

What are the meanings of families in a pandemic situation for adolescents?

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Abstract *This paper aimed to identify and understand the meanings of family in a COVID-19 pandemic situation for adolescents in Northeastern Brazil. This qualitative research used the DE-T Procedure with 32 adolescents from Northeastern Brazil. Thirteen themes were observed, and the most incident were physical distance, expressed feelings, integrating family relationships, technological devices, and disintegrating family relationships. We finalize with the representation of family power in facing the pandemic and family suffering in the face of the public health problem that plagues the country.*

Key words *Adolescents, Family, COVID-19, Pandemic*

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Introduction

As of late October 2020, the number of confirmed COVID-19 cases globally was 44,908,477¹. Of this total, 5,468,270 cases were from Brazil, 1,472,233 of which were from the Northeast², equivalent to 26.92% of cases in the country, which shows the high incidence in this region. Faced with this public health problem experienced due to the new coronavirus, the world population was faced with several measures to fight the pandemic³. Among the measures adopted, physical distancing, which aims to reduce the high transmissibility and avoid the depletion of health systems by reducing interactions between the population, was essential to control the spread of the virus^{4,5}.

Given the above and because of the change in people's routine, we observed that the family dynamics, especially with children and adolescents, has demanded more significant effort from parents/guardians⁶. Faced with these issues, UNICEF⁷ prepared a guidance report on family management in the pandemic and pointed to the possibility of anxiety in adolescents without parental help. A literature review aligned with this report pointed out the probability of increased stress^{8,9}, a threat to the well-being of families and children and adolescents⁸, and higher levels of intra-family violence¹⁰⁻¹³.

With a greater focus on protection care and prevention of contamination, one of the problems experienced during a pandemic is the tendency to neglect implications for mental health¹⁴. Thus, we understand the importance and need for Psychology contributions in coping with COVID-19¹⁵ repercussions. Thus, psychological interventions are fundamental for promoting mental health, reducing negative implications for development, and contributing to the rehabilitation process, dealing with loss, and people's transformations after the pandemic¹⁵.

Polanczyk¹⁶ points out that the consequences of social distancing on mental health, including that of children and adolescents, may represent a "second wave" of the pandemic. Therefore, it is essential to develop reflections on adolescence and family during the pandemic since young people face readaptation due to confinement and the need for a new adaptation to the reality naturally present in adolescence.

This paper results from research with young people and is justified by providing a potential space for mutative subjective experiences to understand the young people's view of the family and their experiences during the COVID-19 pan-

dem. Thus, the social relevance of this work lies in providing a space for expression, communication, and active participation with adolescents during the pandemic and physical distancing. As academic relevance, we point out the importance of developing research with young people about their conceptions about family during the COVID-19 pandemic through remote research instruments. Given the above, this work aimed to identify and understand the meanings of family in a COVID-19 pandemic situation for young people in Northeast Brazil.

Methods

Ethical aspects

This project was approved by the Ethics Committee (CEP) of Federal University of Alagoas (Opinion: 4.090.450 - CAAE: 31838420.9.0000.5013). Adolescents participating in the research completed and signed the Informed Assent Term online, and their parents/guardians completed and signed the Informed Consent Term. This research was conducted only after the guardian's consent and the adolescent's assent through a video call. All ethical precepts recommended by the National Health Council according to resolution No. 510/2016¹⁷ were met.

Study type

This is qualitative, descriptive, and exploratory research. Qualitative research is characterized by being an interpretive approach to the world, which implies the inclusion of the researcher in the natural settings of the event studied to understand and grasp the meanings attributed by people to certain phenomena¹⁸. The qualitative exploratory research allows the researcher to become familiar with the event, people, and demands. The descriptive research shows the "how" and "what" of the studied phenomenon. By detailing it, it will provide context information that can be used as a basis for comprehensive research¹⁹.

Study setting and data source

All research was conducted online, given the global pandemic situation (COVID-19), in compliance with Law No. 13,979, enacted in February 2020, which refers to coping measures: quarantine, social distancing, and closing education institutions²⁰.

Thirty-two young people of both genders, aged between 12 and 17 years and 11 months, from the Brazilian Northeast, participated in the research to understand the meaning of family in a coronavirus pandemic situation among adolescents. The sample was established by the snow-ball sampling method, which is a non-probabilistic sample, however, useful for remote access groups. It was established by finding subjects suitable to the target population. These subjects are called sample seeds, as they give rise to the other participants. Subsequently, the seed helps the researcher obtain more contacts with the characteristics required by the research, and then those indicated by the seed indicate new participants²¹.

