# Abstract

During the COVID-19 period, families and communities were struggling. This research examined a way to help families in need of help and support manage the crisis period. This was done by teaching families the Salutogenic theory of ‘a sense of coherence’. The Salutogenic theory believed that changing one's outlook on their life could have a positive impact on their health, causing one to feel in control over the challenging events one experiences. The intervention included five meetings and a video in which the families learned about the Salutogenic model and received practical tools for applying the model principles in their homes. The research was done in Israel and the Five families who participated in the study live in the Southern District of Israel and practice religious Judaism. The research findings revealed that by teaching the family members the theory the mental welfare of the families improved.

*Keywords:* COVID-19, family, parenting, education, community, Salutogenic model.

**Strengthening the sense of coherence among families during the COVID-19 period**

How can parents be led to leadership during a crisis? What kind of educational intervention do families need during the COVID-19 crisis? These are questions we asked when we decided to teach the Salutogenic model to parents. The main conclusion of our research is that teaching the Salutogenic model helped parents cope with their own and their children’s mental needs. It shows the importance of education, and it reinforced the sense of parental capability. The findings reveal that the development of workshops for instilling knowledge and tools will lead to an increase in families' capability of coping with conditions of stress and emergency events. Nonetheless, the knowledge and tools are to be adjusted to the unique challenge that families face.

After the COVID-19 pandemic regulations were imposed, a significant need originated for the restructuring of life systems and the creation of a sense of coherence. A sense of coherence is an orientation towards life as comprehensible, manageable and meaningful. The paper reviews a response to the need for coherence, supplied through a workshop for parents – a workshop that instilled in them the Salutogenic model and gave them practical and designated tools according to the Family Coping Model. The uniqueness of the Salutogenic model of Aron Antonovski (Antonovsky, 1979), is in its being a recovery model which identifies the factors assisting an individual’s proper health, despite the presence of significant stress factors in one’s life. The model proposes the possibility of connecting an individual to a purpose, causing them to feel in control over the challenging events they experience.

The Five families who participated in the study live in the Southern District of Israel and practice religious Judaism. The study was performed through the intervention of a group workshop, that included a short interview before and after the workshop. Additionally, a ‘field journal’ was employed that was updated by the researcher in the course of the process.

## The Salutogenic Model and Reinforcement of Sense of Coherence

In the traditional-pathogenic perception, mental health is defined by way of negation, as the “absence of psychopathologies,” (Westerhof, 2010). Opposite to it is the term mental welfare, expressing positive mental health perception. The term mental welfare relates to three basic components: feelings of satisfaction with life, the self-sense of an individual and one’s level of societal functioning (Westerhof, 2010). Research of factors bringing about mental welfare among people in different populations in the world has brought about the development of the Salutogenic model by Aron Antonovsky, and its publication in 1979. The term “Salutogenesis” means “source of health”. The Salutogenic model defines health in a holistic approach, as a complex relating to the experience of a whole individual (Langland, 2007) – who has a body, thought, emotion and social life. The term health examines the subjective calmness and functioning level of an individual as well in situations defined by the pathogenic approach as sickness. Occupation with promoting health promoters replaces the focus of the pathogenic model in reducing the main risk factors (Antonovsky, 1998).

Antonovsky maintains that the source of mental health and welfare is in an internal feeling of an individual, referred to as the Sense of Coherence (SOC) (Antonovsky, 1987). Coherence is divided into three parts: comprehensibility, manageability and meaningfulness. Comprehensibility is a cognitive component – the extent to which an individual accepts internal and external stimulations as logical, comprehensible, consistent and predictable (Langland, 2007). Manageability is a behavioural component – the scope in which an individual perceives that the external and internal resources they have are under their control and that with their aid they will be able to cope with life events (Sagy & Antonovsky, 1992). Manageability as well expresses one’s belief that one possesses the resources to control the challenges they face (Ben-Meir & Litvak-Hirsh, 2020). Meaningfulness is the motivational component, representing the extent of the belief that one wishes to cope (Hochwälder 2019). Meaningfulness is an individual capability to find meaning in one’s life in light of the challenges facing one. It expresses the extent of motivation, caring, point of life and value of investment of energy in various life situations. Antonovsky hypothesized that an individual or a group characterized by a strong sense of coherence will have the motivation to cope (meaningfulness); when facing a stress factor they would sense that the challenge is understood (comprehensibility); and they will believe they possess the resources for coping (manageability) (Antonovsky, 1998).

