

ABSTRACT

Coping in Quarantine: Examining Communicative Processes, Coping, Disclosures and Anxiety Disorders during Confined Cohabitation

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This research examined traditionally college-aged students who have a pre-existing anxiety disorder and how people in confined cohabitation navigated talking about their anxiety disorder with their confined cohabitators. The current study also investigated how these communicative processes affected one's coping strategies and their respective efficacy. Qualitative data was gathered in the form of in-depth, semi-structured interviews with undergraduate students who quarantined with at least one other person and who self-identified as having been diagnosed with a clinical anxiety disorder before the pandemic. This study provides scholarly and practical insight into the implications of relational discourse about mental health and aims to increase understanding of the relationship between communication and coping, especially considering the novel stressor of quarantine and isolation mandates.

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TABLE OF CONTENTS

| | |
|--------------------------------------|-----|
| Acknowledgements..... | iii |
| Dedication..... | iv |
| Chapter One: Introduction..... | 1 |
| Chapter Two: Literature Review | 5 |
| Chapter Three: Methodology..... | 20 |
| Chapter Four: Findings..... | 23 |
| Chapter Five: Discussion..... | 39 |
| Appendices..... | 54 |
| Appendix A: Consent Form | 54 |
| Appendix B: IRB Approval | 56 |
| References..... | 57 |

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DEDICATION

To my dear brother Keaton, the most resilient man that I know. You have no idea how much you continually teach and inspire me. Thank you. I love you.

CHAPTER ONE

Introduction

One thing people count on is this: at some point in one's life there will be a time of heightened anxiety and stress, either on a personal level or a societal level. In these situations, the types of methods through which we seek to employ various coping strategies are essential in determining how and how well we navigate these stressors and circumstances. How we seek to cope affects not only our immediate well-being but also can have long-lasting effects situationally, relationally, and mentally. Do we withdraw and self-isolate, or do we seek social support from intimates around us? Do we turn to substance abuse or self-numbing mechanisms, or do we employ more adaptive coping skills such as reframing and gratitude? We also have to consider how our relationships and communication regarding the stressors affect the efficacy of coping mechanisms.

As COVID-19 developed throughout the early months of 2020, overarching themes of uncertainty heightened anxiety in the general population; the implications of COVID-19 were drastic. The Center for Disease Control surveyed adults over 18 to assess mental health, suicidal ideation, and substance abuse from June 24-30, 2020, and "40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic[†] (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%)" (Czeisler et. al, 2020, p. 1049). Furthermore, the respondents aged 18-24 years, near the age of traditional college students, reported

significantly higher suicidal ideation than the overall average; 25.5% of respondents aged 18-24 reported suicidal ideation, compared to 10.7% overall (Czeisler et. al, 2020). Of the population receiving treatment for a previously diagnosed anxiety condition, 23.6% reported suicidal ideation during, and 72.7% reported employing at least one adverse mental or behavioral health symptom from June 20-24, 2020 (Czeisler et. al, 2020).

Generalized anxiety disorder (GAD) is “chronic and highly prevalent” within adults, affecting nearly 5% of the entire population throughout their lifetimes (Wittchen & Hoyer, 2001, p. 15). Symptoms include “enduring excessive worrying, anxiety, and hypervigilance,” and “there is a considerable degree of impairment, professional help-seeking, and medication usage to relieve symptoms in people with GAD” regardless of the presence of a comorbid diagnosis of another mental disorder (Wittchen & Hoyer, 2001, p. 15, 18). Though rhetoric surrounding GAD has grown in colloquial use, “GAD is a disabling condition in primary care, and the associated social disability is as severe as that seen with chronic somatic diseases” (Wittchen & Hoyer, 2001, p. 18). GAD tends to be persistent throughout life, as one’s symptoms may increase and decrease throughout different seasons of life (Wittchen & Hoyer, 2001). In seeking to mitigate and manage debilitating symptoms of GAD, anxiety-disordered adolescents have been found to employ significantly more coping skills than non-anxiety-disordered adolescents; these include “the cognitive coping strategies rumination, self-blame, catastrophizing, refocus on planning, acceptance, and other-blame than non-anxious adolescents” (Legerstee et al., 2011, p. 324).

Each of these factors—GAD and COVID-19 anxiety—have serious implications when examined individually. However, with the development of a novel global pandemic

and unprecedented uncertainty in a myriad of aspects of life because of such, those with a pre-existing anxiety disorder such as GAD may be prone to reacting in new, different, and unique ways and potentially may be at a higher risk of resorting to maladaptive coping mechanisms; managing and coping with GAD during a completely unprecedented, highly intense period of stress and uncertainty would probably require fostering resilience to a new degree and due to new circumstances—including but not limited to confined cohabitation—in new ways.

The current study examines traditionally college-aged students who have a pre-existing anxiety disorder. Though these students may have various methods of coping with their Generalized Anxiety Disorder throughout day-to-day life, COVID-19 precipitated new stressors and new environmental situations, including confined cohabitation (quarantine), which has caused individuals to navigate intense relational dynamics and negotiate disclosures regarding their anxiety disorder and coping skills. Specifically, this study examines the way in which people in continuous confinement navigated talking about their anxiety disorder and how these communicative processes affected how effective one's coping strategies were.

This chapter has introduced the key themes examined in this research and explained both the significance and gravity of the areas of interest analyzed. Chapter Two reviews relevant literature on resilience developed through communicative processes, coping skills, and navigating disclosures and privacy management within interpersonal relationships. Chapter Three explains the methodology behind the research project, outlining the specifics of the qualitative data processes employed. Chapter Four offers a synthesis of the data compiled, using the data to draw conclusions. Lastly, Chapter Five

discusses the overarching implications both theoretically and practically, and it includes a practical application of the findings on disclosures, efficacious communication, and adaptive coping.

Research Question

Specifically, this research focuses on two main questions: What did privacy management and relational disclosure negotiation regarding the anxiety disorder look like for the individual, specifically within periods of continuous confined cohabitation? Secondly, what were the implications of these communicative processes and message exchanges regarding individual coping? We also consider the cyclical and potentially bidirectional nature of various components, including talk about coping mechanisms, individual resilience, relational resilience, coping skills, and evidence of resilience-forming processes within communicative exchanges.

CHAPTER TWO

Literature Review

Section One: Communicative Processes of Disclosure and Relationship Negotiation

The concept of self-disclosure has been central to the areas of privacy management and relationship building since the 1960s, and self-disclosing has been examined in various settings and formed a basis for understanding interpersonal relationship intricacies and dynamics (Littlejohn et al., 2017). As described in *Opening Up by Writing It Down*, there can be a variety of problems with disclosing deeply personal and painful information, however, friends of bereaved parents often find the concept “horrifying and psychologically threatening” and thus avoid the topic, reducing opportunities for bereaved parents to seek social support in a manner that could be efficacious (Pennebaker & Smyth, 2016, p. 118). Additionally, how the receiver responds directly affects “the benefit of talking about one’s problems,” and if the individual entrusted with sensitive information does not respond adaptively, “talking to them may do more harm than good” (Pennebaker & Smyth, 2016, p. 118). Despite the risks associated with vulnerable disclosure, there is evidence that “for those who desire or need to express their thoughts or emotions, *not* being able to do so can be a major stressor,” underlining a human proclivity to seek social support and share an emotional load relationally (Pennebaker & Smyth, 2016, p. 118).

Self-disclosure formed the theoretical background for *social penetration*, “the term used to identify the process of increasing disclosure and intimacy within a relationship” (Littlejohn et al., 2017, p. 224). Social Penetration Theory (SPT) suggests a social structure through which people navigate increasing depth and breadth of self-

disclosure; as one penetrates this sphere—which Altman and Taylor suggest has the most protected, personal information—someone can learn deeper, more intimate things about someone (Littlejohn et al., 2017). SPT proposes that as an interpersonal relationship progresses, disclosure increases across both a breadth of topics and in a manner of depth (Littlejohn et al., 2017). SPT suggests that individuals navigate disclosing information based on perceived costs—such as vulnerability—and rewards to be gained from disclosure—such as social support and social intimacy.

Communication Privacy Management Theory

More recently, research has suggested that people navigate a dialectical tension “between openness and privacy, between the ‘public’ and the ‘private’ in relationships” (Littlejohn et al., 2017, p. 225). Communication Privacy Management Theory (CPMT) suggests that within an interpersonal relationship the relational partners “are constantly managing boundaries between the public and private—between those feelings and thoughts they are willing to share with others and those they are not,” a boundary that can be “permeable, meaning that certain information can be revealed; at other times, it is impermeable, and information is never shared” (Littlejohn et al., 2017, p. 225). There are three primary aspects of CPM: *privacy ownership*, *privacy control*, and *privacy turbulence* (Petronio, 2013). Privacy ownership relates to how “people consider privacy ownership and how they regulate ownership issues for private information,” predicting “that people believe they are the sole owners of their private information and they trust they have the right to protect their information or grant access” (Petronio, 2013, p. 9). However, if one elects to disclose private information, the receivers take on a new role in

relation to the information: “authorized co-owners” (Petronio, 2013, p. 9). Privacy ownership creates boundaries around whose information it is and how it is to be shared.

