



FAMILY RELATIONS AND ADOLESCENCE IN THE ADVERSE EMOTIONAL CONTEXT OF THE COVID-19 PANDEMIC

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ABSTRACT

Aim: to elucidate meanings and behaviors of parents in supporting adolescents during the COVID-19 pandemic. **Methodology:** qualitative study supported by Symbolic Interactionism and Content Analysis in thematic modality. A semi-structured interview was adopted with 10 women who were mothers of adolescents aged between 12 and 15 years old, based on the snowball strategy. Data collection was mainly held in 2021. The study was approved by the Ethics Committee. **Results:** The women revealed weakened relations with the adolescents, with difficulties in talking openly with them about concerns regarding observed behaviors, especially those suggestive of psychological distress or considered inappropriate. This was due to the understanding that they were facing overlapping changes, those typical of adolescence and those imposed by social isolation. They reported little paternal participation in establishing the care of adolescents. **Concluding remarks:** The family is understood as a support nucleus for the adolescent, but felt little empowered and prepared for this action, an aspect that highlights the urgency of welcoming the family by professionals with a view to expanding the welcoming of adolescence.

Keywords: Adolescent. Family relations. Mothers. Qualitative research. COVID-19.

INTRODUCTION

Social isolation, a measure to contain the COVID-19 pandemic, increased the time spent at home, with repercussions on the operation and organization of the family, affected roles and functions⁽¹⁾, and threatened family well-being.

The complex and dynamic web of relations defines and shapes the family⁽²⁾. The family is constituted through the construction of identities that demarcate it, in constant confrontation with otherness, whose presence will be insistently felt, forcing openness, even when resistance persists. Therefore, the family is constituted dialectically. It is not only the “us” that affirms it as family, but it is also the “other”, the condition of existence of the “us”.

Without letting in the outside world, without space for otherness, the family confines itself within itself⁽²⁾.

Throughout adolescence times, there is an intensification of otherness within the family⁽²⁾, as adolescents seek interactions with peers and put values and ways of thinking and living arising from the family on the agenda. However, family operation is an essential social element for the people who live there and has a proven effect as protection and/or risk for the integral development of adolescents⁽³⁾. This tends to be a resource and is meant as protection and support for adolescents in the face of crises, such as those experienced in pandemics⁽⁴⁾.

Accordingly, although social relations external to the family are central during

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adolescence and are part of the structuring of autonomy and independence⁽⁵⁾, the family remains symbolic and significant to the adolescent.

The COVID-19 pandemic intensified the exposure of adolescents to their family nuclei and imposed restrictions on extended social interactions⁽⁶⁾. This study recognizes that drastic changes in the forms of interaction typical of adolescence deserve attention and asks about “How were family relations with adolescents characterized in times of the COVID-19 pandemic from the perspective of parents?”, “How were they configured faced with the demands of adolescence?” Increasing knowledge about adolescence is urgent in terms of support, especially in adverse times and crises, such as pandemics and/or other social situations that impose interactional restrictions.

The aim was to elucidate meanings and behaviors of parents in supporting adolescents in the initial years of the COVID-19 pandemic.

METHODOLOGY

Qualitative and descriptive study, supported by the Symbolic Interactionism (SI) framework, for which meanings emerge, starting from social interactions, and direct human actions⁽⁷⁾. Family actions in relation to adolescents are dependent on the meanings established about adolescents, adolescence, and the role of the family in supporting the latter.

Furthermore, when considering the pandemic, support actions for adolescents were intersected by meanings related to COVID-19.

Empirical data were obtained through a single, semi-structured, remote and individual interview, conducted by the first and/or second author, between July 2021 and January 2022. Both interviewers had previous experience with qualitative research and had, prior to the interview, new training with the last author. The pre-established questions were: “What has it been like to be with (adolescent’s name) in these times of pandemic? How have you supported him/her? What do you notice in the relations between you in these times of the

COVID-19 pandemic?”. Other language mediators were adopted to densify the expositions, such as ‘describe a little more about what you said’ and ‘how what you are talking about reverberated in your relations’. All interviews were audio recorded on a free platform and lasted an average of 45 minutes.

