



WIOLETTA TUSZYŃSKA-BOGUĆKA

University of Economics and Innovations
of Lublin, Poland

ORCID iD: 0000-0001-7101-5267

ROMAN SZALAŁACHOWSKI

University of Szczecin, Poland

ORCID iD: 0000-0002-4864-8717

“THE NEW FACE OF THE PANDEMIC?” PARENTHOOD IN THE FACE OF A GLOBAL CRISIS SITUATION. STUDY ON A POLISH SAMPLE

ABSTRACT

Objectives: The purpose of this study is to examine the relationships between personal, family and environmental resources and the type of influence that the COVID-19 pandemic has had on parenting. We have used the term post-traumatic growth to describe the experience of positive changes that arise as a result of struggling with life crises.

Material and methods: For measuring the psychological parameters indicated in the model, multidimensional scales were used: the CRS Questionnaire by Huber, in the Polish adaptation by Zarzycka, as a measure of religious centrality, the Meaning in Life Questionnaire (MLQ) by Steger et al., in Kossakowska's adaptation, Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al., in the Polish adaptation by Buszman and Przybyła-Basista, and FAPGAR by Smilkstein in the Polish adaptation by Szałachowski as a measure of family functionality, and (5) Numerical Rating Scale, in which the participants were asked to determine the intensity of the impact of the COVID-19 pandemic. The study involved 337 participants – 235 women (69.7%) and 102 men (30.3%).

Results: In summary, the predictors of a positive evaluation of the pandemic situation for parenting turned out to be: (1) family adaptation, (2) family affection and (3) prayer. Among the examined variables, family adaptation turned out to be a universal predictor, which both raised the positive assessment of the pandemic's effect on parenthood and lowered its negative evaluation. This means that it operates in both a positive and negative loop.

Conclusions: The predictive model confirms previous research on post-traumatic growth factors and emphasise the role of actively engaging in overcoming crisis, seeking coping strategies in interpersonal relationships and relying on religion-based coping.

KEYWORDS: *parenting burnout, trauma, posttraumatic growth, family resources, COVID-19, family stress*

INTRODUCTION AND BACKGROUND

Covid-19 and Families. The pandemic has been and continues to be a serious challenge for families that meets the criteria of a critical situation (Walsh, 2020; WHO, 2022). However, the risk to mental health associated with Covid-19 is not limited only to those infected with the virus. Factors characteristic of this pandemic, such as the high level of uncertainty, rapidly changing and contradictory information/messages, the prolonged duration of the crisis, economic disruptions and financial stress, as well as measures

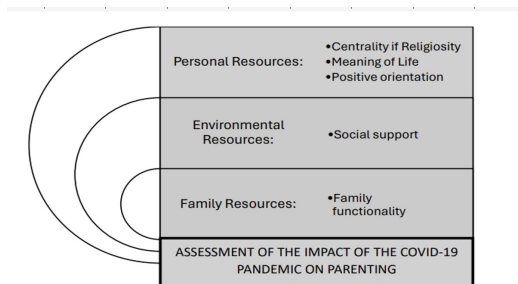
like social distancing and quarantine, which limit virus transmission but increase social isolation and loneliness, were omnipresent and posed a serious threat to mental health (Ben Brik et al., 2022; Bonati et al., 2022; Brooks et al., 2020; Gadermann et al., 2021; LaBrenz et al., 2020; Pedrosa et al., 2020). So what happens to systemic formations, such as the family, in critical situations (as the COVID-19 pandemic undoubtedly was)? Studies indicate that systems react to a crisis situation on par with individuals. A negative COVID-19 effect was noted here in the form of parental emotional dysregulation (Pereira et al., 2021; Vertsberger et al., 2022), stress (Aramburu et al., 2022; Ben Brik et al., 2022; Cihan, Var, 2022; Taubman-Ben-Ari et al., 2021), mental/psychological problems (Marzilli et al., 2021; Aramburu et al., 2022), parental burnout (Bjørknes et al., 2022; Davidson et al., 2020; Marchetti et al., 2020; Marzilli et al., 2021; Roos et al., 2020), or in the form of well-being disturbances (Ben Brick et al., 2022; Janssen et al., 2020; Patrick et al., 2020). Furthermore, some authors refer to the COVID-19 pandemic and its scale and effects as a *collective trauma* (Duane et al., 2020; Watson et al., 2020), which can disrupt social bonds and fundamentally change aspects of family functioning (Fernandes et al., 2021, Gassman-Pines et al., 2020; Goldberg et al., 2021; Prime et al., 2020). Therefore, literature quite unequivocally defines the *COVID effect* as a deteriorative effect. Should this effect, however, always be considered harmful/negative? Are there variables that participate in the process of assessing the effect of this situation in an ambiguous manner? In light of the analysis of research results in Poland, there only exists a small number of studies concerning the relationship between the burdens resulting from the pandemic and positive changes indicative of post-traumatic growth.

Post-traumatic Growth. This theory emphasises the fact that experiencing highly stressful events, which are sources of suffering, can be associated not only with negative consequences but also with the emergence of positive psychological changes (Tedeschi, Calhoun, 1996, 2004). Positive changes that contribute to post-traumatic growth can relate to changes in interpersonal relationships, self-perception and even life philosophy (Izdebski et al., 2023). As a result of experiencing trauma, people are capable of forming closer relationships with others, discovering greater depths of sensitivity and compassion within themselves, and showing a greater inclination towards open and honest

communication. Many people, under the influence of a traumatic experience, discover within themselves a strength that allows them to take a step back and look at their life from a distance, and change it for the better. They may also exhibit an increased sense of personal strength, a belief in their own efficacy, greater self-confidence and trust in their own abilities, also in relation to future events (Ogińska-Bulik, 2013). Such persons evaluate their abilities to cope and survive under extremely difficult conditions as improved/enhanced, recognise their competencies and set new goals for themselves. Post-traumatic growth refers to the change in people that goes beyond the ability to resist and not succumb to *damage* resulting from stressful circumstances; it involves surpassing the pre-trauma level or adaptation (Tedeschi, Calhoun, 2004).

Purpose of the Study. In the light of the above literary analyses, research questions arise that we want to answer in our work: (1) *Is the so-called pandemic effect on family functioning always a negative outcome?*; (2) *What psychological parameters best describe (will allow for the most accurate prediction of) the nature of the evaluation of the pandemic effect on family functioning?* They were used for the construction of a hypothetical model of influence (see Fig. 1), which will test both the participation of individual psychological variables and the effect of family resource interventions and the assessment of environmental resources.

Fig. 1. *Assessment of the impact of the pandemic on parenthood – A general theoretical model*



MATERIAL AND METHOD

OPERATIONALISATION OF VARIABLES IN THE MODEL

Personal Resources. *Religiosity.* For the purpose of this research project we have adopted Huber's (2003) psychological concept of religiosity as a system of personal religious constructs – religious beliefs, prayer, religious experience, participation in masses and interest in religiousness with special focus on the immunogenic role of prayer (Huber, Huber 2012). In this perspective, prayer is understood as the frequency of establishing contact with the transcendent reality and the subjective significance of this contact for a person (Zarzycka et al., 2020; Szałachowski, Tuszyńska-Bogucka, 2021). *Meaning of Life.* We have adopted the understanding of the meaning of life from Steger, who defines it as a state of self-awareness about one's own sense, purpose (or meaning) attained in life. Steger et al. (2008) highlight the need to distinguish the temporal perspective in studies on the dimension of the presence of meaning in life and its pursuit. According to them, it is important to be aware of having a goal in the present time and the need to strive towards it and continuously acquire it in the future. This second dimension of meaning in life, that is, its pursuit, is defined as an activity associated with constant effort, marked by perseverance and intensity in establishing or expanding knowledge about the meaning of one's own life. The discovery of a sense of life's meaning can be an essential part of the process of returning to emotional balance (Schipper, Ziegler, 2019), especially in crisis situations. *Positive Orientation.* A positive orientation is the fundamental tendency to notice and attach importance to the positive aspects of life, experiences and oneself. It is significantly responsible for adaptive functioning, as it denotes a natural inclination towards a favourable self-assessment, high life satisfaction and a high appraisal of the chances of achieving goals, which translates into engagement in life pursuits and a high evaluation of quality of life (Łaguna et al., 2011).

