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Parenting in a Pandemic: Work–Family Arrangements, Well-Being, and Intimate Relationships Among Adoptive Parents

The COVID-19 pandemic presents unforeseen challenges to families. This mixed-methods study aimed to address how 89 adoptive parents (lesbian, gay, heterosexual) with school-age children are navigating a major public health crisis with social, economic, and mental health consequences. Specifically of interest were adoptive parents' worries and concerns; work–family arrangements; and mental, physical, and relational health, in the context of the pandemic and associated quarantine. Findings revealed that 70% of participants had changed work situations, with most newly working from home just as their children initiated remote homeschooling. The division of labor was rarely a source of stress, although the parent who was more involved in homeschooling sometimes experienced resentment. Concerns related to the pandemic included worries about health and children's emotional well-being and global concerns such as the national economy. Almost half reported declines in mental health (e.g., due to the stress of working and homeschooling), with lesbians being significantly more likely than others to report declines. Declines in physical health were rarer (less than 20%), with more than a quarter reporting improvements (e.g., due to increased exercise). Few reported declines in

relationship quality, although almost a quarter reported declines in intimacy. Findings have implications for family and health professionals.

The COVID-19 pandemic presents significant challenges to adults, children, and families. This study aimed to address how a group of heterosexual and same-sex adoptive parents of school-age children are navigating a public health crisis with serious social, economic, and mental health consequences. Of specific interest was how parents perceive the COVID-19 pandemic and associated home confinement and school closures as affecting the division of labor, their emotional and physical well-being, and their intimate relationship quality. This study sheds light onto how a potentially higher needs population, such as adoptive families, is managing the COVID-19 health crisis. Findings have implications for family and health professionals.

PARENTS' STRESS DURING A PUBLIC HEALTH CRISIS

Stress, in general, has profound implications for mental and physical health (Toussaint et al., 2016), as well as relationship quality (Neff & Karney, 2009). The COVID-19 pandemic poses unique risks in terms of adults' overall stress and, by extension, their mental, physical, and relationship outcomes. Adults may experience fear and uncertainty in response

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to the pandemic itself and also face major disruptions in their family and work lives—and, in turn, elevated levels of stress. A study by Qian et al. (2020), for example, documented high levels of anxiety among adults in China during the early part of the COVID-19 outbreak. Other studies point to the constant caregiving of children, lack of social support, financial stress, job loss, and concerns about one's health as key sources of anxiety during the COVID-19 pandemic (Choi et al., 2020; Lei et al., 2020; Zhang, Wang, et al., 2020), with mental health outcomes often being worse for those with existing vulnerabilities, including lower incomes, less education, and poorer physical health (Lei et al., 2020; Zhang, Wang, et al., 2020). The physical health of adults in general also may be compromised in the context of lockdown conditions associated with COVID-19: A survey of women in multiple countries found that they reported an increase in daily sitting time from 5 to 8 hours per day, and food consumption and meal patterns were more unhealthy during confinement (Ammar et al., 2020).

Parents may experience greater risks to their mental health and overall stress compared with nonparents. A Harris Poll survey conducted on behalf of the American Psychological Association (APA; 2020) from April to May 2020, which included 3,013 adults in the United States, found that Americans were experiencing considerable stress related to the coronavirus and also reporting higher levels of general stress than in recent years. American parents were, on average, feeling significantly higher levels of stress than adults without children: Nearly half of parents (46%) said their stress level was high, compared with 28% of adults without children. Notably, education and basic needs were key pandemic-related stressors for most parents. A total of 71% of parents said that managing distance or online learning for their children was a significant source of stress. Access to health care services also was a major stressor and more likely to be a source of stress for parents than nonparents (66% vs. 44%).

Parents and Work–Family Stress

Parents in particular may experience work–family stress (Bianchi & Milkie, 2010)—stress that is likely to be elevated amid the COVID-19 pandemic due to the likelihood of children being home and

needing additional supervision (e.g., in terms of schoolwork); economic and job-related stresses (e.g., feared or actual job loss); and, for parents working at home, the elimination of the work–home boundary. Work-related stress, for example, negatively impedes personal well-being as well as family interactions, affecting both intimate (Lavner & Clark, 2017) and parent–child (Danner-Vlaardingerbroek et al., 2013) relationships, such as via increased reactivity and unsupportive responses (Shafer et al., 2018). Similarly, family-related stress may spill over into the work domain, resulting in poorer job functioning (Hill et al., 2004).

Research on teleworking indicates how even in the absence of children at home, working from home does not necessarily reduce work–family stress or overall workload. Even amid several key advantages, such as greater control over one's schedule and time, telework has the potential to negatively impact parents', especially mothers', work–family stress. A study of teleworking mothers found that women often experienced tensions between caregiving and domestic work (including managing children's school and leisure activities) and work, and often sacrificed leisure time to “get it all done” (Hilbrecht et al., 2008). Teleworking during COVID-19 while parenting and homeschooling seems to present a largely untenable situation in which it is difficult to achieve a sense of competence or satisfaction in any single domain, calling to mind broader trends for working mothers in particular in which they feel guilty for not spending enough time with their children (Bianchi & Milkie, 2010).

Indeed, mothers often perform more unpaid work than fathers in heterosexual couples; and, within both heterosexual and same-sex couples, fewer work hours and more work flexibility predict greater contribution to unpaid labor (childcare, housework), although same-sex couples tend to divide up unpaid work more equally and are less likely to specialize (Goldberg et al., 2012). Mothers also tend to be more engaged in their children's schooling, including homework (Beveridge, 2005) and teaching children, in homeschooling families (Vigilant et al., 2014). Dissatisfaction and perceived unfairness related to the division of labor are related to poorer relationship quality (Gillespie et al., 2019), as are differing perceptions of the division between partners (Ogolsky et al., 2014).

Adoptive Families

Adoptive families may be at elevated risk for poor outcomes during a pandemic such as COVID-19. Parents of adopted children tend to experience elevated levels of stress (Bird et al., 2002), in part because of adopted children's greater vulnerability to emotional and behavioral problems (Gunnar & van Dulmen, 2007), which can stem from prenatal substance exposure, early neglect, home and caregiver instability, and caregiver loss (Child Welfare Information Gateway, 2014, 2015). Adopted youth, especially those adopted postinfancy (i.e., via foster care or international adoption) also are at elevated risk for developmental and learning problems compared with nonadopted youth, including speech/language delays, learning disabilities, and attention-deficit/hyperactivity disorder (ADHD), all of which are related to poorer school performance (Beverly et al., 2008; Harwood et al., 2013; Keyes et al., 2008). In the context of homeschooling, such learning difficulties may pose unique challenges for parents, who are likely used to a limited level of engagement with their children's academic work. Further, certain difficulties to which adopted children are more prone (e.g., anxiety, fears; Behle & Piquart, 2016) could be exacerbated by the characteristics of the pandemic, which may in turn contribute to parenting stress and difficult parent-child interactions. Indeed, adopted youth may have more conflictual relationships with parents than nonadopted youth (Rueter et al., 2009), and adoptive parental difficulties with their own emotional regulation can exacerbate child behavior problems and parent-child conflicts (Hornfeck et al., 2019). Additionally, other stressors brought on by the pandemic, such as boredom, lack of in-person interactions with peers, and lack of personal space, may impact all youth, including adopted youth (Sprang & Silman, 2013; Wang et al., 2019). In turn, adoptive parents and their children may encounter unique challenges during COVID-19.

Yet adoptive families may possess unique sources of potential resilience that can offset or mitigate risk. Adoptive parents tend to be more highly educated and affluent than nonadoptive parents, on average (Kreider & Lofquist, 2014). They also may be more likely to seek out mental health and academic assessments and supports for their children (e.g., because they are primed

to be more sensitive to the potential for risk; Keyes et al., 2008). Further, they tend to be highly involved in their children's schools, on average, especially if they are concerned about child behavioral issues or potential stigma (Goldberg & Smith, 2014); such involvement enables them to advocate for their children's academic needs (Goldberg & Smith, 2014; McNeal, 1999).

Theoretical Framework

The current study draws from theories of family stress and resilience (e.g., Prime et al., 2020), and family systems theory (Broderick, 1993) and, specifically, from Hill's (1949) ABC-X model of family stress, which has been the foundational subject of theoretical expansions by many contemporary scholars (Boss, 2002; Peterson, 2017). The family stress framework as conceived by Hill can be summarized as follows: A (the stressor event, i.e., COVID-19), interacts with B (the family's internal or external resources or strengths) and with C (the meaning or definition attached to the event), which leads to or produces X (i.e., stress or crisis: How does the family change or respond). Stress or crisis, then, is not inherent to the event; it represents a function of the response of the family system to the stressor.

