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ORIGINAL ARTICLE

"You would think she would hug me": Micropractices of Care Between First-Generation College Students and Their Parents During Covid-19

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Abstract

The Covid-19 pandemic has greatly disrupted the education of first-generation college students (first-gens)—those whose parents did not complete a college degree. With campuses closed, activities canceled, and support services curtailed, many first-gens have increasingly relied on their parents for mental, emotional, and logistical support. At the same time, their parents face compounding stresses and challenges stemming from the prolonged effects of the Covid pandemic. We examined the role that relational dynamics between first-gens and their parents played in how they weathered the first 2 years of the Covid pandemic together. We draw upon journals submitted by self-identified first-gens and parents of first-gens to the Pandemic Journaling Project between October 2021 and May 2022 as part of a pilot study of first-gen family experiences of Covid-19, along with a series of interviews conducted with three student–parent dyads. We argue that what we term the *micropractices of care*—the "little things," like a kind word, small gift, or car ride, that were regularly exchanged between parents and students—played a key role in mental wellness and educational persistence. We find that when there is synchrony between practices offered by one dyad member and their reception by the other, mental well-being is preserved. When there is asynchrony, mental health is destabilized. These findings reflect the strategies on which first-gen families have creatively relied to maintain shared mental wellness and student success during a time of crisis. We show how everyday mental wellness is forged in the intersubjective space between two people engaged in achieving shared life goals.

Keywords Covid-19 · Pandemic Journaling Project · First-generation college student · Intersubjectivity · Micropractices of care

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Introduction

When Bianca was deciding whether to attend college on the West Coast or in New England, her grandparents and brother in Pennsylvania came down with Covid-19.[1] The family self-isolated in their intergenerational home, with Brenda, Bianca's mother, leaving meals outside her children's rooms. Brenda's anxiety grew as she balanced caring for her quarantined children at home and visiting her mother, who was hospitalized. Her family's experience drove Bianca's college decision. "I was like, if something happens to my family, I don't want to be 2000 miles away on the West Coast," she said in an interview, near the end of her 1st year of college in New England.

This decision was only one of many fraught efforts to balance school, Covid precautions, and care for her family. Bianca worried about bringing Covid home from college and reinfecting her weakened grandmother. She struggled with generalized anxiety disorder, and Covid fears frequently triggered her. To keep her family safe and her nerves under control, Bianca maintained distance from her grandparents and mother, refusing to hug them or get too close. She saw refraining from touching her family as a key way of caring for them. Her mother saw it differently: "She'll come home from school for the holidays or for vacation. You would think she would hug and give me a kiss… nothing," Brenda said in an interview. Bianca's lack of physical affection saddened Brenda. Bianca, meanwhile, described her mother's insistence on physical affection as selfish—an indication that her mother was prioritizing her own desires over her family's health.

Bianca is a first-generation (first-gen) college student—a student with no parents who have completed a bachelor's degree or higher (Bui, 2002; Toutkoushian et al., 2018). Like Bianca, whose mother immigrated to the US from Nicaragua, most first-gens and their families are low-income, minoritized, and/or of immigrant background, and face structural inequalities that can negatively impact their mental and physical health as well as their educational, personal, and professional trajectories (Bui, 2002; Cabrera et al., 1992; Martin Lohfink & Paulsen, 2005; Shim, 2021; Toutkoushian et al., 2018). Understanding and supporting the mental health needs of these families is critical to the goals of diversifying US college campuses and promoting vulnerable students' educational success.

Although the category of "first-gen" encompasses students' different intersectional identities, scholars of education have identified a number of important commonalities in the experiences of members of this heterogeneous group (Bettencourt et al., 2022; Bui, 2002; Terenzini et al., 1996). Preliminary evidence suggests that first-gens like Bianca were more impacted than their peers by the interrupted learning, financial concerns, and expanded caretaking obligations associated with Covid, and that these impacts are continuing to strain their mental health and threatening their college persistence (Barber et al., 2021; Davis et al., 2021a, 2021b; Lee et al., 2021). Current literature shows that the mental health of parents also has been

[1] All participant names are pseudonyms.

negatively impacted by Covid (Alonzo et al., 2022; Brown et al., 2020; Davis et al., 2021a; Patrick et al., 2020; Russell et al., 2020) and our data suggest that parents of first-gen college students are no different.[2] First-gen parents like Brenda must keep food on the table while also helping their children navigate a transition to adulthood quite different from the one they experienced, and now altered by Covid.

In this article, we examine how first-gens and their parents attempted to care for each other during the pandemic via what we call "micropractices of care." We use 'micro' to highlight that these practices constitute "the little things"—seemingly small acts, like a hug or a kind word, that make up the everyday ways through which people help each other cope with hard times. In the cases highlighted, micropractices of care were constantly being offered by both parent and child. However, as is sometimes the case with all forms of care, these micropractices were not always understood by the care recipient as helpful or positive (Mason, 2020; Thelen et al., 2013). Indeed, misalignment in micropractices of care could make someone feel *un*cared for. These "little things" might not seem (or even be) significant on their own, but each might produce a crossed wire, a frayed nerve, or a sentiment of bitterness that added up to fractured relationships and compromised mental health. Contrastingly, when these little things were received in the spirit with which they were intended, mental wellbeing was maintained among our interlocutors, helping them weather events like Covid-19.

