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In the next issue of
Family Focus:
Parenting Education

Effects of Covid-19-Related Inequities on African American Males

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In Brief

- **COVID-19 reduced the life expectancy of male African Americans by three years.**
- **The intersection of health and racial trauma that African Americans experienced has been described as a double pandemic.**
- **Initiatives are providing access to counseling and advocacy of homeownership.**

African Americans have a history of experiencing racial inequities, and they continue to experience racial inequities. The intersection of current policies, practices, and norms reflects a cycle of systemic and structural racism (Aspen Institute, n.d.). Such racism further manifested during the pandemic and escalated disparities in access to health care, the mental and physical effects of racism, and widening financial inequities. This article describes how the pandemic heightened existing societal stressors for African American families and offers suggestions for practitioners to better redress those challenges.

The Disparate Impact of COVID-19 on African American Families

Medical injustices such as inhumane experiments on enslaved people, the Syphilis Study at Tuskegee, and the medical

harm done to African Americans, such as that to Henrietta Lacks, left lasting mistrust among some in African American communities (Aggarwall, 2021; Hostetter & Klein, 2021; Lee, 2021; Smalls, 2023).

African Americans tend to be less trusting than Whites that medical professionals will act in their best interest (Gramlich & Funk, 2020). Further, mistrust can affect a minoritized individual's willingness to seek medical care and advice (Hostetter & Klein, 2021). A 2020 poll found that 41% of African Americans did not believe that doctors had the best interest of them or their community at hand all or most of the time (Washington, 2020). Disparities in the quality of medical care, undertreatment for pain, fear of doctors, and cumulative stress are just a few examples of medical inequities that African Americans experience (Aubry, 2022; Funk, 2022; Whiteside, 2018). These experiences of racism and inequity ultimately affect one's life expectancy. Although life expectancy for African Americans, Whites, and Hispanics has improved over the past 30 years, African Americans maintain the shortest life expectancy (Lovelace, 2022).



Brian Johnson

Lingering Mistrust and Health Outcomes Among African Americans

For African Americans, the pandemic added to existing medical challenges and mistrust in several ways. African Americans and Hispanics were three times as likely as White people to be hospitalized from COVID-19 and twice as likely to die from COVID-19 (Colombini, 2021). African Americans were more susceptible to contracting COVID-19 because they were more likely to hold critical workforce and frontline jobs that required in-person contact and had higher rates of underlying health conditions, less access to medical care, and less trust in the medical profession and medical advancements (Gupta, 2020). During the pandemic, some African Americans were hesitant to be vaccinated because they did not trust the vaccine's composition. African Americans and Hispanics trailed in vaccination rates (Benbow, 2022; Doherty & Kenen, 2021). All these reasons contributed to higher rates of COVID-19-related deaths among African Americans.

COVID-19 eliminated the life expectancy progress that African Americans had gained before the pandemic (Santhanam, 2021). For example, COVID-19 reduced the life expectancy of male African Americans by 3 years, compared to 8/10ths of a year for a White man (Santhanam, 2021). African Americans are more likely than Whites to suffer from symptoms and health problems related to COVID-19 (National Institutes of Health, 2023). Further, African Americans experienced the most layoffs during the pandemic and had the slowest rate of returning to work (Cassella, 2021).

Evidence-based physical, emotional, and financial effects of COVID-19 on African American families represent the intersection of preexisting structural challenges that were only heightened during the pandemic. Before the pandemic, chronic stress resulting from racism and discrimination was linked to higher blood pressure among African Americans (Gavidia, 2019). As a result of pandemic-related stressors in housing, health, and overall survival, African Americans experienced higher levels of COVID-19-related stress than Whites (Pearman et al., 2022). Just as emotional trauma and mistrust in

the health care system permeated African American communities for years (e.g., as a result of Tuskegee), the effects of COVID-19 on African Americans' life expectancy could continue for years to come (Benbow, 2022).

The Double Pandemic

In addition to physical health concerns that arose because of the pandemic, the effects of George Floyd's killing also weighed heavily on minoritized individuals. This intersection of health and racial crises that African Americans experienced has been described as a double pandemic (e.g., Addo, 2020). Such concerns are not without supporting evidence.

Sixty-five percent of African American adults reported having been in a situation where people acted suspiciously of them because of their race (Desilver et al., 2020). As of 2020, seven in 10 African Americans reported having experienced incidents of racial discrimination in their lifetimes (Palosky, 2020). For African Americans, the backdrop of George Floyd's killing only amplified anxiety and fears for their safety.

The aforementioned fears intersected with pandemic safeguards and protocols. The pandemic served as a reminder that masks intended for one's physical safety could lead to danger or physical harm. There are examples of African American doctors, mall customers, and grocery shoppers being stopped and profiled for wearing face masks during the pandemic (Cineas, 2020; Jan, 2020). Thus, male African Americans faced additional anxiety due to long-standing and systemic racial stereotypes and biases. The conundrum literally presented them with a life-or-death decision (De La Garza, 2020). African Americans were found to have experienced more mental health challenges relating to COVID-19 than Whites (Shipman, 2021). The effect of the pandemic on race relations has been described by the economist Damon Jones as a "feedback loop" that consists of a cycle in which racial gaps that existed before the pandemic have only increased in severity since the pandemic (Stanton, 2020). The effect of this stress is manifesting in higher rates of advanced-stage prostate cancer and overall shorter life spans (Aubry, 2022; Burke, 2021).

This stress is not limited to African American adults; minoritized children perceive the

challenges and struggles that their families face and carry that anxiety with them. Suicide and depression rates continue to increase for minoritized youth, with African American young people being more at risk for pandemic-related depression and anxiety (Jones, 2022). African American youth who perceive themselves as experiencing racism are three times more likely to commit suicide (Shetfall, 2023). Further, African American youth have the fastest growing rates of suicide (American Academy of Child & Adolescent Psychiatry, 2022).

COVID-19 Magnified Financial Inequities

Before the pandemic, homeownership among African Americans was lower than it had been in 60 years (Henderson, 2023). The pandemic increased wealth disparities between African American and White households (Weller & Figueroa, 2021). The wealth of the median White family is 10 times that of the median African American family (Noel et al., 2020). African American households have 1/8th the wealth of White households and earn 30% less than White Americans (Ghosh, 2021). Further, financial disparities surpass college completion, with African American college graduates earning less than White college graduates (Drozdowski, 2022).

Financial disparities continued for African Americans during the pandemic, disproportionately affecting African Americans in the areas of housing, financial debt, and food insecurity (Monte & Perez-Lopez, 2021). The implications trickle over to the future of children as well. For example, household income has been linked to children's health and education outcomes (Drake & Williams, 2022). The pandemic initiated a vicious cycle financially. For many, layoffs during the pandemic resulted in additional debt to maintain basic living necessities. The pandemic widened the financial wealth gap between African Americans and Whites and will not improve without the assistance of policies or additional resources (Saraiva, 2022). Financially, the struggles and disparities that African American families currently face will affect children's access to education, health care, and quality of life for years to come.

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Overview and Introduction

Families in the Postpandemic Era

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Ted G. Futris

Are we there yet? Importantly, where exactly is “there” and what does “there” look like? During the past three years, several issues of Family Focus have examined how the COVID-19 pandemic as well as other macro-level systemic challenges have impacted families. In line with the 2023 NCFR Annual Conference theme, “The way we are now,” this issue of Family Focus attends to the syndemic—a pandemic that occurs simultaneously as preexisting social and health pandemic. The contributing authors provide research on where families are in the present day and what unique and unexpected challenges they currently face or may experience ahead.

