



Loss and Resilience in the Time of COVID-19: Meaning Making, Hope, and Transcendence

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This article addresses the many complex and traumatic losses wrought by the COVID-19 pandemic. In contrast to individually based, symptom-focused grief work, a resilience-oriented, systemic approach with complex losses contextualizes the distress and mobilizes relational resources to support positive adaptation. Applying a family resilience framework to pandemic-related losses, discussion focuses on the importance of shared belief systems in (1) meaning-making processes; (2) a positive, hopeful outlook and active agency; and (3) transcendent values and spiritual moorings for inspiration, transformation, and positive growth. Practice guidelines are offered to facilitate adaptation and resilience.

Keywords: Family resilience; Complicated loss; Grief; COVID-19 pandemic; Family belief systems; Meaning making; Family adaptation; Disaster recovery

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The COVID-19 global pandemic has had profound effects on all aspects of life for families and communities. In the upheaval wrought by the novel coronavirus, loved ones' lives are lost and livelihoods are threatened, ways of living are upended, and the "new normal" ahead is unclear and precarious. The isolating constraints of social distancing heighten awareness that loving connections are essential to thrive.

A RESILIENCE-ORIENTED SYSTEMS PERSPECTIVE

Loss is a powerful nodal experience that shakes the foundation of family life. Yet, research, theory, and practice have focused primarily on individual grief in the loss of a dyadic bond. A systemic perspective expands our view of significant losses to the transactional processes and mutual influences that affect all family members, their interconnected bonds, and family functioning (Walsh & McGoldrick, 2004, 2013).

In a highly stressful global pandemic, multiple losses impact the family. Shock waves reverberate throughout the relational network and ongoing stressors compound distress. In turn, key family processes mediate the adaptation—or maladaptation—of all members, their relationships, and the family unit. From a systems perspective, family vulnerability, risk, and resilience are viewed in light of multilevel recursive influences in dealing with highly stressful experiences and social contexts. Family distress may result from an overwhelming situation involving the death of a loved one or losses incurred in the wider impact of the pandemic.

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A resilience-oriented approach to loss is guided by an understanding of family adaptational challenges, variables that heighten risk, and key transactional processes that foster recovery and resilience (Walsh, 2007, 2016b). In the time of coronavirus, families are multistressed, struggling, and needing help in forging resilience: to grieve and adapt to devastating losses and dislocations, to strengthen vital bonds, to tolerate uncertainties, and to overcome daunting challenges going forward.

This paper addresses the family impact of multiple, complicated losses wrought by the COVID-19 pandemic. Focused on the US experience in the midst of unfolding challenges, it also has relevance for other hard-hit regions worldwide. Cultural and clinical constraints in working with loss are noted, clarifying misconceptions and current research-based understandings of loss, grief, and adaptive processes for systemic practice. Applying a family resilience framework, discussion highlights the power of shared belief systems in (1) meaning making of the pandemic experience; (2) a positive outlook, hope, and focus on possibilities; and (3) transcendent values and spiritual moorings for inspiration, transformation, and positive growth. Throughout, I refer to our collective experience: we are all affected—professionals and the families we work with—as we navigate the challenges ahead.

MULTIPLE LOSSES WITH COVID-19

Major disasters generally involve catastrophic conditions with loss of lives and widespread disruptions (Masten & Motti-Stefanidi, 2020; Walsh, 2007). Most often, there is a local, short-term crisis event, such as a hurricane or an act of terror, with wider ripple effects over time. But in a pandemic, the extreme conditions can persist over months and even years, with ongoing deaths and a cascade of disruptions felt worldwide.

In the COVID-19 pandemic, many families are experiencing an ongoing, pervasive sense of loss: the tragic deaths and threatened loss of loved ones; the loss of physical contact with family members and social networks; the loss of jobs, financial security, and livelihoods; the loss of pre-crisis ways of life and threatened loss of hopes and dreams for the future; and the loss of a sense of normalcy in shattered assumptions about our lives and connections with the world around us. Discussion focuses on loss with complicated and traumatic deaths, the most devastating of all losses, with consideration of other significant losses and dislocations.

Complicated/Traumatic Deaths

As the worldwide death toll mounts to unimaginable millions, we may lose sight that every death is a tragic loss for loved ones. Of all human experiences, death poses the most painful and far-reaching adaptational challenges for families. With a death in the family, members each experience the loss of their unique relationship: with a life partner, parent, child, or sibling; with a grandparent or grandchild. Families may lose vital role functioning with the death of a breadwinner, caregiver, or matriarch. A death is often experienced as a hole in the heart of a family that will never again feel intact.

Sudden deaths, most common in rapidly progressing, severe cases of COVID-19, are jolting experiences for families. A recovering loved one may suddenly take a turn for the worse. There is often extreme physical suffering before death, which is agonizing for loved ones, helpless on the sidelines and lacking treatment options. With quarantine restrictions, family members are unable to be at the bedside, to provide comfort and say their good-byes. Additional heartache ensues when gatherings are prohibited for funeral and burial rituals that help families and their communities to honor the deceased, share grief, and provide mutual support (Imber-Black, 2020).

