Logos Universality Mentality Education Novelty: Social Sciences
ISSN: 2284-5747 | e-ISSN: 2458-1054
Covered in: ERIH PLUS, CEEOL, J- GATE, CrossRef, CrossCheck, Google Scholar, Ideas RePeC, Econpapers, Socionet, KVK, WorldCat, ICI Journals Master List - Index Copernicus.

2024, Volume 13, Issue 1, pages: 1-18 | doi: https://doi.org/10.18662/lumenss/13.1/98

The Impact of Faith and Family in the Development of Resilience in Adolescents During the COVID-19 Pandemic

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Abstract: *Students and whoever might be looking to understand the context and issues generated by the COVID-19 pandemic will find in this paper a micro-research that highlights the role of faith and family in the development of resilience in adolescents with a predisposition to anxious and depressive behavior. As shown by the works of research cited here and feedback from our respondents, faith manifested in moral values through personal acts, or the participation in community life through religious and spiritual practices is a means toward developing resilience in youth and creating a feeling of belonging and solidarity. This research paper also highlights that both the nucleus family and the expanded family offer a supporting and learning environment that is adjustable, where youth can find resources and strength to build a dignified and safe life.*

Keywords: *adolescent, faith, family, education, resilience, anxiety, depression, COVID-19.*

How to cite: Neagu, O.-A. (2024). The impact of faith and family in the development of resilience in adolescents during the COVID-19 Pandemic. *Logos Universality Mentality Education Novelty: Social Sciences, 13*(1), 1-18. https://doi.org/10.18662/lumenss/13.1/98

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Introduction

Unlike other stages in human life, the teenage years bring about a series of decisive changes, such as obtaining independence and autonomy from the parents, forging new friendships and even romantic relationships, deciding on a career path, and preparing for said career (Keijsers & Bülow, 2021).

Although adolescents and youths are medically less predisposed to severe symptoms or higher risks of dying from COVID-19 (Cortés et al., 2023), they're more likely to experience psychological and social issues. Adolescents are in a critical point in their development, and the measures applied to limit the spread of COVID-19, such as social distancing from friends and temporarily shutting down daily activities, had a massive, upsetting impact on them (Wagner, 2020; Wiedemann et al., 2022). At the same time, shuttering schools and cutting down all types of human interaction impacted the daily routine of learning, socializing, caring, etc., effectively erasing all feelings of safety and security (O'Sullivan et al., 2021).

Research has shown a spike in the levels of anxiety in adolescents (Smirni et al., 2020), mostly generated by the initial restrictions within COVID-19 response (Guessoum al., 2020). Adolescents and youths with preexisting mental health issues, be they anxiety or depression, also displayed increased vulnerability for further psychological suffering (Kwong et al., 2020), with the scale of impact varying according to country of provenance, socioeconomic factors, age, or sex (Caffo et al., 2020).

The prevention and treatment of mental issues like anxiety and stress triggers are possible through increased positivity, as opposed to negative self-talk, but it can only be achieved through an increase in the level of resilience to stress factors. A successful life adjustment entails a series of characteristics like dynamism, patience, commitment, faith, selflessness, optimism, and a sense of humor even in adverse situations (Connor & Zhang, 2006; Sandu & Nistor 2020b,c). If considered a process of adjusting to adverse situations, resilience is subject to other factors, be they environmental, cultural, social, psychological or physiological (Cameron et al., 2007), acting on a three-fold level: individual, familial, and communal (Werner, 2000).

Awareness of an adverse situation, associated with a decision of facing it and reaching one's goals regardless of circumstances are elements associated with resilient behavior (Garmezy, 1991). Daily positive experiences with a spiritual impact like joy, peace, harmony, love or closeness to God, as well as expressions of gratitude, have been associated

to a positive outlook on life and the absence of depression in youths from families with depressive history. Likewise, a reduced number of depressive symptoms is associated to the feeling of gratitude that comes from social work (Rounding et al., 2011).

A family crisis is handled with help from a series of resilience tools like communication, emotional and practical support, time spent together, religion and spirituality, working together, and the feeling of reliability. Increasing the resilience of members of the same family where health issues are present requires family resources such as spirituality, religion, and open communication, as well as the individual characteristics of all family members and of the family unit itself (Jonker & Greef, 2009; Nistor 2017a, b, c; Nistor 2022 a, b; Nistor 2023 a, b).

An individual approach to resilience has been disproved by the need to recognize the impact of collective experiences over the process of developing resilience, with highlight on a series of contextual factors: cultural practices, social processes, social changes, and the type of individual-social relationships necessary in the process of developing resilience in any individual living in society (Bottrell, 2009, p.322).