Family Resources. Family resources are understood as the fundamental functionalities of the system that constitute the health of the family. In his approach, Smilkstein et al. (1982) emphasised the work of Minuchin as an inspiration for his concept as well as a literature review, based on which he identified the basic family functionalities that determine the level of satisfaction of its members:

(1) Adaptation – understood as the use of resources both within and outside the family to solve problems and cope in stressful and critical situations, (2) Partnership, understood as the joint decision-making and the taking of responsibility for those decisions by all family members, (3) Growth, understood as physical and emotional self-realisation achieved through mutual support and assistance, (4) Affection – a relationship of mutual love and care as well as the demonstration of love and care, and (5) Resolve – spending time with family, understood as a commitment to dedicate and protect time for other family members.

Environmental Resources. The perceived social support has been considered here, as researchers argue that perceived support, referring to the subjective sense of potential availability of support, is a better predictor of well-being, coping with stress and health compared to received support (Buszman, Przybyła-Basista, 2017). In their concept, Zimet et al. (1988) take into account the multidimensionality of perceived social support, considering three basic sources of support: a significant other, family and friends. Table 1 briefly characterises selected parameters.

PARTICIPANTS

The study involved 337 participants – 235 women (69.7%) and 102 men (30.3%). The average age of the study groups was as follows: for women – 42.26 (SD=7.32) and for men – 44.5 (SD=9.23). Women demonstrated a significantly longer period of completed years of education than men ($t=1.729$, $p_s=0.04$). The remaining descriptive statistics are presented in Table 2.

Table 2. *Characteristics of the study group*

	Women		Men		Test Values Significance of Difference	s
	M	SD	M	SD		
Age	42.26	7.32	44.5	9.23	-1.307	n.s.
Number of children	N	%	N	%	1.746	n.s.
one child	92	39.1	45	44.1		
two children	111	37.2	46	45.1		
three children	25	10.6	10	9.8		
four children	7	3.0	1	1		
Level of education	N	%	N	%	0.774	n.s.
primary	1	0.4	00	0		
vocational	20	8.5	8	7.8		
secondary	36	15.3	18	17.6		
higher	108	46	45	44.1		
higher and still studying	70	29.8	31	30.4		
Education duration	18.37	5.052	17.35	4.821	1.729	.04
Social status	N	%	N	%	0.128	n.s.
in marriage/partnership	180	76.6	75	73.5		
single	19	8.1	14	13.7		
divorced	34	14.5	10	9.8		
widow/widower	0	0	0	0		
in separation	2	0.9	3	2.9		
Marital duration	17.30	16.31.	16.09	9.36	5.679	n.s.
Satisfaction of partnership	N	%	N	%	1.761	n.s.
low	35	17	11	12.1		
average	64	31.3	34	37.4		
high	107	51.9	46	50.5		
Material status	N	%	N	%	2.258	n.s.
very bad	1	0.4	1	1		
bad	11	4.7	2	2.0		
average	121	51.5	57	55.9		
good	67	28.5	26	25.5		
very good	35	14.9	16	15.1		
Health status	N	%	N	%	4.485	n.s.
very bad	2	0.9	0	0		
bad	7	3.0	3	2.9		
average	47	20	14	13.7		
good	139	59.1	60	58.8		
very good	40	17	25	24.5		

MEASURES

In order to enhance the reasoning process, simple tools with good psychometric properties were employed in the analyses. This kind of research approach is quite commonly represented and recognised as valid in literature (Bonati et al., 2022), mainly due to the low rate of return in online studies, which are widespread in the era of the pandemic.

Dependent Variable. To assess the impact of the pandemic situation on parenting and its changes associated with the COVID-19 pandemic, we used a slider method – Numerical Rating Scale (see Fig. 2), in which the participants were asked to determine the intensity of the impact of the COVID-19 pandemic in a positive sense (question 1) and in a negative sense (question 2). A response scale from 1 to 10 was used (participants provided answers by sliding the slider to a specific place on the scale).

Fig. 2. *Slider method to assess the impact of the COVID-19 pandemic*

1. When you think about the crisis related to the COVID-19 pandemic in recent years, do you believe it had a positive impact on parenting and your relationship with your children and to what extent (e.g., better quality time, closer contact, deeper relationships, improved communication, fewer behavioural issues, etc.)?

1 2 3 4 5 6 7 8 9 10

2. When you think about the crisis related to the COVID-19 pandemic in recent years, do you believe it had a negative impact on parenting and your relationship with your children and to what extent (e.g., worsened quality time, more conflicts, feeling tired of living together, more behavioural issues, etc.)?

1 2 3 4 5 6 7 8 9 10

Independent Variables. For measuring the psychological parameters indicated in the model, multidimensional standardised scales were used.

The Centrality of Religiosity Scale (CRS). The CRS Questionnaire by Huber (2003), in the Polish adaptation by Zarzycka, is a measure of religious centrality, i.e., the position of the system of religious constructs in human personality. It consists of five subscales: (1) *Interest in Religious Issues*, i.e., the frequency and significance of cognitive confrontation with religious content, regardless of the aspect of their personal acceptance; (2) *Religious Beliefs* – the degree of subjectively assessed probability of the existence of a transcendent reality and the intensity of openness to various forms of transcendence; (3) *Prayer* – the frequency of contact with a transcendent reality and the subjective significance of this contact; (4) *Religious Experience* – the frequency with which transcendence becomes part of human experience, and the degree to which the transcendent world of religious significance is individually confirmed through the meaning of communication and action; (5) *Cult* – the frequency and subjective significance of a person's participation in religious services (the dimension of public practice). The overall result is the sum of the subscale scores and is a measure of the centrality of religious meaning systems in an individual's personality. The scale consists of 15 items with a Likert scale, to which respondents reply by selecting from 5 to 8 possible answers. In every instance, responses are transposed onto a 5-point scale (the higher the score, the greater the significance/frequency of behaviour). The reliability of the scale was estimated using α -Cronbach's coefficient and is as follows: $0.82 \leq \alpha \leq 0.90$. The values of intercorrelation between items and the score in individual subscales indicate the accuracy of a separate theoretical construct, and the subscales can be considered homogeneous (Zarzycka et al., 2020).

Meaning of Life Questionnaire (MLQ). The Meaning in Life Questionnaire (MLQ) by Steger et al. (2006) in Kossakowska's adaptation was used to measure the sense of life's meaning. The MLQ questionnaire measures the declared meaning of life from the perspective of the present time (*Presence of Meaning in Life*, MLQ-Presence) and from the perspective of the future (*Search for Meaning in Life*, MLQ-Search). In the questionnaire, the answer 1 is marked to denote absolute falsehood, and 7 to indicate absolute truth. As the authors of the Polish adaptation indicate, the reliability of the questionnaire is satisfactory, and the issues of accuracy require further research and discussion, also in an intercultural context. In this study, reliability measured by α -Cronbach's was 0.87 for the MLQ-P subscale and 0.815 for the MLQ-S (Kossakowska et al., 2013). *Positivity Scale (PS).* In the study, the Positivity Scale by Caprara et al. (2009, 2012) was used, in the Polish adaptation by Łaguna et al. (2011). This short scale is used to assess *positive orientation* as a fundamental tendency to notice and attach importance to the positive aspects of life, experiences and oneself. The α -Cronbach's reliability coefficient for the instrument is 0.77 – 0.84, with a stability of $r_{tt}=0.84$. Its convergent accuracy has also been demonstrated (Łaguna et al., 2011).

Family Apgar (FAPGAR). Many authors emphasise its usefulness and satisfactory psychometric properties, especially in screening studies of family functioning. These are both works from the past century (Del Vecchio Good et al., 1979; Hilliard et al., 1986; Foulke et al., 1988; Smilkstein et al., 1982), and new studies conducted after the year 2000 (Castilla et al., 2014; Mayorga-Muñoz et al., 2019; Powazki, Walsh, 2002; Szałachowski, 2019; Takenaka, Ban, 2016;). APGAR correlates with other family functioning indicators, such as the Pless-Satterwhite FF Index (Good et al., 1978; Smilkstein et al., 1982). The research employed a method adapted by Szałachowski (2019). The questionnaire consists of five test items, and the answers are evaluated on a 3-point Likert scale, where: 0 – almost never, 1 – sometimes, 2 – almost always. In the instructions, the investigator is asked to respond to the given statements, assessing their family's satisfaction. The overall score is the sum of points earned on each question. Each of the five questions is rated on a scale from 0 to 1 points, and the higher the score, the higher the level of satisfaction with the family's functioning. The responses to individual questions yield results

in five specific scales such as: (1) *Adaptation*, understood as the use of family and from out-side the family resources to solving problems and addressing stressful and critical situations; (2) *Partnership*, understood as joint decision-making and taking responsibility for those decisions by all members of the family; (3) *Growth*, understood as physical and emotional self-realization achieved through mutual support and assistance; (4) *Affection* – relationship of mutual love and care and exhibition of love and care, and (5) *Resolve* – spending time with the family, understood as a commitment to dedicate and protect time to other family members (Smilkstein et al., 1982). The tool has satisfactory psychometric properties. The α -Cronbach's coefficients for individual scales and the overall result fall within the range of 0.78 – 0.72.

Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al. (1988), in the Polish adaptation by Buszman and Przybyła-Basista (2017), takes into account the multidimensionality of perceived social support, considering three basic sources of support: a significant other, family and friends. The scale consists of 12 statements, to which the respondent refers using a seven-point Likert scale, where 1 means *strongly disagree* and 7 means *strongly agree*. In its original version, the tool consisted of 24 statements, to which participants responded using a five-point response scale (ranging from *disagree* to *agree*), and then, after pilot studies, it was shortened (Zimet et al., 1988). The higher the score obtained, the higher the level of social support the individual perceives in their environment. The α -Cronbach's internal consistency coefficient was calculated for the entire scale and individual subscales, with values presented as follows: Overall Result – 0.88; Significant Other – 0.91; Family – 0.87; Friends – 0.85 (Zimet et al., 1988). In subsequent research reports, authors confirmed the MSPSS scale's good parameters in terms of both internal reliability and factorial validity (Buszman, Przybyła-Basista, 2017).

Table 3. *Descriptive statistics for standardised scales results*

	Sex	M	SD	SEM	t	s
Religious Experience	W	8.7404	3.54288	.23111	-	n.s.
	M	9.2157	3.36442	.33313	1.148	
Religious Beliefs	W	11.4043	4.05865	.26476	0.267	n.s.
	M	11.2745	4.17004	.41290		
Prayer	W	10.2766	4.28325	.27941	0.444	n.s.
	M	10.0490	4.41729	.43738		
Interest in Religious Issues	W	8.8340	3.89418	.25403	0.517	n.s.
	M	8.5980	3.73440	.36976		
Cult	W	8.9489	4.32415	.28208	-	n.s.
	M	9.2549	4.53302	.44884	0.588	
Centrality of Religiosity - overall result	W	48.2043	18.40664	1.20072	-	n.s.
	M	48.3922	18.04843	1.78706	0.087	
Positive Orientation	W	31.6766	5.08703	.33184	0.850	n.s.
	M	31.1275	6.19912	.61380		
Meaning of Life - Presence	W	27.0340	6.90650	.45053	0.844	n.s.
	M	26.3137	7.82352	.77464		
Meaning of Life - Search	W	18.8128	6.49450	.42365	0.035	n.s.
	M	18.7843	7.59576	.75209		
Meaning of Life - overall result	W	45.8468	7.86382	.51298	0.747	n.s.
	M	45.0980	9.69792	.96024		
Perceived Social support - Friends	W	21.3702	6.61156	.43129	1.795	n.s.
	M	19.9608	6.64059	.65752		
Perceived Social support - Family	W	21.4383	6.22301	.40594	2.259	.025
	M	19.6961	7.11544	.70453		
Perceived Social Support - Others Significant	W	21.9106	6.11049	.39860	1.270	n.s.
	M	20.9510	6.94729	.68788		
Perceived Social support - Overall Result	W	64.7191	15.91208	1.03799	2.127	.034
	M	60.6078	17.16729	1.69982		
Adaptation	W	1.6604	.59837	.04110	0.837	n.s.
	M	1.5957	.67711	.06984		
Partnership	W	1.4833	.60523	.04186	1.446	n.s.
	M	1.3656	.74869	.07764		
Growth	W	1.5407	.66472	.04598	-	n.s.
	M	1.5699	.69779	.07236	0.347	
Affection	W	1.3876	.63400	.04385	1.482	n.s.
	M	1.2688	.66168	.06861		
Resolve	W	1.4641	.55462	.03836	0.741	n.s.
	M	1.4086	.69527	.07210		
Family Functionality - Overall Result	W	7.5311	2.31430	.16008	1.018	n.s.
	M	7.2151	2.84700	.29522		

The surveyed groups of men and women similarly assessed their resources. The exceptions were the rating of social support from family and the overall score, where higher average ratings were obtained by women (Table 3).

PROJECT DESIGN

Procedure. The questions were related to the COVID-19 pandemic (questions related to the reactions experienced in connection with the pandemic event encountered). Before responding to these questions, participants filled out a demographic survey. The data was collected via the Internet. The questionnaire was available in Polish. To recruit participants, we utilised a snowball sampling strategy to reach the general population. Data collection took place from September 2022 to December 2023. Filling out the form took about 45 minutes. Participation in the study was voluntary and participants did not receive any compensation.

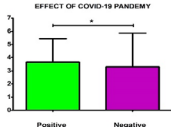
Statistical Analysis. To determine the general trend in the relationships between variables, multiple regression analysis was used. Statistical calculations were performed using IBM SPSS Statistics 27 and STATISTICA v.13 packages.

RESULTS

ASSESSMENT OF THE COVID-19 EFFECT. IS THERE POST-TRAUMATIC PARENTAL GROWTH, INDUCED BY THE COVID-19 PANDEMIC?

As indicated by the analysis (Table 4), the assessment of the positive effect of the pandemic on parenting and relationships with children (better quality time, closer contact, deeper relationships, improved communication, fewer behavioural issues, etc.) in the studied group was significantly higher ($s=.017$).

Table 4. Descriptive statistics of the assessment of the COVID-19 pandemic effect on family functioning in the studied group ($N=337$)

COVID-19 pandemic effect	M	SD	SE M	Min	Max	t	s	See here the diagram
Positive	3.65	1.77	.096	1	8	2.117	0.017	
Negative	3.29	2.56	.139	1	10			

Regarding the assessment of the pandemic effect by women and men (Table 5), women have shown a significantly higher tendency than men to evaluate the pandemic as an experience of a deteriorative nature ($s=0.021$).

Table 5. Descriptive statistics of the assessment of the COVID-19 pandemic effect on family functioning in the studied groups of women ($W_n=235$) and men ($M_n=102$)

COVID-19 pandemic effect	Sex	M	SD	SEM	Min.	Max	t	s
Positive	W	3.69	1.84	.120	1	8	.628	n.s.
	M	3.56	1.60	.158	1	8		
Negative	W	3.46	2.70	.176	1	10	1.871	.021
	M	2.90	2.15	.213	1	8		

REGRESSION MODEL ANALYSIS RESULTS

The only significant predictors of perceiving the pandemic as a phenomenon that led to positive changes in family functioning were prayer, as well as family adaptation and affection (Table 6).

Table 6. Results of the multiple regression analysis and a summary of the post-traumatic growth model as an effect of the COVID-19 pandemic

Model	Non standardised		Standard ised	t	s	CI 95% B		Colinearity statistics	
	β	SE	β			LLCI	ULCI	Tolerance	VIF
(Constant)	2.145	.724		2.964	.003	.720	3.569		
Religious experience	-.007	.051	-.014	-.143	.887	-.107	.092	.296	3.381
Religious beliefs	-.068	.050	-.157	-1.357	.176	-.167	.031	.218	4.585
Prayer	.097	.047	.234	2.037	.043	.003	.190	.221	4.515
Interest in religious issues	.022	.052	.047	.423	.672	-.080	.124	.235	4.254
Cult	-.048	.042	-.116	-1.132	.259	-.131	.035	.275	3.636
Positive Orientation	-.017	.022	-.055	-.781	.435	-.061	.027	.595	1.680
Presence of Meaning of Life	-.004	.017	-.017	-.238	.812	-.038	.030	.556	1.799
Search for Meaning of Life	.018	.015	.069	1.179	.239	-.012	.047	.859	1.164
Social Support - Friends	.037	.019	.137	1.912	.057	-.001	.074	.565	1.768
Social Support - Family	.007	.027	.024	.250	.803	-.046	.060	.316	3.167
Social Support - Significant Other	-.035	.021	-.126	-1.682	.094	-.076	.006	.516	1.939
Family Adaptation	.587	.222	.206	2.646	.009	.150	1.024	.482	2.073
Family Partnership	.101	.238	.037	.423	.673	-.369	.570	.382	2.619
Family Growth	-.308	.218	-.116	-1.411	.159	-.738	.122	.428	2.334
Family Affection	.630	.203	.227	3.097	.002	.230	1.031	.541	1.850
Family Resolve	.270	.204	.091	1.321	.188	-.132	.673	.615	1.627
R=.411, R ² =.169, Corr.R ² =.123, SEE=1.67; change stat: R ² =.169, F=3.63, df1=16, df2=258, s<.001; D-W=2.083									

The only predictor that was significant from the perspective of assessing the negative impact of the COVID-19 pandemic on parental functioning was family adaptation, which significantly blocked the negative impact (Table 7).