Privacy control, however, specifies “the engine that regulates conditions of granting and denying access to private information;” CPM thus predicts that because people “believe they own rights to their private information, they also justifiably feel that they should be the ones controlling their privacy, and this belief tends to persist even after others have become authorized co-owners of the information” (Petronio, 2013, p. 9). Consequently, CPM maintains that developing privacy rules based upon “*core criteria* and *catalyst criteria*” (Petronio, 2013, p. 10).

Lastly, CPM proposes that privacy turbulence, since “privacy regulation is often unpredictable and can range from disruptions in the privacy management system to complete breakdowns” (Petronio, 2013, p. 11). When this turbulence is exposed, the underlying reasons perpetuating the turbulence are questioned, especially within families (Petronio, 2013). When surveying privacy management holistically, privacy turbulence mostly clearly demonstrates “needed change in the privacy management system regarding privacy rules and expectations for appropriate privacy regulation” (Petronio, 2013, p. 11).

Section Two: Creating Resilience Effects Positive Coping

Resilience

To understand how people cope with various life stressors and times of turbulence, scholars across disciplines examine resilience, which has been defined as “the ability to adapt positively when confronted with adversity” (Afifi, 2018, p. 5). Many factors that arise that seem to positively predict resilience, including personality, environmental

factors, and socialization (Afifi, 2018). Related scholars cite links between certain communicative processes that promote resilience within their relationships, such as giving and receiving affection which helps mediate negative stress and prepare oneself to be able to fight future potential stressors to help the relationship survive turbulence that occurs outside of the relationship itself (Afifi, 2018).

In the area of social support, high person-centered messages promote relational health and thus precipitate both personal and relational resilience, whereas low person-centered messages negatively affect interpersonal relationships and individual mental wellness (Afifi, 2018). There are both personal and communal, relational aspects of coping, and though people handle stressors communally, they often cope by relating communally with others which fosters efficacious coping mechanisms and tendencies on an individual level. Thus, individual and relational resilience must be considered not only as individual components but also as bidirectional, interrelated factors of promoting well-being by fostering resilience within and outside of an interpersonal relationship.

The Theory of Resilience and Relational Load

The Theory of Resilience and Relational Load (TRLL) argues that “when people validate their relational partners and family members on a regular basis through positive relationship maintenance strategies, actions, and behaviors, they accumulate positive emotional reserves that help protect their relationships” (Afifi, 2018, p. 6). TRLL argues that relational resilience is a process through which a relationship is “calibrated” (Afifi, Merrill, & Davis, 2016, p. 666). This theory also emphasizes positive relational maintenance as the primary means through which relational resilience and stress management are fostered in interpersonal relationships, focusing on how validating

communication builds reserves over time and how having a communal orientation affects how much people invest emotionally and build emotional reserves. In turn, these “emotional reserves” within the relationship influence one’s “communal orientation” (Afifi et al., 2016, p. 669). Therefore, these communal orientations and emotional reserves (“*accrued maintenance*”) affect how people interpret stressful events or label them as stressful. Inasmuch, stress influences how much people are communally oriented and how much they invest in relationships (Afifi et al., 2016, p. 669). This accrued maintenance affects how they appraise their relational security in stressful times; security-based appraisals tend to prevent depleting resources of many kinds—cognitively, emotionally, and relationally and help people handle stress in a more efficacious manner. Then, when people are continually depleted of resources and are increasingly stressed, relational load is created that harms relationships if people do not continue to foster investment in their relationship, and this short-term depletion of resources and relational load affects health. Relational load tends to have longer relational consequences than short-term resource depletion. “Security-based appraisals” and having communication about security helps create resilience and various other benefits (Afifi et al., 2016, p. 669). Both relational load and relational resilience affect one’s communal orientation, relational investing, and security-based communication, with people learning how to employ these communicative maintenance strategies over time. (Afifi et al., 2016)

Buzzanell (2010) purports that resilience is a process, not merely a description of a person. It is created through both an individual and his or her natural inclinations and the development of coping skills. Buzzanell (2010) utilizes Richardson’s (2002) definition of resilience, “the process of reintegrating from disruptions in life” (p. 2)

Communicative theory emphasizes the constructivist nature of resilience, and Buzzanell (2010) proposes communicative processes that create resilience.

Buzzanell (2010) explains that “crafting” a new semblance of “normalcy” is the first step in creating sustained normalcy (p. 3). In stressful times after a job loss, families produced meanings that helped them maintain regularities that usually would have gone unnoted, except in this time of stress this normalcy fostered resilience. In a sense, they created this normalcy for themselves even though everything, in reality, had changed. Secondly, she discusses “affirming identity anchors” as another aspect of creating resilience through communicative processes (Buzzanell, 2010, p. 4). Families worked together in stressful times to craft identities for each other that they needed at the time. Oftentimes, these incorporated religious beliefs, traditional gender roles, or reaffirming identity, mission, or image (this happens with organizations as well). Buzzanell (2010) then discusses how “maintaining and using communication networks” are essential aspects of handling stressors with resilience (p. 6). People have systems of ties that help them stay connected and help them through stressful situations. A communicative aspect of resilience is “putting alternative logics to work” (Buzzanell, 2010, p. 6). Buzzanell (2010) discusses how people reframe events and created organizing logics or conditions that helped them make sense of experiences and situations.

Lastly, Buzzanell (2010) discusses “legitimizing negative feelings while foregrounding productive action” (p. 7). Creating appropriate feelings in a hard time takes appreciable effort, but it is worthwhile; backgrounding is not disregarding these emotions, but it is “a conscious decision to acknowledge that one has the legitimate right

to feel anger or loss in certain ways but that these feelings are counterproductive to more important goals” (Buzzanell, 2010, p. 9).

Communication Theory of Resilience

Buzzanell (2017) describes that even though people tell us that time heals pain, it is resilience over time, not the time itself, that precipitates healing and positive coping with one’s painful life circumstances. This process of enacting resilience includes “legitimizing our feelings and learning to live with our losses” rather than simply “forgetting, denying, or coping” (Buzzanell, 2017, p. 98). Buzzanell (2017) argues that resilience grows throughout our lives and that in this way it is different from how most disciplines approach resilience, which tends towards being more trait-based. If resilience is an innate, un-learnable trait, if one does not have this trait, he or she is supposedly left helpless to ever-changing challenges in life.

However, the goals of the communication theory of resilience (CTR) are to “understand and explain how people utilize discursive and material resources to constitute the new normal of their lives after disruption, loss, trauma, and disaster” (Buzzanell, 2017, p. 100). CTR argues that people do this through 5 processes: “(a) crafting normalcy; (b) foregrounding productive action while backgrounding negative feelings; (c) affirming identity anchors; (d) maintaining and using communication networks; and (e) putting alternative logics to work” (Buzzanell, 2017, p. 100). CTR explains the process with which people create a new normal, legitimize experiences while still focusing on making progress, and making sense out of one’s situation through these five communicative processes. In this sense, the capacity to endure life’s tumult is not a fixed reserve of some innate trait, but rather one’s employing

communicative processes as a positive coping method fosters resilience that allows one to navigate circumstances more effectively.

Though distinct from CTR, the theory of communicative narrative sense-making (CNSM) similarly supports the overarching idea that relationships are a primary means through which people foster resilience as they communicate with each other, offer social support, strengthen their shared relationship, and utilize individual resilience to enhance resilient behaviors and attitudes in others. Along with employing communicative processes to foster resilience in handling stressful situations, CNSM relates to themes of resilience in the stories people tell themselves and others regarding situations they face (Horstman, 2018). Horstman (2018) focused on how communicated narrative sense-making relates to resilience themes within difficulty, particularly regarding the mother-daughter dyad and how joint mother-daughter CNSM behaviors relate to resilience in their stories. Overall, four themes demonstrated resilience: “*acknowledging the struggle, taking action, seeking silver lining, and finding strength in others*” (Horstman, 2018, p. 15). The way mothers and daughters interact also matters—coherency and engagement help foster redemptive storytelling. These findings support CNSM in that women do include shared discussion in their processing situations, and therefore that CNSM contributes to resilience.

TRRL, CTR, and CNSM approach creating resilience through interpersonal communicative processes; these theories employ a lens in which resilience is seen as not simply a trait, but as something that is created within interpersonal relationships. These theories attend to the complexities of the different aspects of resilience and how it is created, but they work together to emphasize how necessary relationships are for human

survival and endurance. We are drawn to one another to engage in relationships; these relationships have the propensity to foster resilience in and through challenges. As these theories purport in various ways, through relationships people can help one another to acknowledge difficulties and to simultaneously appraise the situation in a way that fosters resilience. Within relationships, people can help one another create a new sense of normalcy, affirm their identities, and legitimize feelings within the context of an interpersonal relationship with various processes of communication.

With the development of COVID-19, individuals with pre-existing anxiety disorders were subject to high levels of uncertainty and simultaneously often had to navigate new living dynamics due to either suggested or ordinance-mandated confined cohabitation. The literature demonstrates that individuals with anxiety disorders already utilize more cognitive resources to access and utilize cognitive coping skills than non-anxiety-disordered individuals. Literature within the communication field also discusses how resilience is created and mediated through communicative processes. Examining these aspects in conjunction with one another will be particularly effective in doing so through the lens of CPMT, for during COVID-19 anxiety-disordered individuals had to navigate disclosure negotiations while managing privacy, particularly with family members or other long-term roommates, in order to foster efficacious coping and resilience in and through these relationships.