Factors that favor the recovery process in adolescents and youths, such as support from friends or family, had a relatively low impact in maintaining mental health during the pandemic. On the other hand, research identified a strong connection between low self-esteem pre-pandemic and a lower level of mental wellbeing during the lockdown, whereas those with a higher self-esteem before the pandemic had superior mental wellbeing to those with low self-esteem during that same timeframe (Wiedemann et al., 2022).

The decision to switch to online classes against an inadequate background caused by the lack of online platforms, a lack of experience among teachers, the absence of consistent processes to fuel online learning, and even the occasional lack of necessary equipment is associated with a spike in anxious and depressive behaviors. Once adjustment to the new pandemic scenario took place, the lockdown was associated with a decrease in the levels of social anxiety, which indicates that teens felt a release from societal pressures (Hawes et al., 2021). Oppositely, research has shown that, while teens complied with local and national emergency procedures and restrictions at the onset of the health crisis, they later ignored recommendations of social distancing (Levita et al., 2021).

When speaking of the social restrictions imposed by COVID-19, adolescents' and youths' mental health was impacted by the mental health of the parents who, in turn, became overwhelmed by the novelty of the

situation, the pressures of online classes, working from home, and oftentimes the resulting financial insecurity (Spinelli et al., 2020).

On the other hand, all measures taken during the health crisis generated major adjustments both on an individual level and on a societal scale, developments and technological achievements with long-term impact. Online teaching, remote working (INA/National Administration Institute), telehealth (OUG 196/2020), and the development of communications platforms fueled the democratization of information.

These developments, together with the resilience developed once restrictions were lifted, have turned today's adolescents into individuals better prepared for the next stages of life, as well as for future relationship and emotional upheavals (Garagiola et al., 2022).

Reactions in adolescents affected by the pandemic scenario and the necessary prevention measures varied: some found themselves overwhelmed by anxiety and depression, while others had no trouble adjusting to the new situation. That said, research focused on the ways and tools used to handle the new reality, on the factors impacting mental health, and on the elements that helped with increasing resilience levels.

The concept of *resilience* encompasses both the process and the end result of the process of adjusting to and recovery from a negative situation (Clauss-Ehlers, 2008), through positive handling of negative emotions and thought adjustment to improve reactions to a situation (Tugade, 2010). The process of developing resilience entails the existence of a threat to one's wellbeing and a favorable adjustment to the same threat, so it's rather a direct result of an interaction than an innate individual trait (Chmitorz et al., 2018). Life events like the COVID-19 pandemic can act as triggers to anxious and depressive behaviors, and resilience is vital in reducing the impact of these triggers on the overall mental health. Because some research considers resilience subjective and contextualized to daily experiences, religion being the grounds of resilience in Christian communities (Ögtem-Young, 2018), this research focuses on the role played by *the social support and faith in developing resilience in adolescents*.

Data, Methods and Instruments

We opted for a qualitative phenomenological research method in order to describe the essence of an experienced life event and evaluate the proposed research objectives.

The research project included semi-structured interviews, based on an Interview Guide that includes the elements to be covered in discussion for each individual topic. The interview is described as using the funneling

technique, in which questions are constructed and formulated to move from general topics to specific themes (Smith & Shinebourne, 2012). The interviewer asked clarifying questions about relevant ideas based on the interviews' evolution.

In this research, 10 teenagers were interviewed, from Iasi, 9 still in high school and an university student in first-year of studies, with ages between 16-20 years. The sample size was determined in accordance with the recommendations made by experts for the chosen research type (Creswell & Poth, 2017).

The sampling strategy is part of the segment of typical cases, selected in order to highlight what is normal in this category. The sample unit was established beforehand from high school students and students from Iasi who were familiar to the researcher, with no pre-existing diagnosis of mental disorders. Another criterion was the consideration of the fact that they passed relatively well through the pandemic. The collection of date had been made between March – May, 2022.

Participation in the study had the participants informed consent, parental consent being requested for under 18 adolescents. The confidentiality of the provided information was assured, their identity was enhanced, and only the respondents' age and gender were disclosed. The respondents agreed, at the beginning of the interview, that the conversation to be recorded.

Discussions on the impact of faith and family in the development of resilience

The results from the adolescents' research were analyzed on two different themes: the adolescents' perspective on pandemic crisis and the impact of some protective factors in the development of resilience. The first topic had already been discussed, regarding the adolescents' perception on the occurrence of the anxious and depressive phenomenon during the pandemic and the identification of effective methods and tools in order to develop psycho-social skills. The second theme regards the impact of faith and family in development of resilience in young people during the COVID-19 pandemic.