A high sense of coherence reduces the sense of threat an individual feels in difficult times and improves one’s ability to adapt to different situations (Litvak- Hirsch, Braun-Lewensohn & Lazar, 2015). Studies examining the correlation between the extent of coherence of individuals and their resilience in stress situations found that people with high coherence are more resilient and more resistant in stress situations (Braun-Lewensohn et al., 2011). Resilience has been defined as the process of successful adaptation despite challenging circumstances (Ellis, 2017). A study conducted among high school pupils revealed that a sense of coherence is a strength factor explaining positions negating drinking alcohol and using drugs (Midanik, 1992). A study by Meira Efrati-Virtzer and Malka Margalit revealed that a sense of coherence is significantly low among pupils with severe behavioural problems. These studies indicate that there is a correlation between a sense of coherence and the resilience behaviours of an individual (Efrati-Virtzer & Margalit, 2009).

## Coherence Among Families

The development of Antonovsky’s theory has led to a reexamination of the sense of coherence on a family level. Shaked Ben-Meir and Tal Litvak-Hirsh examined the sense of coherence among families living in war zones (Sagy & Antonovsky, 1992). Research findings were mixed, while the difference was found in the sense of coherence between families and even within them. It was found that among fathers, a sense of manageability was higher than among mothers; a sense of meaningfulness among families became more profound following the danger they lived in; and senses of uncertainty created a lack of comprehensibility among families (Ben-Meir & Litvak-Hirsh, 2020). American Psychiatric Diagnostic and Statistical Manual of Mental Disorders maintains that the main factor contributing to a sense of welfare within an individual is a supportive empathic attitude in the family, and that sense of coherence can be instilled and improved within any individual (APA, 2009).

## COVID-19 Period as a Crisis and as an Emergency Situation

Emergency-situation is defined as an extreme situation disrupting the routine course of life (Van de Walle, 2008). Such an event is characterized by the creation of unordinary and extreme needs and reinforcement of existential needs, such as physical and social needs, the need for information and more. An emergency event usually comes about unexpectedly, it threatens an individual or a group and creates concern regarding harm or existential danger requiring a quick response. Emergency situations, besides demanding proper coping from one, increase feelings of stress. Feelings of pressure and stress might cause difficulties in successfully coping with the event (Dias and Neto, 2016). Stress situations are, for example, a security threat such as war or terror, or a threat originating in natural a phenomenon such as an earthquake or fire. In most cases, emergency situations last for a short period of time, however, there are continuous emergency situations, that exponentially affect the mental state of those experiencing them. As the period continues and no solution for the situation is in sight in the near future, people respond with reactions of higher levels of stress and anxiety. A continuous emergency situation creates a paradox that is called ‘emergency routine’ in which one becomes adapted to routinely living according to the new terms (Dias and Neto, 2016).

