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Family Functioning and Psychological Well-Being: The Mediating Role of Coping Strategies during Covid-19 Lockdown in Pakistan

Abstract: This study was designed to explore the relationship between family functioning, coping strategies, and psychological well-being (PWB). It is hypothesized that coping strategies would mediate the relationship between family functioning and PWB. Data were collected from participants during lockdown (N = 224) including male (n=97) and female (n=127) by using a convenient sampling technique. Family functioning, Coping strategies, and PWB were measured using the ICPS Family Functioning Scale, Cope Inventory, and Flourishing Scale, respectively. The Pearson product-moment correlation analysis indicated a significant relationship among family functions sub-scales, coping strategies sub-scales, and PWB. The results suggested a mediating role of active coping between subscales of family functioning and psychological well-being.

Keywords: family functioning, psychological well-being, coping, COVID-19 lockdown

INTRODUCTION

The pandemic of the Coronavirus (COVID-19) has put the whole world in chaos. Along with its physical damages, it has a serious impact on the psychological well-being (PWB) of people around the world (Huang & Zhao, 2020). Isolation strategy in quarantine is considered the most significant model to control the transmission of COVID-19. To control the widespread COVID-19 many countries including Pakistan had undergone strict lockdown in the month of April. People were instructed to stay at homes. All educational institutes and workplaces were closed. As a result, people remained with their families which, however, disrupted their outside activities (Aqeel et al., 2020).

The disruption of outside activities changed the lives of people and hence increased their dependency on their kinfolk. Dakin (2020) found that during the lockdown family members were the primary pillar of support, gratification, and companionship, more than ever. Additionally, inter-disciplinary theories of family functioning manifested that in a time of tremendous hardships, everyone requires an extreme measure of love and

kindness to cope, and healthy family functioning is considered as the basic source of comfort and protective factor for PWB in stressful situations. However, unhealthy family functioning can be the fuel to the fire in this pandemic.

Hereby, a dramatic increase in domestic violence and inter-family conflict was reported during the lockdown all over the world. Only in the United Kingdom (UK), 40000 cases were reported for domestic offense, in the first 100 days of the pandemic (Alradhawi, Shubber, Sheppard, & Ali, 2020). Similarly, a study in China reported a three times increment in child abuse, neglect, exploitation, and domestic violence during the lockdown. Besides, the situation gets even worse if members of a family already have relational or mental health problems (Aqeel et al., 2020).

The significance of healthy family functioning has long been discussed. The parameters of family functioning have been measured in three domains including intimacy, conflict, and parenting styles. Intimacy refers to the extent to which family members have a say in decisions, as well as openness in communication and expressiveness among family members. Conflict is defined as the extent of mis-

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understanding and interference, and difficulty in making plans and solving problems.

Moreover, parenting style is the extent to which family members have a say in rules and decisions and are encouraged to make up their minds and stand on their own feet (Noller, Seth-Smith, Bouma, & Schweitzer, 1992). These three components of family functioning are used in this study as well. While discussing the importance of healthy family functioning Pearlen (1992) argued that healthy family support provides resources to cope effectively in a stressful situation. Hence, in a pandemic situation, there are several challenging factors to deal with and according to Aqeel et al. (2020) family functioning leads to compromised PWB due to the inability to cope effectively.

Coping is referred to as a variety of cognitive and behavioral strategies to deal with stressors (Folkman and Moskowitz 2004). Carver, Scheier, and Weintraub (1989) argued that different events bring about different coping responses. Also, Martin et al. (2011) stressed the influence of the disease-specific characteristics and elaborated that the use of coping strategies is influenced by the varying nature of illnesses. They also found healthy family functioning being related to active coping styles such as goal using problem-solving techniques and oriented actions.

Similarly, a number of researches have evident that coping styles vary across different events like the study of Ren et al. (2018) found the mediating effect of emotion-focused and avoidant coping strategies in the relationship between family functioning and self-injurious behaviors. Likewise, the results of Francisco, Loios, and Pedro (2015) study revealed the mediating effect of support-seeking between family functioning and psychological maladjusted behaviors.

