



# Reaching Up, Down, In, and Around: Couple and Family Coping During the Coronavirus Pandemic

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*The worldwide coronavirus (COVID-19) has had profound effects on all aspects of life: physical health, the ability to travel locally or to more distant destinations, material and financial resources, and psychosocial wellbeing. Couples, families, and communities and individual persons in those relationships have struggled to cope with emerging depression, anxiety, and trauma, and the rise of relational conflict. In this article, we suggest that the existential nature of the pandemic's challenges requires more than just the usual psychosocial interventions. We propose a taxonomy of responses to foster coping and resilience—"Reaching Up, Down, In, and Around." "Reaching Up" includes accessing spiritual, religious, and ethical values. "Reaching Down" includes ideas and practices that foster a revised relationship with the Earth and its resources, and that engage families to participate in activities that aid the Earth's recovery from decades of human-caused damage. "Reaching In" represents a turn towards experiences available in the mind and in shared minds in relationships that provide pleasure, excitement, joy, and peace, given that external sources of these emotions are of limited availability due to quarantine. "Reaching Around" involves reframing the mandate for "social distancing" as fostering social connection and support while maintaining physical distancing. The challenges for family therapists, whose practices are confined largely to online therapy, and who are struggling with the same fears and constraints as those persons they are attempting to help, are also discussed.*

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The worldwide coronavirus (COVID-19) pandemic has presented extreme and unfamiliar challenges to couples, families, and communities, and the individuals living within these social groupings. Much as the attacks on 9/11 shattered Americans' and others' sense of safety and forced adoption of a "New Normal" (Fraenkel, 2001a, 2002), the pandemic has prompted the entire world to revise this definition of "new normal" once again, this time centered on beliefs about the preservation of health and confidence that illnesses will more often than not be met with successful treatment. Challenges include illness, death, and the fears thereof; unemployment and economic losses; the growing evidence of

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health care disparities among persons of differing social locations in terms of race, ethnicity, age, ability/disability and preexisting health or illness, gender identity, socioeconomic status, profession and rank, and citizenship status; fears of losing housing, access to food and other basic needs; lack of consistent information about the level of risk of infection or guidance about best practices to reduce that risk; the need to quarantine with partners and family members despite conflicts that are usually mitigated somewhat by daily distance through going to work and school, and on the other hand, interminable separations between family members, friends, neighbors, and community; a sense of foreboding, isolation, and lack of social support; and disruption of life plans and rituals such as birthdays, weddings, religious holidays, recreational activities, and funerals. It has also presented new and unusual challenges to family therapists dedicated to serving these couples, families, and communities, including the need to adapt care efforts to teletherapy; how to address not only psychological and relational problems but also the above-mentioned concrete needs and larger systems forces that create or accentuate psycho-relational difficulties; and how to address therapists' own personal challenges due to the same issues facing clients while maintaining a therapeutic, caretaking role.

We suggest that the crisis cannot be met simply with traditional psychotherapeutic interventions, but rather, requires all persons to step back from conflict and draw upon philosophic, ethical, spiritual, and religious values (Up); become better grounded in our relationship to the Earth and to core needs for existence as opposed to strivings for material goods and the quest for new experiences (Down); turn towards internal means of promoting and engaging in pleasurable experiences (In); and use technologies to foster social support and connection with others while following requirements to maintain physical distancing (Around). This taxonomy—Reaching Up, Down, In, and Around—as categories for particular activities is of course based on common socially-constructed metaphors of location in “psychological geography” and is therefore somewhat arbitrary from an empirical perspective. For instance, describing spiritual and religious values as “higher” (and therefore, located Up or Above) is likely based on the trans-religious notion of God and Heaven as existing “above” the Earth, or perhaps based on a rank ordering from top to bottom, with such values being ranked highest. Yet these values and their associated behaviors could be viewed as the basis or foundation of successful human existence and, therefore, situated *below* all other endeavors (and so, located Down). Likewise, concern for the state of the Earth includes not only its surface, its oceans, and the animals and plants that inhabit it, but the sky above (Up), or could be conceptualized as all Around us. Nevertheless, we believe this taxonomy has a kind of cultural “face validity” and we chose to employ it to organize our reflections on coping and resilience-building practices.

Although we hope that our taxonomy represents a novel and useful way to think about families meeting contemporary challenges, we build upon important related developments in the field. In terms of the coping approaches that constitute what we mean by “Up,” over the past two decades, family therapy has begun to address the need to incorporate fully the spiritual dimension of families' lives, both in general (Walsh, 2009) and as a major active ingredient in family resilience (Walsh, 2016). Indeed, Walsh (2016) argues that the original systemic framework of “biopsychosocial” now must be recast as “bio-psycho-social-spiritual.” Some family and couple therapists outside the pastoral counseling profession and the field of counseling conducted explicitly within particular religious communities (for instance, premarital counseling in the Jewish faith, Christian counselors) have also turned to moral, spiritual, and religious principles to guide the conduct and goals of therapy (Doherty, 1995, 2009; Fishbane, 1998) or have emphasized the importance of addressing particular religious ideas and practices central to a family's cultural traditions (Beach, Hurt, Fincham, Franklin, McNair, & Stanley, 2011; Boyd-Franklin & Walker Lockwood, 2009; Elliot, 2009; Falicov, 2009; Fincham, 2014; Marks & Dollahite, 2017).

In terms of the attitudes and activities clustered under “Down,” although the systemic-ecological perspective in principle has always included the physical ecology and environment, only more recently has the field addressed in depth the link between family health and the health of the planet (Laszloffy & Twist, 2019). The pandemic has raised concerns about the safety of our environment beyond the coronavirus, and families are often unsure how to cope with these fears.