Studies on the impact of COVID-19 on mental health in adolescents and youths focus on issues with a negative impact or methods of specialized intervention. Therefore, this paper takes a different approach by looking at the methods in which some teens handled the reality of the pandemic, and is thus able to highlight the development and impact of resilience in youth, through faith and religious practices, and how it became a prerequisite to

mental health. This paper strives to identify the predisposing factors, the presence of indicators of depression and anxiety, a closer bond with faith, and the forms of resilience in adolescents, with the goal of sourcing data from the target group to best understand their outlook on the pandemic and later developments.

Resources identified in adolescents to handle stressful situations during the health crisis

The health crisis was a major stress generator for all age groups, but the lockdown had a massive impact particularly on adolescents and youths, since they were at a stage in life in which interaction with people from the same age group and with the same interests was vital. Personal discomfort forced them to overcome their personal limitations and search for ways to find emotional balance – so, to further develop their resilience. This was a solitary process for some, but others turned to friends, parents or siblings, a priest or therapist for help.

"I kept thinking it would pass and wouldn't even matter in a few years." (Boy, 17 years old)

"I kept telling myself I was strong and would outgrow it." (Boy, 16)

"I would think back fondly on better days and would push myself to move past bad days, when I was feeling down." (Boy, 16)

"I'd rather hang out with friends when I'm feeling down. I get stuck on negative thoughts if I'm alone." (Girl, 16)

As far as the activities respondents used to overcome crisis situations, these include sports, music, and gaming.

"I'd work out a lot, especially during the lockdown… it helped me escape all the problems from home, frustrations from school, and negative thoughts." (Girl, 16)

"I stayed active, I played basketball, I'd talk to other kids and would play PC games a lot." (Boy, 17)

"I would listen to music and talk to friends… a lot!" (Boy, 16)

When speaking of the people to whom they turn first for help, teens would always say friends, and rarely family members. As a rule, teens tend not to discuss their problems, thoughts, or deep emotions with anybody, unless they become overwhelming.

"Never before have I felt the need to talk to anyone, not even to my best friend… As I see it, they're not even real problems." (Girl, 18)

"I don't talk about my deepest emotions or secret thoughts with anyone… That's stuff I usually keep to myself, but if they become too overwhelming, I'll talk to my parents." (Boy, 16)

If the severity of the issues they face goes beyond their level of understanding or capability to withstand, adolescents would rather consult with their closest friends or siblings, and only rarely with parents – the mother being the first choice. They tend to ask for help from parents only when the severity of the problem requires an adult's intervention.

"I talked to mates and friends, usually… If something really bad happens, I usually talk to my parents, but most of the time I'd rather handle it on my own." (Boy, 17)

"If it's something serious, I reach out to my older sisters." (Boy, 16)

"My parents, I think… I'd grow calmer if it was them telling me it'd be okay. I kept thinking everything would be okay if they said so." (Girl, 16)

"I don't feel like playing the victim, I don't like to talk about my problems… I might talk about them with my friends or my mom." (Girl, 16)

"If the emergency is not that major but keeps bothering me, I'll speak to my friends. But if it's something that's been bugging me for a while, I usually ask for help from mom." (Girl, 18)

Only two of the respondents mentioned reaching out for help to a priest; one of them noted they felt the need for confession to clear their thoughts and solve their emotional issues.

"I did speak to a priest, it was an emotional issue." (Boy, 17)

"I missed confession. That was the first thing I did. I went to church… During the pandemic, I only went to my parents for help." (Girl, 20)

Respondents didn't consider seeing a specialist, doctor, therapist, psychologist, or school counselor, a viable alternative. Some of them even showed distrust in the utility of such services, wherefrom we conclude they are not in the habit of maintaining sound mental health practices. Just one girl respondent said she'd taken a few meetings with a therapist, but found them useless, so she stopped going. A single boy respondent said that he'd ask for help from a teacher or a school counselor if he were ever faced with a serious problem at school.

"I never had such big problems as to feel overwhelmed, but if I did, I'd probably ask a teacher or a school counselor for help. It's easier for me to open up to a relative stranger than to someone I know." (Boy, 17)

"I went to a few meetings with a therapist when I was going through a phase… but I found her observations and recommendations superficial. She wouldn't really listen to what I was saying and kept giving me textbook guidance, the kind you can apply to most situations, so I stopped going altogether." (Girl, 18)

Adolescents' perception on the role of the family in developing resilience and overcoming crises

In order to understand the adolescents' familial situation, the environment they came from, the education they received, and their perception on what qualifies as "normal" in their families, respondents were given questions on the relationship between family members, topics that might cause conflict at home, and the ways in which they choose to solve it.

Respondents are all aged 16 to 18, with the only exception of a 20-year-old girl student. All adolescents are from Iasi, live in the city or on the outskirts in residential compounds, and come from average and above-average income families. They all have adequate life conditions and met the requirements for online classes, as imposed during the pandemic. One of the respondents with an interest in curricular and extra-curricular activities and competitions said that their home was too crowded, which led to difficulties in keeping the schedule of online classes.