In 2020, the COVID-19 pandemic erupted and led to a crisis in many countries around the world. “COVID-19 is multilayered traumatic stress consisting of at least three traumatic components: fears of present and future infections, pervasive economic impact, and routine disruption and isolation” (Kira, 2020). The forecasts predicted a situation of comprehensive illness and deaths, which caused serious concerns and led to taking extreme measures in an attempt to eradicate the spread of the virus )OECD, 2021). The challenges arising from COVID-19 encompassed private, national and global life. Although COVID-19 was a health crisis, its influence was crucial in additional life areas such as the economy, security, society and education. The measures to halt COVID-19 have led governments of the world to meticulously and harshly impose lockdowns, quarantines, movement restrictions and ‘social distancing’. Closing education systems as part of an effort to stop the spread of the virus was among the most severe of those, and this measure was taken in multiple world countries. 186 world countries, where there are about 1.5 billion pupils, were reported to have closed the schools OECD (2021). Additionally, many employees lost their jobs or were sent on an unpaid leave of absence, therefore, many households were left without the ability to provide for livelihood. In a short period of time of one and a half months, more than one million citizens have registered with the Israeli government employment agency that required employment. Lack of familiarity with the virus, its capriciousness and the unpreparedness for its ways of operation have brought about daily changes in instructions and procedures (OECD, 2021). The data published on the subject of education and employment has changed rapidly. It was a conduct that created a sense of instability mixed with panic and non-clarity regarding the means required to be taken in order to prepare in a way that enables personal and existential security.

## Effect of COVID-19 on Family Coherence

Closing of educational institutions was done to protect the public from sickness, however, it led to other severe implications on families, such as dropout of children from schools, damage to the development of children or/and exposing them to violence, and additionally adversely affecting parents who were required to give up their job to watch over the children. Early research suggests that the COVID-19 pandemic may impact parental functioning, data from an online survey in Canada were more concerned about managing child behaviour and having less patience with their children (Kingsbury, 2023). A study in Iran discovered that some of the most important psychosocial challenges of COVID-19 included the lack of accurate and timely dissemination of information, the intensification of economic problems, psychological instability, weakness in social prevention, and the suspension of social rituals (Procentese, 2020). These negative effects were also seen in research done in developing Latin American countries, with the findings that households with lower education were more exposed to negative shocks linked to COVID-19, and more educated households were faced with an increased burden of childcare (2023). These negative effects do affect people differently, as well as other factors, an individual’s relation with the community is known to play a major role in coping with stressful events (Shigemoto, 20121).

A study looked at resilience in three cultural groups in Israel during the pandemic to analyze how COVID-19 affected the communities differently. They found that the Ultra-Orthodox community, the most community based of the groups they analyzed, had deep resilience because of their sense of coherence. Other groups they analyzed showed that their sense of coherence had the strongest effect on resilience, followed by intrapersonal hope (Bruan-Lewensohn and Abu-Kaf, 2021).

## Research Question

The question accompanying the intervention action was - how can the sense of coherence amongst families be strengthened in times of prolonged emergency events such as the COVID-19 event? The study presented in the current paper focuses on the question: in what way does the intervention contribute to an increase in the sense of coherence of families?

# Method

## Participants

The study was conducted among five of the twelve families that participated in the workshop, a total of nine parents – four couples and one single mother. All practice religious Judaism. All live in the Western Negev in Israel.

Family # 1 – A couple with four children aged 1-10, while the first child has autism. The mother is a farmer, and the father is a play therapist. The parents are of a middle-class socio-economic background. They live in a Moshav (a type of Israeli town usually built from a cooperative agricultural community).

Family # 2 – A couple with three children aged 2-8. The parents have been married for eight years. The mother is a software programmer and the father works in marketing. They are of a middle-class socio-economic background. They live in a Moshav.

Family # 3 – A single mother and an eight-year-old child. The mother is an assistant to a child with special needs. They come from a low socio-economic background, and they live in a community settlement.

Family # 4 – A couple with eight children ages 1-10. The mother is a home-class teacher, and the father is an electrician, are of a middle-class socio-economic background. They live in a Moshav.

Family # 5 – A couple, the father of the family suffers from PTSD due to an event he experienced in his military service. They have two children ages 12 and 14. The mother is a teacher, and the father works in the Israeli Prison Service. are of a middle-class socio-economic background. The family lives in a Moshav.

