

“It brought my family more together”: Mixed-methods study of low-income U.S. mothers during the pandemic

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Abstract

Objective: We sought to understand challenges and positive experiences of low-income families during the pandemic.

Background: Strength-based perspectives of economically disadvantaged mothers are missing from literature on the impact of the COVID-19 pandemic. Although it is imperative to recognize disparities that were highlighted by the pandemic, strengths-based approaches and a resilience framework can help professionals build upon and learn from ways families manage during those times.

Method: We used a mixed-method approach to gain understanding of the unique experiences of 15 low-income mothers at the height of the pandemic. We administered a brief COVID-19 stress screener, the Five-Minute Speech Sample measure, and an open-ended question about potential positive experiences during the pandemic.

Results: We learned that strength and resilience supersede the liabilities brought on by COVID-19 that are so often focused on. We found highly divergent experiences across mothers in terms of stress; even mothers with high levels of stress readily identified positive aspects of life during the pandemic. Mothers' responses were indicative of greater feelings of warmth and tenderness than negativity about their children.

Conclusion and Implications: We discuss findings in terms of strengths-based practices and policies for mothers

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receiving public assistance and provide suggestions for continued research on resilience of mothers during the pandemic.

KEYWORDS

correlation, economic distress, family strengths, low-income, mothers and motherhood, poverty, qualitative: grounded theory, welfare

The COVID-19 pandemic has affected the lives of families worldwide in dramatic ways. With “stay at home” orders imposed by local and state governments across the United States in late March and early April 2020, families experienced a host of dramatic changes to their routines, rituals, rules, relationships, and responsibilities (Prime et al., 2020). Parents and guardians who were essential workers may have continued to work; those considered nonessential often worked from home or were laid off or furloughed. Schools and childcare centers closed with little notice, forcing families to quickly adapt to online learning, which cut children off from socialization, academic support, and basic services such as school nurses and nutrition from free or reduced-price lunch. Understanding the ability of families to adapt to the sudden and ongoing changes, as expressed through the lived experiences of low-income mothers, may provide avenues for supporting families through change and extreme stress.

Stress has been targeted as profoundly impacting families during the COVID-19 pandemic, and researchers have documented the effects of quarantine and shut-downs on stress levels and mental health of Americans (American Psychological Association [APA], 2020; Fitzpatrick et al., 2020; Lee et al., 2020; U.S. Census Bureau, 2020). In particular, parents experienced elevated levels of stress. In their annual Stress in America survey, the APA (2020) found that parents reported significantly higher levels of stress during quarantine than nonparents, particularly related to disrupted routines, concerns about health, managing distance learning, and taking care of their family’s basic needs.

A saying that arose during the early days of the pandemic was that “We are not all in the same boat. We are all in the same storm,” emphasizing the varying experiences and privileges with which Americans weathered the pandemic (Barr, 2020). In fact, parents facing financial hardship, people of color, and mothers in particular were more likely to report high stress and other negative experiences during the pandemic (Patrick et al., 2020; U.S. Census Bureau, 2020). It is necessary to first understand the stressors that these mothers face to properly contextualize an exploration of strengths and resilience.

During the early months of the pandemic, the U.S. economy saw a sharp downturn. As a result of quarantine, stay-at-home orders, and social distancing measures that shuttered the doors of nonessential businesses, unemployment rates rose from 3.8% in February to 13.0% in May (Pew Research Center, 2020). Consequently, economic factors were reported as a significant source of stress among parents (APA, 2020). It has been well-documented that stressful macro-level events such as disease and economic downturn can have deleterious effects on parents’ well-being and, in turn, their children’s adjustment (Prime et al., 2020). During the COVID-19 pandemic, Patrick et al. (2020) reported a link between worsening mental health among parents and behavioral difficulties among their children, particularly occurring alongside a loss of childcare and an increase in food insecurity.

However, the health and financial impacts of the pandemic have not been universal or equitable in distribution. Instead, the pandemic has further increased historical racial and ethnic disparities in many aspects of employment, living conditions, and health care (Centers for Disease Control, 2020). People of color reported higher stress than their White counterparts concerning getting coronavirus (71% vs. 59%, respectively), basic needs insecurity (61% vs. 47%), and limited access to health care (59% vs. 46%; APA, 2020).