Stressor events (A) vary along a number of dimensions, including positive or negative, chronic or acute, and normative (e.g., the transition to parenthood) or nonnormative (e.g., Hurricane Katrina). Resources (B) can be internal (e.g., economic stability; good health; positive interpersonal skills) or external (e.g., social support; strong government support), buffering or moderating the impact of the event on the family's overall level of stress. Perceptions (C) can reflect beliefs or values (e.g., meaning assigned to the event; overall attitude, either hopeful or fatalistic). The perception of events as challenging and unmanageable, or as stressful but manageable, is key to anticipating the effects of stress on the individual and family (Boss, 2002). Family stress scholars often emphasize and understand families as systems (Peterson, 2017; Prime et al., 2020), whereby stress is recognized as the product of reciprocal or multidirectional processes and as having the potential to impact or "spill over" into multiple domains and relationships (parent-child; parent-partner).

Furthermore, contemporary family scholars recognize that many stressors have the potential to build up or accumulate as demanding circumstances multiply, leading to worse outcomes (Peterson, 2017).

As a stressor, COVID-19 is complex and multifaceted, a public health crisis that involves myriad challenges, including home confinement, social disruption, financial worries, and caregiving burden. COVID-19 may operate in conjunction with long work hours, difficult child behaviors, and other demands and vulnerabilities, which collectively contribute to parental stress and spill over into key relationships (e.g., parent–child, parent–parent)—but again, resources (e.g., mental health, financial stability) and perceptions (positive, negative, neutral) help to determine how well parents adapt to a crisis event, which in turn impacts parent, family, and child well-being (Prime et al., 2020).

The Current Study

The current study aims to examine adoptive parents' worries and concerns; work–family arrangements; and mental, physical, and relational health in the context of the pandemic and associated quarantine. We explore these domains among 89 adoptive parents of school-age children (79.7% were aged 10–14 years; 12.4% were 15–21 years; 7.9% were 8–9 years).

Research Questions

1. At a descriptive level, what work and school arrangements do parents describe?
2. How do parents describe the division of unpaid labor (homeschooling, housework, child care), and to what extent is it a source of stress?
3. What are parents' primary concerns and worries related to the pandemic and associated lockdown?
4. How do parents describe their own mental health and physical health, and how do they perceive the pandemic and lockdown as impacting these outcomes?
5. How do parents describe their relationships with their partners, and how do they perceive the pandemic and lockdown as influencing these relationships?

METHOD

Recruitment

Participants in this sample were drawn from a larger group of 202 adoptive parent families who were originally recruited between 2005 and 2009 to participate in a study on the transition to adoptive parenthood. To be included in the original sample, parents in same-sex and different-sex couples were required to be adopting their first child, and both parents needed to be becoming parents for the first time. Participants were recruited via more than 30 adoption agencies in the United States and national LGBTQ organizations. They have participated in subsequent investigations of the transition to kindergarten and the transition to elementary school.

The current sample consists of 89 adoptive parents—32 women in same-sex relationships (referred to as lesbian mothers; LM), 21 men in same-sex relationships (gay fathers; GF), 27 women in different-sex relationships (heterosexual mothers; HM), and eight men in different-sex relationships (heterosexual fathers; HF)—who represent 44.1% of families from the original transition to parenthood study. The principal investigator (PI) of the original study encouraged one parent per couple to participate. In the 14 cases where two partners nevertheless participated, the partner who provided more in-depth answers to the open-ended questions was selected.

Chi-square analyses were conducted to determine whether there were significant differences in basic demographics (type of adoption: private, public, international; parent education; gender and race of the first adopted child) between the larger group of adoptive parents in the original sample, and the subsample in the current study. There were no statistically significant differences between the original sample of parents and the subsample in any of the examined variables.

Participants

Characteristics of our full parent sample, broken down by family type (i.e., LM vs. GF vs. heterosexual parent [HP]), are summarized in Table 1. Counts that do not add up to 89 reflect missing data. In our sample, most participants resided on the East Coast (34.8%) or West Coast (34.8%) of the United States. A total of 78 participants (87.6%) identified their race as White, and the

Table 1. Family, Parent, and Child Variables for the Full Sample and by Family Type

	Lesbian (n = 32)	Gay (n = 21)	Heterosexual (n = 35)	Full sample (n = 89)
Family variables				
Family income (US\$), <i>M (SD)</i>	\$114,552 (\$48,137)	\$257,000 (\$157,280)	\$137,596 (\$112,662)	\$159,596 (\$112,661)
Region (n, %)				
East	12 (37.5%)	4 (19.0%)	15 (42.9%)	31 (34.8%)
West	9 (28.1%)	7 (33.3%)	15 (42.9%)	31 (34.8%)
South	9 (28.1%)	6 (28.6%)	5 (14.3%)	20 (22.5%)
Midwest	1 (3.1%)	3 (14.3%)	0 (0.0%)	5 (5.6%)
Outside the United States	1 (3.1%)	1 (4.8%)	0 (0.0%)	2 (2.2%)
Parent demographics				
Parent race (n, %)				
White	30 (93.8%)	17 (81.0%)	31 (88.6%)	78 (87.6%)
Of color	2 (6.2%)	4 (19.1%)	4 (11.5%)	10 (11.2%)
Parent education, n (%)				
High school/GED	0 (0.0%)	0 (0.0%)	1 (2.9%)	1 (1.1%)
Some college/associate's degree	4 (12.5%)	1 (4.8%)	5 (14.3%)	10 (11.2%)
Bachelor's degree	9 (28.1%)	10 (47.6%)	9 (25.7%)	28 (31.5%)
Master's degree	16 (50.0%)	6 (28.6%)	12 (34.3%)	34 (38.2%)
PhD, JD, or MD	3 (9.4%)	4 (19.0%)	8 (22.9%)	15 (16.9%)
Working (n, %)	31 (96.9%)	15 (71.4%)	28 (80.0%)	74 (83.1%)
Child demographics				
Child race (n, %)				
White	11 (34.4%)	10 (47.6%)	13 (37.1%)	34 (38.2%)
Of color	21 (65.6%)	11 (52.4%)	22 (62.9%)	55 (61.8%)
Child age (<i>M, SD</i>)	13.33 (2.62)	12.45 (2.88)	12.09 (1.69)	12.63 (2.40)
Child grade (n, %)				
Elementary	5 (15.6%)	9 (42.9%)	11 (31.4%)	25 (28.1%)
Middle school	21 (65.6%)	8 (38.1%)	20 (57.1%)	49 (55.1%)
High school	4 (12.5%)	3 (14.3%)	4 (11.4%)	11 (12.4%)
High school grad/college	2 (6.3%)	1 (4.8%)	0	3 (3.4%)
Child gender (n, %)				
Girl	21 (65.6%)	6 (28.6%)	18 (51.4%)	45 (50.6%)
Boy	9 (28.1%)	13 (61.9%)	16 (45.7%)	38 (42.7%)
Trans/nonbinary	2 (6.3%)	2 (9.5%)	1 (2.9%)	6 (6.7%)
Adoption type (n, %)				
Private domestic	18 (56.3%)	13 (61.9%)	20 (57.1%)	51 (57.3%)
Public domestic/foster care	9 (28.1%)	4 (19.0%)	5 (14.3%)	18 (20.2%)
International	5 (15.6%)	2 (9.5%)	10 (28.6%)	17 (19.1%)
Surrogacy	0	2 (9.5%)	0	2 (2.2%)
Schooling (n, %)				
Remote learning, private school	6 (18.8%)	6 (28.6%)	5 (14.3%)	17 (19.1%)
Remote learning, public school	23 (71.9%)	12 (57.1%)	26 (74.3%)	62 (69.7%)
No remote learning/other	2 (6.2%)	3 (14.3%)	4 (11.5%)	9 (10.1%)
Services (n, %)				
Special education	19 (59.4%)	13 (61.9%)	14 (40.0%)	46 (51.7%)
Take medication	14 (43.8%)	6 (28.6%)	11 (31.4%)	32 (36.0%)
Individual therapy	16 (50.0%)	7 (33.3%)	14 (40.0%)	38 (42.7%)
Group therapy	3 (9.4%)	1 (4.8%)	3 (8.6%)	7 (7.8%)
Speech therapy	4 (12.5%)	1 (4.8%)	5 (14.3%)	10 (11.2%)
Occupational therapy	3 (9.4%)	2 (9.5%)	3 (8.6%)	8 (9.0%)
Physical therapy	2 (6.3%)	0	1 (2.9%)	3 (3.3%)
Other therapies	4 (12.5%)	2 (9.5%)	5 (14.3%)	11 (12.3%)
Among partnered participants (n, %)^a				
Partner working	19 (73.1%)	21 (100.00%)	29 (90.6%)	70 (87.5%)

Note. Counts and percentages that do not equal 89 and 100%, respectively, reflect missing data. ^a There were 26 partnered (six unpartnered) lesbian respondents, 21 partnered (0 unpartnered) gay male respondents, and 32 partnered (three unpartnered) heterosexual respondents. One participant did not provide data on relationship status.

remainder as other identities, including Latinx (two), African American (one), Asian American (one), and multiracial/biracial (six). The sample was well educated: 15 (16.9%) had a PhD, JD, or MD; 34 (38.2%) had a master's degree; 28 (31.5%) had a bachelor's degree; 10 (11.2%) had some college or an associate's degree; and one (1.1%) had a high school diploma/GED. The average family income was \$159,596 ($SD = \$112,661$, $Mdn = \$130\text{K}$; range \$21 K to \$750 K). Parents' occupations¹ were heavily represented in the professional (48, 53.9%) sphere. Some (23, 25.8%) were managers. Smaller numbers were technicians/associate professionals (4, 4.5%) or service/sales workers (1, 1.1%). The remainder (8, 9.0%) were homemakers.