In terms of the activities we categorize as “In,” Doherty (1999, 2000) has long described how couples and families are pulled apart by over-engagement in the quest for new experiences, especially extracurricular activities deemed by middle-to-upper-class parents to be essential to their children’s development (and to building their CVs for college applications). The pandemic has all but eliminated access to these outside activities, leaving children, teens, and families at loose ends and often unable to generate sources of pleasure and endeavor among themselves to fill the time, other than increasing the already high levels of TV and internet activity (Statista, 2013).

In terms of what we designate as activities that constitute the category of “Around,” research has long established the importance for families of social support and involvement in community (Miller, 2001), especially when children or adults suffer from health issues (Varda & Talmi, 2018). Given that families either are dealing with an ill member, or are worried about infection from the virus, connection with other families, neighbors, and community members is essential to coping with the stress of the pandemic.

## EFFECTS OF THE PANDEMIC

### Impact on Health and Disparities of Illness Rates

Described initially to be “the Great Equalizer” (Mein, 2020)—with ample coverage of privileged, high-profile white persons like Prime Minister Boris Johnson and newscaster Chris Cuomo—further studies have found that persons of color, especially African-descended and Latinx persons, have significantly higher rates of infection and mortality than Whites. National data from 40 states plus the District of Columbia found death rates for Black Americans “2.4 as high as the rate for Whites and 2.2 times as high for Asians and Latinos” (APM Lab Staff, 2020). Put another way, the death rates per 100,000 people found Blacks suffered 61.6 deaths, and Native American groups 36.0, whereas Latinx, Asians, and Whites have suffered lower rates—28.2, 26.3, and 26.2 deaths, respectively (APM Lab Staff, 2020).<sup>1</sup> As Mein (2020) succinctly summarizes, these unsurprising ethnic and racial differences have emerged during all pandemics over the past hundred years, due to a cluster of factors. Racial and ethnic minorities are proportionally more likely to be below the poverty line, and to work in service industries, many of which have been deemed “essential services,” requiring workers to show up or face dismissal. To maintain employment, they must be at the worksite (unable to work in the shelter of home) and must utilize public transportation, all increasing exposure risk. They are less likely to have health insurance, sick leave (paid or unpaid), and less likely to use sick leave or quit a job to protect themselves from illness due to their economic precariousness. They are also more likely to have preexisting conditions associated with greater rates of severe illness and death, such as diabetes, hypertension, coronary heart disease, and respiratory ailments.

Although of course it is low-income persons of color who suffer most from these disparities, it is also painful for persons of greater racial/ethnic and economic privilege who care about injustice to witness these inequities and feel they have little power to rectify them

<sup>1</sup>Please note that statistics on the rates of COVID infections for various racial and ethnic groups are changing rapidly.

at least in the short run.<sup>2</sup> One white upper-class Italian ex-patriot client—whose country of origin has socialized medicine—spent several sessions talking about her sense of horror and rage about the socioeconomic conditions and political trends in the United States that have resulted in these disparities, and her sense of having little potential influence aside from donating some funds to organizations attempting to ameliorate current suffering.

Disparities aside, the virus's novelty means there is no reliable existing treatment or preventative vaccine. For most persons, having grown up in an era of significant medical advances even in treatment of diseases initially considered a likely death sentence (cancer, HIV/AIDS), this has altered the general assumption that reliable, effective health care is available for any condition. This has resulted in a significant increase in level of fear and sense of existential unpredictability in persons' lives.

### **Unemployment and Financial Instability**

Unemployment is at its highest level since the Great Depression. As of a May 8, 2020, report by the Bureau of Labor Statistics, unemployment in April was 20.5 million people, with a rise in unemployment to 14.7% (US Bureau of Labor Statistics, 2020). Although all industries are affected, losses in leisure and hospitality industries (restaurants, hotels) are particularly high, and these industries employ a disproportionate number of low-wage earners of color. As of May 16, approximately 3,543,000 persons had applied for unemployment (Department of Labor, 2020). As was noted above, financial instability and risk of illness are synergistic—those persons with less financial resources are more likely to stay in a job that puts them at risk than are those who have a buffer of savings, or paid leave.

### **Impact on Housing and Access to Basic Needs**

Given the huge number of families now without income, there are grave concerns about their housing stability. Consider New York City. The NYU Furman Center (NYU Furman Center, 2020), which studies housing, real estate, land use, and neighborhoods in the United States towards informing public policy, found that:

- “Out of almost 3.2 million households in New York City, almost 1,032,000 (totaling nearly 3.5 million people) had at least one household member that worked in a vulnerable occupation and that person earned about 67% of the total income for the household.
- In about 549,000 households, all earners worked in vulnerable occupations, making these households hyper-susceptible to income loss.
- For households that earned less than \$150,000 and had at least one worker in a vulnerable occupation in 2018, the median household monthly income was about \$4,580 and the median rent was about \$1,430.
- Hispanic workers in particular disproportionately worked in vulnerable occupations in 2018. The potential negative impact for low-income people of color, who are predominantly renters, could be at a scale equivalent to the effects of the foreclosure crisis” (NYU Furman Center, 2020).

How unemployed and precariously-housed families would cope with the very real prospect of inability to pay rent, mortgage foreclosures, and possible homelessness is beyond

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<sup>2</sup>Note that, this article was written just before the murder of George Floyd by a Minneapolis police officer and the subsequent weeks of protests, in which persons from a wide range of socioeconomic and racial/ethnic backgrounds participated. Many of the socioeconomic issues that result in differential illness and death rates from the coronavirus have been named in these protests.

comprehension or feasible government planning. New York City currently has 15,000 families living in shelters, and the shelters are at capacity (Coalition for the Homeless, 2020).

