“The stakes are so high and it’s happening so fast”: Adult children’s perceptions of family role shifts during the COVID-19 pandemic

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Abstract
During the novel coronavirus (COVID-19) pandemic, families must communicate to assess and avoid risk. Given the specific threat of COVID-19 to individuals of advanced age, a crisis of this nature may trigger a role reversal for parents and adult children in the family wherein adult children lend emotional and instrumental support to their parents while suppressing their own needs. To understand if and how the COVID-19 pandemic has contributed to the role shifts of adult children, this study provides an analysis of interviews with 17 adult children. The results explain how emotional and instrumental support emerged in these families as a result of the COVID-19 pandemic. The interviews also highlighted adult children’s acute need to steer parents toward protective health behaviors, expanding understanding of role shifts and creating a new area of focus for practitioners interested in family communication during a crisis.

Keywords
Caregiving, COVID-19, families, health, qualitative methods

The novel coronavirus (COVID-19) has created extraordinary circumstances for many families in the United States. Family communication about COVID-19 is particularly important for individual and relational well-being (Dalton et al., 2020; Hernandez & Colaner, 2021). Interpersonal communication has the potential to influence intention to

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use a vaccine (Lin & Lagoe, 2013) and intention to engage in protective behaviors such as avoiding crowds or wearing a face mask (Ho et al., 2013). At the same time, the desire to influence one another’s behavior may become dysfunctional for adult children and their parents if these circumstances lead family members to experience a disruption in the balance of the family system (Hooper, 2007). Thus, parents and their adult children are in a complicated position as they balance the changing demands of the novel coronavirus, the desire to influence one another’s health behaviors, and the need to maintain personal autonomy. The current study draws from the concepts of family roles and literature and family systems theory (Bowen, 1978) to explore this confluence of individual and relational reactions to COVID-19. Specifically, the current study examines how family roles change as adult children and their parents communicate about COVID-19. To contextualize this phenomenon, we will explain family systems theory to better understand adult children’s roles in the time of COVID-19.

**Family systems**

Family systems theory (FST) explicates the systems and subsystems that make up the emotional life of a family (Bowen, 1978). FST treats the family unit as a whole and proposes that a fracture occurs when members of a family are alienated from one another. The theory also proposes that family members are so interconnected and mutually influential that a functional change in one individual may affect other people in the family system. Family relationships are inherently complex and characterized by multiple combinations of sub relationships (Yoshimura & Galvin, 2017).

Family communication is central to family systems, facilitating the myriad relational processes that define and affect individuals within the larger family group. For example, family members vie for power and influence by forming coalitions, which emerge when a family member aligns with other in the system to accomplish an individual or relational goal. Coalitions result in triangulation wherein a family member is excluded or caught between others in the alliance. The interplay of individuals within coalitions, subsystems, and the larger family network is imbued with complexity.

Communication also is present in family systems through FST’s description of how family networks create self-regulating patterns in interactions that provide predictability to family rules and meanings (Yoshimura & Galvin, 2017). These recurring ways of interacting define the behaviors that are expected and accepted for each family member, creating relational roles that are rooted, maintained, and altered through communication. Family roles, defined and enacted through family communication, tend to be somewhat stable, with parents typically providing the basic resources and emotional support needed for child development (Rubin, 2001). Roles are then renegotiated amidst life transitions and in new developmental stages. Adult children and their parents enact new roles as their relationship becomes less hierarchical and increasingly independent. Role conflict emerges when family members have differing expectations of role specifics or when situations significantly alter role enactment. A sudden disruption of these roles can create turbulence in the system, generate intergenerational conflict, and delay development
through the lifespan (Hooper, 2007). For young adults, role shifts have the potential to disturb deep-rooted role norms in the family system (Hooper, 2007).

Providing caregiving to parents restructures the family system, and the system’s restructuring must be managed through ongoing family communication. Because family members are interdependent (Yoshimura & Galvin, 2017), parents’ health conditions affect other members of the family. Adult children often respond to their parents’ health risks and needs by enacting new iterations of relational roles, such as persuading parents to adopt different health behaviors (Wenzel Egan & Hesse, 2018). Research suggests that females experience a higher caregiving burden than males particularly among Black, Indigenous, and People of Color (BIPOC) (Cohen et al., 2019). Caregiver strain is associated with mental health issues and life difficulty, especially for women as compared to men (Bhan et al., 2020). Thus, it is important to understand how managing aging parents’ health risks can add to the increased baseline stress level inherent in the COVID-19 global pandemic, how this stress might be especially pronounced for female family members, and how families communicate to navigate these new challenges.

Roles of parents and children

When a family experiences stress, some young adults may suppress their own needs to accommodate their parent’s instrumental or emotional deficits, resulting in a role shift (Jurkovic et al., 2001). As adults, instrumental role shifts may include taking responsibility for a parents’ practical needs such as access to food or transportation. This new responsibility may be viewed by adult children as an added burden considering their responsibility to their own family and workplace (Connell et al., 2013). Emotional role shifts may involve adult children sacrificing their own emotional needs for their parents’ well-being (Mikucki-Enyart et al., 2017), or perceiving a one-sided provision of emotional support (Abraham & Stein, 2013). This emotional role change may be viewed as unwelcome and inappropriate and may negatively affect the adult child’s relationship with their parent (Mikucki-Enyart et al., 2017) and lead to psychological symptoms such as anxiety, depression, and obsession-compulsion (Abraham & Stein, 2013).