We suggest that attending to micropractices of care and their reception is a useful way to understand the work care does in promoting mental wellness in the space between two people. The potential of this approach goes well beyond the particularities of the pandemic and of first-gen families and could effectively be applied to care networks operating under a wide range of circumstances. At the same time, there is value in attending to the specific challenges of a structurally vulnerable population during a prolonged period of crisis like the Covid-19 pandemic, as doing so can directly inform the practices of university support systems and other institutions that serve this population and that seek to understand the after effects of Covid-19.

To illustrate the working of micropractices of care, we closely examine two student–parent dyads—Brenda and Bianca, and Angela and Andrew—while drawing on trends observed among eight additional participants in our pilot study of first-gens' and their parents' experiences of Covid-19. We first discuss our aims in studying first-gens and their parents. We then briefly describe the wider ethnographic context of first-gens in the US and the Covid-era college campuses where our participants were enrolled or had children enrolled. We also outline our methodology and describe our two cases. Next, we examine micropractices of care that emerged in the "space between" (Parish, 2014, p. 31) each dyad, the alignments and misalignments between the offering and reception of these micropractices, and the mental health states associated with them. Finally, in the conclusion, we offer suggestions for theory and methods in light of our findings, with an eye toward developing

[2] Many first-gen parents are minoritized and low-income adults and experienced more adverse mental health effects during the pandemic than their white, higher income peers (Purtle, 2020; Shim, 2021).

recommendations for how universities and social services can support first-gens and their families in weathering future crises and persisting in their shared educational goals.

First-Gen Families and (Mental Health) Care

We tracked how members of a population profoundly affected by Covid attempted, together, to cope with the pandemic's shared effects. Studies of Covid's effects on mental health have focused heavily on social isolation and the loss of social interaction and support (Davis et al., 2021b; Gopalan et al., 2022; Lee et al., 2021). Our data suggest that continued social interaction and support, particularly from family, remained key strategies through which vulnerable people negotiated the pandemic—for better and, sometimes, for worse.

Central to our goals is our interest in the intersubjective—rather than the subjective or broadly collective or familial—space. We seek to understand how everyday dynamics within a critical dyadic relationship impact mental wellness. This focus on the intersubjective aligns with Jackson's assertion that "the task for anthropology is to recover the sense in which experience is situated within relationships and between persons" (1996, p. 26). We examine what, in practice, parents and children *do* in the intersubjective space of their relationship that either cultivates mental wellness or renders such a thing elusive. As the examples we provide below make clear, intersubjective relationships are, of course, embedded in a broader web of care relationships that includes other kin and loved ones. Read and Nyame suggest, following Pinto (2009, 2011), that "an attention to specific relationships and their dependencies, dissolutions, and fluctuations" can help us zero in on what actually constitutes "social support" for mental wellness and what relationship dynamics emerge (Read & Nyame, 2019, p. 5). In other words, a close reading of one relationship in this web has the potential to shed light on many others—and, ultimately, on the nature of "social support" itself.

Although our focus here is on first-gens and their parents, this strategy could elucidate how any two people with shared purpose together react to and manage mental health challenges through acts of care, particularly during a crisis. The space between first-gens and their parents, however, is a particularly fruitful one in which to study intersubjective care due in part to the shared commitment to education that first-gen students and parents across many different racial/ethnic groups often have (Louie, 2012; Mitchall & Jaeger, 2018; Rondini, 2016; Smith, 2006). This shared commitment stems not only from the socio-economic gains that higher education can bring, but also from the personal meaning, like fulfilling familial obligations or achieving normative notions of success, often attached to educational attainment (Stambach, 2017, p. 5). In many first-gen families, education matters to parents' and children's conceptualizations of themselves and their relationship; thus, obtaining a college degree often contributes meaningfully to their sense of mental wellbeing through fulfilling this relational expectation (Louie, 2012; Rondini, 2016).

Given this alignment of purpose, first-gens and their parents often invest heavily in motivating and supporting each other through the student's educational trajectory

(Mitchall & Jaeger, 2018; Roksa, 2019; Roksa & Kinsley, 2019). Parents provide students with emotional support, motivation, love, and other intangibles alongside whatever financial or material resources they can muster to support their child's educational efforts. In turn, first-gens care for their parents through what Flores (2021) calls "educational care," produced by their academic successes and concrete acts of paid or unpaid labor (Rondini, 2016).

While bidirectional modes of support operate within first-gen families to sustain mental wellness, the increased "risk" profiles of first-gen families result in academic, clinical, and public discourses that marginalize these populations and underestimate their capabilities. Deficit models of first-gen parents portray them as unable to provide learners with sufficient informational, emotional, and mental support, rendering parents a source of perpetual stress (see Blackwell & Pinder, 2014; Cody et al., 2022). However, recent critical scholarship demonstrates that parent–child relationships, along with shared community cultural wealth, are integral in protecting first-gens' academic success and mental wellness as they face the challenges of higher education (Capannola & Johnson, 2022; Dennis et al., 2005; Holland, 2017; Rincón et al., 2020). In the wake of Covid, first-gens have come to rely on their parents for emotional support even more, particularly as campus-based mental health services shuttered during campus lockdowns (Scharp et al., 2022).