### **Psychological and Relational Effects of COVID and Quarantine**

The effects of living through a pandemic include worsening of existing mental health issues, new onset of anxiety, fear, and depression, disrupted sleep and eating patterns, concern about becoming ill and about worsening of existing conditions. If ill from the virus, persons may experience guilt about not being able to function in one's usual roles, about receiving help from others, fears of not being able to receive proper medical treatment should the condition worsen, fear of death, or anxiety and depression about being alone with the illness (APA, 2020; CDC, 2020). Many family members who are so far healthy but living in close quarters with an ill family member with little ability to create consistent physical distance have anxiety about seemingly imminent infection. And of course, families of persons who died from the virus are mourning this loss. If the family member dies while hospitalized, families are unable to be with them, and in many cases unable to hold funerals in the fashion prescribed by their religions (Frayer, Estrin & Arraf, 2020), or even locate space in cemeteries to bury them, or in crematoriums to cremate them (Feuer & Rashbaum, 2020).

Parents are suffering great levels of stress as a result of needing to care for their children 24/7 and aid in their online education and homework while attempting to fulfill job responsibilities. The Harris Poll conducted for APA between April 24 and May 4 found that the average stress level of adults was 5.4 (this compared to 4.9 in 2019); but for parents with children under 18 years old, the average was 6.7 (compared to nonparent adults' average of 5.5), with 46% of parents rating their stress levels between 8 and 10 on a ten point scale. Seventy percent (70%) of parents reported significant stress about meeting basic needs such as housing and food, as compared to 44% of nonparents; and 66% of parents rated access to health care as a stressor, compared to 44% of nonparents (APA, 2020).

Unfortunately, rather than coming together to cope as best as possible with these stressors, many couples are descending into their most destructive patterns. According to reports by the Council on Foreign Relations (Bettinger-Lopez & Bro, 2020), the WHO Regional Office for Europe (Kluge, 2020), Reuters (Sigal, Ramos Miranda, Martinez, & Machicao, 2020), and the UN (UN Women, n.d.) rates of domestic violence have skyrocketed globally, many due to "situational couple violence," in which conflicts that usually do not involve physical violence have escalated due to added stress and unrelenting proximity (University of Nevada Las Vegas, 2020). Couples on the brink of divorce—"last chance couples," in which partners may already have separated (Fraenkel, 2019)—may be particularly at risk for increased conflict, because their commitment, cooperation, and collaboration levels are low, their communication skills are limited, and they are now quarantining together. Once again, couples with more limited financial and housing resources, higher rates of unemployment, and at higher risk of contracting the coronavirus are at higher risk of conflict due to these enhanced stressors.

### **COPING SUGGESTIONS FOR COUPLES AND FAMILIES**

In part as a response to the flood of information and specific advice from psychotherapists on the internet, which can feel overwhelming, generic, and unintegrated to disoriented families, we offer the following simple four-part framework of Reaching Up, Down, In, and Around as an organizing, flexible, culturally-adaptable guide for couples and families, as well as for individuals and communities.

## Reaching Up

This pandemic and all its accompanying effects present an existential challenge to couples and families (and societies more broadly) that exceeds simple psychological and relational techniques—practices such as good communication and problem-solving skills, creating a regular but flexible daily schedule that allows both partners to balance work obligations with parenting and domestic chores, mindfulness practices for soothing oneself and others, statements of mutual appreciation, and creating moments of pleasurable connection despite anxiety, fear, and mourning. Although we strongly endorse these and other practices for couples and families (Fraenkel, 2011, 2019), something more seems needed in the face of an unpredictable, largely uncontrollable, existential, and pervasive crisis like COVID-19. We suggest that couples and families need to reflect on their higher and broader values—whether derived from spirituality, formal religion, moral philosophy, or other sources of personal/humanitarian ethics. These values are often implicit and unexamined in how persons construct their lives (Dreyfus, 2014), but certain extreme conditions tend to force a reexamination of these underlying values and principles, so as to provide a psychosocial compass to guide traversing an unfamiliar life terrain. Just as other crises have prompted reflection on the nature of being and human life, couples and families, as well as family therapists, need to engage their higher values to reflect on the following sorts of questions:

- What are the essential components and features of a reasonably secure, satisfying, meaningful life? How *much*—money and material goods, novel and exciting experiences, influence over life outcomes—is enough? And what can we do without?
- How can we go on living with a sense of hope and purpose in the face of a situation that may bring great reductions in our material well-being, and that may result in illness and death?
- What is the source and nature of courage, of hope, and of faith in a better future, and how do we sustain those qualities and energy?
- How can we maintain a core sense of serenity and peace in the face of realistic sources of hardship and anxiety?

These questions guide us in sifting through what we have come to expect from life and relationships. They inspire us to re-examine what is essential to wellness and what are the values that inform building a new norm for our lives. Reaching Up is an integral part of this life reconstruction project, because it often prompts a kind of reflection that seeks a broader meaning and thus creates space for new possibilities. Reaching Up can also shift the focus from individual and human-centered experience—what Hernandez-Wolfe (2019) has termed “anthropocentrism”—embedded in the assumed values of our cultural and societal norms, to adopting a wider framework that de-centers human experience and is more inclusive of ecosystems (discussed further in the section on Reaching Down). Many religious, faith-based, and spiritual communities in Western and non-Western cultures provide such frameworks.