Data collection and organization

Searching for the sample's seed²¹, three adolescents known to the researcher were invited to participate. The research invitation was shared in the researcher's WhatsApp groups, so she asked her network of friends for assistance in sharing and disseminating the research on their social networks, seeking a greater reach of dissemination. The research invitation included the following information: Name of the researcher and advisor; research title; target audience; ICF and IAF links; approval of the project by the Ethics Committee with the CAAE and the researcher's contacts.

The initial contact with the participants occurred through the completion of the online ICF or IAF by the adolescent or guardian, which allowed the researcher to access the completed term, containing the participant's or guardian's contact details. Then, the researcher got in touch through a message via WhatsApp and established a first conversation with the interested parties, which included a presentation of the researcher; reception message to the participant (or his guardian); opening a space for elucidating possible doubts; confirmation of interest in participating in the research; scheduling the day and time for the video call according to participant availability; request to complete one of the missing terms (ICF or IAF), as many had only one completed term. Finally, the researcher informed the participant or guardian that she would get in touch one day before the scheduled date to confirm the completion of the research and made herself available if they wanted to contact her. Through this second contact with the participant via message, most adolescents confirmed their

presence and attended the scheduled time. Some asked to reschedule, and so it was done.

The collection was carried out through a video call via Messenger. The researcher sent the link to the room where she would find the participant. The video call was made directly through WhatsApp when the participant did not have the application (Messenger). In this individual and virtual meeting, the researcher initially established rapport with the adolescent (informal conversation and questioning about possible doubts by the young person regarding the research) and then applied two instruments: sociodemographic questionnaire and Thematic Drawing-Story Procedure^{22,23}.

The sociodemographic questionnaire was read and completed by the researcher, and it consisted of name initials, age, gender, skin color, schooling, grade repetition, school network (public or private), online classes (yes/no/others), work activity and guaranteed rights (yes/no), marital status, living with, city/state.

The Drawing-Story Procedure with Theme (PDE-T) derives from the Drawing-Story Procedure (DE), developed by Walter Trinca. The DE was developed as a clinical technique for investigating personality and designed from the possibility of constructing "between" subjects. As a basis for this proposal, Trinca²⁴ adopted the idea of the Squiggle Game proposed by Winnicott²⁵. In this game, Winnicott proposes a relationship between the unconscious and enables an intervention from communication based on the drawing's subjectivation.

Therefore, the PDE-T developed by Aielo-Vaisberg²⁶ is a variant of Walter Trinca's²⁷ DE Procedure and a psychological investigative strategy based on Winnicott's theory. It is noteworthy that this is a psychoanalytically-oriented technique to facilitate emotional communication, considering an intersubjective context, with an always interpretive and comprehensive nature, with "transitional interventions"²⁸(p.282), grounded on the possibility of spontaneous gesture and based on the creative and integrative posture in this inter-human encounter between patient and therapist²⁹.

The PDE-T asks the subject to produce a drawing with a specific theme. Then, the subject is asked to tell a story about what he drew and assign a title. The PDE-T aims to promote the elaboration of the subject's experiences with the proposed theme through symbolic articulations and allows an investigation regarding the examinee's anxieties and defenses due to instructions direct-

ing a specific theme²². This Procedure does not target comprehensive psychodiagnosis, although it benefits the understanding of how a subject or a group assigns a meaning to a topic³⁰.

Adolescents were asked to draw a picture with the following slogan, “Draw a family in a coronavirus pandemic situation (COVID-19)”. After finishing the drawing, the teenager was asked to record a story concerning the drawing on the back of the sheet and give a title to the production unit. The adolescent was asked to show the drawing to the researcher and read the story and title created. Afterward, he/she photographed and sent the production unit to the researcher for analysis.

Data analysis

The Thematic Drawing-Story Procedure (PDE-T) was analyzed according to Trinca²⁷, who recommends the analysis of graphic and verbal expressions together, considering the complementarity of drawing and story. Bardin’s³⁰ content analysis procedure was performed to identify the themes in the material, which consisted of three stages: pre-analysis, exploration of the material, and processing the results. The first phase implied a free-floating reading of the material collected in the research to establish indicators. In the next phase, the collected material was explored, encoded (selecting recurrent themes), and categorized (grouping of resurgent themes). Later, in the third phase – processing the results – the obtained results were interpreted. The Winnicottian psychoanalytic framework and the current research on the subject were employed in this phase. Two independent judges assured a more impartial and reliable analysis, and any disagreement between the judges regarding the themes of the drawings or stories was solved by a third judge.

Results and discussion

We identified the profile of the 32 participating adolescents through the sociodemographic questionnaire (Table 1).

