BONDAGE AND BALM:

A FEMINIST NARRATIVE INQUIRY OF MIDLIFE WOMEN, DOMESTIC LABOR, AND HEALTH DURING COVID-19

By

BRIDGET LOUISE REBEK

Bachelor of Arts in Communications
Mount Vernon College
Washington, DC
1992

Master of Science in Mass Communications
Oklahoma State University
Stillwater, OK
1993

Master of Public Health
Oklahoma State University
Stillwater, OK
2017

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DURING COVID-19

Dissertation Approved:

Dr. Lucy E. Bailey

Dissertation Adviser

Dr. Randolph Hubach

Dr. Kelley Rhoads

Dr. Julie Croff

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Abstract: Among the many things we do not understand about COVID-19 is how pandemic-era domestic pressures manifest in the already-pressurized lives of women at midlife, a life stage characterized in the health literature as a period of great risk and tremendous possibility. Research conducted since the pandemic began indicates a number of factors, including a lopsided-by-gender domestic workload and sandwich generation caregiving demands, that could impact the health of midlife women. The purpose of this feminist qualitative study was to explore women's experiences of the health impacts of their greater, disproportionate, and gendered pandemic domestic labor workload. To fulfill that purpose, I asked this research question: How do midlife women story the health impacts of their pandemic domestic labor? To answer this, I used feminist narrative inquiry guided by The Listening Guide methodology and methods. Narrators were five midlife women (defined for the purposes of this study as being 40 to 64 years old). I gathered each narrator's stories during a series of four interviews. Each interview covered a period within the first 15 months of the pandemic. From these interviews, I harvested I-poems that foreground women's voices and crystallize their experiences of pandemic domestic labor. Together with repeated listenings and readings of the interview recordings and transcripts, these analytic devices helped me to extract the layers of narrators' experiences. What I heard from them became the four "listening layers" into which I organized the core findings of my study. This study foregrounds the details of women's lives and takes seriously the connections between the domestic and women's health. It considers the significance of space and women's ongoing struggle to navigate their needs for sharing domestic labor with others in their households. Finally, it recognizes "seeing" domestic needs as a form of labor and makes visible the connection of seeing and doing domestic labor to the valuation of the women and their needs. This project unfolded during the pandemic as I shared these domestic and health challenges, reclaimed my identity by transitioning my name from Rebek to Lavish, and recognized the ongoing health implications of domestic labor.

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CHAPTER I

INTRODUCTION

Prologue: March 3, 2020

There were eight clocks in the auditorium: two in front, two on each side, and two more in the back. Each had quietly ticked its last at some disparate hour and minute. In the year I worked there, no one ever fixed them. I kept my own time with the tiny digital clock in the upper right corner of my open laptop, counting down the interval—maybe one hour, maybe two—until I might reasonably expect to be released. As was typical of every faculty meeting, there were movers and the shakers, and then there were the rest of us. Most of the 15 or 20 true participants in the crowd of 200 academics clustered in the middle and toward the front. The rest of us hunkered down in the dimly lit back rows, leaving the others to overachieve while we graded papers and planned lectures, trying not to draw attention to ourselves.

Regardless of the season, the auditorium was cold and drafty, its blue-painted interior intensifying the effect. The day was cool and drizzly, too: I had arrived ready for the weather, indoors and out. I always sat in the same spot; back row, center left, elbow-to-elbow with Tom, a tall, balding man from a neighboring department. We nodded and occasionally spoke but mostly

tapped away at our laptops. We did not lack interest or ambition, just time. Most of us were teaching ambition, just time. Most of us were teaching ridiculous overloads, and an endless Tuesday afternoon meeting took a big chunk out of our already overscheduled workday. So, we robbed Peter to pay Paul, stealing time from the meeting we had to attend to tackle the mountain of tasks required of us.

During most of these events, I could multitask well enough to follow along, albeit loosely, the occasional word or phrase breaking through and prompting me to nod approvingly, laugh, or clap as the situation demanded. On this day, it was silence, not words, that pulled my attention away from my unfinished lecture. For a full beat, the room had fallen still and quiet. I looked quizzically at Tom, who was peering back at me. "Did they just . . ." I whispered. He mouthed, "I think so." The speaker continued. "Faculty should use their time over spring break to prepare for the pivot to online instruction. Although we anticipate a safe return to campus at the end of the two-week period following spring break, we recognize that an extension may become necessary should circumstances warrant." I spent the rest of the meeting thoroughly riveted. Due to the encroaching threat of the COVID-19 pandemic, the university was planning a two-week, post-spring break period during which all instruction would move online.

That was Tuesday. My department chair and I spent the next ten days wiping down doorknobs, spraying classrooms with Lysol, and trying to avoid getting too close to each other or anyone else, for that matter. The doorknobs had never looked better, though the harsh cleaners seeped into the dry, cracked wood beneath them, bleaching the finish and bubbling the cheap veneer. The following Friday afternoon, I stood at the entryway to my office, holding the heavy wooden door open with my right hip as I balanced a box of books and papers on my left. "What else?" I thought. "What else?"

I leaned in, holding the door with my toes, to add my forgotten pothos plant to the box. It had thrived in my office all year with minimal attention, but even a sturdy plant would certainly need

water before we returned in three weeks. Satisfied, I adjusted the box higher on my hip and stepped out into the deserted hallway. I was already halfway to the stairs when I heard the door thud shut behind me.

Background and Introduction

The first known U.S. case of the 2019 novel coronavirus, now known as COVID-19, was diagnosed in Washington State on January 21, 2020 (AJMC Staff, 2020). Americans who had not heard of this mysterious flu-like illness soon would: Less than two months later, on March 11, the World Health Organization declared COVID-19 a pandemic, and on March 13, it was declared a national emergency within the United States (AJMC Staff, 2020). It was about then that COVID-19 began to affect the lives of U.S. citizens in profound and dramatic ways, prompting school and business closures, stay-at-home orders, and bans on large gatherings. At that time, there were 142,095 confirmed cases worldwide and 5,373 deaths (Kantis et al., 2020). Most Americans quickly became familiar with the disease and its physical manifestations, including fever, chills, cough, shortness of breath, and new loss of taste or smell, among many others (U.S. Centers for Disease Control and Prevention, 2020, May 13). What was not yet clear (but soon would be) were the ways in which the pandemic would cause significant psychological distress. The first Kaiser Family Foundation Coronavirus Poll, published in March 2020, found that nearly one-third of Americans reported feeling adverse mental health effects from worrying about COVID-19 (Hamel et al., 2020). The coming weeks would only bring more concern: By early April, about 45 percent of respondents reported negative mental health impacts from the pandemic, and many more expressed concerns about getting sick, being fired from their jobs, and losing income, among other COVID-related stressors (Kirzinger et al., 2020).

Among these stressors was an increased burden of unpaid domestic labor as the pandemic abruptly ended or brought into the home many previously external functions, including work and

school. Even at the best of times, domestic labor is unevenly distributed according to gender. Across numerous pre-pandemic studies, women reported engaging in household chores more often than men (U.S. Bureau of Labor Statistics, 2020) and for up to twice as long (Bird, 1999; U.S. Bureau of Labor Statistics, 2020; Glynn, 2018; Saxbe, Repetti, & Graesch, 2011). This effect is remarkably durable across many demographic markers, including race, income, and women's employment status (Sayer & Fine, 2010; Shruti et al., 2014). A disproportionate burden of domestic labor can come with serious health consequences. Both the amount of time spent on housework and the percentage of housework done are positively associated with psychological distress, especially higher rates of depression (Bird, 1999). Researchers have found that more time spent doing housework is associated with higher evening cortisol levels and less effective end-of-day physiological recovery, both of which can lead to burnout, depression, and increased risk of death (Saxbe, Repetti, & Graesch, 2011).