Many therapists feel uncomfortable asking couples and families to reflect on their spiritual, religious, and ethical beliefs. This is a time to venture into this important territory, because such beliefs may be crucial to promoting coping and resilience. Walsh (2009) writes:

Spirituality is a powerful dimension of human experience involving transcendent beliefs and practices that foster meaning, well-being, and connectedness. A spiritual worldview orients individuals and families over the life course and across generations. It provides larger values and purpose, guides daily actions and relationships, and strengthens resilience in overcoming adversity.

A growing body of research documents the powerful influence of personal faith, prayer, and meditation, and a faith community on physical, emotional, and relational well-being and on recovery from illness and trauma. Spiritual distress or a spiritual void in one's life and relationships can contribute to suffering and block positive growth. Yet, until recently, spirituality was regarded as "off limits" in clinical training and practice, leaving most therapists and counselors uncertain how to approach it, if at all. (Walsh, 2009, p. xi)

Before rushing haphazardly to "adopt" the forgotten wisdom of certain religions or indigenous cultures, it is crucial to examine the worldviews (Sire, 2015) of the foundation of the family therapy field. This includes naming and re-examining the assumed secularism underpinning the theories and practices of mainstream family therapy, because therapists often interpret clients' life experiences, relationships, and meaning-making through these non-spiritual lenses. Furthermore, when conversations about spirituality, religion, and philosophy that de-centers human experiences are examined through the lens of secularism, what often results is stripping a rich, nuanced worldview into simply a coping strategy for people to turn to in times of crisis. I (WC) have heard well-meaning non-religious and non-spiritual therapists merely tolerate spirituality in their practice, presumably because it is the "culturally appropriate, politically correct" thing to do, and observe that "it is a nice value system that people lean on to cope with difficult circumstances." The assumption underpinning this stance is that spirituality or religious frameworks are created by humans, rather than through a relationship with a deity or spiritual power, as a coping mechanism (thus, a human-centered interpretation). This implies that non-spiritual reality is more "True". Moreover, it invites the interpretation that those who need this imaginary framework to cope are intellectually compromised—an arrogant stance that can range from benign infantilization of religious and spiritual communities to belittling dismissal.

We are not suggesting that we and all our clients must all become spiritual and religious. Rather, I (WC), as a Christian, would suggest that even non-religious and non-spiritual realities are based on a system of beliefs (e.g., Poplin, 2014). In this regard, traditional religious and spiritual frameworks are not too far out of reach from the secularism that underpins the practices and theories of family therapy. Foundational to family systems theory is the premise that individuals' minds, experience, and behavior are intertwined with their relationships to others in their immediate and larger sociocultural contexts. All religious and spiritual beliefs also understand the individual as relational, but include relationships with non-human, spiritual beings such as God, or a universal energy. Therefore, in therapeutic work with couples and families, and for families coping with the pandemic on their own, *Reaching Up* involves articulating the worldviews embedded in expectations about life and relationships (Sire, 2015), revisiting and possibly revising their relationships to higher values.

For one of us (PF), a long-standing guiding life philosophy has been Taoism<sup>3</sup>, and the lessons of 6th century B.C. Chinese Taoist founder Laotzu seem quite useful in meeting the challenges of the current crisis. For instance, Laotzu emphasizes the importance of living a simple life with few possessions and aspirations, and, instead, paying attention to

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<sup>3</sup>Although Taoism, or Daoism, is often referred to as a religion, it actually has two branches, one philosophic, and the other religious (Amore, Hussain, & Oxtoby, 2019). Philosophic Taoism, upon which the present comments are based, has no concept of god or deity, no belief in an afterlife, no prescribed rituals, no sacred text, and no established institution of religious leaders or devotees. Taoism developed in the 4th century BCE in part as a counterpoint and criticism of the dominant Confucian religion of the time, with its emphasis on social hierarchy and respect for those higher in the hierarchy, as well as moral and emotional discipline that aligned with adhering to that hierarchy. Religious Taoism, which developed much later (2nd century, BCE), developed all the typical beliefs, institutions, and rituals of a religion.

the special and wonderful all around us. In the opening stanza of the book of his sayings (Bynner, 1944), he wrote:

*Existence is beyond the power of words  
To define:  
Terms may be used  
But are none of them absolute...  
If name be needed, wonder names them both:  
From wonder into wonder  
Existence opens.*

For couples and families in quarantine, adopting a stance of wonderment can take the form of appreciating the subtleties of shifts in the sky, air, and light viewed from a window; cooking together and eating meals slowly and silently so as to actually taste the food (Nhat Hanh & Cheung, 2011); or spending time observing a pet's behavior when it is not interacting with humans. For instance, bedridden with a debilitating, mysterious illness for years, Bailey (2016) spent her days carefully and joyfully observing a small woodland snail brought to her by a friend.

Most of all, in the spirit of wonderment, it is a time to step back from the daily relational grind and appreciate more deeply one's partner and kids; for kids and teens, to get to know one's parents better through asking about their opinions, and stories from their childhood; and for all family members to enjoy each others' enjoyment—of music, ideas, art, books, sports, and other passions. Research on the relationship-strengthening effects of such positive psychology practices as inviting someone to lunch to tell them how much they have meant to you (Seligman, 2002), or Gottman's research (Gottman & Silver, 2015) demonstrating the long-term positive impact of partners expressing admiration and appreciation for one another, support this activity. Couple and family members can look at one another, listen to one another more fully and patiently, and be grateful that the other is not ill, or worse, dead from the coronavirus.