Table 1 shows that the sample consisted of 32 adolescents of both genders, 24 females and eight males. The mean age of participants was 14.5. The minimum and maximum ages for both genders were 12 and 17 years old. In both genders, 16 participants (50%) were mixed race, ten (31.25%) were white, and six (18.75%) were

black. Seventeen (53.12%) adolescents were in elementary school II, 14 (43.75%) adolescents had incomplete high school, and only one (3.12%) adolescent had completed high school.

According to the most current statistical analysis by the IBGE³¹, the states of the Northeast make up about 53 million inhabitants, and this population consists of 62.5% of mixed race, 29.2% white, 7.8% black, and 0.5% of indigenous people. Therefore, we can see that while the number of participants from the Northeast is limited, the sociodemographic data collected about the ethnicity of the participants in this research are aligned with the analysis by the IBGE, which reaffirms the representativeness, mainly of browns, in this region.

Besides the sociodemographic information, the themes of thematic story-drawings (DE-T) were also analyzed. We could identify 16 themes (Table 2). It is noteworthy that more than one theme may have been identified in a DE.

The themes with the highest incidence were physical distancing, expressed feelings, and integrating family relationships. The themes with fewer appearances (only one appearance) were social inequality, government financial aid, and life projects. These and other themes will be discussed in greater depth below.

The theme *Expressed Feelings*, which comprises the feelings communicated by young people in their DETs, appeared 25 times. Of this total, fourteen DETs referred to feelings arising from sufficiently good environments, which, according to Winnicott³², concern an environment that meets the individual’s basic physical and emotional needs, enabling reliability and security. Therefore, we observed that union (9) was the most discussed feeling, related to happy and affectionate moments, protection and care by family members, approximations and rapprochements; followed by feelings of overcoming/unity (5), referring to facing some difficulty arising from the COVID-19 pandemic by family members who remained united and overcame the problem.

Given the data described above, we can consider the importance of feelings in experiencing the pandemic situation. The dissemination of the new coronavirus carried the need to reflect on the place of other people, emphasizing empathy, alterity, and fraternity³³, feelings observed in the 24 DETs, both of unity (happiness, protection, and care) and overcoming conflicts, feelings shared in good enough environments, where reliability and safety in the environment are possible. Winnicott³² reiterates that affections are a

Table 1. Sociodemographic data of research participants. Sample categorization (n=32).

Sociodemographic variable (continuous)	M	SD	Minimum	Maximum
Age (years)	14,50	2,50	12	17
Sociodemographic variables (categoric)			n	%
Gender	Female		24	75
	Male		8	25
Skin color	Black		6	18.75
	Brown		16	50
	White		10	31.25
Schooling	Elementary School II		17	53.12
	Incomplete Secondary School		14	43.75
	Secondary School		1	3.12

Source: Authors, 2020.

Table 2. Themes of the Drawing-Story Procedure with a theme (PDE-T) of adolescents in the Brazilian Northeast.

Themes	Total
Physical distance	26
Expressed feelings	25
Integrating family relationships	22
Technological devices	13
Disintegrating family relationships	10
Work activity	11
Food	7
Prevention/Protection	6
Routine	6
Illness	5
Care	4
Death	2
Pets	2
Studies	2
Government aid	1
Life projects	1

Source: Authors, 2020.

necessary condition of the psychic device and are related to emotional development. The health of the human psyche depends on an enabling environment, a circumstance represented by the adolescents in the fourteen DETs.

Feelings arising from an insufficiently good environment or the absence of a suitable environment were observed in eleven DETs. It is noteworthy that, according to Winnicott's theory³², a not good enough environment can cause insecurity and mistrust by the individual, which can compromise healthy development. In this regard, feelings such as (5) loneliness due to the lack of affective family relationships, (3) sadness

due to family arguments and disagreements, and (3) sadness for other reasons were observed.

These data corroborate studies that pointed to increased stress in the family in the face of the pandemic^{8,9}, and the threat to the well-being of families and children and adolescents in this context of physical isolation⁸. The experience of the COVID-19 pandemic brought to light the need to reflect on mental health, considering that the current situation can produce illness: anxiety, stress, depression, insomnia, and fear. Nevertheless, some groups may be rather prone to loss or social vulnerability³⁴.

This situation reinforces the importance of the space for listening, communication, and expression that the present research provided to adolescents when they were able to talk about family, feelings arising from the pandemic situation, among other matters they wished to speak of, aligned with what some researchers¹⁵ point out about the importance and need for contributions from Psychology in addressing the repercussions of COVID-19.

