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Similar minds in the family: COVID-19 centrality and relationship quality

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Abstract

We examined whether perceived similarity in COVID-19 centrality (i.e., the extent to which one thinks of the pandemic as shaping current and future life) is associated with family relationship quality during the pandemic. Thinking that other family members are similar to oneself regarding the pandemic's centrality may improve the quality of family relationships. We collected data from Turkish family triads (i.e., mother, father, 18–25 years old child) and had 481 participants from 180 families. Participants rated their similarity in COVID-19 centrality with the other two family members and reported the general and daily quality of their relationship with them (relationship satisfaction, closeness, conflict). We analyzed the data using the Social Relations Model. We found that family members who, on average, perceived more similarity in COVID-19 centrality reported higher levels in positive attributes of general relationship quality (i.e., satisfaction and closeness). The effects on conflict and daily relationship quality were less conclusive. This research confirms that family members' reactions during the COVID-19

Statement of Relevance: Do people consider how similar others are to themselves regarding the subjective evaluations of the COVID-19 pandemic when assessing relationships with them? We aimed to answer this question using a dataset collected from Turkish mothers, fathers, and their 18–25 years old child. Our results showed that perceptions of similarity in COVID-19 centrality across family members are associated with relationship satisfaction and closeness in families.

pandemic are interdependent. Perceiving that other family members are of similar minds about the centrality of the pandemic relates positively to some aspects of relationship quality.

KEYWORDS

COVID-19 pandemic, family, relationship quality, Social Relations Model, the centrality of event

1 | INTRODUCTION

High-quality family relationships, which could be defined as satisfying and close relationships between family members with infrequent conflicts, have long been shown to be a source of resilience, protecting both psychological and physiological health in the face of adversity (e.g., Ge et al., 2009; Lyons et al., 1998; Patterson, 1988). For example, a high level of marital quality mitigates possible post-traumatic stress symptoms after an earthquake (Marshall et al., 2017). Maternal warmth buffers the harmful effects of stress due to daily hassles on emerging adults' physiological reactions, such as the level of cortisol release (Lucas-Thompson, 2014).

Recently, these findings on the role of family relationships in times of stress have been extended to the context of the COVID-19 pandemic. It has been confirmed that psychological and physiological health during the pandemic partly depends on high-quality relationships (Daks et al., 2020; Pietromonaco & Overall, 2021; Sommerlad et al., 2021). Nevertheless, not everyone has satisfying relationships with family members during the pandemic. While positive experiences such as feeling closer to family members during the pandemic have been reported for some families (Donker et al., 2021; Evans et al., 2020), intra-family conflicts and domestic violence also showed an alarming increase since the pandemic started (Brown et al., 2020; Buttell & Ferreira, 2020). Who is more likely to experience high-quality family relationships during the pandemic? We aim to shed light on this question by considering the similarity of the centrality of the COVID-19 pandemic across family members.

1.1 | COVID-19 centrality in families

In the present work, we adapt the concept of *event centrality* to assess the subjective evaluation of the COVID-19 pandemic (Berntsen & Rubin, 2006). Recent studies showed that people vary regarding their centrality evaluations for past, present, or anticipated future events (Demblon & D'Argembeau, 2017; Rubin et al., 2019). The centrality of the COVID-19 pandemic, which we will refer to as *COVID-19 centrality*, is defined as people's evaluation of how much the COVID-19 pandemic shaped their understanding of the current world and expectations of future life. People with high COVID-19 centrality are likely to perceive the pandemic as a turning point in their lives that changed everything afterward and as an integral part of their identity (Berntsen & Rubin, 2006). The COVID-19 pandemic differs slightly from other adverse events studied in the literature on event centrality. First, rather than specific groups of victims, all people worldwide are exposed to the consequences of the pandemic to varying degrees.

Additionally, COVID-19 centrality likely has daily interpersonal implications. For example, one family member's COVID-19 centrality could be directly related to the other family members' physical well-being and sense of safety through the (lack of) preventive health behaviors.

Previous studies on how people deal with adverse life events have linked event centrality with positive and negative psychological outcomes. On the one hand, event centrality is linked with increased anxiety, depression, and post-traumatic stress symptoms concurrently and longitudinally (Berntsen & Rubin, 2006; Boelen, 2012; Gehrt et al., 2018). On the other hand, higher event centrality can be related to post-traumatic growth. Post-traumatic growth includes perceptions that the adverse event has led to more personal strength and better interpersonal relationships (Brooks et al., 2017; Groleau et al., 2013).

Interestingly, negative and positive outcomes of event centrality have been studied solely as an intrapersonal process, and the interpersonal context in which it is experienced has been largely neglected. For example, it is unclear whether people consider how similar others are to themselves regarding event centrality when evaluating relationships with others. Research on the Social Comparison Theory and emotional convergence showed that perceiving others as similar in both negative and positive experiences has a significant effect on daily interactions, closeness, cohesion, and satisfaction (e.g., Anderson et al., 2003; Gonzaga et al., 2007; Schachter, 1959; Townsend et al., 2014). For example, married partners' similarity in negative affect (e.g., sadness, worry) predicts their belief in successfully co-managing their daily lives and solving problems together (Schade et al., 2020). Comparably, sharing negative thoughts through mutual self-disclosure fosters closeness in interpersonal relationships (for a review, see Rose, 2021). In this research, we expect to find the same beneficial impact of perceived similarity in COVID-19 centrality on relationship quality.

Prime et al. (2020) emphasized the importance of going beyond dyads and considering the relationships between all family members to understand relationship quality during the pandemic adequately. Their work draws on the Family Systems Theory (Cox & Paley, 1997, 2003), seeing families as a dynamic system composed of interacting subsystems (e.g., mother–father relationship, mother–child relationship). For example, family functioning (e.g., discords), parenting behaviors, and family members' well-being during the pandemic are shown to be interdependent (Daks et al., 2020). Based on this theoretical work, we focused on the perceptions of three family members (mother, father, and an 18–25 years old child) to investigate the family relationships' quality during the pandemic.

1.2 | Perceived similarity and family relationships' quality

Previous work on the Social Comparison Theory (Festinger, 1954) showed that comparing oneself with others helps people define and understand their feelings as well as decide on their emotional and behavioral reactions, especially in unpredictable situations (Buunk, 1994; Gilbert et al., 1995; Schachter, 1959). Furthermore, people make such comparisons even if they do not intend to (Gilbert et al., 1995). So, would perceived similarity in COVID-19 centrality between the family members be associated with relationship quality?

Research on adult relationships showed that perceived similarity with another person in emotions, values, or attitudes has a multitude of benefits, such as feeling understood (Pollmann & Finkenauer, 2009) and prevention of loneliness (Bell, 1993) and stress (Townsend et al., 2014). Additionally, on the interpersonal level, the perceived similarity is related to experiencing low levels of conflict (Acitelli et al., 1993) and high levels of relationship

satisfaction (Gonzaga et al., 2007). The similarity in undesirable feelings (e.g., dysphoria, grief) also contributes to the quality of interpersonal relationships (Buyukcan-Tetik et al., 2017; Locke & Horowitz, 1990).

