CHANGES IN RESILIENCE AND SUPPORTIVE ROLE IN THE PARENT-CHILD RELATIONSHIP – LONGITUDINAL STUDY COVID-19

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Abstract

Theoretical background: The global impact of the epidemic is undeniable on human relations, economy and health, (Trump, Igor, 2020). The COVID-19 epidemic is a long-lasting, continuous exposure, a danger to humans, regardless of gender, age or social affiliation. Individuals who are able to cope with and recover from significant stress or difficulty have shown lower levels of psychological problems compared to previous disasters (Blackmon et al., 2017; Galea et al., 2020; Salguero et al., 2011) as COVID- 19 also during an epidemic (Bonanno et al., 2007; Killgore et al., 2020; Liu et al., 2020). Resilience, despite endangered living conditions, has led to successful adaptation (Werner and Smith, 1992). Among the protective factors of personality during the epidemic, we focus on the ability of resilience in our research. *Method:* The longitudinal study snowball method was used. At the first sampling – in April, 2020 – 648 people (324 parents and children), at the second sampling – in December, 2020 – 88 people (44 parents and children) filled in the online questionnaires. *Objective*: To identify the protective role of resilience in a pandemic period. *Results*: The resilience value of the parents is higher than that of the children during the study period. Considering the whole sample, girls are the most vulnerable to the effects of stress. Resilience reduces the negative impact of stress on the quality of family relationships. *Conclusion:* Resilience was identified as a protective factor for health anxiety and the quality of family relationships. In times of pandemic, it is worth saving psychological resources and striving for recharging and vitality-filled experiences when positive experiences support flexible adaptation (resilience).

Keywords: resilience ▪ stress ▪ COVID-19 ▪ parent-child ▪ resources

THEORETICAL OVERVIEW

The global impact of the epidemic is undeniable on human relations, the economy, health, and its direct and indirect effects will permanently change the world, at the micro and macro levels (Trump, Igor, 2020). A unique catastrophic context has emerged for everyday life, where a sense of insecurity pervades (e.g., the end date of the epidemic is unknown), the possibility of infection, the course of the disease, and the proximity of death are unusual and unpredictable, all of which increase stress and are associated with limited access to protective factors (Ferreria et al., 2020).

In an extremely stressful life situation, the presence and increase of re-

sources, and the economical use of resources, positive emotions contribute to the activation, preservation, and enhancement of resilience. At the individual level, they can be mobilized with different resources, but they are general, e.g. happiness, family, love, etc. dimensions. The essential element of happiness is subjectivity, a person can only judge for himself whether he is happy or not, if a person claims to be happy, we must accept it, no matter what he means by it (Diener, 1984). Happiness (emotional well-being) is not a homogeneous state, but develops periodically through the dynamic change of positive and negative emotional states (Diner, 1984) and the experience of general satisfaction.

Resilience and its role in defense

Among the protective factors of personality during the epidemic, we focus on the ability of resilience in our research. Resilience, despite endangered living conditions, has led to successful adaptation (Werner and Smith, 1992, 2001; id: Gyöngyösiné Kiss et al., 2008). Other researchers have supplemented the definition based on empirical studies and consider it a personality trait that is closely related to adaptive abilities, characterized by internal control, empathy, optimism, positive self-image, positive management of change, and self-effective behavior, among others. (Masten, 2001). Furthermore, resilience is the ability of an individual to successfully adapt (adapt) and function competently (adverse) despite adverse effects, external or internal, or following prolonged or severe trauma (Chicetti and Cohen (2006)). Resilience includes self-confidence, patience, and the ability to adapt to a changing environment, as well as a humorous way handling of difficulties and faith in problem solving (Connor and Davidson, 2003).

Resilience protects against anxiety and depressive states (Aspinwall, Tedeschi, 2010; Schiavone et al., 2013; Vuitton, de Wazières, Dupond, 1999; Kövesdi, 2018) and supports recovery from the disease. It also supports stabilization in chronic diseases in both children and adults (Kiss 2015, Kövesdi, 2016, Cal, Santiago, 2013, DeNisco, 2011, Girtler et al., 2010; Mota et al., 2006; Zautra et al., 2005). A sense of responsibility, sense of purpose, effectiveness, ingenuity, self-acceptance, self-direction, cooperation, perseverance and openness contribute to the development of resilience (Gyöngyösiné Kiss et al., 2008, 2009, 2010, 2012, Kiss, 2015).