The topic of *Physical Distancing* appeared in 26 DETs and referred to the fulfillment of the quarantine by the family or part of it. Twenty-two DEs brought the families into quarantine, and such identification was made through drawings, and others reported being at home throughout the story. In four DETs, they portray part of the family in quarantine, for example, responsible going to work. We could observe that most young people represented families fulfilling the COVID-19 coping measures through physical distance. Thus, this issue dialogues with compliance with COVID-19's preventive measure – physical distancing –, noting that most DETs portray families in quarantine, thus complying

with Law No. 13,979, which was enacted in Brazil in February 2020, which demarcates coping measures: quarantine, physical distancing, and closing educational institutions³⁵.

Besides the care associated with complying with physical distancing, other forms of *Prevention and Protection* were observed in six DETs, which portrayed the use of masks, alcohol gel, or hygiene (hand hygiene and mask). Studies^{34,36} have emphasized the importance of improving people's intentions regarding prevention during a crisis and not to spread the disease by showing the care that empowers and enhances well-being.

In this direction of family care in the face of the COVID-19 pandemic, we observed the theme of *Care* with four appearances in DETs, which referred to the care of people responsible for the children or the family taking care of themselves and adopting prevention.

Most of the care was offered by the family to its members, showing integrative family relationships. Dias³⁷ states that an adolescent who managed to incorporate the (positive) sense of family experiences the possibility of autonomy with a sense of security, since a sufficiently good family relationship also includes reliability and protection, as observed in four drawings where parents' concern and care for the offspring were represented.

All these themes (physical distancing, prevention and protection, and care) converge with the theme of *Integrative Family Relationships*. Here, the term "integrating" was chosen in association with Winnicott's theory³⁸, as he points out how "integrating and disintegrating factors directly affect family life" (p.67). Concerning the notion of integrative factors, Winnicott³⁸ discusses that they are elements that contribute to family members experiencing a relationship considered healthy to the process of physical, psychological, and emotional development. Thus, integrating family relationships were identified in 22 of the DETs, in which interactions (families talking, returning from shopping, having fun) and family proximity (family together) were observed in 13 DETs. Five DETs showed family interaction through technological or food devices, such as, for example, watching television together and eating popcorn/pizza, and interacting with family through social media. Four DETs addressed the overcoming of a conflict due to the difficulties arising from the pandemic.

According to Winnicott³⁸, a good family environment enables experiences of reliability and continuity, relevant points for the adolescent to

develop emotionally satisfactorily, which creates creative possibilities for dealing with tension and accepting and tolerating conflicts. We could observe that the DETs portray a family environment of pleasurable interactions (watching, eating, time together, and dialogues), of affective coping with the difficulties arising from the pandemic, which demonstrates the potential of family relationships for these young people. In adolescence, the environment (in this case, the family) plays a vital role in receiving and continuing the family's interest in the adolescent, which can be evidenced in the 22 DETs that indicate proximity between family members, absence of conflicts, more spontaneous and affective moments, and even in situations where adolescents pointed out some moments of insecurity and conflict, as they were overcome³⁸.

The theme of *Pets* refers to animals (cats) represented in two DETs as belonging to the family. According to a study developed by Giumelli and Santos³⁹, animals were considered members of the respondents' families, and the relationship with animals was associated with feelings of love and affection. The loss of these family members was referred to as feelings of sadness and loneliness.

We observed that the theme of *Disintegrating Family Relationships* was found in ten DETs, in which the separation of family members, noninteraction, fights, and discussions were portrayed. It is noteworthy that the "disintegrating" nomenclature was attributed by the authors based on Winnicott's theory, which defines family disintegration factors as elements of the environment and family relationships that affect/interrupt the development of family members³². Family noninteraction due to the excessive use of technologies was addressed in six DETs, as was distancing from family members. Four DETs mentioned fights and arguments: (2) discussions between teenager and parents; (1) mother overloaded with household chores and child care without receiving support from her spouse; (1) approached a family with problems due to irresponsibility in managing income and alcohol and drug use.

These data represent the impact of the COVID-19 pandemic on family relationships: death due to disease, housework overload, increased conflicts, fights, and arguments. As stated by Winnicott³⁸, "we only realize how important the intact family is when the family breaks up or threatens to break up" (p.133). Given this and what was represented by the adolescents, it is clear that the instability of the family relationship affects the environment and, consequently,

can interrupt the individual's maturation. On this subject, Winnicott⁴⁰ complements by stating that when individuals do not experience a feeling of security at home, they often look outside for what they lack, as shown in a DET that represented disagreements with the teenager going out to party. In this sense, Rodrigues and Lins⁴¹ emphasize that parenting practices are of paramount importance, given the indispensable role of parents in the development of their children, since mental health-related aspects can be experienced negatively in the pandemic situation, triggering or exacerbating psychic symptoms.