A link between the inability to cope effectively and compromised mental health or PWB is been discussed in several studies e.g. Loukzadeh and Bafrooi (2013) suggested that the inability to cope effectively makes people more vulnerable to poor mental health. Also, in their study Goyal, Chauhan, Chhikara, Gupta, and Singh (2020) reported suicide as a result of disturbed PWB due to COVID-19. PWB is often conceptualized as the absence of mental illness symptoms and difficulties in social relationships. It is also termed as an achievement of a state of equilibrium by challenging life events, mastery, and personal growth (Ahmad, Nasreen, & Aiman, 2020).

Concerning PWB and pandemic, many studies have concluded that the homebound situation of lockdown has adversely affected the overall PWB and people felt irritability, monotony, and disappointment (Li et al. 2020; Ho, Chee, & Ho, 2020). People are at greater risk to develop mental illnesses and how to cope with these situations is a rising concern, keeping in the view that coping vary across stressors. The key risk factors for PWB include guilt, self-blame, self-harm, somatic symptoms, substance abuse, domestic violence, anxiety, depression, post-traumatic stress disorder (PTSD), delirium, psychosis,

and in worse cases suicide (Yi, Lagniton, Ye, Li, & Xu, 2020; Alradhawi et al., 2020).

Some literature suggested a significant impact of coping styles on PWB. For instance, Gonzales et al. (2015) found the use of emotional support and acceptance as effective coping strategies to enhance well-being in breast cancer survivors. Additionally, the mediation analysis suggested a marginally significant effect of emotional support on emotional well-being through acceptance. Another research found a positive association between active coping and PWB. On the other hand denial and disengagement were negatively associated with PWB (Martin et al., 2011b).

The present study test the stress process theory by Pearlin (1999) which suggested that stress can undermine psychological health and social support such as family support can serve as protective factors against stress. Also, healthy social support provides a resource for coping that minimize the negative impact of the stressor on PWB. Applying this theory to the present study, researchers observed the impact of family functioning on PWB. It further discusses the mediating role of coping strategies during Lockdown. Also, based on the explanation of Carver (2003) that coping style varies from situation to situation, this study finds the coping strategy significantly mediates the role of healthy family functioning and PWB during the current situation of COVID-19 lockdown in the Pakistani population. The previous literature on stress process theory postulate that family member regulates each other's behavior by providing information and encouraging other members to behave in healthy and effective ways in stressful situations (Cohen, 2004; Reczek, Thomeer, Lodge, Umberson, & Underhill, 2014). However, toxic relations can lead to unhealthy behaviors as coping strategies to deal with stress (Ng & Jeffery, 2003).

METHOD

Hypotheses

The following are the hypotheses of the present study.

1. There is a significant relationship between family functioning, coping strategies, and PWB.
2. Coping strategies mediate the relationship between family functioning and PWB.

Participants

The study included (N= 224) adults with (n = 127, 56.69%) women and (n = 97, 43.31 %) men from the province of Punjab, Pakistan. A convenient sampling strategy was used for the collection of data. The age range was 20-29 years; (Mage= 25.5, SD= 6.8).

Instruments

To achieve the objectives of the current study, the following instruments were used

ICPS Family Functioning Scale. The ICPS Family Functioning Scale is a 30-item scale that measures family functioning based on three factors: intimacy, conflict, and

parenting styles. The items are answered on a 6-point Likert-scale ranged from 1 (strongly disagree) to 6 (strongly agree). High scores on the factor indicate high scores on the variable. The ICPS Family Functioning Scale has good internal consistency, with a Cronbach alpha coefficient reported of .92 for intimacy, .82 for conflict, and .68 for parenting styles. (Noller et al., 1992).

Cope Inventory. The Cope Inventory is a sixty items inventory that is used to assess that what people generally do and feel when experiencing stressful events. Its 16 sub-scales include Positive reinterpretation and growth, Mental disengagement, Focus on and venting of emotions, Use of instrumental social support, Active coping, Denial, Religious coping, Humor, Behavioral disengagement, Restraint, Use of emotional social support, Substance use, Acceptance, Suppression of competing activities, and Planning. The items are answered on a 4-point Likert-scale ranged from 1 (I usually don't do this at all) to 4 (I usually do this a lot) with an alpha coefficient of 0.73 (Carver et al., 1989).