This issue opens with Brian G. Johnson outlining how the pandemic intensified existing stressors and racial discrimination for African American families, thus contributing to the escalation of long-standing systemic health and financial disparities. In response to what has been described as a “double pandemic,” Johnson offers recommendations on how Family Scientists can help advance efforts to address the health and racial crises that African Americans continue to experience.

Next, Allison M. Alford and Karen K. Melton, bring attention to the heightened vulnerability of adult daughters resulting from the impact of the pandemic on their paid and unpaid labor experiences. The authors highlight the negative impact on the personal, professional, and relational well-being of adult daughters resulting from the burden that has historically and disproportionately landed on them to balance paid employment with the invisible and undervalued multi-generational care responsibilities for their families. Alford and Melton share recommendations for how research and practice can advance our acknowledgement and support of the lived experiences and labors of daughters.

Relatedly, the next two articles further expand on how the syndemic exacerbated the challenges that parents, and especially mothers, face. Eve Pouliot, Danielle Maltais, Catherine Lacelle, Ann-Sophie Simard, Christiane Bergeron-Leclerc, Jacinthe Dion, and Jacques Cherblanc describe the profound changes and struggles the lockdown required parents to negotiate to meet the responsibilities of paid work and their children’s needs. More so, the authors offer several recommendations for how parents and employers can adapt strategies that were experimented in response to the pandemic to further support parents’ efforts in balancing family and work demands. Next, Hayley Love and Sarah Kuborn focus in on the overwhelming exhaustion, emotional detachment, and sense of ineffectiveness – all

characteristic of a syndrome known as parental burnout that an increased number of parents struggled with during the pandemic. Concerning is the lingering risk for parents experiencing parental burnout due to the new stressors they now face postpandemic. To thwart the negative consequences on the health and well-being of parents and their children, Love and Kuborn offer practitioners promising practices to mitigate parental burnout and parenting stress.

The unprecedented and lingering effects of the pandemic on mental health are also evident among adolescents. Xiaopeng Gong describes the risk factors that contributed to the spike in adolescents’ mental health difficulties and offers several implications for practitioners on the protective factors they can promote to parents to facilitate their adolescent’s optimal mental health. While engaging parents to share helpful skills and resources can be challenging, the pandemic may have helped inform future strategies, including online programming. In Dorothy Weishaar’s review of how coparenting programming has evolved, she describes how the pandemic spotlighted the challenges and dynamic needs of parents participating in online programs and reinforces the need for continued research and development of these strategies.

Last, this issue closes with a topic of much public and political debate during the past 50+ years, albeit minimal focus in Family Science research: abortion access. Sarah N. Mitchell, Jennifer A. Mortensen, and Pamela B. Payne present a brief review of research on how reduced abortion access impacts women and families. Highlighting the gap in the Family Science literature, the authors call on Family Scientists to lead the way in advancing future research that explores the implications of abortion access on family functioning to inform policy and practice in a “post-Roe era.”

The postpandemic challenges described in this issue are *not* new. Instead, the pandemic, and more specifically the global response to it, was a catalyst that highlighted, and in several ways exacerbated, preexisting issues that individuals and families struggled with long before COVID-19. Across the articles, the complexity of our current situation, if I may draw from Bronfenbrenner’s ecological model, reinforces the interconnectedness of individual, environmental, societal, and cultural forces. More so, from a feminist perspective, the interplay of gender, power dynamics, intersectionality, and systemic inequalities are influencing the conscious and unconscious decisions being made by individuals, families, leaders, and even us as Family Scientists on the “way forward.” So, are we there yet? ❄️

The Hidden Value of Daughtering by Adult Daughters and Its Costs During COVID-19

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In Brief

- **Adult daughters provide informal care to parents in the form of everyday daughtering behaviors, an active contribution to relational maintenance.**
- **The COVID-19 pandemic had an impact on the paid and unpaid labor experiences of adult daughters.**
- **The value of daughtering can be made visible through effective interventions, policy, and Family Life Education.**

Worldwide, women contribute significantly to the economy through informal care work, which has an annual value of \$10.8 trillion; this work entails a staggering 12.5 billion hours of unpaid labor daily (Coffey et al., 2020). Statistics like these demonstrate that adult daughters have an essential role in care work for both individuals and society (Jung & O'Brien, 2019; Moreira da Silva, 2019). Yet, the overlooked kin work of women has been much discussed in Family Science research in ideas like the sandwich generation, which describes the tension women feel in midlife as they simultaneously experience care needs from elder family members and offspring (Brody, 1985), and the second shift, which describes the child care and household burdens women undertake after leaving their paid employment positions (Hochschild & Machung, 2012). Furthermore, newer research has cast a light on the third shift of women's work, in which they provide care and support outside the home for members of the community and extended family (Doress-Worters, 1994; Gerstel, 2000; Power, 2020).

Within these social processes, an adult daughter is a linchpin in the family system, playing a key role in relational maintenance through daughtering, or the active efforts daughters make toward their parent(s) for relational maintenance (Alford, 2021). Adult daughters are called on more than any other family member to support their aging parents (AARP & National Alliance for Caregiving, 2020; Szydlak, 2023). The COVID-19 pandemic added to the challenge of many adult daughters in balancing careers, family, and caring, as it threw the world into a state of upheaval, and the burden landed disproportionately on women (Joseph et al., 2022; Power, 2020), a trend that has yet to abate. To better illuminate the pandemic's toll on women, specifically adult daughters, this article defines and describes daughtering, highlights the hidden costs of the COVID-19 pandemic on adult daughters who balance professional and informal work, and provides an overview of ways to make visible and support women who are daughtering in today's postpandemic world.

Daughtering

Daughtering includes the agentic behaviors conducted as part of an adult daughter's role in relation to her parent(s) that contribute to the relational maintenance in a family system. From this definition, it is important to note four elements essential to understanding daughtering: Daughtering is (a) active and agentic, (b) everyday and commonplace, (c) resource dependent, and (d) socially situated (Alford, 2019). New family research has highlighted the role of everyday daughtering and shed light on the labor of adult daughters, a role that spans emerging adulthood, midlife, and later life. This labor encompasses practical responsibilities and the emotional and psychological aspects of



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meeting social and cultural role expectations of being a daughter (Alford & Harrigan, 2019).

Although elder care has received much attention, caring for an ill or dying parent is only a small portion of daughtering (Alford, 2021). For example, daughtering might include a 26-year-old single woman who lives in another state frequently calling, talking on the phone, asking about parents' lives or interests, planning events, giving gifts, sending texts, or teaching (about technology or new language usage). Daughtering might also include a 35-year-old married daughter who lives down the street sharing meals with her mom or dad and helping parents navigate their involvement with grandchildren (i.e., gatekeeping). Daughtering may include a 48-year-old divorced empty-nester who practices the labor of avoiding arguments, listening to unsolicited advice, or quietly setting up a savings account for her parents' potential future financial needs. Put simply, daughtering occurs in the humdrum of daily life and consists of acts that contribute to the maintenance of intergenerational relational ties.