**Research Procedure**

The study was conducted in three stages. For examination of intervention results, semi-structured open interviews were held with families who agreed to be interviewed. The pre-study stage was performed through semi-structured interviews; the intervention stage was performed through a Zoom workshop; in the post-intervention stage, the changes following the intervention were examined. This stage was performed through semi-structured interviews, similar to the first stage. The first interview was performed prior to the workshop opening, and the second interview was performed sometime after its conclusion. The interviews examined the sense of coherence that parents feel in family functioning. The first interview included five open questions that focused on the need to participate in the workshop, such as: “What is the focus of stress in your family?”. The second interview included as well five open questions. The questions examined workshops and meetings' contribution to coping in the family, for example: “Describe the conduct at home during lockdown after the workshops”. In addition to interviews, a ‘field diary’ was employed, in which the researcher documented processes and significant points. Upon conclusion of the intervention, the parents sent feedback, which was used as a tool for collecting additional data and analysis thereof.

The study was conducted through a focused intervention aimed at instilling the model and its tools in families that have experienced difficulties due to COVID-19 challenges. The intervention took place among twelve families residing in Southern Israel, who belong to National-Religious and Traditional sectors. Upon the closing of schools and the following coping of the family, alongside the challenges of COVID-19 lockdowns, parents have understood that they need external guidance. The families approached the researcher for help, due to her being an educational counsellor and specialist in trauma and anxiety therapy and out of familiarity from previous meetings the researcher conducted in Hosen Center (a Center to help deal with the stress of rockets the citizens of Southern Israel face) and additional activities in the community. The intervention was held free of charge as part of the researcher’s community volunteering in times of crisis and was held within a private frame, rather than the organizational frame. The intervention program offered implementation of the Salutogenic Model among families whose homes’ stability was undermined due to the COVID-19 crisis and provided them with the support and tools they needed for reorganization. Despite the fact that there exist additional models for coping in times of stress, such as Lazarus and Folkman’s model (Lazarus & Folkman, 1984), the chosen model is the Salutogenic Model due to its being a recovery model, which strengthens resilience and coping capability, therefore it is more suitable for continuous emergency situations.

As it was important for the researcher to examine the effect of intervention on parents, and as no previous studies were found in the field of the Salutogenic model that examined the effect of instilling the model in families in a challenging life situation, the researcher decided to perform the study on the program done by her. Therefore, prior to the beginning of the intervention, parents were given the choice to join the workshop freely or as part of an intervention study. Out of the twelve families that participated in the program, five families agreed to participate in the study, which was conducted within the qualitative paradigm through semi-structured interviews and observations of the research population.

**Intervention Program**

The intervention program was a practical workshop, which instilled the 12 couples of parents with the principles of the Salutogenic Model. The workshop included five Zoom meetings, which were held once every two weeks in the months of March-May 2020, while each meeting lasted about one and a half hours. Between the last two meetings, there was a break of three weeks, with the purpose to enable the participants to apply what has been learned, and in its course, a video that deepened and broadened the ways of operation was sent to the parents.

**Data Analysis**

The interviews were analyzed through a constant comparison method (Glaser & Strauss, 1967). At the beginning, initial categories were located and in the next stage, a focused analysis was performed. Analysis of each of the two stages was performed separately.

**Group Interventions through Zoom**

The current study was conducted following an understanding of the potential of the Salutogenic model to bring about mental welfare, increase a sense of capability and structure a way of coping with the new challenge of families experiencing difficulties following COVID-19. As part of the instructions of the Ministry of Health for coping with the COVID-19 crisis, limitations were imposed regarding holding face-to-face group meetings. This instruction included group therapy sessions as well, including focused intervention meetings which are at the heart of the study, which as a result were held online. It should be indicated that therapy groups through Zoom were in existence prior to the eruption of COVID-19, however, the COVID-19 pandemic emphasized and increased the use of this medium. Guidance through Zoom has multiple benefits such as receiving more professional guidance from instructors living in remote places, low cost following saving on travel and allowing for a possibility of continuation of guidance. However, therapists indicate that therapy through Zoom might be more tiring and difficult than a physical therapy session.

**Results**

The interviews were analyzed using the constant comparison method (Glaser & Strauss, 1967). Stage A will describe the coping of the families, with particular reference to the elements of sense of coherence, before the intervention. Then, Stage B will describe the families’ responses during the different steps of the intervention. The analysis for each of the two phases was carried out separately.