Another relevant point also observed in some of the DETs (with many technological devices) and which converges with the study by Dias³⁷ is that many families have (material and financial) resources. However, such resources do not foster affective relationships, as observed in the DETs, where the family had several technological devices. However, they do not relate and share experiences, each isolated in different rooms. These data corroborate the work of Thomazini and Goulart⁴², who point to the use of technological devices as directly interfering with healthy family functioning.

The theme of *Technological Devices* appeared in 13 DETs, and five of these devices, such as TV and computer, were used to watch religious services, lives, and movies. Five DETs addressed the use of cell phones, TVs, and computers, and three DETs referred to the use of the internet to access social networks, follow the news, and listen to music. Thus, the devices most used in the representations were TV, computer, cell phones, primarily used for watching (movies, religious services, and lives) and surfing the internet (social networks and news). The pandemic resulted in significant changes in work and family activities: home office, remote school activities for children and adolescents, shopping, and family/friends' meetings were transposed to the virtual world, and all these changes implied people's increasing use of technologies⁴³. The presence of the technological devices in DETs seems to portray a little of these changes brought about by quarantine. The use of technological devices and family distancing could be observed in the theme of disintegrating family relationships, data aligned with what Thomazini and Goulart⁴² outline about technology bringing people closer to access to information worldwide but alienating those who are physically close.

On the other hand, despite the possibilities of interference in family functioning due to the

use of technologies in quarantine, many people can use this time to watch movies, listen to music, study or even strengthen family ties, seeking to improve the quality of life during the physical distancing period⁴⁴, as observed in some DETs on the theme of integrative family relationships (watching movies, religious services, lives with family members, and interacting with the family through social networks). Therefore, the technologies can be used both for distancing and for family approximation in this pandemic period.

The *Work Activity* theme appeared in 11 procedures: (7) departure of the family responsible for work, and this is a necessity for family support; (2) household chores performed by adolescents and mothers; (1) parents at home for being business people/farmers; (1) reduction in the salaries of the heads of the family. It is notorious that most of the work activities mentioned by the adolescents emerge as the departure of those responsible for work. Thus, it is noteworthy that not all households have the financial resources to experience physical distancing (that is, business people/farmers in a DET) since, as discussed in seven DETs, work was necessary for family support. These guardians do not experience physical distance due to financial conditions. With the preventive measure of physical distancing, the COVID-19 pandemic highlighted and increased social vulnerabilities, and when associated with instability in work activities and in the income of some households (that is, reduced wages in a DET), it can demarcate vulnerabilities and configure the output to work as a necessity⁴⁵. Thus, preserving the health of these workers, who need to remain active due to socioeconomic circumstances, is fundamental to controlling the spread of the disease and protecting those in quarantine⁴.

The subject of *Food* was observed in seven procedures: (3) they drew family members at the table (fruits); (2) eating (popcorn/pizza and juice) while watching TV; (1) family members returning from shopping (fruits/vegetables); (1) dialogue about lunch being ready. In this theme, we observe that families organize, relate, unite, communicate around food, as observed in seven DETs. According to Viero and Blümke⁴⁶, food transcends "staying alive", emerging as a social phenomenon, and sociability around food involves sharing food and the affective bonds that can be built or reinforced, sharing meals with someone allows for a more pleasant moment, and dialogues are viable.

The theme of *Routine* refers to both the routine and the change in the routine of households

in a pandemic situation, which appeared in six DETs. Four of these routine changes were referred to as (2) positive for (re)approach; (1) adopting a new way of life – country life; (1) establishing a daily family routine to overcome boredom (watching movies). Two DETs referred to routine changes due to a pandemic, presented thoughtfully, such as absence from work, school, leisure, and religious congregation. Thus, most DETs represented a change in routine such as family approximation/re-approach, moving to the countryside, and removals (from work, school, leisure, church), addressed nostalgically. Lima *et al.*⁴⁷ emphasize that the pandemic affected people's daily lives, and other life and health practices had to be modified, as shown in the DETs.

The theme of *Illness* is any physical illness that may (or may not) lead to death and is associated chiefly with COVID-19. The reference specifically to illnesses was observed in five DETs, and four of them referred to illness by COVID-19. The theme of *Death* was observed in two procedures, and both deaths were due to COVID-19. There is a possible relationship with the reality of the country experienced by family members, friends, and followed through the news. As of October 22, 2020, Brazil totaled 155,962 deaths registered due to COVID-19, with a mean of 493 daily deaths in the last seven days². Specifically, in the Northeast, the data show 41,412 deaths², which is equivalent to 26.55% of deaths in the country. Such data reflect the relevance of care and compliance with the distancing measure (whenever possible), and death may be a consequence of illness by COVID-19.