COVID-19 has exacerbated existing gender inequities in the division of domestic labor. It has also brought both an increased burden of routine domestic labor and an onslaught of new pandemic-related tasks. Research indicates women are shouldering a disproportionate share of both burdens (Westervelt, 2020). While more men die from COVID-19, more women feel the "ripple effect" repercussions of job loss, school closures, and pandemic-related psychological difficulties and disturbances (Hamel et al., 2020; Kirzinger et al., 2020; Kottasová, 2020). Women are nearly three times as likely as men to report psychological distress due to pandemic-related circumstances. The increased, pandemic-related caregiving burden is among the stressors most cited by women as impacting their mental health (Janoch, 2020).

There is also reason to believe that the COVID-19 pandemic has brought with it an increased risk of negative repercussions to physical health outside of the direct impact of the virus. Research indicates that people—and particularly women—have been sleeping and exercising less (Costi et al., 2021; Knell et al., 2020; Nienhuis & Lesser, 2020; Stanton et al., 2021), drinking (alcohol) more (Knell et al., 2020; Stanton et al., 2020), and skipping both urgent and routine medical appointments

during the pandemic (Mansfield et al., 2021). Midlife women, who may find themselves "sandwiched" between the caregiving demands of aging parents and children both within and outside of the home, may be especially prone to placing their health needs after those of others (Conway, 2019). This puts them at particular risk of both domestic overload and pandemic-related physical and mental health impacts.

Problem Statement

Research indicates that women bear an incommensurate burden of "women's work" in the form of unpaid domestic labor. Studies show an association between lopsided domestic labor workload and poor health. Since the beginning of the COVID-19 pandemic, women have borne an increasingly disproportionate and gendered share of unpaid domestic labor. At the same time, women have taken on new domestic tasks specific to the pandemic, including mask making, supply sourcing, homeschooling, and health and safety gatekeeping. The caregiving burden of women at midlife may be especially onerous due to multiple competing demands that may increase stress and prompt neglect of midlife women's personal health and wellness (Conway, 2019; Hammer & Neal, 2008; Pharr et al., 2014; Strauss, 2013). It may be that an increasingly disproportionate, gendered, and pandemic-specific domestic workload had a negative influence on midlife women's health during the COVID-19 pandemic. It may also be that midlife women are finding avenues of distraction, self-expression, satisfaction, and resistance within these tasks that helped to mitigate the negative health influence of their overall domestic burden. More research is needed to understand women's experiences of domestic labor during this period of global crisis.

Purpose and Significance

The purpose of this study was to explore the physical and mental health implications of the greater, disproportionate, gendered, and pandemic-specific unpaid domestic workload for midlife women in the United States during the COVID-19 pandemic. This topic was significant because of

the physical and mental health implications of this workload for midlife women. In the ongoing (and necessary) rush to mitigate the direct physical impact of COVID-19, researchers have yet to fully explore the effect of the virus on midlife women's domestic workload and the resulting physical and psychological repercussions of this imbalance.

Research Question

The purpose of this study was to explore midlife women's experiences and perceptions of unpaid domestic labor during the COVID-19 pandemic. To fulfill that purpose, I sought answers to the following research question: How do midlife women story the health impacts of their pandemic domestic labor?

Overview of Methodology

This feminist qualitative study was guided by The Listening Guide methodology and methods (Gilligan, 2015; Gilligan & Eddy, 2017). The Listening Guide is specifically feminist in its attention to "the voices and experiences of the human beings" (Woodcock, 2016, p. 2) who participate in it. The participants, to whom I refer as "narrators" (see below), were five midlife women (defined here as being 40 to 64 years old) who lived in the United States and were caregivers to at least one other person during the pandemic.

I solicited the narrators' stories during four one-on-one Zoom interviews with each narrator. These interviews lasted one to two hours each and occurred two to three weeks apart between May and August 2021. Each interview focused on the narrator's health and experiences with domestic labor during specific periods before and during the pandemic.

I audio and video recorded these interviews, transcribed them, and listened to and read them many times. I also harvested I-poems, a unique analytical tool of The Listening Guide, and from them teased out findings revealing the narrators' multiple layers of experiences. These I-poems helped me

to attune to each narrator's "first-person voice as it speaks of acting and being in the world" (Gilligan, 2015, p. 71) and provided a concise, revealing summary of how they thought and spoke "of themselves in relationship to themselves and others" (Woodcock, 2016, p. 4).

Discoveries

During my analysis of the narrators' stories, four main "listening layers" and many sub-layers surfaced. They include: "Always Plenty Busy (Domestic Labor)," "I Felt My Heart Go 'Pachamp!' (Physical Health)," "Pajama Days (Mental Health)," and "My Life is a Hallway (Space)" both transcended and intersected with each of these other categories.

Gender-Neutral Pronouns

In this paper, I used the pronouns they, them, their, and themself as singular pronouns when the gender of the speaker or actor was unknown or when the speaker or actor identified these terms as their correct pronouns. I did this to acknowledge and respect the self-identification of non-binary people, to make explicit my rejection of an oppressive and divisive gender binary, and to avoid awkward and cumbersome sentence structures (e.g., "He or she can go to the store by himself or herself").

Active Voice

Whenever possible, I used active voice within this document. The effect, unintentional or otherwise, of using passive voice is that we divorce actors from their actions, minimizing or relieving them of responsibility for the things they say and do. This is particularly important when those actors occupy positions of power: Using passive voice may mask culpability for how they exercise that power (Sprague, 2005). My use of active voice also served as an effective means of situating myself as an embodied being in context and place. It also reminded me and any readers that research—and participation in research—involves the embodied actions of flesh-and-blood researchers and

participants whose lives began before and will extend beyond this research project. This attention to embodied action is common in feminist research.

Operational Definitions

Within this study, “women” included all people who self-identified as women. I did not inquire about sex assigned at birth.

“Midlife” referred to age 40 to 64. This age range was congruent with a medical definition of midlife as encompassing “the later reproductive to late postmenopausal stages of reproductive aging” (Harlow & Derby, 2015, p. 1).

“Narrator” referred to the women who participated in this study. I used this term intentionally to highlight the active role of these women in telling their stories. I used “narrator” as a substitute for “participant” in all instances except those, such as documents pertaining to Institutional Review Board requirements, where this substitution might have proven confusing.

“Health” meant mental and physical wellness as defined and reported by participants.

“COVID-19 pandemic” described the SARS-C0V-2 (COVID-19) outbreak that began worldwide in 2019 and in the United States in early 2020. I also used “COVID,” “COVID-19,” and “the pandemic” with similar intended meanings.

“Providing care” described the act of engaging in any of the routine unpaid or novel and pandemic-specific activities noted below for the benefit of a family member, neighbor, or friend.

“Routine unpaid domestic labor” (or shortened variations of this phrase, including “unpaid domestic labor” and “domestic labor”) included those tasks necessary for the day-to-day maintenance of a household. These tasks may include but are not limited to laundry, menu planning, grocery

shopping, meal preparation, cleaning, household maintenance and repairs, lawn care, care of children and elders, and routine health care decision making.

"Novel, pandemic-specific tasks" (and its permutations, including "pandemic-specific tasks") included those tasks not routinely or commonly performed before the pandemic or not performed in the amount or to the degree that the circumstances of the pandemic demand. These tasks included, but were not limited to, finding patterns for and sewing protective masks; sanitization of the household; cleaning or quarantining incoming groceries, mail, and other items; sourcing food and other supplies, particularly those items made scarce during the pandemic; acquisition of products or supplies typically used or purchased elsewhere (e.g., buying a treadmill due to fear of exposure at the gym); homeschooling or distance learning due to family choice or school closure; and COVID-related health information gatekeeping and decision-making.