Meanwhile, students support their parents' mental wellbeing through their striving and acts of everyday caretaking (Flores, 2021; Louie, 2012; Smith, 2006). For example, drawing from Sennett and Cobb's (1993) concept of the "hidden injuries" of lower class status, Rondini (2016) shows how students' striving can serve to "heal" these injuries and repair parents' sense of personal value. Our work supports these assertions that first-gen families have many assets that can contribute to mental wellness. Still, not all families are the same and not all parents successfully support their students. Heeding House et al.s' (2020) call to investigate the role of parental supports in protecting first-gens' mental health and Rondini's (2016) to examine the perspectives of first-gen parents, we suggest that attending to particular micropractices of care between a young adult and parent can help characterize the kinds of support that are helpful to mental wellness—and the kinds that are not.

Anthropologists have long examined the role of families in caring for those with severe mental illness, demonstrating how family care can be critical in preserving the personhood of affected individuals (Biehl, 2013; Ma, 2020; MacGregor, 2018; Marrow & Luhrmann, 2012). However, anthropological attention to family caregiving in mental health has largely focused on cases of severe mental illness (such as psychosis), rather than mundane threats to mental wellness, such as mild or moderate symptoms of depression and anxiety. Our close examination of first-gens and their parents may illuminate both how familial care aimed at mental wellness unfolds within specific dyadic relationships and how families manage everyday mental health concerns.

Covid on US College Campuses

We recruited first-gen students from two universities in the Northeast US that implemented strong Covid measures throughout the 2020–2021 academic year and, to a lesser degree, in 2021–2022. While nearly all US campuses closed for in-person learning early in the pandemic, the dates of campus reopenings and the persistence of Covid control policies ranged widely (Marris, 2020). For example, in fall 2020, according to a survey of 1000 universities conducted by Davidson College, about 4% of US universities returned fully in person, just under twice that many were fully online, and most opened with hybrid operations (Marris, 2020). By fall 2021, most universities had restarted in-person courses, but the continuation of control measures varied by university and by region: for example, 73% of college students attending universities or colleges in New England reported that their universities required masks, while only 53% did so in the South (Redden, 2021).

University A, which Bianca attends, is a medium-sized elite private university. It closed its dormitories and moved classes and most services to an online-only model in mid-March 2020. While it reopened with a hybrid model in Fall 2020, the majority of courses continued to be held online, most extracurricular activities were restricted to online meetings, sporting events were held without spectators, and students were required to mask at all times. Additional measures included restricted building access, twice-a-week Covid testing, limits on students' socializing to small, pre-arranged 'pods,' and isolation of Covid-exposed students in a designated dormitory. By Fall 2021, most classes returned to in-person models, and activities and sporting events gradually returned, but vaccination, testing, isolation/quarantine, and mask mandates continued to be enforced. University B is a large public university with multiple campuses. It followed a similar trajectory throughout the pandemic, but placed greater restrictions on in-person student residency in the 2020–2021 academic year and asked most out-of-state students to remain home.

While the mandates and restrictions helped Universities A and B control Covid, they contributed to feelings of isolation, depression, and alienation among students. First-gen students can feel alienated from their classmates even in the best of times (Rincón et al., 2020; Stebleton et al., 2014). The isolation imposed by Covid and the closing of campuses greatly increased this feeling (Gopalan et al., 2022; McFayden et al., 2022). At the same time, campuses carried a sense of perpetual danger, with every encounter introducing the possibility of infecting vulnerable members of students' families and/or risking further isolation. First-gen students in our study sought relief from these feelings by leaning on their families and staying close to home, but they also worried that these same actions might put family members at risk. Given the centrality of campus belonging and mental wellness to first-gens' academic success (Gopalan et al., 2022; McFayden et al., 2022), these trends are concerning.

Methodology and Data

Our dataset consisted of journals created between October 2021 and May 2022 by twelve individuals, and eight interviews conducted with six of those individuals between January and July 2022 as part of a pilot study of first-gens and their parents' experiences of Covid-19. All journals were submitted as part of the Pandemic Journaling Project (PJP), an online journaling platform and research study launched in May 2020. PJP was designed as a digital space where anyone in the world (ages 15 or older) could chronicle their own experiences of the Covid-19 pandemic and, at the same time, put their experiences on the record as part of a historical archive (see section "Introduction," this volume).

For our pilot study, we invited self-identified "first-generation college students'' between the ages of 18 and 24 who were currently or recently enrolled at University A or B to enroll in PJP for a minimum of 4 weeks along with a "parent" (as defined by the student). Universities A and B were chosen to participate in the pilot because they shared similar Covid policies and were located in similar parts of the country that had similar Covid restrictions. At the same time, they served a different student body and had different resources. Compared with University B, University A had more resources available but enrolled fewer low-income and first-gen students. This allowed for some comparison in experiences based on the college environment and support services. Recruitment is currently underway for an expanded study of 40–50 first-gen/parent dyads recruited from campuses across the US to test the hypotheses generated by the pilot data. This article reports on pilot data only and does not include data from ongoing recruitment efforts.

Participants' progress was tracked by a research assistant. Pairs in which both student and parent completed 4 weeks of journaling were invited to participate in two interviews each. Three pairs (six individuals) met these requirements. Each of these six participants participated in 1 hour-long semi-structured one-on-one interview with one of the authors. Interviews were conducted over Zoom and in English. Four of the participants also participated in 1 hour-long dyadic interview, also via Zoom and in English, in which parent and student discussed a set of questions prepared by the interviewer, without the interviewer present. All interviews were recorded and transcribed.