There is some evidence that the positive impact of perceived similarity on relationship quality extends to parent–child relationships. In one study, fathers' perceived similarity to their children regarding physical and personality characteristics positively related to their parental investment (Apicella & Marlowe, 2004). Heijkoop et al. (2009) showed that mothers, but not fathers, who thought that they were similar to their children in their personality traits felt a higher emotional closeness to their children than mothers who did not perceive such a similarity. Another study, however, found the effect of similarity on closeness from the perspective of both parents (Dolinska, 2013). Thus, despite mixed results across parents' gender, perceived similarity plays a role in parent–child relationships.

A similar association was shown regarding the children's perspective toward parents (Cheng & Grünh, 2016). For example, emerging adults who believed that they share similar interests and behaviors with their fathers reported higher relationship quality and were likely to rate their fathers' parental investment higher (Gallup et al., 2016). In sum, previous work indicates that perceived similarity, both at the levels of parents and offspring, contributes to relationship quality.

Particularly in the first year of the pandemic, family members spent more time with each other than usual due to social isolation and lockdowns. It is conceivable that family members more readily compared themselves with other family members on pandemic-related perceptions and behaviors in such contexts (cf. Gilbert et al., 1995). Building on the emotional convergence research (Anderson et al., 2003) and the work on family resilience during the pandemic (Prime et al., 2020), several benefits of perceiving similar COVID-19 centrality across family members appear likely. First, it may help family members to coordinate their actions (e.g., all family members wear masks in public places) and emotions (e.g., they can share their feelings). For example, if people believe that they share particular sentiments with their family members regarding the pandemic, they might use those members' reactions as a compass (a heuristic) when they do not have the resources to deal with COVID-related cognitions. Second, it may facilitate family members' understanding of each other's emotions and thoughts and thus can be comforting (e.g., Pollmann & Finkenauer, 2009; Townsend et al., 2014). Third, it may validate people's emotions and behaviors because perceiving that the other family members feel and act similarly may confirm that one's experiences in such a new and uncertain environment are expected and acceptable. Lastly, family members may feel that they share their beliefs regarding the pandemic, have a sense of togetherness and unitedness, and engage in the meaning-making process during this adversity together (cf. Barboza et al., 2022). Therefore, we propose that perceiving other family members as similar regarding COVID-19 centrality relates positively to the quality of relationships with those family members.

1.3 | The present study

In this research, we aim to test the hypothesis that perceived similarity in COVID-19 centrality between family members positively relates to relationship quality for all family members. We seek to investigate our question using a dataset that includes Turkish family triads (i.e., mother, father, and an 18–25 years old child) residing in the same home. Additionally, we measured daily relationship quality along with general relationship quality to reduce recall biases. Since

we did not think each of the three family members would respond well to intensive longitudinal design procedures administered every day in the midst of a pandemic, we asked the participants to evaluate their relationship with each family member on a preceding day (Kahneman et al., 2004).

Please note that family members who perceive others as similar may report high-quality relationships with them, and high-quality relationships would lead to a positive bias toward the family members regarding their similarity (Kenny & Acitelli, 2001; Selfhout et al., 2009). Thus, considering the cross-sectional nature of our study, we examine the correlation between the study variables without any directional assumptions.

Despite the developing individualistic values, Turkish culture can still be seen as collectivistic. Family relationships in Turkey are characterized by higher levels of interdependence and coherence than observed in individualistic cultures (Kağıtçıbaşı, 2007). Thus, keeping harmony in the family and not diverging from other family members may be particularly critical in this culture during the pandemic, further supporting the expectation of a positive association between perceived similarity in COVID-19 centrality and relationship quality.

2 | METHOD

2.1 | Procedure and participants

In Turkey, the first COVID-19 cases were identified in March 2020. We collected data from three members of Turkish families (mother, father, and an 18–25 years old child) between August 2020 and October 2020, when there was no official lockdown. There were two inclusion criteria: Children should be between the ages of 18 and 25, and all three family members should reside in the same house during the pandemic. Targeting this specific age bracket (18–25 years) had some practical reasons, such as relatively easier recruitment and data collection. Recruitment was conducted mainly by reaching young adults via social media and university announcement pages. Additionally, because the children were 18 or older, we did not need to get separate permission from the parents for their children's participation in the study. During our data collection, most universities were closed or offered only remote education; thus, many children in this age range were living with their parents.

One member from each prospective family was expected to fill in an application form first. Then, the research team called the other two family members by phone to confirm their willingness and availability to participate in the study. All three family members received separate emails with a family identification number and the survey link, and provided informed consent at the beginning of the survey. Each family received either headphones or a board game based on their preference in return for participation. The Research Ethics Council of the first author's institution approved the research.

After screening the data (e.g., mistakes in quality check questions, inconsistencies in reported family demographics such as the number of children across family members), we excluded 41 participants and had 481 participants in total (see the Appendix S1 for the information about excluded participants). Because some family members failed to complete the surveys or were excluded, the final dataset comprised 133 families with three members, 35 families with two members, and 12 families with one member ($N = 481$, representing 180 families in total). This sample size lies between the recommended medium (80 families) to large (200 families) sample size for the Social Relations Model (SRM) studies (Kenny et al., 2006). The dataset

included 163 mothers, 152 fathers, and 166 children. Around 70% of the children were female. Average ages of mothers, fathers, and children were 49.37 ($SD = 4.87$), 53.66 ($SD = 5.69$), and 21.27 ($SD = 1.92$) respectively. Our sample included participants from 39 different cities in Turkey. Education levels and employment statuses are presented in the Appendix S1. Only three mothers and one child were previously diagnosed with COVID-19. Around 48% of mothers, 40% of fathers, and 46% of children reported that at least one close other or acquaintance was infected with COVID-19.

2.2 | Measures

All family members considered their relationship with the other two family members separately when they responded to the survey items (i.e., round-robin design). For example, mothers reported similarities with their partner and child on each measure. Thus, there were six scales for each study variable in the data (three family members * two reports about other family members). However, only two were presented to each family member (their reports for the other two family members). For all measures, we computed the averages across items.

2.2.1 | Perceived similarity in COVID-19 centrality

To assess perceived similarity in COVID-19 centrality, we used a modified version of the seven-item Centrality of Event Scale (Berntsen & Rubin, 2006; Turkish adaptation: Boyacıoğlu & Aktaş, 2018; Egeci & Dogruyol, 2019). Specifically, we asked the participants to compare themselves with each family member and respond accordingly. For example, we instructed mothers to report the extent of similarity to their child regarding how much COVID-19 changed their lives using a scale from 1 (*we are very different from each other*) to 5 (*we are very similar to each other*). For clarity: we did not use a difference-score between the two family members' centrality levels, which would represent the actual similarity regarding COVID-19 centrality. Our focus was on perceived similarity based on the literature showing that perceived similarity shows stronger effects on relationship quality than actual similarity (Acitelli et al., 1993; Murray et al., 2002; Pollmann & Finkenauer, 2009). All six scales had acceptable to excellent Cronbach's alpha levels ranging from .75 to .91 (see the Appendix S1 for the complete list).

2.2.2 | Relationship quality

We first measured participants' general assessment of relationship quality using four measures: one for relationship satisfaction, two for closeness, and one for conflict. We also measured daily relationship quality on the same attributes. Using several attributes to examine relationship quality is recommended to gain a broad understanding of relationship quality, rather than focusing on only one side of the story (e.g., Fincham & Linfield, 1997; Fink et al., 2020; Totenhagen et al., 2012).