For some daughters, the small, everyday daughtering provisions for healthy parents can be added to a woman's responsibilities

without diminishing her other obligations (Dautzenberg et al., 2000); for others, their participation in caring affects their professional life, contributing to gendered gaps in employment and wages (Moreira da Silva, 2019). Those women balancing paid work and informal care can experience time poverty—or the lack of time to rest due to excessive hours working and caring—and reduced well-being in the form of diminished physiological or psychological functioning (Coffey et al., 2020; Fingerman et al., 2008).

According to Alford (2021), adult women's daughtering role has remained undervalued and little discussed in society, even by those doing the daughtering or receiving its benefits. This is likely due to a lack of vocabulary to provide a nuanced depiction of daughters' contributions to the family systems. Family caregiving labors often remain in the shadows of society's collective consciousness, overlooked as valuable contributions by news media, health care providers, policymakers, and sometimes adult children themselves (Alford, 2021; Jung & O'Brien, 2019; Seidel et al., 2020) who fail to recognize they are doing more than "what families do" (RAISE Family Caregiving Advisory Council, 2021, p. 20).

Adult Daughters and the COVID-19 Social Crisis

A growing body of research before the COVID-19 pandemic showed the complexity of intergenerational relationships. Although daughters find meaning in their role as adult daughters (Alford, 2021), social expectations for daughtering may be mismatched with daughters' expectations of themselves and their lived experiences (Alford & Harrigan, 2019). Compared to adult sons, adult daughters have been found to report more worry about their parents, keep more close and frequent contact with them, and be more prone to burdens, tension, and guilt (Szydluk, 2023).

Triggering events, such as COVID-19, create situations for increased burdens on daughters (Pope et al., 2012). At the onset of the pandemic and throughout it, women found themselves in vulnerable positions regarding mental well-being, economic state, employment, and domestic labor

(Power, 2020), even as they were expected to pivot to increased daughtering and care responsibilities (Lightfoot & Moone, 2020). Also, daughters experienced increased task-oriented responsibilities that tested the mother–daughter relationship (Teng et al., 2021) and increased emotional reactions of distress, worry, and anxiety over their mothers' possible health outcomes (Segel-Karpas & Ayalon, 2022). Workplace studies showed that women at all professional levels reported more burnout during the pandemic, citing care work as a barrier to advancement (Thomas et al., 2022).

After the pandemic, much remains unknown about daughtering. It is clear, however, that the pandemic set back female care providers professionally, especially those in low-income positions (Goldin, 2022; Kos et al., 2022). Some silver linings have emerged, such as flexible working arrangements, but these policies could potentially increase care burdens (Jenkins & Smith, 2021) and may not convert to long-term career gains (Goldin, 2022). Workplaces risk losing top talent unless they prioritize flexibility, leadership opportunities, diversity and inclusion, and employee well-being initiatives for women (Thomas et al., 2022). We need more research to better understand daughters' work–life balance and overall well-being, especially given the nuanced nature of daughtering.

Implications

As society continues to depend on daughters' unpaid labor to support parents, which has an impact on the well-being and relationship quality of all involved, there is an essential need to better understand the labor of daughtering and daughters' lived experiences (Alford, 2021). Prioritizing research on

adult daughters' care work (Folbre, 2006; Robertson et al., 2019) can help improve family relationships and reveal how care work contributes to our economic stability (Goldin, 2022). Future research can focus on the areas identified by Clancy et al. (2020), exploring outcomes related to caregivers, recipients, work contexts, and family and societal factors. Practitioners can consider the overall family structure and daughters' individual relationships with their mothers when creating adaptive interventions and Family Life Education. Educators can help daughters consider intersectionality when exploring their experience as women in midlife who provide support for their families (Kalinowski et al., 2022), and find ways to help daughters craft creative support measures (Garcini et al., 2022). Family policy advocates can consider various cultural lenses (Pyke, 1999) when strategizing for diverse audiences. Daughters may try discussing their daughtering role with their families and asking for support

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Promoting Family–Work Balance: Some Lessons Learned During the Pandemic

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In Brief

- **The pandemic revealed and aggravated inequalities between families, particularly related to family–work balance.**
- **A more equitable distribution of tasks seems to promote family–work balance.**
- **Certain policies and strategies, beyond telework, that may facilitate this balance need to be developed for and with employees.**

The COVID-19 pandemic and its resulting public health measures meant that many parents who had jobs had to balance their professional activities with tasks related to child care and education (Craig & Churchill, 2020; Neece et al., 2020). For parents with dependent children, this role conflict affected their organization (Tremblay & Mathieu, 2020) and execution of work (Iza, 2020). Studies conducted in Canada (Statistique Canada, 2020), the United States (Brown et al., 2020), the United Kingdom (Adisa et al., 2021), and Australia (Craig & Churchill, 2020) also showed that family organization became more complicated, as most parents found it difficult to supervise their children's schoolwork while their children were studying remotely. This specific context provoked stress (Chung, 2023; Craig and Churchill, 2020), sleep disorders (Di Giorgio et al., 2021), and psychological distress in parents (Chartier et al., 2021; Marchetti et al., 2020). This article is based on a review of research documenting issues related to family–work balance during the pandemic, and sheds light on some



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lessons learned during this social crisis to identify promising practices that could be implemented or consolidated to promote family–work balance in the postpandemic context.



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Inequalities Revealed and Aggravated

Family–work balance is a broad concept that involves setting appropriate priorities between career and ambition, on the one hand, and leisure and family, on the other hand (Singh & Khanna, 2011). According to Smith (2010), family–work balance is linked to people's ability to devote sufficient time to their work and family activities. Family–work balance has received increasing attention in research and the popular press over the past 40 years, and it has many personal, family, and organizational consequences. The COVID-19 pandemic, which led to radical changes in the work and home lives of many families around the world (Andrew et al., 2022), revealed and aggravated inequalities among families—financial, social, and disability related. Problems in

family–work balance escalated for families of school-aged children (Pouliot et al., 2022; Schieman et al., 2021) and of children with special needs (Arim et al., 2020; Fontanesi et al., 2020). One reason for these inequalities is that during lockdown, many parents were forced to fulfill their work responsibilities at home while helping their children with their school activities, with little outside support from daycare providers, school, or extended family members (Brown et al., 2020; Pouliot et al., 2022). Balancing family and work was especially challenging for single parents, who generally have less support to fulfill family needs (Moilanen et al., 2019), which can lead to role conflict (Adisa et al., 2021). Among low-income families, a greater deterioration in mental health has also been noted, as a result of the increased financial

insecurity and the time spent on child care and home schooling (Cheng et al., 2021).

Moreover, consistent with research conducted before the COVID-19 crisis (Lavoie, 2016; Tremblay, 2012; Tremblay & Mathieu, 2020), most studies conducted during the pandemic indicated that more women than men found family–work balance difficult (Adisa et al., 2021; Cheng et al., 2021; Craig & Churchill, 2020; Lemieux et al., 2020; Qian & Fuller, 2020). In this regard, several studies highlighted that mothers were more severely affected than fathers during the lockdown because of more substantial adjustments affecting mothers' work schedules and greater occupational pressures (Adams-Prassl et al., 2020; Carlson et al., 2020). The time devoted to child care and schooling at home was not equally divided between men and women, with mothers being much more involved than fathers in these tasks (Cheng et al., 2021).