Finally, although most studies of stress and parenting during COVID-19 combined mothers and fathers, evidence indicates that parenting roles during quarantine differ. Mothers contributed disproportionately to parenting tasks such as childcare and housework during the pandemic as schools and childcare centers closed (Collins, 2020; Landivar, et al., 2020), and they reported significantly higher levels of stress and poorer mental health than fathers (Patrick et al., 2020). Unmarried mothers and those with younger children are at particular risk of poor mental health and high stress levels, with financial burdens and loss of childcare identified as primary stressors (Patrick et al., 2020). Numerous studies have found very different experiences between mothers and fathers in terms of continuity of employment and caregiving roles during quarantine. Between the months of February and April 2020, mothers with young children reduced their work hours 4 to 5 times more than fathers, widening the gender gap in work hours by 20% to 50% (Collins et al., 2020). Women lost more jobs than men across sectors and have been particularly vulnerable to job loss due to their overrepresentation in the service sector (Hegewisch, 2020).

We need to understand the experiences of parents, especially mothers, who are not economically secure because those parents have been disproportionately affected by the pandemic. While examining family stress during COVID-19, it is critically important to uncover the potential strengths and resilience of mothers during this widespread health and financial crisis. In fact, research demonstrates that many Black/African American parents and their children show successful adaptation under highly stressful, chaotic life circumstances (Hampton-Anderson et al., 2021). McCubbin's resilience model of family adjustment and adaptation, developed for application to ethnically minoritized families (McCubbin et al., 1998), provides a frame for exploring potential resiliency among the families in our study. In this model, it is assumed that even in the most challenging situations, families have competencies, coping strategies, and strengths to promote the development of family members. Indeed, resilience has been observed among minoritized groups in other large-scale upheavals such as natural disasters (e.g., Laditka et al., 2010).

CURRENT STUDY

There has been abundant attention from the media (e.g., Hsu, 2020) and leading national organizations (e.g., Shaw & Mason, 2020, for the Institute for Women's Policy Research) about the impact of the pandemic on mothers' role strain and magnification by COVID-19 of systemic sexism and racism in the United States. However, there have been few peer-reviewed investigations of mothers' experiences during the pandemic, and most published studies were based exclusively on quantitative survey data. The research literature lacks perspectives of economically underresourced mothers, in their own words and without the constraints of checklists and standardized instruments that are not specific to pandemic-related stressors. Research is also bereft of knowledge of resilience among these women. Our purpose was to use a mixed-method approach to gain an understanding of the unique experiences of low-income mothers of young children during the pandemic as a means to identify potential strategies to support them based on the strengths and challenges they described. This study emphasizes the importance of a strengths-based approach when working with clients who are experiencing stress and potential trauma. Although it might be assumed that these mothers will be less able to manage in difficult times such as a pandemic, this study addresses aspects and characteristics of underresourced mothers that suggest resilience and coping skills as tools of survival. To gain understanding of mothers' views of their children, we used an innovative measure, the Five-Minute Speech Sample (FMSS; Sher-Censor, 2015). The FMSS has emerged as an important measure of parental expressed emotion and family emotional climate in relation to child development (Sher-Censor, 2015). Additionally, mothers' FMSS ratings are associated with observational

measures of parent–child interactions (i.e., warmth on the FMSS with positive parenting practices; negativity on the FMSS with negative parenting practices; Weston et al., 2017). Given the aforementioned stress reported by Americans, especially parents, we also administered a short checklist specific to stressors experienced by families related to the pandemic. Finally, prior research has largely ignored the possibility of “silver linings” that might be present during the pandemic. Understanding those experiences could inform approaches to effectively support underresourced mothers; therefore, we asked mothers to talk about potential positive family and personal experiences that had occurred during the pandemic. Our investigation was exploratory, so we did not form directional hypotheses; we did, however, expect to find compelling evidence of resilience among the mothers. Our research questions were (a) What are the difficult/challenging experiences of low-income mothers of young children during a pandemic? (b) Do these mothers have positive experiences during the pandemic? (c) In what ways do these mothers and their families show evidence of resilience? and (d) What are potential strategies to support the mothers, based on the strengths and challenges they describe?

METHOD

Participants and procedures

Participants were a subsample of a larger study of exposure to toxins in the household and the social environment of new mothers. Mothers were recruited for the larger study if they were receiving Medicaid for pregnant women and planned to deliver their baby at the hospital where the first phase of the longitudinal study was conducted. A subsample of those mothers was recruited for a smaller study of the knowledge, experiences, and concerns of mothers related to household toxins and toxic stress. All 22 of the mothers who were approached for involvement agreed to participate, and 21 were available for data collection.

For this study, the 21 mothers who had participated in the smaller study were contacted via email and/or text to invite their participation. Most (15; 71.4%) of the mothers agreed to participate. The mothers ranged widely in age from 19 to 39 years ($M = 31.4$), with 80% age 30 or older. Child age ranged from 12 to 23 months, with a mean of 17.7 months. Most mothers ($n = 12$; 80%) described themselves as Black or African American, two described themselves as White, and one described herself as White and Middle Eastern. Ten babies were male, and five were female. All mothers were receiving at least one form of public assistance, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC; 87%), Medicaid (80%), the Supplemental Nutrition Assistance Program (SNAP; 53%), childcare subsidy (27%), and housing subsidy (27%). Four mothers had earned a bachelor's degree, one had earned an associate degree, and two had some college credit; the others had completed high school.