"Invisible labor" described the work needed to keep household members happy and calm and to maintain the smooth functioning of schedules and routines. This included, but was not limited to, discussing and calming pandemic-related fears; anticipating or sensing the negative affect of family members and providing appropriate mediation, distraction, or care; paying bills; keeping abreast of school and work commitments and reminding family members of these obligations; seeing tasks that need to be done; and otherwise anticipating and meeting family members' needs.

Limitations

Due to the time- and labor-intensive nature of interview-based research, I kept the number of narrators (five) small. At least some of the narrators shared multiple demographic characteristics, including race and level of education. The study would benefit from expanding the range of women who participated. The interview format might also be a limitation. Because the interviews took place over Zoom, they did not allow me an in-person view of the pandemic domestic space. This access could have amplified my understanding of their environments as an interview prompt. All findings

relied on narrator self-reports, and some topics were undoubtedly sensitive. Narrators might have found the online but face-to-face nature of our interactions intimidating or otherwise not conducive to full disclosure. As a result, their accounts may or may not be complete. Finally, the timing of the study might have been limiting. The COVID-19 pandemic is a long-term, ongoing, and ever-changing situation. For narrators still very much affected by the pandemic and its ripple effects, it may have been challenging to muster the perspective necessary to tell their stories.

Delimitations

Delimitations for this study included narrator age, gender, United States residency, and caregiver status. The sample universe (Robinson, 2014) for this study was comprised of women 40 to 64 years old who lived continuously in the United States since at least January 2020 and who consistently provided care for at least one person (in addition to themselves) during that time. The other person may have been a child, partner, elder, or another family member (biological or chosen) or friend. They may have resided within the participant's home or elsewhere.

Organization of the Study

In Chapter II, I present a review of the relevant literature. There I define unpaid domestic labor and examine research findings related to its gendered division and health effects. I also investigate whether and how the pandemic has changed the nature and amount of women's domestic labor and explore its particular impact on women at midlife. In Chapter III, I provide details on my methodological choices, which include feminist narrative inquiry, as well as how I carried out this research. In Chapter IV, I present interview-based biographies of the narrators. In Chapter V, I conduct cross-case analyses of interview findings and identify common themes. Finally, in Chapter VI, I address my research question, discuss the significance of findings, and offer suggestions for future research.

Epilogue, July 15, 2020

Juggling bags and boxes, I swung open my office door. Everything was as I had left it. Even the day-by-day calendar on my desk still registered March 13. The air in the empty building, always stuffy, was also now unfamiliar, smelling more of disinfectant and floor polish than of the acrid mix of sweat, perfume, and mildew that I had come to associate with this place. My mask and shield added to this strange feeling. Although I had gotten used to gearing up on those rare occasions when I ventured out, I could never seem to shake the wave of claustrophobia that swept over me after masking, leaving me panicky and quietly straining for breath. Nor could I get my multifocal glasses quite right, their positioning, over mask and under shield, just "off" enough to leave me disoriented and render my vision blurry.

I knew when I accepted the faculty position, my first, that it would likely last one year only, though I harbored ambitions they might invite me back. I had done well enough, struggling through a fall semester that came with a seven-class teaching load and students who seemed intent on testing my boundaries and my patience. After a series of self-talks over winter break, I worked hard to hit my stride when school resumed in January. I was getting there despite a mystery virus that laid me low for weeks, complicating my efforts to perform well on mid-month comprehensive exams for my Ph.D. The virus cleared just days before I learned of my father's passing on January 31. I worked through our road trip to Maryland for the funeral, answering emails and grading assignments every day except February 11, the day we laid my father to rest. Coming back to a semester already in full swing, I scarcely had time to process his death. My students were kind, lining up after class to offer condolences and hugs, many of them sharing the stories of their own considerable losses.

In late February, I used the pandemic in a lecture, comparing the words of Donald Trump and Rochelle Walensky to talk about reliable sources. By the first week of March, students wanted to talk of little else. Sensing an undercurrent of distraction in one early morning class session, I asked

the students if they wanted to talk about the pandemic. They did. Some had heard wild theories about who could and couldn't catch it. Others wanted to know if it was safe to go home for spring break or to come back afterward. One wondered if it was still okay for him to drive his mom to chemo treatments. He didn't want to make her sick. Mostly, I just listened, interjecting with my limited expertise where I felt it could be helpful.

Just over a week later, everything came to a screeching halt. My three-week work-from-home break stretched to the end of the semester and beyond. It expanded to include home confinement for my husband and the four kids still living with us. Together and separately, we navigated an awkward and painful patchwork of distance learning and close quarters living in isolation from the rest of the world. At some point in those first few tense and fearful weeks, I hugged my adult children for the last time in more than a year.

At the beginning of April, the university opened its search for my permanent replacement. Overwhelmed with work and grief and fear and responsibility, I didn't reapply. I was in my office today to clean up the last of what I now knew was my former life.

CHAPTER II

REVIEW OF LITERATURE

In this chapter, I describe the research that frames my topic of midlife women's experiences of domestic labor and its health impacts during the COVID-19 pandemic. I first discuss various types of unpaid domestic labor. I then examine the copious research findings about domestic labor indicating the lopsided and gendered nature of its distribution. I examine the pre-pandemic impact of this gendered division of labor on women's paid employment and consider its effect on women's health. Shifting gears slightly, I outline why midlife matters as a women's health bellwether. I also discuss some of the pandemic-related concerns of midlife women, including the logistics and health implications of caring for elderly relatives while maintaining a multigenerational household. Finally, I summarize this chapter and offer a preview of those to follow.

Types of Unpaid Domestic Labor

> Applying the concept of work only to those activities for which people are paid renders much of women's activities invisible (Erickson, 2005, p. 338).

> Hiring someone to perform the duties of a [stay-at-home mom] . . . . would require an annual salary of more than $143,000 (Glynn, 2018).

The literature has thoroughly established that the burden of unpaid domestic labor is distributed unevenly by gender (Bianchi et al., 2012; Ciciolla & Luthar, 2019; Craig & Powell, 2018; Erickson, 2005; Glynn, 2018; Harryson, Alex, & Hammarström, 2016; Jolly et al., 2014; Landstedt, Harryson, & Hammarström, 2016; Miller, 2020; Rodriguez-Stanley et al., 2020; Saxbe, Repetti, & Graesch, 2011; U.S. Bureau of Labor Statistics, 2020). Before exploring the research confirming this disparity, I will make visible the many and various subcategories of tasks that comprise the broad category of unpaid domestic labor. These categories include routine housework, occasional housework, household management, creative work, caregiving, and emotional work.

Routine housework includes, among other tasks, housecleaning, laundry, cooking, and meal cleanup (Sayer & Fine, 2011) performed regularly (usually daily or multiple times each day) to maintain the basic needs of a household under ordinary circumstances. Occasional housework encompasses yard work, house and vehicle maintenance and repairs, and household paperwork (Sayer & Fine, 2011), among other tasks. As its name suggests, occasional housework encompasses those chores done on something less than a daily basis. Household management includes the daily tracking and organizing of family members' everyday needs, demands, and schedules (Ciciolla & Luthar, 2019). Such tasks might consist of scheduling dental appointments (and remembering to keep them) and assembling a grocery list that includes the favorite brands or items various family members need. Creative work encompasses the domestic tasks that straddle the line between utility and creative expression. These might include such pursuits as baking, knitting, or (during the COVID-19 pandemic) mask making that produce useful end products that may also have decorative or expressive features. Caregiving includes both regular and occasional tasks involved in raising children and caring for elders or other family members. Examples might

include feeding and diapering, supervising schoolwork, or engaging in creative play. Some aspects of caregiving also appear in additional categories, such as routine housework or emotion work. A final category, emotion work, is also woven through the other categories. However, as it represents a substantial investment of time and energy, it merits consideration as a category in its own right. Researchers variously characterize emotion work as attunement to children's emotions (Ciciolla & Luthar, 2019), "socioemotional behavior, or activity that maintains the relations among family members" (Erickson, 2005, p. 337), and "behavior that makes others feel cared for and loved" (Erickson, 2005, p. 338). Emotion work may also describe *how* someone performs domestic chores (with patience and love, for example, rather than angrily or in a perfunctory fashion) as much as it describes *what* specific tasks they do.

