

PARENTS' SELF-REPORTED STRESS AND COPING DURING THE COVID-19 PANDEMIC-RELATED FIRST EMERGENCY SITUATION IN LATVIA

Baiba Martinsone, Sindija Dziedātāja, Ieva Stokenberga

University of Latvia, Latvia

ABSTRACT

The COVID-19 pandemic is a new and challenging experience for families with children. It has changed the routine of everyday life dramatically. The aim of this mixed methods study was to explore the sources of parental stress and applied coping strategies during the first emergency situation related to the COVID-19 pandemic, as well as compare the answers in different demographic groups of parents.

Respondents were 2 559 parents, most of them were female, with a mean age of 39 years. Among the series of open-ended questions in a survey, the two of them were analysed in this research, respectively "What causes you the most stress or worry?" and "What activities do you do or keep in mind to maintain your mental health and quality of life?" Thematic analysis of written responses of parents led to development of 16 qualitative categories of stressors and 14 categories of coping strategies. The most common stressors of the parents were physical and social distancing, remote learning and work-related stress. The most common coping was physical activity, time for oneself and spending time with the family.

Within demographic groups the two-parent families were more likely to report an increase of home duties, multitasking, parents' personal issues, fear of becoming infected with the virus and also no stress. Parents aged under 39 years were more likely to mention stressors such as physical and social distancing and change in daily routine, and they were more likely to cope with stress by spending time with the family. Older parents (over 39 years) were more likely to mention stressors such as uncertainty, COVID-related information, no stress at all or other, and were more likely to use such coping strategies as spending time for oneself, communication with others and gardening.

The results of the study suggest that families were exposed to multi-stressors during the COVID-19 pandemic related first emergency situation in Latvia in May-June 2020. Parents of children used a variety of coping strategies and most of them were active.

Keywords: *coping strategies for parents, COVID-19 pandemic, family stress, parental stress.*

Introduction

On 11th of March 2020, a global pandemic of COVID-19 was declared, leading to the emergency situation in Latvia, starting on the 13th of March 2020 (WHO, 2020). This was the first pandemic emergency for many families, as their daily routines were completely disrupted. Worldwide, the pandemic has created high and lasting levels of psychosocial stress for both individuals and families. This has been triggered by the need to physically and socially distance oneself to avoid the spreading of the disease (Liu & Doan, 2020).

In terms of family stress, researchers have emphasized that the stress experienced by each individual fit into the context of a larger system, thus creating family stress that can affect the overall wellbeing of parents and their children (Pearlin et al., 1981). Family stress can also be described as an imbalance in the family system (e. g., Boss, 2001; Minuchin, 1985), resulting from family uncertainty about individual boundaries and responsibilities, as well as from external factors (Boss, 2002). The global pandemic, associated with an external pressure, could gradually undermine family dynamics and challenge a normal family functioning (Daks et al., 2020). The direct and indirect effects of pandemic-related stress may be amplified given the prevalence of stress among family members as well as in society as a whole (Liu & Doan, 2020; Torales et al., 2020). During the COVID-19 pandemic, individuals experience relatively high level of stress (Rogowska et al., 2020; Zhang & Ma, 2020) and emotional distress of individuals before the pandemic was found as a significant risk factor for emotional and psychosocial distress during a pandemic (Shanahan et al., 2020). Stress and increased anxiety is a challenge for both healthy people and those with pre-existing mental health problems (Mowbray, 2020; Torales et al., 2020). Individuals who have lowered self-esteem and elevated levels of depressive symptoms are more vulnerable in the face of stressors. These individuals may experience impaired relationships with others, including negative interactions with family, which may exacerbate the risk of family members to experience additional stress (Lincoln et al., 2005). For this reason, it is important to be aware of stressors early on, so that to know how to improve individuals' mental health and provide support (Kang et al., 2020).

A qualitative study on stressors during the COVID-19 pandemic identified that the most common stressors were related to restrictions, caring for others and loneliness (Whitehead & Torossian, 2020). Also, researchers have found that perceived stress was a significant predictor of parents' negative feelings. Parental stress does not affect children's stress directly, whereas externally stress-related behaviour, such as overactive parenting, increases children's stress (Achterberg et al., 2021).