Section Three: Effective Coping

According to Folkman and Lazarus (1984), coping is “cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). In a study looking at the coping

mechanisms employed after a critical negative work event, Brown, Westbrook, and Challagalla (2005) found that “that (a) in the absence of effective coping, negative emotion following a critical negative work event adversely affects performance; (b) coping responses can either buffer or aggravate these adverse effects, depending on the tactics used; (c) venting aggravates the adverse effects of negative emotion; (d) self-control buffers the adverse effects of emotion but at the same time has harmful direct effects; and (e) task focus has a beneficial direct effect on performance” (p. 797).

Anxiety-disordered individuals have been found to utilize objectively more cognitive capacity employing cognitive coping skills regardless of whether these coping skills are considered more adaptive, such as acceptance and planning, or maladaptive, including rumination and catastrophizing (Legerstee et al., 2011). These findings mirror findings on cognitive coping skills in children with anxiety disorders, suggesting that this trend of employing quantitatively more cognitive coping skills persists throughout one’s lifespan and is applicable in various age demographics of those struggling with an anxiety disorder.

In order to measure levels of fear brought about by COVID-19, researchers have developed a scale called Fear of the Coronavirus Questionnaire (FCQ) with contains eight questions relating to unique fear dimensions and one open-ended question (Mergens et al., 2020). Overall, findings exposed four predictors for fear stemming from COVID-19: “health anxiety, regular media use, social media use, and risks for loved ones” (Mergens et al., 2020, p. 6). In these cases, regular media use and social media use, when exacerbating fear surrounding COVID-19, would be considered maladaptive coping mechanisms.

As previously mentioned, individuals ages 18-24 reported significantly higher suicidal ideation, adverse mental or behavioral health symptoms, and new or increased substance abuse during COVID-19; responses from those with an underlying, previously diagnosed anxiety condition mirrored those of traditional college-aged students (Czeisler et. al, 2020). When viewed individually, both of these demographic factors correlate with negative experiences and maladaptive coping during COVID-19. The current study examines a population with an intersection of these characteristics—college-aged students with a pre-existing anxiety disorder; therefore, one might expect that negative experiences and symptoms would be at a significantly higher level than usual in these individuals.

Adaptive and Maladaptive Coping Strategies

The coping strategies that people employ are “important mediators and moderators of the impact of stress on current and future adjustment” to new situations, to handling stressors effectively, and to well-being (Seiffge-Krenke, 2004, p. 367). The classification of coping styles varies, but there is consensus surrounding the existence of “two adaptive, functional coping styles: (1) ‘active coping’ which encompasses the coping strategy of active support seeking; and (2) ‘internal coping’, which refers to the strategy of reflecting about the problem” (Seiffge-Krenke, 2004, p. 368) However, research has also identified “withdrawal,” in which people “avoid the stressor, thereby leaving the problem unresolved” (Seiffge-Krenke, 2004, p. 368). These types of coping mechanisms are looked at through the lens of Lazarus and Folkman’s (1991) model of coping in which they suggest the existence of a “primary appraisal (e.g., perceived stressfulness), secondary appraisal (e.g., identification of the availability of own

resources or social support for coping with the stressor), and tertiary appraisal (e.g., evaluation of the effects of coping)” (Seiffge-Krenke, 2004, p. 369).

The literature also demonstrates a difference in coping across various demographic factors, including and clinical nature of a sample. After turning 15, “adolescents increasingly adopted the perspective of significant others” and demonstrated a greater willingness “to make compromises” along with showing a larger degree of internal reflection—“cultivating a variety of coping options” (Seiffge-Krenke, 2004, p. 370). While “internal coping increased from 21 to 53% between the ages of 14 and 21 years,” the literature suggests that maladaptive coping styles are particularly prevalent in clinically referred samples, given that “the rates of withdrawal for a sample of 46 adolescents receiving psychiatric care were nearly two-times higher than those in the healthy control group” (Seiffge-Krenke, 2004, p. 371). Avoidant coping—including withdrawal—can be effective in the short-term for handling circumstances out of one’s control, research demonstrates “that all types of avoidant coping, whether stable or not, are linked to serious symptomatology, e.g., depression, even two years later” (Seiffge-Krenke, 2004, p. 373).

The effects of maladaptive coping strategies are evident even from a physiological lens: there are significant differences in inflammatory immune responses to acute stress even on an intracellular level (Janson, Sturmhuber, & Rohleder, 2019). Not only do coping mechanisms affect subjective well-being, they quite literally affect people’s minds and bodies on a chemical level as well. In another study, maladaptive and adaptive coping mechanisms predicted employee’s perceived stress management, but only adaptive coping skills “predicted whether someone would self-identify as effectively

managing stress... [while use] of maladaptive coping strategies decreased likelihood of self-reporting effective stress management” (Holton, Barry, & Chaney, 2016, p. 299). Furthermore, the most commonly identified maladaptive coping strategies were alcohol consumption and overeating, which “could increase an individual’s health risks, as maladaptive coping strategies are often associated with negative impacts on one’s health” (Holton et al, 2016, p. 303).

Other research has focused on coping skills and depressive symptoms, aiming to see how interventions can be improved to better coping. One study examined an elderly population’s coping skills and depressive symptoms longitudinally, and “elderly persons with more depressive symptoms reported to use rumination and catastrophizing to a significantly higher extent and positive reappraisal to a significantly lower extent than those with lower depression scores” (Kraaij et al., 2002, p. 275). Despite acceptance typically being viewed as a positive coping strategy in younger populations, this may have been related to more depressive symptoms in the elderly due to “elderly persons ... accepting what has happened to them and [resigning] themselves to what has happened are no longer combative to make the best of their lives and give up” which “would fit within Seligman’s learned helplessness model, which predicts that depression results when an individual believes that he/she cannot control elements of life that bring well-being;” therefore, this may differ for a younger population who operate from a framework of envisioning “a long future ahead” (Kraaij et al., 2002, p. 279). Overall, the results suggest that programs aiming to intervene in those experiencing depressive symptoms “should pay attention to these aspects...by challenging the ‘maladaptive’ strategies, and by supplying the more ‘adaptive’ strategies” (Kraaij et al., 2002, p. 279).

Coping Strategies within Various Health Circumstances

CPMT has been applied to a variety of health circumstances, as it provides a lens through which to examine relational navigation of disclosures, topic avoidance, and open or closed communication styles. While the literature is divided on whether or not cancer patients and partners tend to report similar levels of stress or if partners report greater stress, it is evident that “communication patterns can serve to relieve or exacerbate dyadic coping” within these circumstances (Venetis, 2014, p. 82). However, another study found that “greater patient openness did not affect partner burden but greater partner openness did predict less partner burden,” suggesting “that greater partner depth and breadth allow for meeting partner communication needs” which decreases burden (Venetis, 2014, p. 95). Even though providing care is correlated with “disruptions in family and social life, financial strain, resentment, isolation, depression, fatigue, stress, decreased global quality of life, and clinical anxiety,” the study demonstrated that “greater depth and breadth of cancer communication predict less topic avoidance” and thus may reduce partner burden (Venetis, 2014, p. 83).

Furthermore, active and passive coping is another way to distinguish between coping measures; active coping relates to “the patient’s attempt to deal with the pain by using his/her internal resources either to control the pain or to function in spite of the pain,” whereas passive coping refers to an attitude of “helplessness...in terms of strategies that relinquish control of the pain to other external resources” (Baastrup et al., 2016, p. 516). Coming from the framework that “active coping is generally associated with more adaptive adjustment,” in comparing coping styles of two different chronic pain patient groups, fibromyalgia, and neuropathic pain, both groups employed both types of

coping types more than healthy controls (Baastrup et al., 2016, p. 516). However, they also demonstrated “that the FM patients with low catastrophizing/passive coping scores felt more in control of their pain than the FM patients who scored high on catastrophizing/ passive coping;” these results support the literature that suggests that passive coping measures “are predictive variables of dysfunction, maladaptive behavior, chronicity of pain, and an increase in psychopathology, e.g., depression and anxiety, while the opposite is true for active coping strategies” (Baastrup et al., 2016, p. 519).

CHAPTER THREE

Methodology

Sample

The criteria for all participants was having been previously diagnosed with an anxiety disorder before COVID-19 and having lived in confined cohabitation with a set group of people during quarantine. All participants were traditional college-aged students recruited through mass email communication from university faculty members to their former and current students explaining the current study. Sampling included 9 participants who were undergraduate college students (2 male, 7 female).

Procedures

After potential participants responded to general communication about the study, it was determined if participants met the criteria for participation times and dates were scheduled for individual interviews. Interviews were audio-recorded if in-person, and the remaining were conducted via Zoom to accommodate for social distancing and to eliminate nonverbal communication barriers due to masking mandates. Participants were notified of the confidentiality of their information and consented to be recorded.