Shelter-at-home policies have forced everyone to slow down. It is difficult and somewhat absurd to run about one's domicile with the same speed one traverses a New York City street, zooms on one's motorcycle across the country on Route 66, or speeds down Rt. 1 along the California coast. Laotzu writes:

*Gravity is the root of grace,  
The mainstay of all speed. . .  
What lords of countless chariots would ride them in vain,  
Would make themselves fool of the realm,  
With pace beyond rein,  
Speed beyond helm?*

This can be a time to learn to respect gravity, to slow one's movements—physical, cognitive, and emotional. Although the initial weeks of responding to the pandemic resulted in frantic gathering of food and toilet paper, and collecting needed work materials from the office, families and couples have come to recognize that the adverse conditions will not change so soon and that they must slow the pace. It can be useful to suggest to couples that gravity has two meanings: It refers to the physical force that binds us to the earth, and it also is used to characterize some problems as serious. Surely, this pandemic and its ramifications are grave, and it can be best to adopt a slowed-down means of discussing how best to meet new and old challenges. Empirically validated communication practices like the Speaker-Listener Technique from the Prevention and Relationship Enhancement Program (PREP; Markman, Stanley, & Blumberg, 2010)—which couples sometimes balk



at due to its initially artificial feel—can be introduced through this spiritual/philosophic perspective on the value of slowness.

Taoism also promotes a stance of choosing patient inaction or “going with the flow” over vigorous endeavor and attempts to assert control when “hard trying” is likely to result in frustration because of larger forces. Laotzu (Bynner, 1944) writes:

*Because when a (person) is in turmoil how shall (they) find*

*Peace*

*Save by staying patient till the stream clears?*

*How can a person's life keep its course*

*If they will not let it flow?*

*Those who flow as life flows know*

*They need no other force:*

*They feel no wear, they feel no tear,*

*They need no mending, no repair.*

Various Buddhist texts suggest a similar stance in the face of overwhelming, largely uncontrollable conditions. Of course, families should continue to follow suggestions of science-based policies on limiting exposure to the virus. But couples and families need to cultivate greater acceptance of their inability to completely control their lives, to embrace uncertainty (Chodron, 2018) and accept, even if painfully, the numerous cancellations of trips, family events, academic plans, and even employment stability if it is clear nothing can be done to alter the situation.

Finally, Taoism suggests that formalized learning borne in the academy has its limits. Laotzu (Bynner, 1944) writes:

*Leave off find learning! End the nuisance*

*Of saying yes to this and perhaps to that,*

*What slightest use are they!*

*If one man leads, another must follow,*

*How silly that is and how false!*

Professionals' recommendations for strengthening resilience, drawn from careful social science research and clinical practice, is only one set of knowledge that can be useful. Like other American products and practices touted to be better (and needed for advancement) than those created in the other countries, our professional knowledge may disrespectfully displace equal or even superior knowledge about coping with adversity, and lead persons in those countries to second-guess their own coping wisdom. Indeed, we argue that this is a time to learn from such societies their long-standing skills about surviving and thriving despite adversity, developed by them due to limited material resources, political and economic oppression, and without Western healthcare technologies and practices.

When therapists introduce ideas or practices (such as mindfulness) drawn from a spiritual or religious tradition to couples and families, it is important to preface one's comments with a statement that one is not attempting to recruit the couple or family into a particular belief system. Rather, these ideas and practices should be viewed by the therapist as cultural products that the couple or family may find useful, in the same manner that the therapist might allude to music, film, art, poetry, or other cultural products that represent wisdom or that capture some aspect of their experience (Fraenkel, 2020). Clients should be asked to reflect on the ideas and practices introduced by the therapist, especially regarding whether these are helpful or not to them. Likewise, when inquiring about clients' existing spiritual beliefs or religious faith, the therapist should be clear that she/he/they are not attempting to transform the therapy into a faith-based approach, but rather, is adopting a stance of respectful curiosity similar to how one would explore any other

aspect of the clients' cultures of origin, or any aspect of their intersectional social locations (Fraenkel, 2009).

## Reaching Down

In our taxonomy, Reaching Down refers to responding to the current crisis by establishing a stronger, healthier relationship with the Earth. Although there is not yet direct evidence of a relationship between the pandemic, climate change, and other aspects of human-created ecological destruction, there is good reason to believe that such a relationship exists. Scholars at Harvard's T.H. Chan School of Public Health (2020) write:

Many of the root causes of climate change also increase the risk of pandemics. Deforestation, which occurs mostly for agricultural purposes, is the largest cause of habitat loss worldwide. Loss of habitat forces animals to migrate and potentially contact other animals or people and share germs. Large livestock farms can also serve as a source for spillover of infections from animals to people. Less demand for animal meat and more sustainable animal husbandry could decrease emerging infectious disease risk and lower greenhouse gas emissions. . . . We have many reasons to take climate action to improve our health and reducing risks for infectious disease emergence is one of them.

Even without clear evidence of a link between disruptions in the global ecology and the pandemic, it has alerted the entire world to the uncontrollable forces of nature. One of us (PF) has noticed that since the beginning of the pandemic and quarantining, couples in therapy have, for the first time, described anxieties about the state of the planet and how global warming and other repercussions of environmental degradation may be related to the pandemic—despite the fact that damage to the natural world has been obvious and well covered in the media for several years, and even has resulted in new laws around recycling and forbidding use of single-use plastics (bottles, bags). Sadly, this confirms that for many people, concern about humans' effects on the ecology only become salient when they experience the direct effects of negative environmental changes (Swim et al., 2009). Marshall (2014) hypothesizes that a combination of the brain's biologically-based cognitive responses of denial to overwhelming fear, coupled with an implicit social consensus not to discuss such overwhelming fears, has resulted in ignoring the ecological crisis. The proximal nature of the pandemic seems to be bursting through this denial.