The recruitment of participants started in the network of relations between the members of the research group and, later, was recommended by the interviewees; therefore, the “snowball”⁽⁸⁾ strategy favored the reach of the group of participants in this study.

Before contacting the researcher, the mediator spoke to the potential participant, gave a brief explanation about the study and, through the potential participant’s interest and authorization, shared the telephone contact. Accordingly, the researcher confirmed acceptance by means of the messaging application and, upon confirmation of availability to contribute, sent the Free and Informed Consent Form (FICF) via electronic address provided individually. On the day of the interview, he checked whether the FICF had been sent back and resumed the study, its aims, and the data collection strategy before the start of the interview, which took place mediated by GoogleMeet.

A total of 18 people were invited and 10 agreed to take part in the study. Unavailability for the interview due to the dynamics of life during the pandemic was the main factor for refusal. The inclusion criteria for participation in the study were: being parents (mother or father) of adolescent(s) (using the World Health Organization concept, i.e., from 10 to 19 years old) and mentioning having the possibility of getting involved in an interview carried out remotely. The exclusion criteria were: adolescents with special health needs with dependence on assistive technology and/or some disability.

For data analysis, Content Analysis (CA) was adopted, in the thematic modality in its three steps: 1) pre-analysis, with floating reading of the material to understand the constituent components of the corpus; 2) exploration of the material, via new readings anchored in the analytical perceptions of the previous step and with selection of

representative excerpts of the object under study, interpretations and coding structured in the content, meaning of speech and conveyed meanings, for subsequent establishment of categories based on agglutination by themes; 3) treatment of the results, when the categories were juxtaposed, taking the manifest and latent contents and selecting representative excerpts that illustrate and support the findings. The results were grouped into two thematic categories. The analytical process was conducted by the first and second authors in a dialogued manner and was supported and discussed with the third and last author.

Ethical recommendations for studies with human beings were followed. The study was

analyzed and approved by the Research Ethics Committee, registered under Opinion n° 4.420.313 and Certificate of Presentation for Ethical Appreciation (CAAE) 39524120.2.0000.5504. The excerpts were identified with the letter M, alluding to the word “mother”, followed by an ordinal number translating the order of entry into the study.

RESULTS

Ten women mothers were interviewed (Table 1), the first eight throughout 2021 and the last two in January 2022, all living in the state of São Paulo, Brazil.

Chart 1. Information about study participants

Mothers	Profession and age of guardians/parents who lived with the adolescents	Family feature	Adolescents' age (A)
M1		Nuclear	A1, 13 years old A2, 12 years old
M2	Mother, 42 years old, teacher Father, 42 years old, self-employed worker	Nuclear	A1, 13 years old
M3	Mother, 48 years old, nurse Father, 57 years old, self-employed worker	Nuclear	A1, 14 years old A2, 12 years old
M4	Mother, 33 years old, nurse	Single-parent	A1, 13 years old
M5	Mother, 37 years old, nurse	Single-parent	A1, 15 years old
M6	Mother, 42 years old, lawyer	Single-parent	A1, 15 years old
M7	Mother, 49 years old, self-employed worker Father, 51 years old, notary	Nuclear	A1, 15 years old A2, 12 years old
M8	Mother, 40 years old, university teacher Father, 45 years old, businessman	Nuclear	A1, 12 years old
M9	Mother, 40 years old, nurse Padrasto, 50 years old, businessman	Recomposed	A1, 13 years old
M10	Mother, 32 years old, nursing technician	Single-parent	A1, 13 years old

The participants perceived themselves as acting in a context with overlapping changes, those related to adolescence and those of the COVID-19 pandemic. The meanings and behaviors in coping with this setting are introduced below.