In the time of pandemics, it is important to look at how families can cope with the stressors and sustain their resilience (Daks et al., 2020). Coping strategies are individual and vary across families and have different effects on functioning of family system (Lyu et al., 2019). There are several ways in which families can cope with stress including reframing the stressor (Folkman & Moskowitz, 2000) and increasing family strength, maintaining optimistic thoughts, and not disclosing negative information (Lyu et al., 2019). In a recent study, the most frequently mentioned coping strategies were sustaining family relationships and friendships, as well as digital communication with others and devoting time to hobbies (Whitehead & Torossian, 2020). Coping strategies and social support were found to help overcome the individual's feelings of isolation and loneliness during the pandemic. If family relationships are healthy and supportive, this is an important protective factor against stress (Mariani et al., 2020). One study shows that coping strategies during a pandemic are more problem-focused (i. e., follow expert advice, avoid contact with risk groups, wash their hands and try to behave appropriately) than emotion-focused (Gerhold, 2020). Based on the results of previous research and the necessity to gain an in-depth understanding of family stress in the new world situation, this study was designed to find out what stressors parents mention and how they cope with them, in order to recognize resources and necessity of support in future.

In this study, we posed a following research questions:

1. What are parental stressors and coping strategies in the first pandemic-related emergency situation?
2. Are there differences in sources of stress and coping between different demographic groups of parents?

Method

Participants and procedure

This study was a part of the international research initiative on the COVID-19-related stress in families with children, involving Latvia, Japan, USA and Mexico. The study was conducted with approval of the Ethics Committee of Tokyo Hosei University.

In this study, the participants were recruited via a broad informative campaign involving educational and social departments of municipalities, professional networks and social media (Facebook). Data collection was performed via an online survey during the first COVID-19-related emergency situation in Latvia in May-June 2020.

In total, 2 559 respondents in age from 20 to 72 years, with a mean age of 39 years ($SD = 9.61$) took part in the survey. The majority of respondents

were women ($N = 2\,367$, 95.5%). Most respondents were employed, including full-time ($N = 1\,726$, 67.4 %) and part time ($N = 334$, 13.1%) job. Most of the respondents ($N = 1\,726$, 67.4%) also had a partner in full-time employment. Almost all of the participants lived with their children ($N = 2\,407$, 94.0%).

Measure

The study survey was specially designed for this research. The survey consisted of a series of open-ended questions, two of which were analysed in this study – “What causes you the most stress or worry?” and “What activities do you do or keep in mind to maintain your mental health and quality of life?” Information on gender, age, marital status and occupation was obtained using multiple-choice questions. The informed consent of the respondents was received before the survey was administered.

Data analysis

Thematic analysis

Initially, a thematic analysis was carried out to categorise the written answers to each of the two open-ended questions “What causes you the most stress or worry?” and “What activities do you do or keep in mind to maintain your mental health and quality of life?”. Two researchers independently coded content units into themes and then combined the similar themes into the categories, after which the discrepancies were discussed, and a consensus reached.

In order to include the qualitative data in the quantitative analysis, the answers of each respondent were coded accordingly to the categories developed (0 or 1). Respectively, if a respondent’s answer corresponded to a particular category, then a value of 1 was assigned. Those categories that were not mentioned in that answer were assigned a value of 0. This procedure was performed for all respondents’ answers to both questions.

Statistical analysis

Descriptive statistical analysis of the data was carried out for all variables in the study. Mean, standard deviation, median, minimum and maximum values, absolute and relative frequencies for qualitative variables were calculated.

We calculated absolute and relative frequencies of answers about stressors and coping strategies in two socio-demographic groups (with regard to parental age, both parent/single parent family). The differences in stressors and coping in the groups of parents were calculated using a Chi-square test considering $p < 0.05$ as statistically significant. This statistical analysis was performed using SPSS (Version 26) software.

Results

To answer the first research question, the written responses of respondents were analysed qualitatively. Thematic analysis of answers led to development of 16 categories of stressors, respectively, physical and social distancing, work stress, financial stress, increase of home duties, distance learning, necessity to help children with school tasks, COVID-19-related information (sufficient or insufficient), children's behavioural and emotional issues (e. g., social withdrawal, conflicts with siblings), changes in daily routine, parents' personal issues (e. g., health problems), multitasking, uncertainty, fear of becoming ill (to be infected with the virus), family issues (e. g., partnership problems), no stress and other (recognition of stress without specification). A part of these results has been published by Martinsone and Stokenberga (in press). About one third (35.9%) of the participants mentioned only one stressor ($N = 918$), but the median was two sources of stress. As shown in Table 1, the most frequently mentioned stressors of parents were physical and social distancing ($N = 879$, 34.3%), distance learning ($N = 761$, 29.7 %) and work-related stress ($N = 704$, 27.5%).