A Shared Responsibility

Beyond the need to consider inequalities, and particularly those related to gender, the studies conducted during the pandemic reinforced that family–work balance was influenced by how parents shared responsibilities in the home. For example, Craig & Churchill (2020) indicated that parents who were unsatisfied with the sharing of household and parenting duties with their partner during the lockdown reported higher levels of family–work conflict. Similarly, research showed that increased satisfaction with the sharing of child care and education was associated with decreased family–work conflict (Pouliot et al., 2022). Further, Carlson et al. (2020) emphasized that the pandemic might have reduced the gap between the distribution of traditionally male and female domestic tasks in some families.

When it comes to family–work balance, the need to share responsibilities extends well beyond the family circle and requires support from governments and employers. For example, the positive effects of paternity leave encourage fathers' involvement in tasks related to child care (Tremblay & Mathieu, 2020). Thus, the level of understanding demonstrated by employers could either facilitate or impair family–work balance

during the pandemic (Tremblay & Mathieu, 2020). In this crisis context, Tremblay and Mathieu (2020) point out that a reduction in employer expectations of work and productivity was associated with greater ease of family–work balance. Moreover, when employees felt that their superiors were understanding of them, this facilitated their family–work balance. Similarly, other studies done before the public health crisis noted that organizational culture and the attitude of and support provided by superiors and colleagues can help or hinder family–work balance for parents (Fusulier et al., 2009; Tremblay, 2012). For example, certain measures offered by employers, such as flexible schedules, paid leave, and compressed workweeks, can help parents balance their family and professional lives (Tremblay, 2012; Boulet, 2014). Among colleagues and superiors, listening to and empathizing with staff concerns, such as requests for time off or work arrangements, can also play an important role in family–work balance (Fusulier et al., 2009; Tremblay, 2012).

Implications

Although it represented a sizable challenge for many parents, the pandemic made it possible to experiment with new family–work balance strategies. The widespread deployment of telework and flexible schedules by many employers improved the family–work balance experience for numerous parents (Craig & Churchill, 2020). Many employers also recognized that the implementation of family–work balance measures had become a necessity for staff recruitment and retention (Concivivi, 2021). Beyond telework, these measures include compressed or shortened workweeks (Chrétien & Létourneau, 2010; Moreau et al., 2018), voluntary reduction of working hours with or without a salary cut (Medina-Garrido et al., 2017; Ronda et al., 2016), flexible choice of leave types (Kirkwood & Tootel, 2008), the right to disconnect (e.g., cell phones, internet access), and rotating shifts (Concivivi, 2021). For employees with children, the problems of balancing their professional activities with tasks related to child care and education proved costly for organizations in terms of lateness, absenteeism, and staff turnover (Medina-Garrido et al., 2017). Thus, the

pandemic reinforced that needs relating to family–work balance are constantly changing, particularly when families are in crisis.

In view of the additional challenges parents faced during the pandemic, work culture must adapt and focus on policies promoting the deployment of formal family–work balance measures within organizations. To achieve this, two main needs related to parenting, which have been highlighted in the context of the pandemic as a challenge for parents in balancing family and work demands, must be considered:

1. Child care for young children as well as after-school care for school-age children.

The pandemic highlighted for employers that the work performance of their employees who are parents of young children can decline when schools and child care facilities are closed, thus reinforcing the need for organizations to implement measures that support parenting employees with child care and schooling (Cheng et al., 2021; Di Giorgio et al., 2021). These measures could include child care services provided or subsidized by the employer (Ronda et al., 2016); day camps provided by the employer to help cope with school closures, school breaks, or holidays; family rooms or lactation rooms in workplaces; enhanced parental leave (Chrétien & Létourneau, 2010); and the possibility that parents have a flexible schedule allowing them to modify their working hours (Barcus, 2022).

2. Medical appointments and caring for a sick child.

The pandemic also revealed the difficulties parents face in carrying out their work when they have a sick child at home. This difficulty is even greater for parents of a child with special needs (Arim et al., 2020; Fontanesi et al., 2020). In addition to flexible working hours and location, certain measures can help families to take care of their children, including the introduction of paid family leave to care for a sick child (Barcus, 2022) or emergency child care service, as well as the possibility of offering telemedicine services to employees through group insurance (Concivivi, 2021).

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Parental Burnout During COVID-19

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In Brief

- **Parenting stress is positively associated with parental burnout.**
- **Efforts to assist parents in self-anchoring are essential to the well-being of parents, their child(ren), and the family unit.**
- **Facilitating strong parental identity and effective emotional self-regulation skills show promise in mitigating both parental burnout and parenting stress.**

Parents are anchors in their children's lives. Connected through an emotional lifeline, parents provide a secure base while their child explores what the world has to offer. Parents who serve as anchors for their children foster healthy development and a promising future (Omer et al., 2013). This anchoring is demonstrated in a stable parent-child relationship whereby the parent contributes to their child's sense of safety, stability, and security (Mikulincer & Shaver, 2004). Unfortunately, the COVID-19 pandemic placed parents in a chaotic storm, which made it difficult to act as anchors for their children due to their own parental burnout.

From a global perspective, van Bakel et al. (2022) found that the overall prevalence rates of parental burnout increased during the pandemic from before prepandemic rates. On May 5, the World Health Organization (2023) declared the end of the COVID-19 international public health emergency, however, COVID-19 persists. Despite the hope of relief that any end may bring, there is no clear expiration date for the far-reaching impacts of COVID-19. The growing body of research on parental burnout around the world has, thus far, greatly advanced our understanding of the risk factors linked to parental burnout and

how to mitigate parental burnout to avoid the negative implications it has on parent, child, and overall family functioning. Below we provide a brief review of this research in the context of COVID-19 and offer recommendations for practitioners that may be effective in addressing postpandemic parental burnout across cultures.

Consequences of Parental Burnout

Found to result from chronic parenting stress, parental burnout is characterized by exhaustion, detachment, and a sense of inadequacy related to the parenting role and parent-child relationship (Mikolajczak et al., 2019). Research, both before and during the pandemic, has found that parental burnout may result in negative consequences for the parent, child, and family unit (Griffith et al., 2022; Mikolajczak et al., 2019; Yuan et al., 2022). While postpandemic research is limited, the COVID-19 pandemic may have lingering effects as parents across the world transition to a "new normal" brought on by work-related changes (Vyas, 2022). Evidence suggests that postpandemic changes with technology use in the workplace have introduced a new stressor for working parents, which may contribute to persistent feelings of parental burnout due to greater experiences of work-family conflict and imbalance (Gemmano et al., 2023). During the COVID-19 pandemic, parents who experienced parental burnout were also at risk of other negative mental and physical health outcomes, such as depression, anxiety, higher cortisol levels, and sleep problems (Brianda et al., 2020; Chen et al., 2022; Skjerdingsstad et al., 2022; Wauters et al., 2021). Positive parenting practices may also be hindered among parents who are experiencing burnout. Specifically, research in China and the United States found that parental burnout was associated with lower levels of autonomy-supportive parenting (Yang et al., 2021) and increased levels of psychological aggression (Yuan et al., 2022), inconsistent discipline, and corporal punishment (Griffith et al., 2022).



