Investigating the Relationship Between Perceived Romantic Relationship Quality in Parents and Psychological Resilience Levels of Adolescent During COVID-19 Pandemic

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Aim: Accumulated evidence shows that COVID-19 pandemic related challenges have severely affected the mental well-being of many people around the globe including adolescents. This study examined the relationship between romantic relationship quality in parents and psychological resilience levels in adolescents during the COVID-19 pandemic.

Materials And Methods: This cross-sectional online survey used self-reported measures of romantic relationship quality and resilience. Participants were 12.099 adults (99.2% female; mean age = 35.27±5.37).

Results: Results showed that romantic relationship quality was positively related to resilience. Those who reported an increased marital satisfaction also reported higher levels of resilience, marital adjustment, and better relationship with adolescents.

Conclusion: The study provided a new avenue for research that focuses on the link between romantic relationship quality, resilience and seeking emergency care within the context of the pandemic. Based on these results, prevention and intervention programs can be tailored and implemented to improve satisfaction in a romantic relationship.

Keywords: **COVID-19 pandemic, communication psychology, perceived romantic relationship, resilience, adolescent**

Short Title in English: **Romantic Relationship Quality and Psychological Resilience**

Abstract

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Introduction

The COVID-19 pandemic, related restrictions and quarantine practices have had both positive and negative effects on the family relationship dynamics of couples. On one hand, the lockdown gave opportunities for couples to communicate more frequently and closely, to share mutual time, to increase the division of labour within the house, and to increase the participation of men in tasks including housework and childcare (1). On the other hand, the current pandemic might have caused difficulties and problems in family relationships. For example, couples who worked in healthcare sectors spent less time together due to the workloads arising from the pandemic. Long-lasting quarantine also caused conflicts among family members or partners that might have resulted from constantly sharing the same environment, and the inability to get away from situations or places where the conflict arose. Additionally, the difficulties for couples to engage in different environments and social activities together and the economic difficulties experienced during this process undesirably transformed the vitality and mobility of relationships (2).

The COVID-19 pandemic required the use of abilities such as adapting to change, tolerating uncertainties, accommodating to restrictions, regulating emotions, and managing stress and anxiety (3). A study conducted in Australia suggests that social distancing measures caused individuals to live under domestic violence threats. Social distancing, limited travel occasions, and closure of key community services significantly increased the risk of domestic violence (4).

Studies also showed that violence against partners, women and children has substantially increased due to isolation and quarantine during the pandemic in some countries such as the USA, China, Brazil, and Australia (5). For example, a study conducted in China demonstrated that divorce rates increased following the COVID-19 pandemic (6). Another study conducted in the USA revealed that 34% of couples experienced conflicts in their relationships due to the implementation of long-lasting COVID-19 restrictions which played a profound role in the quality of romantic relationships (7).

The quality of a romantic relationship refers to satisfaction, harmony, success and happiness during mutual engagement and communication (8). A study conducted in Austria revealed that the quality of relationships during COVID-19 was significantly associated with mental health (9). In that study, social distancing measure does not only affect individual mental health but also affects relationships. Another study conducted in the USA revealed that many families experienced difficulties including job dissatisfaction and revenue loss, burnout syndrome and illness during the COVID-19 crisis and that the well-being of both parents and children is strongly linked to crisis-related challenges (10).

Sameroff (11) briefly defined psychological resilience as a person's healthy development despite the difficulties experienced over time. According to Rutter (12), resilience is relative resistance to psychosocial experiences of risk. Yet, children differ in their vulnerability to psychosocial stress and challenges because of both genetic and environmental influences. Family-wide experiences tend to influence children in quite different ways while cognitive and affective processing of encounters can also influence the development of resilience. Resilience consists of two types of interactions factors: risk factors and protective factors (13). Risk factors are stressful events in life and harmful environmental conditions which increase the vulnerability of the individual. Protective factors, on the other hand, are of personal, familial, and social origin, and they serve as a support and protective function for individuals at risk (13, 14). The same study reported that having divorced parents negatively affects children's psychological and social lives. These outcomes support the expectation that the resilience capability of the children whose parents are together is better than those whose parents are divorced. Therefore, this study aims to examine the relationship between the perceived romantic relationship quality of parents and children's psychological resilience levels during the COVID-19 pandemic.

Method

Participants

After we obtained the ethical approval from the University of Health Sciences Ethics Committee and got the consent of the participants, the data was collected from those who are aged between 18 and 65 ad who have children aged between 7 and 16. We separately also requested participants' consent to allow their children to take part in the study. The participants were selected among those who live with their children, who have enough education to fill in on the online form and who have proper internet access at their homes. The forms which were completed shorter than a specific time, which had inconsistent data and those which were completed only by parents or children were excluded. Yet a total of 12.099 participants completed the questionnaires.