Thus, in many ways, Reaching Down is an extension or corollary of Reaching Up, leading us to widen our perspectives and re-examine our expectations of life. The pandemic has halted the well-oiled machine of modern life in most countries and in our daily activities, centered around the human focus on production and consumption. This pause has put into question what we expect from our future and consequently increased the general anxiety that comes with facing the unknown. It has also given us room to stop running ahead long enough to really take a good look around us—what is happening to the land; the oceans, lakes, and rivers; the sky; and all the nonhuman beings with whom we cohabit this planet. For many, it has provided time to reflect upon how decades of industrialization and modernity has severed our lives from our ecosystem, which nevertheless is the direct source of our livelihood, food, and general well-being.

Social and physical distancing policies can be respected while spending time outdoors, close to the earth, and tending to nonhuman beings within and outside of our living spaces. This is easier for me (WC) to do than it might be for persons living in more completely urbanized and densely-populated areas, since I currently live in the Pacific Northwest region of the United States with easy access to pockets of natural reserves and neighborhood parks. Recently, I have been taking walks outside in my neighborhood—something I have often been “too busy” to do in my pre-pandemic life. It was a gentle reminder that the world had not ended. While human life as we knew it came to a forced

pause, the nature surrounding me seemed to replenish and fill out the empty spaces of human absence with all its beauty and glory. I was mindful that the most life-threatening symptom of the coronavirus is infection of the lungs and eventual complete loss of the capacity to breathe.

Not everyone is privileged to take leisurely walks during the pandemic. As we described above, there are pressing concerns including economic instability, job losses, food insecurities, and escalated relational conflicts that make taking a moment to walk through nature difficult. Thus, it is essential that therapists encourage couples and families to explore and expand the possibilities within the constrained realities of their physical and economic contexts. To expand their sense of possibilities, families can start by drawing upon their surroundings to begin to redefine how they construe relational health and individual wellbeing. The pandemic has alerted us that Reaching Down to reconnect with our environment is not peripheral to the human experience. It is vital to our very survival on this planet.

In addition to tending to the relationship with our surroundings, we suggest that couples and families can respond to their increased awareness of and anxiety about environmental disruption by learning more about their role in the environmental effects of human activities. We also suggest that couples and families turn to nature as a source of recreation and pleasure. Our colleague, family psychologist Dr. Monica Sesma, a Mexican now living and working in Calgary, in Alberta, Canada, where the weather is cold much of the year, has encouraged families to grow vegetables and other plants in their homes, and has observed the therapeutic effects of family members collaborating in these growing projects, as well as pride in providing themselves inexpensive, healthy food (Fraenkel, Sesma-Vazquez, & Freeman, 2019). Ron Finley, living in the inner city of South Los Angeles, started a neighborhood movement to grow his own food on vacant lots, and during a TED Talk observed that “gardening is the most therapeutic and defiant act you can do, especially in the inner city” (Finley, 2013).

Systemic therapists must consider helping clients reintegrate all that surrounds them. As Hernandez-Wolfe (2019) writes, “Human survival depends on our effectively relating to everything that surrounds us” (p. 43). It is important, especially in this current context of the pandemic that is quickly and permanently changing the modern lifestyle, that we invest in this relationship with our surroundings by Reaching Down and widen our meaning of what it means to be well.

## Reaching In

The dangers of the pandemic have driven individuals and families to “shelter at home” and stay confined to limited physical spaces for an extended period of time. For example, the requirement to shelter at home has disrupted the increasing pattern of families dining out (Saksena, Okrent, & Hamrick, 2018). By 2010, the percentage of meals prepared and eaten out of the home rose to 50.2%, up from 44% in 1987. As noted earlier, children’s and teens’ extracurricular activities—sports, music, dance, and art lessons, volunteering, religious instruction, and informal time with friends—have been all but eliminated. The most recent survey on screen time conducted in August 2019 (Commonsensemedia.org, 2019) indicated teens spent an average of seven hours twenty-two minutes on phones or computers, and tweens, four hours and forty-four minutes—not including time spent for school or homework. With extracurricular activities on hold, parents are now facing children’s and teens’ intense demands for even more screen time (Commonsensemedia.org, 2019), which was already a major source of conflict between parents and kids (Doherty, 2000; Fraenkel, 2001c).

As the themes of coping—Reaching Up, Down, In, and Around—are related, some guidance for families on how to generate novel forms of individual and collective entertainment has already been outlined in the above two sections. For instance, as families Reach Up to spiritual, religious, and ethical values, they can engage in dialogue and friendly debate about these values on a broader, abstract level (a debate about the existence of God, conversations about the seeming disconnect between some religious groups and their racist, homophobic, dehumanizing treatment of others), as well as the place of such values in family life. Therapists can encourage couples and families to examine and discuss the degree of connection between their stated religious values and their behavior towards one another. With one older high-conflict Jewish couple heavily involved in their synagogue (but due to the pandemic, unable to spend time there), I (PF) had previously taught them research-based communication skills (which they appreciated but rarely used) and examined in depth the problematic relationship patterns and other sources of emotional sensitivity from their respective families of origin (which had little lasting effect in reducing their conflict). Bemoaning their disconnect from their synagogue activities, I asked them to reflect on the apparent discrepancy between their religious values and their behavior towards one another. The partners noted, with an expression of genuine surprise, that they had never thought about that discrepancy and went on to discuss in a helpful manner how to bring those values and their treatment of one another into better alignment.