Dyadic interviewing is a well-accepted method in both family studies and health research, especially where caretaking is a chief concern (Caldwell, 2014; Eisikovits & Koren, 2010; Klevan et al., 2020; Morgan et al., 2013; Morris, 2001; Szulc & King, 2022). As Caldwell argues, "the strength of a dyadic approach lay in recognizing the interdependent nature of human agency" (2014, p. 488). A dyadic approach "instead of ignoring, attempting to control for, or otherwise creating an illusory division between people…recognizes the value of interconnected relationships" (Caldwell, 2014, p. 492).

The dyadic interviews conducted were based on the "StoryCorps" model of interviews between intimates employed by National Public Radio. This approach shares much with the burgeoning subfield of autoethnography called "duo ethnography," where researchers engage their own life histories in a shared conversation

to examine "the process through which individuals make meaning out of a particular phenomenon" (Sawyer & Norris, 2009, p. 125; see also Ceglowski & Makovsky, 2012; Norris et al., 2012). The key difference between duo ethnography and our approach is that rather than center researchers in the production of dialogic knowledge, we instead rely on the dyad members themselves to guide their own conversation and knowledge production process.

For these dyadic interviews, the authors developed a set of questions based on the dyads' individual interviews and journals. We shared them with the dyad as a guide to their conversation. The interviewer was not present for the conversation. Thus, these interviews provided a unique opportunity to observe the parent–student dynamic as it unfolded during the course of a discussion about relevant research topics, without intervention by the interviewer. Although this strategy was originally developed in response to the constraints posed by restrictions on in-person research that were in place at the start of the project, the richness of these dyadic interviews suggests that this method may be a productive approach to understanding intersubjective dynamics even outside the confines of virtual fieldwork.

An additional two parents and four students completed fewer than four journals or did not complete journals together with a dyad partner, and were not invited for interviews. These participants' journals were included in our analysis, for a total of 12 journals that spanned a range of time from 1 to 34 weeks. All participants contributed journals in English. Participants' self-reported race/ethnicity, age, gender, income, immigration status, university, and average mental health reported over the course of the study are listed in Table 1.

The authors and two undergraduate research assistants first read all materials and generated a broad list of themes that commonly appeared in the journals and interview transcripts. Themes related to the effects of the pandemic on participants' well-being, relationships with family members and friends, experiences with education, or goals for the future. The authors then developed a codebook using 14 themes as parent codes. Using the codebook, all members of the research team coded the same interview transcript. The team met repeatedly to discuss coding discrepancies, refine the codebook, and code additional short passages, until saturation of codes was reached and strong reliability achieved. The RAs then coded all materials in Dedoose using the refined codebook. The authors each paired up with an RA to track their coding and offer feedback, with pairs meeting regularly to discuss discrepancies between the author and RA's coding for reliability purposes.

For this article, we analyze in detail data from two dyads who completed the 4-week journaling period and all three interviews: Andrew and Angela (Dyad A) and Bianca and Brenda (Dyad B). Dyads A and B represent sharply contrasting cases of what a casual observer might gloss as a "healthy" relationship (Dyad A) and an "unhealthy" relationship (Dyad B). While in both dyads, parents and students offered and received micropractices of care throughout the pandemic, the reception of these micropractices was markedly different. In Dyad A, we observed *synchrony* in micropractices of care—whereby practices offered as positive, supportive care were consistently received as such. In Dyad B, on the other hand, we observed *asynchrony* in micropractices of care—whereby practices offered as care were received

Table 1 Participants

Participant (* indicates participated with a dyad partner)	Student/parent	Gender	Race/ethnicity	Immigrant?	Reported household income	University	Participated in interview(s)?
Andrew*	*S*	*M*	*Asian/Filipino*	*N*	*< $15K*	*B*	*Y*
Angela*	*P*	F	Asian/Filipina	*Y*	$30–49K	N/A	***Y***
Bianca*	S	F	Hispanic/Latino	N	$15–29K	A	Y
Brenda*	P	F	Hispanic/Latino	Y	$15–29K	N/A	Y
Student 3*	S	F	Asian/Pakistani	N	$30–49K	B	Y
Parent 3*	P	F	Asian/Pakistani	Y	$30–49K	N/A	Y
Student 4*	S	F	White	N	$30–49K	B	N
Parent 4*	P	F	White	N	$70–99K	N/A	N
Student 5	S	M	White	N	$50–69K	A	N
Student 6	S	F	Hispanic/Latino	N	$15–29K	B	N
Student 7	S	F	Hispanic/Latino	N	$50–69K	B	N
Parent 8	P	F	Hispanic/Latino	N	$15–29K	N/A	N

as destructive rather than supportive. Various combinations of these two patterns were observed in the journals and transcripts of all 12 participants.

Dyad A: Angela and Andrew

Angela is a single mother raising her two sons, ages 19 and 14, in New England. She worked throughout the pandemic as an essential pharmacy worker, which she refers to as "the scariest thing ever, because pharmacies are open no matter what." Although she remained doggedly positive and cheerful in front of her children, Angela admitted in her journal that she was deeply fearful and worried, especially early in the pandemic. It was in her capacity as an essential worker that she eventually contracted Covid-19, an event from which she was still recovering when we interviewed her nearly 5 months later. She gave the virus to her sons, as she feared she would. Andrew and Angela both described the family's bout with Covid as a galvanizing event that made them stronger and more determined to work together toward their goals, including Andrew's education.