My extended family experienced a heartbreaking death to coronavirus. In March, I received an anguished email from my cousin: She had been informed by her mother's nursing home that her mother had contracted COVID-19, was in isolation and declining rapidly, but could receive no visitors. Family members hovered outside the building, unable to be with her as she declined and died. They were not allowed to see her body or to hold a funeral gathering. A week later, her daughter, who had visited her mother just before symptoms appeared, contracted the virus herself, was in quarantine, and worried about having spread it to other grieving family members.

I was relieved to hear, a month later, that she was recovering from a mild case. But she and her siblings were deeply distressed over their mother's death and furious that the facility had not informed them that other residents had tested positive before her mother's diagnosis. They were wracked with remorse that they had let her go to a care facility and had not insisted upon taking her in to live with them.

Such heart-wrenching situations are all too common for families losing a loved one in this time of high contagion. The elderly and others with underlying medical conditions face heightened risk. With an unexpected loss, family members lack time to prepare emotionally or practically, to deal with unfinished business, or to say their good-byes. Grief can be complicated with regrets that it is too late to repair wounded bonds. In some cases, families and emergency care providers must make agonizing end-of-life decisions to forego or end life support efforts. Strong disagreements or religious concerns can lead to long-lasting family distress.

Loss of Physical Contact: Isolation

The isolating constraints of social distancing heighten awareness that our connections with others are vital to thrive. In traumatic experiences like a pandemic, when helplessness and confusion are common, we have an urgent need to turn to one another for support, comfort, and safety. Separations are keenly felt. With high risks of severe illness and death for elders and those with chronic conditions, loved ones are fearful of bringing the virus to them. Travel safety concerns limit visits by those living at a distance. Elders miss out on the rapid developments of grandchildren and yearn for a hug, a kiss, and the scent of a baby's breath.

Individuals in prolonged isolation, living alone or in care facilities, can suffer a sense of disconnection and loneliness, which increases risks for physical and mental decline, substance use, emotional despair, and death (Cacioppo, Cacioppo, Capitanio, & Cole, 2015; Killgore, Cloonan, Taylor, & Dailey, 2020). Families need to sustain connections across distance: phone and internet contact, cards and letters, and children's drawings all offer vital lifelines.

Loss of Jobs, Livelihoods, and Financial Security

The severe economic shockwaves of the COVID-19 pandemic have far-reaching impact for financial security and well-being in families. Job loss and the looming threat of prolonged unemployment, business closures, and uncertain economic recovery can be devastating, especially for lower-income families who lack savings and barely scrape by, paycheck to paycheck. The loss of essential income can have cascading effects with loss of homes, disruptive relocations, and persistent housing and food insecurity.

Loss of Hopes and Dreams

An untimely death in the pandemic is especially heartbreaking for families. The loss of a child, even one in early adulthood, upends life cycle expectations and shatters hopes and

dreams for all that might have been. In the rapid spread of the coronavirus, anticipatory loss (Rolland, 2018) is a constant concern, with worry about one's own safety and the threatened loss of loved ones. Dire forecasts of a prolonged economic recession generate deep anxieties about future livelihoods and retirement security. Young adults, facing the loss of educational and job plans, fear the loss of life dreams: in pursuing careers, gaining financial independence, finding life partners, and starting a family.

Loss of Normalcy: Shattered Assumptions

The loss of a sense of normalcy is widespread. Life as we have known it has been derailed. Life forward is on hold, the future uncertain, and the road ahead unclear. There is much talk about the "old normal" and the "new normal." Yet, like the aftershocks of an earthquake, the ground keeps shifting, and nothing feels normal.

These harrowing times take a mental, physical, and emotional toll. Daily news reports increase a sense of overwhelm, with confusing and conflicting information and changing forecasts on what lies ahead. A cartoon depicts a couple in their living room, with flames rising up around them. As one partner sits on the sofa, trying to read a book, the other stands transfixed in front of the large screen TV watching the breaking news bulletin: "Hell still on fire."

In this unprecedented pandemic, there is a collective experience of *shattered assumptions* in our worldview: our taken-for-granted beliefs and expectations about our lives and our connections to our world (Janoff-Bulman, 1992). The invisibility of the virus, its lethal potential, and the possible spread by nonsymptomatic persons heighten fears of infection. The death of a loved one, and loss of physical contacts, life structures, and future life visions can shatter core beliefs and make our world seem unpredictable and unjust. As one father lamented, "Everything I thought I knew is shaken." One global mental health specialist coined the term "COVID Cognitive Cloud" to describe the disorganizing impact of the pandemic. Ambiguities cloud our thinking and decision-making. Who is trustworthy for leadership, information, and guidance? Where and with whom are we safe? We feel trapped and angry at a loss of freedoms with lockdown and restrictions. Paradoxically, we also feel unmoored and adrift, swept by strong currents in a perfect storm of extreme events beyond our comprehension and control.

Variables Compounding Pandemic Loss Effects

The impact of loss is compounded with situational risks, larger systemic/structural forces, and/or complex family dynamics.

High-risk situations and socioeconomic disparities

The risk and pain of loss is intensified when loved ones are working on the front lines and in jobs with repeated exposure to the virus. It is heartbreaking for families of health-care emergency workers who contract coronavirus while providing critical care, often lacking protective equipment, without respite from the overload of cases, and suffering emotionally when lives cannot be saved. Those who self-isolate to protect their own family members miss their support.