General relationship quality

Relationship satisfaction was measured using the Investment Model Scale's five-item relationship satisfaction subscale (Rusbult et al., 1998; Turkish adaptation: Büyükaşahin et al., 2005).

This scale was used in another Social Relations Model study with families previously (Branje et al., 2008). A sample item for mothers was “My relationship with my child is close to ideal.” The Likert scale had nine points, from 1 (*completely incorrect*) to 9 (*totally correct*). Cronbach's alpha levels ranged between .94 and .97 across the six family relationships.

We measured *closeness* using two scales: Three items used in Hoyt et al. (2005) and the Inclusion of Other in the Self Scale (IOS; Aron et al., 1992). A sample item in Hoyt et al.'s scale was “My child and I are close to each other.” The Likert scale had five points: 1 (*strongly disagree*), 5 (*strongly agree*). The Cronbach's alpha levels of the scale were between .64 and .87 across six family relationships. The one-item IOS Scale was composed of seven pairs of isolated and interlocking circles representing different levels of closeness. The participants were asked to select the option portraying their relationship. Higher scores (i.e., increasingly overlapping circles) indicated higher levels of closeness.

We assessed the *conflict* between family members using the Brief Family Relationship Scale (Fok et al., 2014). One of the six items on the scale was “I argue a lot with my child.” The items were re-worded based on the target (e.g., “I argue a lot with my partner”). Following the application in Beckmann (2020), we administered a four-point Likert scale: 1 (*not true*), 4 (*totally true*). The scale had acceptable Cronbach's alpha levels ranging from .77 to .87 across the six family relationships.

Daily relationship quality

Daily relationship quality was assessed using a modified version of the Day Reconstruction Method (Kahneman et al., 2004). In our cross-sectional survey, we asked participants to list a maximum of seven activities (e.g., having breakfast, watching a movie) with each of the other two family members on the previous day. For each activity, participants responded to one-item questions to rate their relationship satisfaction, closeness, and conflict with that family member during that specific activity on a scale from 1 (*not at all*) to 7 (*very much*) (for similar applications, see Chopik & Lucas, 2019; Lawley et al., 2019). We computed daily relationship satisfaction, closeness, and conflict levels by taking the averages of reports across all activities. Some participants could not report any shared activity or their relationship quality level during the activity. Therefore, the sample sizes for the daily variables were slightly smaller than the total sample size, varying between 107 and 143 for the daily relationship quality variables across family members in the data (three variables * three family members * two reports about other family members).

2.3 | Data analysis

2.3.1 | Univariate analysis

We analyzed our data using the Social Relations Model (SRM; Cook & Dreyer, 1984; Kenny et al., 2006) to handle the round-robin design (i.e., all family members rated the study variables for each of the other two family members). In the SRM with three family members, each report comprises three different sources of variance: Actor variance, partner variance, and relationship variance. Given the number of observed variables exceeds the number of estimated latent variables in a three-family-member SRM, we had to drop one of the variances from the model and thus did not estimate family variance for model identification purposes (Eichelsheim et al., 2009). We selected to drop the family variance because the relationship variance was the

primary interest in our research. Additionally, it would be hard to interpret the actor variance of a family member in the absence of that family member's partner variance (or vice versa). Lastly, family variance, in general, explains the smallest percentage of variance among the SRM components, and, thus, is the best candidate for dropping from the model (Eichelsheim et al., 2009; Kenny et al., 2006).

To demonstrate these three sources of variance, we use relationship satisfaction as an example. *Actor variance* shows, for instance, whether there is a variance across families regarding family members' (e.g., mothers') general reports of relationship satisfaction toward the other family members. That is, actor variance shows the distribution in average relationship satisfaction reported by that family member across different family members. *Partner variance* assesses whether there is a variance across families regarding family members' (e.g., mothers') general relationship satisfaction ratings received from the other family members. That is, partner variance shows the distribution in average relationship satisfaction reported for the relationship with that family member by the other family members. Finally, *relationship variance* shows whether there is a variance across families regarding relationship satisfaction reported for each relationship (e.g., mother–child relationship). We have six relationship variances in total because the direction of the relationship is considered (e.g., the mother's report for her relationship with the child as well as the child's report for their relationship with the mother). Non-significant results for mothers in these three components of variances could, for example, mean that all mothers in our data report similar levels of average relationship satisfaction with other family members (actor variance), receive similar levels of average relationship satisfaction ratings from other family members (partner variance), and report similar levels of satisfaction for the relationship with a specific family member (e.g., child) (relationship variance).

Partitioning the variance into components is vital to get the complete picture of our study variables and assess which components meet the precondition (i.e., a non-zero variance) to test the proposed bivariate association between perceived similarity in COVID-19 centrality and relationship quality. To partition the variance of study variables into actor, partner, and relationship variance, we conducted confirmatory factor analyses in which actor, partner, and relationship components were latent variables estimated by the standardized observed variables (see Figure 1; Kenny et al., 2006). Our initial examinations revealed that the correlations between the three positive attributes of relationship quality (i.e., relationship satisfaction and two closeness measures; average $r = .71$, range = .51–.90) were different from their correlations with the negative attribute of relationship quality (i.e., conflict; average $r = -.44$, range = $-.60$ – $-.25$). Therefore, estimating relationship quality using all four measures ended with either poor fit or lack of convergence. Thus, we ran separate SRM models for positive attributes of relationship quality and conflict. The latent variable for the positive attributes of relationship quality was estimated using relationship satisfaction and two closeness measures. Conflict and perceived similarity in COVID-19 centrality latent variables were estimated using two parcels made of similarly loading items. We set the factor loadings as 1 to get the variances of SRM components.

2.3.2 | Bivariate analysis

To examine the main research question, we assessed the associations between the SRM components of perceived similarity in COVID-19 centrality and relationship quality (i.e., positive attributes of relationship quality and conflict). Our bivariate SRMs first examined the associations