> *"Our place is crowded with the six of us: four kids and the parents. There's a lot of furniture around, to fit us and all our stuff, so you're always cramped for space." (Boy, 17)*

All respondents live with their family, except the girl student, who is from a town in Neamt county and lives in a rented apartment. However, she lived through the COVID-19 pandemic in her parents' home in the country, where life conditions were less favorable for learning, but she says she handled the new situation well and lacked for nothing. Four of ten respondents acknowledged increased levels of stress caused by different conflicts within the family during the lockdown. Common stress factors within the family included tension and arguments between the parents, alcohol consumption, arguments with the father, and increased parental pressure on school.

> *"When my father drinks, he becomes loud and aggressive, no matter the hour or the situation, and this behavior got worse during the pandemic." (Girl, 16)*
>
> *"The fights are always about household chores… mom thinks dad is lazy for having us work, when he should be the one working so we could study." (Boy, 17)*
>
> *"My parents say they get along fine but they're always fighting… dad tends to get verbally aggressive." (Boy, 16)*
>
> *"There's a lot of pressure, a lot of anxiety in kids today… In my case, it comes from a lack of free time and the huge stress I'm under at all times." (Boy, 17)*

The other adolescents said some conflicts within the household were inevitable but otherwise lacking importance or durability. As such, they didn't perceive any emotional impact from these conflicts.

"We fight, I guess every family does. But it's never serious, it's never something with a scarring impact… the effects go away immediately." (Girl, 16)

When it came to solving familial conflict, respondents mentioned the mother as the connecting element between the members, the one who always steps up to solve a crisis. Teens who did not identify family conflicts as stress factors within the household mentioned open communication as the means to finding a solution or a compromise to a problem.

"Once mom and I have spoken our peace, we amicably agree to end the argument, and it's never a problem that we hold different opinions." (Girl, 18)

"We all talk to mom. We always try to find a fair solution to our argument. It's not an easy thing, but we manage it." (Boy, 17)

One's natural inclinations, level of education, and the family environment played a significant role in the direction and the intensity of reactions to the pandemic situation, both at its onset and later on. Respondents found this period a good opportunity for self-knowledge and personal development, or perceived it as a stagnation phase in their life, or a trigger for anxiety and depression.

"I was able to get to know myself better during the lockdown, I got to read more, to spend more time with myself." (Girl, 16)

"I had more time to consider what I wanted to do in life, what to do with myself." (Boy, 17)

"The pandemic turned me anti-social and pushed me away from my friends… I couldn't be as forward as I used to be, I gained some weight." (Boy, 16)

"I believe it forced me to grow up and made me more responsible." (Girl, 16)

"I feel like I have a child's thinking and behavior, I think this period might've been essential for a proper development." (Boy, 17)

"It was a stage in my life in which everything stopped." (Girl, 18)

A highlight here is the association between the teen's family environment and the way in which he or she reacted to the pandemic situation. This way, even though these adolescents come from a stressful family environment, with an alcoholic or aggressive father, they are among the few people to have found in the worldwide crisis an occasion for self-knowledge and development.

The family plays a crucial role in limiting the severity of anxious behaviors or the influence of stressful factors. The family is also responsible for redirecting attention to the positive aspects in life and offering emotional support to members who need it.

Our research shows that a series of measures implemented by the whole family can have a beneficial impact on the teen struggling in a crisis situation. These include:

- the amount of attention adults pay to handling certain life events, as children/adolescents tend to mirror these behaviors;

- the psycho-emotional impact felt by adolescents is directly proportional in severity with the family environment;

- when parents validate a teen's behavior, it will prompt appropriate reactions in crisis situations;

- monitoring and restricting time spent on social media or in front of the screen, paired with detailed explanations and conversations on the wider context;

- encouraging adolescents to take part in house chores or administrative initiatives within the home favors a closer bond between family members during times of social isolation;

- manifesting gratitude for time spent together;

- encouraging kids and adolescents to develop resilience through faith can also double as support or even the means to overcome an unforeseen life crisis.

The importance of friendship in adolescents for overcoming crises

Queried about their relationships with their friends, respondents noted that their social group grew smaller during the pandemic, with contact maintained solely with the closest of friends. As a rule, relationships survived with help from technology, via phone calls, text messages, video calls, interactions on social media, or communications apps like Voice, etc. Teens reached out to offer support to one another, to share their thoughts, feelings, and fears, but they also reached out just to hang out like they used to do before the health crisis.