**Stage A – coping of families prior to participating in the workshop**

The pre-study stage describes the experience of families who applied for counselling prior to intervention. The sense of coherence of those families was described according to three dimensions of the Salutogenic model: comprehensibility, manageability, and meaningfulness.

**1. Comprehensibility**

Comprehensibility is the extent to which an individual feels to be able to cope with future occurrences (Slootjes, 2017). During the period of the COVID-19 crisis, the comprehensibility of people was undermined. Procedures have changed frequently, uncertainty has been formed regarding the treatment of the disease and coping with it. Additionally, there was uncertainty regarding the date of returning to routine life, and at any given moment an individual could find oneself being subjected to quarantine. Families reported that “there is much uncertainty regarding the situation” (family # 5), and that “the newly created reality has led to imbalance in the family” (family # 1).

**2. Manageability**

Manageability is an inner sense of an individual perceiving one can cope with the challenge that one faces (Slootjes, 2017). During the COVID-19 period, difficulty was created in coping with changes in daily life. Parents were not able to succeed in structuring a logical setup of daily routine, and the shared life in many homes was accompanied by fights, outbursts and breaks of order. In the current study, the families emphasized two main dimensions of manageability difficulties: damage to daily routine and negative interpersonal behaviour in a family. Family # 4 said that “the children wake up at different times, drink something. Play together and also fight”. In family # 4 the mother failed to balance between work and home. Handling children’s needs from the time of work done from home, and at the same time working at an unadjusted time caused a deficiency in caring for the children’s needs. In family # 3 lack of employment has led to boredom: “There are no frames and no routine, and my child is bored and frustrated. Watches screens for a prolonged time during the day, and I find myself angry on one hand at him being stuck to the screen, and on the other hand on the mess he is causing when he is not in front of a screen. This creates much stress at home”. Parents did not succeed in setting for the children an alternative daily routine that will combine fun orderly occupations and free time for their needs. Additionally, a constant staying together has led to fights and anger between family members: “All family is at home and fights and huge tantrums in scope and frequency were created” (family # 1). Family # 4 indicated that as the children stay at home there is high tension and over-sensitivity of family members regarding various statements. It is possible to learn that in the COVID-19 period many a family experienced sense of lack of manageability. There was difficulty to maintain daily routine and interpersonal relations in a family were undermined as a result of boredom, stress and anxiety leading to over-sensitivity.

**3. Meaningfulness**

Meaningfulness is the sense of an individual that the challenge one is facing has meaning and is worthy of investing and coping (Slootjes, 2017). During the COVID-19 period, parents had difficulties in facing the challenge of managing their home in the new conditions. They had no tools to manage limits, especially in light of the sense of stress and anxiety accompanying this period. Family #1 approached for help following a need for guidance and rethinking how to organize the home. In family # 4 the mother had difficulties regulating anxiety that was at home after three periods of quarantine. Additionally, the mother needed assistance in organizing her daily routine and organizing home and was interested in a safe space in which she can share her feelings with others. The mother in family # 3 felt loneliness and helplessness and was concerned with the task of finding something the child could do. Additionally, she was concerned regarding the state of her health and wanted guidance as to regulating home conduct and coping with anxiety and stress. Family # 5 five reached out for help due to an increase in anxiety among the girls from Covid-19 and from quarantine at home. The mother felt she has to include everyone and asked for assistance. From the above, it is possible to learn that the challenge posed by the COVID-19 crisis in front of families has brought about feelings of anxiety among mothers and children. They did not feel that the challenge they were facing had any meaning. Additionally, they felt that they do not know how to cope with this challenge, and in fact, they experienced a sense of incoherence.