Family members are an important resource for social and instrumental support during a crisis (Houston, 2018). The COVID-19 pandemic may strain the family system, exacerbating stress in a difficult time. This strain may be manifest as role disruption in the family pertaining to the role shifts of an adult child. FST highlights the relational processes that give structure to the family system, noting that these processes are enacted and managed through communication. In light of the potential shift in roles of adult children during COVID-19 and the corresponding communication required to navigate these shifts, the following study seeks to answer the question,

RQ1: How does communication about COVID-19 affect adult children’s perception of their roles within the family?
Methods

After receiving approval from the Institutional Review Board at the University of Missouri (Review ID: 2022186), we recruited individuals to participate in semi-structured interviews probing intergenerational communication about COVID-19. Verbal consent was obtained with waiver of documentation. Participants were primarily recruited from online sources such as reddit.com and Facebook, and some participants were recruited via word-of-mouth snowball sampling. In order to capture a wide range of experiences, interviews were conducted with individuals who had either moved in with a parent as a result of the pandemic or had communicated with at least one parent in the past 30 days about COVID-19. Approximately half of the participants had lived with their parents at some point because of the pandemic (either their parents moved in with them or vice versa). The interviews were conducted via the videoconferencing platform Zoom. The interview protocol consisted of questions regarding topics of communication about COVID-19, challenges and successes in communication, and shifts in family roles as a result of the COVID-19 pandemic. The interviews included broad questions such as, “How often do you check in with your parents?” generative questions such as, “In what ways do you support one another?” and probing questions such as “Do you feel that the emotional support is a two-way street? Why or why not?”

Participants lived in geographical areas across regions in the United States, including East, West, South and Midwest, and one participant lived in New Delhi, India. With regard to racial identity, 11 participants self-identified as White, three identified as Latinx, one identified as Asian, one identified as unknown, and one identified as “other.” Participants reported belonging to diverse family structures including adoptive families (1), stepfamilies (4), single-parent families (2), intact families (11), and chosen families (3). Participants ranged in age from 21-51 years old ($M = 32.76$, $Mdn = 32$, $SD = 7.27$), and five participants identified as cis-gendered men, and 12 participants identified as cis-gendered women. 12 participants identified as straight, two identified as bisexual, two identified as gay, and one identified as pansexual. Most of the participants’ responses focused on parent-child communication, and a small number of responses also included discussions of surrogate parents, siblings, spouses, and in-laws.

To analyze the data, the interviews were transcribed using an online transcription service, and the data was organized using the analysis software Dedoose. Participants were given pseudonyms to protect their identities. The first author recorded emerging themes and theoretical links in memos throughout the interview process. Interviews were conducted with 17 participants. The interviews ranged from 30 minutes to 1 hour, with an average time of 50 minutes. To assess saturation, after each interview the first author recorded her perceptions of the percentage of new information that was gleaned from the data and made note of the quantity of notes taken during the interviews and memos written after the interviews (Tracy, 2012). As another measure of saturation, the later interviews included member reflections as a space for participants comment on the emergent findings.

Once it was determined that adult children’s perception of their roles in the family were salient in the interviews, the first researcher conducted a line-by-line analysis of the interview transcripts. This analysis resulted in twelve first-level codes describing adult
children’s roles in the family (Tracy, 2012). Second-level themes were developed via axial coding, creating theoretical links and establishing a relationship between the primary themes (Tracy, 2012). Finally, the authors tacked between the data and the concepts of family systems theory and role shifts, engaging in an iterative approach to analysis and creating a theoretical explanation of the results (Tracy, 2012).

**Results**

The interviews uncovered role disruptions in the family system as a result of the COVID-19 pandemic. The major themes discuss emotional and instrumental support as well as the felt need to influence parents’ behavior through persuasion and coercion. In some contexts, support provision involves a discrete exchange of resources. However, in this context, power and persuasion were negotiated with support, and the roles were in flux. These results illustrate the extent to which support can be given and received simultaneously and be laden with coercion and expectations about the others’ behavior.

First, the adult children described how they tried to meet their parents’ emotional needs, often at the expense of their own emotional well-being. Second, the participants explained how they provided instrumental support for their parents by taking on practical tasks. Third, the interviews revealed a need to influence parents to adhere to public health recommendations.

**Emotional support**

Participants in this study explained the various ways that they sought to address their parents’ emotional needs during the COVID-19 pandemic, often without receiving support in return. Providing emotional support resulted in adult children emotion coaching their parents and nurturing their relationship with their parents through the pandemic. This support was often described as being one-sided, indicating a role shift between the adult child and their parent.