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The reduced engagement in positive parenting practices resulting from parental burnout has negative implications for child development and well-being. Parental burnout displayed both direct and indirect (via parenting practices) associations with child outcomes including mental health, self-control, and problem behavior (Yang et al., 2021; Yuan et al., 2022). Furthermore, parental burnout can have long-term impacts on child outcomes, including anxiety, depression, and experiences of parental neglect and violence (Mikolajczak et al., 2019; Yang et al., 2021). Consistent with family systems theory (White & Klein, 2008), parental burnout may have impacts on partners and the family unit. Although data were collected before the pandemic, Blanchard et al. (2021) found a positive association between parental burnout and partner conflict and estrangement. During the pandemic, Yuan et al. (2022) found that parental burnout was associated with lower levels of family functioning (i.e., adaptability and cohesion). As mentioned, research on postpandemic impacts suggests that technological advancements in response to COVID-19 may contribute to technology-related stress, resulting in work-family conflict and imbalance (Gemmano et al., 2023).

The overall increased prevalence of parental burnout combined with the consideration of consequences on the family emphasizes the need for intervention and prevention

programs. The risk factors and predictors that current research has brought to light provide helpful implications about which populations may be at higher risk of developing clinical levels of parental burnout and how it can be effectively mitigated.

Global Risk and Protective Factors

Much of the research examining risk factors and possible predictors of parental burnout has addressed sociodemographic characteristics. Factors such as being a younger parent; being a mother; being economically disadvantaged; being unemployed; and having more children, younger children, or a child with special needs may be associated with reporting greater levels of parental burnout (Skjerdingsstad et al., 2022; van Bakel et al., 2022, Wauters et al., 2021). Although it is important to consider these potential risk factors, other variables such as stress related to parenting or COVID-19 (Skjerdingsstad et al., 2022; Wauters et al., 2021) and presence of social supports (e.g., coparenting support; Vaydich & Cheung, 2022) may largely account for parental burnout beyond sociodemographic characteristics. Both Vertsberger et al. (2021) and Liu et al. (2023) found a positive association between parenting stress and parental burnout. Although longitudinal research is limited, there is evidence that parenting stress may be associated with later experiences of parental burnout (Skjerdingsstad et al., 2022). Studies addressing COVID-related stress have been mixed. Wauters et al. (2021) found that COVID-19 stress (e.g., financial worries, living space, perceived quality of health care for a child) did, indeed, present a positive association with parental burnout. In contrast, when examining how parental burnout was affected by both COVID-19 stress (e.g., fears of infection, financial worries, xenophobia, compulsive checking and reassurance seeking, traumatic stress symptoms) and parenting stress, Vaydich and Cheung (2022) found that only parenting stress was significantly associated with parental burnout. Research also points to the significance of emotion regulation skills and social support on parental burnout (Lin et al., 2022). Adaptive coping skills and social support are essential during times of stress (Ozbay

et al., 2007). Unfortunately, parents can lack the skills and resources necessary to regulate their emotional and physiological responses to stress. Findings suggest that factors such as rumination, perfectionism, and lack of coparenting or social support all put parents at risk of higher levels of parental burnout (Lin et al., 2022; Sorkkila & Aunola, 2022; Vertsberger et al., 2021). These results highlight the importance of parents' resilience (Liu et al., 2023; Sorkkila & Aunola, 2022). Factors such as having a growth mindset (Upadyaya & Salmela-Aro, 2021), engaging in cognitive reappraisal (e.g., Lin et al., 2022), and having positive feelings toward one's parental role (Skjerdingsstad et al., 2022) have all been shown to serve as significant protective factors against parental burnout.

Implications

For parents to be anchors for their children, parents must first have a sense of parental self-anchoring. According to Omer et al. (2013), parental self-anchoring is exhibited by creating a structural framework of protection and stability, staying present and involved in their child(ren)'s life, stabilizing themselves through social support networks, and acknowledging their parental resilience. Strengthening coparenting relationships shows promise in buffering the negative impacts of parental burnout (Yuan et al., 2022). As such, practitioners may more effectively treat symptoms of parental burnout by considering and including the immediate family environment to alleviate stress and enhance social support (Favez et al., 2023).

When strengthening social support is not feasible, it is essential to focus on the aspects of self-anchoring that can be more controlled. Practitioners can assist parents in developing effective emotional self-regulation skills such as cognitive reappraisal and having a growth mindset (Lin et al., 2022; Upadyaya & Salmela-Aro, 2021). Programming currently exists to improve emotional intelligence skills and has been shown to decrease burnout symptoms (Karahana & Yalcin, 2009; Kotsou et al., 2011; Nelis et al., 2011). It is also helpful when education goes beyond teaching skills and targets parental identity as well (Schrooyen et al., 2021). Families First Parenting Programs (2022) is one such example that utilizes

identity mapping to target parental identity, which has been shown to increase parental resilience.

Conclusion

Such recommendations show promise in mitigating both parental burnout and parenting stress. Although beyond the scope of this brief review, it is essential to recognize that nuanced associations with parental burnout illuminate important consistencies and differences across cultural contexts. For example, parents from individualistic cultures have been found to report higher levels of parental burnout compared to parents who have adopted more collectivistic values (Roskam et al., 2021; Roskam et al., 2023). In contrast, van Bakel et al. (2022) found a positive association between parental burnout and a culture's level of restraint. That is, those who prioritize conforming with societal norms over fulfilling personal desires and happiness may be at greater risk. Overall, parental burnout is particular to each parent; therefore, practitioners must pay attention to the parent's specific risk factors to support parents effectively. ✨

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How a Global Pandemic Changed Adolescents' Mental Health and Protective Factors

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In Brief

- **COVID-19 had short- and long-term consequences for adolescents' mental health.**
- **Parental support and social interaction were crucial to adolescents' mental health.**
- **Appropriate use of technology with parental guidance may be beneficial.**

Growing evidence shows the prevalence of mental health challenges among adolescents during the pandemic (Cost et al., 2022; Lewis et al., 2022; Li, Beames, et al., 2022; Li, Deng, et al., 2022). These negative effects continue to linger after the pandemic (Bozzola et al., 2022; Marin et al., 2023). Adolescent mental health has lifelong effects and is associated with various outcomes such as employment, healthy relationships with others, and overall well-being (Clarke et al., 2021). The current article provides a summary of what has been learned about the consequences of the pandemic on adolescent mental health. Included are protective factors for adolescent mental health and suggestions for practitioners and parents to help adolescents.

Impact of COVID-19 on Adolescents' Mental Health

Adolescence is a period characterized by rapid physical and psychological change, identity exploration, increased autonomy from parents, and a greater need to connect with peers (Dahl et al., 2018). Positive development in adolescence requires high-quality social interactions (Orben et al., 2020). In the early stages of the pandemic, various countries imposed strict measures that, consequently, led to home confinement and social isolation. Whereas social isolation

does not equal loneliness, evidence has shown that loneliness is associated with deteriorating mental health (Loades et al., 2020). In addition, pandemic-related life changes, such as virtual learning and disruption of school routines, decreased physical interactions with friends and families, worsening family economic hardship, low sense of security, and parents having low or little energy to take care of children's mental needs, have put adolescents at great risk for mental health problems (De Young et al., 2021). Compared to before the pandemic, evidence has shown that during the pandemic, adolescents experienced heightened levels of psychological trauma (Lewis et al., 2022), depression and anxiety (Ravens-Sieberer et al., 2022; Xie et al., 2020), irritability and attention issues (Cost et al., 2022), sleep problems (Ravens-Sieberer et al., 2022), and overall declining mental health (Li, Beames, et al., 2022; Li, Deng, et al., 2022). These problems were more serious for those with preexisting psychiatric diagnoses (Cost et al., 2022; Lewis et al., 2022).