Flourishing Scale. The flourishing scale (FS) is an 8-items instrument that measures respondents' self-perceived success in imperative areas of life such as self-esteem, relationships, purpose, and optimism as indicators of the PWB. The items are answered on a 7-point Likert-scale ranged from 1 (strongly disagree) to 7 (strongly agree). A high score on FS depicts a high level of well-being. The flourishing scale has good internal consistency, with a Cronbach alpha coefficient reported of .87 (Diener et al., 2009).

Procedure

This study was conducted through an online survey, starting at 15:05 on April 7, 2020 and ending at 19:39 on April 17. The data was collected during the first phase of COVID-19 lockdown in Pakistan, when all the universities, offices, hostels, and transportation were closed. All the participants were living at home with their families. The data was collected via Google forms and the participants were recruited from Whatsapp and Facebook groups of different educational institutes and offices. First of all, participants were educated with the purpose of research, the right to withdraw, and response confidentiality. Then after obtaining informed consent, participants were requested to fill the questionnaires and to provide accurate responses, individually.

The researcher remained online to respond to any query from the participants regarding the study or if, in case, any student failed to understand any item or word in English. The researcher appropriately addressed their queries and answered their questions. After completing the booklet, the participants were paid special thanks, because of their voluntary participation in the study without taking any tangible incentive. Initially, responses from 240 participants were received but 16 responses were indicated as outliers by SPSS. However, in the end, total data from 224 participants were added for the study.

RESULTS

Data Treatment and Analysis

The research understudy was conducted to analyze the mediating role of coping styles between family functioning and PWB. Data were analyzed using IBM SPSS Statistics version 22.0. Descriptive and inferential statistical techniques were used for the analysis of data. Firstly, the reliability of the scales was measured then the correlation among the variables was analyzed. After that regression analysis was then applied to the variables with significant correlation and at the end mediation analysis was applied. A detailed description of the results is given below.

Figure 1 shows the frequency of demographics of study participants for gender, qualification, employment status, family history, using the mask, and diagnosis of COVID-19. Female ($f=127$, 56.70%) were greater in number as compared to men ($f=97$, 43.30%). Participants having qualification masters ($f=94$, 41.96%) were greater in number as compared to the qualification of bachelors ($f=83$, 37.05%), below bachelors ($f=40$, 17.85%), and doctoral ($f=7$, 3.14%). Students ($f=128$, 54.14%) were greater in number as compared to employed ($f=65$, 29.03%) and unemployed ($f=31$, 13.83%) participants. Moreover, individuals with family members suffering from cardiovascular disease, diabetes, chronic respiratory disease, or cancer ($f=113$, 50.45%) were greater in number as compared to individuals with no family history of these diseases ($f=111$, 49.55%). Participants who started wearing protective face mask since they heard about COVID-19 ($f=175$, 78.13%) were greater in number as compared to one who didn't start wearing protective face mask since they heard about COVID-19 ($f=49$, 21.87%). Participants who know anyone with or have positive COVID-19 ($f=201$, %= 89.73) were greater in number as compared to the participants who don't know anyone with or have positive COVID-19 ($f=23$, % = 10.27).

Table 1 shows the descriptive statistics of study variables. The descriptive analysis showed the mean and standard deviation scores on instruments of this study.

The correlation analysis indicated that PWB has a significant positive correlation with intimacy, parenting style, positive reinterpretation and growth, active coping, suppression of competitive activities, planning, and has a significant negative correlation with mental disengagement and behavioral disengagement. The tables also present that intimacy has a significant positive correlation with the parenting style, use of instrumental and social support, active coping, religious coping, and has a significant negative correlation with conflict and mental disengagement. Parenting style has a significant positive relationship with active coping, suppression of competitive activities and has a significant negative correlation with conflict. The conflict has a significant positive correlation with focus on and venting of emotions, denial, behavioral disengagement, and substance use and has a significant negative correlation with positive reinterpretation and