Thematic analysis of responses to the question on coping strategies led to the following 14 categories: maintaining a daily routine, dividing of duties, physical activity, cognitive reappraisal, compliance with the COVID-19 restrictions, psychological techniques (e. g., mindfulness), time for oneself, spending time with the family, communication with others, gardening, treatment (e. g., medication), caring for others, change of place of living (e. g., moving to a country house), not using any of coping strategies. In this time period (May–June 2020), the parents most frequently reduced their stress by engaging in physical activity ($N = 1661$, 64.9%), taking time for themselves ($N = 643$, 25.1%) and spending time with family ($N = 543$, 21.2%).

In answer to the second research question, the results of the Chi-square test (see Table 2) show that there are statistically significant differences between frequencies of several stressors in different socio-demographic groups of parents ($p < 0.05$). We observed significant differences in fear of becoming ill, parent's personal issues, increase of home duties and multitasking which were more frequently mentioned in two-parent families. Additionally, both-parent families more frequently reported no stress in comparison to one parent families. The age of the respondent, when considered in two groups split with median ($M = 39.0$), shows statistically significant differences in such stressors as physical and social distancing, change in daily routine, uncertainty, COVID-19 related-information, no stress and other stressors. Parents under 39 were more likely to mention stressors such as physical and social distancing and change in daily routine

whereas parents over 39 more frequently mentioned uncertainty, COVID-related information, other stressors and no stress at all.

The results of Chi-square test (see Table 2) show that there are statistically significant differences between the selected socio-demographic groups in several coping strategies. In families where the parent raises the child alone or with a partner, there are statistically significant differences in gardening as a coping strategy, which means that two-parent families use this strategy more often. Parents under 39 years were more likely to cope with stress by spending time with their family, but parents over 39 were more likely to use coping strategies such as time for oneself, communication with others and gardening.

Table 1. Categories of Responses of Parental Stress and Coping During the First Emergency Situation Related to COVID-19 Pandemic in Latvia (May–June, 2020)

Stressors	N (%)*	Coping strategies	N (%)*
Physical and social distancing	879 (34.3)	Physical activity	1 661 (64.9)
Distance learning	761 (29.7)	Time for oneself	643 (25.1)
Work stress	704 (27.5)	Spending time with family	543 (21.2)
Fear of becoming ill	460 (18.0)	Maintaining a daily routine	442 (17.3)
Necessity to help the child with school tasks	376 (14.7)	Cognitive reappraisal	339 (13.2)
Financial stress	394 (15.4)	Gardening	251 (9.8)
Changes in daily routine	358 (14.0)	Communication with others	194 (7.6)
Uncertainty	317 (12.4)	Psychological techniques	178 (7.0)
Parents' personal issues	298 (11.6)	Not using any techniques	177 (6.9)
Children's behaviour and feelings	224 (8.8)	Compliance with the COVID-19 restrictions	131 (5.1)
Increase of home duties	200 (7.8)	Caring for others	65 (2.5)
Multitasking	390 (15.2)	Treatment	53 (2.1)
Other	187 (7.3)	Change a place of living	44 (1.7)
No stress	166 (6.5)	Dividing of duties	12 (0.5)
COVID-19-related information	93 (3.6)		
Family relationships	92 (3.6)		

*Note. Participants could mention several stressors; therefore, relative frequencies exceed 100%.

Table 2. Chi-square Test Results for Stressors and Coping in Groups of Parent's Age and Family Status

Variables	Single parent family (n = 516) f (%)	Two parent family (n = 2043) f (%)	χ^2	Age < 39 (n = 1371), f (%)	Age ≥ 39 (n = 1173), f (%)	χ^2
<i>Stressors</i>						
Physical and social distancing	175 (33,9)	704 (34,5)	0.054	503 (36,7)	372 (31,7)	6.934 **
Distance learning	161 (31,2)	600 (29,4)	0.662	397 (29,0)	363 (30,9)	1.194
Work stress	137 (26,6)	567 (27,8)	0.299	371 (27,1)	329 (28,0)	0.309
Fear of becoming ill	67 (13,0)	393 (19,2)	10.921**	250 (18,2)	209 (17,8)	0.074
Necessity to help with school tasks	67 (13,0)	309 (15,1)	1.506	197 (14,4)	176 (15,0)	0.204
Financial stress	82 (15,9)	312 (15,3)	0.121	226 (16,5)	167 (14,2)	2.444
Changes in daily routine	91 (17,7)	351 (17,2)	0.067	230 (16,8)	128 (10,9)	17.976**
Uncertainty	59 (11,4)	258 (12,6)	0.541	143 (10,4)	171 (14,6)	10.05*
Parents' personal issues	47 (9,1)	251 (12,3)	4.042*	170 (12,4)	126 (10,7)	1.690
Children's behaviour and feelings	46 (8,9)	178 (8,7)	0.021	126 (9,2)	98 (8,4)	0.550
Increase of home duties	19 (3,7)	181 (8,9)	15.327**	109 (8,0)	90 (7,7)	0.068
Multitasking	58 (11,2)	332 (16,3)	8.006*	219 (16,0)	168 (14,3)	1.337
Other	48 (9,3)	139 (6,8)	3.750	85 (6,2)	100 (8,5)	5.128*
No stress	45 (8,7)	121 (5,9)	5.304*	74 (5,4)	91 (7,8)	5.783*
COVID-19-related information	18 (3,5)	75 (3,7)	0.039	40 (2,9)	52 (4,4)	4.165*