> *"We'd talk every night, get on Zoom and talk and laugh until late in the night." (Girl, 16)*
>
> *"We were all glued to our phones because we weren't allowed to go out. So, we used our phones to stay in touch, through texts mostly." (Boy, 17)*
>
> *"The pandemic really didn't change things between us. It was almost as if we all had a cold and were forced to stay at home, but we still chatted on our group chat every day." (Boy, 17)*
>
> *"I cut loose some of those people I wasn't particularly close to, but I kept in touch with my dearest friends." (Girl, 18)*

The quality of family time and its significance in a teenager's life

As a rule, time spent with the other family members is short and generally limited to a number of interactions like: shopping, occasional chats, or vacation time. Respondents cited as reason for the small amount of time spent with family the excessive use of technology in general and the smartphone, in particular: they would rather spend their free time on their computer or on the phone. At the same time, they noted that their parents were too busy, whereas a conflicting relationship is grounds to avoid even occasional interactions, thus safeguarding their mental wellbeing.

> *"We don't really spend that much time together… they're busy and so am I." (Girl, 16)*
>
> *"I don't ever feel the need to talk to my parents. I'm okay with that and so are they." (Boy, 17)*
>
> *"I'm always fighting with my dad. My mom's okay, I don't mind hanging out with her, but I will avoid it my dad's also there." (Boy, 16)*
>
> *"When I get home from school, I go directly to my room, where I spend time on my phone until I'm summoned to dinner. I go back to my room right after that. I don't feel the need to spend more time with my parents… anyhow, they don't have time for me or I the inclination to hang with them." (Boy, 16)*

Faith and spirituality identified as personal resources during teen years

In the final stage of our study, the questions focused on the teen's religion, their connection to divinity, their opinion on religious people, and the way in which they engage with divinity.

All respondents are Orthodox Christians and the majority attend church at least on major holidays. Only two of them never attend church regardless of occasion, since neither they nor their families are practicing Christians.

A boy respondent noted that his parents found God again during the pandemic, holding fast, praying, and going to church with more frequency. A girl respondent said that she found God during that same timeframe at her mother's suggestion, and has since kept attending church weekly to maintain contact with Him.

> *"I felt that I grew closer to God during the pandemic and it helped make me feel whole. I'd go to church every Sunday." (Girl, 16)*

Yet another respondent declared that he didn't believe in God, saying he'd only count on himself for help when he found himself in an adverse situation. He mentioned working constantly on his psycho-emotional wellbeing.

"I find support in myself. I analyze the situation I'm in and try to find a way to better it." (Boy, 17)

Another respondent revealed he'd attend the Divine Liturgy almost weekly, though not out of spirituality but because he'd come to an understanding with his mother, where his attendance granted him certain favors.

"I go to church every Sunday, but not because I really want to." (Boy, 16)

Asked about their social circles, respondents said that they didn't have that many religious, church-going friends, with only some exceptions. Even if they didn't have religious friends and they personally didn't attend church that often, they still held religious people in general in high regard. Teens believed religious people found support in God and prayer, which made them calmer during the pandemic. Respondents also said they understood these people for turning to faith, because they had nothing left in their life.

"I can relate to these people, I think it's a good thing for them. I know from experience how whole you feel, I saw myself grow as a human being. I don't think I would have come out of it without help from God." (Girl, 16)

"I was calm throughout the pandemic." (Boy, 17)

Talking about their personal connection to God and the means chosen to talk to Him, teens offered answers that will sound familiar to those used to praying as a form of communication with God, and particular for those less or none at all religious.

"I have a prayer book and I read from it every morning and evening." (Girl, 16)

"I prayed a lot for the pandemic to end, for God to end it… There were moments when I prayed SO hard… and then God listened to my prayers." (Girl, 16)

The girl respondent who admitted to frequently attending church considered the pandemic a good opportunity to pray more and become closer to God. Once the pandemic was over and she went back to her normal routine, she declared herself less focused and even oblivious to the things that matter the most in life, including the connection to God.

"I prayed more, I got closer to God. I studied God more during that time. Surprisingly, back then, I didn't even feel the passage of time when I was praying, but today, I barely find the time to do it. The daily chaos and the many people we interact with are turning us into robots, and we function systematically one for another, with not a thought spared for ourselves." (Girl, 20)

Respondents who didn't see themselves as having a special relationship with God still admitted to turning to prayer or thinking of God when they need help or are in a bad situation.

"I spoke to Him before the exam, using my own words. I closed my eyes right there in the exam room, and I asked Him to help me so that all these months of studying wouldn't have been for nothing." (Boy, 16)

"I remember Him before exams. I hope He remembers me, too." (Boy, 17)

The nature of messages teens would like to send God vary according to how educated they are on the relationship with God and the Church. Again, the messages of those raised as Orthodox Christians are fundamentally based on the idea of gratitude, thanksgiving, penance, or hope.