Interviews

Interviews were conducted using a semi-structured interview guide with questions organized according to a natural progression of categories and leaving room for probing and the natural course of conversation. The topics covered included but were not limited to *household dynamics, relational dynamics, pre-existing coping skills, disclosure negotiation, individual resilience, relational resilience, new coping strategies, and*

coping efficacy. Participants were asked about their previous relational dynamics with those with whom they were in confined cohabitation and about changes in those dynamics due to confined cohabitation. Participants were also asked about their previous coping strategies to manage anxiety levels and how, if at all, did these coping strategies change as a result of COVID-19 and as a result of communicative exchanges with those in their households. Questions included, “How did coping during quarantine compare or contrast with how you typically cope with it?,” “Did your quarantine household members know about your anxiety? If so, how did you let them know about this? What did that conversation look like?,” and “What messages did you internalize—again, spoken or not—about the state of society, our world, and your (collective) ability to make it through?”

The questions were structured to stir participants’ memories regarding this time period and to elicit descriptions of internal processes and memories of coping strategies and communication exchanges. Interviews were informal in nature and were intended to precipitate a comfortable, natural, yet semi-guided conversation in which personal reflection could occur authentically. Audio-recorded interviews totaled in 5 hours and 13 minutes of data, or 90 typed pages. There were 9 interviews. The average interview lasted approximately 35 minutes with the shortest at 10 minutes (the recording device malfunctioned and stopped recording after 10 minutes; the actual interview was longer, but the data sample available was 10 minutes) and the longest at 49 minutes.

Data Analysis

Participants’ interviews were transcribed with an online transcription application, and all participants were assigned pseudonyms to ensure confidentiality. Once data was

cleaned, I began a three-round, open-coded process of qualitative data analysis. In the first round, I read through transcripts and developed codes with the coding unit being a phrase, sentence, paragraph, or general idea derived from participant's dialogue. At this stage, the coding units varied. After the first round of coding, there were 27 codes. The second round included a focused coding process in which I collapsed the codes into both etic and emic codes. At the end of this round, there were 9 codes and 17 subcodes. The final round of coding was an axial coding phase in which overarching themes were developed with corresponding sub-codes that were connected to the larger theme in some way. There were 2 overarching themes—communication about the anxiety disorder and coping during quarantine—and 7 subcodes. These themes and subcodes created the outlined structure for my findings chapter.

CHAPTER FOUR

Findings

This study analyzed the relational dynamics and their respective communicative processes that were enacted surrounding one's clinical anxiety disorder during quarantine. Furthermore, these processes were analyzed through the lens of how they influenced coping mechanisms these individuals employed and their effects for the individual's wellbeing. The findings indicate that there are various layers to the efficacy and effects of communication between household members and that the various coping mechanisms enacted brought about nuanced results, some of which are consistent with general attitudes toward the behavior and some of which presented differently.

Communication about the Anxiety Disorder

Communication regarding mental health and one's clinical anxiety disorder took various forms and dimensions. This mostly took the form of being with one's quarantine household members, or else it was sought outside. These messages were coded as either *supportive messages* or *adverse messages*, and, though supportive messages were generally associated with positive coping mechanisms and outcomes, participants had mixed reception to adverse messages.

Supportive Messages

Supportive messages were overall found to be associated with positive affect while recounting the communication enacted during quarantine. These typically included an emotional component—whether the support-giver was validating emotion, expressing emotion, or acknowledging the emotionally laden nature of the disclosure. Supportive

messages were found to precipitate healthier functioning both individually and relationally, as they often effected co-regulation or appropriate action-oriented steps.

Some participants reported receiving supportive messages from particular members of their family or quarantine household. Multiple participants specifically mentioned conversations with their mothers. One participant named Emma recalled, “my mom [and I,] ... we're the ones in my family that are a little more sensitive or able to kind of express our feelings a little more. So... we can get on each other's nerves more because of that, because she is, we are both kind of reactive people. But she's also the one that's kind of understands my feelings and is more receptive to kind of emotional things that I bring to her.” These supportive messages were perceived as having dimensions of sensitivity, expressivity, and receptivity. Being able to express emotion, being sensitive to others’ emotions, and receiving those types of disclosures in an understanding manner precipitated support and positive coping during quarantine.

Furthermore, supportive messages included co-regulation, grounding, making oneself available, and utilizing face-saving communication that effectively maintained the dignity of the one struggling with anxiety in the moment. For example, Caleb described that he would go to his mom and talk through things with her: “Usually I went to her and talked about it with my mom and talks about it and we just kinda talked through it and realize that I'm not really trapped.” According to Caleb, she also offered supportive messages such as: “Your therapist says this, your psychiatrist says this, like use it.” Further, Caleb said that “[his mother will] be like, what do you want me to do? I can do this. I can do this. I can help you solve the problem.” He described it as a “very supportive, very, very supportive environment with her.” Relatedly, his family also took

on a holistically supportive environment, described as a “we’ll get through this together attitude. That’s kind of [the position] our family took.” These supportive messages he described included primarily an emotional component, and then a pragmatic approach when appropriate. Together, they co-regulated his anxiety through reframing and helped him consider his thoughts from a rational, grounded perspective. Then, she reminded him of coping mechanisms he already had in place and made herself available, rather than overstepping or imposing upon his self-efficacy.

Lastly, others found support with their household cohabitators who were siblings or roommates. One participant, Erin, had a twin sister who also has a clinical anxiety disorder and could understand and empathize. She explained,

“Whenever we’re having a bad day or something like, um, if I’m having a particular anxiety that I can’t get out of my head or whatever, I’ll just go talk to her about it and, um, or she’ll do the same with me. And a lot of the times we’ll like, turn it into something funny.”

Her sister employed confirming communication and followed that with a positive co-regulative coping mechanism. To create the opportunity for this type of supportive communication, this participant knew she could disclose the content and magnitude of her anxiety to her sister safely. There is also a dimension of reciprocity in this relationship, as one person is not always the support-giver; this may imply that reciprocity promotes supportive communication and creating a willingness to engage in disclose about one’s anxiety. In the context of an understanding relationship, humor may be able to be used to co-regulate and co-establish supportive messages.

Adverse Messages

From the contrary perspective, participants also reported having received negative, detrimental messages from those around them when either previously discussing their clinical anxiety disorder or when communicating about it during quarantine. These adverse messages involved various aspects and amounts of oversimplification, making causal assumptions, lacking a necessary degree of empathy, or even increasing anxiety.

Many participants experienced distressing communication when their cohabitators made causal attributions regarding their anxiety or when they offered oversimplified possible solutions to their anxiety. For example, Alyssa mentioned her parents' making attributions both to the cause and solution of her anxiety: "I think they think that I can pray my way out of it or that it's laziness...They see me as being lazy and not wanting to do the work and they don't recognize anything outside of that." Additionally, Adam described a dynamic in which his parents offered attempts to resolve his anxiety, without first offering support that included empathy or understanding. Though their communication was intended to be positive and supportive, it was ineffective and had adverse effects due to its lack of emotional and understanding dimensions:

"They really try to fix things very strongly. And so when I first started dealing with all this stuff, like near the end of middle school, into early high school, they would just be like, all right, how can we, you know, talk people at church about this? How can we pray about this?"

These messages were interpreted as dismissing, and though sometimes the participant would employ cognitive reframing techniques to give their cohabitators the benefit of the doubt regarding their intentions, it was repeatedly found that these messages discouraged further communication about these topics within the context of those specific relationships.

Furthermore, some participants received directly harmful messages. Alyssa, who struggles with a comorbid binge eating disorder along with her anxiety, reported her mom acting in a hurtful manner:

“Whenever I would go get food in the kitchen, cause my living room and the kitchen are together, um, my mom would always like, be like, show me what you have, show me what you have. Uh, what are you eating? Don't go crazy. And it's like kind of that constantly.” Alyssa also mentioned her mother’s checking her phone’s GPS location, and “It just always feels like she's there and watching” so she “felt like smothered by quarantine and my parents.”

In another case, though Erin’s mother also struggles with clinical anxiety,

“she never really understood...because they differ from hers in terms of like how they manifest. So whenever I would be like telling her about my anxiety, she would not really be understanding or she would just be like, Oh, but like, what if it's right? Because for some reason, a lot of my anxiety, um, in the past manifested in like me being, feeling insecure in my romantic relationship with my boyfriend.”

This type of adverse message directly contradicts the type of grounding, rationalizing communication as discussed in the previous section. Furthermore, when asked about her communication with her parents about her anxiety disorder and comorbid depression, Erin articulated,

“I talked with [my dad] about it a little bit before quarantine, like when we were out to lunch one day, but I

didn't really go into depth because talking with my mom [went] so poorly... not because I think that my dad would do the same, but I think that if I told him these things that they would work their way back to my mom and then she would come to me and be like, 'Hey, what's this mean?' Like she would like jump to her conclusions and stuff and I don't want to deal with that... I don't really talk to them about [my anxiety and depression] mostly because I just don't want my mom to react badly and not because of anything my dad would do, because I think he would be much more like understanding."

Erin's previous communication with her mother not only affected that relationship, but also her relationship with her father and the topic avoidance going forward. Instead, she elected to talk more with her twin sister whose supportive communication was detailed in the previous section.