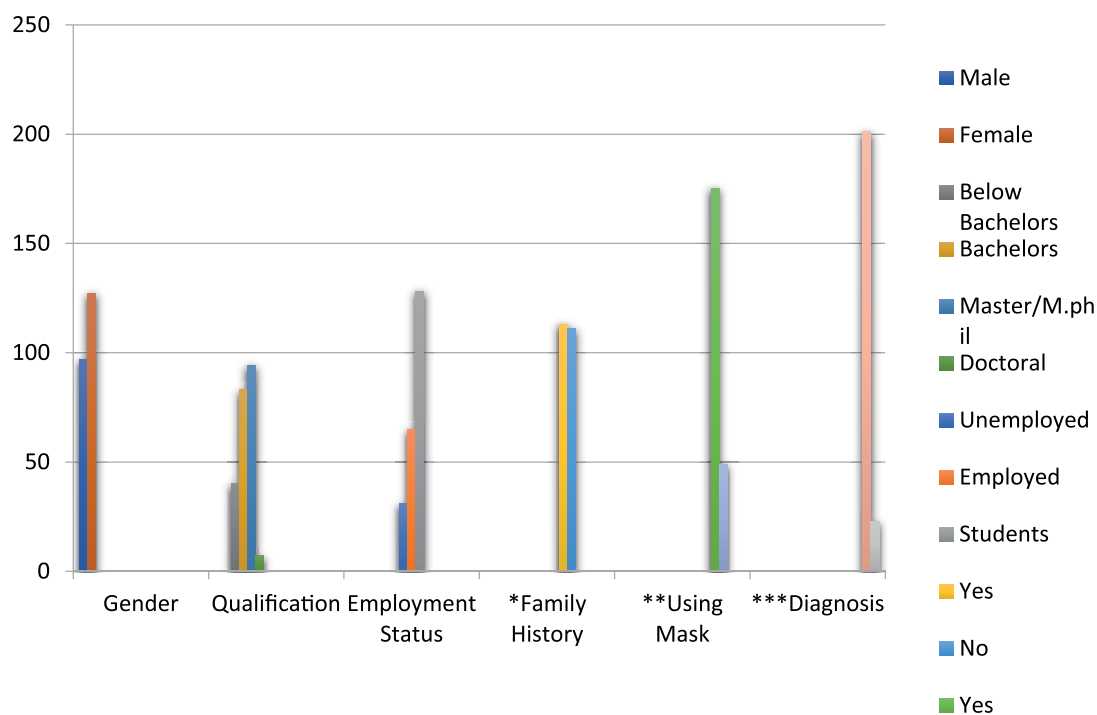


Figure 1 Demographics of study participants (N = 224)

*family members suffering from cardiovascular disease, diabetes, chronic respiratory disease or cancer.

**started wearing a protective face mask since you heard about COVID-19.

***Have you or anyone you know been diagnosed with COVID-19?

Table 1. Descriptive statistics and psychometric properties of study variables

Variables	Range			
	<i>M</i>	<i>SD</i>	Potential	Actual
PWB	47.79	5.17	8-56	34-56
Intimacy	49.11	7.57	12-72	24-60
Parenting style	31.26	5.10	8-48	14-40
Conflict	29.11	6.54	10-60	14-46
Positive reinterpretation and growth	11.05	2.73	4-16	4-16
Mental disengagement	9.75	2.28	4-16	4-16
Focus on and venting of emotions	9.54	2.63	4-16	4-16
Use of instrumental social support	10.51	3.02	4-16	4-16
Active coping	10.79	2.67	4-16	4-16
Denial	7.68	2.45	4-16	4-13
Religious coping	12.46	2.88	4-16	4-16
Humor	7.86	2.78	4-16	4-16
Behavioral disengagement	7.43	2.35	4-16	4-15
Restraint	9.81	2.20	4-16	4-15
Use of emotional social support	9.38	3.10	4-16	4-16
Substance use	5.30	2.20	4-16	4-13
Acceptance	10.30	2.26	4-16	4-16
Suppression of competitive activities	9.69	2.35	4-16	4-16
Planning	10.63	2.37	4-16	4-16

growth, use of instrumental social support, active coping, religious coping, and planning.

Positive reinterpretation and growth have a significant positive correlation with mental disengagement, focus on and venting of emotions, use of instrumental and social support, active coping, religious coping, humor, restraint, use of emotional social support, acceptance, suppression of competitive activities, and planning and has a significant negative correlation with substance use. Mental disengagement has a significant positive correlation with focus on and venting of emotions, use of instrumental social support, active coping, denial, religious coping, humor, behavioral disengagement, restraint, use of emotional social support, acceptance, suppression of competitive activities, and planning. Focus on and venting of emotions has a significant positive correlation with the use of instrumental social support, active coping, denial, religious coping, humor, behavioral disengagement, restraint, use of emotional social support, acceptance, suppression of competitive activities, and planning.