Risk Factors Contributing to Adolescent Mental Health

Cumulative risk factors, such as age, preexisting mental and physical health conditions, abuse and neglect history, parental mental health problems, low family income, limited living space, living in single-parent household, and/or being a minoritized family, put adolescents at greater risk for mental health struggles (Brown et al., 2020; Prime et al., 2020; Ravens-Sieberer et al., 2022). Adolescents living with a combination of contextual risk factors were more prone to develop mental health problems (Prime et al., 2020). A nationwide German study found that two-thirds of adolescents between the ages of 11 and 17 reported heightened levels of anxiety and health problems during the COVID-19 pandemic, with those experiencing deficient family resources (e.g.,

low socioeconomic status, limited living space) being more negatively affected (Ravens-Sieberer et al., 2022). Heightened levels of mental health difficulties among parents and ensuing harsh parenting added another layer of stress and trauma to adolescents who were already overstressed with life changes caused by the pandemic, which contributed to increased, prolonged mental health struggles that continue even after the pandemic (Brown et al., 2020; Patrick et al., 2020). Emerging evidence has shown a lingering, long-term effect of the pandemic on adolescents' mental health, as indicated by increased postpandemic admission rates for eating disorders, depression, mood disorders, anxiety, suicidality, and substance use (Bozzola et al., 2022; Matsumoto et al., 2023; McDonnell et al., 2022).

Protective Factors and Implications for Practitioners

Several protective factors were found to buffer the impact of risk factors on adolescent mental health, including parental support, and appropriate technology use to foster social connections.

Parental Support. Parents played a crucial role in buffering the negative effect of risk factors on adolescent mental health during the pandemic, when peer connections, an important support system for adolescents, were interrupted by school closures and stay-at-home orders (Wang et al., 2021). For example, research has shown that parental involvement predicts adolescent academic success and mental health directly and indirectly through behavioral and emotional



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engagement (Wang & Sheikh-Khalil, 2014). Also, parental support and authoritative behavior have been found to promote better mental health outcomes (Maiuolo et al., 2019) and protect against maladjustment and peer victimization, especially among female adolescents (Stadler et al., 2010). Further, a secure parent–child attachment is linked to adolescent positive affect, which can help adolescents cope with stress in difficult times (Cooke et al., 2016; Kolak et al., 2018; McMahon et al., 2020).

During the pandemic, parent–child communications, social interaction, and routines were found to help adolescents weather stress and uncertainties (Panchal et al., 2023). Parental support predicted positive affect among adolescents (Wang et al., 2021). Parent–child discussions about the pandemic mitigated levels of anxiety and depression, and contributed to greater life satisfaction (Tang et al., 2021). As such, it is important for parents to continue to support their adolescents during newly difficult times.

Technology Use Fosters Social Connections.

Human beings have three fundamental needs: autonomy, competence, and social relatedness (Ryan & Deci, 2000). Social connection during adolescence is mostly accomplished through peer relations, which strongly influence adolescent development (Scholte & van Aken, 2006). During the pandemic, however, connections with peers were disrupted by school closures and home confinement. Some researchers suggested that to battle the detrimental effect of the pandemic, it was best to maintain or adjust, rather than cancel, adolescents' daily activities to allow them to keep a structured daily life and maintain social connections (Cost et al., 2022). Routines were associated with lower levels of depression, and better mental health outcomes among adolescents (Ezpeleta et al., 2020; Ren et al., 2021). Notably, the media and internet have been a means to connect with others when physical contact is not possible (O'Connell et al., 2009). This was especially important during the pandemic.

Adolescents widely use technology for educational and entertainment purposes. Odgers and Jensen (2020) conducted a

comprehensive review of research before the pandemic and found an inconsistent or small association between technology use and adolescent mental health, despite the common speculation that technology use may cause mental health problems among adolescents. During the pandemic, adolescents reported increased screen time for multiple purposes, such as schooling, entertainment, and social interaction. In a study examining the impact of the pandemic on Australian adolescents, researchers found that adolescents spent an average of 4 hours online connecting with others, which was significantly more than before the pandemic (Li, Beames, et al., 2022). Empirical evidence has also shown that greater use of technology for the purpose of social connection is linked to better psychological well-being and lower levels of perceived loneliness during the pandemic (Li, Beames, et al., 2022). Hamilton et al. (2020) suggested that proper use of social media during the pandemic benefited adolescents. Adolescents used social media to connect with friends, engage in self-expression, and explore their identities in order to make up for lost opportunities that would have taken place during in-person contacts. Hamilton and colleagues (2020) suggested that proper use of social media during the pandemic benefited adolescents. Adolescents used social media to connect with friends, engage in self-expression, and explore their identities in order to make up for lost opportunities that would have taken place during in-person contacts.

Implications

Parents need to continuously support their adolescents to decrease mental health concerns during difficult times. One such way to do this is for parents to be aware of the potential benefits and problems of technology, including social media, and engage their teens in conversations about online safety, as well as making the best use of social media, apps, and websites to maximize their benefits. Parents can encourage their children to consciously reflect on how they feel after using social media and websites (e.g., safe, connected, lonely, scared). Parents also need to set limits and restrictions on technology use such

as screen time and to block inappropriate or harmful information (Hamilton et al., 2020). Parents might allow some flexibility regarding technology use when needed and then model that behavior themselves.

Conclusions

The COVID-19 pandemic presented unprecedented challenges to adolescents' mental health. Despite the traumatic changes brought on during the pandemic, parents were essential to buffering some of the negative effects of those changes. Adolescents thrived in homes that included warm, responsive parenting; positive parent–child relationships; structured, predictable daily routines; and strong connections with friends, families, and local communities (Glynn et al., 2021; Raw et al., 2021). Also, proper use of technology for multiple beneficial purposes can help adolescents have optimal mental health (Hamilton et al., 2020). However, research on how to maintain social connections through using technology wisely to foster adolescent mental health is still needed (Hamilton et al., 2020). However, research on how to maintain social connections through using technology wisely to foster adolescent mental health is still needed. ✨

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The Evolution of Coparenting After Divorce Programming

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In Brief

- Coparenting programs have evolved.
- Online coparenting programs are helpful but still have areas to be addressed.
- The COVID-19 pandemic highlighted the necessity for continued research on and development of online coparenting programs.

As of 2008, 46 states mandated the attendance at coparenting programs for parents who are separating and/or divorcing (Pollet & Lombreglia, 2008). In general, coparenting after divorce is a multidimensional concept with both positive (support, coordination between parents, communication, and loyalty) and negative dimensions (conflict regarding children, competition, undermining of the other parent, and triangulation) (Nunes et al., 2021). Nunes et al. (2021) found in their review of 21 coparenting programs that there was a small significant, positive effect of coparenting programs on coparenting, the parent-child relationship, and parents' well-being. Other research has shown that children who witness their parents' divorce and/or separation (especially if conflictual) may struggle to maintain positive relationships with their parents and can exhibit both internalizing behaviors (depression, anxiety) and externalizing behaviors (emotion dysregulation, aggression) that can have a lifelong negative effect (Adamson & Pasley, 2006). Upon evaluating coparenting programs, researchers found a need to address many areas such as accessibility and the credibility of the programs (Bowers et al., 2011). The purpose of this article is to discuss the evolution of coparenting programs, describe the gaps in coparenting programs

that were revealed during the COVID-19 pandemic, and provide recommendations for future coparenting programs.