Measures

Socio-demographic data form. The form was created by the researchers of this study and included the variables such as age, sex and experience with COVID-19.

Perceived Romantic Relationship Quality Scale (PRRQS) was developed by Sağkal and Özdemir (15). The PRRQS measures romantic relationship quality and includes 6 questions that are rated on a 7-points Likert scale ranging from 1 (none) to 7 (Much). A total score can be computed by summing all responses which range between 7 and 42 with higher scores indicating higher perceived romantic relationships. The McDonald's coefficient was .86in this study.

Children and Youth Psychological Resilience Scale (CYPRS) was developed by Liebenberg, Ungar and LeBlanc (16). The CYPRS assesses the psychological resilience of adolescents. The scale includes 12 items, and each item is rated on a 5-point Likert type scale that ranges between 1 (does not define me) and 5 (strongly defines me). An overall score can be obtained by adding all items with higher scores signifying greater psychological resilience. The validity and reliability of the scale in Turkish were tested by Arslan (17). The McDonald's coefficient was .91 in this study.

Procedure

An online survey was used to collect data between 01 May and 30 June 2021. Participants were invited to take part in the study via social networking sites (e.g., Facebook, Twitter). The participants were informed and requested their consent for voluntary and anonymous

involvement in the study. Participants were not paid and completed the online survey in the same order. Ethical approval was obtained from the University of Health Science (approval number: 21/375) before the data collection was taken place.

Statistical analysis

All statistical analysis was performed using JAMOVI Version 1.8.4. Shapiro-Wilk's normality test, Q-Q plots, skewness and kurtosis values were used to check the normality of the data. Levene's test was used to check the homogeneity of the group's variances. The numerical variables were expressed as mean ± standard deviation, and trimmed mean ± standard error of the trimmed mean with 10% trim proportion. The categorical variables were described as counts (n) and percentages (%). Independent samples t-test, Welch's t-test, Yuen's test (robust independent samples t-test) and ANOVA (analysis of variance) was run to determine whether there was a statistically significant difference between demographical variables and PRRQS, and CYPRS score. Yuen's trimmed means test with Bonferroni adjustment was used to determine the pairwise comparison of the groups following ANOVA. Moreover, The Pearson correlation coefficient was used to examine the relationship between PRRQS and CYPRS scores. The McDonald's w coefficient, which is the internal consistency coefficient, was used to evaluate the reliability of the scales. A value of *p* less than .05 was considered statistically significant.

Findings

Sociodemographic and clinical characteristics of participants are reported in Table 1. Of the 12099 participants, 12002 were women, and the mean age of the participants was 35.27 ± 5.37 years. 98.6% of the participants were married, 17.7% were smoking, 0.7% were using alcohol and 1% were using substances. 18.1% of the participants had a psychiatric illness, and 19.4% (n=2351) of the participants were using psychiatric medication. Regarding the experience with COVID-19, 24.2% had a history of COVID-19 and 1.1% were hospitalized because of the COVID-19 virus. While the rate of people who had COVID-19 in their first-degree relatives was 61.3%, the rate of their first-degree relatives lost due to this disease was 9.9%. 3.4% of the participants were vaccinated. While marital adjustment decreased by 13.8% during the COVID-19 process, it was observed that there was no change by 64.2% and this adjustment increased by 22%. Similarly, the rate of those with decreased satisfaction among spouses was 17.1%, the rate of those who did not experience any change was 61.3%, and the rate of those with an

increase in satisfaction was 21.6%. Results also suggest that there was a 45.9% increase in the level of communication between parents and children during the pandemic process.

Table 1. Demographic and clinical characteristics of the participants

Variable	Participants (*n*=12099)
Age (years), mean ± SD	35.27 ± 5.37
Female gender, *n* (%)	12002 (99.2)
Marital Status (Married), *n* (%)	11931 (98.6)
Smoking, *n* (%)	2140 (17.7)
Alcohol, *n* (%)	85 (0.7)
Use of drug, *n* (%)	124 (1)
Psychiatric disease, *n* (%)	2187 (18.1)
Use of the psychiatric drug, *n* (%)	2351 (19.4)
COVID – 19 history, *n* (%)	2922 (24.2)
Hospitalization due to the COVID – 19, *n* (%)	137 (1.1)
Number of people in immediate family with COVID – 19 disease, *n* (%)	7416 (61.3)
Number of deaths in immediate family from COVID – 19 disease, *n* (%)	1195 (9.9)
Vaccination, *n* (%)	406 (3.4)
Marital adjustment, *n* (%)	
Decreased	1169 (13.8)
Not changed	7763 (64.2)
Increased	2667 (22)
Marital satisfaction, *n* (%)	
Decreased	2070 (17.1)
Not changed	7417 (61.3)
Increased	2612 (21.6)
Relationship with children, *n* (%)	
Decreased	1657 (13.7)
Not changed	4886 (40.4)
Increased	5556 (45.9)

