresponding hardships require families to integrate new experiences into their existing belief sys-

tems. There will be remarkable variation in the nature and consequences of these belief systems regarding child adaptation, in line with previous research linking caregiver beliefs and child socioemotional functioning (Bögels & Brechman-Toussaint, 2006). In what follows, it is critical to consider the cultural, religious, and other sociological sources of variation in family beliefs (e.g., immigration and refugee history; Weine et al., 2006), given their undeniable role in processes of family resilience (Saltzman, Pynoos, Lester, Layne, & Beardslee, 2013).

Walsh's (1998, 2015) seminal work on family belief systems in fostering resilience highlights three critical areas in which family beliefs will be implicated in the response to COVID-19: (a) meaning-making of adversity, (b) fostering a positive outlook, and (c) transcendence and spirituality. In recent weeks, families have encountered social disruption; family illness; and, for many, death and grief. They will experience the highest levels of adaptation when they are able to "make sense" of the disaster by incorporating the events into their existing worldview, or by modifying their views, in a way that promotes health, togetherness, and a sense of coherence (Eriksson & Lindström, 2005). This will be greatest when families (a) view themselves as being "in it together"; (b) consider their current plight as specific, not the personal fault of anyone, time-limited, and manageable; (c) resist repeatedly forecasting the worst-case scenario; and (d) minimize catastrophic thinking (e.g., dwelling on the awful or terrible nature of events; Beck, 2008; Don & Mickelson, 2012; Ellis, 2004). This coping style, which has also been identified in children, further highlights the role of parental socialization in family beliefs (Walsh, 2015). Part of establishing a coherent narrative about COVID-19 involves parents' using transparent communication, taking developmental considerations of children into account (Dalton, Rapa, & Stein, 2020). This may include, for instance, emotion-focused discussions about ongoing changes within the family and society that allow for sharing and normalization of difficult feelings, as well as reassurance. Collectively, these orientations can help families to embrace hope during this difficult time, with corresponding optimism and a shared sense of family agency. Furthermore, it is also possible that shared family experiences of struggling and coping with this major life challenge may lead to positive family transformations, as in posttraumatic growth (Calhoun & Tedeschi, 2014; see Masten, 2016).

Last, as illustrated by Walsh (1998, 2015), transcendent experiences and beliefs, which can include values, morals, and spirituality, have a significant role in facilitating child and family resilience. By providing a direct avenue through which adversities are recast into meaningful narratives, reaching beyond oneself and one's immediate plight, they have the opportunity to promote hope and optimism for the future. For example, a recent longitudinal study of 5,000 African Americans and Black Caribbeans living in the

United States demonstrated that religious involvement protected against the deleterious consequences of childhood adversity in terms of self-esteem and mastery (Henderson, 2016). Similar compensatory processes involving spirituality have been demonstrated in buffering the effects of adversity in indigenous persons (Fleming & Ledogar, 2008), Latina/o/x persons living in the United States (Dunn & O'Brien, 2009), and other ethnic and cultural groups (Bhui, King, Dein, & O'Connor, 2008). Notably, spirituality is an overarching construct encompassing both religious and non-religious experiences, such as prayer or meditation, communion with nature, expressive arts, and other forms of transcendent inspiration (Walsh, 2015). This literature suggests that the capacity to coherently view the COVID-19 pandemic in a shared family metaphysical framework will likely result in more positive outcomes for families.

Taken together, it is clear that family relationships (and the emotional security arising therein) and family beliefs are implicated during stress and major life events. Families with preexisting strengths in relationships, those who can maintain closeness despite heightened family stress, and those who build closeness through the help of professionals or other social supports will likely evidence better coping and resilience during this unprecedented time. Preserving and/or building supportive family relationships and systems of belief will give children the opportunity to confide in close others, engage in positive shared family activities, and benefit from emotion regulation support from their parents such as emotion coaching and cognitive reappraisals and restructuring. These opportunities will provide children with connection and growth during these emotionally difficult times, helping them to not only cope but thrive alongside their family members.

Research and Clinical Implications

The social, economic, and mental health consequences of COVID-19 have been compared to that of ecological disasters, political coups, revolutions, and terrorist attacks (Baker, Bloom, Davis, & Terry, 2020; Morganstein & Ursano, 2020), yet the precise extent to which COVID-19 is shaping child and family functioning is largely unknown. Moreover, there are distinct differences between COVID-19 and the comparative adversities outlined in this review. For instance, ecological disasters are typically localized to a specific time and place. Furthermore, COVID-19 is distinct from economic upheaval during past recessions because it comes with considerable acute risk to public and personal medical health. Thus, in many ways the COVID pandemic represents an acute case of cumulative risk that will have a widespread impact.

Despite these differences, the evidence reviewed herein provides sufficient justification to intervene with families immediately. There are recommendations for telepsychol-

ogy services to address the loss in child mental health services due to school closures (Golberstein et al., 2020). There is support for the efficacy of family-based interventions via telehealth to support caregiver well-being, parenting behavior, and child mental health, including in high-risk populations (Harris, Andrews, Gonzalez, Prime, & Atkinson, in press; MacDonell & Prinz, 2017). Furthermore, online parenting resources for use during COVID-19 have been provided (Cluver et al., 2020). As a caveat, there is emerging evidence that technology-assisted interventions are not effective in socially disadvantaged populations without a direct contact component (e.g., in-person, video, or phone calls). Thus, tailoring telehealth services to families who are socially disadvantaged, including addressing issues of access to technology, is essential to ensure that preexisting inequities in access to care are not exacerbated (Golberstein et al., 2020).

To address questions about specific family processes involved in COVID-19, longitudinal research that examines the ripple effects of the unfolding events (e.g., diagnosis of COVID-19, job loss, marital conflict and dissolution, and death) is recommended. Such an endeavor will identify patterns of adaptive coping and, in turn, help to generate actionable guidelines to support a rapid response to the mental health needs of children and families during this public health crisis.

Conclusion

There is ample cause for concern regarding the acute impact of COVID-19 on the well-being of the general population. The pandemic represents a global crisis not only of public health and economic stability but also of family well-being. As the leaders in the family, caregivers are put to task to generate hope; nourish relationships and emotional security; and negotiate family rules, rituals, and routines. At the same time, they are walking in uncharted territory—facing extraordinary levels of uncertainty, family upheaval, and fear. One goal of this article was to illuminate “how macrosocial changes may affect the smallest members of society, the children” (Solantaus et al., 2004, p. 425). Challenges facing families from multiple layers of influence are highlighted, drawing on relevant literature to understand the reality of families’ lived experiences. It is important to keep in mind that families will be differentially impacted by the health, social, and economic consequences of the COVID-19 pandemic. This has been made evident in the disproportionate burden of illness and death among racial and ethnic minority groups in the United States (Centers for Disease Control and Prevention, 2020). Furthermore, emerging survey data in Canada indicate that recent immigrants, low-income families, and families with children are being disproportionately impacted by income loss (Vanier Institute of the Family, 2020). Accompanying policies to

support families during this time will thus need to reflect the vulnerability of some groups and, as such, the resultant effects on family processes and child adjustment. Although there are inherent risks of the pandemic, pathways to resilience are also critically important. The negative cascade that flows from social disruption due to the pandemic may be interrupted at multiple junctures through research, policy, advocacy, and lobbying, with a significant role for professional organizations in the areas of child and family well-being and mental health. The focus of the current article is on the opportunity that families have, within subsystems and across the family, to buffer children against the risks of social disruption due to COVID-19, as well as limiting its reach when threats to the family occur.

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