We collected data between June and September of 2020, just after stay-at-home orders were lifted and before the vaccine was available. The COVID-19 pandemic in our state was first detected in the cities but rapidly spread across the state. The governor of the state moved quickly to issue mask mandates and limit business openings to essential services such as grocery stores, pharmacies, and medical facilities. In 2020, African Americans made up 22% of the state population but 37% of deaths from COVID-19 infections. Our state is home to several poultry processing plants where large numbers of workers tested positive for COVID-19. Senior citizens bore the brunt of the disease, but this also affected younger women who were often the caretakers.

Data were collected from mothers individually during a single phone call with one of the investigators/authors. Mothers provided verbal informed consent before data collection. The FMSS was administered first, followed by the COVID-19 Family Stress Screener and a final

question about potential positive experiences during the pandemic. Phone calls lasted approximately 15 minutes. Procedures were approved by our university institutional review board.

Measures

COVID-related stress

To measure mothers' level of stress related to the pandemic, we administered the 10-item self-report COVID-19 Family Stress Screener (Huth-Bocks, 2020) by phone. The 10 items were potentially stressful events, such as food running out, loss of childcare, and tension or conflict between household members. Each item was read aloud, beginning with the prompt, "Because of COVID-19-related events and changes, I have felt increased stress about ____." Mothers provided a rating to indicate their agreement with each item using a 1 to 5 scale with 1 = *strongly disagree* and 5 = *strongly agree*. Total scores could range from 10 to 50, with higher scores indicating greater stress. Internal consistency for the scale was .85. The tool was developed for use during the pandemic and was recently validated in a national study of caregivers (Bates et al., 2021).

Positive changes from COVID-19

At the end of the administration of the Family Stress Screener, the interviewer stated, "We have talked about ways in which COVID-19 has been stressful, but you may have experienced some positive changes as well. Please tell me what has been going well for you and your family since coronavirus has begun to affect everyday lives." Mothers' responses to the prompt were audio-recorded and transcribed for coding. There were no prompts or follow-up questions.

Responses were analyzed by three researchers/authors; one doctoral student who identified as a White woman, a PhD-level researcher who identified as a Black woman, and a PhD-level researcher who identified as a White woman. All three of the coders are mothers. They have previously conducted research on parenting in minoritized populations and have experience in qualitative research methodology.

Transcripts were uploaded to Dedoose, a web-based platform used to analyze qualitative data. We used an inductive approach to content analysis (Hsieh & Shannon, 2005) for the COVID-19 "positive experience" responses. We began by independently reviewing all of the transcripts to immerse ourselves in the data. Through this immersion, we identified recurrent themes throughout the samples and added those to the Dedoose platform. We met together as a team to discuss the initial themes and to identify which themes were similar enough to be grouped together and which were distinct enough to remain separate. These themes were used as our initial codes and created our initial codebook, a living document that we updated as we developed new codes from excerpts that were outside the scope of the initial codes (Hsieh & Shannon, 2005).

The team members individually coded each transcript line by line, then we compared coding to determine agreement in the application of the codes based on Miles and Hubberman's interrater reliability formula (i.e., number of agreements in coding divided by the number of agreements plus disagreements in coding). Mean reliability of coding for the COVID-19 positive experiences question was .77. We used consensus coding, a rigorous approach to qualitative coding (Olson et al., 2016). Consistent with this method, each coder individually coded two to three transcripts at a time for each iteration. The team met to discuss, compare, and reach coder agreement/consensus.

Five-Minute Speech Sample

Mothers were asked to describe their youngest child, the target in the larger study (“I’d like to hear your thoughts and feelings about [child’s name], in your own words and without my interrupting with any questions or comments. When I ask you to begin, I’d like you to speak for 5 minutes, telling me what kind of person [child’s name] is and how the two of you get along together.”). If mothers chose also to talk about other children or other members of their families, they were not redirected. During the interview, if the mother was silent for more than 5 seconds, the interviewer asked a series of semistructured prompts (Caspi et al., 2004; e.g., “How would you describe your child’s personality?” and “Why do you think [child] is the way he/she is?”). During the speech sample, 66.6% of the mothers received probes. On average, mothers spoke for 2.37 minutes (range: 1.0–3.29 minutes) before they received their first prompt. Average length of FMSS interviews was 5 minutes, 3 seconds. Audio-recordings were transcribed verbatim and verified by members of the research team in preparation for coding. To code the speech samples for warmth and negativity, a pair of coders were trained to excellent reliability (overall mean intraclass correlation [ICC] = .901) using the coding system described in Caspi et al. (2004) and Narayan et al. (2012). Coders were blind to the participants’ responses on other measures. Both coders listened to every sample twice (once for warmth and once for negativity) and assigned each participant a score from 0 to 5 for each variable. ICC was .82 for negativity and .75 for warmth. The two coders’ scores were averaged to obtain final scores.