Fifty-one (57.3%) parents had adopted their first child via private domestic adoption, 18 (20.2%) had adopted their first child through foster care, 17 (19.1%) adopted their child internationally, and two children (2.2%) were born via surrogacy and adopted by the nongenetic partner. The age of the first adopted child at the time of the study ranged from 8 to 21 years ($M = 12.63$, $SD = 2.40$, $Mdn = 13.00$). Most children were of color (55; 61.8%). Their ethnic/racial identities included White (34, 38.2%), Latinx (19, 21.3%), biracial/multiracial (15, 16.9%), Black/African American (11, 12.4%), Asian/Asian American (9, 10.1%), and Native American (1, 1.1%). Forty-five (50.6%) were girls, 38 (42.7%) were boys, and six (6.8%) were trans. Forty-eight families (53.9%) were parents of only children, 34 (38.2%) had two children, six (6.7%) had three children, and one family had five children.

Chi-square analyses (or exact tests in instances where cell counts were less than five) were conducted to determine if there were significant differences in basic demographics as

a function of family type, adoption type, child race (of color vs. White), child gender (male vs. female), and parent education. There were no statistically significant differences as a function of family type across these characteristics. An analysis of variance confirmed that there were significant differences in mean family income by family type ($F = 14.25$, $p < .001$). GF families ($M = \$257,000$, $SD = \$157,280$) had significantly higher incomes than HP ($M = \$137,596$, $SD = \$112,662$; $p < .001$) or LM families ($M = \$114,552$, $SD = \$48,137$; $p < .001$), and HP families had significantly higher incomes than LM families ($p < .001$).

Seventy-six of the 89 families (85.4%) participated in the most recent follow-up, which occurred 3 to 4 years ago for participants, or when their children were approximately 9.5 years old. Although these data are outdated and likely insufficiently capture the number and range of children's diagnosed emotional, behavioral, learning, and developmental challenges, they do provide a snapshot of children's functioning at the most recent comprehensive follow-up. At this most recent follow-up, 21 children (23.6%) were diagnosed with ADHD, 13 (14.6%) were diagnosed with learning disabilities, nine (10.1%) were diagnosed with an anxiety disorder, eight (8.9%) had documented speech delays, six (6.7%) were diagnosed with autism, six (6.7%) with oppositional defiant disorder, four (4.5%) with mood disorders, three (3.4%) with Fetal Alcohol Syndrome/Neonatal Abstinence Syndrome, three with an attachment disorder (3.4%), two (2.2%) with Tourette syndrome, and one with PTSD. Four (4.5%) had physical, visual, or hearing impairment. In the realm of challenges (but not diagnoses), 11 (12.4%) had reading challenges, nine (10.1%) had peer/social challenges, eight (9.0%) had sensory integration issues, and five (5.6%) had emotion regulation challenges.

Procedure

On May 1, 2020, participants from the original study were contacted by the PI, by email, to "participate in a brief survey about parenting during the pandemic." The PI, who maintains regular contact with participants, invited participants to complete the online survey (hosted by the platform Qualtrics), consisting of both closed- and open-ended questions, over the course of the next month (until June 1). Two

¹The International Standard Classification of Occupations (International Labor Organization, 2012), which categorizes occupations into 10 groups based on tasks and duties, was used to classify participants' occupations. Higher order groups are generally deemed to require higher levels of skill and more oversight over others. The 10 groups, in ascending order are as follows: Managers, Professionals, Technician and Associate Professionals, Clerical Support Workers, Service and Sales Workers, Skilled Agricultural, Forestry, and Fishery Workers, Craft and Related Trades Workers, Plant and Machine Operators, Elementary Occupations, and Armed Forces Occupations.

reminders to complete the survey were sent out in May. All survey participants were entered into two drawings for \$50 and one drawing for a book about adoption. The survey was approved by the institutional review board at Clark University.

This study focuses on participant responses to closed- and open-ended questions, namely: (a) What does the current division of labor (housework, child care, “homeschooling”) between you and your partner look like right now? How is that going for you? What conflicts or issues have come up? (b) How is your relationship with your partner (if relevant)? How has it been affected by the pandemic and resulting changes in your daily schedule, stress levels, etc.? (c) What are your primary worries and concerns right now? (d) How would you describe your *mental health* since stay-at-home measures have been issued (i.e., since March 2020)? (Improved, Worsened, Stayed the Same.) (This question was repeated for *physical health*, *relationship quality*, and *sexual intimacy*. For each, participants were prompted to “please explain”.) On average, participant responses to each open-ended question were three to five sentences long but ranged in length from one sentence to several paragraphs.

Quantitative Data Analysis

We conducted a limited series of chi-square analyses (or exact tests where cell counts were less than five) to determine whether trajectories of change (stayed the same, worsened, improved since March 2020) in four parent outcomes (mental health, physical health), relationship quality, sexual intimacy) differed by family type (lesbian mother, gay father, heterosexual parent). We also assessed whether participants’ own or their partners’ work situation (from home, outside the home, not working) differed by family type. Chi-square statistics are reported only when significant. Where chi-square tests were significant, post hoc tests were conducted using a Bonferroni-adjusted alpha level to correct for multiple testing.

Qualitative Data Analysis

We used content analysis (Krippendorff, 2004) to examine the open-ended responses. Content analysis is a standard method for examining

open-ended responses to survey questions and can generate new insights through the process of identifying, coding, categorizing, and linking primary patterns or themes in the data. Through our exploration and classification of qualitative data, we condensed the text to a smaller number of content categories (Krippendorff, 2004) and developed a coding system to organize the data (Bogdan & Biklen, 2007).

Our analysis focused on parents’ descriptions of their worries and concerns; division of labor and caregiving burden; and mental, physical, and relational health and was informed by family stress and family systems theories. The first author first read all open-ended responses to all survey questions to gain familiarity with the data, including overarching themes in responses as well as the emotional “tenor” of the responses (e.g., overwhelmed, matter-of-fact). Responses were annotated: That is, via line-by-line coding, the first author labeled relevant words, phrases, and sentences that were relevant to the primary domains of interest (e.g., division of labor; parent well-being; relationship quality), as well as parents’ perceptions (B, in the ABC-X model) and resources (C) related to the pandemic, quarantine, homeschooling, and work–family arrangements. Then, these codes were abstracted under larger categories and sub-categories, and these were positioned in relation to each other, such that connective links among them were established in an effort to meaningfully describe the data and parents’ experiences of stress and resilience amid COVID. A tentative coding scheme was produced and reapplied to the data.

Then, the second and third authors applied this coding scheme to a subset of participants ($n = 22$; 25%). After discussing their thoughts on the coding process, the authors made further modifications to the scheme, reapplying it to all participants. This process ensured that multiple interpretations were considered, strengthening the credibility of the analysis (Bogdan & Biklen, 2007). The first author then reviewed all survey data again and revised the coding scheme a final time, in collaboration with the second and third authors. We examined the data with attention to the social locations of family members (e.g., parent gender and work status; family structure; adoption type; child gender, age, and diagnostic profile) to better understand patterns across participants and patterns unique to particular groups of participants.

FINDINGS

Our results reflect the quantitative and qualitative data collected between May 1 and June 1, 2020 from 89 parents of adopted children located mostly in the United States. We present our findings under the following broad themes: work–family arrangements, division of labor, sources of parental worry and stress, parent mental health and physical health, and parent relationship quality.

Work–Family Arrangements: Work, School, and Other Child Services

Regarding *work*, 61 parents (68.5%) said they were working from home, eight (9.0%) were working outside the home, nine (10.1%) were not working, two (2.2%) were furloughed, one (1.1%) was unemployed, and eight (9.0%) said “something else” (working from home and going to the office [5], looking for a job [1], disabled [1], homemaker [1]). For 62 parents (69.7%), this was a change from pre-pandemic. Regarding their partners, 54 parents (60.7%) said they were working from home, 12 (13.4%) partners were working outside the home, eight (8.9%) partners were not working, one (1.1%) partner was furloughed, and five (5.6%) said something else (working from home and going to the office [4], on disability [1]). Nine did not answer this question because they were no longer partnered with their child’s other parent. Forty-eight (53.9%) said this was a change from pre-pandemic; in several cases, the situation was more complex (e.g., they went on disability during the pandemic). Collapsing across participant and partner work situations revealed in 38 families (42.7%), both parents were working at home; in 20 (22.5%), one parent was working at home and the other parent was not working; in 14 (15.7), one parent was working at home and the other parent was working outside the home; in six (6.7%) a single parent was working at home (i.e., the couple was divorced); in four (4.5%), both parents were working outside the home; in three (3.4%), one parent was working outside the home and one parent was not working; in three (3.4%), a single parent was working outside the home; and in one family (1.1%), neither parent was working. A Fisher’s exact test revealed that work arrangements differed by family type, $\chi^2(4, 88) = 11.99, p = .013$.