The use of instrumental social support has a significant positive correlation with active coping, religious coping, humor, restraint, use of emotional social support, acceptance, suppression of competitive activities, and planning. Active coping has a significant positive correlation with acceptance, suppression of competitive activities, and planning. Denial has a significant positive correlation

with humor, behavioral disengagement, restraint, use of emotional social support, substance use, suppression of competitive activities, and planning. Religious coping has a significant positive correlation with restraint, use of emotional social support, suppression of competitive activities, and planning and has a significant negative correlation with substance use.

Humor has a significant positive correlation with behavioral disengagement, restraint, use of emotional social support, substance use, suppression of competitive activities, and planning. Behavioral disengagement has a significant positive correlation with restraint, use of emotional social support, substance use, and suppression of competitive activities. Restrain has a significant positive correlation with the use of emotional social support, acceptance, suppression of competitive activities, and planning. The use of emotional social support has a significant positive correlation with acceptance, suppression of competitive activities, and planning. Substance use has a significant negative correlation with planning. Acceptance has significant positive correlation suppression of competitive activities and planning. Suppression of competitive activities has a significant positive correlation with planning.

Table 2 summarizes the findings of the mediation analysis conducted through PROCESS macro for SPSS (Hayes, 2013) for testing the proposed model of PWB.

Table 2. Direct and indirect effect of intimacy through active coping on PWB

Outcome	Predictors	Direct Effects			Indirect Effect		
		95% CI			95% CI		
		β	LL	UL	β	LL	UL
Active Coping	Intimacy	0.05*	.00	10.55			
PWB	Intimacy	.21***	.12	.29	.02	.00	.05
	Active Coping	.42***	.19	.66			

Note: ^a Sobel's Z test = 2.03; $p < .05$.

*** $p < .001$, ** $p < .01$, * $p < .05$.

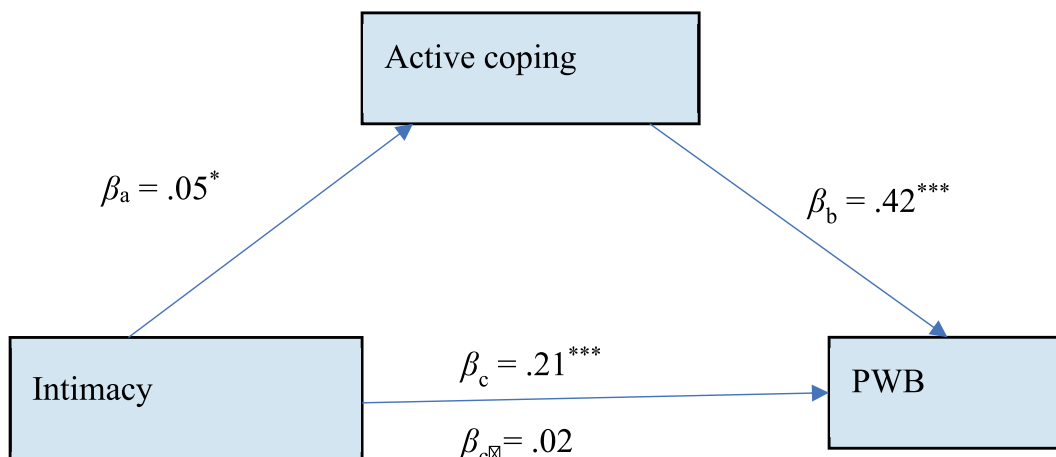


Figure 2. Schematic presentation of mediating role of active coping between intimacy and PWB

Model 4 was specified in the PROCESS macro for SPSS. As per Barron and Kenny's (1986) approach, intimacy (independent variable) predicted active coping strategy (mediator, $\beta = .05$, $t = 2.20$, $p < .05$) and explained 2.14% variance in active coping strategy. Intimacy predicted PWB (dependent variable, $\beta = .21$, $t = 4.99$, $p < .001$); and active coping strategy predicted PWB ($\beta = .42$, $t = 3.56$, $p < .001$). Overall intimacy and coping strategy explained 16.5% variance in PWB which was again statistically significant $\{R^2 = .165$, $F(2, 221) = 21.90$, $p < .001\}$. This suggests that active coping strategy fully mediated the relationship between intimacy and PWB. This mediation effect was further ascertained as the indirect effect of intimacy on PWB through active coping strategy was significant (Sobel's $Z = 2.03$, $p < .05$) and its 95% confidence interval did not contain zero.