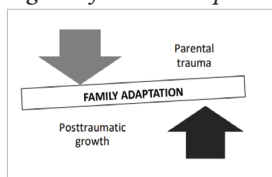
Table 7. Results of the multiple regression analysis and a summary of the parental trauma model as an effect of the COVID-19 pandemic

Model	Non standardised		Standardised β	t	s	CI 95% B		Colinearity statistics	
	β	SE				LLCI	ULCI	Tolerance	VIF
(Constant)	3.290	.971		3.389	<.001	1.379	5.201		
Religious Experience	-.077	.068	-.117	-1.137	.257	-.211	.056	.296	3.381
Religious Beliefs	.034	.067	.061	.508	.612	-.098	.167	.218	4.585
Prayer	-.111	.064	-.208	-1.747	.082	-.236	.014	.221	4.515
Interest in Religious Issues	.090	.070	.149	1.288	.199	-.047	.226	.235	4.254
Cult	-.007	.057	-.014	-.129	.897	-.119	.104	.275	3.636
Positive Orientation	.033	.030	.079	1.091	.276	-.026	.092	.595	1.680
Presence of Meaning of Life	.003	.023	.009	.114	.910	-.043	.049	.556	1.799
Search for Meaning of Life	.026	.020	.079	1.311	.191	-.013	.065	.859	1.164
Social Support - Friends	-.029	.026	-.085	-1.143	.254	-.080	.021	.565	1.768
Social Support - Family	-.034	.036	-.094	-.937	.350	-.105	.037	.316	3.167
Social Support - Significant Other	.060	.028	.170	2.170	.061	.060	.115	.516	1.939
Family Adaptation	-.606	.298	-.165	-2.037	.043	-1.192	-.020	.482	2.073
Family Partnership	.507	.320	.144	1.585	.114	-.123	1.137	.382	2.619
Family Growth	-.212	.293	-.062	-.723	.471	-.788	.365	.428	2.334
Family Affection	-.391	.273	-.109	-1.434	.153	-.929	.146	.541	1.850
Family Resolve	.108	.274	.028	.394	.694	-.432	.648	.615	1.627

R=.321, R²=.103, Corr.R²=.052, SEE=2.241; change stat: R²=.103, F=2.041, dF1=16, dF2=258, s=.011; D-W=2.12

In summary, it can be stated that from a large group of examined parameters of a personal, family and environmental nature, the predictors of a positive evaluation of the pandemic situation for parenting turned out to be: (1) family adaptation, (2) family affection and (3) prayer. It is worth adding that among the examined variables, family adaptation turned out to be a *universal predictor*, which both raised the positive assessment of the pandemic's effect on parenthood and lowered its negative evaluation. This means that it operates in both a *positive and negative loop* (see Fig. 3).

Fig. 3. The impact of the family adaptation parameter on the assessment of the pandemic situation effect in positive and negative feedback loops



Adaptation in measurement using the FAPGAR scale is understood as the utilisation of family and non-family resources for solving problems, stressful situations and crises. Family affection is the expression of emotions in a relationship, showing love and care. This involves understanding others, developing the ability to understand and take into account the needs and feelings of others. Prayer, measured on the C-15 scale, pertains to the frequency of so-called personal prayer (also sometimes referred to as private, as opposed to cult prayer), in the sense of the frequency of contact with a transcendent reality and the subjective significance of this contact and its importance to the individual. This means that the results highlight the significant adaptive capacity of the family in a critical situation by activating the family solidarity network and improving the communication of internal family relations. The obtained results may also indicate the operationality and effectiveness of prayer in the subjects in achieving characteristics of post-traumatic growth.

DISCUSSION

A review of the literature showed that the anxiety experienced by families during the COVID-19 pandemic caused numerous emotional and behavioural problems (f.e. insomnia, aggression, verbal or physical abuse towards children, increased alcohol consumption, drug abuse, aggression, mood swings and suicidal thoughts). One of the factors that can help avoid these dangers is improving stress management and coping skills within the family. Parents who possess stress management skills and are able to implement stress-coping strategies experience healthier objective and subjective well-being, especially when dealing with COVID-19 (Stobart, 2020). Every study in this area can yield conclusions valuable from the perspective of prevention and assistance to families in the event of critical incidents.

The present study aimed to further enhance knowledge on possible risk and protective factors implied in the psychopathological impact of COVID-19 among families with children. Our research provides information in the main areas of reasoning:

1. It seemed to us that the pandemic would be judged very clearly and decisively as a devastating event. Meanwhile, the assessment of the effects of the COVID-19 pandemic is not always entirely clear-cut. Although it is undeniable that the COVID-19 pandemic has brought about dangers and traumas, it is essential not to overlook the possibilities for post-traumatic growth and the beneficial changes that have occurred after confronting it (Izdebski et al., 2023). The fact of positive reappraisal, although not applicable to the majority of study subjects and not very intense ($M=3.65$), nevertheless speaks to human resilience and the ability to overcome problems in an adaptive context. It was expected that the pandemic would be marked as an event of exceptionally negative significance, yet its assessment as a period associated with familial growth is predominant. This means that a critical event (in this case, the COVID-19 pandemic) can also be considered in terms of post-traumatic growth (Tedeschi, Calhoun, 1996, 2004). Since post-traumatic growth was possible in the case of critical events, such as severe losses (Zoellner, Maercker, 2006), and during the times of the pandemic in groups of survivors (Adjorlolo et al., 2022), or among healthcare workers (Yan et al., 2022), as well as in such a vulnerable group as children (Stallard et al., 2021), it seems there is no reason to assume that other groups are not also subject to it. Our study participants also tended to view the pandemic situation more as an opportunity than a threat to the family. However, it is worth investigating which factors contribute to this – in the case of our research, these were family resources and values (as expressed by prayer);
2. When people need to adapt to new ways of living and working, the family appears to be the primary factor in their survival and determines the extent to which individuals can adjust to COVID-19 (Langmeyer et al., 2022); therefore, the family environment can be considered a key factor in adapting to new habits during the crisis (like the COVID-19 pandemic). Adaptation is considered to be a cognitive regulation, in which a stimulus occurs, followed by a response and acceptance. The result of adaptation is mutual support, which includes sharing the same space, experiences and sufferings, so that people can heal and gain the confidence to overcome obstacles (Chen, Bonanno, 2020;

Langmeyer et al., 2022), as well as patterns of emotional expression, which in turn reinforce resourcefulness. Family adaptation significantly enhances solidarity networks, strengthens relationships among family members both internally (Zebdi et al., 2022), and externally, develops new technologies in household work, opens up communication channels, and balances work patterns and family harmony (Ayuso et al., 2020) due to increased work flexibility during COVID-19 through remote work.

3. The model or pattern of family adaptation is *enforced* by stress and every family member initiates the coping process through interactions and social support transactions to help the family achieve family well-being. When there is improper adaptation within a family, it results in the deterioration of the emotional system, and each family member becomes isolated from other subsystems. This leads to fear, loss of control, the family's inability to grow and develop together, family chaos, excessive control systems, low self-esteem, resentment, and family members becoming private and irritable (Nursetiawati et al., 2022). Confronting stressful moments, such as the COVID-19 pandemic, required the activation (or creation) of family resilience processes, which despite the crisis could be an opportunity to develop creative solutions, new dynamics in problem-solving and states of perseverance to get through difficult experiences (Walsh 2020). The model or pattern of family adaptation, defined in this study, arises from situational events in the family environment, and in order to adjust and solve the problem, the family must take into account the communication of emotions, primarily positive ones (the relationship of mutual love and care as well as the demonstration of love and care), as well as the flexible use of resources. It seems that two dimensions – adaptation and affection have intertwined into a specific construct – adaptive/functional emotional messages, thanks to which family members know that they are accepted by others and can count on their help. Therefore, it is essentially closely related to emotional regulation, which has been discussed in the literature (Nursetiawati et al., 2022; Vertsberger et al., 2022);
4. Prayer has shown a predictive effect on the problems of the pandemic situation, confirming its immunogenic nature in crisis situations

(Szałachowski, Tuszyńska-Bogucka, 2021). What role does prayer play in the pandemic reality? The uncertainty brought about by the coronavirus has led to a variety of coping strategies for this situation, aimed at regaining a sense of control over one's own life as much as possible. A broad review of the literature points to the immunogenic significance of this resource (Ano, Vasconcelles, 2005; Boelens et al., 2012; Cervalho et al., 2012; Ellison et al., 2001; Francis, Lester, 1997; Francis, Robbins, 2000; Hollywell, Walker, 2009; Jantos, Kiat 2007; Maltby et al., 1999; Masters, Spielmans, 2007; Poloma, Pendleton, 1991; Pargament, 2001; Sinding Bentzen, 2019; Bentzen, 2020; Szałachowski, Tuszyńska-Bogucka, 2021). The literature even suggests that prayer is recognised as a complementary intervention or alternative therapy (Boelens et al., 2012; Simão et al., 2016).