Moreover, Brooklyn clearly articulated the negative effects that unsupportive communication had on her. She had reached out via email to a friend repeatedly during the summer because she was struggling. She reported, "accused me of stalking her because I reached out to her so much. It was like, Hey, are you free? And she accused me of stalking and created a Title IX case against me." When asked about her cognitive response to this situation, she detailed her cognitive attributions:

"Like I was like, you know, God hates me and I did something to deserve this and just like really negative thoughts that were very intrusive, you know, just like, you know, I wish I would have done it. I wish I would've killed myself. Just this is so hard to deal with."

The former friend, who was purportedly a suicide-prevention advocate, dismissed Brooklyn's attempts to seek social support, and the mental effects were serious.

Communicative responses matter, and their effects can be both positively life-changing or adverse in nature.

Coping During Quarantine

This section explores various coping mechanisms enacted during quarantine. Each of these was found to have varying aspects of communication, valence, time, and effects on coping. The primary themes that emerged were *coping through religion, escapism, self-isolation, social support, and health-promotion behaviors*.

Religion

One evident theme was participants' focusing on their religion in order to cope with the stressors and to do something positive actively and intentionally. For some participants, this was mediated through communication with their families, such as for Caleb, who, when speaking with his parents who do not understand his experience with anxiety as personally, use religious communication to promote healthy cognitions:

“The thing that we have in common is that we know God is in control. And so that's what they always pushed me towards because whenever I'm feeling anxious, they're going to push me towards Christ. And like, no matter what I'm thinking, they're always, they're never going to say, Oh, you can get through this yourself. Or you can like, just, think about it or whatever you can get through it. They're always going to point me towards Christ and going to say, God can help you get through this.”

Having established this common ground of sharing their faith and placing great importance on it in their lives, his parents' religious communication effected connection and resilience-enhancing messages toward Caleb. Though they do not personally experience having clinically significant anxiety, their communication established an emotionally directed connection to him and sensitivity to his feelings prior to offering pragmatic assistance.

Still being used positively but more on an individual level, Katie said that she “definitely like read the Bible a lot more and just like, rather like jumped in the word, which was like super amazing” which caused her to “grow a lot [in her] faith recently.” For Katie, this was evidence of new development in her life; her specific diction communicates a positive perspective on how this affected her, describing it as “super amazing” and deeming this “grow[th]” in her life. Meanwhile, this novelty was not the case for Caleb, who described his relationship with Christ as already being very important to him. He said that during the pandemic he “had to turn to Christ...that was one of the biggest blessings of 2020.” Here he describes how he handles his response to a physiological experience of anxiety: “I definitely pray about it. That's always the first thing I try to go to...Whenever I feel myself start to panic or something, I try to pray about it.”

Likewise, Caleb conceptualized what he learned in quarantine as being something positive that God was teaching him:

“I feel like that was just God saying like, Hey, you don't got this. Like, so He kind of just like took everything away from me and left only Him for me to rely upon. It's not really me learning about myself, but it's me learning about my relationship with God and say, I need it. And I need, it needs to be a part of every day in my life. And not just when life is hard.”

Caleb indicated that his faith was a primary coping mechanism both prior to quarantine and during quarantine, if not even more so during confined cohabitation. Additionally, the intersecting personal and communal dimensions of religious communication may effect an even more positive coping experience than either of those aspects individually.

Alternatively, some religious communication with those around oneself family indirectly affected coping through unhealthy conflict communication. Alyssa's father told her that her political views "were a burden on him and they...caused him a lot of strife because he doesn't understand how he could raise somebody who feels the way" she does. Alyssa also stated that "if they say something stupid in my presence, I will give my opinion and I will tell them the biblical reasons why I feel that way. And they usually don't like that very much." In her case, the discursive tension was overt and explicit, and neither party sought conflict resolution. She noted that the novel "combination of like COVID and an election year in a household where I am one of two liberals and the other one is my little sister, but both of my parents and my brother are conservative and the rest of my family is conservative" increased tension in their household. This adverse communication surrounding the intersection of politics and religion, in conjunction with her feeling isolated and struggling with anxiety, precipitated maladaptive coping behaviors in her life, such as substance abuse, as will be discussed further in the next section.

Escapism

With the onset of new stressors and the new dynamics that arose from confined cohabitation, a theme that emerged was *escapism*, in which participants found mediums through which to avoid or remove themselves from situations that affected their mental health negatively. Some forms of escapism were viewed as a net positive despite not being typically recommended. However, other forms of escapism were enacted reactively and though they accomplished the ends of escape, the means through which this

occurred—such as substance abuse—garnered more overall negative effects for one’s mental health and wellbeing.

One of the primary recurring themes, particularly for the male participants, was the stress and frustration of feeling trapped and out of control. They responded negatively to feeling like their sense of autonomy and independence was taken away. Since they were younger college students, they were particularly sensitive to parental imposition.

Adam described this experience:

“...that whole dynamic of like getting a taste of like what college is like doing my own thing. And then like, no, like I can’t leave the house because they said, no. Um, even though in my mind I was like, I felt safe. You know, if I left the house or the mask, like, I didn’t feel like I was going to get it or get sick or be in danger. And I felt like that was my decision to make, but I lived in their house...”

His response was very innovative, and he recognized that it wasn’t sustainable, but it helped him cope at the time, be able to stay in a good place mentally, accomplish what he needed:

“There was about a month and a half where I would wake up at 4:00 PM, 5:00 PM and kind of eat breakfast when my parents were around, my family was eating dinner...and then I would ... stay up either finishing homework or watching something or playing games or, you know, whatever until like seven or 8:00 AM. So my schedule was completely flipped.... I had conversations with my parents afterwards where they thought I was just trying to get away from them. It wasn't that, it was more so like I just needed my time, you know, no one else is up from 2 to 7:00 AM. I needed that time for me. I felt more at peace. That's when I got a lot of work done.”

In a sense, Adam’s response to desiring independence and autonomy created an environment in which he directly avoided frequent communication with those around him; though this approach would not typically be recommended or sustainable, in this

unprecedented situation when conversations with his family had increased his anxiety about and frustration with feeling imposed upon, this coping mechanism helped him establish a sense of peace and self-efficacy. Short-term changes in communication and coping may be effective and necessary to effect positive coping with anxiety for time-mediated situations, though these changes would not be healthy long-term.

Similarly, Caleb described a sense of feeling “trapped”:

“I felt trapped. I felt it was like, they're like... You can't go do this now. I can't go to this. I felt trapped... Those are my two biggest triggers are being out of control and being trapped. So like, yeah. So I'll sometimes I'll feel like the panic attack coming on in some random place and I'll be able to kind of calm me down. So I'm like, okay, I'm not trapped. Like if I started to have one here, which I'm not, but I'd be like, huh, I [could just walk] back to [the dorm].”

Though differing from typical means of escapism, Caleb’s cognitive reframing served as a way through which he escaped the feeling of being imposed upon, escaping the sense of feeling trapped. Since the situation that affected him negatively was his cognitive appraisal of the event, rather than the event itself, that is the factor from which he needed to remove himself or change in order to cope positively. In doing so, Caleb was able to emotionally regulate, make sense of his situation, and thus escape the distressing emotional experience.

Caleb’s strategy utilizes a cognitive reframing approach, while Adam took a more action-oriented approach to create a sense of control over his situation. Though the methods were different, they both found a coping mechanism that allowed them to establish autonomy and control over what they could during a time when fear and change were rampant. They demonstrated resilience in assessing their situation, determining their needs, adapting to their environment, and taking action when necessary.

One participant summarized it well, saying, “Not having those kind of healthier coping mechanisms lead to less healthy coping mechanisms.” This took many forms. For Alyssa, she reported, “from about March to...[the] middle of May I was every night getting blackout drunk because I hated not being able to speak to people.” She said that she would avoid communicating with her parents due to their disapproval of her decisions and beliefs—which fed her anxiety—and the only time she left the house was to purchase alcohol, which she also kept from her parents’ knowledge. Alyssa directly avoided communication with those around her, and because she could not interact with people outside of her household regularly, she turned to binge drinking as a means of escape. Though some forms of escape may be necessary as a means to cope with stressful situations, substance abuse poses various physical and mental risks that deem it maladaptive. Though her communication with her parents did not directly cause her to binge drink, it indirectly affected her coping through promoting negative cognitions that made her want to escape so deeply that she abused alcohol nightly for months on end. Alyssa herself indicated that a lack of positive communication in her life prompted her to cope in this maladaptive manner instead. Additionally, after beginning to date her boyfriend, Alyssa also illustrated a different form of escapism by spending increasing amounts of time with her boyfriend’s family; though she did not officially move out, she in essence found another location at which to quarantine where the communication was deemed more positive and supportive.

Seeking Social Support

As participants sought to cope with the new stressors of confined cohabitation and the intersecting factor of clinical anxiety, social support emerged as a common theme.

Paradoxically, this coping mechanism is primarily enacted by communication, and inasmuch, the communication itself is what affected the participant, rather than communication effecting, altering, or hindering an outside coping skill.

Though not the primarily linked to the original research question, it became apparent that the household dynamic overall—comprised of relational dynamics that I would argue are created and established through communicative processes—had a significant impact on the positive or negative valence of one’s chosen coping mechanisms and whether or not their anxiety was handled well or not during confined cohabitation. For example, when asked about her communication within her household generally, Sarah spoke of her family positively, saying, “We all got really closer and ... with everything going on, it was stressful, but I mean, they were kind of like the thing that made it easier to go through all that.” Similarly, Caleb described his family’s dynamic as a “We’ll get through this together attitude” which precipitated more open communication within group and interpersonal interactions, and due to the emotionally aware aspect of his family’s conversations as discussed previously, this affected his ability to cognitively reframe anxiety and cope.

