

Relationships during the COVID-19 Pandemic in the Maltese Islands

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Masters in Systemic Family Psychotherapy

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ABSTRACT

This study explores relationship narratives in the Maltese context during the SARS-Cov-2 (COVID-19) pandemic. The aim of this qualitative research is to give voice to the stories of participants and obtain an insight into how this period shaped family relationship constructs and any resulting challenges they encounter. Through narrative analysis, five participants at different phases of the life cycle were interviewed using a semi-structured guide. This study revealed that changes have been precipitated in society at the micro, meso and macro levels because of the coronavirus, the media and mitigation measures. Overall participants found the means to adapt to the uncertainties of the pandemic and reported improved relationships with their family of origin, apart from one interviewee who needed to distance herself to improve relations. The data obtained generated useful insights into Malta's understanding of the situation which may act as a guide for therapists in supporting families in future crises by drawing from resources utilised to adapt during an unpredictable period.

Key words: COVID-19 pandemic, relationships, narratives, adaptation

AUTHOR'S DECLARATION

9th September 2021

I, the undersigned, hereby declare that this dissertation entitled “Relationships during the COVID-19 pandemic in the Maltese Islands” is an original study carried out by myself and the conclusions drawn herein are a result of my own work, unless otherwise acknowledged by citation.

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Chapter 1

Introduction

1.1 Introduction

The Coronavirus (SARS-Cov-2 or COVID-19) outbreak has had a significant impact on the way we work, live and interact socially due to the increased safety measures introduced by health authorities globally. We are living in what seems to be an uncertain world: uncertain when we will travel, meet and greet friends, family, and work with colleagues and clients face-to-face. How are these measures of social isolation and distancing affecting relationships both within and external from family systems? So far, it appears that, circumstantially-dependent, at a point people may feel more / less connected to others. Literature suggests that, despite the recorded rise in community feeling; the pandemic, media and authorities have promoted a sense of fear because of the novelty of the virus (Rivet, 2020).

The SARS-Cov-2 pandemic has imposed many lifestyle changes, with every individual having to adapt to avoid illness whilst also protecting others. Although health emergencies and prevention protocols have biomedical and epidemiological benefits, there are also negative mental health consequences, boredom, stress (Rivett, 2020) and relationship changes (Gunther-Bel, Vilaregut, Carratala, Torras-Garat & Perez-Testor, 2020).

People's perception of change plays an imperative role here. Buddhists profess that change is continuous, and that stability is an illusion (Mitchell, 1988). Is uncertainty perceived as a path to creativity, growth and change, or towards paralysis? I believe that we understandably do desire some certainty in moments of crisis.

Until the late 1970s, family therapy was addressed from a first order perspective where therapists would lead conversations from a certainty knowledge-point (Mason, 1993). However, this changed with the shift towards second order thinking when researchers and therapists realised that there is no such thing as objectivity. As Heisenberg (1958) stated,

“what we observe is not nature itself, but nature exposed to our method of questioning” (in Mason, 2015). Similarly, Bateson (1973, 1979) importantly distinguished between patterns and certainty: patterns can be recognised over time, but we cannot be certain that the pattern will remain the same. How have families negotiated their patterns and perceptions of change?

1.2 What this research is about

Relationships have had to adapt to the changes and uncertainties posed by this global health crisis. The nuclear family became more isolated, support systems were unable to provide the same levels of assistance and consequently many parents had to adapt to remote working, bringing them in much closer proximity for longer periods of time.

My journey of understanding and adapting to the pandemic’s realities whilst planning my marriage, was a primary source of inspiration for this research project. As I began building my own narrative, I became curious as to other experiences and how these various narratives would affect society at large.

This research focuses on relationships during the time of the COVID-19 pandemic in the Maltese Islands. As a researcher with a systemic background, I am interested in understanding how families experienced this reality and how this period may have shaped their individual and their family's narratives (Corey, 2009). I shall therefore be interviewing 5 families in different stages of their life cycle to collect their stories and attempt to give voice to their experience using narrative analysis.

1.3 Aims of research and research question

The aim of this study is to give voice to the narratives of participants and obtain an insight into how this period shaped familial relationship constructs and resulting challenges. My main research question is: how are families experiencing the COVID-19 reality?

1.4 Relevance of study

The studies trend related to epidemics and health outbreaks tends to focus on the experiences of health care workers (McAlonan et al., 2007; Robertson, Hershenfield, Grace & Steward, 2004); those contracting the disease or illness (Mak et al., 2009; Lancee, Maunder & Goldbloom, 2008); the psychosocial effects of being isolated from others and the mental health effects on the general population as well as that associated with contracting diseases, and the effects of having a sick relative (Robertson et al., 2004; Chih-Hung et al., 2006; Taha et al., 2013; Cowling et al., 2010; Tam et al., 2004; Wang et al., 2011; Elizarraras-Rivas et al., 2010). This study is relevant as there is little research focusing on the impact of pandemics on relationships. However, a year into the pandemic, the situation has changed with several relational research studies conducted by scholars including family therapists (Fraenkel & Cho, 2020; Lebow, 2020; Rolland, 2020; Walsh, 2020).

The current global situation will undoubtedly have long-lasting impacts on society and family narratives which we may not yet fully understand. The development of UK, South African and Delta variants of the virus at par with the distribution of developed vaccinations maintained a sense of caution and continual adaptation. Society has had to shift thinking to continual adaptation to 'new normal's'. Walsh (2020) metaphorically compares this to the ambiguity in normalcy during the aftershocks of an earthquake which include clouded thinking and decision-making. This study may therefore provide insights into Malta's

understanding of the situation which may help therapists support families in future crises by drawing from adaptation resources. Maltese families are typically close-knit and living in close-proximity due to Malta's small size. Living in an over-populated island with different cultures settling in, makes the sense of community and family larger, with physical contact and socialising being an essential component to Maltese culture. Will the pandemic have a long-lasting impact on locals' relationships?

1.5 Motivation and self-reflexivity

My motivation stems from the fact that social relations have been affected by the changes and safety restrictions that the pandemic has brought about and the resultant impact on socio-economic lifestyles, well-being and mental health of individuals in relationships. Governmental, non-governmental entities and researchers highlighted the impacts of loneliness and increased time together in the same space. I found the examination of how these changes affect individuals, families and couples appealing.

Many parents I encountered at work, the home-based therapeutic services (HBTS) within the local governmental entity, the foundation for social welfare services (FSWS), spoke of struggles in their relationships because of the sudden changes. I also experienced these moments of uncertainty with my partner and reflected on keeping our relationship thriving whilst living in separate households and shifting our interactions to online means in what I experienced as a sensitive and anxiety-provoking period inundated with change coupled with the postponement of our wedding. Furthermore, during the first months within which the virus was reported as being transmitted within the community, my parents became more dependent upon me for groceries and other necessities, thus changing the hierarchy within our relationship. Initially it was a struggle and shock on all our systems, however we

learnt to set boundaries, negotiate our space, emotions and time together. Within the various relational contexts I form part of (parents, partner, siblings, colleagues), I noted a shift in reactions to the pandemic: from fear and panic to cautious risk-taking and adaptation to the shifting local authorities' guidelines. I also recognised the way the systems I form part of adapted to new ways of relating within the public sphere; new methods of interacting therapeutically with clients at work, as well as with tutors and fellow students reading for their Masters in systemic family therapy as lectures shifted online. All of these involved a transition and process of grounding. How is this for other locals?

1.6 Conceptual framework

Seeing that this study is systemic in nature, I will be drawing from the following three theoretical frameworks: the social constructionist perspective, the model of coordinated management of meaning, and structural ideas on stability and change - family adaptability. I will use these frameworks to elicit and give voice to the narratives of families during the coronavirus pandemic in Malta.

1.6.1 Social constructionist

The way people make sense of particular events is socially constructed (Burr, 1995). My research obtains insight into the way participants made sense of the changes and challenges experienced, their constructs of hope, connection and distance by interpreting their stories through a social constructionist epistemology. Social constructionism looks at these interpreted meanings as highly influenced by their backgrounds and cultural contexts (Pare', 1999). This framework acknowledges that there is no absolute truth and hence its emphasis is on the meaning of the specific experience within a particular context (Gergen, 1999).

Within the context of public alarm associated with the pandemic, mass media has played a key role in delivering information while utilising its 'force' to shape the way the public experiences and interprets the new reality. As I reflect on the local scenario, I recall how initial reactions followed international ones in particular, the purchase of large amounts of groceries from supermarkets and stock-piling of goods. That said, the health authority's openness to updating the general population with preparations, setting up of helplines, and the adoption of precautionary measures when statistics were increasing, provided me with a sense of security and calmed any anxiety present. A year following the first reported case in Malta, I believe that perceptions have changed as society has had to adapt to these unprecedented circumstances. I personally have adapted to a different lifestyle incorporating the various scenarios of hybrid working – telework and officed-based. I have adapted to studying online, delivering sessions, attending meetings and have also experienced families adapting at different rates including assisting children in their learning process and coping with financial struggles and other mental health issues.

Social constructionism also perceives knowledge as mediated through epistemic relativism: the narrator's own subjectivity as an observer and researcher (Willing, 1998), as well as in line with collaborative language theory (Anderson, Goolishian & Winderman, 1986). As a narrator, utilising my own perception and experiences, I attempt to make sense of the participants' narratives.

1.6.2 Coordinated Management of Meaning Model (CMM)

Developing on the ideas of Bateson (1972) and social constructionist theory, Pearce & Cronen (1980) and Cronen et al. (1982a) proposed the CMM model as a way of conceptualizing a hierarchical organisation of meanings. This model helps explain how

individuals co-create meaning (or fail to) through conversation. It focuses on the relationship between an individual and society and explains how these ideas are enmeshed in the language of conversation where meaning is constantly being co-created; a model for understanding the relationship between meaning and action, and how change in context-dependent, socially constructed realities takes place (Cronen et al., 1982; Cronen, Pearce & Changsheng, 1989). Social meaning is perceived as being organised in a hierarchy, with each level understood within the context of a higher level, which provides context for understanding lower levels. Thus, the meanings associated with the COVID-19 pandemic among higher levels of society: policy makers, health authorities, and the media is part of the context within which individuals and families organise their respective understanding and meanings.

Similarly, this applies to the local context. We have seen the different perspectives and contradictory statements between Ministers, the Superintendent for Public Health and what is perceived newsworthy by the media. Members of society have also followed suit in this lifestyle shift. The increase in the public frequenting restaurants following the issued government 'vouchers', increased social gatherings during summer and at Christmas, are indicative of this.

CMM can therefore be used as a framework for this study as it focuses on how language is used by individuals in a family to describe concrete experiences and elicit individual perspectives of current narratives.

1.6.3 Family adaptability and ability to manage change

Subsystems within families are interdependent, hierarchical, and adaptive in that they rely on external feedback to maintain stability (Cox & Paley, 1997). Family adaptability is reflected by a family's capacity to change its structure, roles, relationships and rules in

response to stress or change (Rhoads, 2010). It entails managing issues of leadership, negotiation, and discipline. Hence, a family's rigid, flexible, or chaotic responsiveness to change, illness or stress, may be considered reflective of the family's adaptability (Seligman & Darling, 2007).

Although chaos in the family is expected in times of crisis, chronic chaos can lead to weakened systemic boundaries, family confusion, communication breakdowns, maladaptive coping strategies, and unhealthy emotional reactions. In fact, locally there was an increase in reports of loneliness, mental health deterioration (Richmond Foundation & Esprimi, 2020); domestic violence (Appogg interim half-yearly report, 2020) and relational stress as a result of financial stress, increased time working from home while caring for children and supporting them in home-schooling: a factor which was never considered in the past.

Family adaptability is interrelated with family resilience (Walsh, 2017) and also beliefs around change. Watzlawick, Weakland and Fisch (2011) highlight how persistence and change are interrelated. This can make all the difference between coping and mastery, or dysfunction and despair. Access to social support throughout difficult times has been shown to accentuate adaptability and resilience (Rutter, 1987; Ungar, 2004; Werner and Smith, 2001).

This framework is congruent with my research as it is key to understand how a family negotiates boundaries, rules, patterns and relations in times of change, uncertainty and stress, against the backdrop of how open or closed the family system is.

1.7 Conclusion

In this chapter I introduced this study's topic, aims and relevance, the researcher's positioning and the theoretical frameworks adopted. I shall be expanding on the theoretical

framework in Chapter 2, illustrating the literature. Chapter 3 will outline the research design, methodology and analytical method. Distinctive chapters focusing on the presentation and discussing outcomes and a final conclusive chapter, will follow.