Post hoc testing showed that significantly fewer lesbians (3.1%) were not working, unemployed, or furloughed compared to gay men (28.6%), $p < .006$. Notably, although it was not statistically significantly different, lesbians also were more likely to be divorced from their partners (18.8% of lesbian mothers vs. 0% of gay fathers vs. 8.6% of heterosexual parents, $p = 0.081$) and were thus more likely to be simultaneously working and homeschooling solo at least some of the time.

Regarding *school*, most children were participating in remote learning, via public school (62, 69.7%) or private school (17, 19.1%). Six parents (6.7%) stated “it’s complicated” (e.g., their child was refusing to participate; they gave their children options about which work to do). Three children (3.4%) were not participating in remote learning because they had graduated (1), it was not offered (1), or their public school was a “convoluted mess” (1). More than half of children received special education services at school, including individualized education plans (IEPs) (46; 51.7%); plus, one child attended a school for children with learning disabilities, one child was in the process of being assessed for an IEP, and one child did not qualify for an IEP but had dyslexia and ADHD and worked with private tutors.

In addition to traditional schooling, many children also were receiving *therapies* remotely, including individual therapy, privately (32, 36.0%) or from the school (6, 6.7%). Some also participated in group therapy, sometimes privately (2, 2.2%) but more often from the school (5, 5.6%). More than one third (32, 36.0%) were on medication.

Chi-square testing revealed that there were differences in therapy use by adoption type, $\chi^2(2, 86) = 6.57, p = .035$. Children adopted from foster care (66.7%) were more likely to be in therapy (individual or group) than children adopted internationally (23.5%), $p < .008$. Although it was not significant, the same trend held true for medication use by adoption type, $\chi^2(2, 83) = 5.71, p = .061$: More children adopted via foster care (50.0%) took medication than children adopted internationally (12.5%). There were no significant differences in therapy or medication use by family type, and there were no significant differences in medication use or special education services by adoption type or family type.

*The Division of Unpaid Labor During
Lockdown: Homeschooling and Housework*

When asked about the current division of homeschooling, housework, and child care (i.e., unpaid labor), many participants responded that it was relatively equal (i.e., 50–50) and often elaborated that each partner had continued to perform the same chores and responsibilities that they had pre-pandemic. Equal sharers typically both worked from home, full-time—or in one case, both worked outside of the home, necessitating that they involve outside child-care. Equal sharers tended to state that their division of labor was well established, fair, and did not cause major conflict. Equal sharers were evenly distributed across family type: 14 lesbian couples, 13 gay couples, and 12 heterosexual couples asserted that the division of labor was relatively equal. Taryn (LM) said: “We have an equal division of how we manage home and business related work. Our home tasks are fair and equitable and clearly defined, avoiding conflict.” Shari (HM) said, “We share the workload and always have. We respect each other’s careers and do our best to share in all parenting duties.” In many cases, parents commented that the amount of work had expanded (e.g., homeschooling, dishes, laundry), which required them to recalibrate. Indeed, five parents said they were no longer paying a housecleaner, thus increasing the overall housework load but in ways that generally did not alter the overall shared arrangement. Rob (GF) said, “We all divide laundry and cleaning duties and do it on Saturday; it’s part of our new routine.”

In other cases, the overall division of labor was described as unequal, with some participants explicitly stating that it was 75–25 or 80–20. When one partner was described as taking on the majority of homeschooling, this was typically attributed to that partner’s (a) not working, (b) working part time, and/or (c) working at home. Jim (GF) shared, “I’m managing most of the homeschooling, though my husband does provide support. I’m also doing the lion’s share of housework, but again, he provides support even though he’s working full-time and I’m not.” Eight lesbian mothers said that the division of labor was unequal, and in all cases, they said that they did more, which they explained as at least in part because their partner worked outside the home (in three cases) or because they were not working (in three case). Seven gay

fathers asserted that the division of labor was unequal, with three saying that they did more, and four saying that their partners did more, explaining that one partner worked part time (three cases), was at home (one case), or, in one case, the lower-contributing partner had a new job. In 14 cases, heterosexual participants said that the division of labor was unequal; in 11 cases, the wife was said to do more (with nine women and two men saying this), and in three cases, husbands were said to do more (with all three women saying this). In cases where women were said to do more, this was attributed in part to the fact that the wife was working part time (four); husbands’ jobs were less flexible and/or they were in new jobs (three); the wife was working part time and also was the one at home (two); and the husband worked outside the home and the wife was at home (one). In cases where men were said to do more, this was because the wife was disabled (one) or the husband was not unemployed (one) or working fewer hours (one).

Many parents described the division of labor in neutral terms, but some alluded to strain, tension, or conflict related to the division, which typically seemed to result from one partner feeling overly burdened by homeschooling and other chores. Yet most parents acknowledged that there was no perfect or simple solution to the unequal division of chores—for example, one person’s job was especially demanding or took place outside the home (or both), leaving the majority of domestic labor to the partner who was at home, working part time, or not at all. Gabby (HM) said, “Housework is split: I clean more, and he cooks more. But homeschooling has been two thirds my responsibility. He’s in a new job and feels less flexible to take breaks and work with the kids. It has been frustrating to feel the weight of that responsibility on top of the increasing business of my job during a pandemic. We’ve talked about it but haven’t found a great solution.” Kate (LM) was unhappy with the division of labor but did not see any immediate solution:

I’m working from home full time and we are trying to split the “homeschool” stuff; however, I’ve always been the go-to person for homework, and [partner] did not have a good school experience herself ... so the bulk of the schoolwork support is falling to me. ... It’s not going great, but it’s going okay. I feel like I’m carrying more than half of the “weight” but there isn’t a good option for changing

it, so I'm just trying to accept it and deal with it ... we've talked about it but there's just really no other solution ... there are days when I feel stressed and at times, resentful.

Tensions were especially salient for several families in which one parent worked outside the home and one partner worked at home and thus took on the majority of homeschooling. Such tensions were uniquely characterized or at least amplified by the nature of the pandemic and the new stresses it placed on families. Brie (LM) shared:

My wife is a teacher and is teaching her students from home as well as doing very hands on guidance with our daughter's schooling. She is almost 100% dealing with our daughter's anxiety, academic struggles, and feelings of disconnection from friends and family. I cook dinner, as I always did. I walk the dog more ... I work in a large hospital ... and have an incredibly stressful and all-consuming job. ... My wife has lost her temper at least once a week and then retreats for some solitude. We are able to talk about things some evenings after our daughter is asleep. ... My wife understands the demands on me, and I'm trying to understand the demands on her.

Participants who stated that there was little conflict related to the division of labor often noted that their child(ren) were old enough not to require much in the way of supervision or organizational management ("As our children are old enough to do school assignments on their own, we don't need to spend much time supervising them"; Bess, HM) or that were relatively self-directed learners ("We're very lucky that our daughter is pretty self-motivated, so during the day, she stays fairly focused on school work"; Brendan, GF). In this way, child characteristics—being older, independent, or self-directed—mitigated the stress of homeschooling, and helped parents to avoid tension related to navigating and dividing up supervisory responsibilities.

Participants sometimes described strategies for dividing up chores fairly or in such a way that created minimal strain. Related to homeschooling specifically, some ($n = 5$) described a subject-specific approach, whereby each partner oversaw or took the lead on certain academic subjects. Others ($n = 5$), specifically all participants who stated that they and their partners both worked from home, noted that they divided up homeschooling such that one

partner took the morning and one partner took the afternoon. In some cases ($n = 5$), parents actively lowered their standards for the quality and quantity of work that their children completed, which helped them to set limits on the overall workload and associated stress of overseeing homeschooling for both parents. In a few cases ($n = 3$), parents sought to involve their children to a greater extent in household chores to alleviate some of the overall burden that they as parents were carrying. Thus, parents drew on their internal, couple, and familial resources to generate both behavioral and cognitive strategies aimed at maximizing fairness and minimizing tensions across family members.