**Stage B: intervention**

The uncertainty that characterized the COVID-19 crisis period has brought about a preference for a short and focused workshop. The workshop was scheduled for a time period of five sessions, due to the fact that parents considered it to be committable at a time of no frame or order. The researcher estimated it to be a span of time in which it would be possible to learn the principles of knowledge and apply them. During the intervention sessions, the participants delved into the model and methods of its implementation in family life, and the parents were instructed on how to award their children coherence in the new situation.

**Meeting 1 – introduction and expectations:** the first meeting included an introduction, raising needs, structuring group fabric and coordination of expectations. In the beginning, the purpose of the group was presented, and the principle that its joint force is ‘the together’ was emphasized. Three essential rules were indicated to be maintained: (1) whatever is said in the group will remain in the group, as obligated by ethics rules; (2) response to another will be respectful rather than judgmental; (3) the decision whether to share or just be present in the meetings is left to everyone’s decision. These rules assisted participants to enjoy the workshops and feel safe. Everyone introduced themselves and specified the purpose they strive for in partaking in the meetings. During the meeting, the parents raised their need for a space in which they can discuss their difficulties, consult and express their experiences in the complex period of the COVID-19 crisis.

**Meeting 2 – raising difficulties:** this meeting was designed to sharpen the personal experience of group members in coping with the COVID-19 challenges in a family. The question “Where does COVID-19 encounter me in different hats and roles?” was introduced. After raising the difficulties, they were categorized into three types: daily difficulties, meaning manageability difficulty; difficulty in perception and experience of parents, meaning difficulty in finding a meaning; and inability to cope with the situation, meaning difficulty incomprehensibility. Categorizing the difficulties into these three categories emphasized the insight that the model of Antonovsky might assist these families in their difficulties.

**Meeting 3- Introducing the term Coherence:** after structuring a foundation of connection between participants of the workshop, and after each one of them raised the difficulties they deal with, it became possible to suggest to the participants a means that might alleviate their difficulties. In this stage, an introduction to the recovery model of Antonovsky was made, which proposes a response to the raised challenges. The participants felt that they are being exposed to new insights and got new perspectives regarding structuring coherence and its importance. Additionally, from personal experience, the parents were introduced to the fact that coherence can be learned, and that sense of personal welfare of everyone can be structured. Meaning, they can change reality at home and positively lead the family.

**Meeting 4 – introduction to the model of Antonovsky:** a profound introduction to the model components was made in this meeting. The parents received guidance as to how to award coherence to their children in the current situation. They were instructed to create comprehensiveness through discussion of COVID-19 and its implications thereof, which would lead the children to feel that the challenge is understood. The parents were instructed to explain to their children the new rules, talk to them about the importance of wearing a mask and keeping their distance in the public space, and specify to them the new daily routine adjusted to their home; as for manageability, the parents assisted children to believe in themselves and understand they have resources to cope with the new situation. They tried to prove that through different tasks given to the children; meaningfulness was strengthened by the parents through the creation of a practical goal with a tangible outcome for each child or the whole family. For example, family board games and meeting study assignments; at the end of the meeting, drilling of the three principles was performed as part of the family process, while translating them into the lives of participants. The parents were requested to apply what was learned in their homes while knowing that in the last meeting, they will have to share their actions with the rest of the workshop participants.

**Video:** due to the fact that during the Passover holidays, there was a space of time between the fourth and fifth meetings, the parents received a video, in which the three principles of the model were described briefly, and practical tools for using the model were given. The purpose was to give the workshop participants an opportunity to review what was learned, to maintain the connection, and to create an understanding that the space is safe and it is possible to continue asking and to be interested.