Chapter 2

Literature Review

Literature Review

2.1. Introduction

Social connections have been extensively researched, with scientists, clinicians, and systems theorists recognising their importance towards an individual's well-being. The quality of social relationships is formed during the early stages of development within the family system and developed throughout the phases of the family life cycle. McGoldrick and Carter (2005) emphasise that the individual life cycle takes shape within the embedded wider socio-political culture, as it moves and evolves within the matrix of the family life cycle. Relationships with family and friends, shift as one moves through the life cycle with boundaries and roles being constantly re-defined within the context of cultural and political factors. This compliments Minuchin's structural ideas about how families organise themselves and their boundaries to adapt to change in order to maintain homeostasis. The strength of the family system depends on the abilities of family members to mobilise alternative transactional patterns when internal and external conditions of the family demand restructuring (Vetere, 2001).

The outbreak of the SARS-CoV-2 (COVID-19) pandemic in December 2019 has been a massive stressor worldwide on several levels within family and social systems, resulting in relationships as we know them having to evolve to meet the novel mitigation measures and constant uncertainties. By 8th August 2021, the World Health Organisation (WHO) situation report confirmed over 200 million COVID-19 cases (35,192 reported cases in Malta – 723 active cases) and over 4 million deaths (429 deaths in Malta) were recorded globally. Despite millions of people world-wide having been vaccinated, new variants of COVID-19 have pushed back against progress made and continue to challenge scientists and the medical professional worldwide. The threat of catching COVID-19 or its variants continues to affect

the way we live and the relationships we forge, with caution being exercised on travelling and socialising, due to varying restrictions and fear of illness.

Although family literature shows that stress is an inherent part of family life and that dealing with it is dependent on coping resources available as well as how the family understands and responds to stress (Walsh, 2020; Hill, 1949); this pandemic has exacerbated the situation. The nuclear family has become more isolated, with support systems, such as grandparents not being able to provide the same level of assistance as before (Rolland, 2020). Many individuals have had to adapt to working from home, bringing them in closer proximity over longer periods with other household members. Family and social networks had to adapt to physical distancing, isolation and sustaining contact via online means. These restrictions and adaptations hindered /altered the rules and boundaries that each individual and family system lived by, tested individual and family resilience, unsettling family development. It challenged family patterns and dynamics, disrupted cultural rituals and ways of doing things to meet the demands of the family within its stage of family life. For example, looking after our elderly parents, elderly parents had to do it on their own and miss out on the support and company of their children.

Infectious-disease pandemics, including coronavirus (COVID-19), severe acute respiratory syndrome (SARS), Middle-East respiratory syndrome (MERS) and the 2009 novel influenza A (H1N1), are associated with mental health problems among the general population, health-care workers, patients and their family members (Robertson et al., 2004; Chih-Hung et al., 2006; Taha et al., 2013; Cowling et al., 2010; Tam et al., 2004; Wang et al., 2011; Elizarraras-Rivas et al., 2010).

To date, several studies have explored the psychological impact of the COVID-19 outbreak (Lin, Hu, Alias, & Wong, 2021; Westrupp, Stokes, Fuller-Tyszkiewicz, et al, 2021;

Goodwin, Hou, Sun, Ben-Ezra, 2020) however, research on the pandemic's effects on relationships is limited. Two studies are presently addressing the local situation: Richmond Foundation Malta teamed up with Esprimi to investigate how the COVID-19 pandemic is affecting the general population's mental health using public sentiment surveys. The second study is being conducted by Prof. Venuelo and Dr. Marinaci from the University of Salerno, who are collaborating with Prof. Sammut from the University of Malta to study the impact of COVID-19 on everyday life.

International studies on the psychological effects of a decrease in face-to-face communication include the "Love in the Time of COVID" project (Slatcher, Balzarini, & Zappolat, 2020). Singh and Sim (2021) examined the unique challenges and opportunities of COVID-19 on families at different developmental stages, as well as by family therapists, charting unfamiliar territory. Relationships Australia also conducted a survey in May 2020 to explore how COVID-19 restrictions affected people's relationships and Shibusawa, Ishii et al. (2021) focused on the pandemic's impact on families in Japan, including the effects of disrupted cultural rituals on mental health and relationship formation. Literature in this field will naturally increase in upcoming months as researchers gather data on the pandemic's impact on the socio-economic, educational, employment, financial, physical, spiritual health, and other developmental aspects of familial and social relationships. My study on the Maltese context seeks to also contribute to this data acquisition and situational understanding.

2.2 Social constructs around health and illness

As the introductory chapter provides, social constructionism examines how individuals and groups contribute towards producing perceived social reality and knowledge (Beger & Luckman, 1966). Our world-views and the way we narrate our experiences are

therefore largely determined by our social, cultural, political, and religious life-scripts. In the context of the pandemic, people's fear of getting ill and dying from the coronavirus was prominent and many people in Malta adhered religiously to the recommendations and isolated themselves from family, friends and society at large. People who lived on their own were badly hit as well as the elderly and vulnerable who had to be isolated from their loved ones and from any social contacts.

Contrary to the medical model, which presumes that diseases are universal and invariant to time or place, social constructionists emphasise how the meaning and experience of events that happen in our lives are shaped by cultural and social systems (Conrad & Barker, 2010). Foucault (1977) and Turner (1995) highlighted how medical discourse constructs knowledge about the body, including disease. "We can no longer regard diseases as natural events in the world which occur outside the language in which they are described. A disease entity is the product of medical discourses" (Turner, 1995, p. 11). Medical discourse can, in turn, influence people's behaviours, shape their identities, belief systems, impact their subjective experiences, and the way that they make sense of disease and cope with illness or the possibility of falling ill.

In fact, a certain level of isolation and fear is associated with illness depending on the severity of the diagnosis, prognosis and possibility of infection/cross-contamination. Research has suggested that poor physical health is strongly linked to loneliness (Rokach, 2004; Steptoe et al., 2013; Holt-Lunstad et al., 2015; Holwerda et al., 2016), regardless of whether health is measured objectively or subjectively (Wenger, Davies, et al., 1996; Havens & Hall, 2001). As Kellerman et al. inferred in 1977, social isolation has the potential to trigger psychotic symptoms: individuals in isolation due to oncological disease experienced symptoms of depression (92.3%), anxiety (76.9%), sleep disorders (61.5%) and hallucinations (38.5%). Other studies indicate that individuals often delay or avoid seeking

medical care as a result of fears associated with potential illness, stigma, prescription of medication and death (Agras et al., 1969; Caplan and Helzlsouer, 1992; Somma et al., 2008; Mhalu et al., 2019).

The current pandemic is an excellent example of this. This novel life-threatening airborne virus, has jolted entire populations into coping with an existential crisis. The stress associated with the knowledge of contracting an air-borne virus, and possible subsequent death may cause some individuals to delay care due to fears of quarantine, stigma, economic loss, separation from loved ones and uncertainty about the future. Media coverage has also influenced the social constructs and perception of the virus, with constant media coverage causing people to develop anxiety, heighten their fear of contracting the virus and being in close proximity with others, thereby engaging in avoidance behaviors.

2.2.1 Perceptions of illness:

People's perceptions and beliefs about an illness are important mediating links between health threats and reactions to them (Leventhal, 1970; Leventhal et al., 1997, 1998, 2003). These representations are dynamic and may develop as a result of direct experience of illness and medical care; experience of illness amongst family and friends; the media; as well as ideas embedded in cultural beliefs and language.

The self-regulation model of illness (SRMI) identifies five core dimensions of illness representation: identity of the threat (e.g. symptoms); cause (e.g., infection, genetic, stress); timeline (duration and development); consequences (including somatic and psychosocial); and controllability in terms of prevention and cure.

Variations in these representations will naturally evoke different responses to the same illness or condition. For instance, within the context of Malta, a small island-state with

a relatively high degree of family proximity, social solidarity, and altruism, Briguglio and Tedesco (2016) found that illness strengthened familial bonds and that these same social bonds and sources of support enabled cancer patients and family members to cope with their experiences. Williamson (2020) also observed that reliance on intimate partners heightened during the pandemic in the USA however this study was based on the initial weeks of the outbreak and does not consider the long-term effects of prolonged health-outbreaks and the associated uncertainty.

Compared to other risk domains, such as environmental risks, far less is known about how the public perceives risks associated with novel infectious diseases (de Zwart et al, 2009). A study by Dryhurst et al. (2020) about risk perceptions of COVID-19 found that:

- people who have had direct personal experience with the virus perceive more risk compared to those who have not;
- people who have received information on the virus from family and friends perceive more risk compared to those who have not;
- the more people value engaging in behaviours that benefit others and society at large, despite some personal cost, the more risk they perceive;
- the more individualistic worldviews people hold the less risk they perceive.

Thus, public risk perception and threat appraisal are critical factors in the way health threats are constructed and perceived (Van Bavel et al., 2020) and play a key role in determining the public's willingness to cooperate and adopt health-protective behaviours during pandemics.

2.2.2 *Constructs of epidemics and pandemics*

Prior to delving into the constructs associated with epidemics and pandemics, it would be useful to distinguish between these terminologies. The WHO defines an epidemic as *“the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy”* while a pandemic is defined as *“an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.”* The WHO clarifies that although seasonal epidemics cross international boundaries and can affect many people, seasonal epidemics are not considered as pandemics.

Global pandemics are increasingly being considered among the most serious threats that contemporary Western societies may have to face (Davis, 2005; Elbe, 2010; Fidler, 2004; McInnes et al., 2014; Sipress, 2009).

“COVID-19, the disease associated with the most recent coronavirus (SARS-coV-2) and product of animal-society inter-relationships, has been described as a "disaster" or "catastrophe" on a national, regional and global scale.” (Lavell et al., 2020, p.1)

This construct of fear and threat is quite understandable in light of the history associated with global pandemics and epidemics as there are high levels of unpredictability, uncertain duration and severe consequences including high mortality rates (Bubonic plague (1347-1351): 200 million; Smallpox (1520): 56 million; Spanish flu (1918-1919): 40-50 million; HIV/Aids (1981-present): 25-35 million; SARS (2002-2003): 770; Swine Flu (2009-2010): 200K; COVID-19: over 200 million-ongoing).

The way an epidemic or pandemic is defined across space and time, in populations, institutions and implemented interventions, depends on who is responsible for its definition, as well as the dynamics of the disease, what counts as the problem, whether the disease is

unusual or expected, the place, time-scale and vantage point it is looked at – whether it is an emergent disease from another place, whether it is affecting the particular region, or whether it is long-established as may have been the case with the Mexican swine flu (Dry & Leach, 2010, p. 5).

These narratives, definitions and reactions influence community members and population's constructs about the disease. For example, disease-associated stigmatisation among those diagnosed as positive during the 2003 SARS outbreak was evident even after years of exposure, making it difficult for recovering individuals when restarting their daily life (Verma et al., 2004; Person et al., 2004; Siu, 2008). Similarly, the current COVID-19 outbreak has given rise to stigmatising factors such as fear of isolation, discrimination, racism and marginalisation with all its social and economic ramifications (Dubey et al., 2020; Lin, Hu et al., 2021). Fear of shame not only results in delays in seeking medical care but also instigates concealing medical history and travel data. This in turn, increases the risk of community transmission. In this light, the WHO has also issued specific psychosocial considerations for decreasing stigma related to COVID-19.

2.2.3 The Influence of Social media and Policy-makers influence the narratives of people's experiences

The risks associated with the spread of pandemics generate intense and high-profile speculation across international media. While social media provides insights into detection of crises and rapid communication in an emergency, national and international news coverage continues to be central to the framing of public and policy debates on security and health emergencies (Dry & Leach, 2010). The media may therefore strongly influence the public and private sectors in making decisions on discontinuing certain services including closure of

educational, retail, and travel services which may be disproportionate to the true public health need. Depoux et al. (2020) discussed how, within days of the onset of the COVID-19 outbreak in China, misleading rumors emerged, saturated by a plethora of fake information as well as negatively skewed information which metastasized faster than the virus itself. In fact, the WHO's Director-General referred to this "coronavirus info-demic" as breeding fright and panic by laying out unverified rumors, flamboyant news propaganda and sensationalism (Dubey et al., 2020).

Hence, in addition to addressing the urgent need to scale-up public health measures to combat the outbreak, policy makers, Government authorities and the WHO needed to address the social media panic dimension. Locally, authorities kept public panic at bay by providing daily updates about the situation, introducing helplines and, online platforms to reduce the mitigation of misinformation, and issuing guidelines and restrictive measures to safeguard public health. The aforementioned practices, coupled with the second phase restrictive measures during the summer months has been met with mixed reactions. Businesses and their associations questioned the measures as they were having a negative effect on profits, while hospital personnel were putting pressure on the Government to tighten restrictions to prevent inundating their services with too many COVID-19 patients. These opposing views can confuse people and question the validity of the measures taken.

2.3 How has COVID-19 affected systems?

The COVID-19 pandemic is a stressor that originated outside of the family system yet has taken a toll on all individuals and their families around the world (Singh & Sim, 2021). Social connections have been investigated extensively, highlighting the importance of social relationships and their impact on an individual's wellbeing (Naser et al., 2020). An important

challenge in overcoming this unique stressor is maintaining well-functioning relationships that are undeniably linked with emotional and physical health. The ability to adapt to this stressor and maintain well-functioning relationships, is shaped by an individual's attachment style, emotional regulation and problem-solving strategies, dyadic processes (e.g., communication strategies, support systems), race, ethnicity, and social class (Pietromonaco & Overall, 2020). This corroborates McGoldrick and Carter's (2005) model which depicts how different stressors flow within a system (see Figure 1). The model usefully locates the family as a psycho-social system embedded within wider social systems that function through transactional patterns. It shows both vertical and horizontal stressors influencing lifestyles and consequently adaptability.