5. The literature indicates several hypotheses, explaining the positive effects of frequent prayer on a person's health and well-being in the studied situation: (1) Intensified prayer can lead to improvements in psychological and physiological functioning, which is associated with better well-being and potential health outcomes; (2) Those who pray in stressful times tend to focus on how divine intentions and plans will help them endure the difficult situation, which can lead to a sense of empowerment; (3) It also seems that the possibility of the prayer content effect should be considered, i.e., perhaps the words and the subject of the prayer itself can cause the cognitive processes of the person praying to change in a beneficial way (Szałachowski, Tuszyńska-Bogucka, 2021). It also seems that these effects may be particularly strong in the face of disaster (Aten et al., 2019; Davis et al., 2019; Sinding Bentzen, 2019);
6. It seems necessary to focus on women during critical events. They assessed the pandemic situation more critically than fathers did. This might be associated with the need for reconstructing daily life, which mothers had to undertake to cope with new difficulties: merging family life with professional work and supporting children in education while continuing to fulfil daily duties (Brooks et al., 2020; LaBrenz et al., 2021; Lewicka, 2023). It is interesting that existing studies suggest that stressors have a significantly greater impact on father-child relationships

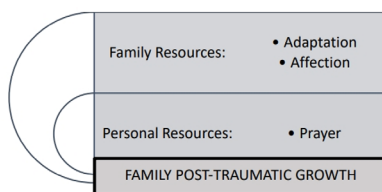
than on mother-child relationships (Taubman-Ben-Ari et al., 2021). Surprisingly, this group appears to be overlooked in COVID-related research (Trumello et al., 2022). The studies that have been conducted, indicating a severe trauma burden among men, have, however, been carried out in countries/areas with a more serious death toll due to the pandemic (Shigemura et al., 2020) as well as in countries with a high prevalence of psychopathological and economic problems (Fonseca et al., 2023). One could hypothesise that in regions with the highest infection rates, there was a greater perceived risk of contracting the virus, which could have affected the quality of father-child interactions (Trumello et al., 2021). The difference in our results may stem from the different course of the pandemic, a smaller number of dramatic media reports (the world still remembers the hundreds of coffins from Bergamo), or less severe economic problems, which favoured maintaining relative calm. This may be related to the *return* of fathers to their families during the lockdown when they physically got closer to their loved ones (Fonseca et al., 2023), spending more time with them and sharing their lives more than before. It should also be noted that previous studies have focused on fathers of young or newborn children.

CONCLUSIONS

The study of literature has shown, and this project has confirmed, that family resilience in dealing with changes in various aspects of life, studied during the pandemic and Covid-19, can be linked to adaptation, understood as: (a) The ability of family members to exhibit greater openness and positive expression while communicating during all activities at home, (b) The culture and values recognised and practiced within the family, serving as determining factors in individuals' adjustment to new habits, (c) The resources possessed by the family, which determine attitudes and ways in which the family develops its potential in coping with limitations and negative emotions, leading to adaptation (Chavez et al., 2021; Nursetiawati et al., 2022). The conceptualisation of post-traumatic growth has gained further data supporting it, suggesting this way of thinking appears to

offer a helpful extension of how psychological interventions are performed towards individuals struggling with trauma and its aftermath. We regard family post-traumatic growth as a perspective worthwhile to be integrated into clinical practice. Psychotraumatology has too long focused solely on the detrimental effects of traumata and has, thus, confined the understanding of trauma recovery to a deficit oriented model (Zoellner, Maercker, 2006). Longitudinal studies are needed to gain more insight into the direction and mechanisms underlying the severity of maternal and paternal stress. The results indicate that the hypothetical model needs to be verified to the form presented in Fig. 4.

Fig. 4. *Verification of the theoretical model*



The predictive model confirms previous research on post-traumatic growth factors – for instance, Linley and Joseph (2004) also emphasise the role of actively engaging in overcoming crisis, seeking coping strategies in interpersonal relationships and relying on religion-based coping (Currier et al., 2023), and the possibility of personal and relationship transformation and positive growth as a result of adversity (Walsh, 1996).

Project Limitations. Based on the available knowledge, our study is the first to analyse the experiences related to the COVID-19 pandemic as a catalyst for changes in attitudes towards family life in a group of parents. However, it is not free from limitations. **Group.** The group is dominated by women and people with higher education, but it is a typical situation in voluntary psychological research conducted on the Internet. **Tools.** Due to the screening nature of the tools used, the analyses carried out are preliminary and encourage a more detailed examination of the complex relationships between the identified factors influencing the variability of the index of change in attitude towards family life in the face of a crisis situation. It also seems necessary to repeat the studies in a similar population sample in order to determine the stability of

the obtained indicators in the post-pandemic period going forward. It is worth noting that post-traumatic growth in all three areas (self-perception, interpersonal relations and life philosophy), as indicated by the concept's creators, can be better discussed through the use of in-depth qualitative methods, the application of which we recommend in future studies of this issue. ***Numeric indicators.*** The obtained indicators, such as R^2 or β values (although they support the conclusions), suggest that one should also look for sources other than those indicated in the study, including both parental trauma and growth. ***An unprecedented situation.*** Numerous changes in all aspects of life caused by the COVID-19 pandemic are an unprecedented phenomenon. This is why it is important to interpret the obtained results with caution, because this situation is unlike any other (Szałachowski, Tuszyńska-Bogucka, 2021).

Due to the indicated limitations of the study, the obtained results should be treated as preliminary, serving as an inspiration for further research work. They are necessary to acquire the knowledge needed to understand phenomena typical of critical situations and to prevent their catastrophic consequences. Before another pandemic erupts.

DATA AVAILABILITY

All of the data supporting the findings is contained within the manuscript. As needed, the dataset used for the present study's conclusions can be accessed via the corresponding author on reasonable request.

COMPLIANCE WITH ETHICAL STANDARDS

Ethical Approval The study was approved by the appropriate institutional research Ethics Committee and performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments, or comparable ethical standards.

CONFLICT OF INTEREST

The authors have no competing interests to declare.

REFERENCES

- Adjorlolo, S., Adjorlolo, P., Andoh-Arthur, J., Ahiabile, E.K., Kretchy, I.A., & Osafo, J. (2022). Post-Traumatic Growth and Resilience among Hospitalized COVID-19 Survivors: A Gendered Analysis. *International Journal of Environmental Research and Public Health*, 19(16), 10014. <https://doi.org/10.3390/ijerph191610014>
- Angley, M., Divney, A., Magriples, U., & Kershaw, T. (2015). Social support, family functioning and parenting competence in adolescent parents. *Maternal and child health journal*, 19(1), 67–73. <https://doi.org/10.1007/s10995-014-1496-x>
- Ano, G.G., & Vasconcelles, E.B. (2005). Religious coping and psychological adjustment to stress: a meta-analysis. *Journal Of Clinical Psychology*, 61(4), 461–480. <https://doi.org/10.1002/jclp.20049>
- Aramburu, I., Ferrer, L., Mercadal, J., Dachs, I., Salas, M., & Prades, N. (2022). Psychological Wellbeing, Dyadic Adjustment, and Parental Stress among Spanish Families during the COVID-19 Outbreak. *Journal of Child and Family Studies*, 31(8), 2229–2238. <https://doi.org/10.1007/s10826-022-02347-5>
- Aten, J.D., Smith, W.R., Davis, E.B., Van Tongeren, D.R., Hook, J.N., Davis, D.E., Shannonhouse, L., DeBlare, C., Ranter, J., O'Grady, K., & Hill, P. C. (2019). The psychological study of religion and spirituality in a disaster context: A systematic review. *Psychological Trauma: Theory, Research, Practice and Policy*, 11(6), 597–613. <https://doi.org/10.1037/tra0000431>
- Ben Brik, A., Williams, N., Esteinou, R., Acero, I.D.M., Mesurado, B., Debeliuh, P., Storopoli, J.E., Orellana, O.N., & James, S.L. (2022). Parental mental health and child anxiety during the COVID-19 pandemic in Latin America. *The Journal of Social Issues*, 10.1111/josi.12523. Advance online publication. <https://doi.org/10.1111/josi.12523>
- Bentzen, J. (2020). In Crisis, We Pray: Religiosity and the COVID-19 Pandemic. CEPR: Public Economics (Topic): n. pag. Retrieved from https://cepr.org/active/publications/discussion_papers/dp.php?dpno=14824 [accessed 23 of May 2021]
- Bjørknes, R., Skogen, J.C., Nærde, A., Sandal, G.M., Haug, E., Mæland, S., et al. (2022) Parental stress during the COVID-19 pandemic: A one-year follow-up. *PLoS ONE* 17(12), e0276190. <https://doi.org/10.1371/journal.pone.0276190>
- Boelens, P.A., Reeves, R.R., Replogle, W.H., & Koenig, H.G. (2012). The effect of prayer on depression and anxiety: maintenance of positive influence one year after prayer intervention. *International Journal of Psychiatry in Medicine*, 43(1), 85–98. <https://doi.org/10.2190/PM.43.1.f>
- Bonati, M., Campi, R., & Segre, G. (2022). Psychological impact of the quarantine during the COVID-19 pandemic on the general European adult population: a systematic review of the evidence. *Epidemiology and Psychiatric Sciences*, 31, e27. <https://doi.org/10.1017/S2045796022000051>
- Bowling, N.A., & Schumm, J.A. (2021). The COVID-19 pandemic: A source of post-traumatic growth? *Industrial and Organizational Psychology: Perspectives on Science and Practice*, 14(1-2), 184–188. <https://doi.org/10.1017/iop.2021.31>
- Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G.J. (2020). The psychological impact of quarantine and how to reduce it:

- rapid review of the evidence. *Lancet (London, England)*, 395(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Buszman, K., & Przybyła-Basista, H. (2017). Polska adaptacja wielowymiarowej skali spostrzeganego wsparcia społecznego. *Polskie Forum Psychologiczne*, 22(4), 581–599. <https://doi.org/10.14656/PFP20170404>
- Caprara, G.V. (2009). Positive orientation: Turning potentials into optimal functioning. *The Bulletin of the European Health Psychologist*, 11(3), 46–48.
- Caprara, G.V., Alessandri, G., Eisenberg, N., Kupfer, A., Steca, P., Caprara, M.G., Yamaguchi, S., Fukuzawa, A., & Abela, J. (2012). The Positivity Scale. *Psychological Assessment*, 24(3), 701–712. <https://doi.org/10.1037/a0026681>
- Carvalho, C.C., de Cássia Lopes Chaves, E., Hollanda Iunes, D., Prado Simão, T., da Silva Marciano Grasselli, C., & Giffoni Braga, C. (2014). A efetividade da prece na redução da ansiedade em pacientes com câncer [Effectiveness of prayer in reducing anxiety in cancer patients]. *Revista da Escola de Enfermagem da USP*, 48(4), 683–689.
- Castilla, H., Caycho, T., Shimabukuro, M., & Valdivia, A. (2014). Perception of family functioning: psychometric analysis of Family APGAR Scale in adolescents in Lima. *Propós Represent*, 2(1), 49–78.
- Chavez, J.V., Lee, T.K., Larson, M.E., & Behar-Zusman, V. (2021). Assessing the Impact of COVID-19 Social Distancing and Social Vulnerability on Family Functioning in an International Sample of Households with and without Children. *Couple & Family Psychology*, 10(4), 233–248. <https://doi.org/10.1037/cfp0000166>
- Chen, C.Y.-C., Byrne, E., & Vélez, T. (2022). Impact of the 2020 pandemic of COVID-19 on Families with School-aged Children in the United States: Roles of Income Level and Race. *Journal of Family Issues*, 43(3), 719–740. <https://doi.org/10.1177/0192513X21994153>
- Chen, S. & Bonanno, G.A. (2020). Psychological adjustment during the global outbreak of COVID-19: A resilience perspective. *Psychological Trauma: Theory, Research, Practice and Policy*, 12(1), 51–54. <https://doi.org/10.1037/tra0000685>
- Cihan, H., & Var, E.C. (2022). Developing a model on the factors affecting family resilience in the COVID-19 pandemic: Risk and protective factors. *Current Psychology (New Brunswick, N.J.)*, 1–16. Advance online publication. <https://doi.org/10.1007/s12144-022-03008-y>
- Currier, J.M., Fox, J., Vieten, C., Pearce, M., & Oxhandler, H.K. (2023). Enhancing competencies for the ethical integration of religion and spirituality in psychological services. *Psychological services*, 20(1), 40–50. <https://doi.org/10.1037/ser0000678>
- Davidson, B., Schmidt, E., Mallar, C., Mahmoud, F., Rothenberg, W., Hernandez, J., Berkovits, M., Jent, J., Delamater, A., & Natale, R. (2021). Risk and resilience of well-being in caregivers of young children in response to the COVID-19 pandemic. *Translational Behavioral Medicine*, 11(2), 305–313. <https://doi.org/10.1093/tbm/ibaa124>
- Davis, E.B., Kimball, C.N., Aten, J.D., Hamilton, C., Andrews, B., Lemke, A., Hook, J.R., Captari, L., Granqvist, P., Hook, J.N., Davis, D.E., Van Tongeren, D.R., Cattrell, E.L., Cuthbert, A.D., & Chung, J. (2019). Faith in the wake of disaster: A longitudinal qualitative study of religious attachment following a catastrophic

- flood. *Psychological Trauma: Theory, Research, Practice and Policy*, 11(6), 578–587. <https://doi.org/10.1037/tra0000425>
- Duane, A.M., Stokes, K.L., DeAngelis, C.L., & Bocknek, E.L. (2020). Collective trauma and community support: Lessons from Detroit. *Psychological Trauma: Theory, Research, Practice and Policy*, 12(5), 452–454. <https://doi.org/10.1037/tra0000791>
- Ellison, C.G., Boardman, J.D., Williams, D.R., & Jackson, J.S. (2001). Religious involvement, stress, and mental health: Findings from the 1995 Detroit Area Study. *Social Forces*, 80(1), 215–249. <https://doi.org/10.1353/sof.2001.0063>
- Fernandes, C.S., Magalhães, B., Silva, S., & Edra, B. (2021). Adaptability and cohesion of families in times of the COVID-19 pandemic. *Nursing Practice Today*, 8(3), 234–243. <https://doi.org/10.18502/npt.v8i3.5938>
- Field, R. J., & Schulderberg, D. (2011). Social-support moderated stress: a nonlinear dynamical model and the stress-buffering hypothesis. *Nonlinear Dynamics, Psychology, and Life Sciences*, 15(1), 53–85.
- Fincham, F. D. (2000). Optimism and the family. In J. E. Gillham (Ed.), *The science of optimism and hope: Research essays in honor of Martin E. P. Seligman* (pp. 271–298). Templeton Foundation Press.
- Fonseca, G., da Cruz, R., Arsénio, J., Portugal, A., & Crespo, C. (2023). Becoming a Father During the COVID-19 Pandemic: The Experiences of Men in the Transition to Fatherhood. *The Journal of Men's Studies*, 10608265231183901. <https://doi.org/10.1177/10608265231183901>
- Francis, L.J., & Lester, D. (1997). Religion, personality and happiness. *Journal of Contemporary Religion*, 12, 81–86. <https://doi.org/10.1080/13537909708580791>
- Francis, L.J., & Robbins, M. (2000). Religion and happiness: a study in empirical theology. *Transpersonal Psychology Review*, 4(-), 17–22. SID. <https://sid.ir/paper/592431/en>
- Franks, P., Campbell, T.L., & Shields, C.G. (1992). Social relationships and health: the relative roles of family functioning and social support. *Social Science & Medicine*, 34(7), 779–788. [https://doi.org/10.1016/0277-9536\(92\)90365-w](https://doi.org/10.1016/0277-9536(92)90365-w)
- Gadermann A.C., Thomson K.C., Richardson C.G., Gagne M., McAuliffe C., Hirani S., & Jenkins E. (2021). Examining the impacts of the COVID-19 pandemic on family mental health in Canada: Findings from a national cross-sectional study. *BMJ Open*, 11(1). <https://doi.org/10.1136/bmjopen-2020-042871>
- Gassman-Pines, A., Ananat, E.O., & Fitz-Henley, J. (2020). COVID-19 and parent-child psychological well-being. *Pediatrics*, 146, 4, published online. <https://doi.org/10.1542/peds.2020-007294>
- Goldberg, A.E., McCormick, N., & Virginia, H. (2021). Parenting in a pandemic. Work-family arrangements, well-being and intimate relationships among adoptive parents. *Family Relations*, 70(1), 7–25. <https://doi.org/10.1111/fare.12528>
- Good, M-J., D., Smilkstein, G. Good, B.J., Shaffer, T., & Arons, T. (1979). The Family APGAR Index: A study of construct validity. *The Journal of Family Practice*, 8(3), 577–582. Retrieved from https://cdn.mdedge.com/files/s3fs-public/jfp-archived-issues/1979-volume_8-9/JFP_1979-03_v8_i3_the-family-apgar-index-a-study-of-constr.pdf. [Accessed 23 of October, 2019].