Adolescent, changes and peers

The family finds itself interacting with a person (adolescent) who appears different (both physically and behaviorally), an aspect that is challenging for it.

It's pretty complicated now, right? Because

everything is very different and then you have to deal tactfully with these changes, adolescence, the pandemic, this whole thing is very challenging. (M10)

Through reflection, they sought to understand this “new” presentation of their child (ren), highlighting indecision, irritation, intolerance, introspection, as well as the need for reaffirmation. They meant that they derived from hormonal changes and the search for autonomy and freedom.

[...] she kind of went into another place, like, irritability, not being able to talk [...] she was very irritated, this hormonal thing, like, puberty,

[...] she wants to be alone a lot, it's very hard to deal with this. (M2)

[...] he is already having a body change and I notice that he remains closed in his corner, which I also understand to be a characteristic of adolescence, I think a lot about this, this change and what leads to it. (M3)

They realized the urgency of peers for adolescents, the search for group belonging with the adoption of similar behaviors, concomitantly the permanence of unique traits.

They (friends) did have an influence on her, even, like, some preferences that she didn't have and that she started to have, like her appearance, the way she keeps changing her hairstyle, and then everyone started to change their hairstyles. As the pandemic continues, it is a need for adolescents to be with others. (M4)

He is a very quiet boy, very shy, he even has a little difficulty speaking in public, expressing himself a little more and, in these times of the pandemic, at the stage he is in, he didn't change this, he remained silent. [...] What I understand is this need for friends, to be able to be with them, to be part of the group he chose. (M5)

They highlighted the impact that the transformation in relations with and at school generated how challenging this was for their child (ren) and had impacts on the construction of identity.

So, she had to stay at home, and this stay at home for her, in relation to studies, I saw that she suffered a lot, because the school environment itself was changed [...] she became less interested, she was a very curious girl, who would like to have good grades in all subjects, she relaxed. [...] I think mainly that this lack of coexistence with others has made (adolescent's name) a more closed person. (M1)

The understanding was that the pandemic, by imposing restrictions on physical interaction with people outside the family, caused mental exhaustion and negatively affected central relations among adolescents, favoring isolation, boredom and conflicts in relations with parents. Families felt lost on how to deal with it.

It's even kind of sad, she's so bored, she doesn't have anything, she doesn't know what to do, she's sad about not knowing what to do, [...] she wasn't used to being alone, and we (parents) had no idea of what to do to change, to help. (M2)

It changed my point of view a lot, it took away part of it, precisely from socializing. Before the pandemic, she wasn't so closed off, she played all day long. [...] I realize that, with the pandemic, as she isolated herself, because she isolated herself, unfortunately, even from family life, there was a separation from us. (M4)

The increase in the use of screens, whether cell phones or computers, was highlighted and, in the opinion of participants, where remote teaching sustained and normalized this intensification. The use was characterized as intense and abusive, something that bordered on addiction. Intervening on it was complex because it integrated different issues: it was the way to maintain education, it was the way to interact with peers, it was the way to have fun. Despite the concern, few intervened about it.

[...] I think that adolescence is a time when they really want to be with their friends, they want and need to talk to them. This makes it difficult to restrict cell phone use, despite exceeding an acceptable limit. With this pandemic, things took on excessive proportions, but I let it be so! What could I do? (M1)

With the pandemic, he became very dependent, even going to the bathroom with his cell phone to take a shower, watching videos, that sort of thing. So, what worries me is this isolation generated by this intensification of screen use. [...] I see the pandemic in this sense of concern for us, parents, the issue of this addiction. (M3)

Parents reported difficulties in opening a conversation about the adolescents' 'doldrums and discouragement', despite seeing it as fundamental to providing support as they walk through life. They felt powerless and uncomfortable, and the tendency was not to address the issue, fearing conflict, despite wanting to give more incisive guidance due to its relevance to their development. The impression was a certain approval for adolescents to isolate themselves during the pandemic.