Hence, one must also consider the whole context including social differences, historical events and horizontal stressors across populations when assessing the influence of the present pandemic on relationships. Burnham's (2012) social GRRRAAACCEEEESS model is useful to keep in mind when considering adaptability to stress especially since vulnerable groups such as racial and ethnic minorities, the poor and old have been hard hit the most (Falicov et al., 2020).

2.3.1 Living with the uncertainties and multiple losses of COVID-19

The pandemic has been abounded with uncertainties and unknowns; a novelty that individuals and families have had to adapt to. The most challenging reality is that the transmission of the virus is invisible and many individuals that are carriers are asymptomatic, yet contagious. According to Rolland (1990, 2018), these disease characteristics heighten the experience of living with risk and anticipatory loss. This, coupled with the unpredictable course of the virus (some individuals appear to improve and then take a turn for the worse),

uncertainty regarding long-term complications, vaccine efficacy against new variants, and constant changes in regulations and mitigation measures; has a significant impact on family dynamics.

One prominent factor is the ongoing pervasive sense of loss that communities have had to face: the loss of loved ones and limited/prohibited gatherings for burial rituals (Imber-Black, 2020); the loss of physical contact with family members and social networks; loss of hopes and dreams: young adults face the loss of educational and job plans – in pursuing careers, gaining financial independence (Walsh, 2020); loss of jobs, livelihoods and financial security; and loss of normalcy – ambiguity clouding our thinking and decision making which in turn increase anxiety, depression and conflict, interfering with adaptation (Boss, 1999). When these losses are unacknowledged, hidden or minimised, they leave families unsupported and prone to difficulty adapting and functioning (Doka, 2002).

2.3.2 Effects of the pandemic on relationships

Research examining how external stress may affect relationships and the conditions that may exacerbate or mitigate these effects may help in understanding how the stress associated with the present global health crisis may impact relationships. In well-functioning relationships, couples feel that their respective partners are responsive to their needs: their behaviours demonstrate that they are responsive and supportive, engaging constructively to solve problems (Reis, Clark & Holmes, 2004; Collins & Feeney, 2000). As explained earlier, external stressors such as unemployment, financial hardship and work stress can affect the quality of interactions and perceptions of relationships. It can also create a context where individuals are overwhelmed, fatigued and more likely to be critical, argumentative or blame their partners, provide less support and, in time, become less satisfied with their relationships

(Barton et al., 2018; Barton & Bryant, 2016; Bodenmann et al., 2015). Interestingly, an early study by Williamson (2020) about the effects of the pandemic on relationship satisfaction found that the latter did not change over time; participants became more forgiving and less blameful of their partner's negative behaviours and attributed them to the pandemic stress. Naturally, the above can also be extended to relationships beyond the couple dyad.

2.3.3 Family life and parenting

According to family systems theory, stress affecting one family member may lead to disruptions in the family system and subsystems, including the parent-child dyadic relations. Research on mass crisis and trauma has shown that, the way that parents try to manage children's behavior in adverse situations, impacts their children's well-being. Data from these studies has shown that coercive patterns and harsh parenting predict unfavorable outcomes in children living in stressful situations (Gewirtz, Forgatch & Wieling, 2008; Kelley et al., 2010).

Emerging research has shown that parents' perceived impact of COVID-19 is associated with increased parenting stress and, in turn, increased risk of harsh parenting (Chung et al., 2020; Romero et al., 2020). Parents face simultaneous demands such as educating, fulfilling work-related responsibilities, managing household chores and providing children with various activities. Some parents have had to keep working outside the home, dealing with the threat of possible contagion, whilst many others worked from home while dealing with caregiving and home-schooling, without extra-familial support (Romero et al., 2020). This may have placed additional stress on couples and parent-child relations (Newkirk et al., 2017; Dubey et al., 2020). Furthermore, given the mental health implications associated

with the COVID-19 crisis, children in families with more risk factors (including low income, mental health, relationship discord) may be more vulnerable to child maltreatment.

2.3.4 Children's socialisation

Community-based pandemic mitigation measures (such as closure of schools, parks and playgrounds) has disrupted children's lifestyles, promoted distress and added a sense of confusion. Consequently, children are likely to become more demanding, exhibit impatience, annoyance and hostility as a result of changes in routines, monotony / disappointment, lack of face-to-face contact with classmates, lack of enough personal space at home. This may additionally trigger troublesome and prolonged mental consequences in children including separation anxiety, phobias and gaming addictions etc. (Remmerswaal & Muris, 2011; Wang et al., 2020).

Although it is crucial that the negative effects of the pandemic on the psychological well-being of children is analysed, research should also focus on potential positive outcomes derived from this global crisis. Previous research on risk and resilience in disasters conveyed that, in adverse situations, positive patterns of adaptation, perceived benefits or even post-traumatic growth may be possible (Romero et al., 2020).

2.3.5 The Elderly

Given that age is a risk-factor for the transmission of COVID-19, older adults, senior citizens and people with serious comorbidities may experience greater pandemic-related stress. This heightened level of stress can occur for a variety of reasons including the need to

exert greater caution, fear of catching the disease, social isolation and separation from friends, family and other caregivers who normally may provide assistance.

Nevertheless, multiple studies have indicated that older adults may be less negatively affected by mental health outcomes when compared with other age groups (Vahia, Jeste & Reynolds, 2020). For instance, a survey conducted in June 2020 by the Centers for Disease Control and Prevention (CDC) among 5412 community-dwelling adults across the US noted that the 933 participants aged 65 years or older reported significantly lower percentages of anxiety disorder (6.2%), depressive disorder (5.8%), or trauma- or stress-related disorder (TSRD) (9.2%) than participants in younger age groups.

2.3.6 Society at large

The present health crisis resulted in ‘herd-behaviour’ amongst the public due to concerns about lockdown-related scarcity of emergency and essential services. This panic resulted in many stockpiling daily essentials and resources (hand sanitizer, medications, protective masks and even toilet paper) which can have a detrimental impact on certain members of the community and increase crime. Furthermore, as previously discussed, infection-related stigma is known to increase during epidemics and pandemics, and sadly has become a common response in the case of COVID-19 (Chung et al., 2020; Asmundson & Taylor, 2020).

We have seen how COVID-19 related stressors affected the social relationships that enable individuals to regulate their emotions, cope with stress and remain resilient in stressful situations while loneliness and social isolation aggravate stress (Naser et al., 2020; Hawkey & Cacioppo, 2010). Despite the negative consequences, mitigation measures also offered space for people to slow down in what had become a fast-paced lifestyle, learn new skills,

and adjust to using various social platforms to socialise, work and be educated. During previous outbreaks (e.g., SARS in 2003), it was reported that many people experienced better routines of self-care, feelings of embeddedness in the community, and pro-social behaviours towards friends and family (Lau et al., 2006). Similarly, in the current pandemic, a blossoming of solidarity and altruism has been reported (Vergin, 2020).

A new community reality, that has also emerged globally over a year into the pandemic, is a sense of coronavirus fatigue. This brings its fair share of social concerns as some have begun to cut corners on public health measures, putting themselves and others at risk: The WHO (2020) has also recognised this reality,

Pandemic fatigue is an expected and natural response to a prolonged public health crisis – not least because the severity and scale of the COVID-19 pandemic have called for the implementation of invasive measures with unprecedented impacts on the daily lives of everyone, including those who have not been directly affected by the virus itself.

and published a policy framework for supporting pandemic prevention and management. This is understandable given the prolonged nature of the pandemic and individuals have been re-defining and adjusting their progress through their respective life-cycle for over a year and are seeking to establish and return to a new-normal.

2.4 Conclusion

In this chapter, relevant research findings related to the various effects of health crisis, epidemics and pandemics were presented. Multiple factors have influenced the ways in which society constructs and understands stressful events and the factors that influence their reactions and coping strategies in unpredictable circumstances. Although literature related to the current pandemic is being published rapidly, at the time of researching for this chapter,

studies related to relational effects were limited. The next chapter outlines the research methodology used.

Chapter 3

Methodology

Methodology

3.1 Introduction

This section describes the methodological approach undertaken. The rationale behind this choice and the reasons for opting to conduct qualitative research will also be discussed. I shall also include the data analysis tool in this section. An outline of the research participants' selection criteria, instrumentation and data collection methods will be presented. Ethical considerations and measures to ensure credibility and trustworthiness will also be covered.

3.2 Research Design

Given the scope of this research and the limited literature, I thought a qualitative methodology best suits my study. Unlike quantitative research, qualitative research is principally concerned with the subjective experiences of the participants, how they make sense of the world and how they experience events (Lyons and Coyle, 2008). A qualitative account is open-ended, allowing the respondents' world-views and meanings to come to life through their narratives, endorsing depth and insight, enabling the researcher to obtain an 'insider' perspective on different social worlds (Langdrige and Hagger-Johnson, 2009).

3.3 Methodological Framework

The methodological framework selected for this study is narrative inquiry; a form of qualitative research where the stories become the raw data (Bleakley, 2005; Leavy, 2009). Building on the tenets of qualitative research, the narrative approach has been used across disciplines to understand the multi-faceted meanings of the self, culture, society, and human actions (Lieblich, Tuval-Mashiach, & Zilber, 1998). Underpinning narrative psychology's

understanding of the self are concepts deriving from the phenomenological theoretical framework, including human 'lived' time, the self as an interactional process (Crossley, 1996) and morality. Stories play a central role in the process of identity construction; they sustain us in times of trouble and encourage us towards ends we would not envision (Crossley in Lyons & Coyle, 2008). When people undergo important transitional, they tend to make sense of events using stories. The pandemic has challenged the sense of normalcy globally and disintegrated routines in lifestyles unexpectedly – people have had to construct narratives to make sense of this major health crisis. As Broyard (1992, p.21) argued, "*in emergencies we invent narratives... we describe what is happening as if to confine the catastrophe*".

Hence, this framework is suitable for this study as it allows participants' world views and meanings to come to life through their interactional stories. Their experience of the pandemic and the story they tell about it, is relative to the "world" they interact and live in. The fact that there was so much talk about the coronavirus which infiltrated the whole world, spiked an interest in me to move away from the collective narratives and explore with people the subjectivity, uniqueness of the way they made sense of this time in their lives.

3.4 Rationale behind Research Framework

I opted for a narrative approach because it is concerned with subjectivity and experience – it allows participants to elicit an understanding of their experiences and come to terms with how they think or feel about what is happening: the coronavirus pandemic. Narrative analysts strive to understand the context in which events happened and how participants narrate their stories (Bamberg, 2010), operating within a realist epistemology

which assumes that there is a knowable domain of facts about human experience and consciousness that could be discovered. This assumption is questioned by discourse analysts.

Contrastingly, other frameworks such as grounded theory and discourse analysis focus on developing an explanatory theory of basic social processes and the understanding how people make use of language to create and enact identities (Starks & Brown Trinidad, 2007). Seeing that my research focus does not relate to theory development or language use, a narrative approach is considered suitable, also given that it allows space for participating families to talk together about their story, facilitating communication while they are making sense of their experience (Bohanek et al., 2006). Furthermore, narrating a journey through a health crisis can have a therapeutic effect as a process of meaning making is enabled.

3.5 Research Participants

I recruited my participants by means of purposive sampling, a type of probability sample which is a representative subset of a larger population and is constructed to serve a very specific need or purpose (Bryman, 2012). Purposive sampling is also congruent with the methodological framework adopted.

In total 5 participants were interviewed, each at a different family lifecycle stage – single, couple, married, married with children, older adults. I recruited my participants by asking gate-keepers for recommendations. Participant recruitment was straightforward, yet challenging when identifying suitable times for interviews. Respondents were happy to talk about their stories which indicates that families needed to connect, share and attribute meaning to their experiences.

3.6 Data Collection

I used the Single Question Used in Inducing Narrative (SQUIN) technique (Wengraf, 2001), to allow respondents to freely express and explore their experience with least intervention from my side. I constructed a semi-structured interview guide (Appendices), which was influenced by relevant research as well as my personal experience of the situation. The guide was used alongside respondents' narratives to reflect on their interpersonal relationships and their relationship with their contexts. According to Wengraf (2001), semi-structured interviews comprise a set of questions prepared prior to the interview, allowing participants to elaborate further on their narratives.

After compiling an interview guide to help maintain my curiosity and focus on the research question, I conducted a pilot interview in order to test for any 'flaws, limitations, or other weaknesses' that may be present (Turner, 2010, p. 757). This process enabled me to make any necessary amendments to the interview guide prior to the actual interviews and to identify any biases. I used the interview schedule flexibly in order to work collaboratively and non-hierarchically with the participants. During the interview, the data was recorded using a voice-recorder and transcribed verbatim.