Negativity was coded based on mothers’ tone and expressions of hostility, disparagement, rejection, and resentment. A score of 0 indicated that the mother did not make any negative comments about the child. A score of 1 implied little negativity, such as one minor criticism, such as “She is lazy.” A score of 2 represented some negativity, in which a mother used two critical remarks in a stronger, more negative tone of voice. A moderately negative score of 3 was assigned when the mother expressed prominent dissatisfaction, particularly with regard to a few traits that she did not like and wished to change. A score of 4 indicated high negativity, in which the mother made multiple disparaging remarks and found fault in almost everything their child did. Finally, a score of 5 would indicate a resentful and hostile speech sample indicative of active dislike of the child, in the absence of any positive comments. An example of a score of 5 would be consistent statements such as “I wish I never had her” or “I hate him.”

Warmth was coded based on the mother’s overall positive tone of voice and expressions of spontaneity, sympathy/empathy toward the child, and statements of affection. If the mother showed a complete absence of the qualities of warmth as described, that sample would be scored as 0. A score of 1 was assigned if there was very little warmth and only a slight amount of understanding, sympathy, concern, enthusiasm about, or interest in the child. A score of 2 indicated some warmth, in which a mother showed a detached, rather clinical approach and little or no warmth of tone, but some evidence of understanding, sympathy, and concern, with little substantiation. An example of a 2 would be comments such as “He’s alright” without elaborating or expanding. A score of 3 indicated moderate warmth, defined by understanding, sympathy, and concern but only limited warmth of tone. High warmth 5 and moderately high warmth 4 were coded when there was definitive and thorough tonal warmth, enthusiasm, interest in, and enjoyment of the child. They included numerous clear statements of love/caring toward the child. A score of 4 was evaluated by very warm tone and frequent expressions of warmth with a score of 5 comprising nearly constant expressions of warmth, such as “she is a delight” or “he is my ray of sunshine.”

RESULTS

COVID-19 Family Stress Screener

Mean scores for each of the 10 items are provided in Table 1. The highest mean stress rating was for increased feelings of anxiety and depression and the lowest was for taking care of children. Mean scores across parents ranged widely from 1.5 to 4.3, with an overall mean score of 2.72.

Impact of COVID-19

In response to the question about the potential positive impact of the pandemic, all mothers reported a positive event or positive change in family functioning. The three major themes that emerged from the coding process described above were (a) a positive shift related to spending more time together, (b) a neutral impact or no changes since the pandemic began, and (c), increased stress resulting from changes during the pandemic.

Positive shift: Spending time together

Some mothers reported that the COVID-19 shutdowns provided a unique opportunity to slow down and spend time together with family members. The families emerged as positive, appreciative, and optimistic. They were taking steps to enhance social-emotional health. Family members were making time for each other and focusing on togetherness during the pandemic. A statement that the researchers heard often is that the family members were getting closer to each other and that being “stuck in the house” was allowing the family to get to know each other. Mothers liked that they were at home more and felt less of the stress caused by the hurriedness of pre-pandemic life. The mothers talked about how their relationships with their children evolved positively during the pandemic. Following are examples of ways that families were coming together during the pandemic:

We spend more time with each other. We have family dinners. Family activities in the house instead of going out and about and everybody being so separated. We need time and a chance to learn one another again or learn some new things.

TABLE 1 Mean (standard deviation) score and range for each item on the COVID Family Stress Screener

Item	<i>M</i>	<i>SD</i>	Range
Food running out or being unavailable	2.73	1.34	1–5
Losing a job or decrease in family income	3.00	1.71	1–5
Housing or utilities	2.67	1.39	1–5
Loss of or limited childcare	2.60	1.49	1–5
Taking care of children including those who are normally in school	2.33	1.49	1–5
Tension or conflict between household members	2.47	1.50	1–5
Physical health concerns for me or a family member	3.07	1.28	1–5
Increased anxiety or depression	3.13	1.54	1–5
Reminders of past stressful/traumatic events	2.60	1.40	1–5
Loss of social connections, social isolation	2.60	1.54	1–5

Doing projects with little foods. Watching cartoons with my 3-year-old. Watching movies with my son. Just doing basic things that we really didn't do because he likes to go outside.