**Emotion coaching**

Participants described helping their parents manage their pandemic-related stress through emotion coaching. One participant, Rue, recognized that she had a new role of assuaging her mother’s fears and described how she helped her mother reduce her anxiety. When asked whether her relationship with her mother had changed, Rue said,

In terms of calming down, for sure. Like when [a man walked to close to her without a mask], she got really emotional and was almost tearing up. She was like, “We’re going to be okay, Rue, right?” And it’s me being like, “It’s fine, Mom. I’m sure it was nothing. You were far away from him. Do your breathing exercises.” There was one night where she had a lot of anxiety, so I was like, “Breathe, count to three.”
Rue took on the responsibility of reminding her mother of strategies to manage her negative emotions. Another participant, Coryn, also engaged in emotional coaching to help her mother regulate her emotions. She said,

My mom and stepdad have a really great relationship, [but] he’s not so great at being emotionally consoling, so I was really glad that I could be here to talk her down. She was telling me, “I’m so glad you’re here to talk to me through this.” Obviously, she was so scared… It’s emotional labor to train [my parents] and console them and not get the same in return… It’s weird because I don’t think parents want to be parented by their children… initially it was really upsetting and made me really angry because when you’re scared, you want to be parented.

Coryn was frustrated by her new role of consoling her mother and felt that she enacted that role at the expense of her own emotional needs. For both Rue and Coryn, the need to emotionally parent their parents was an unexpected and unwelcome consequence of the COVID-19 pandemic. However, for other participants, providing their parents with emotional support was an opportunity to develop their relationship with their parent.

**Nurturing the relationship during quarantine**

For some participants, the emotional support they offered their parents had relational benefits. One participant, Raymond, found himself unexpectedly living with his in-laws in their home for a period of time. He and his wife provided instrumental support by helping his in-laws avoid crowds at the grocery store and pharmacy, but the unexpected quality time afforded by their living arrangements served as an emotional benefit for the whole family. Raymond said,

We went and stayed with my in-laws for about six weeks to help them because they’re both high risk… It was us and our three kids and her parents and grandparents all there together… There were blessings with it, too, because we were able to help them out and we ate meals all together… [it was] an important family fellowship time, if you want to look at it that way.

Raymond’s in-laws had underlying health conditions that put them at higher risk for the negative consequences of COVID-19. Raymond also viewed this time in their home as an opportunity to nurture their relationship by sharing meals together and engaging in family fellowship.

Another participant, Sonja, had her parents temporarily move into her home. Sonja found value in having her parents in her home for a longer visit than usual and felt that the circumstances had given her a chance to create a deeper bond with her parents. She said,

[The fact that] that we were able to get them to come down here has been really great. It was helpful for everyone’s mental health… I would just rather have them stay here forever… When we go visit them, which is the typical case, we’d go for a week, maybe two in the summer or around the winter holidays. We were always just ready to leave… two days in, it was like, “Okay, this is enough, I’ve had a ton of my family.” *This* visit has been incredible, we don’t feel that way. The time has flown. We’ve not fought, it’s just great. I don’t want them to go back home…
Sonja believed that the family living arrangement prompted by the pandemic had given the family a space to deepen their relationship and fully appreciate each other’s company. In addition to providing emotional support for their parents, some participants also provided instrumental support.

**Instrumental support**

The challenges created by the pandemic prompted some of the participants in this study to offer instrumental support to their parents. The adult children who cohabitated with parents described more instances of instrumental support compared to those who lived separately from their parents. Some participants felt the need to provide instrumental support in order to protect the safety of their parents. A second reason for providing instrumental support stemmed from a sense of obligation to provide support as part of “giving back.”

**Lending instrumental support to ensure physical safety**

Some participants provided their parents with instrumental support (e.g., financial or housing resources) to shield them from the negative effects of COVID-19. For example, Sonja not only had her parents move into her home but she also provided financial resources to help her father and mother avoid the risks they faced as essential workers. Sonja said,

> My dad… was [an essential worker] … I called him one day and said, “You really need to stop doing this. This is not okay. This is very high risk.” He’s high risk. He has a variety of health problems. His response was, “We need to make money.” My mom’s [an essential worker] too… So, there was a lot of anxiety and I told my dad, “I need to know what’s the bare minimum amount of money that you need in order for you to stop working… I will send you that money.” And for him it’s a matter of pride. He really doesn’t like that at all. But, I said, “You know what, I don’t care about your ego and your pride, I would rather have you lose your pride than for us to lose you… It’s too serious. That’s not worth your pride and it’s not worth the risk.”

Like other parents in this study, Sonja’s father was uncomfortable accepting instrumental support from his daughter. However, in Sonja’s view, financially supporting her parents was necessary to prevent them from being exposed to COVID-19 as an essential worker.

For some participants, a social visit with their parent just before the pandemic suddenly became a long-term living arrangement in order to protect their parents from exposure to the virus. For example, Jai’s father was staying in his home to visit and found himself staying as the lockdowns occurred. Jai described supporting his dad by coordinating the tasks required of everyday life, such as grocery shopping. Jai said,
It always has been that he has taken care of me but suddenly I found him getting older in this two-months’ time. He was not 70 or so, he went like 10 years older like 80, 82. So he was getting worried about small, small things. “How will the milk come? How will the groceries come? What will happen? How this will happen?” [I said] “You don’t need to worry about anything. What are you worried about? You just sit there, relax, read your books, play with your grandson, feel happy. Don’t worry about anything. I’ll take care of you” … I was becoming his father or probably what you call “doing the parenting role” in the relationship, because he was getting worried like a child.