Primary Concerns: Sources of Worry and Stress During COVID-19 and Lockdown

When asked about their primary worries and concerns at the current time, parents named a range of, and typically multiple, concerns. Concerns about *health* were at the top of the list. Twenty-five parents (28%) asserted that they were primarily concerned about their immediate family's health: They worried that they, their partner, or their child(ren) would contract the COVID-19 virus. Sean (GF) said, "My biggest worries are [about] not getting sick or getting anyone in our family sick." Three of these parents noted that their child had health risk factors (e.g., asthma, diabetes) that elevated their concern, and four parents said that they themselves were immunocompromised or had pre-existing health conditions that rendered them more vulnerable to the negative consequences of the virus. Two parents explicitly asserted that their concerns were amplified in the context of their children's race. Tori (HM) said, "I worry a lot about [child] getting sick since Blacks are more likely to die from COVID-19." Thirteen parents (14.6%) shared concerns about the health of older family members, such as their parents.

Finances and job-related factors were also cited as a key concern. Twenty parents (22.5%) described financial worries associated with the coronavirus and economic fallout, and 17 parents (19.1%) asserted concerns about job security for themselves or their partners, who were employed in a range of industries (e.g., small business owners, travel industry, health care). Peter (GF), a physician, said, "Financially, it has

affected me and now I'm making less than half of my usual income, so we have managed so far but are going into savings. We also have some tax bills that we haven't been able to pay in order to conserve our funds." Lindsey (HM), whose husband worked for a school district, said, "As public funding sinks, and budgets get tightened, I worry that [he] will be laid off in the coming year."

School- and education-related concerns also were noted. Fifteen parents (16.9%) emphasized concerns related to learning loss. They were worried about the impact of remote learning on their children's learning and concerned that their child would fall behind academically. Four of them emphasized that these concerns were particularly pronounced in the context of their child's learning disability(ies). Said Kate (LM):

I worry about the impact on my kids' learning. Both are struggling students to begin with. [Son] has an IEP and is definitely missing out on the additional support he received in school. [Daughter] was in line to be assessed for some deficiencies in math, but then the school closed. ... I worry that my kids could fall further behind because I can't spend the amount of time to really support them, and nor am I really qualified to do so!

Children's well-being was emphasized also, with 13 parents (14.6%) noting concerns about children's mental health (e.g., anxiety) related to the pandemic, lack of in-person schooling or other activities, lack of structure, and changed routines. Three of them noted that their children were already experiencing severe emotional/behavioral problems when the pandemic hit. Said Mark (GF), "The stress of the pandemic has really strained our family to the breaking point. Our oldest child has been having a lot of behavioral issues, making the situation even more acute."

Eleven parents (12.4%) named concerns about their children's *social functioning*. They worried that the lack of social outlets and isolation would create or exacerbate social issues for their children. Said Hallie (LM), "The loss of social connections, particularly for our daughter, is very significant. She misses school, her friends, and other activities, and I worry that she is becoming depressed." Gwen (HM) shared, "I'm worried about the social isolation for our son, who is an only child and is playing more video games than before."

Ten parents (11.2%) were concerned about children's *physical health*, due to a reduction in physical activity, poor eating, or increased screen time. Rich (HF) said, "My older daughter seems to stay in her room 22+ hours a day and fights us over going outside for any ... exercise."

Parents' well-being and overall stress was a concern also. Five parents (5.6%) expressed worry about their own mental health ("anxiety is a daily issue"), and four (4.8%) articulated concerns about their partner's mental health ("this pandemic has made her outlook significantly more negative"). Five (5.6%) described concerns about heightened *family tension* and stress (e.g., due to being together all the time in a confined space).

In some cases parents' concerns were related to *future work and school arrangements*. Namely, 11 parents (12.4%) voiced concerns related to school opening in the fall, and four (4.8%) articulated concerns about returning to work, with most expressing concerns about the safety of returning to school and work and some also articulating uncertainty about how they would manage a lack of child care if remote learning stayed in place. Ella (HM) said, "The biggest concern is returning to school/work as schools are *not* equipped to handle the situation." Ed (GF) said, "My primary concern is how we will transition back to working in offices in a safe way and we begin to increase our exposure to others." A few parents, though, said that remote learning had not been good for their children or them or their partners, and in turn asserted that their "primary concern is hoping that 'brick-and-mortar' school starts in the fall" (Nicole, HM).

Some parents' concerns were more global, and related to the future on a national or international scale. Fourteen parents (15.7%) were concerned about the *national or world economy*: "I worry about the economy overall since this will impact many individuals and small businesses" (Adam, GF). Nine (10.1%) articulated concerns about the *nation's political future* (e.g., the November 2020 election): "I'm worried that there are enough insane people in this country that Trump could squeak by with another term. I can't even go there" (Barb, HM). Five (5.6%) voiced general anxiety about the *uncertainty* that characterized the future. Two (2.2%) articulated concerns about *national*

health inequities (e.g., race- and class-based) that were surely going to continue to widen in the future, as the virus spread across diverse communities.

Parents' Mental and Physical Health

Regarding mental health, almost half of parents said their mental health had stayed the same (40, 44.9%), with just under half saying it had worsened (35, 39.3%), and eight (9.6%) saying it had improved. A chi-square test revealed that trajectories of mental health varied by family type, $\chi^2(4, 83) = 9.97, p = .037$. Post hoc testing showed that more lesbian parents (62.1%) reported worsened mental health than heterosexual parents (24.2%), $p < .006$. Analyses by gender showed this finding was not just a difference based on gender (i.e., heterosexual women did not report the same systematic decrease in mental health). Although it was not a significant difference with the Bonferroni-adjusted alpha level, results showed that most heterosexual parents (60.6%) reported that their mental health stayed the same, compared with less than a third (31.0%) of lesbian parents ($p < .05$).

When asked to elaborate or explain, those who had worsened mental health emphasized that they were currently experiencing heightened levels of anxiety, depression, and stress. They attributed this to the nonstop, 24-hour-a-day cycle of working and home-schooling (8), uncertainty about the future and inability to plan (5), lack of time to themselves (4), social isolation (4), the pandemic itself (3), essential worker-related stress (lack of personal protective gear; trauma) (3), the president/government (2), and health issues (2). Those who had improved or stayed the same said they were using exercise, meditation, therapy, medication or a combination of these to manage their mood (7), were an introvert or "homebody" (3), enjoyed their more flexible schedule (2) or lack of a commute (2), were relieved not to have to deal with stressful aspects of or people at work (2), and were trying to maintain a positive outlook (2).

Regarding physical health, the majority (47, 52.8%) said that it was the same, 16 (18.0%) said it had worsened, and 22 (24.7%) said it had improved. When asked to elaborate or explain, those with worse mental health stated that they were eating more or "worse" (10), exercising less/were more sedentary (e.g., because they

were at a desk at home) (7), had health issues that had restricted their activity level (3), and/or were overwhelmed/did not have time (e.g., amid a "hamster wheel of child care and work deadlines"; (Dennis, GF) (2). Those who improved or stayed the same often emphasized that they were exercising more than usual and/or regularly ("For the first time in years, I've had more time to improve my running, bike more, and be active; being active is really the way I'm coping with all of this" (Leah, LM) (22), with some stating that they were cooking more and eating more healthfully (5) or, in a few cases, both exercising more and eating more, leading to no overall change in health (3).

Parents' Relationship Quality

Participants commented on their relationship with their partner—whether and how it was affected by the pandemic. (Nine did not answer, in some cases explaining that this was because they were separated or divorced from their child's other parent.) Most (54, 60.7%) said there was no major changes in their relationship quality, with a minority saying it had declined (9, 10.1%), and some stating it had improved (16, 18.0%). Regarding sexual intimacy specifically, slightly more than half (50, 56.2%) said that it was the same, almost one quarter (22, 24.7%) said it had declined, and a few (5, 5.6%) said that it had improved.

Some parents—both those who reported no change in their relationship quality, and those who reported that it had declined—commented on sources of strain in their relationship, which in some cases had lifted or improved over time. Thirteen parents attributed the increased relationship strain to the fact that both they and their partners were working at home, introducing friction due to the combination of 24-hour responsibilities, a lot of togetherness, and no alone time. Mona (LM) said, "We are tired and busy and stressed. It's the longest we've gone without a moment to ourselves in a year. Our kids are draining, our jobs are draining." Oscar (GF) said:

Living and working with someone all day and all night gets to be a strain on anybody, but when it's your spouse it's more pronounced. The odd habits or frustrating things they do are magnified since you see them all day instead of being separated

into different workplaces. We try and have some time to ourselves after the kids are in bed ... but it has been difficult to feel like a couple for these last couple of months.

Seven of these 13 participants also mentioned the overwhelming demands or needs of their children as an additional factor contributing to their stress. Said Peggy (LM), "It's really rough parenting [child], and we clash a lot in deciding how to handle him. Being together all of the time is stressful. We never get a break, and barely any alone time."