Likewise, families can use being stuck together in quarantine as a time to engage in learning about and reflecting on the global ecological crisis and planning changes in their patterns of consumption (Reaching Down). Other “analog world” activities in the category of Reaching In that avoid increasing online/screen time include reading to one another, playing games, singing and playing music (rather than just listening to professionally-produced music; Goodchild, 2015), writing stories and poems, making art (parents and children doing origami together is often quite pleasurable), building things with Legos or blocks, creating skits or whole plays, including about the pandemic; exercising together, and doing mindfulness activities together like mindful breathing, walking, and Qi Gong, which creates a climate of calmness and compassion, useful in times of stress and frustration (Fraenkel, 2019). Parents can also use this opportunity to get to know their children’s musical and other tastes (books, video games) in more depth, as can couple partners. Best of all, these activities are free, which is important in this time of economic precarity.

Gaston Bachelard (1958/2014) described the way in which physical spaces become imbued with relational and other meanings. One of the assumptions that the pandemic has put into question is what the expected ratio of relatedness and autonomy is in relationships (Kagitcibasi, 2005; Kerr & Bowen, 1988). Oftentimes, this expected ratio is assumed, socialized, and normed by the sociocultural context and intergenerational patterns within family units. Broadly speaking, at least in the sociocultural context of the United States, the expected ratio is usually tipped in favor of more autonomy than relatedness. This can be seen in the way physical spaces in homes are often conceptualized—when economic resources allow it, each child should have a private room, each partner is given a separate bathroom sink, and large spaces in the home are divided for breakfast, formal dining, entertaining, and family leisure. While not all have access to such physical spaces, this is what is largely aspired to and idealized. If these idealized floor plans of homes are symbolic of our expected levels of relatedness and autonomy, autonomy is more valued and thus expected within relationships. Those families whose economic means do not allow such individualized private spaces, or whose cultural traditions favor more shared spaces (for instance, parents and children sleeping together, siblings sharing a bedroom and study space) may see themselves as inferior to the largely white, middle-to-upper class assumption of physicalized separateness and autonomy; and therapists sharing this bias towards autonomy and privacy among family members may subtly

communicate their concern or even disapproval for families members sharing spaces, as well as the ratio of time spent together versus apart.

As available physical spaces become limited due to the public health crisis, the expected ratio of relatedness and autonomy needs to be revisited and adapted to the new reality. What are the expectations of the ratio for close relationships within the shared living space? By articulating the assumed ratio of relatedness and autonomy, the individuals within the unit become aware of their bias and the differing levels within their assumptions. This process then creates space for communication, adjustment, and attunement to one another within the relational unit that share living spaces in the new sociocultural context of the post-virus era. Additionally, there is a starker distinction between those who are in-group (that is, a unit of relationships within a shared living space) and those who are out of this designated group. What is the expected ratio of relatedness and autonomy with those outside of this designated unit, both physically and emotionally?

Once the expected and assumed norm of the ratio is identified, it is important to discuss with couples and families on what is pragmatic and reasonable in these times, when physical space and autonomy are limited. Adjusting to this new norm requires not only revising expectations about space and privacy, but revisiting our underlying definitions of healthy relationships and mental wellness. Shifting both the relational norms of the client(s) and the norms of the therapist(s) is required to adjust to the new realities in which we now live. It requires negotiating new expectations, and growing each individual's capacity for more relatedness and less autonomy within relational units. Again, we note that racial, ethnic, and cultural diversity provides a wealth of local knowledge (Canagarajah, 2002) on what relationships with varying ratios of relatedness and autonomy look like. We would do well to listen to and learn from these communities. And again, as we discussed regarding spiritual and religious beliefs and practices, before rushing haphazardly into adopting relational knowledge from other cultures that have been historically marginalized and discredited, it is critical to tread carefully with an ever-present self-critical eye on our own unrecognized biases and attitudes embedded in our quest for knowledge.

## Reaching Around

As couple and family researcher Paula Pietromonaco notes, “Social distancing and staying home are key to reducing the transmission of COVID-19, but these safeguards disrupt couples’ and families’ routines” (Association for Psychological Science, 2020, n.p.). Social support outside the couple relationship is well known as a protective factor and is important to relieve stress and protect physical health (Pietromonaco & Collins, 2017). One of the most unfortunate aspects of the government’s and scientific community’s suggestions for containing the virus’ spread was utilizing the term “*social* distancing” (italics added). Instead, we suggest rephrasing the safeguarding strategies as “*physical* distancing” while promoting social connectedness. Although during “normal” times, communication technologies and social media can have deleterious effects on couple intimacy and family connectedness (Fraenkel, 2001b, 2001c; Turkle, 2015), these technologies have become useful tools for fostering family and community social support. Video chats and virtual conferences are being used to take the place of face-to-face meetings. Although these virtual formats cannot fully take the place of face-to-face connections, they seem to meet some of the needs of social support that physical distancing has created. These virtual formats have been used to replace social gatherings (e.g., video conferencing gatherings for birthday celebrations and weddings, using the video chat feature on smartphones to call extended family members). The same technology has also been utilized to replace professional and educational gatherings as well—both of us have held classes and conducted supervision online since the pandemic started, and I (PF) have seen couples and families online,

without difficulty. Indeed, for couples with young kids, online therapy eliminates the challenge of arranging childcare, and commuting to and from sessions.

As we work and socialize virtually from our living spaces, the various roles and identities in our lives are starting to blend and blur. For instance, clients have at least a limited view of our homes, which many therapists have found enhances emotional connection and the therapeutic alliance, and “humanizes” the therapist. As a therapist who integrates music and other arts and literature in couple and family therapy (Fraenkel, 2020), I (PF) have ready access to my instruments and books with which to make therapeutic points in more powerful ways than with regular “psycho-prose.” And the fact that we are “all in this together” has strengthened the bond between therapists and clients.