Each category of unpaid domestic labor differs in its experience and effects, and some categories are more (or less) visible than others. However, all share the common colloquial and practical thread of being women's responsibility and, therefore, "women's work."

Gendered Division of Domestic Labor

Across multiple studies, researchers have established that women perform a disproportionate share of routine housework (Sayer & Fine, 2011) and almost every other type of labor integral to maintaining their families and homes. Time use studies from the Bureau of Labor Statistics illustrate this point. On an average day in 2019, 84.9 percent of women in the United States and 71.4 percent of men engaged in some form of unpaid domestic labor. During the days when they did unpaid domestic labor, women spent an average of 2.54 hours on these tasks, while men spent 1.94 hours (U.S. Bureau of Labor Statistics, 2020).

On that same average day, 46.2 percent of women and 22.2 percent of men spent 1.69 hours (women) and 1.2 hours (men) on housework (e.g., cleaning or laundry); 70.3 percent of women and 48.3 percent of men spent 1.13 hours (women) and .81 hours (men) on food

preparation and cleanup; and 22.4 percent of women and 15.5 percent of men spent 0.83 hours (women) and 0.70 hours (men) on household management (U.S. Bureau of Labor Statistics, 2020). Also of note was that 48.6 percent of women and 38 percent of men spent 1.8 hours (women) and 1.6 hours (men) purchasing goods and services. Additionally, 27.3 percent of women and 19.9 percent of men spent 2.37 hours (women) and 1.6 hours (men) caring for and helping household members, including children. Lawn and garden care was the only category in which men outperformed women: 7.2 percent of women and 10.3 percent of men spent 1.53 hours (women) and 2.35 hours (men) performing these tasks (U.S. Bureau of Labor Statistics, 2020).

Other studies paint a similar picture. A 2010 study indicated women did nearly twice the amount of housework as men, with minor variations due to marital and parenting status (Bianchi et al., 2012). Elsewhere, researchers found that sex assigned at birth had the strongest effect on the allocation of housework and childcare (Erickson, 2005); that women reported doing more hours of household chores per week than men (Rodriguez-Stanley et al., 2020); that both men and women perceived that wives did more housework and childcare than husbands (Erickson, 2005); and that women saw the division of unpaid household labor as significantly more unequal than did men (Erickson, 2005). Compared to years past, women now do slightly less housework and childcare, and men do somewhat more. However, women still spend about an hour more each day on each of these tasks (Miller, 2020). Although Gallup surveys conducted between 1996 and 2019 showed some movement toward gender parity in performing household chores, “the share of respondents who say they share tasks equally has been flat” (Miller, 2020) during that same period.

Discrepancies between men's and women’s time investment in unpaid domestic labor are visible across almost every demographic variable (Glynn, 2018). It appears that some life stages and conditions mitigate, but do not eliminate, the gender gap in unpaid domestic labor. A 2018

study examined men's and women's division of household labor at three life stages: the transition to adulthood (age 25), in young adulthood (age 32), and at midlife (age 43) and investigated the effects of work hours, relative income, marital status, and raising children on housework responsibility at each stage. Responsibility for housework was most reliably predicted by relative income and gender at age 25, by work hours and raising children at age 32, and by gender at age 43 (Horne et al., 2018). Gender also moderated the influence of raising children at age 32, when raising children meant less housework for men and more housework for women (Horne et al., 2018).

Other factors, including income, paid work hours, and (for men only) raising children, predicted a lighter housework burden at various life stages. However, once researchers included gender in each analysis, the significance of these other factors diminished or disappeared entirely (Horne et al., 2018). Women did more housework than men at all ages (Horne et al., 2018), and being a man was the strongest predictor of doing less housework during the transition to adulthood and at midlife (Horne et al., 2018). Being married was linked to a greater housework burden for midlife women, and higher income and more work hours meant a lighter housework burden for midlife men (Horne et al., 2018). The most significant gender gap in housework occurred among midlife participants (Horne et al., 2018), a pattern researchers speculated could be due to people at midlife holding more traditional beliefs about gender roles and, consequently, adopting more conventional housework patterns (Horne et al., 2018). Other recent studies show little differentiation in housework according to age. However, young couples were more likely than older couples to divide childcare equally, although women were still more likely to do more of it (Miller, 2020).

The type of domestic labor performed may make some difference in determining who will perform that work. Women in mixed-gender couples most often perform daily, indoor chores and men most often perform occasional outdoor chores (Miller, 2020). Elsewhere, researchers

have found that women are as likely as men to perform occasional chores, but men spend much more time than women doing these tasks (Sayer & Fine, 2011).

Some types of work seem to be particularly gendered and, thus, imbalanced in their performance. For example, most women participating in a 2019 study reported that they alone were responsible for household management and emotion work (Ciciolla & Luthar, 2019). The pronounced gender specificity of these tasks may lie in the gender essentialism that identifies them so closely with women's "natural" attributes (Erickson, 2005; Jaffe, 2018) that they effectively become invisible. Considering emotion work in her 2005 study, sociologist Rebecca Erickson writes that it "has been closely associated with women's 'natural' or 'feminine' tendencies and with culturally based assumptions about love and intimate family relations" (Erickson, 2005). This close association makes it difficult to see these actions as work.

The same cultural norms that render household management and emotion work both gendered and invisible may also exempt men from performing these labor-intensive and stressful tasks. It may be that, culturally and socially, few expect men to notice, track, and address their family members' needs (Ciciolla & Luthar, 2019) or that men do not see emotion work as "their job" or even a job at all. Erickson's 2005 study found support for this idea by identifying marked discrepancies in how women and men viewed their participation in emotion work. To women, emotion work was the performance of a job-related task. To men, emotion work was part of their interpersonal relationship with their wives. Erickson (2005) suggests these perceptions might indicate that women recognize "that they are held accountable for the performance of this work in a way that men are not" (p. 348).

Peoples' beliefs about gender may also play a role here. Within heterosexual marriage, spouses conduct "family work in ways that facilitate culturally appropriate constructions of gender" (Erickson, 2005, p. 348). Men with more traditional gender ideologies, for example, are

less likely to participate in emotion work and more likely to have partners who perform more childcare (Erickson, 2005). Research indicates that a person's beliefs about gender affect their performance of emotion work more than their sex assigned at birth (Erickson, 2005).

Mothers' employment does not seem to offer much respite from a gender-disproportionate domestic workload. A 2018 study by the Center for American Progress found that most mothers who work full time also do most unpaid domestic labor at home (Glynn, 2018). Bureau of Labor Statistics figures show that women who are employed full time and married to men who also work full time spend 15 more hours on childcare and domestic chores each week than men in parallel domestic situations (Jolly et al., 2014).

Mothers of young children are more likely than fathers to do domestic labor on the days they also work for pay. Despite spending less time overall on paid work than fathers, mothers spend more time overall than fathers on the combined burden of paid and unpaid work (Glynn, 2018). Researchers speculate that men in two-income couples may welcome women's paychecks but that their attitudes toward gender roles may not have progressed to the point they see an equal division of housework and childcare as necessary or desirable (Miller, 2020).