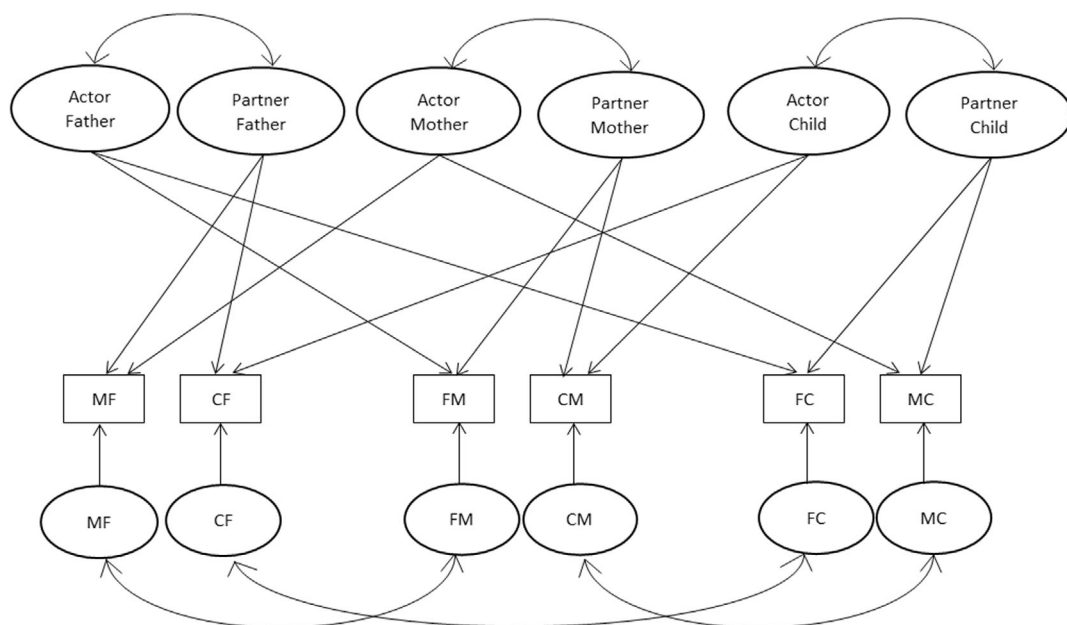


FIGURE 1 Univariate social relations model. All factor loadings were fixed at 1. Second parcels/observed variables loading on the same latent variables are not shown in the Figure for simplicity. M = Mother, F = Father, C = Child. For example, MF = Mother's report for relationship quality in her relationship with the father.

between actor components of perceived similarity in COVID-19 centrality and relationship quality (*actor-actor correlations*). This analysis showed whether a family member's average perception of other family members' similarity in COVID-19 centrality was related to that family member's average relationship quality across all family relationships. Next, we correlated the relationship components of perceived similarity in COVID-19 centrality and relationship quality (*intraindividual relationship correlations*). That is, we examined whether perceived similarity in COVID-19 centrality with a specific family member was related to relationship quality with that family member. We used bivariate correlations rather than unidirectional paths in our analyses because our cross-sectional data could not speak to causality. Therefore, the association between perceived similarity in COVID-19 centrality and relationship quality could be bidirectional (see the Discussion section).

2.3.3 | Analysis strategy

We analyzed the data using Mplus Version 7.4 (Muthén & Muthén, 1998–2017). Young and Johnson (2013) compared five different methods (e.g., listwise deletion, multiple imputations) in treating the interdependent data (e.g., couples, families) with missing participants and found that the full maximum likelihood estimation method gives the most reliable estimates. This evidence was also supported by Ledermann and Kenny (2017). We, therefore, used all available data in our analysis by applying the full information maximum likelihood estimation with robust standard errors. This means that although some reports could not be included in the estimation of relationship effects (e.g., one family member did not participate in the study), those families still contributed to actor and partner effect estimates.

Considering the theoretical meanings of the reciprocities (e.g., one's perceived similarity is associated with how much other family members perceive that family member as similar), our models also included the univariate associations between the latent variables following the SRM recommendations (i.e., generalized and dyadic reciprocities; Cook & Dreyer, 1984; Kenny et al., 2006). We reported their results in the Appendix S1 because reciprocities were not the focus of the current study. We set the negative variances (if any) in the initial examinations as zero based on the applications in previous SRM studies (e.g., Cook, 1993). Finally, we added theoretically meaningful associations between residual variances from the ones recommended by MPlus. All final models had an RMSEA score lower than or equal to .06 and a CFI score higher than .90 (see the details under the Tables). We present all data, input, and output files on the Open Science Framework: <https://osf.io/m63vu/>.

3 | RESULTS

3.1 | Descriptive statistics

There was a long list of variables (i.e., six reports in the data for each variable). Additionally, we had eight variables in total: four general relationship quality variables (1 for relationship satisfaction, 2 for closeness, and 1 for conflict), three daily relationship quality variables (1 for relationship satisfaction, 1 for closeness, and 1 for conflict), and one perceived similarity in COVID-19 centrality variable. For clarity, we present the descriptive statistics of these variables in the Appendix S1. In summary, the mean level of perceived similarity in COVID-19 centrality across relationships was 3.43 on the 5-point scale. For all positive attributes of relationship quality, the averages were above the mid-points on the measures. Conflict levels were low in general.

3.2 | Univariate SRM analysis results

Variance estimates in Table 1 showed that almost all actor and partner variances were significant (i.e., different from zero). These results revealed the variations in the data across the family members with the same role in all study variables. For example, although some mothers reported high levels of perceived similarity in COVID-19 centrality, other mothers reported low levels (mothers' actor variance). Comparably, almost all partner variances were significant, showing that the levels of family members' being perceived as similar by other family members varied across families. Three non-significant partner variance estimates in Table 1 showed that (a) the extent to which children were perceived as similar was not different across families, and (b) all mothers and children received similar ratings of daily conflict across families. Relationship variances did not show a consistent pattern across variables. Nevertheless, most relationships had significant variance in perceived similarity in COVID-19 centrality. This result, for example, showed that some mothers reported that their partner was highly similar to them, whereas other mothers thought that their partner was not that similar. None of the relationships had significant variance in daily relationship quality, meaning that all relationships showed similar daily relationship quality. Overall, these analyses revealed which SRM components had a significant variance and thus could be used to examine the actor-actor and intra-individual relationship correlations.

TABLE 1 Variance estimates from the social relations model analyses.

Component	Perceived similarity	General relationship quality		Daily relationship quality	
		Positive attributes	Conflict	Positive attributes	Conflict
Actor					
Mother	0.26**	0.13*	0.44**	0.51**	0.71**
Father	0.40**	0.43**	0.33**	0.69**	0.56*
Child	0.35**	0.44**	0.27**	0.69**	0.34**
Partner					
Mother	0.16**	0.13*	0.22**	0.16**	0.00
Father	0.18*	0.41**	0.21**	0.26**	0.19**
Child	0.13	0.25**	0.24**	0.20**	0.15
Relationship					
MF	0.35**	0.15	0.00	0.09	0.00
MC	0.38**	0.33**	0.00	0.00	0.00
FM	0.16*	0.19*	0.00	0.00	0.00
FC	0.19*	0.00	0.17*	0.00	0.00
CM	0.00	0.32**	0.24**	0.00	0.00
CF	0.17	0.10	0.31*	0.00	0.00

Note: Because variances cannot be negative, significance tests for variances were conducted using one-tale z-tests. * $p < .05$, ** $p < .01$ (in bold). M = Mother, F = Father, C = Child. Perceived similarity = Perceived similarity in COVID-19 centrality. Because the daily conflict was assessed using only one item, its relationship variances include error variance. We have six relationship variances in total because the direction of the relationship is considered (e.g., the mother's report for her relationship with the child as well as the child's report for their relationship with the mother). RMSEA scores for the models of five variables (perceived similarity, general positive attributes, general conflict, daily positive attributes, and daily conflict) on the table were .01, .05, .04, .05, and .05 respectively. The models' CFI scores were 1.00, .97, .98, .98, and .97 respectively.

3.3 | Bivariate SRM analysis results

The actor–actor and intraindividual relationship correlations were examined if the SRM components of both the perceived similarity in COVID-19 centrality and relationship quality variables were significant (see the significance levels in Table 1). For example, it was not possible to investigate the intraindividual relationship correlation for perceived similarity in COVID-19 centrality and relationship quality in mother–father relationships because none of the relationship quality variables had a significant relationship variance for that relationship.