The reliability coefficients of the scales and the descriptive statistics regarding the items in the scales and the total scale are given in Table 2. The reliability coefficient was 90.7% for the PRRQ scale, and also, 85.9% was for the CYPRS scale. The overall mean score for the PRRQ scale was 5.35 ± 1.41, and it was seen that 3.99 ± 0.65 was for the CYPRS scale. When the average scores of the items in the scales were assessed, it was seen that the perceived romantic relationship quality in the parents and the psychological resilience perception of children and young people were at a good level during the COVID-19 pandemic.

Table 2. The mean, standard deviation and reliability coefficients of the scales and the items in the scales.

Scale/Item (Reliability coefficients)	Mean ± SD
CYPRS (McDonald's w=0.907)	5.35 ± 1.41
How much are you satisfied with your relationship?	4.71 ± 1.77
How much are you devoted to your relationship?	5.85 ± 1.41
How much intimacy do you feel with each other?	5.21 ± 1.76
How much do you trust in your partner?	5.54 ± 1.85
How much is your relationship is passionate?	4.77 ± 1.93
How much do you love your partner?	6.01 ± 1.54
CYPRS (McDonald's w=0.859)	3.99 ± 0.65
I have people to respect in my life	4.13 ± 0.90
Having an education is important to me	4.29 ± 0.92
My family knows a lot about me	4.24 ± 0.96
I try to complete the tasks that I start	3.88 ± 1.05
I may harm myself and others when things go wrong	3.88 ± 1.08
I know where to get help when I am in need	4.20 ± 0.96
I feel I belong in my school	3.81 ± 1.24
My family is with me at difficult times	4.51 ± 0.87
My friends are with me at difficult times	3.56 ± 1.18
My society does justice to me	3.65 ± 1.13
I have opportunities in my life that I can use in my future life	3.65 ± 1.20
I like the traditions and culture of my family	4.08 ± 1.06

CYPRS: Children and Youth Psychological Resilience Scale, SD: standard deviation.

The relationship between the perceived romantic relationship quality in parents and the psychological resilience scales in adolescents during the theCOVID-19 pandemic with the demographic characteristics of the participants are given in Table 3. According to the results, there was no difference in the perceptions of PRRQS and CYPRS against the participants' gender, alcohol use, hospitalization due to COVID-19, regardless of a first-degree relative with COVID-19 disease or a first-degree relative died from COVID-19 ($p>.05$). In addition, results suggest that the perception of CYPRS did not change according to substance use and COVID-19 history ($p=.380$ and $p=.156$, respectively). On the other hand, PRRQS and CYPRS scores were significantly higher in married individuals than in singles, in non-smokers compared to smokers, in those without psychiatric disease compared to with psychiatric disease, and in those who did not use psychiatric medication compared to those who used psychiatric medication ($p<.05$). In addition, the PRRQS score was significantly higher in non-users than in substance users ($p=.0036$). Besides, those with increased marital adjustment during the COVID-19 process had significantly higher PRRQS and CYPRS scores than those whose marital adjustment did not change and decreased.

Those whose marital adjustment did not change had higher PRRQS and CYPRS scores than those whose marital adjustment decreased. Similarly, those with increased marital satisfaction had significantly higher PRRQS and CYPRS scores than those whose marital adjustment did not change and decreased while those whose marital satisfaction did not change had higher PRRQS and CYPRS scores than those who decreased. On the other hand, while the PRRQS scores of those whose relationship with children did not change and those who increased were higher than those who decreased, there was no significant difference between the PRRQS scores of those who did not increase or who did not change. In CYPRSscore, those whose relationship with children increased were significantly higher than those whose CYPRS score did not change and those who decreased, and those whose relationship with children did not change were significantly higher than those who decreased. There was a statistically significant relationship between PRRQs and CYPRS scores ($r=0.29$, $p<.001$).

Table 3. The comparison of the scale means according to the demographical characteristics of the participants.