The subject of *Studies* was addressed in two DETs: (1) parents concerned with paying for their children's higher education after the pandemic since the family did not have the financial resources to do so; (1) studies with the family. Both DETs demarcate a concern, support, and participation of the parents in the studies of the offspring, which refers to integrative family relationships. According to Guidetti⁴⁸, households that offer educational support to their children can provide mechanisms to alleviate economic and social inequalities of students regarding future school performance.

Two themes appeared only once (*Life Projects* and *Government Aid*). The theme of *Life Projects* referred to the adolescent's professional (medical) plans. Thus, we observed that the adolescent's project in DET involved theme studies and professionalization. The ability to set goals,

make plans for the future and have people you trust to share them can bring significant gains during delicate situations such as the coronavirus pandemic⁴⁹, dialoguing with the theme of *Integrating Family Relationships*, which allows family members to rely on this environment and, thus, facilitate the adolescent's thoughts and plans for the future. The *Government Aid* theme referred to the emergency financial aid adopted in Brazil and appeared in one DET. Law No. 13,982/2020 grants emergency aid (R\$ 600) to informal workers, low-income and unemployed people, as an exceptional social protection measure during the confrontation with COVID-19²⁰.

Final considerations

This paper identified and understood the meanings of family in a COVID-19 pandemic situation for some young people in Northeastern Brazil. Changes were observed in the family relationships represented by the research participants due to the COVID-19 pandemic situation that devastated the country. While some adolescents represented that the pandemic caused an affective distancing from the family, others portrayed a (re)approximation between family members, with the possibility of spending more time with the family, the use of technologies together and food as a way to (re)approach family members at this time of quarantine. We also noticed that the COVID-19 pandemic led to new reflections on the concepts of care identified here as physical distancing, protection/prevention, and family relationships of care.

In their productions, the participating adolescents showed feelings arising from sufficiently good environments linked to integrative family relationships and feelings arising from insufficiently good environments associated with disintegrating family relationships. Integrating relationships were more represented than disintegrating relationships, which perhaps points to the health and power of families to address the difficulties brought about by the pandemic. However, we also observed the suffering of families vis-à-vis the public health problem of COVID-19 and its repercussions.

The potential of this research is highlighted by providing a space for expression and communication to participating adolescents through the PDE-T remotely. As a limitation, as this is a remote survey, only young people with internet access and technological devices participated,

and we cannot generalize the data in this survey. Moreover, another limitation observed refers to the non-representation of all states in the Brazilian Northeast (9), as only adolescents from five states were reached.

Collaborations

KAM Santos worked on data collection, treatment, methodology, design, review, and final writing. PO Miura worked in the research and writing supervision, formal analysis (support), and spearheaded writing, proofreading, and editing. AMM Barboza worked in the formal analysis (support) and the writing, proofreading, and editing (equality). CGSL Araújo worked in the formal analysis (support) and writing, reviewing, and editing (support).