3.7 Data Analysis

Contemporary hermeneutics suggest the existence of a hermeneutical circle and that we can only understand and interpret the world around us through our preconceptions and beliefs, determined by our cultural, historical, linguistic and educational contexts (Grondin, 2017). These concepts are particularly relevant when considering that the narratives analysed in the subsequent sections contain the co-constructed dialogue of the respondents and researcher. Narrative analysis was chosen precisely for its acknowledgement that participants

will utilise their stories to make sense of their identity, the changes in their sense of self and relational self over time during the pandemic. Narrative analysis assumes that the researcher can make sense of the personal and cultural meanings that participants use to describe their experiences. Understanding the content and complexity of meaning in which narratives are produced is therefore crucial. Harbinson (in Lyons & Coyle, 2008) emphasises the need to analyse transcripts without '*privileging certain voices or making unacknowledged political comments*' (p.165). In fact, one of the shortcomings of narrative inquiry is that the very nature of the qualitative methodology posits less clear boundaries between the narratives of the respondents and the position of the researcher.

Hence, I reflected on my positioning and experiences which may have interfered with my judgements in producing a narrative which accounts for participants' experiences during the period of the pandemic, while considering the political implications of my interpretation of their narrative. This is imperative because, as a researcher, I too have been immersed in this current phenomenon and therefore it made it more challenging to limit my subjective experience during the processes of data collection and data analysis.

I analysed the data collected as follows: firstly, I repeatedly read through the transcript to familiarise myself with the narratives and obtain a general gist of the emerging and significant themes. Next, I developed an idea of the principal elements of the participants' stories. McAdams' (1993) life-story methodology was utilised, where three principal elements of a narrative are highlighted: the narrative tone; imagery and themes.

The narrative tone is conveyed in the content and the way the story is told (e.g.: optimistic/pessimistic). Every narrative also contains and expresses a characteristic set of images. Hence, I gave attention to language and metaphors used in describing the experience as they are grounded in socially shared knowledge and conventional usage (Kohler Riessman,

1993) and reveal shared cultural and social understanding. Concurrently, emergent themes were identified to obtain a general overview of the stories portrayed. Next, the transcript and emergent tones, imagery, and themes were revised and constructed into a coherent analysis. As mentioned, this analytical process will not elicit a genuine first-person account as it is always co-constructed between the participants' and the researcher. Yet, I attempted to provide a coherent systemically informed narrative. This second-order account aims to represent the meaning behind the participants' experiences, the feelings expressed, whilst keeping abreast of existing theoretical constructs (Larkin et al., 2006).

Finally, I explored connections between participants' narratives to see if there were common overarching themes that permeated (Dey, 1993). I also interpreted the individual narratives within the participant families/ between the couples. Congruence and dissonance between the various family members was sought in order to facilitate the both-and approach, which is a key component to systemic perspective (Waldegrave and Tamasese, 1993; Walsh, 1996).

3.8 Reflexivity

Dallos and Vetere (2005) strongly suggest that throughout the entire research process, researchers reflect thoroughly on their biases and experiences as they are moulded by cultural values which inevitably influence the research objective. Crotty (1998) adds that a researcher's discourses are reflected throughout the study; in the research question, the objectives of the study, the methodology chosen and the analysis and data interpretation.

By providing a reflexive account, the researcher acknowledges their own position in the study; thereby "increasing the transparency of the research" (Crowley, 2010, p. 240). As a result, I reflected on my personal experience and family narratives throughout this project.

Etherington (2004) in fact refers to reflexivity in research as an ongoing and dynamic process. I therefore kept a reflexive journal to record my own reflections and reactions, as well as my narrative during the peak of the pandemic and during the transition after the measures imposed by health authorities were reduced; all of which may have influenced my interviews, shaped my perceptions and positioning throughout the project. These measures enabled me to acknowledge the effects of my subjectivity and most importantly, to remain true to the participants' experiences during the data analysis process.

3.9 Ethical Considerations and Data Protection

Advances in the social science field have been accompanied by a growing awareness of the attendant moral issues implicit in the work of researchers. Langdrige and Hagger-Johnson (2009) emphasise that the most fundamental ethical principle is that researchers treat their participants with respect. I ensured that throughout this study, any ethical issues that arose were considered with great sensitivity.

Prior to the data-collection process, participants were provided with a consent form explaining the nature of the research. I verbally explained the study's aims prior to starting the interview and allocated time for questions. Participants were given the liberty to withdraw from the study at any time and ask for any records to be destroyed without explanation.

The interviews were conducted at the interviewees' most convenient meeting place in accordance with Tindall (1994) to ensure contextual validity, however confidentiality and safety was considered. In view of the pandemic, interviews were also offered online through online encrypted platforms. Interviewees participated voluntarily and were not remunerated to entice participation. Furthermore, respondents were informed about confidentiality and its limitations, noting that although the voice-recordings are transcribed/ seen by supervisors, no

identifying information will be disclosed. The participants were also informed that all voice recordings and transcripts will be destroyed following graduation.

To ensure that participants' data is protected, the research data was saved and password-protected until the study is corrected. In addition, research participants were informed about their right to obtain a copy of the study upon its completion.

3.10 Credibility and Trustworthiness

“Without rigour, research is worthless, becomes fiction, and loses its utility” (Morse et al. 2002, p.2). Accordingly, a significant amount of attention is applied to obtaining reliable and valid results in all research methods (Morse et al. 2002).

Qualitative research is based on theoretical assumptions that promote subjectivity and unique participant experiences; reliability and validity issues differ significantly from those in quantitative research. Qualitative inquiry most notably lacks the rigour of 'hard' numbers and p-values (Morse et al. 2002), a number of researchers (Lincoln and Guba, 1985; Leininger, 1994; Rubin and Rubin, 2012; Whittemore et al., 2001) suggested new criteria and a plethora of terms for ensuring reliability and validity. The most cited being “trustworthiness”; composed of four aspects: credibility, transferability, dependability, and confirmability, each with a qualitative methodological strategy for establishing qualitative rigour.

Throughout this study, several precautionary strategies were undertaken to ensure that the findings will have a significant degree of trustworthiness. One technique involved the use of a digital voice recorder and transcripts to make certain that detailed, accurate field notes will be obtained and that findings will be open to further research. The findings were also viewed in the context of available studies, to further ground said findings. This triangulation

process (Smith, 1996) allowed me to contextualize the findings and elicit similarities and differences.

Credibility was further enhanced through a pilot study to reveal any potential deficiencies in the interview guide that may significantly affect the findings. I also adopted a positioning of ongoing validation whereby I summarized what the participants narrated to ensure as accurate a representation as possible. The transcription process also allowed me to revisit and understand any processes I may have missed such as turn-taking, tone of voice, cues asked to enrich the data collected. Following analysis of the transcripts, a peer review was conducted, where, in accordance with Lincoln and Guba (1985), the reviewer questioned “the meanings and interpretations of the researcher” (Creswell, 2007, p. 208). This allowed space for my biases and assumptions to be challenged and ensure that there is agreement on the narrative. Finally, the participants were invited to examine the emergent themes to see whether the essence of their experiences, views and perceptions were captured. Lincoln and Guba (1985) consider respondent validation to be “the most critical technique for establishing credibility” (Cresswell, 2007, p. 208).

Conclusion

The effects of the current health crisis will undoubtedly have long-lasting impacts on society and family narratives. This study may prove useful in assisting local therapists serving to shed light as to what Maltese families require from social, educational and health care services in times of crisis and post-crisis in future policies.

Chapter 4

Findings

Findings

4.1 Introduction

In this section I will present my understanding of participant's stories, as co-constructed in the interviews. I attempted to be as true to their story and to the Maltese transcript as possible, yet translation discrepancies may arise. Some of the embedded quotes remain in Maltese since translating would reduce or change the stories' meaning. My first two interviews were conducted in English, while the rest were carried out in Maltese.

4.2 Narrative 1

In view of the pandemic and concern about safety, I met John and May, a retired British and Maltese married couple who live in Gozo. John previously worked as a mechanical-electrical engineer, and May was a midwife before moving to the UK. The couple have two adult children who live overseas with their respective families: one in the UK, the other in Australia.

Upon introducing myself, I immediately noted the couple's bubbly nature and eagerness to share their story. The couple's attunement towards each other's needs also struck me. Both shared their moments of joy, sense of humour and instances of sadness. I connected with the couple in their sense of pandemic fatigue and frustrations around the uncertainties present. In fact, my biases were present and felt at times during the interview in my statements and queries. I recognised this as I spoke and was lucky that John and May were also comfortable enough to elicit their experience and correct my understanding of their experience.

Coming to terms with a shift in lifestyle

Having lived abroad for most of their married lives, and retired 6 years ago in Malta, John and May are an active couple who enjoy travelling, dancing, and socialising. The couple's process of adapting to the reality and seriousness of the virus shifted from taking the virus with a pinch of salt to frustration and fear:

“Our daughter is a doctor, and she was telling us ‘Stay inside, lock the doors and stay inside!’ And we’re laughing at her to start with. At that point, in the beginning, we didn’t know how bad it is, and how also how contagious it is and how it’s passed.’

“For me, we knew what was going on, but it didn’t seem to be that big of a problem, like you knew it could be contained and it wouldn’t affect our lives anywhere near the way it has.”

The introduction of semi-lockdown measures was the primary source that shifted the couple's perspective to one of shock, frustration and concern as leisure centres closed, travel was banned, and dancing classes were stopped. They experienced this as a limitation and loss as they were not enjoying their retirement plans *“we had planned our retirement and we know that really when you get to our age, if you’re lucky, you’ve got ten good years of travelling the way we like to travel”*.

The sense of mortality that the retired spouses touched upon played a role in how they gave meaning to the pandemic. Both also commented about how certain routine medical appointments were postponed, impacting their health and that of their extended family. This increased their concerns about missing out on meeting their children and grandchildren.

The separation from their children and grandchildren grew more pronounced

The most predominant aspect that John and May spoke about during their interview was the sense of loss and isolation they felt from their children and grandchildren. Travel is an important aspect of the couple's life particularly due to having family overseas. In fact, the sense of isolation was so strong that the couple went through a period where they considered risking contracting COVID-19 than experiencing the separation they felt from their children and grandchildren:

“A big part of me feels like we should have just taken our chances and just go on with life! The cost that we're... the economic, emotional, you know, to your life. Two years, two years of our lives...”

Keeping in mind the closely knit culture of Maltese families potentially explains why May found it more challenging and distressing to be away from her children and grandchildren. However, what was more distressing for both May and John was the freedom to plan a quick visit to be with their family: they terribly missed being part of their grandchildren's lives. On the other hand, in the UK, families are used to distance from family – moving out at young ages for college and university. However, the pandemic restricted all travel which meant that they too could not come over for a visit.

Powerlessness and fear of contracting COVID-19

John and May also struck me in their ability to share their stories of fear despite having known me for a short period. The pandemic, governmental decisions, medical knowledge and access to news and information has had an emotional impact on both which lead to moments of deep reflection and despair due to the sense of powerlessness they experienced especially in their children's and grandchildren's circumstances.

May's nursing background and knowledge of how viruses and infections are transmitted, and the implications of carelessness, made her more conscious of the seriousness of the pandemic. In fact, May initially scolded her husband for not taking the situation more seriously. This was often a source of contention between them so much so that she wanted him to move to their other house in Malta. The differences in their social construction of the situation and educational background affected the spouses' attitudes towards the pandemic. In addition, John's optimistic attitude made him try harder to allay his wife's concerns: by washing his hands carefully, mask wearing and social distancing.

Nevertheless, the biggest factor that affected May, was that people have been dying alone without their family.

"I know more than most how things are transmitted. But when I see it, and even though people are dying, I'm sad. But I'm sadder that people are dying without their loved ones, than the fact that they're dying. So, I'd rather die surrounded by my loved ones than risk getting COVID and dying alone."

Once again, the pandemic brought on an existential crisis which led them to sift through profound reflections about the loss of what could have been their lifestyle post-retirement and the desire to connect with others. On one hand, there was a sense of responsibility to prevent contracting the coronavirus and accepting governmental precautionary / prevention measures; on the other, the fear of dying alone and the discrete emotional impact of isolation from family and friends.

"When you think about the whole thing... I think the cost has been too high of us trying to be physically careful. Physically careful is not emotionally careful."

Given that their family is abroad, the couple kept abreast of international news and pandemic related restrictions which may have increased levels of fear, anxiety, and feelings of powerlessness in the couple as they monitored their loved one's situations.

“Seeing what’s going on in Spain, I remember this one night absolutely crying my eyes out and then feeling that umm I’m never going to see my daughter again... I’m going to die and never see her again. And that is... that’s unbearable!”

“That’s tough!... The implications... the way that governments reacted to it were all different. Some governments decided that it wasn’t such a big problem, others like Australia, they just closed everywhere”.