Andrew and Angela were tightly aligned on their shared project of Andrew's educational success. Andrew was inspired by his mother's hard work and sacrifices, a common refrain among first-gens, particularly those, like Andrew, who come from an immigrant background (cf Louie, 2012; Smith, 2006). Andrew stated:

> Ever since I was a teenager, those [goals regarding higher education] were kind of my goals because I feel like there were some times when my mom would come home from work and I could tell she was hurt but she always had a smile on her face, and…that's always my sole motivator to just like my family and kind of just doing good for them.

At the same time, Angela defined her goals, sense of accomplishment, and mental wellbeing in relation to her children. In their dyadic interview, she said she "never have a goal for myself. It's always you guys. So yeah, same goal. My wish or my goal is for my kids to finish college and stuff and when they have their own life, able to live to the fullest."

Andrew attends a branch campus of University B. He spent his 1st year of college taking classes online at home in order to save money, stay safe from further bouts of Covid, and stay close to his family. He hopes to become a sports broadcaster, and has used his love of basketball to cope with the pandemic.

In their approaches to Covid, to education, and to their interactions with each other, Andrew and Angela were remarkably aligned. With few exceptions, their micropractices of care were recognized and welcomed by each other in the spirit in which they were intended, helping to preserve mental wellbeing for the dyad.

Dyad B: Brenda and Bianca

Like Angela, Brenda is a single mother. She has four children, spanning in age from late teens to early twenties. In her interview, Bianca, Brenda's youngest child, described how her family consistently struggled with money because of her mother's

contract and seasonal work, which evaporated during Covid. Still, Brenda took pride in her ability to save, which, paired with her unemployment benefits and her older daughter's, kept them financially afloat.

Bianca doesn't really talk to her siblings about being first-gen, though she noted that "we're all proud of it." This feeling extends to Brenda, who noted both her pride and disappointment with Bianca's older sister's lack of a graduation ceremony: "I think it's a big achievement to graduate college. Yeah, me as a mother, I'm very proud of the four of you." Bianca is currently deciding her major and trying to figure out her intended career path.

Both women described Covid as a challenging time for their family. Changes to holiday practices were particularly hard on them. Brenda described how "It was a funny thing because for Christmas, my parents were at the bottom of the stairs and we were handing each other gifts, wearing masks, and we were just sitting here at the second floor of my home and that's how we spent Christmas." The family also missed their annual beach trip and other festive family events.

Overall, while they took similar approaches to Covid precautions, and while both saw Bianca's pursuit of higher education as an admirable goal, Bianca and Brenda greatly differed in the shape of their commitments and in their responses to the micropractices of care that their partner offered them. These mismatches heightened tensions between them and appeared to contribute to increased mental distress for both.

Micropractices of Intersubjective Care

We now turn to the particular micropractices that Dyad A and Dyad B employed in the intersubjective space between them in order to promote mental wellness. We describe these micropractices and their reception in considerable detail, drawing upon journal and interview data, to give a detailed picture of how and why synchrony (in the case of Dyad A) and asynchrony (in the case of Dyad B) arose, and what the consequences were for each member of the dyad. We present these cases in such a way as to highlight these distinctive patterns. However, it is important to note that in neither case was synchrony nor asynchrony absolute.

Andrew and Angela: A Shared Goal and Sharing with Each Other

Angela's micropractices of care primarily took the form of communicating her positive attitude to her children at every possible opportunity. It was that positive attitude that Andrew reflected back to her with his own micropractices of care. Each member of the dyad treasured their open communication with the other, but they also managed this communication carefully.

For example, Angela revealed in her journal that she was terrified of Covid. She wrote, "I was super scared for my children… I would always wear the mask, sanitize daily then to come home would spray Lysol in my car entering the house I would also Lysol it, then go immediately to the bathroom and shower before saying

hi to the family. It was too much, it [was] almost like I became a germaphobic." But in her interactions with her sons, Angela never articulated her fears—even though Andrew could sense them. He knew his mother was afraid, but Andrew experienced her decision not to speak about it as a form of care, and repeatedly noted in his journals and interviews how much he appreciated his mother's persistently optimistic way of talking with him and his brother:

> She had a strong presence and she kind of tried to conceal it from us because as our mom and stuff, she didn't really want to narrate any signs of weakness or being scared or worried, because like if we saw that we would have been more freaked out as her kids, so… she held on pretty strong and like that was kind of also what allowed me to kind of accept it, kind of just seeing how she approached the situation.

When the entire family got Covid, these quiet displays of strength were put to the test. Andrew agreed with his mother's decision to quarantine each family member in different parts of the house—but describes the seclusion as traumatic: "It was really difficult and I just didn't know what was happening with the other two upstairs while I was just downstairs. I didn't know if my brother was, like, fine or not," he said in an interview.

Angela, on the other hand, didn't voice concerns about the effects of quarantine on Andrew's mental health, but rather remembers this time as most difficult for her as a mother. In her dyad interview, Angela described the emotional pressure on her: "I had to be strong for everyone, I had to be tough. Or who else was gonna take care of us?" Despite the short-term harm resulting from the quarantine, Angela's confident and "strong" handling of the situation and determined positivity continued to raise Andrew's spirits: "I kind of just had to suck it up and be like, "Okay, well, there's nothing you could do about it. Just try to like, push yourself and just remember who you are. Remember to be optimistic."