Table 3 summarizes the findings of the mediation analysis conducted through PROCESS macro for SPSS (Hayes, 2013) for testing the proposed model of PWB. Model 4 was specified in the PROCESS macro for SPSS. As per Barron and Kenny's (1986) approach, parenting style (independent variable) predicted active coping strategy (mediator, $\beta = .11$, $t = 3.29$, $p < .01$) and explained 4.66% variance in active coping strategy. Parenting style predicted PWB (dependent variable, $\beta = .25$, $t = 3.87$, $p < .001$); and active coping strategy predicted PWB ($\beta = .41$, $t = 3.32$, $p < .01$). Overall

intimacy and coping strategy explained 13% variance in PWB which was again statistically significant $\{R^2 = .130$, $F(2, 221) = 16.56$, $p < .0001\}$. This suggests that active coping strategy fully mediated the relationship between parenting style and PWB. This mediation effect was further ascertained as the indirect effect of parenting style on PWB through active coping strategy was significant (Sobel's $Z = 2.49$, $p < .05$) and its 95% confidence interval did not contain zero.

DISCUSSION

While exploring the mediating role of coping strategies between family functioning and PWB during COVID-19 lockdown, the following was found.

The psychometric accuracy of the tools was observed by measuring the various constructs. The descriptive statistics for all scales were determined. The skewness values of all the scales were within the acceptable range which shows that the variable of the present study approximated the normal curve in their distributions.

The results of the present study approved the first hypothesis and indicated a significant correlation among subscales of family functioning, coping styles, and PWB. The findings of the present study unveiled a positive correlation of Intimacy with parenting style, use of instrumental and social support, active and religious

Table 3. Direct and indirect effect of parenting style through active coping on PWB

Outcome	Predictors	Direct Effects			Indirect Effect		
		95% CI			95% CI		
		β	LL	UL	β	LL	UL
Active Coping	Parenting style	.11**	.04	9.42			
PWB	Parenting style	.25***	.12	.37	.04	.01	.37
	Active Coping	.41**	.16	.66			

Note: ^a Sobel's Z test = 2.49; $p < .05$.

*** $p < .001$, ** $p < .01$, * $p < .05$.

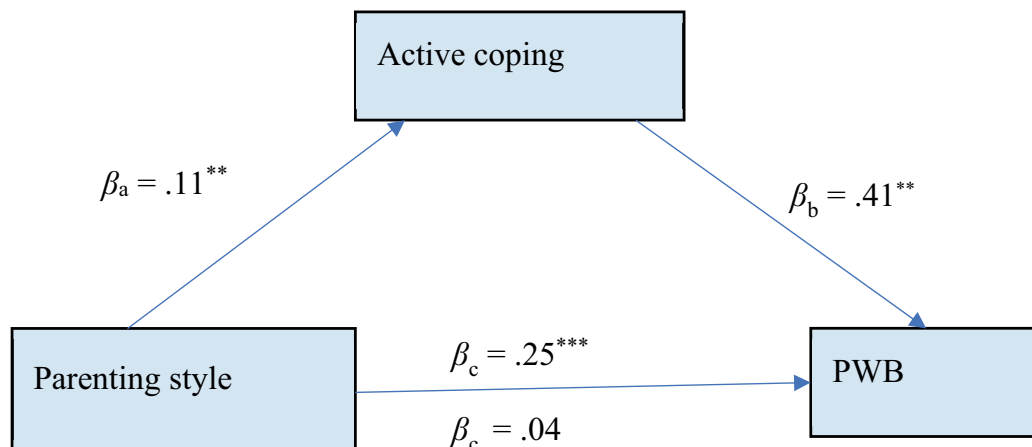


Figure 3. Schematic presentation of mediating role of active coping between parenting style and PWB

coping. These findings are in line with previous literature in which Noller et al. (1992) found that the level of intimacy increase with an increment in healthy parenting styles. Another research conducted by Caycho (2016) indicated that intimacy has a significant positive relationship with active coping. Therefore, the perception of children that their family has a good relationship with them is associated with an increment of their self-esteem and effectiveness of active coping strategies (Domenench, Donovick & Crowley, 2009).