The solitude and distance from family during uncertain times, as parents, made them feel helpless in providing support to their children through the situation especially with the differing regulations across countries. For instance, the knowledge that their daughter was restricted from travelling outside of Australia and any permission given to do so may not guarantee re-entry, concerned May and John, as, while meeting would be emotionally relieving, the knowledge of the costs for their daughter was greater. The only solace to the helpless situation that May found was to regularly write to Australian authorities to consider the situation of foreigners with family residing outside the country. Additionally, John’s positive nature helped instill a sense of hope. The fact that John is a practical person was also an asset as it provided grounding in a constantly changing global situation.

Stories of managing solitude

Both associated the pandemic with a horrid experience *“a horrid meaning, I don’t know... It’s just something that I wouldn’t wish on my worst enemy”*. However, at the same

time the couple were able to draw on the positives that supported them through a difficult, horrid period.

John and May have various coping strategies which have been a source of support. This includes keeping active by going for walks, swimming, watching television and artwork. The knowledge and experience of having each other helped both cope with the uncertainties and isolation from their children, grandchildren, and opportunities for socialising.

As mentioned, the couple agreed that May is more anxious and careful than John, with John supporting May by doing the groceries and lending an ear when his wife becomes overwhelmed with thoughts of being separated from their children and grandchildren. John finds that keeping himself grounded and keeping his expectations for change / improvement at a cautious level has supported him immensely in his feelings of isolation. His optimism thereby was transmitted onto his wife. Both also spoke about how essential it has been for them to draw on the positives:

“Nadine, you got to draw on the positives and that’s that.”

“we’ve got to get up in the morning and be positive... as much as I say that I don’t see our lives changing much in 2021, I’m positive that our life will be okay in 2021. We might not see our daughter, there’s a possibility that we might not see our son, but these things are what they are... we’re lucky enough that we’ll be able to afford to go, we’ve got the time to go. A lot of people won’t have those two cards of the equation to actually deal with this”.

The ability of these grandparents to draw on the positives is a strength which enabled them to hold on to stories of hope during the challenging moments of their narrative. The humbleness in recognising that they are better off than others in similar situations as a result of their financial stability also provided solace in the knowledge that their sacrifices would be rewarded when the pandemic improves.

In conclusion, the couple contextualises their story around quality connection with family and friends, whilst longing for physical contact with their children and grandchildren. Having a strong relationship, the couple didn't experience drastic changes in their relationships – however both noted that their son has been calling more often. The couple's ability to support each other to focus on the positives has been an asset in their journey of adapting and constructing a retirement narrative during a pandemic.

4.3 Narrative 2

This narrative highlights the experience of a Maltese-Gozitan married couple, working and living in Malta, with two school-aged children (3 and 5 years old). Mandy and Mark are full-time charge nurses working in the ITU section of hospital. The first part of the interview was held with Mandy. Mark joined later, highlighting the couple's busy lifestyle as a result of their jobs.

Mandy shared her perspective on the pandemic's effect on her family, colleagues and herself. I was initially surprised by her experience of the pandemic as an ITU nurse however quickly understood that in the ITU, workers are used to crisis management.

I personally found it hard to connect with this family as the couple's story mainly focused on their preoccupation with being practical in their work setting and in patient care during the pandemic. I experienced the differences in outlook and attention attributed to the pandemic as relevant to the respective differences in professional roles. Whilst as a trainee family therapist I focus on the context and the wider picture of the system with clients in their relation to presented worries, the medical field focuses on diagnosing and tackling issues in a practical manner which may explain why our curiosities lied in different aspects during the interview.

Stories of adaptation in workplace

Being frontliners during a health outbreak, the nurses spoke mostly about their experience in the medical field and how it impacted their work routine.

Mandy spoke at length about the learning experiences and frustrations that arose as the health sector began their preparations for the first COVID-19 case. The fact that the nurses were being prepared well in advance of any confirmed cases in Malta, coupled with previous exposure to other health risks in the past, supported them in their preparations.

Mandy shared how stressful the first few weeks were for herself, her staff, and the family. She referenced the emotional toll of having to smile whilst working with patients in the presence of superiors who were identifying COVID ITU potential locations:

“Those first weeks were very stressful because we had to smile, we had to change (PPE’s) every single day. I think our greatest concerns were our PPE’s that they don’t finish for us, and that we wear them properly and donn and doff well”

Furthermore, the mother, wife and nurse spoke about the frustration she felt as she provided training to numerous staff members who later were recalled to their original posts. Mandy saw this as a resource-waste especially until a routine was found: *“it was very frustrating, extremely frustrating, because those higher up were sending a lot of staff and then taking them back. So, all that energy we spent teaching was wasted.”*

During this phase, Mark and Mandy also had to consider how their work will affect their family. Mandy initially thought that only she would be involved but suddenly her husband’s section was called into the COVID section too. This instilled fear in the mother *“I was very, very scared at first, because I didn’t want to get my children sick, that was my biggest fear.”*

Nevertheless, the charge nurses felt that they had the necessary workplace support and allowed to work opposite shifts to ensure that they could balance work and family life which eased anxiety.

Protecting family

When the first case was detected in Malta, Mandy expected the airports to close to safeguard the community particularly because of all the early preparations and fear instilled by other countries' struggles in the media. She also assumed that she would live alone, with her family moving to ensure safety. This however changed as priority was being given to safeguarding the elderly: *"It was really the priority was to keep the elderly safe. So, sending children to my parents wasn't an option anymore and mama didn't really want."*

Eventually, Mandy was assigned to the clean ITU, with Mark assigned to the COVID ITU. The supportive workplace environment also helped in maintaining comfort and safety in the family: *"They decided that with couples only one goes in. So, we had decided that Mark goes in."*

As an interviewer, I quickly assumed that this was to ensure that one parent is safe to protect and care for the children, however I was quickly informed that both work opposite shifts with the difference that one stays within the 'clean' ITU while the other would be within the COVID ITU.

Stories of adaptation in dealing with the pandemic

As health-care professionals, Mandy and Mark deal with crisis daily, and this pandemic was not the first they experienced, yet they expressed how much safer they felt this time round.

“We've been exposed to viruses in the past, which we weren't protected as we should have been and this time since it was taken very seriously, we are protected. Well, I felt safe, I feel safer and go with it.”

I was surprised to hear that they felt safer – perhaps my perception and unease with novel viruses, hailing from a non-medical background, affected this thinking.

On a managerial level as a charge nurse, Mandy shared how she experienced the adaptation to the pandemic as a positive one *“I think we dealt with it very good. They were taking in the staff gradually, the people who wanted to go in went in and the people who were not happy, we gave them more time.”*

As parents, Mandy and Mark also spoke about their experience when one of their sons needed to be operated during the COVID peak. Both expressed how stressful it was for all the family as they had to deal with their son's surgery, and the thoughts and fear of being in hospital, with increased COVID transmissions. In addition, transitioning to caring for two minors alone was also a source of stress:

“You have to tough, tough it up like, you must tough it out. Even my husband, our work is opposites. We must deal with the children alone... with two alone it's difficult, it's difficult but it's much easier now.”

Both discussed having tweaked their rules and screen time to manage housework or wash. Once again, their practical nature is highlighted as crucial to coping with stressors.

They also found new strategies to ensure that everyone sleeps at the same time since sleep is an effective coping strategy to maintain healthy stress levels.

Education

Regarding education, Mandy experienced greater concerns when their children began school than when she thought of moving to the COVID unit. *“The stress was that they get sick from school. I felt the risk was more getting, them getting sick from school than me going into COVID.”* The fact that Mandy and Mark taught their children about the virus, the risk and safety, helped their children ease into the new system and reassured Mandy. Their medical background and experience in teaching and providing information supported this:

“I think there was a risk sending them to school, but they were very, very good... they wore their masks; they distance themselves. I think they were very diligent, they managed and the little one, he kept his mask on all day.”

The parents were grateful that their children supported each other, with the youngest learning from his older brother.

Relationships

The pandemic brought on several changes within this family including decreased support from extended family members and increased stress when their retired parents were not cooperating with health guidelines or blaming their children for cancelled celebrations. Mandy shared her experience and shift in her relationship with her mother. Initially, Mandy’s mother took cancelled events to heart and blamed her daughter. The nurse coped by accepting

the blame *“not to burden myself with drama. It's not easy when parents get a little overwhelmed. But it's no different than any situation... you find your way to cope with it.”*

Mandy did not experience any changes in her relationship with her father, noting that he adapted better than her mother: *“My father is happy go lucky. He just adapted and he kept on working from home and did a lot of meetings. He's 73 and he's still working. So, he was fine, as usual he's always fine.”*

The charge nurse spoke about how the decrease in support in child-care from her mother, as a result of fear, affected her and her husband:

“She's very scared of COVID and she won't take any risks or anything. So strangely, so COVID was very difficult for me. You know, but actually COVID was difficult for everyone...when we didn't have that support that you may have wanted from your mum....”

Nevertheless, the grandmother still maintained contact with her grandchildren online and provided them with some educational lessons online.

Despite this decrease in support, both parents drew positively on their increased time with their children. Mandy expressed that: *“As bizarre as it may sound, my relationship with the children, I think it's better.”* Mark also corroborated: *“Personally, I think we spent more time together with the kids, it's better.”*

The parents expressed that through COVID they learnt how to better handle their children. *“We've learned how to handle them more in this and we go to the beach a lot. The beach has kept us sane for sure, for sure in summer.”* They also saw their children change and develop better camaraderie, behaving and playing together more. *“[They] play a lot together now... they hold hands and walk.... you know, I think that the younger one is growing up.”*

Separation from spouse

The couple spoke about the change they experienced in their relationship as a result of different working hours. *“We had to work on our own a lot. We have to because our life works in different shifts”*. However, they do not attribute this solely to COVID as this adaptation happened when they had their second child:

“We don't we don't have a lot of time together. When we had the second child that was becoming a necessity. In order to cope emotionally with COVID when you have second child, you have to separate a bit, you know.”

“We don't get to have any time to any time to ourselves, very limited time to ourselves as we sleep and wake up with them.”

Mark and Mandy's ability to take on their respective time with their children as the other parent returns to work highlighted their synchronicity despite having little time together as a couple. This couple seems to have found their appreciation and hold value in spending time together as a family.

Mandy also spoke about how their arguments increased due to a build-up of exhaustion from work and coping with family life alone. *“So, more arguments more, there are more arguments but not so much.... I don't think we have a lot of energy to argue at this point.”* Mandy compared it to the arguments that happen between staff at work due to increased stress and the way they deal with it a day at a time, recognising when it is best to take a step.

Mandy showed appreciation towards her husband who does not sleep after night shifts to care for their children: *“Mark is working all day. There are many times I work till four, but there are many times I just couldn't leave so he stays with them... now he doesn't sleep after the night shift”*

Overall, Mandy and Mark felt that although it has been a challenge on different levels with instances of fear, disappointment and frustration, the positive experiences as a family have outweighed the negative moments. They opted to define this period of their narrative as a positive one filled with learning experiences. In addition, they experienced online schooling as useful as they are more immersed in what their children are learning.

“I think this the spirit, I can't say COVID was all negative. You know? We've learnt a lot first of all online. I learned what they were doing in class, and I managed to teach him better, so it's following the homework better.”

Another asset is the flexibility of following class from home when unwell which ensures that children would not miss out. Post-pandemic the couple stated that they would like to keep up their new family tradition of spending time outdoors.

This narrative highlighted the experience of frontliners with a family as they adjusted to the changes within their different contexts. It allowed space for them to negotiate a suitable work-life balance and prioritise practicality in their decision-making in both contexts of work and personal life especially due to decreased familial support. The couple experienced the situation as a learning experience for their family and an opportunity to spend time with their children.

4.4 Narrative 3

This experience follows a single 30-year-old Maltese counselling psychologist, Rachel, who started living alone after living with her parents at the start of the pandemic. Rachel has an older married sister with two young children (aged 1 and 3) whose medical training as a doctor played a role in her family of origin's experience.

A counselling psychologist by profession, Rachel was very reflexive and emotional as she shared her narrative and expressed how strange it felt initially to be voicing her story “*If I had to consider, take my perspective, which is strange, as usually I focus on others*”. This highlights how the caring nature of her role may have not allowed much space to navigate through her story.

Being the third interview, it was interesting to listen to the story of a Maltese national a year into the pandemic, with the local distribution of vaccines in full swing. I also became aware of some of the resonances I had with Rachel in terms of work and the shift to working remotely; the difficulty feeling understood by superiors and the increase in work-load / difficulty managing work and life balance.

My interview with this participant reminded me of a quote by Mehmet Murat Ildan, a contemporary Turkish playwright, novelist and thinker: “*If nobody knocks your door, knock your own door! The most precious support for you is the support you give yourself!*” I believe that this quote fits well with Rachel’s narrative.