Actor–actor correlations in Table 2 showed that perceived similarity in COVID-19 centrality was positively associated with positive attributes of general relationship quality for all three family members. The correlations were moderate for mothers and children but relatively large for fathers. This result indicates that family members who perceived that other family members were similar in COVID-19 centrality reported higher relationship satisfaction and closeness levels on average. Furthermore, fathers' perceived similarity in COVID-19 centrality was linked negatively to their levels of general conflict and positively to positive attributes of daily relationship quality. Finally, mothers' perceived similarity in COVID-19 centrality was negatively correlated with their daily conflict level. These associations were moderate.

TABLE 2 Actor–actor associations in the social relations model analyses.

	General relationship quality						Daily relationship quality					
	Perceived similarity - positive attributes			Perceived similarity - Conflict			Perceived similarity - positive attributes			Perceived similarity - conflict		
	<i>b</i>	<i>p</i>	<i>r</i>	<i>b</i>	<i>p</i>	<i>r</i>	<i>b</i>	<i>p</i>	<i>r</i>	<i>b</i>	<i>p</i>	<i>r</i>
Mother	0.08	.03	.49	−0.03	.56	−.10	0.08	.19	.22	−0.14	.01	−.32
Father	0.25	<.001	.64	−0.16	<.001	−.43	0.16	.01	.31	−0.01	.94	−.01
Child	0.10	.04	.30	−0.03	.50	−.08	0.07	.17	.14	0.01	.78	.04

Note: Perceived similarity = Perceived similarity in COVID-19 centrality. RMSEA scores for the four models on the table were .06, .03, .04, and .04 respectively. The models' CFI scores were .92, .97, .96, and .96 respectively. Bold text indicates statistical significance with a *p*-value < .05.

In terms of the intraindividual relationship correlations, we conducted three tests (i.e., there were significant variances in both variables' SRM components only in three cases). Perceived similarity in COVID-19 centrality was not correlated with positive attributes of general relationship quality for the mother–child relationship ($b = 0.10$, $p = .05$, $r = .28$), or for the father–mother relationship ($b = -0.01$, $p = .83$, $r = -.04$). Additionally, perceived similarity in COVID-19 centrality had a non-significant association with general conflict for the father–child relationship ($b = -0.00$, $p = .94$, $r = -.02$). Together with the significant actor–actor correlations reported above, these findings indicate that it is not the unique relationships that explain the association between perceived similarity in COVID-19 centrality and relationship quality, but the actors' dispositions.

4 | DISCUSSION

Uncovering the factors that help protect or increase individuals' well-being in challenging times like a pandemic is critical. Previous work mostly neglected the family context and the fact that family members' experiences and well-being are interdependent. To fill this void, in this study, we examined the association between perceived similarity in COVID-19 centrality (e.g., the extent to which the pandemic is viewed as shaping current and future life) and relationship quality in families and proposed a positive relation. We focused on triads of family members to investigate each dyadic relationship in a family.

First, we found evidence for the between-family variation in family members' perceived similarity in COVID-19 centrality and relationship quality. Recall that we did not use difference-scores between family members' COVID-19 centrality levels, but the family members' reports of how similar they think the other family members are to them regarding COVID-19 centrality. For example, significant actor variance for mothers implied that some mothers perceived more similarity in COVID-19 centrality with family members than other mothers. There were also differences in how similar mothers were perceived in COVID-19 centrality by other family members, as indicated by the significant partner variance for mothers. Such differences held across all 15 actor variances and 12 of 15 partner variances in our research. These findings on actor and partner variances show that general dispositions (e.g., personality traits) shape family

members' perceptions and how they are perceived. A significant actor variance is not surprising based on an SRM review outlining that actor variance explains the highest portion of the variance in dependent variables (Eichelsheim et al., 2009). Although partner variance was not as substantial as the actor variance in the SRM literature, there were significant partner variances in some studies, comparable to those found in this paper (e.g., Buyukcan-Tetik et al., 2015). It is conceivable that family members with different COVID-19 centrality levels could elicit different perceptions in other family members due to the time spent together dedicated to observing each other during voluntary social isolation and prior lockdowns.

Relationship variance (i.e., the variance due to the unique characteristics of a specific relationship regardless of the family members' dispositions; e.g., mother–child relationship) was significant in most of the perceived similarity in COVID-19 centrality examinations. This finding means that family members go beyond their own and other family members' characteristics when evaluating their similarity with another family member. They inspect their unique relationship and make necessary adjustments (e.g., one child may say, “On average, I do not perceive family members as similar regarding COVID-19 centrality. My mother is not perceived as similar by others either. Nevertheless, I believe my mother and I are similar”). Given that the COVID-19 pandemic was an unknown situation, deviations in the perceptions across family relationships in this regard may not be surprising.

Nevertheless, the evidence for relationship variances was limited for the relationship quality variables: Specific family relationships (e.g., mother–child relationships) had a similar quality across families. This lack of variance could be attributed to the hierarchical structure in Turkish families. Both the parent–child relationship and father–mother relationship are likely colored by a somewhat traditional authoritarian family system that limits the variability across families (Ataca et al., 2005). Due to this lack of variance, we could not examine the association between perceived similarity in COVID-19 centrality and relationship quality for each family relationship. Yet, co-occurring actor variances in perceived similarity in COVID-19 centrality and relationship quality allowed us to investigate their correlations, as explained below.

In line with the hypothesis, we found that those who perceived other family members as more similar in COVID-19 centrality reported higher levels of positive attributes of general relationship quality (i.e., relationship satisfaction and closeness) than those who perceived others as less similar. This result held across all family roles. This finding supported our idea that the feeling that other family members are of the same minds about the centrality of the pandemic is comforting and stress-reducing and connects family members (cf. Pollmann & Finkenauer, 2009; Townsend et al., 2014).

Despite these associations between perceived similarity in COVID-19 centrality and general assessments of positive attributes of relationship quality, investigations with the other three relationship quality attributes (i.e., general and daily conflict, and daily positive attributes of relationship quality) did not show a consistent pattern. We found that fathers, but not others, who perceived similarity with other family members regarding COVID-19 centrality experienced fewer conflicts and higher daily positive attributes of relationship quality. Combined with the findings reported above, our results suggest that perceived similarity in COVID-19 centrality may matter, particularly for fathers. It has been argued that similarity with children is critical for fathers because it reduces the father's internal uncertainty about fatherhood (Apicella & Marlowe, 2004), albeit the evidence in this regard is mixed (Dolinska, 2013; Heijkoop et al., 2009; Van Tuijl et al., 2005). Another possibility is that observing similar thoughts and attitudes in other family members signals the father a success in normative authoritarian role and value transmission, as typically expected from fathers in Turkish culture (Sunar, 2002).

Moreover, our research revealed that the influence of perceived similarity in COVID-19 centrality on conflict was smaller than its influence on positive attributes of relationship quality. This small effect on conflict may originate from the fact that expressing negative emotions is discouraged in Turkish family relationships (Sunar, 2002). Even though perceived dissimilarity with other family members may be distressing, family members could be accustomed to regulating or suppressing their negative emotions and enacting culturally appropriate behaviors (Gross & Cassidy, 2019). Emotion regulation of this sort is particularly apparent in children's behavior toward their parents in Turkish culture (Sunar, 2002). Confirming this last point, we did not find any association between perceived similarity in COVID-19 centrality and conflict in children.