Moreover, Stanisławski (2019) explained social support as a coping mechanism in which a person seeks assistance and advice to cope with a stressful situation and religious coping as a tendency to turn to religion in stress. Previous literature suggested a significant positive association of intimacy with social support and religious coping (Reis and Franks, 1994; Krok, 2015). In contrast, correlation analysis has demonstrated a negative relationship of intimacy with conflict and mental disengagement. These findings validate the previous studies (Noller et al., 1992; Barry, Lawrence, & Langer, 2008). The results are in line with the research conducted by Ensign, Scherman & Clark (1998) indicated that intimacy was negatively correlated with conflict. It is suggested by the results of our study that intimate relationships among family members lead people to trust others' bits of advice in the stressful situations of lockdown. Also, they take active steps to deal with their problems and turn to religion.

In a study, Kheradmand and Ghahhari (2018) discussed how parenting styles influence the coping strategies used by children. They specified that dysfunctional parenting styles like arbitrary and negative interaction can increase the use of dysfunctional coping styles. Somehow, these findings are inline with the findings of our study which indicated that a healthy parenting style was positively associated with actively dealing with stressful situations of lockdown by focusing solely on it. Hence, family relationships provide resources that help people to enhance self-esteem, cope with stress, engage in healthier behaviors, which leads to a higher level PWB. However, poor relationship quality and conflict between family members can take a toll on an individual's choice and PWB.

Furthermore, the results indicated a positive relationship of conflict with denial, behavioral disengagement, and substance use. In contrast, negative association with positive reinterpretation and growth, use of instrumental/social support, planning, religious, and active coping. The study of Tarantino, Lamis, Ballard, Masuda, and Dvorak (2015) found that conflicting relations in a family associated with substance abuse. They argued that the state of conflict was related to low mindfulness that in turn related to the use of drugs to disengage from a stressor or to feel better. These findings approve a study on interpersonal conflict and coping styles. The researcher suggested that human beings are part of many social networks including families. Hence these relationships have an important impact on emotions, cognitions, and

well-being. So, in times of conflict, these relationships have significant negative effects (Eatough, 2010).

Further, the correlation analysis reported a significant relationship among the subscales of conflict which approved the previous researches (Carver et al., 1989; Litman, 2006; Nahlen, Bjorling, Elfstrom, Persson, & Saboonchi, 2015). Besides, our findings showed a positive correlation between intimacy and parenting style with PWB. These findings are in line with previous studies (Sanavi, Bagharian, Shovey, and Ansari-Moghaddam, 2013; Thomas, Liu, and Umberson, 2017). These studies suggested that healthy parenting styles were associated with PWB. Also, they discussed the enduring and consequential nature of the family relationships for the well-being of family members across the life course. They suggested that a quality relationship among family members enhances healthier behaviors that lead to higher well-being.

The resources provided by the intimate family relationships help to deal with daily life problems and increase PWB. People with intimate relationships have greater self-esteem and this enhanced sense of self-worth which acts as a psychological resource that encourages positivity, personal growth, and PWB. The results of the current study indicated a positive relationship of PWB with the following subscales of coping styles: positive reinterpretation and growth, active coping, suppression of competitive activities, planning. These findings are in line with previous findings.