Socioeconomic and racial disparities render disadvantaged and marginalized communities at higher risk for multiple losses in major disasters worldwide (Norris, 2002). In a pandemic, crowded living and conditions, job and environmental hazards, chronic medical conditions, and discrimination in disaster response heighten risks. Blacks, Latinx, and Native Americans have been disproportionately affected by coronavirus across the United States and all age groups (Oppel, Gabeloff, et al., 2020). Stark disparities are seen in the highest death rates, particularly among low-paid workers and their family members.

Many employees are caught between troubling options: going to work for a needed paycheck or losing their jobs and income if they stay home to keep themselves and loved ones safe. Prolonged unemployment and financial insecurities have long-term effects.

Ambiguous loss

Ambiguity surrounding risk and loss generates anxiety, depression, and conflict, interfering with adaptation (Boss, 1999). With COVID-19, ambiguities persist about how the virus is spread and whether a death was due to coronavirus. Uncertainty about the diagnosis, symptoms, and severity can be an impediment in getting emergency care. Family members may fault themselves for not having understood risks or acted to prevent a death and remain unclear about their future risks.

Unacknowledged and stigmatized losses

When losses are unacknowledged, hidden, or minimized, they leave families unsupported (Doka, 2002). The denial of the human tragedy of illness and deaths in the spread of COVID-19 by national authorities renders their suffering invisible. The stigma of possible contagion surrounding a COVID-related death fosters misinformation, secrecy, and estrangement, impairing social support as well as critical health and mental health care. Reports are also emerging of a spike in suicides and addiction-related deaths, with concerns about further increases with long-term effects in the economy and vulnerable groups (Gunnell et al., 2020). Deaths by suicide or overdose are tormenting for families, who struggle to comprehend them and may need help with anger, blame, shame, or guilt over how they might have made a difference (Walsh, in press).

Pileup of stressors

As the first wave of the pandemic surges in many places, with a second wave expected, most families experience a roller-coaster course in efforts to cope and adapt. Families can be overwhelmed by the emotional, relational, and functional impact of the many stresses in their lives. Adaptation can be further complicated in highly conflicted, abusive, or estranged relationships or with reactivation of painful emotions around past trauma or loss (Walsh & McGoldrick, 2013).

OVERCOMING CULTURAL AND CLINICAL CONSTRAINTS IN HELPING FAMILIES WITH LOSS

Facing Death and Loss

The dominant Anglo-American culture has fostered avoidance in facing death and loss, minimizing their impact, and encouraging people to quickly get “closure” and move on from losses and painful emotions (Walsh & McGoldrick, 2004). Some seek reassurance that death happens to others who are unfortunate or at fault, to assuage anxieties about their own risks. Many are uncomfortable in responding to others’ loss experiences and may distract attention or avoid contact.

Reflecting the cultural aversion, many therapists working with families have been hesitant in addressing significant losses, leaving grief to bereavement specialists and pastoral counselors. Moreover, there is no safe professional boundary from emotional spillover: Therapists, as well as clients, are impacted by the pandemic and are dealing with losses, disruptions, and anxieties in both work and family spheres of life. Like our clients, we are trying to hold it all together.

In a larger cultural context and mental health field that favors brief solution-oriented approaches, therapists need to appreciate that loss is not a problem to solve. We cannot

bring back a deceased loved one or a livelihood or way of life that is gone. We can listen openheartedly to pain and suffering in families, facilitate their mutual support, and encourage active efforts for positive adaptation.

Human Vulnerability, Interdependence, and Resilience

The cultural ethos of the “rugged individual” fosters expectations for self-reliance and fierce independence in dealing with serious life challenges. Vulnerability and dependence on others are shame laden, viewed as weakness and deficiency. Associated cultural images of masculinity constrain many men’s emotional expression and strain relational bonds. In couples, a distraught spouse may feel abandoned by an emotionally unavailable partner when mutual support is needed most.

This ethos also encourages individuals to tough it out on their own: “I should be able to manage it all myself.” “I don’t want to ask for help or burden others.” Such expectations lead to burnout, especially for single parents, and leave no time to attend to emotional needs or find respite from pandemic-related stresses.

Vulnerability is part of the human condition. Distress is normal in abnormal times. Although some families are more vulnerable in this pandemic, most face losses and upheaval. False assurances of invulnerability are foolhardy. Acknowledgment of grief, suffering, and hardship is a strength that can rally mutual support and collective efforts for recovery.

We are relational beings. Recognition of our essential interdependence is vital for our well-being and resilience. In turning to others for help, we can pay it back and pay it forward. Mobilizing kin and social support, while challenging with social distancing restrictions, is crucial to build family and community resource teams. As a society, we are all going through this pandemic together. We need and depend on each other for our lives and our future.

Understanding Grief, Adaptation to Loss, and Resilience

In this time of pandemic, there is much talk about widespread grief. It is important to clarify current research-based understandings of loss, and common misconceptions from earlier theories positing a single, universal model of “normal,” or “healthy” grief. Epidemiological and cross-cultural studies have found wide diversity in responses to loss, with variation in the timing, expression, and intensity of normal grief responses (Walsh, in press; Wortman & Silver, 1989). In families, members may not be in sync, requiring respect for differences.