I'm worried about her remaining isolated, I really worried (long pause). Getting used to being isolated, normalizing it. [...] but I didn't manage to deal with her more clearly. (M6)

It's very hard to deal with being together, but all alone. It feels like we're together, but no, we're each our own, family time (emphasis) has disappeared. So, we kept to ourselves, stuck on

our cell phones, on our screens. I don't know how to untangle it. (M8)

In this context, they identified the limitation of friendships, the decrease in tolerance towards others and behaviors induced by the socialization provided by the internet, where the superficiality of relations is a characteristic.

[...] the number of friends was much more limited, that's what I'm talking about in terms of social interaction, they lived with different people, even so, within the classroom, we have many differences. I understand that there are very few friendships and everything is very superficial. [...] I wonder what their tolerance will be like in relation to others who are different, how they will deal with others who suddenly say something they don't like, because they are experiencing it right there on the internet, if that person there agrees with me, he/she is my friend and then we talk every day, but if he/she disagrees, I block him/her, simple as that. (M1)

Isolation and changed coexistence: challenges for adolescents and families

The family had to deal with changes in routines, both for the family and for each member. They were challenged to establish new dynamics, i.e., to seek a typical daily life, an aspect that was considered very challenging. Despite this, they made an effort to promote the maintenance of activities for each person in the family.

We were already together, but now we are really together and [...] (pause), it seems that, even with all this time, we have not been able to define schedules, define spaces, it's a mess to deal with all of this [...] (M1)

Working from home, studying from home, because there was this very intense transformation in the routine, and it's not easy. It's not easy to find a place, a way for everyone, it means rethinking your time routine and relations with people. The absence of this is bad for our coexistence. [...] Move the furniture around so you can have a computer table for older people, and then you have to find a table for younger people, and then that's the day we work, I work with music, right? So, when I was playing or recording something for my work, for my students, nothing else could happen, right?

So, the house became a recording studio, we tried to adapt to all of this. (M2)

Accordingly, there was an overload for the mother, given that she was given the responsibility of finding a new way to look after the children and the house, in conjunction with her professional occupation. Mothers were uncomfortable with this. Nevertheless, attempts to break away were timidly identified in the speeches, and that is when machismo emerged.

So, in fact, it's more up to me (mother) to decide what we're going to do, how I'm going to deal with it, because I only work in the mornings and I'm always with them in the afternoon. [...] sometimes, we talk, right? I say 'help me, draw attention' because I still think that the father's voice drawing attention will improve some aspect, but [...] (pause) I'm not so sure about that, I think they're more afraid of me than of their father. (M1)

It's something where I keep balancing the scales, the balancing scales of my children and my husband, and mine drops, right? So, this is a very complicated thing for me [...] (long pause) But everyone expects something of me. (M7)

In contrast, the intensity with which they experienced as a family, each other's presence, favored discoveries, opportunities to respect each other more, renew relations and, specifically, unveiled the mother as a support in the process of identity construction of the child (ren).

[...] parents had more time to observe everything, [...] because parents who had to stay at home were able to see things they couldn't, right? Because they were at work. I believe I discovered things that I wouldn't have discovered before, and then I see how much I can help him get through adolescence, which I didn't see before. (M10) In this context, they reflect on the consequences of the reduction in the interaction between adolescents and their peers, as well as on the negative consequences of this process.

I'm worried about (name) taking him, right? As if it were a phase in which he lost a year, a period, right? This adolescent life because of not interacting with peers. So, I think this will remain open. (M3)

Because now is the time to start learning different things, things related to your age, right?

From adolescence, dating (laughs), but the pandemic restricted this, this social part necessary for adolescence. There will definitely be gaps. (M10)

Concern about non-contamination was constantly raised in relation to the consequences of social isolation for adolescents, the long-term consequences, especially for mental health.