Variables	Single parent family (n = 516) f (%)	Two parent family (n = 2043) f (%)	χ^2	Age < 39 (n = 1371), f (%)	Age ≥ 39 (n = 1173), f (%)	χ^2
Family relationships	15 (2.9)	77 (3.8)	0.883	55 (4.0)	37 (3.2)	1.333
<i>Coping strategies</i>						
Physical activity	325 (63.0)	1335 (65.3)	1.007	900 (65.6)	753 (64.2)	0.585
Time for oneself	118 (22.9)	525 (25.7)	1.753	304 (22.2)	338 (28.8)	14.778**
Spending time with family	102 (19.8)	441 (21.6)	0.815	337 (24.6)	204 (17.4)	19.514**
Maintaining a daily routine	91 (17.7)	351 (17.2)	0.067	220 (16.1)	218 (18.6)	2.801
Cognitive reappraisal	59 (11.4)	280 (13.7)	1.849	180 (13.1)	154 (13.1)	0.000
Gardening	37 (7.2)	213 (10.4)	4.952*	101 (7.4)	147 (12.5)	19.168**
Communication with others	43 (8.3)	151 (7.4)	0.522	85 (6.2)	109 (9.3)	8.583**
Psychological techniques	43 (8.3)	135 (6.6)	1.879	84 (6.1)	94 (8.0)	3.503
Not using any coping	44 (8.5)	133 (6.5)	2.603	83 (6.1)	94 (8.0)	3.750
Compliance with the COVID-19 restrictions	31 (6.0)	100 (4.9)	1.041	73 (5.3)	55 (4.7)	0.534
Caring for others	9 (1.7)	56 (2.7)	1.657	31 (2.3)	33 (2.8)	0.781
Treatment	14 (2.7)	39 (1.9)	1.314	26 (1.9)	27 (2.3)	0.509
Change place of living	4 (0.8)	40 (2.0)	3.429	30 (2.2)	14 (1.2)	3.686
Dividing of duties	2 (0.4)	10 (0.5)	0.092	4 (0.3)	7 (0.6)	1.366

* $p < 0.05$, ** $p < 0.01$

Discussion

The aim of the study was to find out how the COVID-19 pandemic restrictions were perceived and experienced by parents living in Latvia, respectively, which are their sources of stress, how they are able to cope with them, and also differences between socio-demographic groups of parents. The parents' reported stressors and coping can be categorized into 16 qualitative categories of stressors and 14 categories of coping strategies. This finding is in accordance with conclusions of a recent qualitative research which found 20 categories of stressors and 21 categories of coping strategies in the COVID-19 pandemic (Whitehead & Torossian, 2020). It confirms that parents report multiple stressors and several ways to cope with them.

The most common parental stressors were physical and social distancing, distance learning and work-related stress. The parents reported that they have lost the opportunity to meet their extended families, together with their children to attend playgrounds and receive different support services. Additionally, they faced such challenges as closed kindergartens and schools. Since the education system initially was not prepared for remote learning, then parents often were forced to become teachers of their children. This created completely new conditions in the daily life of families. Parents emphasised that they must help their children both technically (to connect online lessons or submit homeworks) and educationally (e. g., explaining a subject matter). At the same time, parents experienced their job-related issues, such as working from home, increase of workload, threats to lose their jobs. The work-related stress was the third most often represented category within answers of the parents. Parents mentioned the impact of multiple stressors:

“We must work anyway, but we cannot leave our children alone, we have to think of options who will look after them if the kindergarten and school are closed. We try to adjust our time in the shops so that we have less contact with others – this happens early morning or late in the evening. The child didn't want to study remotely, so we had to think of ways to sustain his interest.”