When his father first came to visit, Jai did not expect to be taking care of him in this way. But, Jai explained, he was glad to be able to coordinate grocery delivery and other instrumental needs to avoid having his father be exposed to coronavirus.

**Feeling compelled to lend instrumental support because of positionality**

Some individuals felt that they were uniquely positioned to help their family members. These participants felt that their access to certain resources obligated them to provide instrumental support to their family members. For example, some participants claimed that their flexible schedule meant that they should take on more household tasks or argued that having more financial resources obligated them to provide monetary support.

One participant, Raul, was living with his parents, brother, and sister in an apartment. His parents were essential workers and worked long hours, so because of his flexible schedule and ability to work from home, Raul took on the responsibility of his siblings’ schooling. Raul said,

I have more responsibility here than I would say before… I think the biggest one was me becoming the tutor for the kids. [My parents] basically said, “Here are all the logins to their grades. Any of our communication portals, you can look at them as needed and you can work with the kids however you’d like. Just help us.” Then also I tried to have some time for the adults too, to just have some fun…I organized a wine night for my parents and I to de-stress a little bit, with the kids to the side, in their own little space … Cooking and cleaning, if I noticed they were tired or whatever, I’d come in and help out more so than before. Or if we got take-out, they kind of expected me to help with cleaning it all out and making sure it’s disinfected.

Because of his flexibility at work, Raul believe that he should provide more task-related support to his parents and parent his siblings by helping them complete their schoolwork.

Another participant, Ann, had moved in with her in-laws to avoid the population density of the city where she lived. Ann provided a significant amount of support to her family members in the form of information about COVID-19. She said,
I feel like I’m much more of the support person now than normal because normally, I’m running on no sleep. I’m running around [the city]. I’m super stressed… and now I have space, and I have sleep… I feel like I’m in a much more privileged situation than a lot of people, so going from the needing support to giving support has changed with biological family and friendship family… It’s definitely my parents that I’m most worried about in terms of their health. So, I hope that once they’re able to make more decisions themselves, like we find a way… to make sure that they’re making the best decisions without having to micromanage and whatnot.

Ann found herself in a novel living situation where she was suddenly free of the pressures that she faced pre-pandemic. As a result, she felt obliged to do the work of seeking out and curating information for her parent to make decisions about protecting themselves from COVID-19. Ann described her parents’ new dependence on her for information and hoped that they would gain more independence without her having to “micromanage.” In addition to providing emotional and instrumental support, some participants described leveraging various strategies to deliberately influence their parents’ risk behaviors.

Influence strategies

Participants recounted their efforts to monitor, cajole, and inveigle their parents to adopt certain protective behaviors to avoid the transmission of COVID-19. These strategies included developing a repertoire of various persuasive tools, involving allies to surveil and influence their parents, or hiding emotions to encourage parents’ disclosures about risk behaviors. The subthemes demonstrate an intentional effort to shape parents’ behavior—a form of communication that extends beyond emotional and instrumental support. These influence strategies targeted a need expressed by the adult child to alter their parents’ behaviors to adhere to COVID-19 safety guidelines. Adult children were motivated to enact deliberate influence out of concern for their parents’ safety and to assuage their own fears about their parents’ COVID-19 risk. Thus, this theme identifies the motivations and strategies of the adult child to control their parents’ behavior, which differs from social support extended to the parent to minimize the parents’ COVID-related stress. In this theme, adult children enacted deliberate influence by developing a repertoire of persuasive strategies, using allies, and hiding emotions. Each of these subthemes is explained below.

Developing a repertoire of persuasive strategies

Participants described an almost desperate need to convince parents to adopt certain protective behaviors. This need to be persuasive gave rise to the development of a repertoire of various persuasive strategies, including emotional, credibility, and logical appeals. When asked how she talked to her parents about COVID-19, one participant, Tiffany, said,
It’s a lot of me saying “These are the statistics, this is what’s happening, these are the demographics and why they’re at risk,” … I was talking to them about just wearing masks, or my Mom would go to the grocery store like three times a day… I had to be like, “You know the state is shut down, you’re supposed to be inside.” … there was definitely resistance [from them], and it was a joke about me coming home of like, “Well, now she’s coming home and so we’re actually going to have to do these things and start changing behavior or she’s going to be mad.” So, I was like the “bad cop” coming home and patrolling everyone. [My] sister and I both have autoimmune conditions, and so that was something that I tried to use. And I’ve [also] tried to reason with them [by saying] “You think that you’re going to be fine, but in the grand scheme of things, it’s not just you that we have to worry about. [But] I feel like that’s not a super effective tactic with them. I think emotional stuff I try to use more.