Another finding that deserves attention is the differential bivariate association of perceived similarity in COVID-19 centrality with general versus daily positive attributes of relationship quality. Why is this association less pronounced in daily measures? One possible explanation is that using only activities from a single day to assess average daily relationship quality was insufficient. Although the results of day reconstruction and experience sampling methods show some level of agreement, the day reconstruction method could capture less information (Lucas et al., 2021). Another possibility is that the direction of the association might be from relationship quality to perceived similarity in COVID-19 centrality, rather than vice versa. Perhaps family members projected their general assessments about family relationships stemming from pre-pandemic times onto their evaluations of those family members' similarities in pandemic times (Kenny & Acitelli, 2001; Selfhout et al., 2009). This direction of the association could explain why the effect emerged only for general relationship quality but not for daily relationship quality. The lack of pre-pandemic data from the same participants prevented us from testing this explanation. Thus, our findings do not speak to causality because of their correlational nature and need to be replicated in follow-up longitudinal studies.

In conclusion, although perceiving an adverse event as more central appears harmful in some respects (Berntsen & Rubin, 2006; Boelen, 2012; Gehrt et al., 2018), a perception of similarity in COVID-19 centrality seems to have benefits within families. This finding requires further examination to understand the exact mechanisms. The relative effects of possible mediators of this association, such as feeling understood (Pollmann & Finkenauer, 2009) and decreased levels of loneliness and stress (Bell, 1993; Townsend et al., 2014), should be clarified.

4.1 | Strengths, limitations, and implications

The principal strength and shortcoming of this research came from the nature of its sample. Even though collecting data from three different family members adds to the scope and impact of this research, we miss the sibling relationships due to including only one child. Because our focus was a relatively easier recruitment process and targeting that age bracket (18–25 years) was helpful due to social media attendance, finding families with two children at those ages would limit the target population and reduce the ease of recruitment. Second, our results may not be generalizable to the relationships between parents and younger children. Research has shown that emerging adults have experienced a sharper increase in mental health problems in the first year of the pandemic than other age groups (Pierce et al., 2020). Therefore, our research, focusing on family relationships, would potentially inform interventions and be timely in that sense. Nevertheless, future research could test this research question with younger children. Third, our findings could be specific to the Turkish culture and await comparisons with

results in other cultures. For example, in individualistic countries, because family members are more open to expressing their negative emotions, the link between perceived similarity in COVID-19 centrality and conflict may be more pronounced (Markus & Kitayama, 1991). Fourth, participants might have given socially desirable responses (e.g., family members should be similar) to our self-report measures. Fifth, we did not investigate the interactive effects of different family relationships. For example, perceiving that one family member is similar in COVID-19 centrality may compensate for the effect of perceived non-similarity with another family member on relationship satisfaction (cf. Prime et al., 2020). Sixth, we focused on the perceived similarity in the COVID-19 pandemic's centrality. Other types of pandemic-related similarities, such as pro- or anti-vaccine attitudes across family members, may influence the relationship quality and await future research. Lastly, future studies should examine whether our finding on the link between perceived similarity in the event centrality and relationship quality applies to other adversity and crisis situations such as illnesses, political events, and natural disasters (Afifi et al., 2020; Westmaas & Silver, 2006).

We should also mention some issues stemming from our similarity measurement. We asked the participants to report their perceived similarity. However, the results may differ across other methods of similarity assessment, such as response surface analysis, difference-scores, and profile similarity (Schönbrodt et al., 2018). Additionally, it is unclear whether participants who reported high levels of perceived similarity thought they and their family members had high or low levels of COVID-19 centrality. In the Appendix S1, we reported the correlations between perceived similarity in COVID-19 centrality and actual COVID-19 centrality levels. Given the already complex analysis, we could not evaluate the interactive effects with participants' centrality levels.

By highlighting the role of perceived similarity in COVID-19 centrality in families, our research suggests that intervention and counseling efforts to maintain high-quality relationships during the pandemic may target all family members' perceptions of the pandemic (Guo & Slesnick, 2013). Nevertheless, a critical question would be whether the perception of similarity between family members should be reinforced in interventions to increase relationship quality. Previous studies pointed out that the similarity of undesirable feelings could be simultaneously related to negative and positive consequences. For example, two family members with high levels of COVID-19 centrality may co-ruminate and could thereby experience decreased mental health and increased relationship quality (Rose, 2021). Therefore, from an applied perspective, interventions and therapeutic methods had been shown to affect event centrality, such as Acceptance and Commitment Therapy (Boals & Murrell, 2016) and Cognitive Behavior Therapy (O'Toole et al., 2018), may focus on reducing the COVID-19 centrality of all family members jointly, which could provide benefits for both individual and relationship well-being.

DATA AVAILABILITY STATEMENT

The data used in the research can be obtained at <https://osf.io/m63vu/>. The materials used in the study are available upon request from the first author (asumanbt@sabanciuniv.edu).