- Gunnoe, M.L., Hetherington, E.M., & Reiss, D. (1999). Parental Religiosity, Parenting Style, and Adolescent Social Responsibility. *The Journal of Early Adolescence*, 19(2), 199–225. <https://doi.org/10.1177/0272431699019002004>
- Hansen, G.L. (1992). Religion and marital adjustment. In J. H. Shumaker (Ed.), *Religion and mental health* (pp. 189–198). New York : Oxford University Press.
- Hollywell, C., & Walker, J. (2009). Private prayer as a suitable intervention for hospitalised patients: a critical review of the literature. *Journal of Clinical Nursing*, 18(5), 637–651. <https://doi.org/10.1111/j.1365-2702.2008.02510.x>
- Huber, S. (2003). Zentralität und Inhalt. Ein neues multidimensionales Modell der Religiosität. Leske + Budrich 2003
- Huber, S., & Huber, O.W. (2012). The Centrality of Religiosity Scale (CRS). *Religions*, 3, 710–724. <https://doi.org/10.3390/rel3030710>
- Izdebski, Z., Mazur, J., Białorudzki, M., & Kozakiewicz, A. (2023). Doświadczenia pandemii COVID-19 a zmiana podejścia do życia. *Neuropsychiatria i Neuropsychologia*, 18(1–2), 99–108. <https://doi.org/10.5114/nan.2023.129079>
- Janssen, L.H.C., Kullberg, M.J., Verkuil, B., van Zwieten, N., Wever, M.C.M., van Houtum, L.A.E.M., Wentholt, W.G.M., & Elzinga, B.M. (2020). Does the COVID-19 pandemic impact parents' and adolescents' well-being? An EMA-study on daily affect and parenting. *PloS One*, 15(10), e0240962. <https://doi.org/10.1371/journal.pone.0240962>
- Jantos, M., & Kiat, H. (2007). Prayer as medicine: how much have we learned?. *The Medical Journal of Australia* 186(10), 51–53. <https://doi.org/10.5694/j.1326-5377.2007.tb01041.x>
- King, V. (2004). The Influence of Religion on Fathers' Relationships With Their Children. *Journal of Marriage and Family*, 65(2), 382–395. <https://doi.org/10.1111/j.1741-3737.2003.00382.x>
- Kossakowska, M., Kwiatek, P., & Stefaniak, T. (2013). Sens w życiu. Polska wersja kwestionariusza MLQ (Meaning in Life Questionnaire). *Psychologia Jakości Życia*, 12(2), 111–131.
- LaBrenz, C.A., Baiden, P., Findley, E., Tennant, P.S., & Chakravarty, S. (2021). Maternal adverse childhood experience exposure and resilience during COVID-19. *Families in Society*, 102(3). <https://doi.org/10.1177/10443894211002323>
- Łaguna, M., Oleś, P., Filipiuk, D. (2011). Orientacja pozytywna i jej pomiar: polska adaptacja Skali Orientacji Pozytywnej. *Studia Psychologiczne*, 49(4), 47–54.
- Langmeyer, A., Naab, T., Winklhofer, U., Guglhör-Rudan, A., Chabursky, S., & Pötter, U. (2022). Resources of families adapting the COVID-19 pandemic in Germany: A mixed-method study of coping strategies and family and child outcomes. *JFR – Journal of Family Research*, 34(1), 333–366. <https://doi.org/10.20377/jfr-708>
- Larson, L.E., & Golz, J.W. (1989). Religious participation and marital commitment. *Review of Religious Research*, 30, 387–400.
- Lehrer, E.L., & Chiswick, C.U. (1993). Religion as a determinant of marital stability. *Demography*, 30, 385–403

- Lewicka, M. (2023). Difficulties of contemporary motherhood. Methodological aspects of maternal research. *Family Upbringing*, 30(2), 57-78. <https://doi.org/10.61905/www/176373>
- Lewis, C., Lewis, K., Edwards, B., Evison, C., John, A., Pearce, H., Raisanen, L., Richards, N., Roberts, A., Jones, I., & Bisson, J. I. (2022). Posttraumatic growth related to the COVID-19 pandemic among individuals with lived experience of psychiatric disorder. *Journal of Traumatic Stress*, 35(6), 1756-1768. <https://doi.org/10.1002/jts.22884>
- Li, J.B., Salcuni, S., & Delvecchio, E. (2019). Meaning in life, self-control and psychological distress among adolescents: A cross-national study. *Psychiatry Research*, 272, 122-129. <https://doi.org/10.1016/j.psychres.2018.12.033>
- Lindahl, K.M., Bregman, H.R., & Malik, N.M. (2012). Family boundary structures and child adjustment: the indirect role of emotional reactivity. *Journal of family psychology: JFP: journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 26(6), 839-847. <https://doi.org/10.1037/a0030444>
- Linley, P.A., & Joseph, S. (2004). Positive change following trauma and adversity: a review. *Journal of Traumatic Stress*, 17(1), 11-21. <https://doi.org/10.1023/B:JOTS.0000014671.27856.7e>
- Malecki, C.K. & Demaray, M.K. (2006). Social support as a buffer in the relationship between socioeconomic status and academic performance. *School Psychology Quarterly*, 21(4), 375-395.
- Maltby, J., Lewis, C.A., & Day, L. (1999). Religious orientation and psychological well-being: The role of the frequency of personal prayer. *British Journal of Health Psychology*, 4(Part 4), 363-378. <https://doi.org/10.1348/135910799168704>
- Marchetti, D., Fontanesi, L., Mazza, C., Di Giandomenico, S., Roma, P., & Verrocchio, M. C. (2020). Parenting-Related Exhaustion During the Italian COVID-19 Lockdown. *Journal of Pediatric Psychology*, 45(10), 1114-1123. <https://doi.org/10.1093/jpepsy/jsaa093>
- Marks, L. (2006). Religion and Family Relational Health: An Overview and Conceptual Model. *Journal of Religion and Health*, 45, 603-618. <https://doi.org/10.1007/s10943-006-9064-3>
- Marzilli, E., Cerniglia, L., Tambelli, R., Trombini, E., De Pascalis, L., Babore, A., Trumello, C., & Cimino, S. (2021). The COVID-19 Pandemic and Its Impact on Families' Mental Health: The Role Played by Parenting Stress, Parents' Past Trauma, and Resilience. *International Journal of Environmental Research and Public Health*, 18(21), 11450. <https://doi.org/10.3390/ijerph18211145>
- Masters, K.S., & Spielmans, G.I. (2007). Prayer and health: review, meta-analysis, and research agenda. *Journal of Behavioral Medicine*, 30(4), 329-338. <https://doi.org/10.1007/s10865-007-9106-7>
- Mayorga-Muñoz, C., Gallardo-Peralta, L., & Galvez-Nieto, J.L. (2019). Propiedades psicométricas de la escala APGAR-familiar en personas mayores residentes en zonas rurales multiétnicas chilenas [Psychometric properties of APGAR-family scale in a multiethnic sample of Chilean older people]. *Revista Médica de Chile*, 147(10), 1283-1290. Spanish. <http://dx.doi.org/10.4067/s0034-98872019001001283>