Tiffany described her role as the “bad cop” monitoring and correcting her parents’ health risk behavior. She drew from a variety of strategies such as the use of statistics, public health recommendations, empathy, and emotional appeals to implore her parents to adopt protective behaviors. Here, Tiffany uses these appeals to motivate her parents to adopt COVID-19 safety measures to meet her own needs as she grapples with the risk of COVID-19 illness and its implications for her parents’ health and for public health in general.

Stephanie similarly engaged in persuasive attempts to motivate her parents to adopt behaviors that she felt were necessary to keep them safe. Stephanie acknowledged the ethical issues surrounding the use of emotional appeals to push her parents to protect themselves. However, she was desperate to persuade her parents to behave in a way that she believed were the best for their well-being. While her parents often wore masks, a main point of conflict was her parents’ desire for her to come visit during a height of the pandemic in the summer of 2020. Like other participants, she considered several different persuasive strategies. If her logical appeals failed, Stephanie was prepared to use extreme emotional appeals. When asked how she talked to her parents about protective behaviors, Stephanie said,

So, the thing that mom and I talked about today when I was really upset with her was that a lot of their friends’ adult children are coming home. I’ve explained to them, “You do realize that they said don’t do that, right?”… My mom has said to me a number of times, “My friend’s adult children are home now.” I say to mom -talk about reverse parenting, right?- “If your friends were jumping off a bridge, would you jump too?” I’ve said that. Do [I] even go across the threshold and go into emotional manipulation? I have chosen to wait to play that ace… my ace [card] is “I will kill myself if I get you sick and you die.” I have not played that card yet, because it’s not time yet, but that’s up my sleeve. That’s there, and I will deploy it when I need to.

Stephanie developed a number of strategies to persuade her parents that it was unsafe for her to visit, such as first referring to official safety recommendations and eventually resorting to what she termed as “emotional manipulation.”
Using allies to monitor and persuade parents

A second strategy of influence by the adults in this study involved looping in allies. With the help of siblings, aunts, partners, and even a second parent, participants sought to gain information about their parents’ behaviors and influence their behaviors. Recruiting allies aligns with the FST notion of complex relationships as dyadic relationships embedded within family systems are connected to the system as a whole as well as other individuals to form triads and other complex sub relationship configurations. In one example, June formed a coalition with her sister to monitor and protect her parents from contracting COVID-19. She said,

The conversations between me and my sister were like, “They should be staying home. Why is mom going to work? Do they have their meds? Do they have what they need? Are they going to the grocery store?… Can you go to the grocery store for them?” But just like lots of people’s parents, they’re going to do what they’re going to do… but what are they doing? Is there anything we can do to keep them from doing it?

With the help of her sister, June checked up on her parents and tried to convince them to avoid risk behaviors such as unnecessary grocery shopping. In this case, offers to retrieve groceries and medicine functioned as an attempt to convince the parents to stay home rather than simple gestures of tangible support.

Another participant, Ann, also formed a coalition with her sister to monitor and persuade their parents. When asked “How would you characterize your relationship with your parents right now?” Ann said,

I think there’s a sense of worry with isolated parents, so checking in on them a lot more than normal... sort of like the parent-child relationship is swapped. We’re like, “Dad, I hear somebody went over. How are you making sure you’re social distancing while they’re in your patio?” It’s flipped because... [you can’t] reprimand them because then you know they’re not going tell you [things] in the future, so you have to “be cool.” But yeah, you parent your parent. Someone had gone over to dad’s porch at some point…My sister told me that. [My dad] was like, “I’m social distancing,” and I was like, “Well, tell me exactly what you did. Did you shake their hand?” And he just kept saying “social distancing,” I’m like, “I just want to make sure you know what that means.”

Ann learned from her sister that her dad had a visitor on our porch, and as a result, followed up with him to gain clarity and ensure that he was social distancing. Ann emphasized the role reversal here in attempting to gain compliance with her father as a parent would do with a child. The information that Ann provided about proper social distancing relates to information support yet differs in that the information was intended to convince the father to adopt behaviors that would help Ann feel more comfortable about her father’s safety.

A third participant, Charlotte, formed an alliance with her aunt to reinforce her pleas to her mother. Charlotte was afraid that her mother would contract COVID-19 while traveling across state lines to visit her new boyfriend. Charlotte explained,
My sibling and I have formed an alliance with my aunt. We’re, “Okay, we’ve done everything we can, can you reinforce what we’re saying?” … it’s been a nice alliance to have my aunt there to kind of help bridge that gap and create that conversation where I’m, “Hey, we can’t get through to her. Can you help us with this?”

For Charlotte, her aunt filled in a gap where she and her sister could not sway her mother. Soliciting her aunt’s help to persuade her mother released some of the pressure she felt to influence her mother’s behavior. Adult children’s attempts to bring in additional family members to monitor and influence with parents reflects the complex relationships embedded in family systems and demonstrates how communication operates within and across family sub relationships.

**Hiding emotions to encourage parents’ disclosures**

Several participants described the need to hide their emotional reactions to their parents’ confessions about their COVID-19 risk behaviors. These adult children believed that revealing negative emotional reactions would discourage their parents from disclosing their behaviors.