Stories of disappointment

The pandemic created havoc at the majority of workplaces which strained some relationships with employees as concerns and tensions about how to maintain service provision in unprecedented times increased. Rachel, who works within a governmental entity, expressed her disappointment towards her superiors who were inconsiderate of her colleagues and her needs during the initial phases of the pandemic:

“There was a lot of pressure from work to see many cases...very draining cases, a lot of anxiety coupled with my own anxiety” “We were expected to be heroes and keep working as

though nothing changed... we were and still are overwhelmed by the number of cases we have.”

The focus on numbers and clients as a result of the bureaucracy coming from managers created frustration for Rachel: despite being praised for her work, there was no support for the workers to cope with their own stressors. Rachel expected more understanding given the nature of the profession. I experienced this as a shock to her system, seeing that workers need to be healthy to support others. This, however, did not stop her from bring proactive over her well-being: *“There was no support at work, I sought support myself through my own personal therapy... they expected us to work, even in quarantine; with my dad next door with fever and coughing”*

Rachel also expressed her disappointment in the way that authorities handled the situation in particular the reopening of borders and events in summer and increasing restrictions and introducing semi-lockdown too late. At the time of the interview, Malta's shops were beginning to open after a second semi-lockdown and Rachel expressed her hesitation and concern that a similar situation may occur towards winter / early spring – ruining celebrations. This highlights the significance of celebrations and socialising in the 30-year-old's life particularly after periods of isolation.

Stories of Adaptation

While sharing her narrative, Rachel described the stress she experienced whilst initially living with her parents and having to provide clients with sessions with the knowledge of having them lurk and argue in the background. It challenged her constructs of how to exhibit professionalism in clients' presence when in a non-traditional therapeutic setting. This resonated with my experience while I was still living under my parents' roof and

attempting to negotiate different spaces and roles in the household. I therefore tried to remain curious about her experience.

Rachel also described the challenges she experienced as she attempted to support others through the uncertainties of a global pandemic which was demanding for her on both personal and professional levels.

“It was difficult for me as I wasn’t prepared... granted nobody was... however in terms of training as a psychologist, you know, I had no training in this aspect. And having to support people through something you have no knowledge of, something that I am going through, that was very difficult”

Rachel therefore had to adapt to the uncertainty of the unknown and support individuals going through her same experience of anxiety in the best way that she could. The fact that Rachel sought external support in this period helped her manage her anxiety and resonate with clients.

Loss, Isolation and Fear

Throughout the interview, narratives of isolation and fear were prominent and almost formed a large portion of Rachel’s meaning attributed to the pandemic. Rachel shared her struggles with loneliness as a 30-year-old after moving into her place and the discrimination she felt as a result of being in quarantine. This was one of the factors that influenced her relationship with her ex-boyfriend who found it difficult to understand her anxiety during and post quarantine.

The loss associated with missing key celebratory events such as birthdays was significant to Rachel as it reduced her chances of connecting with people and celebrating

what she as well as many of the Maltese population deem important days to celebrate and socialise.

The participant spoke openly and emotionally about her mental health struggles as a result of the increased anxiety when meeting clients in a business-as-usual fashion, the general public, colleagues and friends:

“I never feared clients you know, I’m still a sociable person so if I meet someone [tears up]... I never used to fear people in queues, sitting in a coffee shop, meeting friends, dating... You just go out and if someone had a cold or a cough there was some discomfort but not fear or anxiety associated with an unknown disease.”

The fact that Rachel also initially lived with her parents and heard several words of caution about the seriousness of the disease from her sister may have contributed to her anxiety. The fear of contracting COVID and or ending up in quarantine and the feelings of responsibility to protect her nephew and niece extended to all aspects of Rachel’s life especially at the start of the pandemic and during the first reduction of pandemic health measures in Malta:

“I never feared going to supermarkets, then it became anxiety provoking to get essential groceries. I’m constantly on guard... it affects friendships and relationships... you are constantly fearful of going out, being around people...”

Rachel shared the extent to which her fear affected her, including the dread she experienced when realising that she would have to go into the office and spend time around her colleagues at work. The mutual respect between some colleagues to keep socially distanced was however supportive. This experience changed as soon as the staff were vaccinated as it provided a sense of safety due to the knowledge that chances of contracting Covid decrease:

“I’d get so scared as some of my colleagues went to house parties as soon as restrictions were lifted, and I would get irritated as I was still at risk despite not going out... I would dread the days I had to go into work, but now that we are vaccinated it’s better.”

It was interesting to hear how this fear decreased following the second wave reopening given that Rachel experienced familiar measures being enacted.

Stories of strained relationships:

Relationally, Rachel commented on how the pandemic increased strain on relationships within her immediate family as well as with her ex-boyfriend, given the different approaches. Rachel shared how her sister imposed stricter social distancing precautions on her extended family after having had to quarantine her family as a result of her father’s negligence and difficulty coming to terms with precautionary measures and social distancing which resulted in him testing positive for COVID. Rachel expressed how angry she and her sister were towards her father as she was sacrificing socialising to protect the family while her father kept meeting colleagues for lunch without masks *“but then I forgave him for putting his family at risk”*. However, this was the tip of the iceberg: *“It was a huge blow in my life”*.

Rachel became fearful and extremely cautious in her decisions around whom to meet and where to frequent in order to be able to meet her nephew and niece.

“My sister never used to control me in anyway, but now she’s constantly trying to control me... I no longer tell her that I went for a coffee with my neighbours as she pushes me to tears, you know, she makes me feel so guilty.”

Furthermore, the fact that Rachel was working from home did not facilitate an improved relationship with her parents. The increased time together, stress and the limited space increased arguments between her parents as a couple and herself.

“My parents argued a lot especially during the lockdowns and I was there hearing everything... there was less space, however my parents have other strains in their relationship that were present prior to covid and distance or rather avoiding each other was a way of coping... so covid didn't help.”

This tension at home increased the stress associated with providing therapeutic safety for Rachel's clients.

Meaning attributed to the pandemic:

Rachel shared that the emotional turmoil she experienced in different contexts of her life as a result of the pandemic, was one which made it difficult for her not to perceive the pandemic in a negative light.

“It was hell, I don't think there was anything pleasant about it” “The pandemic has ruined my life ... I'm sure that I'm not alone in this but in my situation, it's like two years have passed, it's like a lot of time... it really affects me...”

Nevertheless, Rachel also expressed that she had some positive outcomes, including purchasing her own home for personal space, scheduling monthly vacation leave to ensure that she is prioritising her well-being as well as maintaining more contact with friends online.

As soon as the restrictions were eased, Rachel began to see the light at the end of the tunnel: *“Il-Mulej tagħni rigal qisu 'ha hu r-ruħ', u sibt post... it kept me going... finding my place saved me mentally.... I could breathe”* (sigh of relief). The added distance from her

parents also helped improve Rachel's relationship "*with my parents the distance helps, I still keep in touch and check that they are okay every day, but the distance helps a lot.*"

In conclusion, Rachel's story was one about loss and isolation which affected her lifestyle significantly as a result of the fear associated with contracting the coronavirus. This inevitably affected her relationships with friends, family and colleagues as well as her emotional well-being. Rachel's reflexivity, training and humbleness supported her to remain resilient, seek help when necessary and find creative means to cope during uncertain times.

4.5 Narrative 4

This narrative concerns a 30-year-old married Maltese couple who have had a baby amidst the pandemic – their daughter was 5 months old at the time of the interview. Sarah and Nicholas are full-time employees: Sarah is a dyslexia specialist working with the Government and privately, while Nicholas is an engineer. The couple are still in the phase of getting used to their new role as parents and the adjustments that come with an infant. When the pandemic hit and they had to work from home, Sarah experienced more changes resulting from the shift, whereas Nicholas had more of a business-as-usual routine yet felt the loss of contact with colleagues.

The 30-year-olds shared what I experienced as a positively defined story of their journey through the pandemic. The couple also expressed themselves in a very optimistic tone throughout our conversation. While very willing to share their narrative, there was a difference in the spouses' openness to sharing their stories and difficult moments of loss. Sarah was more at ease than her husband Nicholas who was more reserved and tended to rely on his wife to share their narrative. The presence of their infant also made it challenging for

them to reflect and delve deeper into their narrative. In fact, this interview was the shortest, lasting a total of 40 minutes.

Stories of adjustment

Sarah expressed that overall, they handled the situation quite well when compared to other people who reported an increase in arguments in their relationship. Unlike other couples they were not constantly in each other's faces, and Sarah felt that this helped in maintaining their positive relationship. This was a relief because they had read that divorce rates among married couples were increasing. Nicholas also reflected that they dealt with the birth of their daughter and the pandemic at the same time and hence it is difficult to determine whether they changed due to Covid-related circumstances or as a result of becoming parents *"ma nafux jekk inbdilniex minhabba t-tarbija jew minhabba l-covid."*

The mother nevertheless expressed how, at the start of the pandemic, she passed through an emotionally difficult time due to a miscarriage and therefore *"COVID-19 did not help as we were stuck indoors"*. This experience made Sarah more cautious while she was pregnant with Amber *"Bdejt nahseb li ha jigri xi haga u ser nerga nitlef tarbija"*. In fact, the couple stopped physically meeting friends and family as a precaution, shifting to social media. Many of Sarah's friends were also pregnant and therefore understood and coped by sharing experiences.

The couple shared that, towards the end of Sarah's pregnancy, they were fearful that if Sarah tests positive she may be separated from her baby - hence the couple took further precautions. *"We spent the last month and a half locked indoors as this was something we wanted to avoid at all costs"*

The couple were grateful to have received support from the maternal mother and Nicholas' parents during this period. *"The support received from family helped. My mother would help me often with housework and other things especially towards the end as I get overwhelmed very quickly... when there's a lot on my mind, I freeze, I stop. COVID was something extra to think about and to worry about so that didn't really help. The fact that Nicholas was cooking really helped"*

Challenges experienced

The couple shared how the biggest challenge they experienced was the shift in their social lifestyle, from socialising every weekend to staying at home organising pizza nights.

Another challenge which the mother experienced was the lack of physical contact with her parents *"I'm used to sharing hugs and kisses with my mother and due to COVID we stopped... We miss it."* and the difficulty her father experienced to understand why Sarah was maintaining distance. *"Fil-bidu il-papa ma setghax jifhem għalfejn konna niltaqaw fil-front garden għalih qisni kont qed nagħmilha apposta.... it was very, very hard for him."*

Sarah also mentioned how her private practice had ceased and only recovered on an on-line basis when measures were less restrictive. *"It was a bit difficult business wise as I lost some clients even because they lost their jobs, and online lessons are not the same especially with young children."*

In relation to her Government job, Sarah shared the challenges she experienced with her superiors who found it difficult to understand that pregnancy made her vulnerable: *"I wasn't allowed to work from home except during my last month of pregnancy"* The inclusion specialist had to return to work and with letters from her doctors to stop visiting schools *"Before I was exempt from visiting schools, it was horrendous, and I was very anxious and*

fearful". While this was approved, she was asked to work in the same office with colleagues who still visited schools hence Sarah had to request to work in a separate room given the risks.

Nicholas' work did not change, apart from transitioning to online work. He admitted that this was boring and different to meeting people face-to-face "*contact with people is nice, online is different... no man is an island as far as I know*". Sarah shared how her husband is more social person than she is, noting that the lack of socialisation affected her husband more.

Nicholas also commented on how difficult it was for him to adapt to not having places to frequent and exercise. Once again, he highlighted the social aspect and element of meeting people in team sports. "*I had to stop CrossFit and football, that was challenging. It's like you have a hobby, something you enjoy, and you can't do it*"

Stories of management and resourcefulness:

I was struck by Sarah and Nicholas' positivity and their ability to remain resourceful and creative throughout the challenges they faced.

The couple were also able to redefine their change in social life and embrace having time alone at home. Nicholas expressed how the pandemic helped him learn how to cook and experiment with different recipes, something which he had no time for in the past "*spending time learning how to cook unknowingly helped me, as it filled my time*". Sarah also began to draw and crochet, which she had begun putting off for a while. The birth of their daughter provided a sense of comfort and reduced Nicholas' loneliness:

"Jekk jkun hemm mument i fejn ser thossok lonely ma thossokx ghax hemm it-tifla... forsi kont inhossni hafna iktar lonely bhall haddiehor kieku ma kienx hemm it-tifla ghax timlielek il-hin"

Having time alone also helped Sarah adjust especially because time used to travel to clients was decreased while working online which in turn allowed more space for preparation, creativity and relaxation.

The couple also began going out for walks together over the weekends, this facilitated communication and intimacy between the spouses. *“We don’t really go out alone, we always went out with friends, so this gave us time alone together so automatically we began to start talking more.”* Nicholas and Sarah expressed that they would like to maintain this ritual post-pandemic.

Meaning attributed to the pandemic

The spouses attributed different meanings to the pandemic however overall, they described it as being a journey with positive outcomes *“our attitude was to focus on what needs to be done and keep positive”*. Nicholas admitted to not having thought about attributing meaning to this period in any way. However, he experienced positive and negative moments which he described as being uncomfortable but manageable as happens with other challenging life experiences. Sarah, contrastingly, quickly compared her experience to a roller-coaster of emotions, describing the highs and her struggles, fears and anxieties that came with the lows.