For me, what is paramount at this moment is seeing everyone healthy. Even if they've lost that social life, even if we often have to say no and they get upset, right? But, for me, the health issue is paramount. (silence) Now, who knows if they are having mental health problems. (silence) Nonetheless, I think it's worth not getting the virus. (M1)

In contrast, they recognized learning generated by the pandemic, when the value of solidarity and investments in future projects were highlighted.

I hope the vast majority of these adolescents take this, right? That, at any moment, we may need each other, even without knowing them. I think it's a lesson they will all take along. (M6)

So, that he is a man of principles, a good man, with character, who does good, who respects people, that's my dream for him, and I think that everything we're going through with the pandemic helps with this. (M8)

DISCUSSION

This work elucidated meanings and behaviors of mothers in supporting adolescence during the COVID-19 pandemic. Although the invitation was extended to the father, they were not available to participate. Sometimes, it was possible to identify their presence in the house. This data provokes reflections on the parental subsystem (father-mother) and its functions of care and socialization of children, in addition to suggesting the permanence of patriarchy in society, whether in local or wider social interactions.

The results reinforce the point made in the previous paragraph by showing a lack of interest on the part of fathers in getting involved with the routines of their homes and the care of adolescents, hindering co-

parenting⁽¹⁰⁾, despite contemporary signs that the insertion of the father in the family is increasing, with transformations in family dynamics⁽¹¹⁾. We ask whether the trend is more limited to childhood and does not cover adolescence, with recommendations for explorations in this scope.

Accordingly, biomedical discourses in health care practices reproduce the normalization of the mother as the caregiver and responsible for children and adolescents, in addition to naturalizing paternal absence in this context⁽¹²⁾ and/or reinforcing a supporting role⁽¹¹⁾, which also extends to health training and education. Moreover, we can say extensive research, as the production of evidence regarding parenting and the care of children and adolescents in the maternal voice is prevalent. It is urgent to explore and discuss the symbolic and practical place of fatherhood, with a view to transforming the reverberation of patriarchy and moving towards maternal and paternal co-responsibility in the care of children and adolescents⁽¹¹⁾.

Meeting the adolescent's needs involves the support received by both parents⁽¹³⁾, where health professionals face the challenge of inviting and supporting the exercise of active fatherhood during adolescence. The father's participation and presence are related to the adolescent's security and improved self-esteem⁽¹⁴⁾.

The maternal perspective on the effects of social isolation caused by the COVID-19 pandemic on their adolescent children, captured in this study, also resonates with findings from the adolescents' own narratives, which reveal negative changes in daily habits, such as sleep, physical activity, school performance and emotions⁽¹⁵⁾. Feelings of uncertainty, fear, anguish, anxiety, lack of motivation, depressive symptoms and extreme cases of suicidal ideation were part of the adolescents' experience and revealed psychosocial needs⁽¹⁶⁾, issues highlighted by the participants in this study.

The effects of isolation on the evolution of interpersonal relations can manifest themselves, from the adolescent's perspective, both as improvements and deteriorations in bonds with peers, siblings, fathers and mothers⁽¹⁵⁾. Changes

in family relations represented emotional distancing or (re)approachment, the latter based on spending more time together, using technologies in a shared way and experiencing family meals together⁽¹⁷⁾.

A study showed that the prevalence of integrative family relations points to family health and strengthened the family in terms of dealing with the difficulties of the pandemic, even if immersed in suffering, challenges and illnesses⁽¹⁷⁾. The result of the positive evolution of interpersonal relations can be explained in the development of alternative functional coping resources in the family context, indicating that the “mandatory” coexistence determined by external circumstances challenged the development of new competences⁽¹⁵⁾. Adolescence involves movements of distance from parents, typical of the growing process of individualization and gaining autonomy. In this sense, the pandemic may represent a developmental threat⁽¹⁵⁾. However, in threatening situations that generate emotional discomfort, adolescents can benefit from welcoming and deepening their primary bonds; the increase in knowledge, understanding and mutual support experienced within the family⁽¹⁵⁾. A Chinese study highlighted family resilience as a predictor of adolescents’ mental health. Nevertheless, the participants in this study reported difficulties and insecurities in processing the welcoming of adolescents and did not indicate that they had been supported by health professionals in this regard.