For example, Coryn felt that she was parenting both her own parents and her chosen family. For some members of her family, she was taking on a parental role for the first time. For others, the parental relationship was less developed, and yet, she tried to take care of them in her own way. She said,

My relationship with my dad isn’t really airtight. He never really parented me. I’m certainly unequipped to parent him. He’ll ask me things like, “You have everything you need, right? You have toilet paper and a mask and hand sanitizer?” I’ll ask him the same thing, but I don’t believe he’s using any of those things except for toilet paper. I can’t imagine my father in a mask or using hand sanitizer… I can be the type of “child-parent” who finds him and hoses him down with it, I could hold my parents accountable. It’s a really weird place to be in if you’ve never done this before because the stakes are so high and it’s happening so fast. When the pandemic first broke out… I knew deep down there was nothing I could do to stop these people but if I start screaming, maybe they’ll listen… The level of rage… the tone I was taking wasn’t helping… so I was like, okay, in terms of how I parent my chosen family, in terms of how I parent my actual family, I needed to find a way to listen. I need to talk to them in a way that they understand.

Coryn believed that she needed to tamp down her rage in order to effectively communicate with her family members. Thus, Coryn’s efforts to withhold her emotional displays allowed her to maintain open communication. Coryn’s regulated interactions functioned to allow her to better influence her father more in future interactions to meet her COVID-19 safety behavior needs.

In another example, Charlotte described her fear that her mother would put herself at risk to visit her boyfriend. She said,
I did poorly react to my mom’s news that she [was travelling out of state to] visit the new boyfriend.” [I said] “No you aren’t!” … I think I’ve been hesitant [to ask her about her health behaviors] because, again, I’m glad that she’s fessed up to her changed travel plans… But today I did panic. She didn’t pick up the phone. And I was, “Oh my god, what if he came to visit?” That was my initial thought…And so I absolutely panicked. I texted her, I called her, I called the house phone. I was, “Hi, can you please pick up I’m really worried.” … So, there’s definitely fear that she’s hiding something from me. But there’s only so much I can control.

Like other participants’ statements, Charlotte’s reflection about her communication with her parents took on a parental tone. Charlotte’s own fear and not her mother’s needs motivated her actions to use deliberate influence. Charlotte worried that her emotional reaction to her mother’s disclosure would prevent her mother from “fessing up” about her risk behaviors.

Another participant, Sarah, also described surveilling her parents’ behavior, comparing them to a rebellious teenager. And, like other participants, Sarah hid her fear from her parents in order to maintain open lines of communication. She said,

I sometimes feel like they’re just telling me what I want to hear to make me happy when, in fact, I’m pretty suspicious based on some of their activities that I can see on my cell phone… It is that role reversal because as a teenager I was like, “Yeah, I was at so and so’s house.” [During the pandemic, my dad] was still going out, but my mom is high risk… I [had] to have a strong conversation with my dad expressing… “What you’re not realizing is you don’t know what you’re bringing home to mom.”… They laugh about it, but my laugh is more out of concern… I don’t say the things that are really on my mind, which is, “I’m scared to death that you could die. You could die alone in a hospital, and I wouldn’t get to see you.”

Sarah described hiding the issues that were “really on her mind,” like her fear of losing her parents. Sarah and the other participants in this study developed a sophisticated set of strategies for communicating with their parents about COVID-19.

Central to the subthemes of deliberate influence are the role reversals surrounding power and control. Many of these participants used phrases such as “role reversal,” “flipping” roles, and “child-parent” to describe their communication patterns with their parents about COVID-19, which often involved cajoling, pleading, and developing a collection of persuasive strategies for encouraging protective behavior. Adult children engaged in this communication to meet their own emotional needs that resulted from concerning behaviors their parents were enacting related to COVID-19 risk exposure.

Discussion

The COVID-19 pandemic has created various challenges for adult children and their parents. Our results demonstrate that the novel coronavirus may be a trigger prompting important role changes wherein adult children provide unidirectional emotional and instrumental support for their parents as well as attempt to influence their parents to adopt COVID-19 safety measures. The communication exhibited in our study was not a simple
proffer of resources; the adult children desperately needed to feel that their parents are safe and viewed this support as one-sided and an example of role reversal. In the following discussion, we will first discuss how these findings expand understanding of role shifts and family systems and second, we will provide suggestions for applying these findings to family communication during a crisis.

**Theoretical contributions**

These findings advance understanding of how roles shift for some adult children in families, particularly during the COVID-19 pandemic. Findings echo previous research on adult child role shifts, showcasing the emotional and instrumental support adult children offer to aid a parent after a life transition (Jurkovic et al., 2001; Mikucki-Enyart et al., 2017). In the current study, many of the adult children believed that they provided disproportionate emotional and instrumental support to assist their parents resulting in a role reversal. The provision of emotional support was often viewed as one-sided, and thus was not always a welcome role shift, echoing the findings of Mikucki-Enyart et al. (2017). Adult children in the current study explained that they took on a role of primary support and influence to sustain their parents’ mental and physical health. Participants clearly articulated this phenomenon as mimicking a parental role, even self-labeling their new role as a “role reversal.” Recalling previous phases of their relationship in which the parent surveilled and managed them, participants remarked how now the tables had turned. Three unique theoretical implications follow.