For six participants, a key source of relationship strain was related to the fact that one partner was working outside the home and one was not. Four of these six indicated that their partners were health care workers; thus, anxiety surrounding potential exposure and/or maintaining separate living spaces had created stress. Said Rebecca (LM): "I'm so afraid of getting this, I don't feel safe kissing my wife and she resents that. Sex is out of the question, so we're having some issues now. I'm not sure when I will feel okay about it from a germ perspective." Four participants identified the lack of time alone with their partners as a primary stressor, which in turn was implicitly linked to declines in sexual intimacy ("There's not much sex happening"; Aria, HM). In two cases, being the only one to manage their children's needs and schedule on a day-to-day basis was a source of stress because the caregiving parent felt exhausted, unappreciated, and lonely. Bruce (GF) said, "He gets home and wants to decompress, and I've been alone or with the teenager all day. Ugh."

Some participants specified that although their relationship had been under added strain as they adjusted to their new schedules and so much "together time," this strain was temporary and things had "evened out." For example, two individuals said that their relationship had been stressed by so much togetherness but was now returning to "baseline" since their partners had returned to work outside of the home. Two individuals said that their relationship had been strained by their own or their partners' mental health challenges, but was improving because they or their partners had begun medication (e.g., for anxiety or depression).

Those who said that their relationship had improved sometimes elaborated on the reasons for this positive change, which was all the more notable amid the pandemic. Six parents shared

their sense that the pandemic had brought them closer, such that they were managing the stress of COVID-19, quarantine, and homeschooling as a team. Three said that their relationship had been improved by spending more quality time together. Bess (HM) said, "It feels stronger than ever. We have more quality time, are taking walks, have less distractions and less boys or ladies nights out so we spend more time together." Many of them said that their relationship was closer in some ways while acknowledging the overall stress of the pandemic ("I do miss my solitude").

Participants across all categories of relationship functioning described a variety of strategies aimed at maintaining or enhancing their relationship health. Ten parents described carving out time for and doing things with their partners, including solo walks when they could talk alone (8); movie nights after putting the children to bed (3); putting the children in front of screens so they could share a solo meal or talk (2); and dancing and listening to music together (2). Eight participants described working on how they related to their partners. They strove to cultivate and maintain a new perspective of and appreciation for their partners and to show them flexibility, patience, and generosity—to "cut [them] some slack and try to be loving" (Tiffany, LM). Five participants mentioned doing things *for* each other, such as giving each other breaks (e.g., to pursue hobbies, exercise, or grocery shop alone). As Lori (HM) said, "We have both been good about trying to give each other time away from the house or the common space to try to decompress." Five parents were trying to communicate more effectively, including being more upfront and honest about feelings instead of "letting them fester," and showing gratitude. Three parents were trying to show more physical affection.

In addition, some participants were working with their partners to strategically manage the new 24-hour "live, parent, work, homeschool at home" arrangement more effectively to offset or minimize increased tension or stress in the relationship. Three said that they had created separate offices at home. Two said that they had worked out a new system of dividing up household responsibilities (e.g., dishes, laundry). One said they had set up a weekly meeting with their partners to discuss and plan out their children's schedule and schoolwork.

Relationships With Ex-Partners

Nine participants indicated that they were separated or divorced from their children's other parent and were therefore managing coparenting with an ex during COVID-19. Of these, two participants said that they were actually experiencing a stronger connection with their child's other parent during the pandemic because of the amount of support and communication it required from both partners; in turn, they were heartened to realize that they were both invested in placing their children's well-being and safety at the center of all decisions and negotiations. One lesbian mother said that she had successfully navigated conversations regarding risk exposure with different dating partners with her former partner.

Four participants, however, said that they were experiencing increased strain and anxiety in relation to their ex-partners. Existing tensions, including different expectations, chore requirements, and rules for screen time, were amplified in the current pandemic. In one case, different views about science were a source of stress. In one case, differing levels of compliance with health guidelines, including social distancing and mask-wearing, as well as differing approaches to communicating with the child about the virus, were a source of tension.

For two participants, the pandemic and associated quarantine were difficult in that it meant canceled trips to see their other, nonresidential parent. One participant, likewise, had to manage her child's disappointment and displeasure in the context of having socially distant visits (which were not as enjoyable) with the other parent, who was a health care worker.

DISCUSSION

This exploratory study of parents and specifically adoptive parents addresses parents' work-family arrangements, division of labor, mental and physical health, and relationship quality within the context of the COVID-19 pandemic. We aimed to understand these domains through the lens of Hill's (1949) ABC-X model of family stress, which focuses on the interaction of a stressful event (i.e., the pandemic) with a family's resources and beliefs in affecting the family's response to the stressor. To this end, it is important to emphasize that compared with the general population, this

sample of parents has considerable external resources (e.g., financial) with which to mitigate stress (Horowitz et al., 2020), with a mean family income of over \$159 K (although it varied from \$21 K to \$750 K). Furthermore, the vast majority had maintained their jobs, and most were able to work from home. In addition, the sample was highly educated, which has been associated with more knowledge about and more optimistic attitudes toward COVID-19 (Zhong et al., 2020). Yet this sample is also characterized by stressors unique to adoptive families that are likely to be amplified in a situation like the current pandemic. These include having children with learning disabilities, the lifetime prevalence of which is 9.7% in the general U.S. population but 20.4% among adopted children (Altarc & Saroha, 2007). Likewise, children in our sample were disproportionately more likely to receive special education services at school (more than 50%, compared with about 20% of public school students; National Center for Education Statistics, 2020), all of which were significantly disrupted by the pandemic.

Alongside their children, our parent sample experienced significant disruption to their daily lives and work-family arrangements. About 70% of participants and more than half of their partners had changed work situations, with most suddenly working from home right as their children started remote homeschooling. The 24-hour cycle of work and school, combined with a lack of contact with the outside world and minimal outings outside the home, created stress for many participants, especially lesbian mothers, who were the most likely to be working at home and either to (a) also have their partners working at home or (b) be divorced. A few participants alluded to being relieved when their partners returned to work outside the home, further underscoring constant togetherness as a potential source of strain.

The division of unpaid labor was rarely a source of major stress, yet some parents did express fatigue and resentment related to their disproportionate shouldering of homeschooling in particular (which was typically attributed to them working fewer hours and/or from home). Parents who expressed unhappiness about the unequal division of labor acknowledged there was "no simple solution." This may speak to an internal source of resilience (Hill, 1949; Peterson, 2017)—namely, the ability to deal

with and diffuse stress around a “no-win” situation, a form of acceptance, which in turn has been linked to improved psychological outcomes (Mutch et al., 2020). Interestingly, a few families involved children in household chores to alleviate parental burden, which represents an important example of families strategically drawing on existing resources to minimize stress across the family unit.

Turning to parents’ worries specific to the pandemic and associated challenges, parents most often emphasized health, followed by work/finances, school/education, child well-being (emotional, social, physical), and finally, parent well-being. Although greater concern for children over oneself may be common in parents (Pew Research Center, 2015), it may also reflect the reality that children with behavioral issues (e.g., ADHD) have been shown to have significantly worse symptoms during the pandemic (Zhang, Shuai, et al., 2020). In turn, these parents may be understandably preoccupied with their children’s increased difficulties over their own.

Some parents also described broad-scale concerns, such as the economy and the nation’s political situation. Most named multiple concerns, illustrating the cascading, interrelated nature of many of these stressors. Significantly, less than a quarter named their own work or financial situation as a major worry, highlighting the privileged nature of the sample, as well as the more stable nature of many of their (professional) jobs. Similarly, only two parents mentioned health concerns due to a family member’s race as a person of color, highlighting how our parent sample has largely avoided being disproportionately impacted by the pandemic due to their race (Fortuna et al., 2020), although many of their children are indeed of color. Perhaps, because of the general consensus that children are far less likely to become seriously ill due to COVID-19, parents were less worried about their children in general, even when they were of color.

Almost half of participants described worsened mental health since March 2020, which has widely been considered the beginning of the pandemic in the United States and associated stay-at-home orders. This finding aligns with many recent studies of the mental health toll attributed to the pandemic (e.g., Lei et al., 2020; Park et al., 2020). Lesbian mothers were significantly more likely than other parents to report

worsened mental health. This is notable because while the LGBTQ population as a whole appears to be more vulnerable to stressors attributed to the COVID-19 pandemic (Salerno et al., 2020), our findings highlight how lesbian adoptive parents specifically may be at a distinct disadvantage. Compared with gay fathers and heterosexual parents, lesbian mothers were more likely to be in a situation in which either both parents were working at home or the responding parent was divorced. They also had lower mean incomes. In addition, although it was not statistically significant, they were also more likely to have children adopted from foster care, which aligns with national U.S. data showing lesbian couples are more willing to adopt children from foster care than gay male couples (Gates et al., 2007). These children in turn had the highest rate of medication and therapy use pre-pandemic. This illustrates how multiple marginalized identities and stressors may combine to exacerbate the difficulties of a crisis (i.e., the pandemic; Prime et al., 2020).