Parameters	PRRQ Score Mean ± SD	p-values	CYPRS Score Mean ± SD	p-values
Gender		.277[1]		.365[2]
Female (*n*=12002)	32.08 ± 8.48		47.87 ± 7.84	
Male (*n*=97)	33.02 ± 8.82		46.92 ± 10.32	
Marital status		<.001[2]		.006[1]
Married (*n*=11931)	32.26 ± 8.28		47.89 ± 7.85	
Single (*n*=168)	20.16 ± 12.97		46.23 ± 8.89	
Smoking		<.001[2]		.014[1]
No (*n*=9959)	32.37 ± 8.32		47.95 ± 7.85	
Yes (*n*=2140)	30.79 ± 9.07		47.49 ± 7.91	
Alcohol		.500[1]		.642[1]
No (*n*=12014)	32.09 ± 8.48		47.87 ± 7.86	
Yes (*n*=85)	31.47 ± 9.03		47.47 ± 7.62	
Use of drug		.006[1]		.380[1]
No (*n*=11975)	32.11 ± 8.48		47.87 ± 7.86	
Yes (*n*=124)	30.02 ± 8.62		47.25 ± 8.14	
Psychiatric disease		<.001[2]		<.001[2]
No (*n*=9912)	32.51 ± 8.31		48.15 ± 7.77	
Yes (*n*=2187)	30.19 ± 8.98		46.57 ± 8.15	
Use of psychiatric drug		<.001[2]		<.001[2]
No (*n*=9748)	32.51 ± 8.33		48.14 ± 7.79	
Yes (*n*=2351)	30.32 ± 8.87		46.73 ± 8.08	
COVID – 19 history		.041[3]		.156[3]
No (*n*=9177)	33.38 ± 0.16		48.30 ± 0.15	
Yes (*n*=2922)	32.99 ± 0.10		48.54 ± 0.09	
Hospitalization due to the COVID – 19		.628[1]		.927[1]

No (*n*=11962)	32.08 ± 8.49	47.87 ± 7.87
Yes (*n*=137)	32.44 ± 7.97	47.93 ± 7.34
Number of people in immediate family with COVID – 19 disease	.752[1]	.659[1]
No (*n*=4683)	32.06 ± 8.48	47.83 ± 7.88
Yes (*n*=7416)	32.11 ± 8.48	47.89 ± 7.85
Number of deaths in immediate family from COVID – 19 disease	.386[2]	.394[1]
No (*n*=10904)	32.11 ± 8.45	47.85 ± 7.86
Yes (*n*=1195)	31.88 ± 8.77	48.05 ± 7.92
Vaccination	.919[1]	.097[1]
No (*n*=11693)	32.09 ± 8.46	47.89 ± 7.87
Yes (*n*=406)	32.13 ± 8.26	47.23 ± 7.65
Marital adjustment	<.001[4]	<.001[4]
Decreased (*n*=1669)	23.71 ± 0.22[a]	45.78 ± 0.22[a]
Not changed (*n*=7763)	33.57 ± 0.10[b]	48.65 ± 0.09[b]
Increased (*n*=2667)	36.78 ± 0.12[c]	49.55 ± 0.15[c]
Marital satisfaction	<.001[4]	<.001[4]
Decreased (*n*=2070)	24.43 ± 0.20[a]	45.89 ± 0.20[a]
Not changed (*n*=7417)	33.82 ± 0.10[b]	48.80 ± 0.09[b]
Increased (*n*=2612)	36.99 ± 0.11[c]	49.51 ± 0.15[c]
Relationship with adolescent	<.001[4]	<.001[4]
Decreased (*n*=1657)	28.88 ± 0.24[a]	44.75 ± 0.23[a]
Not changed (*n*=4886)	33.51 ± 0.13[b]	48.47 ± 0.12[b]
Increased (*n*=5559)	33.92 ± 0.11[b]	49.51 ± 0.10[c]

Data were presented as mean ± standard deviation, and trimmed mean ± standard error of the trimmed mean with 10% trim proportion.

Different small superscript letters show that statistically significant difference between groups:

[1] Independent sample *t* – test

Conclusion and Discussion

This study examined the relationship between perceived romantic relationship quality in parents and psychological resilience levels in adolescents during the COVID-19 pandemic. Results suggest that marital adjustment decreased in 13.8% of couples, remained unchanged in 64.2% and increased in 22%. Correspondingly, it was found that satisfaction between spouses decreased in 13.7% of the couples, remained unchanged in 61.3% and increased in 21.6%.