Couples' shares of domestic labor were more uneven in male breadwinner families than in dual full-time earner households (Craig & Powell, 2018). As men's paid work time increases, so does the amount of housework that their wives perform, regardless of wives' paid and unpaid workload (Erickson, 2005). However, as women spend more time doing paid work, the division of household labor becomes somewhat more egalitarian (Erickson, 2005). Fathers who are not employed full-time do more housework but tend to concentrate their efforts on domestic tasks done for themselves rather than on tasks intended to benefit others (Craig & Powell, 2018).

Even when at least one member of a couple works in a high-status job outside the home, women still generally do a more significant share of domestic labor than men. A 2014 survey of

1,049 high-achieving physician-researchers investigated whether gender differences in domestic labor existed in a population that researchers believed would be egalitarian. To do this, researchers measured how many hours participants spent on domestic labor. Among partnered participants with children, men who were physician-researchers worked seven paid hours longer each week than did women who were physician-researchers and spent 12 hours less on parenting and domestic tasks (Jolly et al., 2014). Among participants with partners who worked full-time outside the home, men who were physician-researchers spent nine hours less on parenting tasks than women who were physician-researchers and were less likely (42.6 to 19.5 percent) to take time off to care for their offspring (Jolly et al., 2014). The result was that partnered women physician-researchers with children spent fewer hours in paid labor but more hours of combined paid and unpaid labor (Jolly et al., 2014). Researchers found that being a woman was associated with 8.5 excess hours each week spent on parenting or domestic tasks (Jolly et al., 2014). Women facing domestic labor overload were more likely than men to rely on themselves or to pay domestic help, including daycare, nannies, or babysitters, and less likely than men to rely on their domestic partner to pick up the slack (Jolly et al., 2014).

Earnings also seem to shape how couples distribute domestic labor, and the benefit of that distribution usually seems to go to the men. Higher-earning men do 9 percent less routine housework but about the same amount of occasional housework as lower-earning men (Sayer & Fine, 2011). However, other demographic factors, including race and ethnicity, make little difference in men's performance of domestic labor: Regardless of race, all men in one recent study reported doing approximately 35 to 40 minutes of core housework each day (Sayer & Fine, 2011). However, within-race domestic workload varies by proportion. Latinx women do about 5.5 times more core housework than Hispanic men; Black women do 2.7 times more core housework than Black men; and White women do 3.15 times more core housework than White men (Sayer & Fine, 2011). Researchers found no evidence that Black men devote more time to

routine or occasional housework than White men. This dispels a long-standing myth of increased domestic participation by Black men due to Black women's historically higher rate of paid employment (Sayer & Fine, 2011).

The gendered division of household labor is not a phenomenon unique to the United States. It persists in other industrialized nations—even those known or assumed to be progressive—as well. A 2018 Australian time use study found that women did nearly three times as much routine domestic work as men and that their share of domestic labor far exceeded that of other household members (Craig & Powell, 2018). Even in Sweden, a country where progressive paid labor practices proliferate, women are still paid lower wages and do most unpaid domestic labor (Harryson et al., 2016). In a 2016 study of Swedish couples, both women and men spoke of a gendered division of housework, with women responsible for everyday domestic tasks and men responsible for outdoor work and home repairs (Harryson et al., 2016).

Despite the staggering and widespread nature of these inequities, these figures may represent an underestimate. Across the board, researchers have found that women are more likely than men to take household and care work for granted and thus underreport the time they spend doing it (Ciciolla & Luthar, 2019). It is worth noting that the studies that I have cited in this section examine the division of domestic labor within cisgender heterosexual partnerships (usually marriage). Studies examining division of domestic labor in queer partnerships have found a more egalitarian split of responsibilities (van der Vleuten et al., 2021), often based on factors other than gender (Tornello, 2020; van der Vleuten et al., 2021).

Impacts of Gendered Division of Domestic Labor

Paid Employment

The gendered division of unpaid household labor has significant implications for determining whether and how women participate in the paid labor force. As we have seen,

women do a more substantial share of domestic labor than men and are more likely to take time off from paid work when domestic and paid responsibilities collide. The time women spend on domestic labor is a significant cause of gender gaps in salary and career advancement (Miller, 2020). This may be because childcare and similar care work present a barrier to paid work and occupational mobility that housework (which people can postpone) does not (Bianchi et al., 2012). With respect to childcare, for example:

> If a mother (or father) of young children is to engage in an activity that is incompatible with child minding—and most paid work is—alternate arrangements for care of children must be made. Women reduce their paid work to care for children; men tend not to do this (Bianchi et al., 2012, p. 60).

In fact, 84.5 percent of married or partnered women with children (as opposed to 73.4 percent of men) who participated in a 2014 study indicated family responsibilities interfered with their ability to complete work-related tasks (Jolly et al., 2014). For example, among medical researchers, being a woman was associated with about three hours per day less spent researching than male colleagues in a similar situation. Women (41.4 percent) also reported having more difficulty than men (26.3 percent) completing after-hours professional work due to competing domestic responsibilities (Jolly et al., 2014).

It also seems a shift toward a gendered division of domestic labor exists even when couples begin their partnerships with the best of intentions. For example, newly married couples report sharing housework relatively equally, but that equality diminishes as they transition into parenthood, and men prioritize paid work while women prioritize unpaid (Bianchi et al., 2012). This shift, borne of necessity as a family grows, can have lasting implications. Women's reduced labor force participation may subsequently place them on less favorable job and wage

trajectories (Bianchi et al., 2012). This can ultimately diminish their future earnings and long-term financial health:

> Mothers who are employed part time or not at all may benefit from low total work hours at one point compared with their partners, but at a later point they risk wage discrimination, career tracks that have gone adrift, or divorce that leaves them in poverty" (Bianchi et al., 2012, p. 59).

As a result, gendered caregiving and other responsibilities (including housework) may have the larger effect of slowing movement toward gender equality in paid work (Bianchi et al., 2012).

Physical and Mental Health

Neuroses, suicides, desexualization: occupational diseases of the housewife.

—Silvia Federici, *Wages Against Housework*

The literature has firmly established that women are more likely than men to do most types of domestic labor and, once engaged in these tasks, spend more time doing them. Knowing this, researchers have sought to determine whether these commitments of time and energy to domestic tasks have implications for women's physical and mental health. It seems logical that if the division of labor is gendered, then its effects must surely be too. By and large, the available evidence supports this assertion. Regardless of one's gender, it seems too much domestic labor may be hazardous to your health.

A 2011 study examined the activities dual-income heterosexual couples performed while at home. Researchers gauged the effect of these activities on end-of-day physiological recovery by tracking fluctuations in participants' cortisol levels. Cortisol usually peaks soon after waking and decreases throughout the day. A steep cortisol decline between waking and day's end is

associated with well-being, while high end-of-day cortisol levels are associated with burnout, depression, and mortality risk (Saxbe, Repetti, & Graesch, 2011). During each day of the study, researchers tracked participants' activities at 10-minute intervals, and participants collected saliva samples at intervals set by researchers throughout the day. The researchers found that both women and men who spent more time on housework showed higher evening cortisol levels and weaker recovery from afternoon cortisol levels (Saxbe, Repetti, & Graesch, 2011). They also found that women whose partners spent more time on housework had lower evening cortisol (Saxbe, Repetti, & Graesch, 2011). Likewise, a 1994 study of 3,846 partnered adults in Japan found that more time spent doing housework was always associated with increased depression. Put simply; more housework led to more depressive symptomology (Glass & Fujimoto, 1994).

Data from a national health survey of United States residents also indicated the effects of a disproportionate burden of domestic labor. Researchers found that both amount of time spent on housework and the percentage of housework done were positively associated with psychological distress, especially higher rates of depression. Shouldering a small additional share of housework did not, they found, affect depression at lower levels. However, the effect of a disproportionate domestic burden became exponentially more detrimental at higher levels. Performing 20 hours of household labor each week would increase depression by 2 percent. At 50 hours, the effect would be 10 percent, and at 60 hours, it would be 14 percent (Bird, 1999). Researchers indicated that women's disproportionate domestic burden left them especially vulnerable to these negative mental health impacts.