Nowadays, we perceive resilience as an active process that can be increased in the process of psychotherapy by experiencing positive experiences / feelings and developing other protective factors (Bolier et al., 2013; Feder, Nestler, Charney, 2009; Girtler et al., 2010; Kövesdi 2019). In view of the above, the aim of our study is to identify the protective role of resilience in a pandemic period.

Resilience during a pandemic period

The need for resilience is greater than in any previous period at the individual-family and social levels in a pandemic situation. The COVID-19 epidemic is a long-lasting, continuous exposure, a danger to humans, regardless of gender, age or social affiliation. Previous resilience research has been conducted in circumstances other than the present situation. The the study population was often affected by some stressful living conditions (Masten, 1990, Werner, Smith, 1992, Fredrikson, 2005, 2015) there was a similar burdensome effect. At present – in the COVID-19 period – people face almost the same danger and live their daily lives in the same uncertainty, and the impact and lack of ad hoc protection (vaccinations, restrictions) solutions is similarly stressful.

At the same time, the described conditions also create an exceptional opportunity to study resilience, as the ability of resilience is activated primarily in exposure and danger (Werner, Smith, 1992; Masten, 1990; Chichetti, Cohen 2006). In addition to physical health, protecting mental health is also an outstanding task during a pandemic, as previous research has shown that disaster situations exacerbate existing mental health problems (Cutter et al., 2013). Given that the incidence of anxiety and depression increased significantly during the epidemic (Barzilay et al., 2020; Qui et al., 2020), which is accompanied by a decrease in resilience, i.e., a decrease in recovery capacity (Brionez et al., 2010; Erim et al. , 2010, Holden et al., 2012; Mangelli et al., 2002; Ponarovsky et al., 2011; Robottom et al., 2012; Wingo et al., 2010). Significant resilience protects against psychiatric illness (Bachen, Chesney, & Criswell, 2009; Erim et al., 2010). Individuals who are able to cope with and recover from significant stress or difficulty have shown lower levels of psychological problems compared to previous disasters (Blackmon et al., 2017; Galea et al., 2020; Salguero et al., 2011) and COVID-19 at the time of the epidemic (Bonanno et al., 2007; Killgore et al., 2020; Liu et al., 2020).

At the time of the 2003 SARS epidemic, researchers demonstrated that in addition to the anxiety seen among survivors, resilience remained (Bonanno et al., 2004; Bonanno, 2008). In the aversive situation, over time, in addition to anxiety, resilience can also be detected (Bonanno, 2008).

Cross-sectional research in the COVID-19 period

The ability of resilience affects the maintenance of mental health. Killgore et al., (2020) identified it as a predictor of greater resilience in an American adult sample; time spent in the air several times a week, daily exercise (10 minutes/day), greater perceived family support, greater perceived social support (friends), adequate sleep time, and frequent prayer (Killgore et.al, 2020).

Analyzing the association of resilience from the perspectives of stress, self-confidence, emotion regulation, and interpersonal relationships, higher resilience was associated with lower anxiety, anxiety, and depression (Barzilay et al., 2020). Resilience helps reduce anxiety, generalized anxiety, and depression. Women were overrepresented in the sample and scored higher on both anxiety and depression. The values of anxiety and depression measured exceeded incidence data measured outside the pandemic period (Barzilay et al., 2020).

Perceived stress reflects the threat of the stressor and the extent to which the person is able to behave appropriately and adapt to it in a cognitive manner (Caplan, 1981; Lazarus, 1984). In a disaster situation, a socially vulnerable population is more likely to experience greater stress (Ferreriel et al., 2019; Schwartz et al., 2015). Ferreriel et al., (2018, 2019, 2020) among those fillers who had to rely on others during the epidemic period (e.g., families living in difficult circumstances) and staying home significantly differently from the average, identified a higher level of stress, indicating a negative relationship with resilience, reducing it. Age and education show a positive correlation with resilience in the American sample. Women were overrepresented in the sample (75%), with a mean age of 47 years. The CD-RISK score averaged 30.97 (SD = 5.46). 66% of the sample experienced moderate to significant stress at the beginning of the epidemic. Individuals with lower status show greater stress and lower resilience, and researchers have demonstrated a deteriorating trend for both dimensions over time.