I have been gardening and I made some water balloons for them to go out in the yard and have water balloon fights and I've been doing some stuff around the house. Remodeled the bathroom and built a deck [laughs] which has kind of been, you know, since we're there, we might as well do the things, right?

I'm actually able to, I'm able to see my kids more. Be able to put them to bed. I'm able to cook them meals every day. I spend more time with my oldest daughter. We have our little mommy and me time when [child] is asleep. That's a positive thing. And we've just been ... my family and I have grown closer than what we were in light of this COVID.

I'm a natural introvert anyway so I enjoy being at home. I enjoy, you know, being with my close family and friends. So, it's not been very stressful.

Although we hear a lot about virtual learning creating stress for families, some mothers in this study reported the opposite:

being home with virtual learning and not being able to go out as much individually, we learn more about each other. Even though we would get on each other's nerves being in here all day, every day. I haven't seen that too much.

Several mothers noted that their pre-pandemic lives had been too hectic to enjoy time with their children. Now that their lives were less chaotic, they were enjoying family time:

So something positive. Well normally when this COVID wasn't around, before COVID I was just always an on-the-go mom. I was a fulltime student at the time ... I was up every morning at 4:00 in the morning getting myself ready to go to school, getting my kids ready to go to daycare and school. And then I'd take the bus or Lyft or wait for a ride or whatever and I'd get them to their day care center, talk to their teachers, and after that I was right back out the door to get myself to [school]. Mainly being able to spend time with me and my kids. Like just having mommy and me time, because when I was working I didn't have enough time for them. It was always me working and me dropping the kids off at day care, dropping them off at school and not have time for them. Because about the time I get home, I'm tired. I want to go to sleep. I want to make sure I get them prepared for bed, like that. But since COVID, I've been at home and be with them. That's like, the only good thing about it being together.

For at least one mother, staying at home during the pandemic provided more time with family and also left the family with more money to get through the pandemic:

I think that the happiest thing that happened was for, I think it was about a month and a half, daycare, instead of paying \$230 for daycare every week, it was waived for essential workers and her father is an essential worker so that was pretty happy.

Unchanged by COVID-19

Some families were more prepared for difficult times or had employment situations that were not affected by the pandemic at the time of the interview. These mothers or their partners

(or both) were able to maintain their jobs and thus financial stability. Some families were already in the habit of preparing ahead for challenging times. Although this theme was less well-developed than others, it remains qualitatively distinct and worthy of note. Mothers who mentioned a neutral overall impact also noted positive experiences during the pandemic.

To be honest with you I'm not sure this is fitting but it really hasn't impacted us like it has other folks because of normal habits I already had. For example, I am a couponer, so I already had a stockpile of food and cleaning products I already had that in place.

Some mothers, even those who may have experienced some income reduction, still presented a picture of being unphased or perhaps hopeful.

Overall, we're really not too worried about finances although it's not as good as it used to be. So that's the good thing.

Increased stress during COVID-19

Some mothers reported that COVID-19 brought on increased stress and mental health challenges (i.e., depression and anxiety) resulting from conflict, boredom, isolation from loved ones, and loss of income. Some families had to rely on older children for childcare; this was especially hard for one mother because the teen daughter was also dealing with reduced hours at her own job.

I had to deal with her and her attitude because she had to stop working. They had cut her hours real short. She's only ... she just turned 16 in December, and so she was upset about that for herself, so she was upset because the job or whatever. And I did have to go out to the school, or whatever, I mean and ask her to keep an eye on the baby because he normally, you know, would be in day care. So that was a big ole, I guess, "topic" we had with that ... you know we go back and forth. That added more stress.

Families experienced the stress of everyone being in the house at the same time and adding to the burden that mothers sometimes felt. It seemed particularly challenging when the stress of other family members emerged and there were competing demands. As one mother stated:

You know, everybody has their own attitude. You know I gotta cook lunch, cook dinner and stuff. This one don't want this, this one don't want that.... And this one's got an attitude. It gets overwhelming at times.... Granted it's the summertime. Two of them normally go with their dad's side of the family. But yes, it's been rough through this whole virus. I just pray it will all be over soon.

Some mothers, although happy that dad was home more often, experienced more challenges with interference and interruption caused by having another person involved in the routine. One mother was unable to see the added value of dad being at home.

I mean it's good for him to spend more time with his daddy. Then, it's more on me because I try to get him in a routine, and then daddy's here. It's like not helping.