**Meeting 5 – results and conclusion:** the meeting was designed to hear about the process that participants have gone through, to conclude what was learned and to introduce the personal use of each one of the models. Each of the families stated how they used the model of Antonovsky: family # 1 played emotional family games they were less used to; Family # 2 created mutual posters to encourage getting out of the COVID-19 crisis and negative thoughts; Family # 3 prepared rotation of jokes; family # 4 appointed one of the brothers to be in charge of the routine, which role is reminding that there is a daily routine; family # 5 created a set time for family meeting and updates. The families talked about the results of using the model and diagnosed them as being positive. Family # 3, mother: “I thought that the meetings would serve for ventilation of emotions, and eventually I found a way to get organized with myself and help my child” (field diary, May 10th 2021); family # 5, father: “manageability is a term that will keep accompanying me now, it helped me a lot to understand that I manage the situation and the anxiety rather than these managing me” (field diary, May 10th 2021); family # 2, mother: “it was obvious for me that the anxiety will work out… the meetings brought me to an understanding that something can be done and the fact that I am in a sense of comprehensiveness helps me a lot to cope” (field diary, May 10th 2021). The last meeting had taught that the common denominator of the families, the respectful discourse and the willingness to develop and expand the tools enabled reaching implementation of the model in those families and bring about the desired outcomes.

Senses of helplessness are the type of feelings bringing about a lack of coherence and decrease mental welfare of an individual (Sagy, 2011). COVID-19 event, as a continuous emergency event, undermined the sense of stability and comprehensibility of citizens regarding their external and internal conduct, especially in light of a feeling that the independence of citizens was taken from them and the choice was given to decision makers (Usher, 2020). Due to the fact that COVID-19 is an illness, and the outside embodies the pathogen (cause of illness) – seclusion at home was experienced as an illness. The subjective feeling of parents participating in the study was a sense of helplessness and frustration and of inability to control routine life with those closest to them within the family cell. Continuous staying together at home was not beneficial for them and led to a lack of satisfaction. Additionally, parents felt they do not have the tools to lead their home, they were short both in their personal connection among themselves and regarding their children. This comprehensive sense of helplessness is the moment when an individual is required to act in order to restore mental welfare to self (Talmor, 2019). And indeed, the parents realized that in the absence of an overt possibility to bring an end to the illness from outside, they should ask for an explanation and a solution that would promote health at home. Therefore, they applied for help from a counsellor they knew from previous experience.

The workshop was opened following the insight that a sense of coherence can be instilled and improved (APA, 2009). Furthermore, reinforcing family coherence may increase the sense of capability of family members to cope with the continuous emergency situation and maintain calm, empowering and assisting communication in the new life routine. As different from giving a pathogenic response, operating to reduce causes of illness, the purpose of the workshop was to give parents a Salutogenic response, help them find their source of strength, and give them back a sense of parental leadership. The Salutogenic model is most adequate for a unique climate crisis such as the COVID-19 period, as it assists in increasing coping resources comprehensively and holistically, rather than giving solutions according to risk factors as in the pathogenic paradigm. Regulations of social distancing, quarantine, wearing masks, precautions and prevention in the COVID-19 crisis period are examples of solutions according to risk factors. These add up until a situation of chaos and routine of emergency. The Salutogenic model proposes a response difficulty of coping with the COVID-19 crisis, a response aimed at leading to the healthy pole, rather than fighting an illness.

It could be seen that participating in the workshop contributed to a sense of coherence among parents, both among themselves and in their conduct with their family members. Furthermore, there was a change in the conduct of life at home, and implementation of beneficial conduct was made possible in light of the model in children as individuals. Tools and insights of the Salutogenic model, learned by the parents, assisted them to create a structured routine at home, orienting children to doing and creation, and giving them duties assisting in managing the new needs of the home, and thus they increased the sense of coherence for their children. Parents as well came a long way, they reached an insight that they have the power to choose their way of conduct in order to achieve coherence, and learned to apply again their sense of parenting and express it outward.