According to a Chinese study, many show signs of depression and anxiety in the first wave of the COVID-19 epidemic, and individuals who took appropriate precautions (mask wearing, distance, disinfection, home office) and followed health information showed a declining trend of anxiety (Qui et al., 2020; Wang et al., 2020).

Research among Israeli adults found a significant increase in distress (sense of danger, anxiety symptoms, and perceived threat), a significant decrease in resilience indicators (individual, community, and national), and a decrease in subjective well-being. A severe, large-scale effect of COVID-19 has been found and has resulted in a significant reduction in the individual, community, and national resilience of the population (Kimhi et al., 2020).

Affective psychology also deals with psychological strengths within individuals in addition to mental problems. In terms of resilience, hope, and subjective happiness, researchers examined the mediating role of fear in a Turkish adult sample. Resilience had a direct and indirect effect on subjective happiness due to fear of the virus. Hope also had a direct and indirect effect on subjective happiness through fear of the virus. Individuals who resist stress and believe in finding a solution in a pandemic situation prevent fear of the epidemic while maintaining good mental health (Satici et al., 2020).

Another study examined the mediating effect of positivity in the association between perceived risk, death anxiety, and happiness associated with COVID-19 in a Turkish adult sample. The results showed that the perceived risk had a significant direct negative effect on positivity, death anxiety, and happiness. Positivity had a significant direct positive effect on death anxiety and happiness. According to the mediation analysis, positivity mediated the effect of perceived risk on death anxiety and happiness. The results suggest that positivity is an important aspect in the development of prevention and interventions based on individual resources aimed at reducing mental distress and increasing the experience of happiness (Yidirim, Güler, 2021).

Longitudinal research in the COVID-19 period

Both past and present quarantines have shown to affect negative emotions such as anger, fear, anxiety, or depression (Brooks et al., 2020; Vindegaard, Benros, 2020). At the time of COVID-19, a longitudinal study revealed higher negative emotions at closure and showed a positive association between age and an increase in negative emotions. In addition, it has been found that a positive relationship between anxiety about infection and an increase in negative emotions is observed only in women with low resilience (Megias-Robles, Gutierrez-Cob, Cabello, 2020).

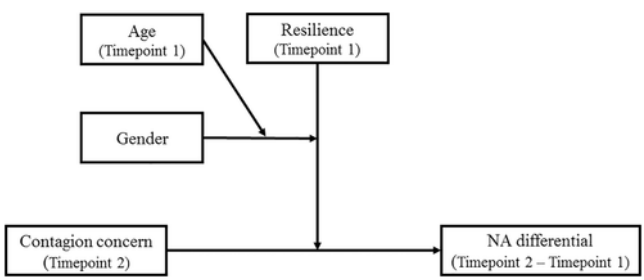

Figure 1, Effect of gender and age on resilience (Megias-Robles, Gutierrez-Cob, Cabello, 2020).

Previous studies have also described that women are at greater risk for negative psychological consequences as a result of the epidemic (Vindegaard and Benros, 2020) and it is likely that men may use a different defense mechanism than women (Megias-Robles, Gutierrez-Cob, Cabello, 2020).

While previous cross-sectional studies have reported mixed findings regarding age as a risk factor (Gao et al., 2020; Mazza et al., 2020; Qiu et al., 2020; Vindegaard, Benros, 2020). Megias-Robles, Gutierrez-Cob, Cabello, (2020) found that age plays a role in the increased negativity observed during closure, i.e.,

the higher the age, the greater the increase in negative emotions. Older adults are at greater risk for mental health problems if forced to live in conditions of social isolation (Armitage and Nellums, 2020).