Mothers sometimes reported that although it was good having dad around, they had to adjust to dad having his own way of parenting and interacting with the children, which was different from their own. It seems that mothers had their own methods and processes for sleep and other schedules for the children. Mothers recognized the additional stress that dads experienced due to COVID-19. Mothers' comments about the problems they faced must be understood in context of the positive changes and togetherness that mothers reported experiencing since the pandemic. Two mothers explained it this way:

Like, for instance nap time. If daddy is here, if daddy's home, [child] won't lay down for a nap. He wants to play. Whereas if daddy is at work, mommy can say "okay hey look, it's nap time you're gonna lay down," and he goes right in with it.

Well, my husband has been out of work since the shutdown happened. He still has not gone back to work, so he's been around a lot more. Good or bad, he's been around a lot more.

Depression and boredom were other sources of stress described by some mothers. Some also expressed worry about how COVID-19 would impact their own health and mentioned being fearful when hearing of people dying from the infection.

I'm an anxious person in general. Not depressed but anxious. And I do feel a lot of anxiety around COVID because, like, first of all, people dropping dead rapidly in my opinion. I have increased health problems, pre-health problems, whatever. More than the average population and I have to think about that because I am the primary person that goes in and out of the supermarket and running errands. It's me, you know, and I'm in a high-risk population and then, you know, you can't tell who has it by looking at them and that's another source of anxiety.

The isolation for one mother added to the depression that she was feeling before the pandemic. She tried to find ways to provide the children with opportunities to be outside but was mindful of the dangers of not social distancing. Mothers were struggling to make the right choices and explain to their children why COVID-19 made things so different and difficult.

You know, I am, had depression before when my mom passed away and stuff. And a lot of time just sitting in this house was very depressing. I mean there's nothing to do besides sit on the couch and watch TV, and here and there try and do activities with the boys.

They look out the window and see the other kids playing and they're like "I wanna go outside." I don't let them go outside. When I do try to bring them outside we will stand down at the bottom of the stairs so when the other kids come out I say "we have to go inside" because we don't want the kids playing with each other because with the other kids, I don't know how seriously their family is with protecting them with this virus and stuff.... So that's a hassle. You know you got to constantly hear "I can't wait til school starts, this is boring up in here," I mean that's all we do. I mean why this virus can't go away, which I know they are 9 and 7. But you hear, I get a lot of talk about this. I try to explain to them with the virus there's a lot going on and stuff.

Another mother talked about how the pandemic had changed things for the whole family and how they had to change many routines. Even when families had great things to celebrate, like getting a new home, the virus lessened the excitement. This is what the mother had to say:

In terms of social interaction, that is the place where it has gotten stressful. My children – I don't take them out, like, bottom line. There's a lot of them. I don't feel like it's safe. I can't, the little things that they are in the habit of can't change overnight. For example, if we go to the store they touch everything you know, so, I have a daughter she bites her nails, you know what I mean? You know her hands are in her face a lot. You now my son, he likes to touch things. So because I know how they are, and I didn't want to change, you know, like, I just felt it would be too much work to try to change, you know, the little ways that shows their personality. But that's it. I don't take them in any stores, I don't take them anywhere. So for them, that is the complete opposite of how I'm used to operating. I am a person that likes to be outdoors and, like, out of the house. Like we go to museums a lot. I told you I home school so we're always moving. We have groups. We have friends. We, you know. And that has completely halted. So that's a little stressful because I also mentioned that we just bought a new house and I feel like COVID is creating a really funky, weird vibe. Also communicating with our neighbors, everybody just throws a hand up and a nod and that's it.

Another mom who also had a new home was not having the experience that she had prayed for with the move to the house.

It stinks because we do have a large family and in the neighborhood there's lots of families with lots of children and, you know, that was something that I personally prayed for. That was something that my kids were hoping and wishing for.

Like so many others, the mothers in this study experienced death of loved ones during the pandemic. In these cases, the pandemic interrupted the normal grieving process.

My mother was in the nursing facility, since before all the COVID shut down business, so they shut their doors ... March 1 and then she got out I think it was the weekend after Mother's Day when they opened back up and she was released to go home. And then my stepfather, her husband, he was in the hospital when she got out of the nursing facility and actually passed away this past Wednesday.... That is why we are on our way down to see her and it's for the funeral.

FMSS

Coding of speech samples revealed that the majority of mothers ($n = 11$) received scores below 2.0 (on a scale from 0 to 5) on the negativity scale. The sample mean score was only 1.4 (range: 0–3.5; $SD = .98$). All mothers expressed some level of warmth toward their child, as no mother scored below a 1.5 on this scale. The mean for the sample was 2.87 and mothers' scores widely ranged from 1.5 to 4.5 ($SD = .83$). Though it was a small sample, a significant correlation was found between negativity and warmth scores ($p < .01$; $r = -0.67$). Correlations between mothers' scores on the COVID-19 stress screener and FMSS Warmth and Negativity scores were not significant.