Likewise, when we interface with co-workers for a meeting, we are working from our living rooms, dining tables, or bedrooms. The others quarantined in the same living space may be sitting just off the screen or walking across the screen in the background. During virtual meetings, children may be making noises, vying for attention, or sleeping in the background. Dogs are barking in the other room and cats are walking across the desk or demanding lap time, potentially disrupting but sometimes enhancing connection and a sense of humor and perspective. Meetings may unpredictably be interrupted by deliveries or knocks on the door by neighbors. If in our pre-COVID lives we could limit the exposure of the various facets of our lives to specific groups (e.g., presenting only as a professional to co-workers, clients, and students, and as a mother or father only to our children, other extended family members, and friends), the intersections of our various roles as professionals, caretakers, life partners, and more are now being exposed to various communities. The sociocultural and professional norms of social connection and support need to broaden. That is, we must come to see and consider individuals in their intersections of multiple roles and various facets of their lives rather than through a single-faceted relationship.

We posit that the individuals, couples, and families with whom we work must rise to this challenge and start intentionally seeing one another more transparently, fully, and respectfully as having multiple roles and responsibilities, and as existing in multiple, overlapping social contexts. More than ever before, we need to be more deliberate in sustaining and nurturing our social connections—what John Green (2015) describes in his TED Talk as “imagining others more complexly”—and as noted earlier, in our connection to the ecosystem. We are suggesting that we reconsider our assumptions and norms around “boundaries” in relationships and widen the capacity of social connection from an individual, one-dimensional construction of others based on the main purpose of our relationship (work, partner, child, family, community) to construe persons as systemic beings—for instance, making room for our co-workers or employees to tend to a fussy baby in the middle of a work meeting, and having patience with them when they run off screen to stop their cats from knocking objects off shelves. As systemic and relational therapists, we have the concepts to provide leadership in the mental health community, as well as in the communities we serve and in which we live.

Widening the capacity for social connection ultimately means to de-center the experience of an individual self to consider contexts in all our relationships. With this exponentially complex conceptualization of the other, it becomes impossible to know someone fully, in all of the intersections of their life. Thus, rather than seeking to know a person fully, we must adopt the assumption that one cannot be fully known. This assumption that there is something more than meets the eye leaves room for consideration and curiosity. Furthermore, it creates space and flexibility in the relationship to de-center the self and “give the benefit of the doubt” to the other and requires higher values of compassion, grace, patience, humility, and generosity of time and attention.

## CONCLUSION

Couple, family, and community approaches to coping with and adjusting to the COVID-19 pandemic require more than the usual panoply of techniques offered by family therapists. The pandemic and its sequelae, which will last well beyond the advent of vaccines and diminishment of the virus's spread, requires all of us around the world to critically examine our way of life. We need to revisit how we define and promote positive functioning and wellness at all levels of our bio-psycho-social-spiritual lives, the ecology, as well as the economic and political forces that remain biased in favor of persons in certain intersectional social locations and against others. Now more than ever, systemic therapists, scholars, and researchers must provide leadership not just within the four walls of the office (or at present, on video screens).

The virtual (literally and figuratively) explosion of advice from therapists and other professionals that has accompanied the coronavirus is well intentioned, but can leave distressed couples and families overwhelmed with information and suggested “best practices.” We offer our simplified taxonomy—Reaching Up, Down, In, and Around—as an easily memorable and culturally-flexible set of resilience principles and guideposts for our journey through the “psycho-relational geography” of coping. One of us (PF) was fortunate to study with one of the founders of the field, Salvador Minuchin, from whom he learned, among many other craft principles of therapy, the importance of “building intensity.” For Minuchin, “building intensity” meant the use of novel, memorable, engaging, short phrases and visual imagery (as well as novel relational enactments in session) to transmit a therapeutic message more powerfully than often does scientifically-accurate but plain, unimaginative, explanatory therapeutic prose (Minuchin, Reiter & Borda, 2014). We believe that powerful interventions must “capture the imagination” of couples and families (Fraenkel, 2020), and metaphorically speaking, “ring in their heads and conversations” like a clear bell. We suggest that the phrase Reaching Up, Down, In, and Around represents just such a novel, salient therapeutic message.

Reaching Up, Down, In, and Around are interconnected categories of family reflection and activity which inform and borrow from one another. As an overarching “four-post” guide to foster coping and resilience, it represents various vantage points on the same call to widen our perspective on what phenomenological-existential philosopher Martin Heidegger called “Dasien” or Being-in-the-World (Dreyfus, 2014), what Laotzu called the Tao, or Way of Life (Bynner, 1944), and what from a Christian perspective is about rediscovering and adhering to God's original design for life (Lewis, 1952/1980). The pandemic calls us to create significant and profound changes in our daily lives and our understanding of what Thich Nhat Hanh calls “interbeing” (2001). Our ideas harken back to an earlier era of psychotherapy that predates the advent of family therapy—one less focused on techniques of change and more on supporting persons as they confront emotional and concrete life crises by exploring the meaning of their existence (van Deurzen, Craig, Lågle, Schneider, Tantam, & du Plock, 2019).

As systemic therapists, the assumed norms of relationships need to include considerations of bio-psycho-social-spiritual aspects of the human experience. By reaching Up, Down, In, and Around, we can sift through the assumptions and values that determine how we understand and study relational wellness, and begin to build a new normal better fitted to the drastic transformations to the world caused or exacerbated by the virus and its many sequelae.

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