The efficacy of these micropractices of care emerged from the faith that both Angela and Andrew had that the other was weighing physical and mental health effects smartly and fairly. Both spoke of the importance of masking, for example, and of their determination to keep up with masks throughout the pandemic to protect each other, as well as their appreciation that the other member of the dyad was doing the same. But they also both spoke of the importance to Andrew and his brother of playing basketball and getting out to restaurants to protect their mental wellbeing.

To try to boost his own mental health and pursue an activity he knew his mother supported, while continuing to protect his family from Covid at the same time, Andrew devised a system at school for deciding when the risk associated with playing basketball was worth taking. He explained:

> If I was having a bad day and I knew that basketball's the only thing I can do to take it off my mind and I knew that I was wearing my mask and stuff and kind of just staying a little distance from those people, then I would go for it. But if I knew that maybe basketball is kind of lingering in my mind but maybe I was walking somewhere on campus and it kind of just dissipated, then I would drop it.

The micropractices of care that Andrew cited as most helpful were the "heart-to-hearts" that he and his mother had while driving together in Angela's car. During these car chats, Andrew and Angela talked about college, its costs, and Andrew's future, with Angela "reinforcing the optimism" that Andrew believed he needed to persevere in school. Angela's efforts to give her son a positive mindset were deeply appreciated by Andrew. He noted that the tenor of their conversations changed only when all three household members had Covid, and their conversations focused almost exclusively on the more immediate pragmatic needs of maintaining their physical health. In a testament to how important their chats about school and the future were to him, Andrew spoke of how relieved he was when Angela was able to resume this micropractice: "The only time our conversations really kind of shifted is when all three of us got COVID …. But after that, it slowly started to regress back into kinda how things were, and those little heart to hearts here and there, so… it's pretty nice."

Andrew tried to reciprocate his mother's acts of care with thoughtful consideration of how he talked to his mother. The two previously had extensive conversations about college's cost that resulted in Andrew staying home for his 1st year and taking classes online to save money. Andrew noticed over time that the increased financial strain due to Covid was affecting his mom, so he altered his micropractice of chatting about finances with her. In his solo interview, Andrew, stated he

> feels like I want to have a heart to heart with my mom about it [financial stress], but I just feel like doing that—I don't want any strain between her and I because I know she's doing everything she can for my brother and I-and I'm doing everything I can, I kind of just fulfill what it is that my mom wanted me to do which is get an education.

Sensing that the conversation may not have its intended effect, Andrew decided to not talk to Angela. Pointing out financial worry might be a slight to his mother's waged labor, which itself functions as an act of care for her children, and could produce tension. Instead, Andrew decided to "fulfill what it is that my mom wanted me to" by focusing on his studies, hoping to give his mother's long hours and uncertain wages meaning and provide her with peace of mind.

His decision to focus on school seemed to accomplish his intention. Angela spoke of Andrew's continued accomplishments in school as a bright spot, telling us, "thank goodness he's still doing good. I think he's still part of the dean's place [list]."

Andrew's place on the dean's list was potentially challenged during Covid in the shift to remote learning. However, while it "wasn't what I anticipated," Andrew "just made the most of it." He credits his online school success to his mother and her constant reminders to remain positive, stating he is "staying optimistic like my mom always would instill in us," both in their car ride heart-to-hearts and broader conversations. Here again, Angela's micropractices aimed at promoting positivity were received well by Andrew and enabled his striving:

> Even if our school were to go back online completely or if I were just able to go back in person, I would just continue to make the most of everything,

> because either way, I'm still getting an education. And that's something my mom takes sure pride...

For Dyad A, there was clear synchrony in the micropractices of care they each offered and received. These micropractices were oriented around talking—about shared educational goals, financial planning, and remaining positive in the pandemic—and also sometimes *not* talking, in service of both educational attainment and mental wellness. Here, micropractices of intersubjective care worked toward both educational success and mental wellness—a "dean's place" and "sure pride" forged through "heart-to-heart" conversations and "doing good" in the (online) classroom.

Bianca and Brenda: "She's too much into her education"

For Bianca and Brenda, tensions regarding Bianca's schooling and education's place in the family's hierarchy of needs loomed large during Covid. Strain emerged in part from Bianca's emphasis on certain micropractices (like studying and strict social distancing) and Brenda's emphasis on others (talking, hugging, and visiting). Both parties associated their misaligned efforts to care with hurt feelings and increased emotional strife.

A recognized area of mental health burden for many first-gens and their parents is the emotional distance that may emerge from the student's change in class mobility and the seeming gulf between university and home settings (Lee & Kramer, 2013; London, 1989). For Brenda, Bianca's everyday educational striving—acts of care intended to spur pride and achieve intergenerational goals—became a wedge. From Brenda's perspective, Bianca is "too much into her education …I don't think that's healthy." She noted that Bianca "doesn't take a rest" and even studies on vacation. When Bianca underwent a medical procedure during the pandemic, she "literally took her computer… to the hospital," according to Brenda. While Bianca was proud of herself for dedicating herself so fully to her studies even in the midst of Covid, her striving was met with concern and increased mental stress for Brenda.