In contrast to their reports on mental health, half of the participants said that their physical health had stayed the same, while the other half reported that their physical health had either improved (24.7%) or gotten worse (18.0%). Their responses represented a range of coping styles related to food and eating, which are commonly accessed in the face of stress (Ingledeu et al., 1996). Many who reported their health had improved cited more time to exercise and cook healthy meals. To this point, at least one study has found that individuals who have greater flexibility in terms of their work location also report eating less fast food for dinner (Allen et al., 2008). This finding highlights how, among middle-class professionals, work flexibility and the ability to work remotely may in fact represent personal resources that buffer stress and facilitate physical health during lockdown—but it also speaks to what may be a larger trend of individuals becoming more devoted to an exercise regimen during lockdown (British Broadcasting Cooperation, 2020). Again, these findings point to the role of both external and internal resources in mitigating stress, whereby some parents—likely buoyed by financial resources and job flexibility—are able to reframe their beliefs about the pandemic as not just an alarming event but also an opportunity for healthfulness. This aligns with other U.S.-based research showing the most

frequently reported strategies to manage stress in the time of the pandemic were distraction, active coping (e.g., reframing the meanings of problems), and seeking emotional social support (Park et al., 2020). Regarding relationship quality, encouragingly, few parents described worsened relationship health, although approximately one quarter did describe a decline in sexual intimacy, which is hardly surprising given the nature of quarantine and also the many inter-related stressors that participants were dealing with (including much more time with their children). It mirrors research showing how sexual intimacy often declines across the transition to parenthood, as parents adjust to their time and attention being diverted from one other due to the 24-7 demands of a new child (e.g., Bergman et al., 2010). Participants who described stress in their relationship often highlighted the challenges associated with being home all day not only with their children but with their partners too, with little change to their routine (but also little alone time). Some parents tried to actively change their routine by carving out time to eat, walk, or watch TV with their partners. Parents who reported enjoying working as a “team” tended to also identify their relationship as having improved, and ex-partners who reported being able to work to put their children’s needs first also reported relationship improvement.

Implications for Research, Practice, Policy, and Theory

The COVID-19 pandemic, which has upended the lives of family members across the globe, has numerous implications for family health and well-being. Parenting during a pandemic places undue burdens on parents, particularly on those working from home with limited help, in combination with lower incomes or children with special education needs. In our sample, these parents were more likely to be in lesbian mother, as opposed to heterosexual parent or gay father, families. Furthermore, the lesbian mothers in our sample were the most likely to report declines in mental health. Innovative models of mental health care should be implemented so that vulnerable individuals in need of support, including sexual minorities, have access to sensitive and affirming professional care (Choi et al., 2020). Such models can encompass expansion of and health insurance coverage for telehealth (including teletherapy)

and increasing provider mental health training (Smith et al., 2020). Mental health and family professionals can help parents and families to identify and draw on their internal and external resources to mitigate the stress of the pandemic and make positive meaning out of it where possible (e.g., view it as an opportunity to enhance healthy behaviors; Hill, 1949; Peterson, 2017).

With respect to working at home, parents with school-age children need guidance on strategies for successfully balancing their own work demands with the demands of assisting children with schoolwork. Previous research on telecommuting indicated that working from home is most effective when practiced to a moderate degree—yet clearly it is now being used by many parents exclusively, and in the context of simultaneous homeschooling (Allen et al., 2015). Much more research is required in this area given the likelihood that this imperfect scenario is likely to continue for many families across the United States for the remainder of 2020, as many schools announce their plans for remote or hybrid learning. Adoptive parents in particular, who face intensive homeschooling needs, could benefit from assistance in adapting or converting special education services to the home environment.

Limitations

To our knowledge, this is one of the first studies to assess how adoptive or lesbian/gay-parent families are functioning during the COVID-19 pandemic. Although it fills a gap, there are several limitations to this research. First, we used a sample of highly educated, mostly middle-to-high income, predominantly White parents—social locations that likely mitigate many of the stressors of the pandemic faced by the general population (Prime et al., 2020). Second, several of our outcomes (e.g., regarding health) are based on single-item responses, although respondents were able to elaborate in open-ended responses that offered more nuance to their experiences. Third, although we used statistical tests suitable for small samples, results should still be interpreted with caution given the low counts in some cases.

Conclusions

The COVID-19 pandemic has created significant stress and anxiety for many parents (APA, 2020).

The current study highlights the work, parenting, relational, and personal challenges of a sample of parents that are generally privileged economically and educationally but possess unique sources of vulnerability and strain. In the context of a life-altering, ongoing, and pervasive crisis such as a pandemic, these parents demonstrate remarkable resilience. There is much to be learned from their experiences of struggle as well as their notable strengths.

REFERENCES

- Allen, T. D., Golden, T. D., & Shockley, K. M. (2015). How effective is telecommuting? Assessing the status of our scientific findings. *Psychological Science in the Public Interest: A Journal of the American Psychological Society*, 16(2), 40–68.
- Allen, T. D., Shockley, K. M., & Poteat, L. F. (2008). Workplace factors associated with family dinner behaviors. *Journal of Vocational Behavior*, 73(2), 336–342.
- Altarac, M., & Saroha, E. (2007). Lifetime prevalence of learning disability among US children. *Pediatrics*, 119(1), S77–S83.
- American Psychological Association. (2020). *Stress in America™ 2020. Stress in the time of COVID-19: Vol 1*. <http://www.apa.org/news/press/releases/stress/2020/report>
- Ammar, A., Brach, M., Trabelsi, K., Chtourou, H., Boukhris, O., Masmoudi, L., Bouaziz, B., Bentlage, E., How, D., Ahmed, M., Mueller, P., Mueller, N., Aloui, A., Hammouda, O., Paineiras-Domingos, L. L., Braakman-Jansen, A., Wrede, C., Bastoni, S., Pernambuco, Mataruna, L., Taheri, M., Irandoust, K., Khacharem, A., Bragazzi, N., Chamari, K., Glenn, J. M., Bott, N. T. Gargouri, F., Chaari, L., Batatia, H., Ali, G. M., Abdelkarim, O., Jarraya, M., El Abed, K., Souissi, N., Van Gemert-Pijnen, L., Riemann, B. L., Riemann, L., Moalla, W., Gomez-Raja, J., Epstein, M., Sanderman, R., Schulz, S., Jerg, A., Al-Horani, R., Mansi, T., Jmail, M., Barbosa, F., Santos, F., Simunic, B., Pisot, R., Cowan, D., Gaggioli, A., Bailey, S. J., Steinacker, J., Driss, T., & C.S., Hoekelmann, A. (2020). Effects of COVID-19 home confinement on physical activity and eating behaviour: Preliminary results of the ECLB-COVID-19 international online survey. medRxiv. <https://www.medrxiv.org/content/10.1101/2020.05.04.20072447v1>
- Behle, A. E., & Pinquart, M. (2016). Psychiatric disorders and treatment in adoptees: A meta-analytic comparison with non-adoptees. *Adoption Quarterly*, 19(4), 284–306.
- Bergman, K., Rubio, R. J., Green, R. J., & Padron, E. (2010). Gay men who become fathers via surrogacy: The transition to parenthood. *Journal of GLBT Family Studies*, 6(2), 111–141.
- Beveridge, S. (2005). *Children, families, and schools: Developing partnerships for inclusive education*. Routledge Falmer.
- Beverly, B. L., McGuinness, T. M., & Blanton, D. J. (2008). Communication and academic challenges in early adolescence for children who have been adopted from the former Soviet Union. *Language, Speech, and Hearing Services in Schools*, 39(3), 303–313.
- Bianchi, S. M., & Milkie, M. A. (2010). Work and family research in the first decade of the 21st century. *Journal of Marriage and Family*, 72(3), 705–725.
- Bird, G. W., Peterson, R., & Miller, S. H. (2002). Factors associated with distress among support-seeking adoptive parents. *Family Relations*, 51(3), 215–220.
- Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theory and methods* (5th ed.). Pearson.
- Boss, P. G. (2002). *Family stress management* (2nd ed.). Sage Publications.
- British Broadcasting Cooperation. (2020, July 1). *Coronavirus: Lockdown boosts couch to 5k downloads*. <https://www.bbc.com/news/uk-53242779>
- Broderick, C. B. (1993). *Understanding family process*. Sage Publications.
- Child Welfare Information Gateway. (2014). *Parenting a child who has experienced trauma*. U.S. Department of Health & Human Services, Children's Bureau.
- Child Welfare Information Gateway (2015). *Parenting your adopted teenager*. https://www.childwelfare.gov/pubPDFs/parent_teenager.pdf
- Choi, K. R., Heilemann, M. V., Fauer, A., & Mead, M. (2020). A second pandemic: Mental health spillover from the novel coronavirus (COVID-19). *Journal of the American Psychiatric Nurses Association*, 26(4), 340–343.
- Danner-Vlaardingerbroek, G., Kluwer, E. S., van Steenberg, E. F., & van der Lippe, T. (2013). The psychological availability of dual-earner parents for their children after work. *Family Relations*, 62(5), 741–754.
- Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. V. (2020). Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response. *Psychological Trauma*, 12(5), 443–445.
- Gates, G., Badgett, M. V. L., Macomber, J. E., & Chambers, K. (2007). *Adoption and foster care by gay and lesbian parents in the United States*. The Urban Institute.
- Gillespie, B., Peterson, G., & Lever, J. (2019). Gendered perceptions of fairness in housework and shared expenses: Implications for relationship satisfaction and sex frequency. *PLoS ONE*, 14(3).