Grief and recovery processes do not follow an orderly stage sequence or timetable as proposed by Kubler-Ross and Kessler (2005). Common reactions of shock and disbelief, anger, bargaining, sorrow, and acceptance are better seen as facets of grief, which ebb and flow over time. While usually decreasing in intensity, various facets can surface unexpectedly, particularly around nodal events.

In the COVID-19 pandemic, initial shock and disbelief are common, but unshakable denial becomes detrimental in not facing the reality that must be dealt with. In families, tolerance is needed for different reactions: One member may be consumed by sadness and yearning while another is enraged by the unfairness of a loss. A breadwinner may need to keep emotions under wraps to function at work. Small children may show anxious clinging or need constant contact while adolescents may distance (Walsh & McGoldrick, 2013).

Adaptation involves a dynamic oscillation in attention alternating between loss and restoration, focused at times on grief and at other times on emerging challenges (Stroebe & Schut, 2010). With pressing demands, many do not have the time and space to process complicated losses, which may find expression in substance use, relational conflict, or

child-focused problems. Many only seek counseling much later, after initial social support wanes and the full impact of loss-related challenges is felt. This will require pacing of interventions attuned to each family, weaving back and forth in attention to grief, coping efforts, and future directions.

Adaptation to loss does not mean full recovery or resolution in the sense of some complete, once and for all, getting over it. Recovery is best seen in terms of adaptation over time, rather than a final outcome. Many recover from coronavirus, yet some suffer long-term sequelae not yet understood. Recovery from the economic effects of the pandemic may be partial, as will be recovery of aspects of past ways of life. Efforts will be needed for both continuity and adaptive change.

Likewise, resilience in response to loss and other major disruptions does not mean “just bounce back,” quickly rallying and moving on unscathed (Walsh, 2016b). Healing and resilience are forged gradually over time. Grief is a healing process: We do not get over grief—we go through it. Resilience is forged through suffering and setbacks; it involves struggling well and integrating painful loss experiences into our life passage.

FAMILY RESILIENCE IN THE TIME OF COVID-19

The concept of resilience—the capacity to overcome adversity—is finding valuable application in situations of widespread disaster, collective trauma, and loss (Landau, 2007; Masten & Motti-Stefanidi, 2020; Saul, 2013; Walsh, 2007, 2016b). With advances in research, resilience is now understood as involving dynamic multilevel systemic processes over time. The response to a disaster by communities and larger systems can make the difference for individual and family well-being and resilience. For instance, abysmal failures in government response to Hurricane Katrina compounded widespread suffering and loss. In contrast, the coordinated response to the Oklahoma City bombing tragedy by community leaders and agencies provided immediate support and fostered long-term positive adaptation (Walsh, 2007, 2016b).

Family resilience refers to capacities in family functioning to withstand and rebound from adversity. More than surviving loss and coping with disruptions, resilience involves positive adaptation: regaining the ability to thrive, with the potential for transformation and positive growth forged through the searing experience.

A family resilience orientation is finding broad application in strengths-based, collaborative, systemic training, practice, and research (Walsh, 2016a, 2016b). A resilience-oriented approach with loss (a) contextualizes the distress; (b) attends to the challenges, suffering, and struggles of families; and (c) strengthens relational processes that support coping, adaptation, and growth. With a multisystemic lens, this approach draws on extended kin, social, community, sociocultural, and spiritual resources, and strengthens larger systemic/structural supports.

To help families forge resilience in response to pandemic-related losses and the myriad of challenges they face, therapists can usefully apply this author’s family resilience framework. Designed as a practice map to guide intervention with families facing extreme adversity, it has been applied to traumatic and complicated losses in communities and with widespread disaster (Walsh, 2007, 2016b).

The COVID-19 pandemic is a perfect storm of stressors, involving acute crisis and loss events, disruptions in many aspects of life, and ongoing multistress challenges with evolving conditions. This situation is so extreme that families are experiencing the strains of grief and sadness over so much loss, fears for loved ones, and anxieties about the future. How a family deals with stress and loss is crucial; therapists can help families strengthen key transactional processes for mutual support and mobilize active efforts to overcome

challenges. In gaining resilience, they strengthen bonds and resourcefulness in meeting future challenges.

THE POWER OF FAMILY BELIEF SYSTEMS

The Walsh family resilience framework identified nine key processes—facilitative beliefs and practices—in three domains of family functioning: family belief systems, family organizational processes, and communication/ problem-solving processes (Walsh, 2003, 2016b). Discussion in this paper focuses on the powerful influence of family belief systems in the COVID-19 pandemic.

Shared facilitative beliefs are the heart and soul of family resilience. Each family's belief system, rooted in their multigenerational and sociocultural influences, comes to the fore in times of crisis and loss, shaping members' experience and their pathways in adaptation. Family resilience is fostered by shared beliefs (1) to *make meaning* of the crisis and challenges; (2) to (re)gain a *positive, hopeful outlook that supports active agency*, and (3) for *transcendence*: to rise above suffering and hardship through larger values, spiritual beliefs and practices, and experiencing transformations in new priorities, a sense of purpose, and deeper bonds.