References

- Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Infect Dis* 2020; 20(5):533-534.
- G1. *Mortes e casos de coronavírus nos estados* [Internet]. [acessado 2020 jul 20]. Disponível em: <https://especiais.g1.globo.com/bemestar/coronavirus/estados-brasil-mortes-casos-media-movel/>.
- Organização Mundial da Saúde (OMS). *Doença de coronavírus 2019 (COVID-19) situação relatório - 78* [Internet]. [acessado 2020 jul 20]. Disponível em: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200407-sitrep-78-covid-19.pdf?sfvrsn=bc43e1b_2.
- Fiho JMJ, Assunção AÁ, Algranti E, Garcia EG, Saito CA, Maeno M. A saúde do trabalhador e o enfrentamento da COVID-19. *Rev Bras Saude Ocup* 2020; 45:e14.
- Aquino EML, Silveira IH, Pescarini JM, Aquino R, Souza-Filho JA, Rocha AS, Ferreira A, Victor A, Teixeira C, Machado DB, Paixão E, Alves FJO, Pilecco F, Menezes G, Gabrielli L, Leite L, Almeida MCC, Ortelan N, Fernandes QHRE, Ortiz RJF, Palmeira RN, Pinto Junior EP, Aragão E, Souza LEPF, Barral Netto M, Teixeira MG, Barreto ML, Ichihara MY, Lima RTRS. Medidas de distanciamento social no controle da pandemia de COVID-19: potenciais impactos e desafios no Brasil. *Cien Saude Colet* 2020; 25(Supl. 1):2423-2446.
- Marques ES, Moraes CL, Hasselmann MH, Deslandes SE, Reichenheim ME. A violência contra mulheres, crianças e adolescentes em tempos de pandemia pela COVID-19: panorama, motivações e formas de enfrentamento. *Cad Saude Publica* 2020; 36(4):1-6.
- Fundo das Nações Unidas para a Infância (UNICEF). *How teenagers can protect their mental health during COVID-19* [Internet]. [cited 2020 out 12]. Available from: <https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19>.
- Prime H, Wade M, Browne DT. Risk and resilience in family well-being during the COVID-19 pandemic. *Am Psychol* 2020; 75(5):631-643.
- Spinelli M, Lionetti F, Pastore M, Fasolo M. Parents' stress and children's psychological problems in families facing the COVID-19 outbreak in Italy. *Front Psychol* 2020; 11:1713.
- Campbell AM. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Sci Int* 2020; 2:100089.
- Usher K, Durkin J, Bhullar N. The COVID-19 pandemic and mental health impacts. *Int J Ment Health Nurs* 2020; 29(3):315-318.
- Bradbury-Jones C, Isham L. The pandemic paradox: the consequences of COVID-19 on domestic violence. *J Clin Nurs* 2020; 29(13-14):2047-2049.
- Wagers S. Domestic violence growing in wake of coronavirus outbreak. *The Conversation* 2020; 1(3):42-49.
- Ornell F, Schuch JB, Sordi AO, Kessler FHP. "Pandemic fear" and COVID-19: mental health burden and strategies. *Braz J Psychiatry* 2020; 42(3):232-235.
- Schmidt B, Crepaldi MA, Bolze SDA, Neiva-Silva L, Demenech LM. Saúde mental e intervenções psicológicas diante da pandemia do novo coronavírus (COVID-19). *Estud Psicol* 2020; 37:e200063.
- Polanczyk GV. *O custo da pandemia sobre a saúde mental de crianças e adolescentes* [Internet]. Jornal da USP; 2020 [acessado 2020 out 12]. Disponível em: <https://jornal.usp.br/artigos/o-custo-da-pandemia-sobre-a-saude-mental-de-criancas-e-adolescentes/>.
- Brasil. Ministério da Saúde (MS). Conselho Nacional de Saúde (CNS). Resolução CNS nº 510, de 7 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais cujos procedimentos metodológicos envolvam a utilização de dados diretamente obtidos com os participantes ou de informações identificáveis ou que possam acarretar riscos maiores do que os existentes na vida cotidiana. *Diário Oficial da União*; 2016.
- Denzin NK, Lincoln YS. Introdução: a disciplina e a prática da pesquisa qualitativa. In: Denzin NK, Lincoln YS, organizadores. *O planejamento da pesquisa qualitativa: teorias e abordagens*. 2ª ed. Porto Alegre: Artmed; 2006. p. 15-41.
- Poupart J, Deslauriers J, Groulx L, Laperrière A, Mayer R, Pires Á. *A pesquisa qualitativa: enfoques epistemológicos e metodológicos*. Petrópolis: Vozes; 2012.
- Brasil. Lei nº 13.982, de 2 de abril de 2020. Medida excepcional (auxílio emergencial) de proteção social de enfrentamento da emergência de saúde pública decorrente do coronavírus (Covid-19). *Diário Oficial da União* 2020; 2 abr.
- Vinuto J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. *Temáticas* 2014; (22)44:203-220.
- Aiello-Vaisberg TMJ, Ambrosio FF. O ser e o fazer: enquadres na clínica Winnicottiana. *Mudanças Psicol Saude* 2004; 2(13):343-363.
- Tardivo LSLPC. *O adolescente e sofrimento emocional nos dias de hoje*. São Paulo: Vetor; 2007.
- Trinca W, organizador. *Procedimento de Desenhos-Estórias: formas derivadas, desenvolvimentos e expansões*. São Paulo: Vetor; 2013.
- Winnicott DW. Jogo do rabisco. In: Winnicott C, organizador. *Explorações psicanalíticas*. Porto Alegre: Artes Médicas; 1994.
- Aiello-Vaisberg TMJ. O uso de procedimentos projetivos na pesquisa de representações sociais: projeção e transicionalidade. *Psicol USP* 1995; 2(6):103-127.
- Trinca AMT. Desenvolvimentos do Procedimento de Desenhos-Estórias. In: Trinca W, organizador. *Procedimento de Desenhos-Estórias: formas derivadas, desenvolvimentos e expansões*. São Paulo: Vetor; 2013. p. 27-76.
- Aiello-Vaisberg TMJ, Ambrosio FF. Rabiscando Desenhos-Estórias com Tema: pesquisa psicanalítica de imaginários coletivos. In: Trinca W, organizador. *Procedimento de Desenhos-Estórias: formas derivadas, desenvolvimentos e expansões*. São Paulo: Vetor; 2013. p. 277-302.