COVID-19 restrictions can have a negative impact on children and their parents, while facilitating parent-child attachment. Perceived stress can affect the quality of the connection. A longitudinal study analyzed how perceived stress was affected by closure and how it affected the well-being of parents and their children (10–13 years). Changes in parents' negative feelings and children's externalizing behavior were mediated by perceived stress. Perceived stress in parents and children was associated with negative coping strategies. In addition, children's stress levels were affected by past and current parental overreactions. These results suggest that children of families with negative coping strategies may be at risk due to the negative consequences of the restriction (Achterberg et al., 2021).

Sample presentation and psychometric tools

According to the study design, parents and their children completed the questionnaire package. Random sampling was performed by the snowball method on an online interface. Women (75.73%) were over-represented in the sample compared to men. In terms of national coverage, the sample came from 23% of the capital's respondents, 58% of the respondents came from rural towns and 19% from villages. The total study sample included in the analysis was 648 individuals.

Data loss

The spring measurement included 324 parent-child paired data. Of these, 18 families did not agree to follow-up in the spring, 28 families misunderstood the follow-up question and did not provide contact information for subsequent inquiries, 234 families agreed to follow-up but did not complete the questionnaire in winter, and a total of 44 families participated in follow-up, so dropout is significant, above 80%.

Table 1, sample data

	Total sample in Spring			**Sample with follow-up in Spring**		
	Age/M	**SD**	**N=648**	**Age/M**	**SD**	**N=88**
Fathers	47.16	4.282	32	45.75	5.74	4
Mothers	43.70	5.047	310	45.20	4.83	40
Boys	14.07	2.211	134	14.33	1.98	21
Girls	14.33	2.213	208	14.22	2.02	23

Psychometric devices
– CD-RISK 10-item resilience questionnaire (Connor and Davidson, 2003),
– Perceived stress questionnaire (Cohen and Williamson 1988, Stauder, Konkoly Thege, 2006),
– Bandura Self-Efficiency Questionnaire (Bandura, 1994),
– Health stagnation questionnaire (Salkovskis et al. 2002, Köteles, Simor, Bárdos, 2011).

RESULTS

Statistics describing the change

In the following, we present the cross-sectional results of the whole sample from the state measured in the spring of 2020, the cross-sectional results of the 44-person sample from the state of the winter of 2020, where possible, and the longitudinal results of the 44-person sample. results.

Examined by the Spearman correlation, we found no significant correlation between educational attainment and resilience either in the spring measurement (rs = -.090 p = .092) or in the winter measurement (rs = -.008 p = .960). Education was also unrelated to the degree of change in resilience (rs = .003 p = .985). Education is not affected by parental resilience.

In terms of perceived stress, girls had the highest value in the spring (M = 9,832 SD = 3,045). Although the difference between the values of girls and boys (M = 9.575 SD = 3.120) was not significant, the value of girls was significantly higher than the value of parents, while the value of boys did not differ significantly from the value of parents (mother: M = 9.465 SD = 3.020; father : 8.313 SD = 2.633). Girls were the most vulnerable population in terms of perceived stress to the negative effects of the epidemic in the spring (Table 2). Nevertheless, their resilience values were nearly identical to those of the other participants in the sample.

Table 2, Comparison of perceived stress

Comparing		**F**	**p**	**Part. η^2**
Parents vs Children		5.945	**.015**	.017
	Fathers vs Boys	0.589	.443	.002
	Fathers vs Girls	6.969	**.009**	.020
	Mothers vs Boys	0.941	.333	.003
	Mothers vs Girls	5.841	**.016**	.017
Fathers vs Mothers		4.907	**.027**	.014
Boys vs Girls		1.719	.191	.005

df1 = 1; df2 = 338

In terms of resilience, the value of parents was significantly higher than that of children in the spring, however, we found no difference between girls and boys in this respect (Table 3).

Table 3, Resilience scores and comparison

Resilience	M	SD
father	32.531	4.813
mother	32.281	5.315
boy	29.172	6.374
girl	29.928	5.912

Comparing		F	p	Part. η^2
Parents vs Children		28.907	**< .001**	.079
	Fathers vs Children	11.077	**.001**	.032
	Mothers vs Children	50.649	**< .001**	.130
	Boys vs Parents	15.246	**< .001**	.043
	Girls vs Parents	13.710	**< .001**	.039
Fathers vs Mothers		0.067	.795	.001
Boys vs Girls		0.579	.447	.002

df1 = 1; df2 = 338

In winter, similar to spring, detailed analysis is not possible due to the low number of items, but it can be said that the perceived stress value of girls is also the highest in winter (M = 11.35 SD = 4.217), which value is significantly higher than that of boys (M = 8.90 SD = 2.644), t (42) = -.2.276 p = .028.