A study of 628 cohabiting individuals in Sweden investigated both the gendered distribution of domestic labor and the relationship between housework and functional somatic symptoms, including headache, stomachache, nausea, backache, breathlessness, dizziness, sleeping problems, and heart palpitations (Landstedt, Harryson, & Hammarström, 2016). The study found that women did more domestic labor than men and the amount of domestic labor for

which they were responsible increased between the ages of 30 and 42. This increase was associated with elevated levels of functional somatic symptoms at age 42. This effect was independent of previous functional somatic symptoms, amount of paid work, occupational status, and the presence of children in the household (Landstedt, Harryson, & Hammarström, 2016). Men in the study performed much less housework than women and experienced no appreciable increase in domestic workload between age 30 and 42. The researchers identified no association between men's domestic workload and functional somatic symptoms (Landstedt, Harryson, & Hammarström, 2016).

Researchers concluded that a gendered division of domestic labor exposes women to a heavy workload of housework which is a form of stress that poses a risk to women's health in both the short and long term (Landstedt, Harryson, & Hammarström, 2016). They suggest the gendered distribution of domestic work represents a manifestation of a gender structure upheld by social norms. They write that we can best understand this state of affairs with analyses rooted in gender theory (Landstedt, Harryson, & Hammarström, 2016).

Another study of Swedish adults found that women did more housework than men and performed most everyday domestic tasks such as washing clothes and dishes and cleaning the house (Harryson et al., 2016). These gendered practices in the distribution of household labor increased women's stress and contributed to a disparity between their family members' attention needs and their ability to meet them. Women also felt that chore demands constantly disrupted their work on other tasks, contributing to a perceived lack of dignity and self-esteem (Harryson et al., 2016). Women felt burdened by the typically gendered division of domestic workload and wished for an equal share of everyday work and a more significant contribution from male partners (Harryson et al., 2016). However, women reported experiencing resistance when they suggested change. Both men and women avoided discussion about housework because it often led to disagreements and, ultimately, no improvement (Harryson et al., 2016).

The study's authors wrote that this set of circumstances led to housework resignation, a situation that left women feeling disappointed and exhausted due to the perceived impossibility of achieving real and lasting change (Harryson et al., 2016). Resignation added to the women's experience of stress and contributed to poor psychological health (Harryson et al., 2016). Researchers concluded that a conventionally gendered distribution of domestic labor limits autonomy, increases stress, and fosters feelings of being physically and mentally unwell (Harryson et al., 2016). It is possible, they wrote, that power asymmetries in the division of domestic labor interact with labor market inequalities to "hinder women and men from achieving abundant health" (Harryson et al., 2016, p. 8).

The exact mechanism of domestic workload on physical and mental health effects is not entirely clear. Researchers' conclusions vary as to whether the health implications of household labor are more closely linked to the total time spent doing these tasks, perceived equity of their distribution, other factors such as the amount of paid work also performed, or something else entirely. For example, a study of 2,644 married adults living in the United States indicated that the number of hours spent doing household chores did not directly predict well-being, marital quality, physical health, or sleep (Rodriguez-Stanley et al., 2020). However, hours spent doing household chores were indirectly linked via perceived fairness to lower levels of well-being, marital quality, and physical health and higher levels of sleep dysfunction ten years later (Rodriguez-Stanley et al., 2020). These results suggest that perceptions of unfairness may produce chronic distress that can negatively impact health and well-being (Rodriguez-Stanley et al., 2020). Another study, this one of 3,000 partnered women between 25 and 59 years old, indicated that higher domestic workload and lower control over that workload were associated with poorer psychological health (Maeda et al., 2019). Other studies suggest that a supportive contributing partner can mitigate the health effects of a disproportionate domestic workload. A survey of 1,652 married couples found that men's involvement in housework is strongly

associated with women's mental health (Khawaja & Habib, 2007). Women whose partners were highly involved in housework were in better mental health, more satisfied with their marriage, and happier (Khawaja & Habib, 2007). Women whose partners were minimally involved in housework were 1.6 times more likely to feel distressed and 2.69 times more likely to be unhappy than were women whose partners were highly involved (Khawaja & Habib, 2007).

Both time spent performing domestic labor and perceived fairness of the distribution of paid and unpaid work impacted participants' mental health, but these effects were gender specific. For women participating in a 1994 study, perceived fairness in the distribution of both housework and paid work significantly affected depression, but the effect for housework was much more pronounced (Glass & Fujimoto, 1994). Overall, women cared more than men about who did housework, while men cared more than women who did paid work (Glass & Fujimoto, 1994). For men, depression was lowest when they felt that they benefited from the division of paid work (Glass & Fujimoto, 1994). For women, depression was lowest when both partners believed the division of housework and paid work to be fair (Glass & Fujimoto, 1994). Deviations from "fair" in either direction increased depressive symptoms. This effect was stronger for housework than for paid work (Glass & Fujimoto, 1994).

Pandemic Impacts

Physical and Mental Health

On March 13, 2020, COVID-19 was declared a national emergency in the United States (AJMC Staff, 2021). For many Americans, this declaration and the lockdowns, school closures, and product shortages that followed marked the beginning of their direct experience of the COVID-19 pandemic. The physical impact on those who contracted COVID-19 was alarming, but those who fell ill were not the only ones afflicted. Barely one month after the national disaster declaration, it was clear that the health impact of the COVID-19 pandemic already extended

beyond its direct and terrifying physical toll. The Johns Hopkins COVID-19 Civic Life and Public Health Survey, administered online to a representative sample of 1,468 U.S. adults in April 2020, measured the prevalence of symptoms of psychological distress using the Kessler 6 Psychological Distress Scale. Researchers then compared this prevalence with an identical measure from the 2018 National Health Interview Survey (McGinty et al., 2020). In 2018, just 3.9 percent of U.S. adults reported symptoms of severe psychological distress. In April 2020, that figure was 13.6 percent (McGinty et al., 2020). Because findings of severe psychological distress on the Kessler-6 scale can predict serious mental illness, researchers speculated that acute COVID distress might eventually be linked with long-term psychiatric disorders (McGinty et al., 2020). Likewise, according to U.S. Census Bureau data, by May 2020, one-third of Americans reported clinically significant anxiety or clinical depression (Gruber & Rottenberg, 2020), representing a threefold increase in symptoms from just one year before (Panchal et al., 2020). Even short of clinical mental health diagnoses, the number of people affected by pandemic-related stressors would only increase. By July 2020, more than 50 percent of adults in the United States reported experiencing negative mental health impacts due to pandemic-related stress (Panchal et al., 2020).

There is precedent for the psychological toll of the COVID-19 pandemic. In recent history, rates of psychological distress have doubled or tripled in the wake of public health crises, including SARS, Ebola, H1N1, and Zika (Pain & Lanius, 2020). In Hong Kong, for example, levels of anxiety rose significantly during the SARS outbreak (U.S. Centers for Disease Control and Prevention, 2018), eventually affecting 70 percent of Hong Kong residents and 80 percent of healthcare workers. In fear-inspiring situations such as these, people may experience anxiety, hypervigilance, PTSD, hopelessness, despair, grief, bereavement, and loss of purpose (Usher et al., 2020). These symptoms may manifest in otherwise healthy people and those with preexisting mental health conditions (Usher et al., 2020). Even without a clinical diagnosis, fear and

uncertainty, exacerbated by isolation, lack of social support, and disruption to routine, may encourage antisocial behaviors, including panic buying, hoarding, and blame allocation, in which people engage to help them maintain a sense of control (Eaton & Kalichman, 2020; Usher et al., 2020).