Making Meaning of the Pandemic Experience

Core beliefs ground and orient families, providing a sense of reality, normalcy, meaning, or purpose in life. Well-being is fostered by expectations that others can be trusted; that communities are safe; that life is orderly and events predictable; and that society is just. When the losses and upheavals in this pandemic shatter such assumptions, as noted above, there is a deep need to restore order, meaning, and purpose (Janoff-Bulman, 1992).

Meaning making and recovery involve a struggle to understand what has been lost, how to build new lives, and how to prevent future tragedy. Meaning reconstruction is a central process in healing in response to trauma involving both death and nondeath losses (Neimeyer & Sands, 2011). It involves sense-making efforts over time, not simply a final stage in resolving grief, an “aha” moment when everything makes sense. In this pandemic, at first it is hard to understand what is happening, without previous experience to relate it to. As we grapple with the implications, we gradually try to come to terms with the situation, what can be known and the uncertainties that persist.

In families, meaning-making processes involve shared attempts to make sense of the loss, put it in perspective to make it more bearable, and, over time, integrate it into personal and relational life passage (Nadeau, 2008). Resilience is strengthened in helping families gradually forge a sense of coherence through shared efforts to make loss-related challenges comprehensible, manageable, and meaningful to tackle (Antonovsky & Sourani, 1988). This requires dealing with ongoing negative implications, including the loss of hopes and dreams. Contextualizing members' distress as common and understandable in their situation—normal in an abnormal time—can depathologize intense reactions and reduce blame, shame, and guilt.

In the context of COVID-19, therapists need to explore both the factual circumstances of losses and the implications they hold for family members in their social and developmental contexts. Commonly, they grapple with painful questions: “How did this happen?” “Could it have been prevented?” “What will happen to us?” “What does it mean for our lives? Such concerns persist when, for instance, the source of viral transmission, the development of vaccines and treatments, or the future of the economy remain unclear. Causal attributions concerning blame, self-blame, and guilt can be strong when questions of failed responsibility or negligence arise, such as public health guidelines. Meaning-making

efforts and future planning are hampered by repeated unclear and inconsistent information by government authorities. Frustrations may boil over in anger that more should have done to prevent widespread viral contagion and economic losses. Systemic therapists can help family members to voice such concerns, come to terms with reasonable limits of control in the situation, and seek greater accountability and leadership by those in charge at local and national levels.

Families may struggle to envision a new sense of normality, identity, and relatedness to adapt to altered conditions. They can become trapped in helplessly waiting to hear what will happen next or in the future. A sense of active agency is vital for resilience: What can we do about it? What are our options? Clinicians can support efforts to gain and share helpful information and become involved in community efforts.

Helping professionals are cautioned not to ascribe meaning to a family's unique experience. Our role is not to provide meaning for those who are struggling, but to facilitate their meaning-making process (Frankl, 2006). The multiple meanings of a particular loss evolve as they find expression in continuing patterns of interaction and are integrated with other life experiences. Over time, adaptation involves weaving the painful experience and the resilience forged into the fabric of individual and collective identity and life passage.

Positive Outlook: Hope

Abundant research has found the importance of a positive outlook for resilience (Walsh, 2016b). Yet this should not be seen as relentless optimism and good cheer. In confronting significant challenges with COVID-19, it is common to experience discouraging setbacks. Sadness and nostalgic yearning are intensified when former lives cannot be restored. Many persons report that there were times when they did not know whether they could face another day, or felt that life no longer had meaning—but with the support—or needs—of others, they vowed to carry on. Family members' mutual encouragement bolsters active efforts to take initiative and to persevere. Affirming individual and family strengths in the midst of difficulties can counter a sense of helplessness, failure, and despair as it reinforces shared pride, confidence, and a “can do” spirit.

Hope is most essential in times of overwhelm and despair, fueling energies and efforts to cope and rebuild lives. We hold onto hope in the midst of uncertainty. Weingarten (2010) cautions us to practice reasonable hope and to avert false hopes. Wishful thinking does not make a pandemic go away. Flaskas (2007) notes the complex dynamics of hope and hopelessness within intimate relationships, embedded in family history, community, and social processes, which can support or undermine hope. In a couple, one partner may lose hope while the other holds hope for both. Therapists can witness the coexistence of hope and hopelessness in a way that nurtures hope and yet emotionally holds both.

In working with COVID-related loss, we can help families reorient hope: as some hopes are lost, what can realistically be hoped for and worked toward? Support may be needed to tolerate prolonged uncertainties and lengthy recovery processes, while holding hope in future possibilities with sustained efforts. As studies have found, resilience is fostered by focusing efforts to master the possible, accepting that which is beyond control, and coming to terms with what cannot be changed (Walsh, 2016a, 2016b).

Transcendence and Spirituality

Transcendent values and connections enable families to view losses and suffering beyond their immediate plight. Cultural and spiritual connections are valuable resources to support adaptation, providing assistance to honor and grieve all that was lost and move forward with life (Rosenblatt, 2013). In the time of COVID-19, transcendent values and practices help families to endure and rise above losses and disruptions, by fostering

meaning, harmony, connection, and purpose. They offer opportunities to reaffirm identity, relatedness, and core social values of caring and compassion for others.