It was not just concern about Bianca's mental health that made educational striving contentious. Brenda expressed disappointment that Bianca had grown emotionally distant from her, failing to call, visit, or express physical affection. Brenda struggled with depression from a break-up with an abusive partner and was relying on her family—in particular her children—to support her. She had bonded closely with her now unemployed older daughter, whom she praised for buying her gifts and driving her to work—micropractices she valued as signs of care. Her son talked extensively with her on the phone. Brenda stated that "We'll stay on the phone for an hour and we'll talk about everything." Brenda believed that "[My other daughter] has bonded a lot with me because they've seen my hurt." However, while her other children were caring for her emotional state through micropractices like driving and chatting, Brenda felt Bianca was doing the opposite.

In one instance, Brenda's two other children took her out for a birthday dinner, an event she spoke glowingly about that lifted her mood and made her feel "special." Bianca remained at school. Brenda was resentful that Bianca did not make

the trip for her birthday, but did make one for her boyfriend's birthday: "She came… to celebrate her boyfriend's birthday. But did she come for my birthday … No." While she recognized why Bianca would want to spend time with her boyfriend, Brenda also suggested that Bianca's education made little room for her: "it's just her education and her boyfriend." Brenda saw Bianca's failure to visit and go out to a restaurant with her as an abdication of her care duties. Yet, Bianca saw her focus on school and her continued social distancing as micropractices of care intended to protect her mother from Covid and assure the educational success in which they had both invested.

This mismatch in perceived priorities worsened as Covid dragged on. Like Andrew and Angela, Bianca and Brenda shared a strong commitment to caution overall when it came to protecting themselves—and Bianca's grandparents—from infection. However, their specific approaches and relative emphases diverged, leading to anger. As Bianca put it in her dyad interview, "I was like the Covid cop, because no one in our house was doing anything right, so that's what I found difficult, because none of you were listening to me, and I was right." Brenda was saddened by the lack of physical affection that Bianca insisted on when she did come home from college, and was particularly upset that Bianca refused to hug her grandparents—an issue that they discussed at length:

Bianca Every time I come home, they [Grandma and Grandpa] try to hug me and it's very annoying because I feel like they both still kind of don't get it.

Brenda It's because they never see you.

Bianca I know, but like they're not supposed to touch me...

Brenda No, but try to at least go and say hello, and before you come, you do your test, wear a mask, but you don't know what a simple hug means to someone. Especially when they're so lonely. They don't see you for many months. Grandma's depressed and all that, and a simple hug, trust me, it feels so good.

While Brenda felt certain that the benefits of physical affection outweighed the risks, Bianca strongly disagreed.

In her solo interview, Bianca also described how her family had consistently struggled with money before the pandemic and was now reliant on savings and unemployment. Bianca proudly explained that she doesn't "ask my mom for a penny. Like she hasn't paid a cent of anything for my college. So that makes me feel happy because I don't have to worry about her wasting her money on me." Brenda saw these financial concerns differently. She understood the provision of financial assistance as a key aspect of parental care, and so she often sent Bianca money. On one occasion, Brenda sent Bianca $100 for new clothes. As Brenda described it, Bianca's negative reaction to this micropractice of care

"hurts" her because "I never got a thank you from [Bianca]. All she said is she's like… 'Mommy, stop sending me money, stop doing that, you're not teaching me responsibility.'" Here, the two women disagreed about who should be providing financial care and what the purpose of that care should be (i.e., teaching responsibility and relieving family pressures versus the joy of new clothes). While Bianca felt "happy" in not asking for money, Brenda "hurts" because her daughter failed to receive her micropractice as she intended.

Brenda's efforts to reach out to Bianca by phone to chat and to offer guidance about an upcoming trip with her friends were—as she told it—also rebuffed by Bianca. Indeed, Bianca did not experience these efforts as the care that her mother said she intended. Instead, she complained about her mother providing unsolicited advice and putting pressure on her to interact in ways she didn't feel comfortable with or have time for. At the same time, Bianca felt that avoiding asking her mother for anything—including emotional support—was an important act of care. Brenda experienced these efforts in negative ways. These and other mismatches in their offering and reception of micropractices of care heightened tensions between them and were, by their own accounts, associated with increased mental distress.

In her journal and interviews, Bianca spoke repeatedly of a mounting mental health toll that only grew as Covid dragged on, due to fears about social gatherings, difficulty making and keeping friends, and frustration with classmates who did not exercise caution. In one journal entry, she wrote:

> Everything feels like chaos, even when nothing is really happening. I have to constantly think to myself, "Should I risk going to my packed lecture hall today? What if the classmate sitting next to me has Covid?" "Should I take my mask off to eat dinner with my friends, or eat alone in my room?"..."What if my family back home gets Covid and I can't be with them?" Every single day feels like an uncertainty, almost like an impending doom. I feel like I cannot truly enjoy the things around me that I am supposed to be experience[ing] in my first year of college.

During their dyadic interview, Bianca started to share some of these thoughts with Brenda, who seemed unaware of her daughter's struggles in college or the fact that Bianca felt disengaged from her schooling rather than overly focused on it, as Brenda had perceived. Glimpses appeared into how increased communication with Brenda about her college experience could have helped Bianca cope with its challenges. For example, Bianca described how, despite social pressures, she didn't attend a party her friends threw after being exposed to Covid. Brenda voiced support for Bianca's decision, validating her choice. In the same interview, Brenda described her father's anger at not including her frail mother on a planned-for vacation, and Bianca reassured Brenda that her grandfather was being "stupid" and that Brenda was the wronged party. Still, the cumulative effects of mismatched micropractices of care were clearly exacerbating Bianca's and Brenda's overall mental health struggles.