According to Stanisławski (2019) positive reinterpretation/growth is to take a positive perspective. Active coping is the process of taking active steps and increasing one's efforts to try to remove stressors and their effects. Suppression of competing activities is to avoid distractions to deal with stressors and planning includes action strategies and thinking effectively about the ways to cope with a stressor. The previous studies found a positive correlation of PWB with active coping, planning, and positive reinterpretation (Muhonen & Torkelson, 2011; Sagone & Caroli 2014). In contrast, the findings of this study indicated a negative correlation of PWB with mental disengagement and behavioral disengagement. In these coping styles, a person distracts oneself from the stressors, both mentally and physically. The research of Dijkstra and Homan (2016) found disengagement coping negatively associated with PWB. The findings suggested that in a stressful situation of COVID-19 pandemic, people who prioritized to focus on the problems they faced in lockdown and taking active steps to remove stressors by planning and staying positive have a higher level of PWB. In contrast, people who try to distract themselves and avoid dealing with the stressful situation during lockdown have low PWB. According to Reblin and Uchino (2008) focusing on venting emotions has a positive relationship with the use of instrumental social support. These findings also found that most of the participants positively appraised their stressful situations and attempted to develop effective coping strategies to maintain their PWB.

The second hypothesis was accepted by the findings of present studies. The results showed that active coping mediates the relationship between intimacy and PWB. The results of the present study are supported by the research conducted by Noller et al. (1992) described that intimacy refers to the extent to which family members have a say in decisions, as well as openness in communication and expressiveness. When the family members freely communicate it becomes easy for them to handle their problems by expressing and brainstorming ideas to overcome stressors and it makes them capable to use adaptive coping strategies. Carver (2013) found a link between family functioning and active coping and suggested that different events (stressors) bring about different responses (coping strategies). Another research conducted by Martin et al. (2011b) found a link between PWB and coping strategies used by families living with patients of chronic diseases. They also found a positive association between active coping and PWB. The present research concludes that intimacy is a type of healthier family functioning which enables a person to use an active coping strategy which in turn enhances the PWB. Another research reported an association between relational esteem and active coping strategies (Pollina & Snell, 1999). Therefore, the perception of children that their parents support them is associated with a rise in their self-esteem, social integration, perception and control and effectiveness of coping strategies. Children with high intimate relationship used an active coping strategy to deal with the stressors and problems which in turn enhance the PWB (Domenench, Donovan & Crowley, 2009).

Lastly, the results of the present study found that active coping strategy mediated the relationship between parenting style and PWB. Good parenting style depicts healthy family functioning as they enable the members to use a positive way of coping strategies in the form of active coping strategy which, in turn, reduces the distress and increases the PWB (Martin et al., 2011b). In this way, the active coping strategy mediated the relationship between intimacy and PWB and between parenting style factors and PWB. The results from the second hypothesis indicated that parenting style and level of intimacy contributing to the PWB in the novel and stressful situations of lockdown and active coping style was providing a mediating role between family functioning and PWB. All in all, families with healthy functioning were actively putting efforts to cope up with the lockdown situation were more psychologically well as compared to others.

CONCLUSION

This study contributed to the stress process theory. The findings indicated that healthy family functioning, parenting styles, and high levels of intimacy serve as protective factors for PWB by providing resources in the stressful situation of COVID-19 lockdown which was a homebound situation and everyone was with their family members. In other words, PWB of people living with

healthy family dynamics including parenting style and intimacy among family members was high as compared to people living in toxic families. Also, it is found that an active coping style mediates the relationship between family functioning and PWB. The active coping style in which people actively put effort to get the solution, is characterized by solving problems, seeking social support, seeking information, seeking professional help, and planning activities. In the end, the Carver (2003) explanation was proved that in lockdown situation active coping strategy was contributing to PWB. The present findings can be very beneficial for family therapists/counselors, clinicians, psychotherapists, social psychologists, and researchers to resolve mental health issues and family disputes during Pandemics and lockdown.

LIMITATIONS

There are some limitations to this study that should be taken into account when considering the results. The data of 244 participants was very limited so the findings should be generalized with caution. The participants of this study had varying demographics including students with different educational background, employees from different workplaces and others were un-employed. The study includes a large number of variables including sub-scales of family functioning and coping styles.

RECOMMENDATIONS

Based on the aforementioned limitations, the following suggestions are recommended. The researchers should consider demographics like the number of siblings, family systems, and socio-economic status while exploring family functioning with well-being. For a better understanding of a phenomenon, it is recommended to take a sample with similar demographics. However, t-test analysis is recommended if a sample includes different groups. Moreover, it is recommended for future studies to check the relationship among specific variables of family functioning and coping with more advanced analysis.

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