There is no difference in the value of resilience between girls and boys in winter (boys: M = 28.81 SD = 6.250, girls: M = 27.22 SD = 7.205), t (42) = 0.780 p = .440.

Trends in resilience during the COVID epidemic

The mean value of resilience did not change significantly among parents and children based on spring and winter measurements; parent: t (43) = .802 p = .427; child: t (43) = 1.351 p = .184 (Figure 1).

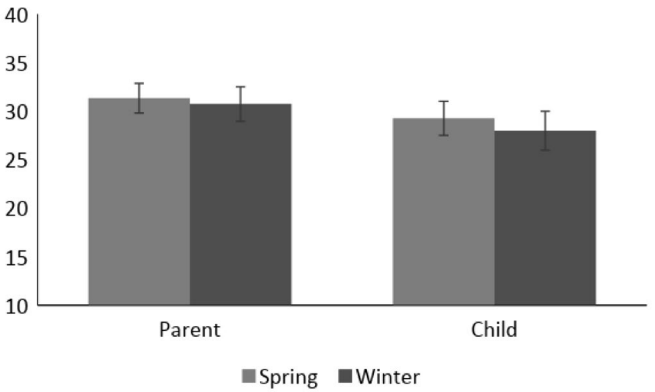

Figure 2, Change in resilience in 2020

Yet there is a change in resilience from a special perspective. Individuals with higher-than-average resilience and well-being in spring decreased at a higher rate at the time of winter measurement than those with lower-than-average resilience in spring (Spearman correlation between spring resilience and spring and winter values). degree of difference between parents: rs = -.286 p = .030; children: rs = -.389 p = .004). In other words, those who had a reserve in a psychological sense and were flexible in dealing with the unusual, limited way of life that had developed were tired, losing their flexibility and well-being.

The effect of health anxiety on resilience

The effect of parental health anxiety on parental resilience is also realized through stress in winter, similar to the spring period (Figure 2).

Table 4, Effect of parental health anxiety on parental resilience through mediation of perceived stress

X	Y	Path	beta	SE	p	LLCI	ULCI
Health-anxiety	Resilience	c (total)	-0.448	0.138	0.002	-0.727	-0.17
Health-anxiety	Stress	a	0.426	0.14	0.004	0.145	0.708
Health-anxiety	Resilience	c' (direct)	-0.252	0.137	0.072	-0.528	0.024
Stress		b	-0.461	0.137	0.002	-0.736	-0.185
Health-anxiety to Resilience through Stress		ab (indirect)	-0.196	0.096	-	-0.416	-0.046

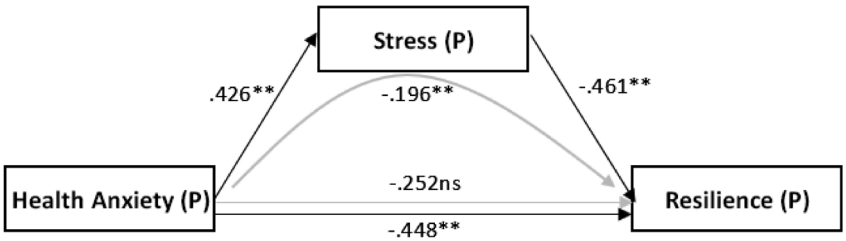

Figure 3, mediation effect

End an open sentence

To conclude the "I do everything ...." open sentence, parents gave a significantly higher proportion of "FOR HAPPINESS" answers in winter compared to spring measurements, and a higher proportion of "for health" answers in winter, but the difference is not significant. Children were no longer tied to health issues in the winter and their anxiety also decreased (Figure 3, Table 5).