Conclusion

We have unpacked the notion of "social support," digging deeply into how quotidian acts of care, which we refer to as "micropractices of care," can strengthen or weaken a relationship and promote or undermine mental wellness in the "space between"—depending on how they are received. In our examination of the micropractices of care exchanged and received between parents and their young adult children, we can see that there are many small things that parents and students do to support each other, but that these actions are not always experienced as positive. Understood in this way, social support can certainly benefit an individual's mental health and promote educational success, as the literature suggests—but it also can do the opposite.

For Andrew and Angela, broad alignment in their goals and actions, paired with strategically managed communication, allowed them to draw strength from each other, build their relationship, and maintain their "positive" mindset. In contrast, Brenda and Bianca struggled to care in ways the other understood as caring, with Covid practices, financial assistance, and educational focus being chief among them. While we focus on two relationships between first-generation college students and their parents, the experiences we highlight point to how micropractices of care may unfold across many kinds of families and how these practices, and their reception, may heal or harm shared wellbeing.

Our findings have both theoretical and methodological implications. From a theoretical perspective, we make two main interventions. First, we demonstrate how—in contrast to deficit-emphasizing literature—during the Covid-19 pandemic first-gen students and parents worked hard to support each other's wellness, even if these efforts are not always successful. Deficit perspectives tend to portray members of populations affected by structural inequalities as powerless. We show how despite facing increased financial worry and health risks from Covid, first-gen families can and do find creative ways to meet these challenges and to care for each other's mental wellbeing during large-scale crises. At the same time, there is danger in emphasizing the resilience of first-gens and their parents, as this, too, perpetuates a flat perspective—in this case, of noble suffering that is overcome by strong parents and supportive children. Even high-achieving students do not always benefit from supportive parents, nor do they always support their parents in turn.

Second, while anthropologists of mental health have demonstrated how central familial practices of care can be in caring for those with severe mental illness (Biehl, 2013; Carpenter-Song, 2009; Jenkins, 2015; Pinto, 2009, 2011), our examination of micropractices elucidates the more common and everyday ways that families care for mental wellbeing when distress is less severe. Families, and especially parents, are key actors in promoting or undermining the mental wellness of young people—a demographic that mental health professionals describe as in the midst of a "mental health crisis" considerably worsened by Covid (Cody et al., 2022). Long before a crisis emerges, parents play critical roles in managing the everyday emotional struggles of their children. Understanding how they do this through micropractices of care—and how children reciprocate—can provide new insights into how mental health is made and unmade within particular relationships.

Collectively, these two interventions speak to the centrality of intersubjective relationships in mental health. It is in the "space between" two people that care travels from giver to receiver, and is accepted or rejected (Parish, 2014; Zigon, 2021). It is also in the intersubjective that sense is made of experience. Take how Andrew and Angela differently experienced their Covid infections, yet made common sense of it: the intersubjective approach reveals why the infection as a shared experience was meaningful to their sense of self, sense of shared purpose, and commitment to a positive mindset. Interventions aimed at student wellness and institutional belonging, including those aimed at first-gen students, should attend to the important intersubjective relationships that students hold dear—while also acknowledging how these relationships are enmeshed in broader webs of relatedness and care.

Finally, our methods—a combination of journaling, interviews, and dyadic interviews without a researcher present—enable researchers to examine the intersubjective space and to track how the giving and receiving of micropractices of care shape mental wellbeing. These methods allow researchers to see, as with Andrew and Angela, how a seemingly aligned dyad can differ in their interpretations of shared events and how they process them alone (in journals), with a researcher (in one-on-one interviews) and privately together without a researcher (in a dyadic interview). While participant observation can often provide similar perspectives, the use of online journaling and dyadic interviews provided first-person immediacy and intimacy without the strain of the physical presence of the researcher. Such approaches can extend dyadic methods by further decentering the researcher and centering instead the dyad's work in co-constructing knowledge about their shared experiences (Morris, 2001). It also offered a way forward in closely studying the experiences of individual families during a time when in-person fieldwork was not possible—potentially expanding ethnographers' repertoire of methods in ways that promote inclusivity and accessibility, regardless of external constraints.

As noted, our data are derived from a pilot study of the long-term impact of the Covid-19 pandemic on educational persistence and family ties within first-gen college student families. As we learn from more dyads, we will be able to further contextualize these experiences by conducting finer-grained analyses of the impact of demographic characteristics like gender, immigration status, geographic location, race/ethnicity and income on care practice, mental wellbeing, and dyadic relationships. As first-gen students and their parents continue to muddle through the pandemic, while keeping sight of their educational goals, we will continue to follow and learn from them.

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Data Availability The data is not currently in a depository, but will be deposited in the Qualitative Research Repository. Twenty-five years after the study's conclusion, the corpus will be converted into a publicly accessible archive.

Declarations

Conflict of interest The authors have no relevant financial or non-financial interests to disclose.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The study was approved (No. HR20-0065) by the Institutional Review Board of the University of Connecticut, which is the IRB of record in this collaborative work between University of Connecticut and Brown University.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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