"I'd thank Him for taking care of my family, for keeping them healthy… And I'd thank Him that it's over and we're back to normal." (Girl, 16)

"I'd thank him for making the world a better place. Everything was chaotic before, everyone could do whatever they wanted, the world had gone astray. The pandemic stopped them for a while." (Boy, 16)

"We'd ask God for normalcy, but we didn't know it ourselves. He knew better for us and He prepared us for this. Maybe we had more saints then than now, maybe more people repented on their deathbed, afraid of illness and death, and took Communion for one last time. With this hope, I pushed forward." (Girl, 20)

Limitations

From the point of view of practical advantages qualitative research has a number of limitations, like: long time to investigate and analyze data and large amount of information needed that is hard to handle. Starting from the idea of interpreting a large data volume, we can say that the degree of objectivity is relative. The researcher has the opportunity to direct the analysis from his/her own perspective, being difficult to obtain some objective results. Also, it should be mentioned that it is impossible to extend the research results to an entire population category, due to the limited number of respondents. We agree that our research results might not be concluding, because of the number of persons involved. The participants in the study were a comfort sample that limits the generalization of results and the understanding of the resilience phenomenon in adolescents. We had not interviewed adolescents from other social, disadvantaged or rural backgrounds, and therefore we cannot speculate on their perceptions, that's why the scope of our study indicates potential bias.

Conclusions

This paper aimed to offer as complete a picture as possible of the religious experiences of teens during the COVID-19 pandemic. Qualitative research implied interviewing ten adolescents from Iasi city, while

phenomenological analysis helped form an overall view of the experiences and the impact of COVID-19 in adolescents, as well as identify efficient measures for developing higher resilience through faith, family relations, and friendship. This paper also aimed to highlight connections, if any, between faith in God and adolescents' handling of and approach to life events.

The COVID-19 pandemic, an adverse life event, was approached constructively through *a significant shift in the negative emotions* it generated, like anxiety, and through *redirecting thoughts to improving personal reactions* to its effects (Tugade, 2010). Turning to God and asking for help through prayer becomes an *adjustment process* to a situation with a strong negative psycho-emotional impact, like the vulnerability of one respondent's grandparents during the pandemic, and the feeling of wellbeing generated by it becomes the result of the *adjustment effort* (Clauss-Ehlers, 2008). This confirms that the process of developing resilience is the result of the interaction between the manifestation of the effects of the pandemic, perceived as a threat, and the favorable adjustment, i.e., turning to prayer as a means to nurture the feeling of wellbeing (Chmitorz, 2018).

> *"Believing in God made me pray more during those days for my loved ones, particularly my grandparents… They were very vulnerable and I was dreading the worst… turning to God was the only salvation I could see for them. I could only pray for their health, and in turn, this made me feel better." (Girl, 16)*

Of all internal individual resources, cognitive processes like faith, prayer, and the connection to divinity have a special role in the adjustment process. However, associating these to religious practices like going to church and confession paves the way to developing resilience through faith in the long term (Jonker & Greeff, 2009; Sandu & Nistor 2020 a,b,c). The subjective nature of resilience through faith is apparent in some of the answers from our respondents. Also apparent is the fact that faith and prayer are tools for developing resilience in Christian communities (Ögtem-Young, 2018) – Orthodox Christians, in our particular case (Nistor 2017a,b,c; Nistor 2023a,b).

> *"There was a time when I'd hang out with friends who didn't have my best interest at heart, when I'd go to parties where there'd be drinking and smoking… nothing good. As luck would have it, I took what my priest told me to heart, no doubt influenced by the fact that he was close to people my age. He turned me to God and guided me like a loving father, he got me to forget about all the bad stuff… and I also started going to confession." (Girl, 18)*

Since most life events with a potential to generate stress, as was the case with the pandemic, are unpredictable and will consequently find us unprepared most of the time, it's impossible to change the adolescents'

biologic or environmental factors in order to give them a better life. That said, by studying predisposing factors, protective factors and the interactions between them, we are better equipped to plan a later intervention to support the development of resilience, the feeling of wellbeing and of security in adolescents and youths.

References

Bottrell, D. (2009). Understanding "marginal" perspectives. towards a social theory of resilience. *Qualitative Social Work: Research and Practice*, *8*(3), 321–339. doi:10.1177/1473325009337840.

Caffo, E., Scandroglio, F. & Asta, L. (2020). Debate: COVID-19 and psychological well-being of children and adolescents in Italy. *Child Adolescence Mental Health*, *25*, 167–168.

Cameron, C.A., Ungar, M. & Liebenberg, L. (2007). Cultural understandings of resilience: roots for wings in the development of affective resources for resilience. *Child and Adolescent Psychiatric Clinics of North America*, *16*(2), 285-301. doi: 10.1016/j.chc.2006.11.001. PMID: 17349509.