Table 5, answers to open questions

	Tavasz	**Ősz**	**p**
Parent – Health	0.14	0.25	0.302
Parent – Happiness	0.27	0.39	0.035
Child – Health	0.20	0.05	0.016
Child – Happines	0.16	0.07	0.031

I will do my best with a percentage of responses. McNemar test p-value

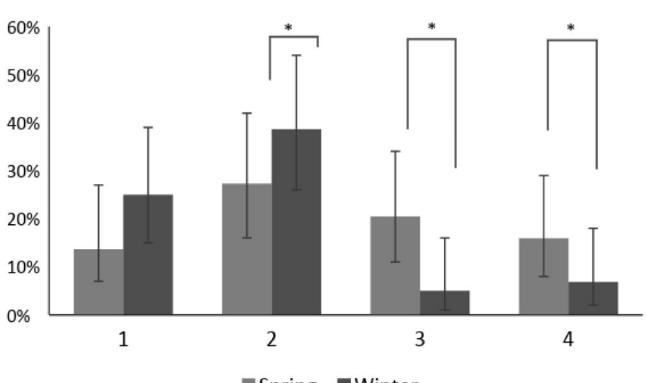

Figure 3, completion of open sentences, "I will do everything…"

The effect of resilience on the quality of family relationships

Examined by Spearman correlation, the relationship with the spring family is significantly associated with changes in resilience (rs = .387 p = .010) and changes in stress (rs = -.327 p = .030). The better the relationship with the family in the spring, the less deteriorated the resilience and the less increased the stress. In winter, the quality of the family relationship was not significantly related to the change in resilience, but to the change in stress (rs = -.347 p = .021), i.e. the smaller the change in stress, the better the quality of the family relationship. It should be noted that there is only a moderate correlation between the fall and spring values of the relationship with the family (rs = .380 p = .011).

Mediation studies

In the spring study, perceived stress and resilience are neither directly nor indirectly correlated with good family relationship quality. According to the analysis of the winter measurement, resilience still has no direct effect on the quality of family relationships, however, by raising the perceived stress into a mediation model, an indirect positive effect can be measured. That is, resilience affects the quality of family relationships indirectly — through perceptual stress — reducing the negative effects of perceived stress. Resilience is a protective factor for the quality of family relationships in an epidemic situation (Figure 4-5).

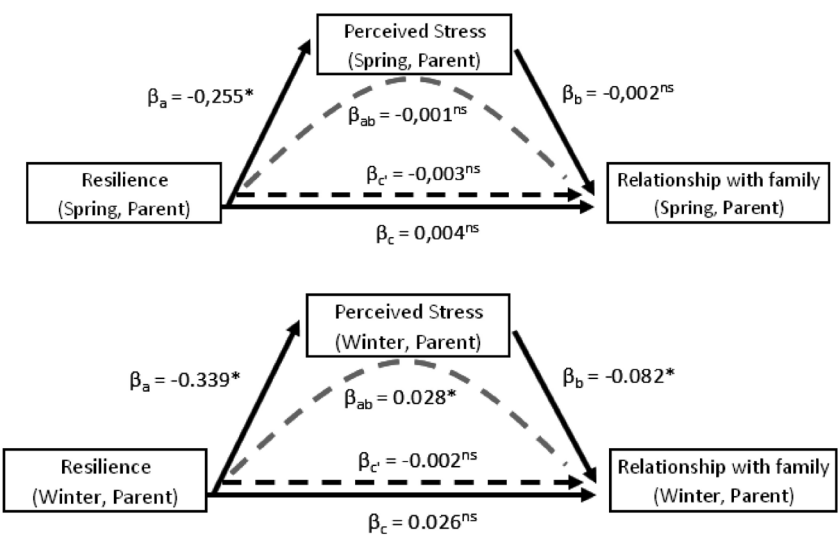

Figure 4-5, protective effect of resilience on the quality of family relationships (spring-winter)

We found a similar mediation relationship in the changes in resilience and perceived stress between spring and winter, based on the quality of winter family relationships. Individuals (parents) with less decrease in resilience over the measured period have less increased levels of perceived stress and better quality of family relationships (Figure 6).