The Evolution of Coparenting After Divorce Programs

Favez (2017) developed and summarized what he called the "first three phases of coparenting programs." The first phase began in the 1970s with the idea of coparenting being integrated into family therapy. At this time, coparenting programming did not exist (Nunes et al., 2021). The development and use of coparenting programs for parents who were separated or divorcing increased rapidly in the 1980s and 1990s, signaling the second phase (Braver et al., 1996; Favez, 2017). During the third phase, coparenting programs began to focus on trying to prevent the negative effects children experienced as a result of their parents separating or divorcing. New ways to engage parents after divorce were also employed during this time (Braver et al., 1996). As coparenting programs evolved, additional methods to engage parents were included in programming, such as motivational videotaped vignettes describing how conflict affects children, as well as teaching problem-solving and communication skills (Pollet et al., 2008).

More recently, online coparenting programs have been developed to increase accessibility to coparents (Schramm & Becher, 2020) but improvements need to occur. COVID-19 exacerbated the need to further examine the link between theory, research, and practice. It is important that a broad range of topics be included in the programs, that programs be standardized, and that programs use effective teaching strategies (Bowers et al., 2011).

COVID-19 and Coparenting Programs

Many adjustments in society had to be made due to COVID-19. For example, most

child care activities were closed, grandparents or others who could care for children were not allowed to visit, and parents often had to balance working and providing education to their children simultaneously (Spinelli et al., 2020). If the divorce and/or separation process had just begun, some parents were forced to continue living together (Allen & Goldberg, 2022; Goldberg et al., 2021). Due to the lack of people working and the resulting backlog of work, parents were often expected to navigate COVID-19 without the assistance of professionals. Parents also reported experiencing added worry and stress about children's mental health and potential learning loss during lockdown (Allen & Goldberg, 2022).

Online coparenting program participation increased during COVID-19 (Tomlinson et al., 2022). Tomlinson et al. (2022) found that while asynchronous online programs during the COVID-19 pandemic were helpful, parents experienced issues with a lack of child care, completing the program, the program being too long, technological problems, and having access to and understanding the technology.

Implications

The COVID-19 pandemic demonstrated that families with whom Family Life Educators work, have dynamic needs for guidelines in response to their environment (Allen & Goldberg, 2022; Schramm & Becher, 2020). Although the use of technology in coparenting programming had increased before the pandemic, COVID-19 placed a



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Implications

It might be impractical to think that practitioners can break decades of systemic racism in the areas of finance, medicine, and racial stereotypes; however, practitioners certainly play an intricate role in advancing these efforts. Practitioners can debunk certain cultural stigmas and hesitancy around seeking mental health support by making mental health support accessible to individuals across the life span. Organizations such as Therapy for Black Men and Black Men Heal provide lists of African American therapists (Vaughan, 2021). Black Men Heal also offers information on how individuals can seek therapy sessions at no cost (Vaughan, 2021). The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration created a new national center dedicated to helping practitioners reduce health disparities in minoritized communities (U.S. Department of Health & Human Services, 2023).

In an attempt to redress alleged redlining complaints, the U.S. Department of Justice has worked with certain lenders to create homeownership funds geared toward helping minoritized communities (Henderson, 2023). Cities like Washington,

D.C., have created public-private funds with the goal of making housing more affordable for African Americans (Henderson, 2023).

African Americans account for only 2% of psychiatrists and 4% of practicing psychologists (Nittle, 2023). Certainly, it will take time to further diversify the profession; however, recruitment is the first step. The American Psychiatric Association is seeking to address this challenge by expanding its outreach and offering fellowships and programs to underrepresented students (Nittle, 2023). NCFR is attempting to diversify the profession in several ways. For example, the NCFR Student Access Grant covers NCFR conference registration and a travel stipend to the annual conference for students of color. Grantees are selected via a lottery system. NCFR's Family Relations Editorial Team seeks to increase participation among those who have been historically underrepresented in the editorial and publishing processes by offering three editorial fellowships per year. Editorial fellows who are selected gain experience in the editorial process.

Lack of access to quality health care, racial trauma, and wage gaps are just a few examples of long-standing systemic disparities that have and continue to

prevent African Americans from reaching parity. The pandemic added to the complexity of these issues and in many ways mirrored prior systemic racial inequities of which we still have not recovered from. The historical trauma of those events remains; however, change takes time. Potential sources that practitioners can provide are a step in the process. ✨

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from their families when needed, which can be shown in even the simple act of using the term daughtering and depicting it as a valuable contribution to the family system (Alford, 2021). This recognition contributes to a growing consciousness of women's labor and may be especially important for women as they self-evaluate the toll that daughtering takes during challenging times.

Conclusion

In the face of a syndemic experience, women are managing their relational uncertainty and recalibrating how best to manage their time and energy as they also manage family needs and family resources.

Family Science professionals can support these efforts to prevent overload and lead to optimal outcomes. But perhaps most important, our acknowledgment of daughtering demonstrates that the labor of daughters and their lived experience matter (Jung & O'Brien, 2019). ✨

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Understanding Implications of Abortion Access for Families in a Postpandemic and Post-Roe Era

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In Brief

- A lack of abortion access is correlated with negative consequences for families.
- Policies reducing abortion access increased during the COVID-19 pandemic.
- Limited research on abortion access exists in National Council on Family Relations (NCFR) journals.
- Family Scientists can do more to understand the connections between abortion access and family dynamics to improve outcomes for families today.

On June 24, 2022, the Supreme Court overturned *Roe v. Wade*, thereby ending abortion access for many individuals across the United States. This “post-pandemic era” is also a “post-Roe era” where many families experience reduced access to abortion services. What research is being done by Family Scientists to explore the connections between lack of abortion access and family functioning? A search of NCFR’s journals shows few articles since the 1990s have explored abortion as it relates to family dynamics, indicating a gap in the contribution that Family Science is making to advance understanding of the implications of a lack of abortion access for families today. Based on research across other disciplines, this article discusses the potential familial impacts of reduced abortion access. We highlight the current nature of Family Science research on abortion access and close with implications for the role of Family Science in advancing

future research that could inform policy and practice.

Impacts of Abortion Access on Individual and Family Dynamics

The Turnaway Study is one of the most comprehensive studies on the impacts of receiving or being denied an abortion for women and families (Dobkin et al., 2014). The study investigators produced more than 50 papers on the topic of abortion and antiabortion impacts on mental and physical health, income and socioeconomic contexts, romantic relationships, and child well-being (Advancing New Standards in Reproductive Health [ANSRH], 2023).