These conversations Caleb had, specifically with his mother, “didn’t get rid of the anxiety, but it did kind of ease it a little,” as he was able to be open about his specific anxieties at the moment, and the communicative processes between him and his mom helped widen his perspective and not fixate on feeling “trapped” but focus more on how “It’s just different than it used to be. I can still leave the house. I just can’t, you know, go to places that aren’t open or whatever...”

While some participants found support within their household by confiding in their confined cohabitators, such as Erin and her twin sister as illustrated prior, others sought social support through communicating with those outside their household. For Alyssa, this took the form of employing the social media platform “Tiny Chat” on which she connected with friends she met online. This provided her with a sense of community when her relationships with those in her household were tense. However, she described that they did engender her binge drinking, since that was a primary method through which these virtual friends coped, and she recognized in retrospect that this was not healthy social support, though it felt positive at the time. This may indicate that the perspective of what seems positive, healthy, and efficacious while amid a stressful situation may change. This may occur after the novelty of the situation fades and one habituates to the stressors, while additionally, it may occur in retrospect.

As detailed in the supportive messages section, Brooklyn had reached out to a now-former friend for support when her anxiety and other co-morbid mental disorders intensified. The communication received was dismissing and blaming, and the previous friend did not communicate feeling overwhelmed by Brooklyn’s support-seeking behaviors and instead filed a Title IX complaint. Brooklyn’s resulting cognitions were drastic; receiving the message of another’s outright denying support brought about thoughts including “God hates me,” “I did something to deserve this,” and “I wish I would’ve killed myself.” This evidence suggests that unsupportive and negatively valenced communication can have significantly detrimental effects on one’s mental wellbeing. Additionally, this may indicate that negative communication can potentially have more disastrous consequences than the absence of supportive communication at all.

Self-Isolation

One of the commonly cited coping mechanisms in response to the pandemic was self-isolating. Some participants explicitly recognized this being detrimental but conveyed feeling helpless to the situation and thus growing apathetic, but many who self-isolated did so in a reactive manner realized in retrospect that the isolation was harmful to their anxiety. In this sense, self-isolation is conceptually distinct from escapism in that it was not enacted to find a means to cope positively or to avoid a certain situation, event, dynamic, or person. Rather, self-isolation primarily involved withdrawal from positive social interaction and/or a lack of pursuing or enacting healthy replacement behaviors when typical coping mechanisms were not available.

A common sentiment expressed was that of Brooklyn: “When things were in lockdown, I kind of really stuck to myself a lot...which I shouldn't have done because that's kind of self-destructive, and I was just like kind of alone for most of it. I didn't really talk.” Though not specifically related to the primary research question, it was clear that the lack of communication in general negatively affected one’s coping. As Emma illustrated,

“I knew I wasn't choosing to stay inside this much, but my brain...was freaking out because I'm like I'm inside too much and I should be with people and people are doing all these things and you know, there's just social media and you see the people who stayed on campus and doing all these things and ... as much as I am okay with not interacting with people, I mean it still took a toll on me.”

This may be due to bi-directional causation of quarantine causing self-isolation and a lack of communication, and a lack of outside communication may cause self-withdrawal and isolation.

Positive Life Change

Some participants reported having positive realizations or positive changes in their exposure to various stressors due to quarantine. Alyssa, who thought quarantine would be easy due to her social anxiety, commented,

“... I have pretty bad social anxiety ... so I thought that this would be easy for me because I never would want to go out before quarantine. ...But I had just started like kind of getting into the whole thing of interacting with people again. And so it kind of put a stop to that and which wasn't ideal.” She continued, explaining that “I... basically learned that I do actually like being around people to a certain extent. I'm not just completely wanting to be alone, um, which I would have thought before quarantine.”

The change of not having as much social interaction with those outside their household allowed someone with social anxiety to realize a desire for outside social interaction, which may have not been realized as explicitly if not in quarantine. In this sense, the absence of outside communication precipitated reframing her view of social interaction and communication with others.

Similarly, Lauren retroactively labeled quarantine as “a good transition for me because... it like kind of forced me to like fix some things that I needed to fix” such as sleeping habits and inconsistent meal and eating schedules. Lauren said that when quarantine began, this precipitated an elimination of stressful social dynamics due to multiple of her roommates that she was not particularly close to did not return to Waco. That changed dynamic along with spending more time with her boyfriend—not living

with him, but functioning as a confined cohabitor for most of the day—who would sensitively point out behaviors that were maladaptive and encourage her to implement healthier habits in an attempt to holistically address her mental illness and cope more positively.

Furthermore, multiple participants mentioned working out, seeking out therapy that they had avoided doing prior to quarantine, and as Katie stated, learning to enjoy the simple things:

“I found like just enjoying the like simplicity of things that I would awake and like hear the birds chirping and like I never did before and just see like how pretty it was outside and like be able to go for a hike and like never really had the time for that before. Um, and like actually have like so much more time to do like little things and like really read the Word. Um, and just like, yeah, seeing so much more like simplicity and like how the world has stopped moving for once.”

Though not mediated by any specific communication with others around her or outside of her confined cohabitation, it was rather a lack of incoming communicative messages and corresponding slower pace that effectuated a mindful attitude towards life and gratitude in the smaller moments.

CHAPTER FIVE

Discussion

This study examined the communicative processes of privacy management and relational disclosure negotiation of participants with previously diagnosed clinical anxiety disorders during confined cohabitation. It also examined the implications of these communicative processes for individuals coping with anxiety. Findings from this study provide insight into the trends associated with communication between confined cohabitators, resilience in novel situations, and coping with clinical anxiety.

Scholarly Implications

Privacy Management in Confinement

The findings of this study have important consequences that should be taken into account when conceptualizing the processes with which people disclose health information, particularly regarding mental health, and the consequential valence after such communicative negotiation. Petronio (2010) delineates the central “principles of private information management that represent organizing tenets interlinking both individuals and collectives, such as families: (a) ownership of information, (b) control, (c) regulation through privacy rules, (d) co-ownership or guardianship of another’s private information, and (e) turbulences or regulation of privacy breakdowns” (p. 178). Specifically, the three primary aspects of CPMT under which the other principles fall—privacy ownership, control, and turbulence—can be examined through various dimensions of the current study’s findings (Petronio, 2013).

When enacting privacy ownership, one creates boundaries around whose information it is and how it is to be shared. However, privacy control delineates “the

engine that regulates conditions of granting and denying access to private information” and establishes privacy rules that are in place (Petronio, 2013, p. 9). When these rules are broken or challenged, privacy turbulence and, assuming the absence of relationship dissolution, boundary renegotiation occurs. While boundaries regarding the sharing of disclosed information are valuable in the context of confined cohabitation, the findings suggest that an important yet often overlooked dimension of privacy management involves the discussion of the disclosed information between the primary owner and the authorized co-owner. Due to the confined nature of quarantine, though boundaries outside the household are still relevant, the more salient boundaries in question were those of how the authorized co-owner approached follow-up conversations, the affect of the messages conveyed, and how the information was utilized—to influence, control, or support the individual. A notable example is that, when asked about her communication about her anxiety disorder and comorbid depression, Erin articulated that after speaking with her mother about her anxiety and depression set poor communication precedents, she elected not to disclose that topic going forward.

“I talked with [my dad] about it a little bit before quarantine, like when we were out to lunch one day, but I didn't really go into depth because talking with my mom [went] so poorly... not because I think that my dad would do the same, but I think that if I told him these things that they would work their way back to my mom and then she would come to me and be like, ‘Hey, what's this mean?’ Like she would like jump to her conclusions and stuff and I don't want to deal with that... I don't really talk to them about [my anxiety and depression] mostly because I just don't want my mom to react badly and not because of anything my dad would do, because I think he would be much more like understanding.”

Due to the way her mother previously used the information about Erin's anxiety against her and took it personally, this affected Erin's future disclosures both with her mother and her father. Instead, she relied on her sister for positive, supportive communication because the information was used to establish a sense of interpersonal intimacy and drew from "the benefit of talking about one's problems" in order to foster resilience and cope positively (Pennebaker & Smyth, 2016, p. 11). There was a stark difference in the future disclosures and privacy negotiation due to the varying precedents that previous communication had set in establishing these boundaries.

Cultivating Resilience in Confinement

There are also important scholarly implications regarding theories of resilience, how resilience is enacted, and how discursive processes create and affect resilience cognitions and behaviors, particularly in the context of novel large-scale stressors. Overall, the findings from this study support the primary tenets of CTR; additionally, unprecedented and overarching-societal stressors may have particular effects on the wellbeing, communicative processes, relationships, and coping mechanisms employed to resiliently handle Circumstances, such as the COVID-19 pandemic, in conjunction with racial, political, and social tensions evident in 2020 with implications spanning a national perspective to interpersonal and individual effects. However, Buzzanell (2017) specifies that resilience involves "legitimizing our feelings and learning to live with our losses" rather than simply "forgetting, denying, or coping." (p. 98). This idea in the resilience literature is important to consider in light of coping with anxiety during confined cohabitation, as it maintains that though resilience and coping are related, they are categorically and qualitatively different. While coping as an umbrella term will include

resilience behaviors, for behavior to be considered resilient it should not include coping behaviors that are avoidant in nature. However, coping may not include an emotionally aware and validating component, while resilient coping must include acknowledging feelings and promoting validating, healthy adaptation to new circumstances. This often will include maintaining open communication with trusted significant others, as will be discussed in the context of CTR.