4.5 Narrative 5

This final script narrates the story of a young couple Paul (31 years) and Cynthia (28 years) who met and started their relationship during the pandemic. It highlights their journey of transition, resourcefulness and self-discovery as individuals and as a couple. The couple began living together in December 2020 after having met that summer. Both are Government

employees; Cynthia is a learning support educator (LSE) and worked as a part-time receptionist at the start of the pandemic, whereas Paul is an engineer.

This couple was eager share their story, Paul was a little bit hesitant and often followed Cynthia's lead. This reminded me of the difference in gender roles and the way male and female brains are structured. Nevertheless, I was interested to learn about Cynthia and Paul's perspective on how the pandemic influenced their journey during the initial phases of their relationship particularly because they met following the relaxation of the mitigation measures after the first wave. I imagined that the difference in the typical dating scene and social distancing measures may have influenced the progression of their relationship.

I was struck by the way the couple started off their narrative by relating how they met and had their first date with a mask. It felt like an important proviso to almost prevent being judged. Cynthia and Paul expressed how their ideas about relationships are similar in that they no longer seek crowded places and parties to frequent: *"Iż-żmien ta' tgawdija għadda għalina u bil-pandemija kellna naddattaw bħala postijiet fejn niltaqaw"*. Both highlighted how they prioritised getting to know each other on a personal level than on a social level at the start of their relationship *"I had the opportunity to get to know him as person in a natural environment"*.

Adapting to a new reality: stories of fear, isolation and resourcefulness

Paul and Cynthia also spoke about how each of them experienced COVID-19 prior to meeting and how it changed after they met. Both expressed how initially, keeping into context other residents, they too felt very scared and took several precautions to avoid contracting the virus. As the couple spoke, I noted how they tended to compare themselves to other community members as though that comparison is essential to monitor their

adaptability and reactions in their narrative. *“In the beginning like everyone else, everyone was really scared and used to be careful about everything”*

The couple shared how the lack of clear information about the virus made them more concerned about their vulnerable parents. In fact, this was a major source of stress for Cynthia when she still resided with her parents especially since her father is a vulnerable person, and she was in contact with several people at school. *“There was that added pressure, that extra pressure to be cautious about where to go, whom to meet, to wipe all the things bought”* Cynthia also linked this to the fear she experienced when meeting colleagues at school and the discomfort she and her colleagues felt as they approached each other *“moving close was uncomfortable as it was like you knew colleagues but at the same time because the information on pandemic was vague and unpredictable you fear them. Your mind races when you hear someone cough, sneeze or clear their throat.”* Cynthia constantly feared being a carrier before school transitioned online and this added further pressure.

Paul, who lived alone at the time, also shared concerns about the vulnerability of his parents however did not experience the same pressure as his partner. *“It was very scary, as both my parents are vulnerable, and they had just been through a horrible health situation, so there was pressure to be careful”.*

When the second wave hit Malta, the couple had to maintain their distance from their family to protect them. This was a challenge as both have closely knit families and the lack of physical contact affected them and their parents. Physical contact is an essential factor in Maltese and Mediterranean culture.

“Id-distanza ma kinitx sabiħa għax bhala familja imdorrijin niltaqaw u t-tnejn close. Dejjem kien ikollna dik il-physical contact, face-to-face. Il-fatt li kellna il-video call għenet ftit imma

xorta differenti għax anke tisma l-vuċi tagħhom bid-dieqa u hekk, tħossok qisek ma tkunx kuntent.”

During this period, supporting each other helped them cope with the distance and the emotions they experienced. They also became creative in their online interactions and varied the methods with which they maintained contact with their loved ones; playing online games, visiting family in their front gardens with masks etc.

Paul and Cynthia also narrated the loss they experienced in their relationship with childhood friends. They shared how challenging the loss of contact with friends was and attributed this to the fact that it was more difficult to schedule time for calls due to family and different schedules. I could sense the losses they experienced as they spoke emotionally about missing birthdays, physical contact *“the fact that we don’t meet, have a laugh, hug each other... you miss those gestures and small things.”* *“Tħossok qisek ġo gaggħa”*

At this point, Paul shifted the conversation to the resources they used with their family to reduce feeling disconnected. It was interesting to see how Paul protected and soothed Cynthia by shifting the conversation to something more positive which she readily embraced: *“Paul balances me out, he supports me immensely his way of talking to me. I think our relationship is a resource to help us overcome challenges- a space to share and understand each other”*

Stories of self-discovery

Despite the discomfort that came with adapting to social distancing, both Cynthia and Paul managed to draw out the positives of the pandemic. Not only did they start their relationship during the local outbreak of the coronavirus; they also had time to reflect on their personal priorities and to slow down.

Cynthia shared how the situation came as a blessing and provided her with a well needed break as she used to juggle two jobs and constantly felt over-tired prior to meeting her partner:

“kien iż-żmien li nerga nirkupra lili nniffsi kif kont għax kont inkun ħafna stressed minn xogħol għal ieħor... ma kienx jkolli ħafna hin għal hajja privata anke meta ma kontx f’relazzjoni kont nispiċċa over-tired”

“Paul helped me immensely to give myself importance as an individual”

Paul also had time to appreciate things he took for granted in the past and found the extra time conducive to prioritising his health, focusing on cooking healthy meals, appreciating nature, as well as getting to know his partner. *“It gave me more time to take care of myself and my relationship as we had more time to chat for long hours whereas before lockdown, we squeezed a few minutes into our hectic lifestyle”* Paul and Cynthia’s excitement around their relationship could be experienced even though behind a screen.

As mentioned, the couple dated in appropriate outdoor spaces and this allowed them more opportunities to talk and get to know each other, whilst reduced anxieties as to contracting the virus. The partners also had time to define their relationship when they began living together and had to quarantine together. Quarantine not only brought out their patience and commitment as they filled time completing 5000-piece puzzles, but they also learnt to negotiate space, cook together, spend time alone, all of which they agreed came naturally. As Cynthia and Paul narrated various stories about this, it became evident how they became more in tune with each other's needs as they completed each other’s thoughts.

Meaning attributed to the pandemic

Whilst having difficult moments during the pandemic, the couple defined the changes as a positive break from a face-paced lifestyle and meaning was attributed to the coping approach undertaken.

“The coronavirus is not a nice thing. However, if you're going to think negatively, cry over spilt milk and constantly think of the negative aspects in an uncontrollable situation, it isn't going to help you adapt. We tried to bring out the positives to adapt.”

“Mill-għar tieħu l-aħjar li tista”

The couple also reflected on how this period helped them recognise what is important, adding that they would like to keep dedicating quality time to communicate and keep their relationship and individual needs in check *“COVID helped me recognise the importance of dedicating time for each other and ourselves as individuals”*. They also commented that working remotely time-management and makes life less hectic: *“we had more time for things we thought we didn't have time for.”* Hence this continued to support their positive experience of the situation with the awareness of the negative health issues that it has been rightly associated with.

This story gave voice to this couple's journey through self-discovery, self-care and relational growth. It highlighted their perseverance, positive attitude and increased awareness of each other's individual, relational and emotional needs during challenging periods of separation from friends and family.

Chapter 5

Discussion

Discussion

5.1 Introduction

The purpose of this research was to give voice to the participants' narratives and understand how this period shaped family relationship constructs and resulting challenges. In this chapter, I discuss the interpretative findings in the context of available literature, satisfying the research question within the conceptual frameworks mentioned, embedded within my reflexive processes.

5.2 The interview experience

Throughout this project I have kept a reflexive journal to enable me to keep an open attitude (Clancy, 2013) and gauge my personal assumptions and goals. It also helped me differentiate between my constructed belief systems and subjectivities, and that of the participants (Ahern, 1999). The reflexive diary allowed me to review and reflect on my interpretations prior to reaching any conclusions (Clancy, 2013).

What predominated my mind throughout this research was my own personal experience of the pandemic, I lived it with the rest of the world. This ultimately influenced my interpretation of participants' stories and our conversations during the interview process. I noted how my initial experience of the pandemic and constructs I obtained from the media and my social network influenced my reactions of fear, my concerns about distancing and not having physical contact with my partner. I also kept in mind my stories of adjustment to prolonged periods of uncertainty and the stress that came with learning to let go of control and of the several plans pertaining to my wedding day. While my experience of the first months of the pandemic were challenging on several fronts, with time I could note the positives, such as simply enjoying a slower pace of life.

As I interviewed my participants, I ensured that they had space to relate their story and quickly identified moments when I influenced their thinking through my observations. I was privileged to have participants who felt at ease correcting my understanding of their narrative. The fact that my respondents were able to review my construct of their narrative, and that three fully concurred with my analysis, was useful in ensuring that their story was appropriately reflected.

5.3 Meaning-making and adaptability

As discussed in the introductory chapter and literature review, the ability of individuals and families to adapt to change and stressors is dependent on the way the event is interpreted, and on the attitudes and beliefs of the family system; all of which are influenced by the cultural and political contexts (Gergen, 1999). In fact, this pandemic's context was exacerbated by the profuse information made available which almost certainly heavily impacted people's coping mechanisms, on top of the usual relationship stressors (Walsh, 2020, Walsh & McGoldrick, 2013).

In my study, the five families' initial reactions to the pandemic varied from taking it lightly to being seriously concerned about their personal as well as their extended family's well-being. The fact that three of the participants in my research had family members or were health care workers (Rachel, Mandy and Mark, May) significantly influenced the meaning attributed to the pandemic and how they dealt with it. Pearce and Cronen (1980) argue that each level of meaning is understood within the context of a higher level, which is also the context for understanding the lower levels. Thus, the meanings associated with the COVID-19 pandemic amongst higher levels of society: policy makers, health authorities, health professionals and the media are part of the context within which the participants organised

their respective understanding and meanings. It also brings to light how some of the participants knowingly or unknowingly (eg: Rachel), hold traditional Maltese society's perceptions of "top" professions whom one should value and respect (architects, lawyers and doctors) which is in line with Foucault and Derrida's ideas of power, and authorities' influence on the community.

Contrastingly, those participants who initially took the pandemic lightly, for instance, Sarah and Nicholas, and John could have been influenced by the distance of the initial outbreak in China and by previous health scares such as SARS which had not reached our shores. Furthermore, initially some media also portrayed COVID-19 as a type of flu which although had high mortality rates is considered safe and unthreatening.

When the number of individuals contracting the virus increased locally, and the pandemic was high profile news in media, the barrage of the negative aspects of coronavirus instilled mass fear, anxiety and a sense of threat to our lifestyles. All my participants expressed how fearful and anxious they felt to various degrees, as a result of the unknowns of the airborne virus. This reminds me of Mason's (1993, 2019) papers on the concepts of safe uncertainty versus unsafe uncertainty. In the domain of unsafe uncertainty, Rachel, Sarah and Nicholas, May and John, and Mandy and Mark, had to come to terms with the initial shock and uncertainty about the future, the sense of powerlessness due to the limited knowledge regarding the effects of the virus and transmissibility. Rokach (2004) and Steptoe et al. (2013) also suggested that a certain level of isolation and fear is associated with illness depending on the severity of the diagnosis, prognosis and possibility of infection/cross-contamination. It is akin to what Mason (2019) referred to as "the feeling of being on a slippery slope".

The ability to adapt in times of crisis is reflected by the capacity of a system to change structure, roles, relationships and rules in response to stress or change (Rhoads, 2010). The participants in my research triumphed in their resilience to overcome the stress and adapt to the change by achieving a position of safe uncertainty – all couples spoke about the support and nurturance they received from their partners. May, Sarah, Nicholas, Cynthia and Paul also shared how the pandemic allowed space for them to be innovative. Contrastingly, Rachel had to rely on herself and professional support to process her emotions since her family were inundated with other relational issues which highlights her resilience and profession as a psychologist.

5.4 The sense of loss

The themes of loss and uncertainty were present in all the participants' narratives. This is unsurprising as life as we have known it has been derailed. In a highly stressful pandemic, multiple losses have impacted society. Minuchin (1982) writes about family structure as a means for describing family interaction: the boundaries of a subsystem are the rules defining who participates and how. They function to protect the differentiation of the subsystem. The pandemic has been a source of perturbation to family homeostasis. The families I studied followed this logic, by and large having to shift their understanding to match that attributed by others in their relationship pool until a more solid balance was determined eg: from face-to-face to online-social-contact. From a systems perspective, family vulnerability, risk and resilience through uncertain periods are viewed in light of multilevel recursive influences in highly stressful experiences and social contexts (Walsh, 2020; Burr, 1995).

The sense of loss in all narratives highlighted how the shift away from normality was unexpected and never experienced by most. Primarily, there was a loss of how one hoped that things would be. This was especially true for John and May who had their retirement plans shattered. They had been looking forward to the next phase of their lifecycle, only to put it on hold. Mandy experienced such a loss when her parents couldn't provide the support they previously gave. While Rachel, Sarah and Nicholas were navigating their stories of loss of positive relations with parents; and lack of understanding in the work-place; and loss of an infant, respectively.