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REFERENCES

- Acitelli, L. K., Douvan, E., & Veroff, J. (1993). Perceptions of conflict in the first year of marriage: How important are similarity and understanding? *Journal of Social and Personal Relationships, 10*, 5–19.
- Afifi, T. D., Zamanzadeh, N., Harrison, K., & Torrez, D. P. (2020). Explaining the impact of differences in voting patterns on resilience and relational load in romantic relationships during the transition to the trump presidency. *Journal of Social and Personal Relationships, 37*(1), 3–26.
- Anderson, C., Keltner, D., & John, O. P. (2003). Emotional convergence between people over time. *Journal of Personality and Social Psychology, 84*(5), 1054–1068.
- Apicella, C. L., & Marlowe, F. W. (2004). Perceived mate fidelity and paternal resemblance predict men's investment in children. *Evolution and Human Behavior, 25*(6), 371–378.
- Aron, A., Aron, E. N., & Smollan, D. (1992). Inclusion of Other in the Self Scale and the structure of interpersonal closeness. *Journal of Personality and Social Psychology, 63*(4), 596–612.
- Ataca, B., Kağıtçıbaşı, Ç., & Diri, A. (2005). The Turkish family and the value of children: Trends over time. In G. Trommsdorff & B. Nauck (Eds.), *The value of children in cross-cultural perspective. Case studies from eight societies* (pp. 91–119). Pabst Science.
- Barboza, J., Seedall, R., & Neimeyer, R. A. (2022). Meaning co-construction: Facilitating shared family meaning-making in bereavement. *Family Process, 61*(1), 7–24.
- Beckmann, L. (2020). Family relationships as risks and buffers in the link between parent-to-child physical violence and adolescent-to-parent physical violence. *Journal of Family Violence, 35*(2), 131–141.
- Bell, B. (1993). Emotional loneliness and the perceived similarity of one's ideas and interests. *Journal of Social Behavior and Personality, 8*, 273–280.
- Berntsen, D., & Rubin, D. C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behaviour Research and Therapy, 44*(2), 219–231.
- Boals, A., & Murrell, A. R. (2016). I am > trauma: Experimentally reducing event centrality and PTSD symptoms in a clinical trial. *Journal of Loss and Trauma, 21*(6), 471–483.
- Boelen, P. A. (2012). A prospective examination of the association between the centrality of a loss and post-loss psychopathology. *Journal of Affective Disorders, 137*(1–3), 117–124.
- Boyacıoğlu, İ., & Aktaş, Ç. (2018). The Centrality of Events Scale: A Study of Reliability and Validity. *Türk Psikoloji Yazıları, 21*(41), 27–29.
- Branje, S. J., Finkenauer, C., & Meeus, W. H. J. (2008). Modeling interdependence using the social relations model: The investment model in family relationships. In N. A. Card, J. P. Selig, & T. D. Little (Eds.), *Modeling dyadic and interdependent data in the developmental and behavioral sciences* (pp. 287–318). Routledge/Taylor Francis Group.
- Brooks, M., Graham-Kevan, N., Lowe, M., & Robinson, S. (2017). Rumination, event centrality, and perceived control as predictors of post-traumatic growth and distress: The cognitive growth and stress model. *British Journal of Clinical Psychology, 56*(3), 286–302.
- Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect, 110*, 104699.
- Buttell, F., & Ferreira, R. J. (2020). The hidden disaster of COVID-19: Intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), 197–198.
- Buunk, B. P. (1994). Social comparison processes under stress: Towards an integration of classic and recent perspectives. *European Review of Social Psychology, 5*(1), 211–241.
- Buyukcan-Tetik, A., Finkenauer, C., Schut, H., Stroebe, M., & Stroebe, W. (2017). The impact of bereaved parents' perceived grief similarity on relationship satisfaction. *Journal of Family Psychology, 31*(4), 409–419.
- Buyukcan-Tetik, A., Finkenauer, C., Siersema, M., Vander Heyden, K., & Krabbendam, L. (2015). Social relations model analyses of perceived self-control and trust in families. *Journal of Marriage and Family, 77*(1), 209–223.
- Büyükşahin, A. Y. D. A., Hasta, D., & Hovardaoglu, S. (2005). İlişki istikrarı ölçeği (İİÖ): Geçerlik ve güvenilirlik çalışması. *Türk Psikoloji Yazıları, 8*(16), 25–35.
- Cheng, Y., & Grünh, D. (2016). Perceived similarity in emotional reaction profiles between the self and a close other as a predictor of emotional well-being. *Journal of Social and Personal Relationships, 33*(6), 711–732.

- Chopik, W. J., & Lucas, R. E. (2019). Actor, partner, and similarity effects of personality on global and experienced well-being. *Journal of Research in Personality, 78*, 249–261.
- Cook, W., & Dreyer, A. (1984). The Social Relations Model: A new approach to the analysis of family-dyadic interaction. *Journal of Marriage and the Family, 46*, 679–687.
- Cook, W. L. (1993). Interdependence and the interpersonal sense of control: An analysis of family relationships. *Journal of Personality and Social Psychology, 64*(4), 587–601.
- Cox, M. J., & Paley, B. (1997). Families as systems. *Annual Review of Psychology, 48*, 243–267.
- Cox, M. J., & Paley, B. (2003). Understanding families as systems. *Current Directions in Psychological Science, 12*, 193–196.
- Daks, J. S., Peltz, J. S., & Rogge, R. D. (2020). Psychological flexibility and inflexibility as sources of resiliency and risk during a pandemic: Modeling the cascade of COVID-19 stress on family systems with a contextual behavioral science lens. *Journal of Contextual Behavioral Science, 18*, 16–27.
- Demblon, J., & D'Argembeau, A. (2017). Contribution of past and future self-defining event networks to personal identity. *Memory, 25*(5), 656–665.
- Dolinska, B. (2013). Resemblance and investment in children. *International Journal of Psychology, 48*(3), 285–290.
- Donker, M. H., Mastrotheodoros, S., & Branje, S. (2021). Development of parent-adolescent relationships during the COVID-19 pandemic: The role of stress and coping. *Developmental Psychology, 57*(10), 1611–1622.
- Egeci, İ. S., & Dogruyol, B. (2019). A new look at the factor structure of the Centrality of Event Scale. *Elektronik Sosyal Bilimler Dergisi, 18*(71), 1040–1050.
- Eichelsheim, V. I., Deković, M., Buist, K. L., & Cook, W. L. (2009). The Social Relations Model in family studies: A systematic review. *Journal of Marriage and Family, 71*(4), 1052–1069.
- Evans, S., Mikocka-Walus, A., Klas, A., Olive, L., Sciberras, E., Karantzas, G., & Westrupp, E. M. (2020). From 'it has stopped our lives' to 'spending more time together has strengthened bonds': The varied experiences of Australian families during COVID-19. *Frontiers in Psychology, 11*, 588667. <https://doi.org/10.3389/fpsyg.2020.588667>
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7*(2), 117–140.
- Fincham, F. D., & Linfield, K. J. (1997). A new look at marital quality: Can spouses feel positive and negative about their marriage? *Journal of Family Psychology, 11*(4), 489–502.
- Fink, E., Browne, W. V., Kirk, I., & Hughes, C. (2020). Couple relationship quality and the infant home language environment: Gender-specific findings. *Journal of Family Psychology, 34*(2), 155–164.
- Fok, C. C. T., Allen, J., Henry, D., & Team, P. A. (2014). The Brief Family Relationship Scale: A brief measure of the relationship dimension in family functioning. *Assessment, 21*(1), 67–72.
- Gallup, G. G., Ampel, B. C., Matteo, D. Y., & O'Malley, E. E. (2016). Behavioral resemblance and paternal investment: Which features of the chip off the old block count? *Evolutionary Behavioral Sciences, 10*(1), 1–9.
- Ge, X., Natsuaki, M. N., Neiderhiser, J. M., & Reiss, D. (2009). The longitudinal effects of stressful life events on adolescent depression are buffered by parent-child closeness. *Development and Psychopathology, 21*(2), 621–635.
- Gehrt, T. B., Berntsen, D., Hoyle, R. H., & Rubin, D. C. (2018). Psychological and clinical correlates of the Centrality of Event Scale: A systematic review. *Clinical Psychology Review, 65*, 57–80.
- Gilbert, D. T., Giesler, R. B., & Morris, K. A. (1995). When comparisons arise. *Journal of Personality and Social Psychology, 69*(2), 227–236.
- Gonzaga, G. C., Campos, B., & Bradbury, T. (2007). Similarity, convergence, and relationship satisfaction in dating and married couples. *Journal of Personality and Social Psychology, 93*(1), 34–48.
- Groleau, J. M., Calhoun, L. G., Cann, A., & Tedeschi, R. G. (2013). The role of centrality of events in post-traumatic distress and post-traumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(5), 477–483.
- Gross, J. T., & Cassidy, J. (2019). Expressive suppression of negative emotions in children and adolescents: Theory, data, and a guide for future research. *Developmental Psychology, 55*(9), 1938–1950.
- Guo, X., & Slesnick, N. (2013). Family versus individual therapy: Impact on discrepancies between parents' and adolescents' perceptions over time. *Journal of Marital and Family Therapy, 39*(2), 182–194.
- Heijkoop, M., Semon Dubas, J., & van Aken, M. A. (2009). Parent-child resemblance and kin investment: Physical resemblance or personality similarity? *European Journal of Developmental Psychology, 6*(1), 64–69.