For some time before COVID-19 hit the United States, all had not been well with many Americans' mental health and with the American mental health system. Pre-pandemic, 47 million adults (one in five) in the United States had a mental illness, and more than 11 million had a severe mental illness (Panchal et al., 2020). Adults with severe psychological distress were more likely than those without to be uninsured and unable to afford mental health care (Panchal et al., 2020). The COVID-19 mental health crisis's syndemic nature placed tremendous strain on an already-precarious mental health system. It also put at even greater risk many people, including women, students, adults with children at home, care workers, and the poor (Eaton & Kalichman, 2020), who were already likely to have significant mental health challenges and face limited access to care. Among these groups of people, women seemed to be particularly affected. More women (57 percent) than men (50 percent) in a July 2020 Kaiser Family Foundation poll reported negative mental health impact due to coronavirus-related worry and stress (Panchal et al., 2020). More women (44.6 percent) than men (37 percent) in a July 2020 CDC Household Pulse survey reported symptoms of anxiety or depression (Panchal et al., 2020). A September 2020 study indicated women were three times more likely than men to report mental health issues due to COVID-19, with many listing mental health stressors caused by concerns about livelihood and escalating caregiving demands (Youn, 2020).

A growing body of scholarship reveals the extent to which the COVID-19 pandemic has indirectly affected physical health, as well. A large-scale U.K. study of health care use found that primary care visits (including virtual visits) for a wide range of health conditions decreased precipitously after Great Britain's first COVID lockdown began (Mansfield et al., 2021). Months

later, visits for just two of the eleven disease categories under investigation had rebounded to pre-lockdown levels (Mansfield et al., 2021). Researchers were unsure whether reduced visits indicated decreased frequency of these conditions, although they called this possibility unlikely. More likely, they wrote, was that results likely foretell “a large burden of unmet need,” advising health care providers to “prepare for increases in morbidity and mortality in the coming months and years” (Mansfield et al., 2021, p. 12).

Changes wrought by COVID-19 lockdown conditions may also impact healthy lifestyle choices and behaviors. An Italian study conducted during that country's two-month COVID-19 lockdown in 2020 found that nearly half of the 1,826 people who participated in the study reported reduced sleep quality during that time (Costi et al., 2021). Researchers also found that people who reported reduced sleep quality were more likely to report deterioration in other health indicators, including diet, physical activity, and psychological distress (Costi et al., 2021). A study of 1,809 adults in the United States conducted during a similar time frame (April and May 2020) yielded slightly different results. Overall, participants indicated they were less physically active during lockdown but that their performance on other health indicators, including sleep, remained essentially the same (Knell et al., 2020). However, this study also found evidence that the performance of at least some healthy behaviors was tied to demographic and situational factors. Women, people with children in the home, and people with moderate to severe depression were more likely than others to increase their use of alcohol and tobacco during lockdown. Women and people with moderate to severe depression were more likely than others to report poor-quality sleep (Knell et al., 2020). Conversely, women were more likely than other groups to have increased physical activity during lockdown, a finding that researchers speculated might be due to boredom and increased free time (Knell et al., 2020).

These results contrast to those from a study of 1,098 Canadians conducted in April and May 2020. Researchers found that, during lockdown, women were less likely than men to be

physically active and more likely than men to report they faced barriers to physical activity, including a lack of available childcare (Nienhuis & Lester, 2020). Women were also more likely than men to report symptoms of generalized anxiety, particularly if their childcare burden had increased due to the pandemic. However, participation in exercise seemed to reduce these and other psychological symptoms (Nienhuis & Lester, 2020).

Gendered Effects

> Epidemics occur within the existing ecosystem of socioeconomic determinants of health, including class, gender, race, income, employment, and individual physical environment. (Enguita-Fernandez et al., 2020, p. 263).

Of the more than 15,000 peer-reviewed papers that have been published about Zika and Ebola so far, less than 1 percent have explored the gendered impacts of these previous health crises (Lewis, 2020). However, Ebola, Zika, SARS, and other recent epidemics have impacted gender equality for both the short and long term. During the Ebola epidemic of 2014 to 2016, women in affected regions were more likely than men to be infected due to their gendered caregiving roles and less likely than men to have decision-making power. Hence, their specific needs remained unmet (Wenham, Smith, & Morgan, 2020). Even as the immediate crises subsided, people in these affected regions also experienced higher rates of domestic and sexual violence, teen pregnancy, and maternal mortality in childbirth as officials diverted both attention and money to fight the presenting health crisis (Lewis, 2020; Wenham, Smith, & Morgan, 2020).

While it is encouraging to see scholarship exploring the gendered dimensions of COVID-19, the news is far from good. Overall, government responses to COVID-19 seem inadequate and that lackluster responses exacerbate pre-pandemic gender inequalities (Janoch, 2020). A study of 6,200 women and 4,000 men in 38 countries conducted through August 25, 2020, found that women were more likely than men to encounter problems of all kinds due to COVID-19 (Janoch,

2020). Women were, for example, 60 percent more likely than men to report job or income loss as a pandemic-related problem (Janoch, 2020). Within the United States, 55 percent of people who lost jobs in March and April 2020 were women (Kottasová, 2020). The pandemic most affected industries, including hospitality and tourism, that are women-dominated (Kottasová, 2020). Worldwide, many women affected by job loss were employed in the informal sector and thus not entitled to unemployment benefits (Janoch, 2020). Economic relief packages focus on full-time employment, and women are more likely than men to be employed part-time (Kottasová, 2020). Even within the formal sector, women were more likely than men to lose jobs during the pandemic (Janoch, 2020), setting off a chain reaction of adverse effects, including food insecurity and lack of healthcare access (Janoch, 2020).

Compounding these problems is health data that may be "masking gendered and racial issues" (Kalyanpur et al., 2020, p. 6). CDC data, for example, is inconsistently disaggregated by gender and race (Kalyanpur et al., 2020), rendering invisible those most affected by inequities and hampering the ability of governments and others to plan a targeted response (Kalyanpur et al., 2020) taking demographics carefully into account.

In the United States and elsewhere, the economy is part of a gendered system that values and prioritizes the income-producing activities often performed by men and devalues the unpaid domestic labor usually performed by women. This shapes how governments carry out school closures, work-from-home directives, and other aspects of quarantine (Enguita-Fernandez et al., 2020) not addressed in policies "put in place by middle-aged men without consideration of how they will affect women and other marginalized people" (Kottasová, 2020, para. 30). At the national level, women make up just 24 percent of COVID response leadership teams worldwide (Janoch, 2020). Quarantine is gendered, and some have not recognized men and women's varying needs within quarantine (Wenham, Smith, & Morgan, 2020). School closures, for example, have

a disproportionate effect on women, who provide most informal care (Wenham, Smith, & Morgan, 2020), and who dominate the teaching profession.

Pandemic-Era Division of Unpaid Domestic Labor

> I hadn't realized marriage instantly meant that one person miraculously loses most of their cognitive functions and the other attains even more miraculous superpowers such as psychically knowing what is needed by every member of the household on two or four legs.
>
> —Post to an online pandemic mothering group (O'Reilley, 2020, p. 14)

> And when did I have to do all the damn cooking and foraging for food?
>
> —Post to an online pandemic mothering group (O'Reilley, 2020, p. 14)

Of the women reporting mental health impacts due to COVID-19, many cited an increased unpaid caregiving burden as a critical reason for this stress (Janoch, 2020). Accordingly, some studies have examined changes to—and impacts of—the gendered division of unpaid household labor during the COVID-19 pandemic. One recent study looked at gender gaps in unpaid domestic labor both before and during the pandemic among 1,536 employed and partnered Australian residents with children under 17. Overall, both men and women spent more time engaged in domestic labor during the pandemic than before, with higher absolute time increases for women and higher proportional time increases for men (Craig & Churchill, 2020). Pre-pandemic, women's daily combined average of time devoted to housework, household management, and active childcare was 5.78 hours, a figure approximately 1 hour and 40 minutes more than men's average daily investment of 4.09 hours (Craig & Churchill, 2020). During the early days of the pandemic, both men's and women's time investment increased appreciably—by 2.8 hours to 8.58 hours per day for women and by 2.2 hours per day to 6.28 hours per day for

men (Craig & Churchill, 2020). These numbers represented a marginal narrowing of the gender gap from 41 to 36 percent, meaning that women went from doing 41 percent more domestic labor than men to doing 36 percent more (Craig & Churchill, 2020). When researchers disaggregated the categories of unpaid domestic labor, men's increased participation in unpaid domestic labor narrowed gender gaps in childcare. Meanwhile, similar gaps in housework and household management remained stable (Craig & Churchill, 2020).