In times of loss and deep suffering, spiritual matters commonly come to the fore, whether based on religious or existential concerns (Wright & Bell, 2009). Clinicians are encouraged to attend to the spiritual dimension of experience to explore issues that constrain adaptation and to draw on spiritual resources that fit clients' preferences within and/or outside organized religion (Walsh, 2009b).

Research has documented the positive effects of deep faith, belief in a Higher Power, prayer and meditative practices, and congregational support in times of crisis (Koenig, 2012). In this time of sequestering and social restrictions, connections with nature are important to nourish spirits—from soothing bonds with companion animals (Walsh, 2009a), to the rhythm of waves on the shore, the songs of birds, and the hopeful renewal of life with new birth. The transcendent power of music and the creative arts fosters resilience, expressing unbearable sorrow and restoring the spirit to rise above adversity. In this prolonged period of angst, I find music most uplifting; it also connects me with my mother, a gifted musician, whom I lost too soon.

Times of great tragedy can bring out the best in the human spirit: Ordinary people show extraordinary courage, compassion, and generosity in helping kin, neighbors, and strangers to recover and rebuild lives. For many, their spirituality is connected to a purposeful dedication to social justice or climate change activism.

Innovation

Creativity is vital in our lives, as we need to invent new ways to overcome pandemic-related challenges. In some communities, individuals and multigenerational families are exploring safe ways to come together by creating “social pods”—contact clusters for interpersonal connection and practical support. Mental health professionals are needing to transform ways of providing therapy when social distancing and face coverings constrain in-person “face-to-face” office sessions. Therapists and clients are gaining new skills and comfort with telehealth therapy, despite the limitations. Many notice a silver lining: increased access to therapy for those whose stress overload, incompatible schedules, disabilities, or distances from offices prevented in-person sessions.

Finding creative ways to celebrate important events, such as birthdays and graduations, can revitalize spirits and reconnect all with the rhythms of life. One young couple saddened when plans for an elaborate wedding had to be canceled, instead held a simple, yet deeply meaningful backyard ceremony, under a homemade wooden arch covered with a trellis of white blossoms. We witnessed the couple's joyful union via Zoom, along with family members across two continents, snapping memorable photos with a screen-saving click. They look forward to a festive postpandemic party.

Whatever our adverse situation, we can make the most of it, practicing the “art of the possible”: “Do all you can, with what you have, in the time you have, in the place you are.”

Transformation: Learning, change, and positive growth

More than surviving loss or managing stressful conditions, family processes in resilience can yield personal and relational transformation and positive growth. In struggling through loss and hardship, in active coping efforts, and in reaching out to others, families tap resources that they may not have drawn on otherwise, and gain new perspective on life (Walsh, 2016b). Similarly, studies of posttraumatic growth have found that individuals often emerge from life-shattering losses with remarkable transformations: gaining appreciation of life and new priorities; warmer, closer relationships; enhanced personal strengths; recognition of new possibilities or paths in life; and deepened spirituality (Tedeschi & Calhoun, 2008).

The experience of suffering and loss often sparks compassionate actions to benefit others or address harmful conditions. Clinicians can encourage families to find pride, dignity, and purpose from their darkest times through altruistic initiatives. Many report stronger bonds forged through shared dedication, such as mobilizing community action coalitions or medical research funding (Walsh, 2016b). Bereaved families can find strength to surmount heartbreaking loss and go on in meaningful lives by bringing benefit to others from their own suffering.

One African-American family lost their beloved matriarch to COVID-19. She had worked tirelessly as a home healthcare provider but never had the healthcare herself that she needed. When the family sought testing and care for her symptoms of coronavirus, their community lacked essential resources that might have saved her life.

Her children were devastated by her loss, but agreed that she wouldn't want them to become consumed by anger and grief. They vowed to do something meaningful to honor her life and her memory. As her son related, "We want something good to come out of our tragedy. We're taking up fierce advocacy for changes in our healthcare system so everyone gets quality care, no community is left behind, and no family will suffer as our has. She will be smiling down on us with pride."

In the wake of loss, families cannot bring back a deceased loved one or recover all that was valued and lost, yet their suffering and struggle can yield new purpose and life priorities. Many report that a major life challenge spurred them to reappraise their priorities and stimulated greater investment in meaningful pursuits. In the peak of COVID-19 hospitalizations, as neighborhoods put up lawn signs thanking healthcare workers, a teenager in one family expressed outrage: "Thanking them is nice, but we should value them by making sure they have the equipment they need and by paying them what they are worth!" She and her parents mobilized community members to lobby for changes.

Many become more keenly aware of urgent needs for children and families. In the pandemic, parents are juggling incompatible demands of jobs, housework, childcare, and homeschooling, with planned school openings precarious and daycare resources unavailable. Gender disparities are starkly revealed for women who provide essential income and carry most responsibilities for homemaking and childrearing. With the economy reopening, many parents are between a rock and a hard place: forced to give up jobs to attend to children's needs. The difficulties experienced in home-based learning sharpened awareness of the vital importance of quality education and the undervalued and underpaid role of teachers in our society. It also exposed the striking lack of access for remote learning in under-resourced, low-income, and largely minority neighborhoods, setting children back from achieving their potential. Transforming new insights into meaningful actions requires initiative, persistence, and creative solutions.