The Turnaway Study found that having an abortion did not correlate with poor mental health outcomes, but being denied an abortion did (Biggs et al., 2017; Biggs et al., 2018). Sasaki et al. (2022) found that, other than having a wanted pregnancy, having an abortion was associated with less psychological distress than adoption and unwanted birth—with unwanted birth resulting in the highest levels of psychological distress. Some of the negative psychological outcomes could be related to perceived stigma (Biggs et al., 2020; Gelman et al., 2017; Moore et al., 2021). Compared to women who received abortions, those who carried unwanted pregnancies to term experienced more health risks (e.g., preeclampsia, hemorrhage, chronic pain, worse health overall; Gerdtts et al., 2016; Ralph et al., 2019).



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Additional research explored financial and economic burden outcomes for those who received and were denied an abortion. Compared to individuals who received abortions, those denied abortions were four times as likely to experience poverty, debt, and worse financial security (Foster et al., 2022; Moore et al., 2021), with racially or ethnically diverse families experiencing greater inequity (Hing et al., 2022).

Abortion denial is also correlated with poorer familial relationships, dynamics, and outcomes. Compared to those who receive wanted abortions, women who were denied abortions report being in worse relationships and may be more likely to experience intimate partner violence (Mauldon et al., 2015; Upadhyay et al., 2022). Where children are concerned, mothers who receive wanted abortions report better developmental, relational, and economic outcomes for current and future children of mothers who were denied abortions (Foster et al., 2018; Foster et al., 2019).

Lack of Abortion Access in a Postpandemic Era

The negative consequences for families who seek and are denied abortion access may have become even more pronounced

during the COVID-19 pandemic when abortion access was classified as a non-essential procedure (Bateson et al., 2020; Hunt, 2022). Efforts to criminalize abortion, reduce the number of abortions performed, and/or encourage families to consider contraception to prevent pregnancy increased during this period (Bateson et al., 2020; Hunt, 2022). However, past research suggests that such efforts may not be effective in pregnancy prevention. For example, Fischer and colleagues (2018) found that in Texas, reduced access to abortion was correlated with an increase in birth rates but not correlated with contraception usage. Furthermore, access to mobile crisis pregnancy centers, often provided by antiabortion nonprofits, is correlated with increases in unwanted pregnancies (Thomsen et al., 2022). With the recent and current increase in legislation aimed to reduce access to abortion services (see Doan & Schwarz, 2020; Reingold et al., 2021), an understanding of the multifaceted and multiplicative influence of the historical period, policy, health care access, economic uncertainty, and societal norms, as intersecting with Family Science, is necessary.

Abortion Research in NCFR Publications

Much of the research on the impacts of abortion access on individuals and families can be found in journals related to public health (e.g., *American Journal of Public Health*), medicine and psychology (e.g., *JAMA Psychiatry*), and social policy (e.g., *Sexuality Research & Social Policy*). Family Science as a discipline is just as relevant to the exploration of abortion access, however, this topic has been rarely explored in recent NCFR publications. Older publications in the *Journal of Marriage and Family* explored topics such as attitudes toward abortion (Ebaugh & Haney, 1980; Finlay, 1981), abortion rates (Miller & Moore, 1990), and correlation with other factors (e.g., having children with multiple partners, premarital pregnancy; see Carlson & Furstenberg, 2006; Yamaguchi & Kandel, 1987). More recent publications examined incidences of unwanted births in different racial and

ethnic groups, or commented on rates of abortion, but not the impacts of abortion—or antiabortion policies—on family life (Berger & Carlson, 2020; Everett et al., 2020).

Articles published in *Family Relations: Interdisciplinary Journal of Applied Family Science* during the 1980s and 1990s explored topics such as how frequently abortion was covered in Family Science textbooks compared to adoption, trends related to who sought and got abortions, and parent–child communication about abortion (Krannich, 1980; Nock, 1994; Rodman, 1991; Stolley & Hall, 1994). Articles published in the past decade discuss abortion only in the introductions, highlighting the procedure as an option for families (e.g., Barbee et al., 2022; Dorsey, 2022; Karpman et al., 2018). Studies on teen pregnancy prevention, parent–child communication, and family formation do not significantly discuss abortion nor the implications of a lack of abortion access.

This summary is not to imply there are limitations or shortcomings in these articles. Instead, we underscore that any discussion of abortion is merely a footnote, rather than a feature of present-day Family Science

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spotlight on the necessity for more online programming and continued efforts to support parents experiencing separation or divorce. For example, Family Life Educators can develop one-page documents explaining the technology, how the technology works, and how to address technological difficulties. Family Life Educators can continue to develop innovative online tools to engage parents. Family Life Educators can also think of creative methods to engage children while their parents participate in the coparenting programs. Although the COVID-19 pandemic brought about difficulties, creative solutions can be achieved through the translation of Family Science and the expertise of those creating new coparenting programs. *

literature. Moreover, Family Science literature does not readily explore abortion access and its implications for family functioning.

Implications

Many of the most prominent women's health professional organizations across the country (e.g., American Society for Reproductive Medicine, Society of Family Planning, Society for Adolescent Health and Medicine) define abortion access as essential to promoting the health of women and families (Espey et al., 2019). This conceptualization of abortion as a necessary resource for family well-being can be examined in Family Science research. When abortion access is reduced, the impact on the numerous diverse families we serve can be stark.

Ultimately, as experts in family dynamics and processes, Family Scientists are well positioned to use feminist, intersectional, and qualitative methods to better understand the impacts of abortion access on family life. For example, researchers could do any of the following:

- Explore how abortion access—or lack thereof—affects family processes such as communication and cohesion, romantic

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relationship functioning, parenting, stress, and resilience.

- Describe the context of marginalized identity (e.g., LGBTQ+ individuals, People of Color, neurodiverse individuals, individuals who have visible and invisible disabilities), power, and privilege and how those constructs relate to access and outcomes.
- Highlight the inequities experienced by intersectional individuals and families directly and indirectly affected by the changing landscape of abortion access.
- Use qualitative and feminist methods to better uncover the nuanced experience around abortion access.

In turn, this research could inform practitioner training regarding abortion when the issue comes up in practice (as suggested by Rodman, 1991).

Conclusion

As Family Science researchers and educators, we strive to help families where they are, as they are. We can support families based on autonomy and vetted research findings. Research shows that a lack of abortion access is correlated with negative consequences for families who seek those services. However, more research is needed to better understand the nuance and context of these poor outcomes. Family Science scholars can highlight the influence of societal norms and policies on the lives of those at the intersection of identity and can encourage Family Life Educators to be better prepared to discuss these issues with families and encourage autonomy. Family Life Educators and Family Scientists can also share research findings with policymakers to facilitate the comprehensive well-being of diverse families across the country in a postpandemic and post-*Roe* era. ✨

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According to Cheng et al. (2021), the heterogeneous distribution of the postpandemic burden implies that public policy decisions ought to account for inequities. Working parents, especially mothers, parents of children with special needs, and those with low incomes, experience more difficulties in achieving family–work balance. That burden can be eased by acknowledging the varied circumstances and challenges that parent–employees face and amplifying support for child care and schooling at home (Cheng et al., 2021).

Conclusion

The pandemic revealed and aggravated the inequalities among families struggling to achieve family–work balance. It also allowed parents to experiment with new ways of balancing family and professional life. In both the domestic and professional domains, the pandemic raised awareness in society that family–work balance is a shared responsibility. Within the family, sharing involves a more equitable distribution of housework between men and women. For companies, the implementation and dissemination of family–work balance measures that meet parents' needs appear crucial, as does the promotion of an organizational culture that favors their use. ✨

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