- Neubauer, A.B., Schmidt, A., Kramer, A.C., & Schmiedek, F. (2021). A Little Autonomy Support Goes a Long Way: Daily Autonomy-Supportive Parenting, Child Well-Being, Parental Need Fulfillment, and Change in Child, Family, and Parent Adjustment Across the Adaptation to the COVID-19 Pandemic. *Child Development*, 92(5), 1679–1697. <https://doi.org/10.1111/cdev.13515>
- Nursetiawati, S., Siregar, J.S., & Josua, D.P. (2023). Understanding adaptability in the family environment in facing COVID-19: A review. *Heliyon*, 9(11), e20618. <https://doi.org/10.1016/j.heliyon.2023.e20618>
- Pargament, K.I. (2001). *The psychology of religion and coping: theory, research, practice*. New York: Guilford Press
- Patrick, S.W., Henkhaus, L.E., Zickafoose, J.S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., Davis, M.M. (2020). Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. *Pediatrics*, 146(4), e2020016824. <https://doi.org/10.1542/peds.2020-016824>
- Pedrosa, A.L., Bitencourt, L., Fróes, A.C., Cazumbá, M.L.B., Campos, R.G.B., de Brito, S.B.C.S., & Simões E Silva, A.C. (2020). Emotional, Behavioral, and Psychological Impact of the COVID-19 Pandemic. *Frontiers in Psychology*, 11, 566212. <https://doi.org/10.3389/fpsyg.2020.566212>
- Poloma M.M., Pendleton, B.F. (1991). The effects of prayer and prayer experiences on measures of general well-being. *Journal of Psychology and Theology*, 19, 71–83. <https://doi.org/10.1177/009164719101900107>
- Powazki, R.D., & Walsh, D. (2002). Family distress in palliative medicine: a pilot study of the family APGAR scale. *The American Journal of Hospice & Palliative Care*, 19(6), 392–396. <https://doi.org/10.1177/104990910201900609>
- Prime, H., Wade, M., & Browne, D.T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *The American Psychologist*, 75, 631–643. <https://doi.org/10.1037/amp0000660>
- Reizer, A., Munk, Y., & Katz Frankfurter, L. (2022). Laughing all the way to the lockdown: On humor, optimism, and well-being during COVID-19. *Personality and Individual Differences*, 184, 111164. <https://doi.org/10.1016/j.paid.2021.111164>
- Rettig, K.D., Bubolz, M.M. (1983). Perceptual indicators of family well-being. *Social Indicators Research*, 12, 417–438. <https://doi.org/10.1007/BF00300447>
- Roos, L.E., Salisbury, M., Penner-Goeke, L., Cameron, E.E., Protudjer, J.L.P., Giuliano, R., Afifi, T.O., & Reynolds, K. (2021). Supporting families to protect child health: Parenting quality and household needs during the COVID-19 pandemic. *PloS One*, 16(5), e0251720. <https://doi.org/10.1371/journal.pone.0251720>
- Schippers, M.C., & Ziegler, N. (2019). Life Crafting as a Way to Find Purpose and Meaning in Life. *Frontiers in Psychology*, 10, 2778. <https://doi.org/10.3389/fpsyg.2019.02778>
- Shigemura, J., Ursano, R.J., Morganstein, J.C., Kurosawa, M., & Benedek, D.M. (2020). Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry and Clinical Neurosciences*, 74(4), 281–282. <https://doi.org/10.1111/pcn.12988>

- Simão, T.P., Caldeira, S., & De Carvalho, E.C. (2016). The Effect of Prayer on Patients' Health: Systematic Literature Review. *Religions*, 7, 11. <https://doi.org/10.3390/rel7010011>
- Sinding Bentzen, J. (2019). Acts of God? Religiosity and Natural Disasters Across Subnational World Districts. *The Economic Journal*, 129(622), 2295–2321. <https://doi.org/10.1093/ej/uez008>
- Smilkstein, G., Ashworth, C., & Montano, D. (1982). Validity and reliability of the family APGAR as a test of family function. *The Journal of Family Practice*, 15(2), 303–311.
- Stallard, P., Pereira, A.I., & Barros, L. (2021). Post-traumatic growth during the COVID-19 pandemic in carers of children in Portugal and the UK: Cross-sectional online survey. *British Journal of Psychiatry Open*, 7(1). <https://doi.org/10.1192/bjo.2021.1>
- Steger, M.F., Kashdan, T.B., Sullivan, B.A., & Lorentz, D. (2008). Understanding the search for meaning in life: personality, cognitive style, and the dynamic between seeking and experiencing meaning. *Journal of Personality*, 76(2), 199–228. <https://doi.org/10.1111/j.1467-6494.2007.00484.x>
- Stobart, H. (2020). Fieldwork with the family: the art of adaptation. *Ethnomusicology Forum*, 29(3), 280–291. <https://doi.org/10.1080/17411912.2020.1873556>
- Szałachowski, R.R. (2019). Style komunikowania się a poczucie jakości związku małżeńskiego. Unpublished doctoral dissertation, University of Economics and Human Sciences in Warsaw.
- Szałachowski, R.R., & Tuszyńska-Bogucka, W. (2021). Yes, in Crisis We Pray. The Role of Prayer in Coping with Pandemic Fears. *Religions*, 12, 824. <https://doi.org/10.3390/rel12100824>
- Takenaka, H., & Ban, N. (2016). The most important question in family approach: the potential of the resolve item of the family APGAR in family medicine. *Asia Pacific Family Medicine*, 15, 3. <https://doi.org/10.1186/s12930-016-0028-9>
- Taubman-Ben-Ari, O., Ben-Yaakov, O., & Chasson, M. (2021). Parenting stress among new parents before and during the COVID-19 pandemic. *Child Abuse & Neglect*, 117, 105080. <https://doi.org/10.1016/j.chiabu.2021.105080>
- Tedeschi, R.G., & Calhoun, L.G. (1996). The Posttraumatic Growth Inventory: measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 455–471. <https://doi.org/10.1007/BF02103658>
- Tedeschi, R.G., & Calhoun, L.G. (2004). Target Article: *Posttraumatic Growth: Conceptual Foundations and Empirical Evidence*. *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01
- Testoni, I., Sansonetto, G., Ronconi, L., Rodelli, M., Baracco, G., & Grassi, L. (2018). Meaning of life, representation of death, and their association with psychological distress. *Palliative & Supportive Care*, 16(5), 511–519. <https://doi.org/10.1017/S1478951517000669>
- Trumello, C., Bramanti, S.M., Lombardi, L., Ricciardi, P., Morelli, M., Candelori, C., Crudele, M., Cattelino, E., Baiocco, R., Chirumbolo, A., & Babore, A. (2022). COVID-19 and home confinement: A study on fathers, father–child relationships

- and child adjustment. *Child: Care, Health and Development*, 48(6), 917–923. <https://doi.org/10.1111/cch.12912>
- Vertsberger, D., Roskam, I., Talmon, A., van Bakel, H., Hall, R., Mikolajczak, M., & Gross, J.J. (2022). Emotion regulation during the COVID-19 pandemic: risk and resilience factors for parental burnout (IIPB). *Cognition & Emotion*, 36(1), 100–105. <https://doi.org/10.1080/02699931.2021.2005544>
- Walsh, F. (2020). Loss and Resilience in the Time of COVID-19: Meaning Making, Hope, and Transcendence. *Family Process*, 59(3), 898–911. <https://doi.org/10.1111/famp.12588>
- Watson, M.F., Bacigalupe, G., Daneshpour, M., Han, W.J., & Parra-Cardona, R. (2020). COVID-19 Interconnectedness: Health Inequity, the Climate Crisis, and Collective Trauma. *Family Process*, 59(3), 832–846. <https://doi.org/10.1111/famp.12572>
- WHO 2022 (2022). Coronavirus disease (COVID-19) Weekly Epidemiological Update and Weekly Operational Update. WHO; 2022. Weekly epidemiological update on COVID-19. Retrieved from <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19>—1-february-2022 Data as received by WHO from national authorities by 1 March 2022.
- Yan, Z., Wenbin, J., Bohan, L., Qian, W., Qianqian, L., Ruting, G., Silong, G., Miao, T., Huanting, L., & Lili, W. (2022). Post-traumatic growth trajectories among frontline healthcare workers during the COVID-19 pandemic: A three-wave follow-up study in mainland China. *Frontiers in Psychiatry*, 13, 945993. <https://doi.org/10.3389/fpsyt.2022.945993>
- Zarzycka, B., Bartczuk, R.P., & Rybarski, R. (2020). Centrality of Religiosity Scale in Polish Research: A Curvilinear Mechanism that Explains the Categories of Centrality of Religiosity. *Religions*, 11, 64. <https://doi.org/10.3390/rel11020064>
- Zebdi, R., Plateau, E., Delalandre, A., Vanwalleghem, S., Chahed, M., Hentati, Y., Chaudoye, G., Moreau, E., & Lignier, B. (2022). Étude CONFAMI : effets du confinement durant l'épidémie de la COVID-19 sur la vie des enfants et leur famille [CONFAMI study: Effects of home confinement during the COVID-19 epidemic on the lives of children and their families]. *L'Encephale*, 48(6), 647–652. <https://doi.org/10.1016/j.encep.2021.06.021>
- Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2
- Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology – a critical review and introduction of a two component model. *Clinical Psychology Review*, 26(5), 626–653. <https://doi.org/10.1016/j.cpr.2006.01.008>