Time Lost and Found

We are living through time out of the ordinary. With our life course seemingly on hold and future forecasts cloudy, we cope by trying to "be here now," focused on getting through each day and week. While we are restricted in our social space, we need not be trapped in time in the "here and now."

Time out

As the initial overwhelm with COVID-related loss and disruption eases and we contemplate a long haul, it affords the opportunity to reflect on our personal and collective lives and to re-appraise our values and aspirations (Bruner, 1986). A crisis can be a wake-up call, heightening attention to what matters and who matters. In thinking more deeply about the "Old Normal" and "New Normal" we realize that many aspects of our pre-

COVID lives that were normalized need to be changed for the better. As we expand our vision beyond our personal struggles, we see needs for broader systemic changes with more urgency.

Reconnecting with the past

We can learn and grow stronger from the past.

This is the time to deepen understandings and connections to our past, to the joys and sorrows experienced. We can encourage family members to share sweet memories to revive spirits and bonds in these hard times. We can reminisce together over photos, make scrapbooks and pass on keepsakes to cherish. Using technology or old-school pen and paper, adults and their children can interview family elders and record their life stories: how grandparents fell in love; what their lives were like in their times. In hearing about experiences of crisis and challenge, it is important to draw out accounts of resilient responses alongside the difficulties. How did they and their families get through the Great Depression and World War II? The courage, tenacity, and ingenuity in dealing with past loss and hardships can inspire current efforts. Moreover, gaining perspective on elders' lived experience can increase compassion for their shortcomings and deepen bonds (Walsh, 2016b).

Re-envisioning the future

In a pandemic that is novel, complex, and changing, long-term forecasts are hazy. We must learn to live with considerable uncertainty with flexibility to adapt to new developments. Many joke about making Plans A, B, C, and beyond. We cannot control everything that will happen, but we can dream and direct our energies toward our preferred vision. When future hopes and dreams are lost, therapists can help family members to reorient hope and envision new possibilities.

Linking the past, present, and future

When death ends a life, it does not end relationships. Research finds that healthy adaptation to loss involves not a "letting go" or detachment, but rather a transformation from ongoing physical presence to *continuing bonds* (Stroebe, Schut, & Boerner, 2010). These bonds can be sustained through spiritual connections, memories, stories, keepsakes, deeds, and legacies. In this time of COVID-19, families will need to find innovative ways to honor and sustain connections: through meaningful memorial events, whether virtual or postponed; in websites to share tributes and remembrances. In varied ways, family members can find meaning and resilience in "saying 'hullo' again" (White, 1988) and remembering those who have been lost. Where bonds were frayed, they can be healed. Therapists can foster an evolutionary perspective that integrates painful experiences and yields meaning and hope for the future.

Present time/precious time

The pandemic sharpens our awareness of the fragility of life and jolts us not to take future time for granted. The inevitability of losing others becomes more salient: What would we regret—things unsaid, undone—if a loved one died, or as we faced our own impending death. Loss and threatened loss can heighten appreciation of loved ones taken for granted and spur efforts to repair grievances in wounded bonds. Time does not heal all wounds, but offers new perspectives, experiences, and connections that can help people forge new meaning and purpose in their lives. Over time, we will need to integrate the pandemic experience into the chapters of our individual and shared lives, strengthening the relational connections that matter to us: with the families we were born into, those we choose, and our wider communities.

There is no love—or life—without loss. We are all mourners now, trying to guide one another as we navigate our way forward and strive to make a better world out of tragedy. Our resilience is relationally based, nurtured, and fortified through our interconnections. By facing our vulnerability and by supporting one another through the worst of times we are better able to overcome daunting challenges to live and love fully.

BOUNCING FORWARD: ADAPTING TO OUR CHANGED WORLD

Resilience is commonly thought of as “bouncing back,” like a spring, to our pre-crisis norm. However, when events of this magnitude occur, we cannot return to “normal” life as we knew it. As our world changes, we must change with it. In the wake of the 9/11 terrorist attacks, I suggested that a more apt metaphor for resilience might be “bouncing forward” to face an uncertain future (Walsh, 2002). This involves constructing a new sense of normalcy as we recalibrate our lives to face unanticipated challenges ahead. Over the ages, individuals, families, and communities have shown that, in coming together, they could endure the worst forms of suffering and loss, and with time and concerted effort, rebuild and grow stronger. The painful experiences in this pandemic will require time and shared reflection for meaning making, questioning old assumptions, and grappling with a fundamentally altered conception of ourselves and our interconnections with all others in our shared world. Taking a systemic view, the pandemic *and* our response will generate reverberations we cannot foresee or control. Mastering these challenges will require great wisdom and humanity in the months and years ahead.

