Debate: Coping and resilience in the time of COVID-19 and structural inequities

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The hardships associated with COVID-19 have highlighted the importance of coping and resilience, and many mental health providers and organizations have responded by promoting the use of individual and familial coping tools. While individually oriented techniques benefit many, they can also disadvantage populations struggling the most. They exact a cost by placing a higher burden on those with fewer resources and thus risk widening structural inequities. Since community-level interventions can also enhance resiliency and are cheaper and more sustainable, more effort should be put into developing and deploying them. At a time in which hardship is widespread, parents are overwhelmed by multiple demands, structural inequities are rampant, and demand for services outpaces capacity, the mental health field must prioritize more equitable methods of assisting large numbers of children and families.

Over the last few decades, research on coping and resilience has increased exponentially, informing interventions that help children and families rebound when experiencing hardship (Forbes & Fikretoglu, 2018; Masten, 2014). When the COVID-19 pandemic forced unprecedented changes to people's lives through the prolonged shuttering of schools, businesses, and community centers, caused fears and realities of illness and financial hardships, and necessitated social distancing and isolation, children and parents experienced increased stress, depression, and anxiety (APA, 2021). In order to boost their wellbeing, many mental health providers and organizations promoted the use of various coping strategies (see e.g., the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html).

Interventions to increase resiliency generally encourage adaptive actions in four domains: physical, emotional, cognitive, and social (Forbes & Fikretoglu, 2018). Coping is enhanced by regulating the body through sufficient sleep, eating, and exercise. The mind is soothed and calmed through mindfulness and other emotional regulation exercises. Problem-solving skills, talking about feelings, and cognitive restructuring of negative or maladaptive beliefs aim to instill gratitude and a more positive mindset. Connecting with others provides crucial social supports, which is robustly associated with better physical and mental health. Parents are advised to practice these techniques, themselves, and to teach them to their children.

Many youths and adults benefit from using coping tools, but they do not advantage everyone equally. Negative effects have also been found. Over-reliance on active coping, especially when individuals can exert little control over their circumstances, can lead to depletion and dejection. In a study of disadvantaged, black American adolescents, researchers found that youngsters high in self-control and competence, who showed social-emotional resiliency, also exhibited substantial markers of poor metabolic health and premature aging not shown by their less resilient peers (Brody et al., 2013). The effort required to persevere and beat the odds inflicted a cost.

The findings are concerning because the economic, social, health, and mental health impacts of COVID-19 have disproportionality fallen upon households of color and those of lower socioeconomic status (APA, 2021). Parents, especially mothers, have also faced increased pressures as they struggle to meet the emotional, educational, and physical needs of their children at the same time as they must contend with sudden changes to their own schedules, social contacts, and work life. A primary focus on individual and familial resiliency places extra burdens on populations already struggling the most, which risks widening structural inequities. Other sources of resiliency bear mobilizing.

Researchers studying resilience find that protective factors extend beyond individual and familial traits and behaviors, into environmental domains (Masten, 2014). High-quality neighborhoods, schools, religious organizations, and medical facilities function as important levers of social support. Community cohesion reduces negative effects from violent and potentially traumatic exposures (Ungar, 2013). Programs building neighborhood reciprocity and cooperation increase helping behaviors and the wellbeing of both giver and receiver (Longhi, Brown, & Reed, 2021).

Community-wide interventions also aid individuals in utilizing coping mechanisms (Longhi et al., 2021; Ungar, 2013). They mitigate risk by providing resources that reduce exposure to hardships and allow time, energy, and resources to be directed toward managing difficulties. For instance, recent government stimulus payments to the unemployed diminish the negative effects of joblessness and financial losses and allow parents more

time to support children schooling from home. When children live close to parks and other green spaces, they exercise more and show decreases in emotional and behavioral problems (Flouri, Midouhas, & Hoshi, 2014).

During the pandemic, displays of community solidarity have provided important supports to vulnerable populations. Examples include the practice of cheering healthcare workers at the end of their shifts, friends and neighbors delivering groceries to the elderly, or musicians streaming free concerts that can be watched in the safety of homes. Interventions that provide community-level supports have not only been shown to be effective, but they also tend to be cheaper and more sustainable (Longhi et al., 2021).

The shift in thinking from individual and familial resiliency to community-wide resilience measures is in line with many non-Western cultures and rituals (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011). In Aboriginal cultures, systems of healing harness social, systemic, and spiritual supports that function in the communal realm. Connection to the land and cosmology build a sense of harmony and solidarity. Collective story-telling and emotional expression through prayer or other rituals bestow comfort, strength, and resolve. By establishing a narrative of communal suffering and responsibility, these practices also decenter the person, thereby decreasing stigma and expectations of autonomous coping and increasing obligations to join with and aid others.

At a time in which hardship is widespread, parents are overwhelmed by multiple demands, structural inequities are rampant, and demand for services outpaces capacity, the mental health field must grapple with the best ways of assisting large numbers of children and families. Absorbing more lessons from societies and programs focused on community resilience could be a start. Mental health providers can leverage their knowledge of how environments bolster resilience to influence public discourse and the creation of new programs. They can also seek to increase the nature, type, and frequency of community-level interventions they use in their own practices. Examples include engaging in advocacy aimed at procuring resources for clients, advising clients and communities on building new sources of social and material supports, helping create communal methods of making sense of, grieving, and healing from adversity, and exploring and making more accessible spiritual outlets. Practitioners should also consider when to recommend interventions aimed at individual coping and when doing so could overload vulnerable populations. Noticing when clients are physically and mentally exhausted and

overwhelmed, as well as short on time and resources, can alert clinicians to the need to prioritize external supports. When mental health providers speak up about how cohesive communities and the provision of adequate social and material resources enable coping and resiliency, they can help stimulate the formation of new infrastructures that will benefit children and families.

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