As highlighted in existing research, anticipatory loss was also a constant concern for all participants who were worried about their own safety and that of their loved ones (Walsh, 2020, Rolland, 2008). The invisibility of the virus and its lethal potential heightened fear of infection and anxiety which led to the powerlessness that May and John felt about their children's situation. Walsh (2020) in fact speaks about how the pandemic shattered assumptions of our worldview and created a "cognitive cloud" that affected thinking and decision-making.

5.5 Managing solitude

The sense of solitude and isolation was prominent amongst all participants. The isolating constraints of social distancing have heightened awareness that connections with others are vital to thrive (Walsh, 2020), and are therefore crucial for safeguarding mental health. The couple in the first narrative experienced intense isolation from their children living overseas, whereas the third participant experienced solitude from living alone and restricted access to friends and family. The fourth and fifth couples in my study also experienced isolation from friends, colleagues and immediate family due to decreased face-

to-face and physical contact highlighting shattered world-view assumptions (Janoff-Bulman, 1992). However, it was not as intense as the other respondents as they were able to draw on each other for relational support and maintain contact via social media. The respective grandparents within each family of those interviewed initially struggled to adjust to the distance and lack of contact with their children and grandchildren. Mandy, Sarah, and Cynthia all expressed how their parents either took it personally or got offended by the distance which highlights the strong Maltese culture of maintaining close relations. Yet, while the nuclear family has become more isolated in terms of physical contact, and consequent diminished support from grandparents (Rolland, 2020), sustaining contact via telephone and internet were vital lifelines to diminish the sense of isolation and anxiety related to missing out on key milestones of children, grandchildren and friends.

5.6 Stories of relational cohesion and deterioration

The narratives had different relational outcomes, with two participants commenting that their relationships initially grew strained whereas the rest reported relational cohesion. This difference could be due to the lack of understanding of each other's perspective and decreased space. Literature suggests that individual family members may process the same COVID-19 information through very different historical, cultural, and political ideological filters, leading to conflicting views of safety (Rolland, 2020). Nevertheless, the underlying basis of this deterioration was the fact that each had the best interests of their family's well-being at heart as was the case with Rachel and Mandy who had some strain in their relations with their parents. In addition, home-confinement created conditions for conflict as family members readjusted work, school and recreational activities in limited physical spaces (Gunter-Bel et al., 2020). This was naturally not everyone's experience as other participants,

including John and May, Nicholas and Sarah, and Cynthia and Paul, experienced proximity as an opportunity for increased closeness, communal problem solving and deeper personal relationships. In fact, studies on post-traumatic growth found that individuals emerge from losses with transformations: appreciation of life and new priorities, warmer, closer relationships, enhanced personal strength, and recognition of new possibilities in life (Walsh, 2002; Tedeschi & Calhoun, 2008).

In terms of work-place relations, there were mixed experiences. Nicholas and Paul had no issues or shifts in their relationships apart from missing the element of physical presence. Mandy and Mark experienced some frustrations until the health system they worked in found a routine yet had a supportive work ethic amongst superiors and colleagues. Cynthia, Rachel, and Sarah on the other hand shared their challenges and anxieties concerning their superiors' decisions to maintain face-to-face provision of services and limit remote working. It is understandable that their professions require them to be available for educational and emotional support however the two noted that it was primarily disappointment in their superiors' difficulty in understanding their own vulnerability and emotional needs. Research has in fact shown that organisational factors impact work-place engagement, motivation, work-place stress and psychological well-being especially in the context of a global pandemic: with young people and frontliners being at higher risk for psychological distress, anxiety, insomnia and depression (Giorgi, Lecca et al., 2020). This therefore led to strained relations with superiors and fear of colleagues. Once again, the cohesive and supportive nature of partners and friends of participants, provided protection from the negative effects of stress and anxiety (Walsh, 2020).

5.7 Gendered view of coping

The extent to which a viral outbreak differentially affects women and men is imperative for understanding the primary and secondary effects of a health emergency on society and for creating effective and equitable policies and interventions (Levkovich & Shinan-Altman, 2021).

While co-constructing the narratives, I recognised some differences between male and female reactions to this period. As mentioned, most of the male participants relied on their partner to guide the conversation and took on the role of protecting them from their fears, anxiety and provided emotional support in practical ways. This difference could be attributed to stereotypical beliefs ingrained within the participants during their upbringing including women's fragility and men's representations of being strong. In addition, neuroimaging research on brain differences indicated that gender may have a substantial influence on human cognitive functions, including emotion, memory, perception, etc. (Cahill, 2006). Men and women appear to have different ways to encode memories, sense emotions, recognize faces, solve certain problems, and make decisions.

In my study, both males and females relied on keeping their mind occupied and keeping active to change their environment. Nevertheless, male participants including John, Paul and Nicholas focused more on the practical aspects during the pandemic, such as getting pending repairs done, cooking etc. Due attention was also given to the practicality of dealing with change and uncertainty. John, Mark and Mandy for instance prioritised what could be done over what cannot be controlled which helped them manage their family's and their anxieties. It is noteworthy that the participants' profession could also be linked to their perceived style of coping. Being practical is fundamental in participants whose jobs are in engineering and intensive primary health care where limited attention is given to their

emotional needs. Cynthia, Rachel and Sarah all have jobs that require attention to self-care, growth and developmental needs which explains why these female counterparts attributed more time to self-care and self-development. At the same time, both focused on their hobbies to cope.

5.8 Conclusion

This chapter provided a detailed discussion of the findings that emerged from this research embedded within the conceptual frameworks and literature. The discussion highlighted the main emergent themes, meanings and beliefs within the five narratives.

Chapter 6

Conclusion

Conclusion

6.1 Introduction

The objective of this qualitative study was to give voice to the stories of participants and obtain an insight into how this period shaped family constructs of relationships and any challenges they encountered.

The findings portray that overall, the participants in my study were able to navigate through periods of stress and uncertainty. Maintaining contact with family and friends and receiving support from them via online means, helped them through their challenging moments.

6.2 Implications for practice

Considerable research has been implemented on the mental health effects of the pandemic which are imperative to therapists in their work with clients. In view of the limited literature on the effects on relationships, I believe that this research will provide insights into Malta's understanding of the situation which may act as a guide for therapists in supporting families in future crises by drawing from resources utilised to adapt during an unpredictable period.

From the analysis of the narratives, the most significant finding was that despite certain hiccups, all participants succeeded in adjusting their boundaries and family structures to thrive through unprecedented times. The significance of the sense of having access to a supportive environment that lent an ear and access to maintain social connection was present throughout all narratives. Another important finding was that having a supportive workplace that adapted to the emotional and family needs of workers, aided the transition to remote working and back.

Perhaps further therapeutic support for frontliners would have eased this transition further and decreased symptoms of anxiety further.

6.3 Limitations

This research was based on a small sample size of five families, four of which were engaged in full-time employment, and one was retired. In this research, I only interviewed one family per stage of the cycle which limits generalisability of the findings. Another limitation was that interviews were held at different phases of the pandemic this year, one prior to the second semi-lockdown, another just after and the rest towards the start of summer. This could have influenced the different reactions of the respondents as in one situation, positive cases were increasing rapidly and in another, pandemic fatigue and access to travel was still banned. When interviewing couples, one limitation may have been that they were interviewed together and that the women led the discussion. Another limitation is that my study focused on individuals that did not come from difficult backgrounds and had a certain social and educational level, thereby contributing to their resilience in coping with the situation.

6.4 Suggestions for future research

It could be insightful to focus future research on more specific topics such as the effects of COVID-19 on love relationships and the impact of social distancing and lockdown on children's social and educational skills seeing that homeschooling has affected children and families differently locally. Additionally, it would be useful to investigate how local psychotherapists and their clients adjusted during the pandemic, a shared experience. Future research could also focus on families coming from difficult backgrounds and the resulting intense emotional turmoil that this pandemic has further exacerbated and the potential solace

and way forward that the right kind of help can provide. Another study could also analyse how the thinking process of introverts vs extroverts; women vs men, children vs adults in this pandemic has shifted. What could also be explored is whether this process of navigation through uncharted waters collegially (i.e. with friends/family) through this pandemic will help these same families form stronger bonds not only to face future crises more smoothly, but also to steer through the highs and lows of daily relationship struggles better. Given that some participants struggled with being understood at the workplace, it may also be useful to examine how managers at the work-place struggled with the dilemma of keeping the business-as-usual work ethic afloat vs understanding the people they were managing, as well as coping with their very own potential personal struggles, and lessons learnt for future application.

6.5 Conclusion

The pandemic narrative is still unfolding, with countless twists and turns in the plot of each chapter, with a collective epilogue still to be written (Amorin-Woods, 2021). Changes have been precipitated in society at the micro, meso and macro levels because of the virus, the media and mitigation measures. All in all, we have seen how families' experience of the COVID-19 reality has shifted from one of fear and panic to one of slow adjustment and eventually to full or quasi full adaptation to a new lifestyle. And this is what is so marvellous about human nature and its ability to survive and change according to what life throws at you. What is interesting to see is how individuals within families rely on their inter-personal relationships to grow and change, each very often taking it in turn to support the other. But what emerges is a story of survival. The navigational experiences in dealing with COVID-19 will most certainly be applied to future similar experiences – and the relationships that have stood the test of time through COVID – despite certain hiccups, will most certainly flourish.

Growth and adaptation both within family relationships and with the outside world (in this case, the experience of the pandemic) and how these change over time are therefore the key elements that emerge from this research.

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Appendices

PARTICIPANT RECRUITMENT INFORMATION LETTER

Dear Participant,

I am a student at IFT-Malta currently reading for a Masters in Systemic Family Psychotherapy. In part-fulfilment of my course of studies, I am conducting a study to gain an understanding of how families experienced the COVID-19 reality. The aim of this research is to give voice to the narratives of participants to obtain an insight into how this period shaped individuals/couples'/family constructs of relationships. How were family relationships challenged by this new reality?

The interviews will be conducted with your kind selves and their duration will be that of approximately an hour. The interview will be face- face to face or online audio-recorded as the information will be later analysed by myself. Moreover, the date and venue of the interview will be agreed upon according to your convenience.

Your identity will remain confidential at all times and you have the right to withdraw from participating in this study at any time you wish and no penalties will be incurred. By filling the attached consent form, you are agreeing to participate in this research project.

Should you need further clarification about my research topic please do not hesitate to contact me on my email address: _____ or on my mobile phone: _____.

Whilst thanking you in advance, I look forward to hearing from you.

Yours sincerely,

Nadine Gatt Flores Martin

CONSENT FORM

I, the undersigned, am willing to participate in the research study entitled *Relationships during the COVID-19 Pandemic in the Maltese Islands*.

I confirm that:

- I have read and understood the explanation regarding this interview.
- I am aware that the interview will be recorded and that any relevant information shall be collected and processed solely for academic reasons.
- I understand that no personal information shall be disclosed and that all measures shall be implemented to ensure my anonymity according to the Data protection laws.
- I understand that the interview will be voice-recorded and that all recorded material shall be destroyed after the researcher's graduation.
- I understand that my participation is voluntary and that I am allowed to withdraw from the project at any time, without having to provide a reason or incurring penalties.
- I have been briefed about the nature and aims of the study and have had the opportunity to ask further questions and seek clarifications.
- I am satisfied by these conditions and consent to participate in this study.

Participant's Name:

Participant's Signature:

Date:

Interview Guide

Demographic Data:

- Age
- Nationality
- What is your relationship status? (How long have you been in your (romantic) relationship?)
- Occupation / Profession
- What is your highest level of educational you have achieved?
- Who lives in the household?
- Locality of residence

Could you tell me about the journey of your lives in the context of the pandemic?

- What were your initial reactions / thoughts when the pandemic hit Malta?
 - What/who influenced your reactions?
- When were you concerned about the health outbreak?
 - How were your reactions different when the first cases were reported locally? How did they change over time?
 - What are your thoughts about how health authorities and the government managed the situation?
 - Did it change? How did this influence the way you made sense of your developing narrative?
- *How did the pandemic impact your lifestyle?*
 - *Could you take me through the process of how you, your family gave meaning to it?*
 - What was challenging?
 - *How did it affect your relationships?*
 - How did you overcome these challenges? What have these taught you?
- *How did you and your sibling/partner/family adapt over time? What resources did you draw from to adapt?*
 - What impact did health and government restrictions have on you and your relationships?
- *How are you relating differently? What remained the same?*
 - *How has your relationship with your spouse / parents'/ children/ siblings/ relatives/colleagues become?*
 - *How do you manage the balance between staying safe and protecting your loved ones and spending time with family/friends outside your bubble? How has this changed over time?*
- *What have you learnt about yourself, your family? What is new?*
 - Based on your experiences of the pandemic, are there any previous habits / rituals which you learnt you should abandon? And are there any new practices which you intend to keep in your relationships?
 - *How is your outlook towards life?*