All these external factors of the pandemic can lead to imbalance in a family system disrupting normal family functioning, proved by previous research and recent findings (Boss, 2002; Daks et al., 2020; Minuchin, 1985). It is therefore very important to be aware of parental stress increasing such negative outcomes as anxiety, depression, hostility and interpersonal sensitivity (Achterberg et al., 2021), that could have consequences for their children.

The most common coping strategies in the sample were physical activity, time for oneself and spending time with family. The parents reported

that outside training and exercises, walking, cycling and other activities were helpful to overcome stress associated with the emergency situation. Among effective coping strategies was the time parents devoted for themselves, for example, hobbies like photography or knitting, reading or listening a music, and physical self-care. The third coping strategy was spending time with their family – playing games or cooking. Some parents even mentioned using all three coping methods:

“I go out for a walk every day and read fiction before going to bed. Also, I meditate and use moments of mindfulness. My family and I make sure we have fun together – we play games, go out – we have an advantage because we live in the forest.”

These results are very similar to the findings of Whitehead & Torossian (2020) in a qualitative study in the USA that the most common coping was associated with family and friends, digital communication with others and hobbies. Coping strategies during the COVID-19 pandemic have been found to be more problem-focused (Gerhold, 2020), which is also evident in this sample, with parents using strategies such as maintaining a daily routine, following the COVID-19 restrictions, and dividing of duties among family members. If parents use such cognitive strategies as stressor reappraisal or finding a meaning, this may lead to the more positive perception of the event (Folkman & Moskowitz, 2000). Improving communication between family members is very important in stressful situations (Russo & Fallon, 2014), which was seen as the third most common coping strategy in the research sample. Thus, it can be concluded that the results obtained in this study on the use of coping strategies are similar to other studies related to the coping with stress of the COVID-19 pandemic.

In answer to the second research question, we examined whether there is a difference in stressors and coping within two age groups of parents and between single and two-parent families. It was found that several sources of stress were prevalent in two-parent families. A fear of becoming ill or infect someone with the virus, parent’s personal issues, increase of home duties and multitasking were more frequently mentioned than in single parent families. Despite the aforementioned stressors, the two-parent families more often reported no stress. Probably it could be explained by having more resources to overcome the pandemic-related situation. When comparing the two age groups of parents (under and over the age of 39 years, the significant differences were found in both parental stress and coping. Parents under 39 were more likely to mention stressors such as physical and social distancing and change in daily routine, whereas parents over 39 more frequently mentioned uncertainty, insufficient or overwhelming COVID-related information as well as other general stressors, and no stress

at all. Some other research also found that older individuals perceived the risk of the pandemic more calmly than younger people (e. g., Gerhold, 2020; Flesia et al., 2020; Mazza, 2020).

The strength of this study was use of mixed methods design. The qualitative data provided an opportunity to understand better the challenges families were faced this time of the pandemics. Since the size of the sample was relatively large, a broader awareness of the sources of stress and coping strategies was obtained.

One of the limitations of the study was the predominance of women in the sample. The uneven gender distribution could also be a gap, as it does not provide an understanding of how this time is experienced by fathers in families who are also an important part of the family system. This could be future steps for the research. It would be useful to continue research in this area to find out whether the used coping strategies are effective in the long term. The data for this study were collected at the time when families had been living with the pandemic for less than three months, but now the pandemic has been ongoing for more than a year. It also should be taken into account that during the first wave of the pandemics there was a relatively favourable epidemiological situation in Latvia. Future studies could compare sources of stress and coping strategies in the long term to understand whether the impact of the pandemic changes over time and in diverse epidemiological conditions.

Conclusions

The study quantitatively-qualitatively investigated the sources of stress and coping techniques of parents during the first emergency situation of the COVID-19 pandemic in Latvia (May-June 2020). First, the most common sources of parental stress were physical and social distancing, distance learning and work-related stress. Second, physical activity, time for oneself, and spending time with the family were the most reported strategies to cope with parental stress due to the first wave of the pandemic. Third, there are differences in the stressors and coping within different socio-demographic groups of parents. Of special interest is finding that younger parents could be considered as a vulnerable group, since they exposed a higher level of stress with regard to physical and social distancing as well as dramatical changes in daily routine. This study shows that younger parents are more stressed during this pandemic, so special care should be taken to support them during this time. As physical activity was the most helpful for parents to cope with stress, it would be necessary to provide parents with opportunities to exercise, which could also be time for themselves as it is the second most common coping strategy.

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