These results are compatible with the literature reporting that during the global epidemic, family relations did not change in 63.5% of the participants, improved by 25.7% and worsened by 10.8% compared to the pre-pandemic period. Another study suggests that 40.6% of couples had increased affiliation during the COVID-19 pandemic process, and 37.1% had stronger relationships than before the pandemic times (18). A study conducted in Iran demonstrated that home quarantine did not have a significant effect on parents' marital satisfaction (19).

This study also found that romantic relationship quality and resilience scores of those whose marital adjustment increased during the COVID-19 process were significantly higher than the scores of those whose marital adjustment did not change and decreased. Likewise, PRRQS and CYPRSscores of those whose marital adjustment did not change were also significantly higher than those whose marital adjustment decreased. The results are the same for marital satisfaction during the COVID-19 process: While the PRRQS and CYPRSscores of those with increased marital satisfaction were significantly higher than the scores of those whose marital satisfaction did not change and decreased, similarly, PRRQS and CYPRSscores of those whose marital satisfaction did not change were also significantly higher than those with decreased marital satisfaction. This means that as marital adjustment and marital satisfaction decrease, perceived romantic relationship quality and psychological resilience also decline.

These results are also supported by some previous studies: In a study conducted in India, it was found that a strong marriage can provide important psychological support and contribute to the emotional well-being of both individuals and families, especially during times of uncertainty such as the COVID-19 pandemic process. It can also help couples or family members cope with the problems caused by the pandemic by empowering the couple relationship (20).

This study demonstrates that the level of parent-child communication increased by 45.9% during the COVID-19 process. In addition, our study also suggests that there was no significant difference between PRRQS and CYPRSscores of the participants whose relationship with their children increased and did not change. PRRQS and CYPRSscores of the couples whose relationship quality decreased were lower than the scores of the increasing and unchanged participants.

Another outcome suggests that perceived romantic relationship quality in parents and the psychological resilience of children and young people are at a good level during the COVID-19 process. These results are also in line with the findings of previous studies. which suggest that most of the young people stated that the communication and activities in the family environment increased and their social relations have improved positively. A similar study found out that parent-child experiences changed positively, and activities performed together increased during the COVID-19 process (21). This study also revealed that the depression level of those who have children is lower than those who do not have. All these contributions point to the positive effects of having a child and that developing a good relationship with the child may also positively impact one's psychological wellness.

This study found that there was a significant relationship between PRRQS and CYPRS scores which confirms that there is a significant relationship between the level of perceived romantic relationship quality and the level of psychological resilience in children and young people. There are similar studies in the literature that support this conclusion. A study regarding the role of conflict between spouses and divorce on the behaviour and adjustment problems of children of different ages and the perceived social support suggests that the decrease in marital settlement of the parents negatively correlates with the behavioural problems of the children and the social competence of the child is negatively affected (22). In another study, it was put forth that sadness and dissatisfaction with marriage negatively affect the physical and emotional well-being of the children of the married couple (23).

Implications for Practice

The main results of this study should be considered for future studies and be raised by the policymakers while taking ant step for family communication when to assess the long-term psychosocial effects of the pandemic. Without a doubt, the COVID-19 pandemic process has some effects on family dynamics and couple and parent-child relationships. The psychological resilience levels of children and young people in this period are related to the romantic

relationship quality of their parents. Furthermore, psychological wellness in children positively correlates with intra-family communication dynamics which reduces the somatic symptom frequencies and emergency care appeals related to psychological issues.

Strengths and limitations

The current research has two main strengths. First, the data collection held between 01 May and 30 June 2021 through online platforms was closely monitored and controlled to be as accurate as possible. This data collection procedure allowed us to timely assess how the participants are approaching romantic relationships and what attitudes they have towards psychological resilience, and how they engage with family communication. Second, a large sample size was recruited via an online survey, and this helped us to reach a wide range of participants from different cities in Turkey with various socioeconomic backgrounds.

Yet, this study, without a doubt, also has a few limitations. First, as we used an online approach to collect data, those who could not access the form due to lack of technological devices or have limited internet access were not sufficiently represented. Nevertheless, collecting data through an online survey is a practical performance as a face-to-face interview is not feasible during COVID-19 times. Second, only a limited number of variables and attitudes were examined in this study based on a previous scale. Future research should consider investigating other aspects that can give deeper insights into the online education of today and tomorrow.

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No third part material was used in this article.

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The authors report no conflict of interest

Data availability statement

The data are available from the corresponding author upon reasonable request.

Authorship Contributions

Concept: Ö. A., E.A., Design: H. K. K., Literature Search: L.S., Analysis: M. K. K., M. Y. Writing: E.G.

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