First, the role shifts that resulted from providing emotional and instrumental support emerged here as both a stressor and opportunity. Similar to previous research, adult children in the current study expressed that role shifts can be stressful and burdensome during a phase of life that tends to already have excessive demands inherent in working and caring for their own dependent children. Although the qualitative nature of the current study does not allow for speaking to statistical differences, our findings suggest that women may be more involved in parental caregiving during the COVID-19 pandemic, a finding consistent with previous research (Cohen et al., 2019). Within the context of COVID-19, the burden becomes compounded as women manage competing demands such as caring for dependent children who may no longer be in school outside the home, assisting aging parents, and fulfilling workplace commitments (Stokes & Patterson, 2020). Intergenerational caregiving disproportionately burdens women with potentially deleterious physical and mental health implications (Bhan et al., 2020).

At the same time, some adult children in the current study found benefits in lending emotional support. Caring for their parents in the midst of an unexpected pandemic constituted an expression of belonging, love, and family which at times brought new levels of intimacy and dependency into the family system. This finding parallels other research that details how informal family caregivers find benefit in their work (Hogstel et al., 2005). Multigenerational households increase the adult child’s caregiving workload but also provided an additional resource to assist adult children caring for their own young children. Assistance with childcare is particularly helpful for women who perform a disproportionate amount of dependent childcare (Stokes & Patterson, 2020). Finally,
among our participants, the individuals who found value in this role shift often deliberately framed their experience in this way, engaging in meta-communicative talk about their perspective. In this way, the current study extends adult child research in this area by revealing the functional ambivalence of social support and role shifts in the family.

Second, these results illustrate how role shifts unfold during a crisis. Findings in the current study join previous research that positions role shifts as a reaction to a family structural change such as divorce (Jurkovic et al., 2001; Mikucki-Enyart et al., 2017) or an AIDS diagnosis (Stein et al., 1999). The participants’ responses in the current study expand the potential triggers for role changes in the family, and consequently, disruptions in the family system. Findings also demonstrate that these role shifts can be distressing even when the child who is supporting the parent is the adult. Participants in the current study were consistent in positioning their new role as surprising, disorienting, and less than ideal. Even as adults, participants desired to maintain their role as a child to their parent.

These findings also extend beyond previous research contexts of role reversal which involved a family-specific crisis such as divorce and demonstrate wide-spread role shifts of adult children during a disaster. In the current study, the ongoing challenges created by the COVID-19 pandemic led many adult children to become take on informational, emotional, and persuasive roles. These participants ranged in stage in the lifespan and varied in whether they cohabitated with parents, and yet they consistently found their new role in this crisis to be sudden, unexpected, and disruptive. Many of the participants felt that the shift in the relationship was a direct result of the pandemic. A small number of participants reported taking on more parent-like roles before the COVID-19 pandemic. Nevertheless, those few participants who had already taken on these roles stated that pandemic intensified this role reversal. Further, the older age of these parents likely played a role in this new dynamic.

Across the lifespan, parents and children may try to influence one another. However, a parent’s inherent vulnerability as an older adult increases the risk of death from COVID-19, heightening the child’s fears and, in their view, increasing the importance of persuading their parents. These fears are reified by news reports framing older adults as vulnerable and passive (Morgan et al., 2021). The perceived susceptibility of the parent was important trigger for the need to influence parents’ behaviors.

The current study also centers roles and communication within family systems theory, highlighting how these role shifts unfold within complex relationships within a larger family relationship network. Previous research demonstrates that some parents may hide health-related information to protect their children (Ebersole & Hernandez, 2016). Our study shows that when roles are reversed, this practice of hiding information may lead adult children to find new ways to monitor their parents, such as forming alliances with other family members. Our study extends previous research showing that emotional and instrumental role shifts may involve the creation of coalitions with one parent (Valls-Vidal et al., 2010). Further, our results demonstrate that adult children’s need to influence parents led them to form coalitions with parents or extended family members to both monitor and persuade parents during a crisis. In doing so, the dyadic or triadic relationship between adult children and their parent(s) was linked in new ways to other family
members in the system, demonstrating the ripple effect of a shift in family roles between two people.

The participants illustrated the interplay of power dynamics where the parents are asserting autonomy and the children are seeking compliance. These descriptions of child-to-parent support in the family system, perceptions of parents’ increased dependence on the adult child, and perceptions of a lack of compliance illustrates the delicate balance of roles in the family system, and how an abrupt shift may have consequences for parent-child relationships and individual well-being. In this way, individual role shifts are embedded in and defined by the larger family system. When roles unexpectedly change and communication patterns of support shift drastically, the disruption of the family system may exacerbate the stress inherent in experiencing a crisis.