Chmitorz, A., Kunzler, A., Helmreich, I., Tüscher O., Kalisch R., Kubiak T., Wessa M. & Lieb K. (2018). Intervention studies to foster resilience—A systematic review and proposal for a resilience framework in future intervention studies. *Clinical Psychology Review* (pp: 78–100). doi: 10.1016/j.cpr.2017.11.002.

Clauss-Ehlers, C.S. (2008). Sociocultural factors, resilience, and coping: Support for a culturally sensitive measure of resilience. *Journal of Applied Developmental Psychology*, *29*(3), 197–212. doi: 10.1016/j.appdev.2008.02.004

Connor, K.M. & Zhang, W. (2006). Resilience: determinants, measurement, and treatment responsiveness. *CNS Spectrums*, *11*(S12), 5-12. doi:10.1017/S1092852900025797

Cortés, J, Aguiar, P.M.V. & Ferrinho, P. (2023). COVID-19-related adolescent mortality and morbidity in nineteen European countries. *European Journal of Pediatrics*, *182*(9). 3997-4005. doi: 10.1007/s00431-023-05068-z. Epub 2023 Jun 29. PMID: 37382673; PMCID: PMC10570162

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. 4th ed. Thousand Oaks, CA: Sage

Garagiola, E.R., Lam, Q., Wachsmuth, L.S., Tan, T.Y., Ghali, S., Asafo, S. & Swarna, M. (2022). Adolescent resilience during the COVID-19 pandemic: A review of the impact of the pandemic on developmental milestones. *Behavioral Sciences* (Basel), *12*(7), 220. doi: 10.3390/bs12070220

Garmezy, N. (1991). Resilience in children's adaptation to negative life events and stressed environments. *Pediatric Annals*, *20*(9), 459-460, 463-6. doi: 10.3928/0090-4481-19910901-05. PMID: 1945543.

Guessoum, S.B., Lachal, J., Radjack, R., Carretier, E., Minassian, S., Benoit, L., & Moro, M.R. (2020). Adolescent psychiatric disorders during the COVID-19 pandemic and lockdown. *Psychiatry Research*, *291*. doi: 10.1016/j.psychres.2020.113264.

Hawes, M. T., Szenczy, A. K., Klein, D. N., Hajcak, G. & Nelson, B. D. (2021). Increases in depression and anxiety symptoms in adolescents and young adults during the COVID-19 pandemic. *Psychological Medicine*, 1–9. doi:10.1017/s0033291720005358.

Institutul Naţional de Administraţie INA. (n.d). [National Institute of Administration] Telework – a work option also implemented in the public sector. *INA Official site*. Accesible from: https://ina.gov.ro/telemunca-o-optiune-de-munca-implementata-si-in-sectorul-public/

Jonker, L. & Greeff, A. P. (2009). Resilience factors in families living with people with mental illnesses. *Journal of Community Psychology*, *37*(7), 859–873. doi:10.1002/jcop.20337.

Keijsers, L. & Bülow, A. (2021). Growing up in times of covid-19: when a window of opportunity is temporarily closed. *The New Common*, 117–23. doi: 10.1007/978-3-030-65355-2_17. PMCID: PMC7978855.

Kwong, A.S.F., Pearson, R.M., Adams, M.J., Northstone, K., Tilling, K., Smith, D., Fawns-Ritchie, C., Bould, H., Warne N., Zammit, S., Gunnell, D.J., Moran, P.A., Micali, N., Reichenberg, A, Hickman, M., Rai, D., Haworth, S., Campbell, A., Altschul, D., Flaig R., McIntosh, A.M., Lawlor, D.A., Porteous, D., & Timpson, N.J. (2021). Mental health before and during the COVID-19 pandemic in two longitudinal UK population cohorts. *British Journal of Psychiatry, 218*(6), 334-343. doi: 10.1192/bjp.2020.242. PMID: 33228822; PMCID: PMC7844173.

Levita L., Miller J.G., Hartman T.K., Murphy, J., Shevlin, M., McBride, O., McKay, R., Mason, L., Martinez, A.P., & Stocks, TVBK (2021). *Initial research findings on the impact of COVID-19 on the well-being of young people aged 13 to 24 in the UK.*. United Kingdom.