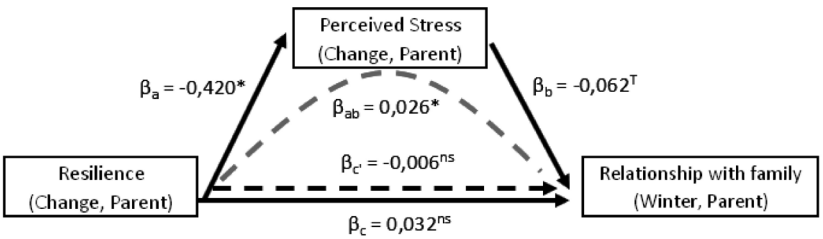

Figure 6, spring-winter change

Parents 'perceptions of their child in terms of resilience, perceptual stress, and well-being.

Parents'spring perceptions of their child's condition are moderately strongly correlated with children's actual spring mental state (positively correlated with child resilience and well-being, negatively correlated with child-experienced stress). Parents' winter perception of their child's condition is also moderately and strongly correlated with children's actual autumn mental state (moderate to positive resilience, strong well-being to positive well-being, strong negative correlation to parental perception).

From the spring perception of parents, the value of children's winter stress can be moderately predicted, and the value of winter resilience and well-being cannot be significantly predicted.

There is only a moderate correlation between parents' perceptions of spring and perceptions of winter – suggesting that parental judgment is not a stable construct over time, as transient and transient factors are also highly present.) (Table 6).

Table 6,Parents' assessment of the child's condition, spring-winter

	Gyerek állapota tavasz		**Gyerek állapota ősz**	
	rs	**p**	**rs**	**p**
Child condition, autumn	**0,395**	**0,008**	-	-
Child resilience, spring	**0,402**	**0,007**	0,047	0,764
Child stress, spring	**-0,367**	**0,014**	-0,041	0,792
Child well-being, spring	**0,485**	**0,001**	0,095	0,540
Child resilience, autumn	0,215	0,162	**0,335**	**0,026**
Child stress, autumn	-0,396	0,008	-0,610	0,000
Child well-being, autumn	0,220	0,151	**0,570**	**0,000**

Spearman correlation; N = 44

DISCUSSION

Among adults, the mean value of the resilience score is in the normal range in spring and winter, which results in a correlation with the results of research conducted in other pandemics (Ferreira et al., 2020). Based on the results, it can be said that we were able to prove a special change in the resilience ability in the sample. While overall resilience did not change significantly during the spring-winter period, individuals who showed high resilience in the first wave of COVID-19 (April 2020) under low perceived stress underwent a significant negative change. The stress experienced increased with a decrease in resilience. Decreased resilience increases a person's vulnerability to the stress of a pandemic situation. As the significant decrease can be seen in the group of persons with previously particularly high value, we assume that the reserves still present in the spring have been exhausted in terms of flexible adjustment. Our results correlate with the results of Ferreira et al. (2020).

Resilience in the sample is not affected by education during the study period. The independent functioning of education and resilience lead to the conclusion that people have equal chances in the manifestation of a resilient response with different levels of education. Educational attainment was highly scattered in our sample, while in other research, where individuals with tertiary education were over-represented, they found an association between educational attainment and resilience. Here, however, study leaders refer to repeating the study on a gender-balanced sample (Ferreira, 2020).

Gender differences were observed in terms of perceived stress in the overall sample. Girls are most exposed to the effects of stress. Wenham et al (2020) also measured higher levels of stress among women in an adult sample, the result being explained by the fact that women often spend more time on informal

care within the family, which may limit their job opportunities and make them more vulnerable to family-related anxiety.

The effect of health anxiety through stress reduces resilience. Those who tend to worry about their health are less able to adapt flexibly or resiliently to the challenges of a pandemic, depending on the situation. Resilience is a protective factor for health anxiety, reducing the negative effects of stress.