- Goldberg, A. E., Smith, J. Z., & Perry-Jenkins, M. (2012). The division of labor in lesbian, gay, and heterosexual new adoptive parents. *Journal of Marriage and Family*, 74(4), 812–828.
- Goldberg, A. E., & Smith, J. A. (2014). Predictors of school engagement among lesbian, gay, and heterosexual adoptive parents of kindergarteners. *Journal of School Psychology*, 52(5), 463–478.
- Gunnar, M. R., & van Dulmen, M. H. (2007). Behavior problems in postinstitutionalized internationally adopted children. *Development and Psychopathology*, 19(1), 129–148.
- Harwood, R., Feng, X., & Yu, S. (2013). Preadoption adversities and postadoption mediators of mental health and school outcomes among international, foster, and private adoptees in the United States. *Journal of Family Psychology*, 27(3), 409–420.
- Hilbrecht, M., Shaw, S. M., Johnson, L. C., & Andrey, J. (2008). “I’m home for the kids”: Contradictory implications for work–life balance of teleworking mothers. *Gender, Work & Organization*, 15(5), 454–476.
- Hill, E., Hawkins, A., Ferris, M., & Weitzman, M. (2004). Finding an extra day a week: The positive influence of perceived job flexibility on work and family life balance. *Family Relations*, 50(1), 49–58.
- Hill, R. (1949). *Families under stress: Adjustment to the crises of war separation and reunion*. Harper.
- Hornfeck, F., Bovenschen, I., Heene, S., Zimmermann, J., & Zwomitzer, A., & Indler, H. (2019). Emotional and behavior problems in adopted children: The role of early adversities and adoptive parents’ regulation and behavior. *Child Abuse & Neglect*, 98, 104–221.
- Horowitz, J. M., Igielnik, R., & Kochhar, R. (2020, January 9). *Trends in income and wealth inequality*. Pew Research Center.
- Ingledeu, D., Hardy, L., Cooper, C., & Jemal, H. (1996). Health behaviours reported as coping strategies: A factor analytical study. *British Journal of Health Psychology*, 1(3), 263–281.
- International Labor Organization. (2012). *International Standard Classification of Occupations: ISCO–08*. <http://www.ilo.org/public/english/bureau/stat/isco/isco08/index.htm>
- Keyes, M., Sharma, A., Elkins, I., Iacono, W., & McGue, M. (2008). The mental health of US adolescents adopted in infancy. *Archives of Pediatric & Adolescent Medicine*, 162(5), 419–425.
- Kreider, R. M., & Lofquist, D. A. (2014). *Adopted children and stepchildren: 2010: Population characteristics*. U.S. Census Bureau.
- Krippendorff, K. (2004). *Content analysis: An introduction to its methodology* (2nd ed.). Sage Publications.
- Lavner, J., & Clark, M. (2017). Workload and marital satisfaction over time: Testing lagged spillover and crossover effects during the newlywed years. *Journal of Vocational Behavior*, 101, 67–76.
- Lei, L., Huang, X., Zhang, S., Yang, J., Yang, L., & Xu, M. (2020). Comparison of prevalence and associated factors of anxiety and depression among people affected by versus people unaffected by quarantine during the COVID-19 epidemic in southwestern China. *Medical Science Monitor*, 26, e924609. <https://dx.doi.org/10.12659/MSM.924609>
- McNeal, R. B. (1999). Parental involvement as social capital: Differential effectiveness on science achievement, truancy, and dropping out. *Social Forces*, 78(1), 117–144.
- Mutch, V., Evans, S., & Wyka, K. (2020). The role of acceptance in mood improvement during mindfulness-based stress reduction. *Journal of Clinical Psychology*. Advance online publication. doi.org/10.1002/jclp.23017
- National Center for Education Statistics. (2020, May). *Students with disabilities*. https://nces.ed.gov/programs/coe/indicator_cgg.asp
- Neff, L. A., & Karney, B. R. (2009). Stress and reactivity to daily relationship experiences: How stress hinders adaptive processes in marriage. *Journal of Personality and Social Psychology*, 97(3), 435–450. <https://doi.org/10.1037/a0015663>
- Ogolsky, G. B., Dennison, R. P., & Monk, J. K. (2014). The role of couple discrepancies in cognitive and behavioral egalitarianism in marital quality. *Sex Roles*, 70(7–8), 329–342.
- Park, C. L., Russell, B. S., Fendrich, M., Finkelstein-Fox, L., Hutchison, M., & Becker, J. (2020). Americans’ COVID-19 stress, coping, and adherence to CDC guidelines. *Journal of General Internal Medicine*, 1–8. <https://doi.org/10.1007/s11606-020-05898-9>
- Peterson, G. (2017). Conceptualizing parental stress with family stress theory. In C. A. Price, K. R. Bush, & S. J. Price (Eds.), *Families and change: Coping with stressful events and transitions* (5th ed., pp. 53–78). Sage Publications.
- Pew Research Center. (2015, December 17). *Satisfaction, time and support*. <https://www.pewsocialtrends.org/2015/12/17/2-satisfaction-time-and-support/>
- Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 Pandemic. *American Psychologist*, 75(5), 631–643.
- Qian, M., Wu, Q., Wu, P., Hou, Z., Liang, Y., Cowling, B. J., & Yu, H. (2020). Psychological responses, behavioral changes and public perceptions during the early phase of COVID-19 outbreak in China: A population based cross-sectional survey. *medRxiv*. <https://www.medrxiv.org/content/10.1101/2020.02.18.20024448v1>
- Rueter, M., Keyes, M., Iacono, W., & McGue, M. (2009). Family interactions in adoptive compared

- to nonadoptive families. *Journal of Family Psychology*, 23(1), 58–66.
- Salerno, J. P., Williams, N. D., & Gattamorta, K. A. (2020). LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S239-S242.
- Shafer, E., Kelly, E., Buxton, O., & Berkman, L. (2018). Partners' overwork and individuals' well-being and experienced relationship quality. *Community, Work & Family*, 21, 410–28.
- Smith, A. C., Thomas, E., Snoswell, C. L., Haydon, H., Mehrotra, A., Clemensen, J., & Cafery, L. J. (2020). Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). *Journal of Telemedicine and Telecare*, 26(5), 309–313.
- Sprang, G., & Silman, M. (2013). Posttraumatic stress disorder in parents and youth after health related disasters. *Disaster Medicine and Public Health Preparedness*, 7(1), 105–10.
- Toussaint, L., Shields, G. S., Dorn, G., & Slavich, G. M. (2016). Effects of lifetime stress exposure on mental and physical health in young adulthood: How stress degrades and forgiveness protects health. *Journal of Health Psychology*, 21(6), 1004–1014.
- Vigilant, L. G., Anderson, T. C., & Trefethren, L. W. (2014). "I'm sorry you had a bad day, but tomorrow will be better": Stratagems of interpersonal emotional management in narratives of fathers in Christian homeschooling households. *Sociological Spectrum*, 34(4), 293–313.
- Wang, G., Zhang, J., & Lam, S. P., Li, S.X., Jiang, Y., Sun, W., Chan, N. Y., Kong, A. P. S., Zhang, Y., Li, S., Li, A. M., Jiang, F., Shen, X., & Wing, Y. K. (2019). Ten-year secular trends in sleep/wake patterns in Shanghai and Hong Kong school-aged children: A tale of two cities. *Journal of Clinical Sleep Medicine*, 15(10), 1495–1502.
- Zhang, J., Shuai, L., Yu, H., Wang, Z., Qiu, M., Lu, L., Cao, X., Xia, W., Wang, Y., & Chen, R. (2020). Acute stress, behavioural symptoms and mood states among school-age children with attention-deficit/hyperactive disorder during the COVID-19 outbreak. *Asian Journal of Psychiatry*, 51, 102077. <https://doi.org/10.1016/j.ajp.2020.102077>
- Zhang, S. X., Wang, Y., Rauch, A., & Wei, F. (2020). Unprecedented disruption of lives and work: Health, distress and life satisfaction of people in China one month into COVID-19 outbreak. *Psychiatry Research*, 288, 112958. <https://www.medrxiv.org/content/10.1101/2020.03.13.20034496v2>
- Zhong, B. L., Luo, W., Li, H. M., Zhang, Q. Q., Liu, X. G., Li, W. T., & Li, Y. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: A quick online cross-sectional survey. *International Journal of Biological Sciences*, 16(10), 1745–1752.