DISCUSSION

Our aim was to examine the parenting experiences and resiliency of economically under-resourced mothers of young children during a high-risk time of the pandemic, in summer 2020

before vaccines were available. Most prior investigations of parenting during COVID-19 focused exclusively on negative impacts of the pandemic in terms of stress, mental health challenges, and disruptions in family life. It was therefore no surprise that many mothers in our study were experiencing high levels of stress; however, wide variability in mothers' COVID-19-related stress was noteworthy on the stress survey and in interviews. That is, some mothers reported experiencing very little distress and others indicated that COVID-19-related circumstances were causing them to be highly stressed. The greatest source of stress on the survey was mothers' feelings of depression and anxiety, followed by concerns about physical health and loss of job and income. Many mothers also mentioned personal mental health struggles in the open-ended question about experiences during the pandemic. Thus, even in the context of a question about potential positive circumstances, mothers reported family conflict, added responsibilities, and boredom that had caused sadness and trepidation. Some also expressed deep worry about how COVID-19 would impact their own health and mentioned feeling fearful when hearing of deaths from the infection. Like so many others, the mothers in this study experienced death of loved ones during this pandemic.

Even mothers who reported high levels of stress on the questionnaire, however, were able to identify positive aspects of life during the pandemic. In fact, the majority of mothers responded without hesitancy when asked about recent positive experiences. By far the most common positive aspects involved increased time with family. If we had not asked this question, mothers might not have spontaneously told us about the pleasurable experiences they had enjoyed. They spoke about specific activities they had engaged in with their children and also spoke broadly about becoming more in touch with their children and getting to know them in ways that had not been possible when their lives had been hectic before the pandemic. These positive views can be critical points of entry in supporting mothers who are facing challenging times.

Mothers' responses to the prompt to talk freely about their children also were indicative of positive feelings—in particular, warmth toward their children. The speech of most (12 of 15) mothers was indicative of greater feelings of warmth and tenderness than negativity about their children. It might be assumed that mothers who expressed the greatest COVID-19-related stress would have also expressed the most negativity about their child; although this pattern was true for several mothers, we found that a few mothers with very high stress expressed a great deal of warmth and very little negativity or criticism about their children. These parents who demonstrated high warmth in the face of high stress hint at an underlying mechanism of emotional co-regulation that can be protective for both parent and child (DePasquale, 2020). Therefore, future research should be designed to understand the protective factors in place for those mothers who maintained warm feelings toward their children in the context of high stress related to the pandemic.

There is a long history of viewing mothers who receive public assistance as “at risk” and vulnerable for a host of negative outcomes (McCubbin et al., 1998). This deficits-based view can blind us to the incredible optimism, resilience, and positivity of many mothers who are under-resourced in terms of financial and social capital (Neppl et al., 2015). In fact, our findings suggest that when specifically asked about positive experiences during the pandemic, mothers readily provided descriptions of how their family had adjusted and how they had experienced some good times or found pleasure in having more time together. Further, all mothers expressed some level of warmth toward their child, although FMSS scores did range widely. Among all the potential sources of stress on the survey, mothers reported feeling the least stress associated with caring for their children. Mothers clearly treasured the opportunity to spend more time with their children, doing special projects or just having time to connect during daily activities such as having meals together.

Although mothers were enjoying increased time with their family and reported warm feelings toward their children, changes in family routines necessitated by the pandemic were a source of stress. Changes included older children having to care for younger siblings, fathers

being more present in the home, and disrupted social routines due to quarantines. The importance of predictable routines for children's functioning is well-documented (Harrist et al., 2019) but our study suggests that changes in routines are likewise challenging for parents. Support provided to families should focus on assisting parents with establishing new routines and building skills to adapt to disruptions that will likely occur throughout the pandemic, including returning to childcare and loosening restrictions on social activities as the effect of the pandemic on daily life resolves.

The mixed-methods design of our investigation was a strength, as was our focus on positive experiences as well as challenges faced by mothers during the pandemic. However, the study is limited by several methodological constraints. Our sample was restricted to mothers in a mid-sized city in the southeast. Because the virus is rampant worldwide and there are local variations in responses to the pandemic (e.g., policies related to school closures, quarantine restrictions, and availability of public health care vary widely), there is a need to replicate this study in other U.S. locations and in other countries, with longitudinal investigations being a priority.