Parenting practices are directly related to individual development. They are exercised in the relation with the child (ren), as well as the sociocultural aspects that circumscribe the relation⁽¹⁰⁾.

Women mothers expressed difficulties in verbalizing, in their relations with their adolescents, perceptions and concerns regarding the way they were managing the changes caused by the pandemic. They had difficulties in establishing and negotiating rules and limits, a determinant of the promotion of family health and the development of children and adolescents⁽¹⁰⁾.

Going to school and the relations established there are central occupations in the lives of

adolescents, with consequences for social bonds, health and life, including in the field of mental health. The mental health of adolescents and young people was affected by the pandemic, with the possibility of depressive and anxiety symptoms occurring^(6,19), which can be worsened due to weaknesses in family support.

CONCLUDING REMARKS

This study revealed that the family understands adolescence as a passing phase, and the adolescent as a person undergoing transformation, a reflection of hormonal changes and identity projections. They have a more indecisive, intolerant and introspective behavior. There is a certain “normalization” of adolescent behaviors, and this may reduce the chances of valuing changes in behavior/manifestations, especially those involving psychological distress. This increases the chances of family support not being offered in a timely manner.

It is worth mentioning that family relations encompass closeness (which favors family unity) and individuality (which promotes individuation). The balance between them promotes the differentiation of individual needs and feelings compared to those with whom one lives. In this sense, emotional aspects and the family climate regulate interactions among family members, while the welcoming of feelings within the family promotes the development of self-esteem⁽²⁰⁾.

The results revealed little family conversation, a fundamental action in the organization of family life and belonging to it⁽²⁰⁾. This reverberates in the role of the family as a mediator of human contact with the outside world, promoting emotional stability and development⁽²¹⁾. The development of self-control in adolescents is linked to family cohesion⁽²²⁾.

In addition, mothers expressed concerns about the increasing replacement of human relations by ‘virtual relations’, an aspect that favors intolerance and liquid relations in their understanding. This endorses and adds to the results of a study about screen-mediated communication that found that adolescents who

use this technology daily experience feelings of emptiness, anxiety and depression⁽²³⁾. Moreover, another study highlights their difficulty in breaking away from screens⁽²⁴⁾. A study carried out in Slovakia found a correlation of greater parental care and parental monitoring with a lower occurrence of excessive internet use⁽²⁵⁾.

Screens, the internet and social networks were resources for dealing with the void left by social isolation, since they maintained a certain social interaction, but they also exposed adolescents to intense use and its repercussions, such as, for example, sleep disorders, anxiety symptoms and intensification of social comparison, with chances of experiencing distress⁽²⁶⁾. In this context, it is noteworthy that our participants felt inability to intervene, justified by the understanding that it was the existing hobby in the pandemic context⁽²⁷⁾. Parenting strategies can counteract the harmful effects of uncontrolled use⁽²⁷⁾. Dialogue with families about adolescents and adolescence was insufficient or even absent and exposed, which exposed families by leading them to manage demands alone. Family Nursing is a specialty that offers professionals knowledge and resources for this care. The difficulty in dialoguing with adolescents is a recurring challenge in families, when new representations need to be mutually and collaboratively established, both in terms of understanding the adolescent and the parental role. The specialty of hebiatry is another that needs investment and

expansion, including in Nursing.

The results arising from the effort to elucidate the repercussions of the adolescence process and the pandemic on the family allowed the presentation of themes and nuclei to outline interventions to support the family, especially in the scope of parenting.