The COVID-19 epidemic in the spring and winter is „I'll do everything..." to the question of the color period of the spring period to winter significantly shifted in the content of the answer in the direction of the word HAPPINESS. The perceived trend indicates a narrowing, which is explained by a narrowing of the living space and a decrease in personal effectiveness in virus treatment. It has already become clear by winter that humanity is not rapidly defeating the coronavirus, and even in the winter (December) even the effects of treating the epidemic are questionable. Respondents who focus on HAPPINESS are perhaps articulated by hope, and in the fact that they can do countless things for their own happiness, since happiness is a subjective, independent experience. The combination of happiness and resilience could not be demonstrated in our sample. In research where hope is also a research aspect, the direct and indirect effects of hope on subjective happiness have been demonstrated through fear of the virus. Individuals who resist stress and believe in finding a solution in a pandemic situation prevent the spread of fear of the epidemic while maintaining good mental health (Satici et al., 2020).

The narrowing trend of winter responses may reflect the narrowing of the respondents 'living space (room for maneuver). Mostly as part of the defense, people and families stayed in their homes and here they tried to find a source of happiness, which also involves new solutions, discovering and trying out activities in the hope of a positive outcome.

Based on parents 'spring judgment, the value of their child's winter stress can be moderately predicted. It is thought-provoking for the practitioner that we could not demonstrate this predictive trend in resilience and well-being in the sample. The result is evolutionarily understandable when the alarming role of the stress effect serves to protect life. However, long-term psychological survival is supported by increasing resilience. Based on the results, it is worth drawing parents' attention to this and developing shorter programs to help shift focus. Other indicators have a similar view on the development of resilience (Schäfer et al., 2017).

The quality of family relationships was positively affected by resilience, reducing the negative effects of stress. The mediating effect of stress cannot be measured in spring, but it can be measured in winter and in the changes in the spring-winter period. Families suddenly moved out of their normal rhythm of life and living space in the spring, but presumably there were still psychological reserves on a personal and family level that the impact of the stress caused by the

spring restriction was not felt. Although the restrictions were lifted in Hungary in the summer, the situation changed in autumn and winter, life did not return to normal (e.g., jobs did not abolish Home Office), as many had expected, and distance, disinfection and mask use became the norm in the autumn. A significant wave of infection has started in schools in some areas of the country. By the winter period (second sampling), the restrictions had become more permanent and the epidemic effect was significant (steeply rising numbers in morbidity and mortality statistics) which had been accompanied by an increase in stress. Based on the data, we demonstrated that the protective factor against stress — resilience — decreased over time and perceived stress increased among adults. In other countries, a similar trend has been demonstrated – the possibility of infection, the course of the disease, and the proximity of death are unusual and unpredictable – all of which increase the stress experienced and are associated with limited access to protective factors (Ferreria et al., 2020).

In families where resilience decreased less, it indirectly affected the quality of family relationships by reducing the negative effects of stress. Resilience is a protective factor for the quality of family relationships in a pandemic situation.

Conclusion

Overall, during the one-year period of COVID-19, psychological resources such as resilience at the individual and family levels were significantly reduced. Girls are most at risk from pandemic stress. Furthermore, resilience was identified as a protective factor for health anxiety and the quality of family relationships.

The results are a warning for the future. Psychological resources are worth saving and striving for recharging and vitality-filled experiences. Experiencing positive experiences / feelings supports the ability to resilience. Positivity is an important aspect in the development of prevention and interventions based on individual resources aimed at reducing psychological distress and increasing the experience of happiness (Yidirim, Güler, 2021).

On a daily basis, for example, the events that evoke a smile, the pleasant joyful moments experienced, the experience of movement, the leisure time spent in the sun, in the open air, contribute to the experience of personal vitality.

Outlook

With a simple everyday practice, we can increase the collection and storage of positive experiences: in the evenings, it is worth counting and reliving the vitality points of the day a bit. As a practicing therapist, I also strive to incorporate the ability to store positive experiences/ feelings into the daily lives of those who

turn to me and thus develop the ability to resilience. In the tale of the "cricket and the ant", this meticulous, persistent collection of resources is symbolically articulated (there is an emphasis on the careful collection of material goods, here psychological goods), even finding and developing internal resources, whose protective role against stress has been demonstrated.

In the next phase of the research, in addition to the future, it is worth asking questions related to the past period and measuring the state of anxiety and mood, as well as examining the dimension of hope.

Limits

A limitation of the study is the over-representation of sample women among adults. As well as significant data loss in the spring and winter. The results are valid subject to limitations.

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