Additional contribution is inherent in giving parents practical tools in order to respond to children’s needs. One of the wrong perceptions in society, expressed in parenthood as well – ‘that which is not spoken of does not exist’ – received a response. Parental sharing reveals that there is a change in this pattern following exposure to the model, its proposed ways of conduct and its application in practice. Parents learned that it is better to clearly explain to their children the situation and the way they should behave. According to parents’ reports, the explanations relieved a sense of uncertainty and anxiety in their children. Parents saw the efficiency in reflection despite its collision with their previous beliefs. Furthermore, the workshop enabled a space for practice and experience and thus instilled practical tools for parents who asked to get their children to behavior they defined as desired. The parents, who received practical tools for reinforcement of the manageability of children, motivated the children to participate and cooperate in the daily routine at home. As they succeeded in creating a purpose for themselves and for their children, they felt satisfaction from their success in coping with the challenge of its achievement. According to parents’ reports, the intervention contributed to the development of healthier conduct in the family cell, even as the emergency situation continued. They indicated contribution to a sense of mental welfare of the children, to calm conduct and a sense of satisfaction with the doing. In these findings, the current study corresponds to examined theory and results of previous studies.

It is important to indicate that in this case there was an early acquaintance between participants and the facilitator, an acquaintance that enabled the discourse to advance. Additionally, the frame of mutual meeting with additional parents who share similar frustrations and came as well to receive guidance and instruction, contributed to the sense of meaningfulness of participants and made them feel committed to practical application during the time of intervention. It is worth indicating the difficulties which were raised: identifying the participants’ experiences and their feelings in online meetings was more difficult than in a face-to-face meeting. Additionally, there were constraints dictating shorter meetings than what is wanted, and there was difficulty in arriving to the meeting on time and difficulty in focusing the discussion.

The findings of the current study constitute a continuation of previous studies emphasizing the importance of reinforcing the sense of coherence in a period of coping with stressful situations. When parents developed and empowered this sensation, their coping with challenges in the family was more efficient and better. Furthermore, it can be learned from the current study that improvement in the sense of family coherence did not end with the ending of the workshop but rather continued in the following period as well. The sense of coherence strengthened the connection of a parent to oneself and assisted them to conduct in a way that fits the situation. This benefit was felt by the children and structured within them, both as individuals and as part of the home complex, the sense of coherence.

# Discussion

**Conclusion**

The intervention process raised among the participants an understanding that they can create parental capability and meet their strengths in light of the acquisition of knowledge. The parents understood that even in times of a crisis and difficulty at home, knowledge can assist them to achieve a solution and be a tool awarding a sense of comprehensibility, in order to find a different way of action leading to better conduct, meaning, increasing the sense of manageability. Moreover, it is possible to learn from the study regarding the importance of a facilitated meeting with parents in time of crisis, that was characterized by loneliness without being assisted by the community. Meeting with people who have common ground brought about a feeling of equality and increased meaningfulness. Currently, as society is divided into cells, and each cell stands alone, there is an increased need in giving community tools and responses for families in order to create a connection between them. Despite the fact that continuous emergency situations and extreme stress situations are not frequent, they do however occur. It is important that emotional caregivers and family counselors use the Salutogenic model which focuses on increasing the sense of coherence, which has the power to contribute to mental welfare. It is worthwhile to hold workshops based upon the basic terms of the Salutogenic model in a variety of communication channels – face-to-face meetings or online meetings – in order to assist families who need it in their daily coping.

## Limitations of the Present Study

The study has several methodological limitations. First, the workshop meetings were short sessions, one and a half hours long, which did not allow for reaching deeper layers, and there was no direct treatment of the anxiety sensation which were raised; additionally, the study was performed among the population from middle and low classes, and it is possible that studies among populations from a different socio-economic background will produce different results; the study was conducted among religious and traditional population, in which the mother’s role as responsible for the house harmony is more common, which caused to voices of mothers be prominent in current study (however, it should be indicated, that fathers cooperated). It is important to indicate that in the current study, the examination of the responses of workshop participants took place two weeks after the workshop ended, and there was no additional follow-up. The COVID-19 crisis continued and there is no testimony regarding the continuous influence of the workshop results.

**Future Direction**

Following the beneficial implications of the intervention developed as part of the current intervention study, it is important to perform additional studies which will include giving of knowledge and tools for the application of the Salutogenic model. Existing research literature on the subject introduces mainly condition studies. From the above arises the systemic necessity of intervention studies, among individuals and families, which would be correct to position them as a systemic-town-community, and of course, an educational challenge.

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