REFERENCES

- Antonovsky, A., & Sourani, T. (1988). Family sense of coherence and family adaptation. *Journal of Marriage and the Family*, *50*, 79–92.
- Boss, P. (1999). *Ambiguous loss*. Cambridge, MA: Harvard University Press.
- Bruner, J. (1986). *Actual minds/possible worlds*. Cambridge, MA: Harvard University Press.
- Cacioppo, J. T., Cacioppo, S., Capitanio, J. P., & Cole, S. W. (2015). The neuroendocrinology of social isolation. *Annual Review of Psychology*, *66*, 733–767.
- Doka, K. (2002). *Disenfranchised grief*. Champaign, IL: Research Press.
- Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements with the balance of hope. *Journal of Family Therapy*, *29*, 186–202.
- Frankl, V. (2006). *Man's search for meaning*. New York: Beacon Press (Original work published 1946).
- Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N. et al. (2020). Risk and prevention during the COVID-19 pandemic. *The Lancet*, *7(6)*, 468–471.
- Imber-Black, E. (2020). Rituals in the time of COVID-19. Imagination, responsiveness and the human spirit. *Family Process*, *59(3)*, 912–921. <https://doi.org/10.1111/famp.12581>
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Killgore, W. D. S., Cloonan, S. A., Taylor, E. C., & Dailey, N. S. (2020). Loneliness: A signature mental health concern in the era of COVID-19. *Psychiatry Research*, *290*, 113–117.
- Koenig, H. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Network (ISRN) Psychiatry*, *2012*, 33. <https://doi.org/10.5402/2012/278730>
- Kubler-Ross, E., & Kessler, D. (2005). *On grief and grieving*. New York: Scribner.
- Landau, J. (2007). Enhancing resilience: Families and communities as agents for change. *Family Process*, *46(3)*, 351–365.
- Masten, A., & Motti-Stefanidi, F. (2020). Multisystemic resilience for children and youth in disaster: Reflections in the context of COVIS-19. *Adversity and Resilience Science*, *1*, 95–106. <https://doi.org/10.1007/s42844-020-00010-w>
- Nadeau, J. W. (2008). Meaning-making in bereaved families: Assessment, intervention, and future research. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research: 21st century perspectives* (pp. 511–530). Washington, DC: American Psychological Association.
- Neimeyer, R. A., & Sands, D. C. (2011). Meaning reconstruction in bereavement: From principles to practice. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 9–22). New York: Routledge.

- Norris, F. H. (2002). 60,000 disaster victims speak: Part 1. An empirical review of the empirical literature, 1981–2001. *Psychiatry: Interpersonal and Biological Processes*, *65*, 207–239.
- Oppel, R. A. Jr, Gabeloff, R., Lai, K. K. R., Wright, W., & Smith, M. (July 5, 2020). The fullest look yet at the racial inequality of coronavirus. *New York Times*.
- Rolland, J. S. (2018). *Helping couples and families navigate illness and disability*. New York, NY: Guilford Press.
- Rosenblatt, P. C. (2013). Family grief in cross-cultural perspective. *Family Science*, *4*(1), 12–19. <https://doi.org/10.1080/19424620.2013.819226>
- Saul, J. (2013). *Collective trauma, collective healing: Promoting community healing in the aftermath of disaster*. New York: Routledge.
- Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega: Journal of Death and Dying*, *61*, 273–289.
- Stroebe, M., Schut, H., & Boerner, K. (2010). Continuing bonds in adaptation to bereavement: Toward theoretical integration. *Clinical Psychology Review*, *30*, 259–268.
- Tedeschi, R. G., & Calhoun, L. G. (2008). Beyond the concept of recovery: Growth and the experience of loss. *Death Studies*, *32*(1), 27–39.
- Walsh, F. (2002). Bouncing forward: Resilience in the aftermath of September 11. *Family Process*, *41*(1), 34–36.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, *42*(1), 1–18.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, *46*, 207–227. <https://doi.org/10.1111/j.1545-5300.2007.00205.x>
- Walsh, F. (2009a). Human-animal bonds: I. The relational significance of companion animals. *Family Process*, *48*, 462–480.
- Walsh, F. (Ed.). (2009b). *Spiritual resources in family therapy*, 2nd ed. New York: Guilford Press.
- Walsh, F. (2016a). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process*, *55*(4), 616–632. <https://doi.org/10.1111/famp.12260>
- Walsh, F. (2016b). *Strengthening family resilience*, 3rd ed. New York: Guilford Press.
- Walsh, F. (In Press). *Complicated loss: Fostering healing & resilience*. New York, NY: Guilford Press.
- Walsh, F., & McGoldrick, M. (2004). Loss and the family: A systemic perspective. In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss: Death in the family*, 2nd ed. (pp. 3–26). New York: Norton.
- Walsh, F., & McGoldrick, M. (2013). Bereavement: A family life cycle perspective. *Family Science*, *4*(1), 20–27.
- Weingarten, K. (2010). Reasonable hope: Construct, clinical applications, and supports. *Family Process*, *49*, 5–25.
- White, M. (1988). Saying hullo again: The incorporation of the lost relationship in the resolution of grief. *Dulwich Centre Newsletter*, Spring.
- Wortman, C., & Silver, R. (1989). The myths of coping with loss. *Journal of Counseling and Clinical Psychology*, *57*, 349–357.
- Wright, L. M., & Bell, J. M. (2009). *Beliefs and illness: A model for healing*. Alberta, CA: 4th Floor Press.