CTR aims to “understand and explain how people utilize discursive and material resources to constitute the new normal of their lives after disruption, loss, trauma, and disaster” (Buzzanell, 2017, p. 100). Specifically, the theory highlights the five core mechanisms in creating and enacting resilience, which are “(a) crafting normalcy; (b) foregrounding productive action while backgrounding negative feelings; (c) affirming identity anchors; (d) maintaining and using communication networks; and (e) putting alternative logics to work” (Buzzanell, 2017, p. 100). As explicated in the previous chapter, supportive messages entailed having open communication, validating emotion, and promoting positive action when fitting. As was the case with Caleb and his parents and Erin and her twin sister, this type of dialogue was associated with positive coping skills that would be considered resilient, such as positive cognitive reframing, conversing with others, and finding healthy outlets such as writing and working. Their conversations created a sense of a new normal with their significant others, healthfully processed emotion, and challenged their negative thought processes. It appeared that this environment of communicatively creating resilience with one another was associated with individual cognitive and behavioral resilience even outside the confines of the conversations themselves.

Furthermore, we see evidence of the foregrounding positive action mechanism through conversations which first validated the participants' emotions and then suggested and encouraged positive action steps. For example, Caleb's mom would be understanding when that was what he needed, but she would remind him of various things that his therapist recommended. Additionally, Lauren's boyfriend mirrored this type of communication when she would talk with him about her anxiety and he would both be empathetic and encourage her to work on positive behaviors such as maintaining a regular sleep schedule and eating on a more balanced, regular meal schedule. However, they were able to foreground positive action and background negative feelings, but that did not mean these negative feelings were not addressed or validated. Inasmuch, it may be beneficial to deepen CTR's conceptualization of what this resilience-creating mechanism looks like. Drawing from the supportive messages demonstrated in this study, the participants articulated that in order for the action-oriented communication to be effective and precipitate resilience, there had to be a sense of understanding, empathy, or previously established emotional dimension.

Lastly, the study supports that open communication networks, affirming identity, and utilizing alternative logics helped create resilience through communication. However, discursive negotiation of affirming identity and developing alternative logics tended to fall under the concept of ways that communication networks were employed. The participants' stories illuminated that having the communication networks maintained and open did not necessarily engender resilience, but rather the manner in which they and their relational partners utilized these communication networks did affect the enactment of resilience. For example, Alyssa's mother had a singularly directed open

communication network towards Alyssa. However, her mother's communication surrounding what Alyssa chose to eat negatively affected her self-perception and confidence—this communication directly contradicts affirming identity anchors. Though their communication was frequent, and the network remained established, this negative communication contributed to her substance abuse and spending increasing amounts of time with her boyfriend's family. Though the communication network was open, the lack of emotional understanding kept the communication network itself from promoting resilience. Rather, the utilizing and maintaining open communication networks may be the framework within other resilience-creating communication may occur, such as was in the previously-mentioned case with Caleb and his parents. They affirmed his identity in Christ and reminded him of his capability to re-frame, be positive, and to get through this time together—mechanisms that occurred within a caring, open communication channel.

Conceptualizing (Mal)adaptive Coping

With respect to this study, there are important implications regarding how effective, adaptive coping is conceptualized, especially within the context of novel situations and stressors. Specifically, perhaps it is over-simplistically taken for granted that self-isolation and escapism are maladaptive. The literature, perhaps over-simplistically, claims that “all types of avoidant coping, whether stable or not, are linked to serious symptomatology” (Seiffge-Krenke, 2004, p. 373). Previous research describes withdrawal as a coping mechanism where people “avoid the stressor, thereby leaving the problem unresolved” (Seiffge-Krenke, 2004, p. 368). By this definition, all of the instances of self-isolation and escapism described in the previous chapter would be considered maladaptive, this was not how the participants themselves appraised the

effects of their behaviors. Rather, though some participants recognized in retrospect that the way they coped did not attain optimal functioning, others maintained that their chosen coping mechanisms were functional and positive, though not typically elected in other contexts.

Overall, the findings in this study were not clear cut. Rather, we must consider that when examining human behavior, typically people are not facing a global pandemic that causes involuntarily isolation. In this context, some things that are typically presupposed to be true may have different implications than when in more typical circumstances. For example, when Caleb elected to flip his sleep schedule, even he recognized this would not have been healthy or sustainable long-term. However, in this unique context, he was able to maintain a healthy mental state and lower anxiety levels due to establishing this sense of autonomy and escaping from the communication that may have imposed upon his sense of self-efficacy. In this unprecedented context, there is a context-dependent qualification to be suggested that coping mechanisms that may not typically be recommended or healthy may have more nuanced, if not more positive, effects for maintaining resilience and coping positively.

Though, not all forms of escapism or self-isolation are created equal. Alyssa recognized retroactively that her abuse of alcohol was an unhealthy manner through which to escape; however, she described only positive implications regarding quite literally, physically avoiding communication with her family by spending a substantial amount of time with her boyfriend's family in their home. Adaptive and maladaptive coping mechanisms may be enacted simultaneously, even though the underlying aim of escapism remains constant.

Baastrop et al. (2016) described active coping as “the patient’s attempt to deal with the pain by using his/her internal resources either to control the pain or to function in spite of the pain,” and passive coping as “the patient’s attempt to deal with the pain by using his/her internal resources either to control the pain or to function in spite of the pain,” whereas passive coping was described as an attitude of “helplessness...in terms of strategies that relinquish control of the pain to other external resources” (p. 516). This research perhaps oversimplistically assumed that “active coping is generally associated with more adaptive adjustment” (Baastrop et al., 2016, p. 516). The current study found that there were some passive coping strategies that the individuals described as helping foster resilience—such as some cases of isolation and withdrawal as described earlier in this section. Going forward, when studying (mal)adaptive coping, it may be beneficial to consider pursuing qualitative data surrounding the attribution that the population at hand ascribes to the coping mechanism rather than assuming the effects of a particular cognition or behavior. Doing so may lead to an arbitrary causal attribution between various behaviors and measures of wellbeing (or not wellbeing).

Practical Implications for Individuals with Anxiety Disorders

In light of this research, individuals with clinical anxiety may benefit from considering various factors regarding communication and coping that may precipitate their wellbeing. This should be taken seriously especially in novel, stressful, or constraining circumstances—such as confined cohabitation. Overall, these implications suggest the importance of mindfulness regarding one’s communication, boundaries, and coping mechanisms.

First, the findings from this study underscore the importance of healthy social support. Establishing and maintaining supportive, safe relationships may be key to promoting resilient coping in the short and long term. In doing so, these individuals may benefit from critically considering which people to whom they disclose sensitive information. It may be beneficial to take particular notice of the person's ability and propensity to include person-centered messages in their support giving, to validate emotions, and to promote positive action steps. Additionally, setting clear boundaries about what is acceptable and/or helpful and what is not appears to be beneficial in promoting healthy communication and levels of autonomy/interdependence. However, and if this boundary setting is not well-received, internal boundary-setting and partial if not full relational de-penetration may be adaptive.

Lastly, the findings implicate the advantage of being mindful regarding one's cognitions and behaviors. To the extent that one is able, self-reflection upon the underlying motivations and effects of both one's cognitive attributions and coping behaviors may serve to expose maladaptive behaviors and promote resilience within stressful circumstances.

Practical Implications for Family Members and Cohabitators

This research also has implications for those in close physical and/or relational proximity to those with an anxiety disorder. Based on the previous literature and the current findings, individuals in these circumstances should recognize the gravity of their communication and behavior. Communication demonstrating high resilience-promoting attributes was consistently associated with resilient coping and positive outcomes. Though negative, invalidating communication was not always associated with poor

coping and mental health outcomes, the results were more variable, suggesting that in either the absence of supportive communication and or in the presence of adverse messages, trait resilience may be more at play. This suggests that supportive messages that promote resilience may serve as a protective factor towards more negatively valenced cognitions and behaviors.

Furthermore, the literature in conjunction with this study's findings demonstrates that resilience-promoting, supportive communication may be more effective when person-centered, emotionally aware messages are communicated first. Then, action-oriented communication may be rendered if appropriate. Empathetic listening with validation of feelings is of utmost importance, while still maintaining a commitment to—kindly, gently, and when the situation is appropriate—challenging negative thought patterns and highlighting what may be maladaptive in their lives. However, it is important to ask about, rather than assume, the underlying intentions and the consequences of one's actions—though they may seem personally offensive or cognitively irrational, oftentimes the anxiety-disordered individual is unaware of these dynamics and does not intend to act hurtfully or irrationally. Rather, this is where relationally mediated cognitive reframing and processing may be particularly efficacious.