Attention to the psychosocial needs of adolescents is essential, especially given the possibility of post-traumatic stress⁽²⁰⁾. The competence and sensitivity of health professionals, the strengthening of the social support network and the involvement of different sectors of the community are crucial for promoting health, especially the mental health of adolescents, in this period of transition and redefinition of society after the COVID-19 pandemic⁽²⁰⁾. This study suggests weak parental support for adolescents throughout the pandemic and is a warning for other similar situations, where social isolation is an intervention.

Despite the limitations of this study in terms of the number of participants and the fact that it only reaches mothers and the concentration in the age group from 12 to 15 years old, it adds and contributes to the available knowledge about families and adolescents. It allows us to affirm the importance of more studies about family operation in the context of adolescence and on the voice of the father from the perspective of the adolescence process of his child (ren). The results were not subjected to validation, another present limit.

RELAÇÕES FAMILIARES E ADOLESCER EM CONTEXTO EMOCIONAL ADVERSO DA PANDEMIA POR COVID-19

RESUMO

Objetivo: elucidar significados e comportamentos de pais no suporte ao adolescer na pandemia da COVID-19. **Método:** estudo qualitativo apoiado no Interacionismo Simbólico e na Análise de Conteúdo na modalidade temática. Adotou-se a entrevista semiestruturada junto a 10 mulheres mães de adolescentes entre 12 e 15 anos de idade, localizados a partir da estratégia bola de neve. A coleta de dados foi desenvolvida majoritariamente no ano de 2021. O estudo foi aprovado por Comitê de Ética. **Resultados:** As mulheres revelaram relações fragilizadas com o adolescente, com dificuldades para dialogar abertamente com eles sobre preocupações frente a comportamentos observados, sobretudo aqueles sugestivos de sofrimento psíquico ou considerados inadequados. Isto deveu-se ao entendimento de estarem eles a enfrentar mudanças sobrepostas, as da adolescência e aquelas impostas pelo isolamento social. Denunciaram escassa participação paterna no estabelecimento do cuidado do adolescente. **Considerações finais:** A família está compreendida enquanto núcleo de suporte ao adolescente, mas sentiu-se pouco empoderada e preparada para esta ação, aspecto que evidencia a premência de acolhimento da família por profissionais na direção de ampliar acolhimento de adolescências.

Palavras-chave: Adolescente. Relações familiares. Mães. Pesquisa qualitativa. COVID-19.

RELACIONES FAMILIARES Y ENTRAR EN LA ADOLESCENCIA EN UN CONTEXTO EMOCIONAL ADVERSO DE LA PANDEMIA POR COVID-19

RESUMEN

Objetivo: aclarar los significados y comportamientos de los padres en el apoyo a la adolescencia en la pandemia de COVID-19. **Método:** estudio cualitativo apoyado en el Interaccionismo Simbólico y en el Análisis de Contenido en la modalidad temática. Se adoptó la entrevista semiestructurada junto a 10 mujeres madres de adolescentes entre 12 y 15 años de edad, localizados a partir de la técnica bola de nieve. La recolección de datos se desarrolló principalmente en el año 2021. El estudio fue aprobado por el Comité de Ética. **Resultados:** las mujeres revelaron relaciones fragilizadas con el adolescente, con dificultades para dialogar abiertamente con ellos sobre preocupaciones frente a comportamientos observados, sobre todo aquellos sugestivos de sufrimiento psíquico o considerados inadecuados. Esto se debió al entendimiento de que ellos estaban enfrentando cambios superpuestos, los de la adolescencia y aquellos impuestos por el aislamiento social. Denunciaron escasa participación paterna en el establecimiento del cuidado al adolescente. **Consideraciones finales:** la familia está comprendida como núcleo de apoyo al adolescente, pero se sintió poco empoderada y preparada para esta acción, aspecto que evidencia la urgencia de acogimiento a estas familias por los profesionales con el objetivo de ampliar la acogida a los adolescentes.

Palabras clave: Adolescente. Relaciones familiares. Madres. Investigación cualitativa. COVID-19.

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