- Hoyt, W. T., Fincham, F. D., McCullough, M. E., Maio, G., & Davila, J. (2005). Responses to interpersonal transgressions in families: Forgiveness, forgivability, and relationship-specific effects. *Journal of Personality and Social Psychology, 89*(3), 375–394.
- Kağıtçıbaşı, Ç. (2007). *Family, self, and human development across cultures: Theory and applications*. Lawrence Erlbaum Associates, Publishers.
- Kahneman, D., Krueger, A. B., Schkade, D. A., Schwarz, N., & Stone, A. A. (2004). A survey method for characterizing daily life experience: The day reconstruction method. *Science, 306*(5702), 1776–1780.
- Kenny, D. A., & Acitelli, L. K. (2001). Accuracy and bias in the perception of the partner in a close relationship. *Journal of Personality and Social Psychology, 80*(3), 439–448.
- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. Guilford Press.
- Lawley, K. A., Willett, Z. Z., Scollon, C. N., & Lehman, B. J. (2019). Did you really need to ask? Cultural variation in emotional responses to providing solicited social support. *PLoS One, 14*(7), e0219478.
- Ledermann, T., & Kenny, D. A. (2017). Analyzing dyadic data with multilevel modeling versus structural equation modeling: A tale of two methods. *Journal of Family Psychology, 31*(4), 442–452.
- Locke, K. D., & Horowitz, L. M. (1990). Satisfaction in interpersonal interactions as a function of similarity in level of dysphoria. *Journal of Personality and Social Psychology, 58*, 823–831.
- Lucas, R. E., Wallsworth, C., Anusic, I., & Donnellan, M. B. (2021). A direct comparison of the day reconstruction method (DRM) and the experience sampling method (ESM). *Journal of Personality and Social Psychology, 120*(3), 816–835.
- Lucas-Thompson, R. G. (2014). Relationship quality with parents, stressful life events, and cortisol production in emerging adulthood. *Emerging Adulthood, 2*(2), 92–104.
- Lyons, R. F., Mickelson, K. D., Sullivan, M. J., & Coyne, J. C. (1998). Coping as a communal process. *Journal of Social and Personal Relationships, 15*(5), 579–605.
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*(2), 224–253.
- Marshall, E. M., Kuijter, R. G., Simpson, J. A., & Szepeswol, O. (2017). Standing on shaky ground? Dyadic and longitudinal associations between post-traumatic stress and relationship quality postearthquake. *Journal of Family Psychology, 31*(6), 721–733.
- Murray, S. L., Holmes, J. G., Bellavia, G., Griffin, D. W., & Dolderman, D. (2002). Kindred spirits? The benefits of egocentrism in close relationships. *Journal of Personality and Social Psychology, 82*(4), 563–581.
- Muthén, L.K. and Muthén, B.O. (1998-2017). *Mplus User's Guide*. 8th Edition. Muthén & Muthén.
- O'Toole, M. S., Watson, L., Rosenberg, N. K., & Berntsen, D. (2018). Changes in perceived centrality of anxious events following cognitive behavioral therapy for social anxiety disorder and panic disorder. *Journal of Behavior Therapy and Experimental Psychiatry, 59*, 150–156.
- Patterson, J. M. (1988). Families experiencing stress: I. the family adjustment and adaptation response model: II. Applying the FAAR model to health-related issues for intervention and research. *Family Systems Medicine, 6*(2), 202–237.
- Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., & McManus, S. (2020). Mental health before and during the COVID-19 pandemic: A longitudinal probability sample survey of the UK population. *The Lancet Psychiatry, 7*(10), 883–892.
- Pietromonaco, P. R., & Overall, N. C. (2021). Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. *American Psychologist, 76*(3), 438–450.
- Pollmann, M. M., & Finkenauer, C. (2009). Investigating the role of two types of understanding in relationship well-being: Understanding is more important than knowledge. *Personality and Social Psychology Bulletin, 35*(11), 1512–1527.
- Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist, 75*(5), 631–643.
- Rose, A. J. (2021). The costs and benefits of co-rumination. *Child Development Perspectives, 15*(3), 176–181.
- Rubin, D. C., Berntsen, D., Deffler, S. A., & Brodar, K. (2019). Self-narrative focus in autobiographical events: The effect of time, emotion, and individual differences. *Memory and Cognition, 47*(1), 63–75.
- Rusbult, C. E., Martz, J. M., & Agnew, C. R. (1998). The Investment Model Scale: Measuring commitment level, satisfaction level, quality of alternatives, and investment size. *Personal Relationships, 5*(4), 357–387.

- Schachter, S. (1959). *The psychology of affiliation: Experimental studies of the sources of gregariousness*. Stanford University Press.
- Schade, H. M., Drewelies, J., Hülür, G., Hoppmann, C. A., Ram, N., & Gerstorf, D. (2020). I feel you, we can do this: Partner similarity in emotional experience and dyadic mastery in older couples. *GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry*, 33(3), 125–137.
- Schönbrodt, F. D., Humberg, S., & Nestler, S. (2018). Testing similarity effects with dyadic response surface analysis. *European Journal of Personality*, 32(6), 627–641.
- Selfhout, M., Denissen, J., Branje, S., & Meeus, W. (2009). In the eye of the beholder: Perceived, actual, and peer-rated similarity in personality, communication, and friendship intensity during the acquaintanceship process. *Journal of Personality and Social Psychology*, 96(6), 1152–1165.
- Sommerlad, A., Marston, L., Huntley, J., Livingston, G., Lewis, G., Steptoe, A., & Fancourt, D. (2021). Social relationships and depression during the COVID-19 lockdown: Longitudinal analysis of the COVID-19 social study. *Psychological Medicine*, 1–10, 3381–3390. <https://doi.org/10.1017/S0033291721000039>
- Sunar, D. (2002). Change and continuity in the Turkish middle class family. In E. Ozdalga & R. Liljestrom (Eds.), *Autonomy and dependence in family: Turkey and Sweden in critical perspective* (pp. 217–237). Swedish Research Institute.
- Totenhagen, C. J., Serido, J., Curran, M. A., & Butler, E. A. (2012). Daily hassles and uplifts: A diary study on understanding relationship quality. *Journal of Family Psychology*, 26(5), 719–728.
- Townsend, S. S., Kim, H. S., & Mesquita, B. (2014). Are you feeling what I'm feeling? Emotional similarity buffers stress. *Social Psychological and Personality Science*, 5(5), 526–533.
- Van Tuijl, C., Branje, S. J., Semon Dubas, J., Vermulst, A. A., & Van Aken, M. A. (2005). Parent–offspring similarity in personality and adolescents' problem behaviour. *European Journal of Personality*, 19(1), 51–68.
- Westmaas, J. L., & Silver, R. C. (2006). The role of perceived similarity in supportive responses to victims of negative life events. *Personality and Social Psychology Bulletin*, 32(11), 1537–1546.
- Young, R., & Johnson, D. (2013). Methods for handling missing secondary respondent data. *Journal of Marriage and Family*, 75(1), 221–234.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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