Even more specifically, there are practical implications for those in proximity to those with anxiety disorders, especially if in such a situation during a largely stressful or novel time, such as the COVID-19 pandemic. CTR highlights the aspects of creating a new normal, focusing on positive action, having open communication, asserting unchanged aspects of one's identity, and logically reframing situations (Buzzanell, 2017). Practicing these communicative behaviors outside of intensely stressful situations may

facilitate the accessibility of these types of messages when a stressful situation inevitably arises.

Study Limitations

This study examined the communicative processes of undergraduate students with previously diagnosed anxiety disorders and those with whom they lived during confined cohabitation; the current study investigated the relationships between various communicative processes and corresponding coping behaviors and their implications for participant health. However, various limitations must be considered in light of this study.

First, due to the sample being comprised solely of typically-aged undergraduate college students, other age groups may have coping mechanisms that they rely on more frequently. Additionally, their being college students in itself may lend themselves to certain cognitive and behavioral coping strategies that those of different life stages would. Furthermore, the fact that these students are at a private, Christian university raises other factors that are necessary to consider. By nature of being at this university, the socioeconomic status and backgrounds of these students may differ from that of the population at large, and the prevalence of and heightened focus on religiosity may not be indicative of the coping mechanisms and communication patterns of the general population. Due to network sampling and the environmental context as a whole, the sample probably disproportionately identified as Christian or as having faith in a higher power. This was perhaps more pronounced due to this particular sample.

From a mental health perspective, the severity of their anxiety symptoms and their level of personal insight regarding their mental illness and corresponding coping may be affected by the various stages at which one can be regarding the anxiety disorder—such

as being close to the onset or spike in symptoms, having been going to therapy and utilizing medication for years, etc. Additionally, the comorbidity of other mental illnesses and the prevalence with which this conjunction occurs should be considered when examining one's communication and coping skills: the presence of one isolated anxiety disorder may look very different than a participant with two or more presenting disorders of various kinds.

From another angle, the specific methodological approach that was used to design and carry out this study has certain attributes that limit its generalizability and should be given consideration when drawing conclusions from this study. The present study was conducted via a semi-structured interview guide, and the participants were asked open-ended, in-depth questions. Inasmuch, the conversations often took various paths depending on what the participant disclosed and what seemed potentially relevant to the research questions. The sample size of 9 participants also limits the extent to which data can be viewed as largely representative of entire populations. Additionally, the medium through which the interview was conducted—via Zoom or in-person—and the personal nature of the topic itself may have affected the depth of information that was garnered during the interviews. Some participants may have felt more comfortable disclosing via technological means due to being in one's home, while others may have developed a deeper sense of rapport in person. Though the participants themselves were the ones to determine which method of interviewing with which they were comfortable, this factor may have affected the data gathered.

Future Research Directions

This study highlights the importance of communicative processes surrounding support, coping, and clinical anxiety. It also suggests the importance of both individual and relationally-mediated resilience in novel situations especially when one has a clinical anxiety disorder. coping, there exists little on the efficacy of methods to educate individuals and their families on healthy communication regarding anxiety. Additionally, there is a need for more research regarding environmental influences on resilience, apart from focusing on trait-resilience and relational resilience. Future studies could look into various relational and environmental stressors that may affect the presenting nature of trait resilience or discursively-mediated resilience. Moreover, further longitudinal studies should be conducted regarding COVID's effects on mental health and anxiety, and confined cohabitation's implications for relational intimacy, conflict, and resilience. Though there is plenty of research centering around adaptive and maladaptive, more research is needed surrounding the cognitions and attributions made regarding the reasoning behind which coping mechanisms are utilized and behind how resilience is enacted differently in various circumstances—whether they are time-sensitive or chronic change—would be useful research to conduct in the future.

Conclusion

This research was very personal to me, as I personally struggle with a clinical anxiety disorder, and though confined cohabitation had the potential to be particularly stressful, I considered myself very blessed to live with my family during quarantine—my mother, father, and brother—who are incredibly supportive and encouraging. I experienced many of the dynamics discussed in this study, and I am thankful for the empathetic, resilience-promoting communication of my family and friends. Though

confined cohabitation brought novel stressors of various kinds, I resonated deeply with the themes expressed by participants

The purpose of this research was to illuminate the importance of communication and relationships for adaptive coping with mental illness. I hope it encourages and empowers those with close interpersonal relationships with someone who has an anxiety disorder to grow in the manner in which they support him or her. I hope it sheds light on some of the mechanisms and processes that precipitate, mediate, and hinder effective coping and resilience, and that this will remind those with anxiety disorders that there is hope. I aim to contribute to the body of literature that promotes freedom, flourishing, and living a life of deep joy.

APPENDIX A

Baylor University Department of Communication

Consent Form for Research

PROTOCOL TITLE: Coping in Quarantine: Examining Communicative Processes, Coping, Disclosures and Anxiety Disorders during Confined Cohabitation

PRINCIPAL INVESTIGATOR: McKenna Koy, Dr. Lacy McNamee

Baylor University

Purpose of the research: The current study examines traditionally college-aged students who have a pre-existing anxiety disorder. Though these students may have various methods of coping with their clinically-diagnosed anxiety disorder throughout day-to-day life, COVID-19 precipitated new stressors and new environmental situations, including confined cohabitation (quarantine), has caused individuals to navigate intense relational dynamics and negotiate disclosures regarding their anxiety disorder and coping skills. Specifically, this study examines the way in which people in continuous confinement navigated talking about their anxiety disorder and how these communicative processes affected how effective one's coping strategies were.

Study activities: Interviews will be conducted using a semi-structured interview guide with questions organized according to a natural progression of categories and leaving room for probing and the natural course of conversation. This guide includes a set of guiding questions but that the questions are subject to change as they are structured with the intent of following the participant. There will only be one meeting per subject, and the interview will be conducted during that meeting. The interviews will follow the natural course of the conversation in determining length. Demographic data will be collected at the beginning of the interview. The interviews will be audio-recorded in-person and recorded via Zoom if an online interview format is requested.

Risks and Benefits: There is low participant risk in this study. There is nonmedical risk that participants may reveal something that is uncomfortable or distressing to think about personally and to disclose to the principal investigator. There is psychological risk that reflections may evoke post-traumatic stress. Verbal comfort and assurance of confidentiality will be offered. If fitting, participant may be offered contact information for university mental health resources.

Benefits include an opportunity to tell stories that can help participants reflect on resiliency and coping. Potential benefits to society include that insights gained from this research will be available in the public sphere for educational consumption.

Confidentiality: Personal and identifying information will be kept strictly confidential. Interview data will be stored in a password-protected cloud-based file during and after the study. Only the principal investigator will have access to identifying information. There will be a separate spreadsheet with the key of identifying information and code names to be used in analysis and study write-up. There are no non-Baylor collaborators, and if data is shared in the future for research purposes that are not specified in this study, the data will only be uploaded to a password-protected, cloud-based server and no identifiers will be sent.

Authorized staff of Baylor University may review the study records for purposes such as quality control or safety.

Compensation: N/A

Questions or concerns about this research study: You can call the researcher(s) with any concerns or questions about the research.

- **Dr. Lacy McNamee -- (254) 710-4698**
9:00 a.m. to 5:00 p.m. Monday through Friday
Lacy_mcnamee@baylor.edu

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), you may contact the Baylor University IRB through the Office of the Vice Provost for Research at 254-710-3708 or irb@baylor.edu.

Taking part in this study is your choice. You are free not to take part or to stop at any time for any reason. No matter what you decide, there will be no penalty or loss of benefit to which you are entitled. If you decide to withdraw from this study, the information that you have already provided will be kept confidential. Information already collected about you cannot be deleted.

By continuing with the research and completing the study activities, you are providing your consent.

Signature of participant

Date

APPENDIX B

IRB Approval



INSTITUTIONAL REVIEW BOARD — PROTECTION OF HUMAN SUBJECTS IN RESEARCH

NOTICE OF EXEMPTION FROM IRB REVIEW

Principal Investigator: McKenna Koy
Study Title: Coping in Quarantine: Examining Communicative Processes, Coping, Disclosures and Anxiety Disorders during Confined Cohabitation
IRB Reference #: 1674409
Date of Determination: November 02, 2020
Exemption Category: 45 CFR 46.104(d)(2)

The above referenced human subjects research project has been determined to be EXEMPT from review by the Baylor University Institutional Review Board (IRB) according to federal regulation 45 CFR 46.104(d)(2): Research involving the use of educational tests, survey procedures, interview procedures or observation of public behavior.

The following documents were reviewed:

- ☐ IRB Application, submitted on 11/02/2020
- ☐ Protocol, submitted on 11/02/2020
- ☐ Consent Form, dated 10/26/2020
- ☐ Recruitment Email, submitted on 11/02/2020
- ☐ Coping in Quarantine Interview Guide, submitted on 11/02/2020

This exemption is limited to the activities described in the submitted materials. If the research is modified, you must contact this office to determine whether your research is still eligible for exemption prior to implementing the modifications.

If you have any questions, please contact the office at (254) 710-3708 or IRB@baylor.edu

Sincerely,

A handwritten signature in black ink, appearing to read 'Deborah L. Holland'.

Deborah L. Holland, JD, MPH, CHRC, CHPC
Assistant Vice Provost for Research, Research Compliance

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