29. Tardivo LSLPC. Derivações do Procedimento de Desenhos-Estórias: atendimentos em grupo. In: Trinca W, organizador. *Procedimento de Desenhos-Estórias: formas derivadas, desenvolvimentos e expansões*. São Paulo: Vetor; 2013. p. 339-364.
30. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2011.
31. Instituto Brasileiro de Geografia e Estatística (IBGE). *Pesquisa nacional por amostra de domicílios contínua - PNAD Contínua* [Internet]. Rio de Janeiro: IBGE; 2020 [acessado 2020 abr 12]. Disponível em: <https://www.ibge.gov.br/estatisticas/sociais/educacao/9171-pesquisanacional-por-amostra-de-domicilios-continua-mensal.html?edicao=19757&t=destaques>.
32. Winnicott DW. *O ambiente e os processos de maturação: estudos sobre a teoria do desenvolvimento emocional*. 2ª ed. Porto Alegre: Artmed; 1983.
33. Ghilardi D, Bortolatto AF. *Fraternidade nas relações familiares: a importância do resgate pós pandemia* [Internet]. Editora Ascis; 2020 [acessado 2020 out 20]. Disponível em: <http://200-98-146-54.clouduoil.com.br/bitstream/123456789/2604/3/978-65-88213-03-2%20359-369.pdf>.
34. Ladeia DN, Silva AF, Gonçalves BBS, Damasceno CMC, Vieira JPG, Silva JAL, Lopes LMM, Queiroz NO, Lopes AG. Análise da saúde mental na população geral durante a pandemia de Covid-19. *Rev Eletr Acervo Saude* 2020; 46:e3925.
35. Brasil. Lei nº 13.979, de 6 de fevereiro de 2020. Medidas para enfrentamento da emergência de saúde pública. *Diário Oficial da União*; 2020.
36. Souza-Junior JR, Cruz RCR, Cardoso-Brito V, Santos ELS, Fontes-Dutra M, Freitas IM, Pereira AG, Costa GB, Almeida-Junior S, Maniglia FP. COVID-19 e a promoção da saúde em tempos de pandemia. *Rev Eletr Acervo Saude* 2020; 46:e3837.
37. Dias EO. Família e amadurecimento: do colo à democracia. *Rev Natur Hum* 2017; 2(19):144-162.
38. Winnicott DW. *A família e o desenvolvimento individual*. 4ª ed. São Paulo: Martins Fontes; 2018.
39. Giumelli RD, Santos MCP. Convivência com animais de estimação: um estudo fenomenológico. *Rev Abordagem Gestalt* 2016; 22(1):49-58.
40. Winnicott DW. *A criança e seu mundo*. 6ª ed. Rio de Janeiro: LTC; 2019.
41. Rodrigues JVS, Lins ACAA. Possíveis impactos causados pela pandemia COVID-19 na saúde mental das crianças e o papel dos pais neste cenário. *Pesqu Soc Desenvol* 2020; 9(8):1-9.
42. Thomazini MG, Goulart EE. Relações familiares: a influência do virtual. *Interacoes* 2018; 48:49-64.
43. Pinchak C. Pandemia de coronavírus (COVID-19); surpresa, medo e bom manejo da incerteza na família. *Arch Pediatr Urug*.2020; 91(2):76-77.
44. Bittencourt RN. Pandemia, isolamento social e colapso global. *Rev Esp Acad* 2020; 19(221):168-178.
45. Jaime PC. Pandemia de COVID19: implicações para (in)segurança alimentar e nutricional [editorial]. *Cien Saude Colet* 2020; 25(7):2504.
46. Viero MG, Blümke AC. A sociabilidade exercida em torno do comer: um estudo entre universitários. *Demetra* 2016; 11(4):865-878.
47. Lima SO, Silva MA, Santos MLD, Moura AMM, Sales LGD, Menezes LHS, Nascimento GHB, Oliveira CCC, Reis FP, Jesus CVF. Impactos no comportamento e na saúde mental de grupos vulneráveis em época de enfrentamento da infecção COVID-19: revisão narrativa. *Rev Eletr Acervo Saude* 2020; 46:1-8.
48. Guidetti AA. *Desempenho escolar e percepção infantil da motivação e suporte familiar* [tese]. Campinas: Universidade Estadual de Campinas; 2013.
49. Dutra-Thomé L, Jesus MC, Santos LMG, Tanajura JLB, Gomes-Silvestre P, Santos RJ, Carvalho MP. *Dicas de como conduzir seus projetos de vida em tempos de mudanças*. Salvador: LAPROA-UFBA; 2020.

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