Nistor, P.P. (2017a). The etiology of existentialistic crises. a psychospiritual approach. In *International Journal Of Medical Dentistry*, *7*(21), 158-168

Nistor, P.P. (2017b). Meditations of the contemporary world upon death. a psychospiritual approach. In: *International Journal Of Medical Dentistry*, *7*(21), pp. 169-177

Nistor, P.P. (2017c). The psycho-therapeutical management of suffering. a spiritual perspective". *International Journal Of Medical Dentistry*, *7*(21) 241-252

Nistor, P. (2022a). The psychological and spiritual dimension of volunteering. *Logos Universality Mentality Education Novelty: Social Sciences*, *11*(2), 59-67. https://doi.org/10.18662/lumenss/11.2/70

Nistor, P. (2022b). The Christian spiritual perspective of healing in the psychological therapeutic process. *Logos Universality Mentality Education Novelty: Social Sciences*, *11*(2), 74-81. https://doi.org/10.18662/lumenss/11.2/72.

Nistor, P. P. (2023a). Christian values and ethical values in the professionalized social work practice. *Logos Universality Mentality Education Novelty: Social Sciences*, *12*(2). 99-109. https://doi.org/10.18662/lumenss/12.2/96.

Nistor, P. P. (2023b). Social work professional competencies and educational programs specialized practice. theoretical analysis. *Logos Universality Mentality Education Novelty: Social Sciences*, *12*(2), 72-80. https://doi.org/10.18662/lumenss/12.2/93.

OUG. (2020). Ordonanta de Urgentaţă a Guvernului nr. 196 din 18 noiembrie 2020 pentru modificarea şi completarea Legii nr. 95/2006 privind reforma în domeniul sănătăţii [The Government's Emergency Ordinance no. 196 of November 18, 2020 for the amendment and completion of Law no. 95/2006 on health reform]

Ögtem-Young, Ö. (2018). Faith resilience: Everyday experiences. *Societies, 8*(1), 10. https://doi.org/10.3390/soc8010010

O'Sullivan, K., Clark, S., McGrane, A., Rock, N., Burke, L., Boyle, N., Joksimovic, N., & Marshall, K. (2021). A qualitative study of child and adolescent mental health during the COVID-19 pandemic in Ireland. *International Journal of Environmental Research and Public Health*. https://doi.org/10.3390/ijerph18031062

Rounding, K., Hart, K. E., Hibbard, S., & Carroll, M. (2011). Emotional resilience in young adults who were reared by depressed parents: the moderating effects of offspring religiosity/spirituality. *Journal of Spirituality in Mental Health*, *13*(4), 236–246. doi:10.1080/19349637.2011.616091

Sandu, A., & Nistor, P. (2020a). The Effects of Mass-Media on Social Behavior, Emotions and Cognitions. *Logos Universality Mentality Education Novelty: Political Sciences & European Studies*, 6(2), 32-37. https://doi.org/10.18662/lumenpses/6.2/21

Sandu, A., & Nistor, P. (2020b). The dynamic perspective versus the cognitive-behavioral perspective in counselling. *Moldavian Journal for Education and Social Psychology, 4*(2), 50-59. https://doi.org/10.18662/mjesp/4.2/22

Sandu, A., & Nistor, P. (2020c). Individual versus social in psycho-sociology. the social construction of reality. *Moldavian Journal for Education and Social Psychology*, *4*(2), 44-49. https://doi.org/10.18662/mjesp/4.2/21

Spinelli, M., Lionetti, F., Pastore, M. & Fasolo, M. (2020). Parents' stress and children's psychological problems in families facing the COVID-19 outbreak in Italy. *Front Psychology*, *11,* doi: 10.3389/fpsyg.2020.01713.

Smirni, P., Lavanco, G., & Smirni, D. (2020). Anxiety in older adolescents at the time of COVID-19. *Journal of Clinical Medicine*, *9*(10):3064. doi: 10.3390/jcm9103064.

Smith, J. A., & Shinebourne, P. (2012). Interpretative phenomenological analysis. APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological,(July), 73–82. *American Psychological Association*.

Tugade, M. M. (2010). 10 positive emotions and coping: Examining dual-process models of resilience. *The Oxford handbook of stress, health, and coping*, *186*.

Wagner, K. (2020). New findings about children's mental health during COVID-19. Available at: https://www.psychiatrictimes.com/view/new-findings-children-mental-health-covid-19

Werner, E. E. (2000). Protective factors and individual resilience. *Handbook of early childhood intervention*, *2*, 115-132.

Wiedemann, A., Stochl, J., Neufeld, S.A.S., Fritz, J., Bhatti, J., Hook, R., Goodyer, I., Dolan, R., Bullmore, E., Chamberlain, S., Fonagy, P., Perez, J., Jones, P., Bullmore, E., Dolan, R., Goodyer, I, Jones, P., Moutoussis, M., Hauser, T., & Bethlehem, R. (2022). The impact of the initial COVID-19 outbreak on young adults' mental health: a longitudinal study of risk and resilience factors. *Scientific Reports*, *12,* 16659 https://doi.org/10.1038/s41598-022-21053-2