To respond to the critical need for data on mothers' experiences during the pandemic, we limited data collection to a brief session and restricted our focus to a few variables measured exclusively by mothers' reports. This decision restricted the scope of our study. Ultimately, it will be important to understand the degree to which mothers' experiences during the pandemic shape their children's adjustment. There are likely bidirectional influences. Building on our study, future studies could explore the relation between mothers' COVID-19-related stress and children's adjustment, as moderated by mothers' reports of positive experiences (i.e., mothers' ability to identify silver linings might buffer children from the potential negative impact of COVID-19-related stress). Future studies should also include fathers to gain their perspective of the impact of the pandemic on their lives and relationships with their children, as studies of Black fathers show the importance of dads in the overall well-being of children (e.g., Cryer-Coupet et al., 2020). The positive role of the father in the family was important to the mothers in our study. We focused exclusively on mothers because the original study was designed to examine influences of toxins during pregnancy. We do not want our focus on mothers to contribute to the exclusion or undervaluing of fathers that is so often the case in family science and practice. We also acknowledge that findings could differ for parents of older children. Finally, parents' experiences might vary over the course of the pandemic, so ongoing investigations will be important. We plan to follow these mothers and their young children through availability of the vaccine and the economic recovery.

Implications

By embracing a strengths-based approach to supporting mothers of young children during large-scale financial and health crises, human services and mental health providers may truly begin to join with parents "where they are," an orientation that is strongly encouraged but can be challenging to practice (Douglas et al., 2014). Listening intently to mothers' own experiences, using open-ended questions and reflection uncovered humor, optimism, and fortitude that is present even in turbulent times. Of course, family assessment using traditional questionnaires can be informative and contribute to service provision, and the stress survey we used provided direction for potential intervention. However, exclusive use of those tools could limit us to a deficit perspective. If professionals enter into interactions with families assuming that parents enjoy their families—and want more, not less, time with their children—interventions might be designed differently than if we enter from a deficit framework.

It is important to note that mental health issues were grossly undertreated in the United States even before the pandemic, especially among underserved populations (Mongelli

et al., 2020; U.S. Department of Health and Human Services, 2019). During the pandemic mothers were more likely than fathers to report that their mental health had worsened, but they were less likely to receive mental health treatment (APA, 2021). Thus, professionals who work with low-income families must be mindful of unaddressed mental health concerns of parents, especially mothers, during the pandemic. Given the mental health concerns of the mothers in our sample, and similar findings in other studies of mothers with young children (e.g., Cameron 2020), providers must step forward in new ways, with a two-generation approach (Shonkoff & Fisher, 2013) and with greater outreach than has been standard procedure in the past. Increased access to telehealth is one promising approach. This sector must also recognize that the pandemic has interrupted the normal grieving process, so mothers might need innovative forms of support to process suffering due to death and other losses in these unprecedented times.

The pandemic shone a harsh light on federal policies related to work and childcare that fall short of supporting families. Mothers in this study spoke about the stress of childcare access and cost during the pandemic. Their experiences are consistent with national discussions regarding the high cost and lack of availability of childcare, challenges that have been greatly exacerbated by the pandemic (Child Care Aware, 2020). In a report by the Center for American Progress, Workman and Jessen-Howard (2020) noted the U.S. system of childcare “has long been neglected” and significant public investment is needed to ensure that families have access to high-quality affordable care for their children. At the time of this study, legislation had been proposed (i.e., the Child Care for Working Families Act) that could address the childcare crisis and ensure that working families can find and afford high-quality childcare. Another source of stress for mothers in our study was job and income loss. Policies created and enforced by governing bodies and employers must be more sensitive to the importance of the parent–child relationship for mothers and their young children. We support the set of recommendations recently released by the APA (2021) for supporting essential workers both during and after the pandemic.

As the world opens up again and many aspects of our daily lives return to some semblance of normal, let us not forget what we have learned from this global pandemic. Understanding factors that were stressors and those that provided positive outcomes should facilitate a transition back to routine life in a way that promotes ongoing support of mothers and family relations. For instance, we found that despite a very stressful global situation, mothers valued extra time spent with their children, and found positivity, strength, and growth in their relationships with their children and families. As we navigate the transition to open schools, service centers, and workplaces, we must recognize that mothers have experienced incredible stress but also demonstrated great resilience.

In closing, we were able to gain rich insights about mothers’ perspectives in only 15 minutes using a simple question intentionally asking about positive experiences, a brief survey of stressors specific to the pandemic, and a 5-minute speech sample. Our approach produced meaningful data and was efficient for mothers of young children who were leading very busy lives and were affected in multiple ways by the financial and public health crisis. Parenting young children during a global pandemic is by no means an easy feat, yet the voices of mothers in this study revealed warm relationships with their children and positive experiences with their families, emphasizing the importance of transcending a deficits-based approach in support of a strengths-based understanding of the resilience of mothers facing adversity. We hope there will be continued focus on these strengths in future work of family scientists.

Author note

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