Third, these results expand the characterization of role shifts among adult children. The extant research focuses on emotional or instrumental role reversal, but the results in the current study showed that in some families during the COVID-19 pandemic, adult children felt an intense need to persuade parents to adopt certain health behaviors. The enactment of roles is inherently a communicative phenomenon, as offering emotional and instrumental support occurs through communicative channels. However, the new category of deliberate influence offered in the current study provides nuanced insight into communicative dimensions of family roles embedded in influence and persuasion practices. Adult children who wanted to influence their parents to respond differently to COVID-19 utilized a repertoire of logical and emotional strategies, recruiting allies, policing parents’ actions, surveillance, and hiding emotions in order to encourage parents’ disclosure. Of course, power is embedded into family interactions as individuals seek to accomplish goals within an interdependent relationship (Yoshimura & Galvin, 2017). However, the ethics of these various influence strategies are important to consider. It is unclear from the current study’s findings how to delineate between healthy boundary maintenance and coercion. For example, withholding in-person contact due to parents’ lack of protective efforts may cause conflict but ultimately be a healthy expression of a personal boundary. Yet some may perceive boundary inflexibility as coercive. Providing support without manipulation can be challenging even for the best-intentioned family members.

More research is needed to articulate the interplay of manipulation, power, coercion, and boundary maintenance. Critically examining and explicating the concept of manipulation could have implications for promoting healthy family relationships while allowing individuals to advocate for their own needs. Family therapists and communication educators in particular could offer skills to help family members ethically and effectively negotiate needs and co-create parameters that feel comfortable to all involved.

**Translational research**

The results of the current study also suggest practical applications that can be translated to improve family communication. First, many participants felt responsible for their parents’ health behaviors, and perceived serious consequences if they were unable to persuade or coerce their parents into adopting certain behaviors. This almost desperate need to
minimize COVID-19 related risks created a significant (perceived) burden for the adult children in this study, compounding stress during an already difficult pandemic. During the COVID-19 pandemic and other crises, adult children would benefit from reflecting on their own needs for support and learning how to articulate those needs. Recognizing the added stress of caring for one’s parent during the pandemic offers an opportunity to validate adult children’s difficult experiences and can potentially normalize the need to provide professional support to adult children providing support to parents.

Second, adult children and parents must learn to navigate health-related stressors in ways that do not damage the relationship or subvert the parent’s agency. Participants in the present study articulated that they had good intentions in monitoring their parent’s health behaviors. At the same time, an individual’s intense need to provide social support and persuasive communication is associated with negative individual and relational outcomes. Further, although individuals may intend for their social support to be helpful, it may at times be unhelpful to others. For example, if one’s advice is too judgmental or demanding, the other may rebel by engaging in dangerous behavior, referred to as the boomerang effect (Dillard & Shen, 2005). In another example, one study found that spousal support for individuals with prostate cancer resulted in the diagnosed spouse feeling vulnerable and lacking agency (Fergus et al., 2002). Further, a barrage of influence strategies used by young adults may inadvertently compromise their parents’ autonomy. Fergus and colleagues suggest that family members be allowed to “mute” their vulnerability by downplaying the impact of health risks they face. The current study joins these previously published studies in cautioning against social support that privileges the sender’s rather than the recipient’s needs.

Limitations and future directions

This study specifically focused on parent-adult child interactions. When support between parents and children becomes unidirectional from adult child to parent, adult children must find support from other individuals. Consequently, pandemic-triggered role changes likely require adult children to rely heavily on spouses, friends, and other sources of support. As families continue to communicate about COVID-19, research efforts should seek to understand how these family communication pressures ripple through people’s extended networks.

In families, role ambiguity can have negative consequences, particularly among minoritized individuals (Cohen et al., 2019; Hooper et al., 2012). Further, minoritized groups are at higher risk for the negative consequences of COVID-19. Compared to White Americans, Asian Americans are more likely to experience racism regarding COVID (Trammell et al., 2021), Latinos are 2.3x more likely die of COVID-19 and Black Americans are 2x more likely to die of COVID-19 (CDC, 2021). Future research in this area should focus on intersecting risks along the lines of race, for example, how social factors such as the relational pressures described in this study exacerbate other risk factors for minoritized groups. Further, information about participant disability and socioeconomic status were not collected for this study. Research along these intersections is a potential area of future directions for this research.
The participants in this study either lived with their parents or had communicated with their parents about COVID-19 in the 30 days prior to the interview. Future research in this area should seek to identify the major differences in family communication experienced by these groups. Further, these results rely on the viewpoint of adult children and do not include the parents’ perspectives. Future research in this area should seek to understand how this parent-child communication is viewed by the parents and explore any potential relational turbulence that emerges as a result of this new dynamic.

The interviews in this study were conducted in the first 5 months of the pandemic in the United States. During this time, many participants and their families experienced the acute stressors from the threat of COVID-19 and social isolation. Future research should explore to what extent this role reversal persists in the coming months and years and the resulting effects on relationships.

Declaration of conflicting interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The author(s) received no financial support for the research, authorship, and/or publication of this article.

Open research statement
As part of IARR’s encouragement of open research practices, the authors have provided the following information: This research was not pre-registered. The data used in the research are not available. The materials used in the research are not available.

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