Both women and men reported feeling more dissatisfied with their “split” of unpaid domestic labor during lockdown than they had pre-COVID. Pre-pandemic, about 46 percent of women were “somewhat” or “extremely” dissatisfied with their share of domestic labor. Just 13 percent of men reported similar sentiments during the same period. However, during the pandemic, those numbers shifted as 50 percent of women and 27 percent of men reported feeling “somewhat” or “extremely” dissatisfied with their share of domestic labor (Craig & Churchill, 2020). Researchers speculated that, during the pandemic, men were doing more unpaid work than they were accustomed to doing. As a result, many men felt that the division of labor was unfair and that their partner was not “carrying their weight” (Craig & Churchill, 2020, p. 76). On the other hand, women were already doing more domestic labor than men and, during the pandemic, added more still. This further impacted their perceptions of fairness and compounded their dissatisfaction with their partner's share (Craig & Churchill, 2020).

A May 2020 survey of 1,245 married or cohabitating Canadian parents with at least one child at home also measured gendered household task-sharing before and during the pandemic. Pre-pandemic, Canadian women spent 30 percent more time on housework and 40 percent more time on childcare than men (Shafer, Schiebling, & Milkie, 2020). During the pandemic, men made marginal increases and few regressions in their unpaid domestic labor participation (Shafer, Schiebling, & Milkie, 2020).

Pandemic-era men were more likely to take on some tasks (grocery shopping) than others (laundry), with little increased overall time investment for most (Shafer, Schiebling, & Milkie, 2020). Parents' work location impacted increases (Shafer, Schiebling, & Milkie, 2020). Men who were unemployed or working from home were more likely to participate in some tasks than men who worked away from home (Shafer, Schiebling, & Milkie, 2020). Men were also more likely to perform more household and childcare tasks if children were doing school from home (Shafer, Schiebling, & Milkie, 2020).

Despite these marginal increases, the study indicated significant gender gaps in men's and women's perceptions of the amount of domestic labor they performed. Women assessed men to be less involved with household tasks than men assessed themselves (Shafer, Schiebling, & Milkie, 2020). Also interesting to note is the many tasks that were highly gendered before the pandemic, including doing laundry, playing with children, or enforcing rules, remained so as the pandemic progressed. When changes did occur, the tasks involved were often consistent with conventional gender roles. Men, for example, took on significantly more shopping responsibility during the pandemic, a risk assumption consistent with a traditional role of men as protectors of the family. Because these gendered roles remained consistent, researchers speculated that any changes in task distribution might not hold once the pandemic ultimately passes (Shafer, Schiebling, & Milkie, 2020).

In a study conducted during Iceland's initial COVID-19 lockdown, 97 participants completed a pandemic parenting story from a provided story stem. Their stories revealed much about the gendered distribution of household labor, including the prevailing beliefs that motherhood is integral to feminine identity and that maternal selflessness focused on caring for others is the route to women's fulfillment (Auðardóttir & Rúdólfsdóttir, 2020). Participants' stories also revealed that they believed good parents to be excellent planners, heavily involved with their family members' lives, organized, and capable by nature. They succeed (under

pandemic conditions or otherwise) by maintaining a healthy diet, a clean house, and academically active children (Auðardóttir & Rúdólfsdóttir, 2020).

Participants viewed lockdown as a test differentiating good and bad parents (Auðardóttir & Rúdólfsdóttir, 2020). They expected parents to be upbeat and full of gratitude and to respond to crises without breaking (Auðardóttir & Rúdólfsdóttir, 2020), a condition made manifest in the form of a dirty house in which children watched too much television (Auðardóttir & Rúdólfsdóttir, 2020).

Stories of women protagonists reflected guilt and shame. Stories of men did not reflect these (or any) feelings and men protagonists, who were not trying to be perfect, also rarely failed (Auðardóttir & Rúdólfsdóttir, 2020). In their accounts, participants were unlikely to cast a man as the primary caregiver. Multiple stories made COVID caretaking teach a clueless or indifferent father a lesson, with authors suggesting a gap between the ideal of a caring and involved father and participants' lived experiences (Auðardóttir & Rúdólfsdóttir, 2020). In many accounts, participants evinced little faith in men and their ability to willingly accept and capably perform domestic duties (Auðardóttir & Rúdólfsdóttir, 2020).

These findings are particularly interesting because Iceland is generally viewed as more egalitarian than other countries concerning gender roles and attitudes (Auðardóttir & Rúdólfsdóttir, 2020). Nonetheless, participants' stories "revealed the underlying tensions of parenthood, gender relations and paid work" (Auðardóttir & Rúdólfsdóttir, 2020, p. 12) amplified by the COVID-19 lockdown.

Also in Iceland, researchers conducted two qualitative studies that sought to examine "gender-centric sensemaking" (Hennekam & Shymko, 2020 p. 794) during the COVID-19 lockdown. Participants' diaries and responses to open-ended survey questions revealed that their

gender performativity intensified in the form of behaviors that reinforced conventional gender roles in response to the COVID-19 crisis (Hennekam & Shymko, 2020).

During the pandemic, men behaved in ways that they perceived to be strong, determined, and in control, consistent with a conventional view of men as heads of household and breadwinners. At least some men found pandemic conditions "impossible" and justified their reliance on their partners with stereotypical explanations (e.g., "I earn more than my wife.") (Hennekam & Shymko, 2020). Women reported "performing" as nurturing and caregiving while also neglecting or downplaying their own needs. They justified their self-neglect by stressing the natural and obvious nature of domestic priorities, claiming they were "better prepared" or more "naturally predisposed" for the caregiver role than their (men) partners (Hennekam & Shymko, 2020, p. 797). These experiences made some participants more aware of conventional gender roles, and at least some seized the opportunity for change, "articulating less formulaic responses . . . . as confinement continued" (Hennekam & Shymko, 2020, p. 797). These participants saw an opening, in COVID-19, to reconstruct gender roles for the better, and many expressed hope of finding different ways of doing things post-pandemic (Hennekam & Shymko, 2020)

Researchers theorized that the conventional gender attitudes, behaviors, and expectations participants expressed early in the crisis were comforting and grounding in the face of insecurity and fear (Hennekam & Shymko, 2020). However, as time went on, tensions rooted in untenable conventional gender roles arose, even as some participants continued with traditional gender engagement as a way of managing difficult circumstances and troubling emotions (Hennekam & Shymko, 2020). Others, however, began to improvise with their gender performance, shedding social expectations of gender as they did (Hennekam & Shymko, 2020)

In another diary study conducted during the early days of the pandemic, 37 mothers in heteronormative relationships wrote about the day-to-day impact of COVID-19 on their lives,

including on the division of labor within their homes. Many women expressed they were feeling "overwhelmed, frustrated, tired, annoyed, and angry" (Hjalmsdottir & Bjarnadottir, 2020, p. 7) as they struggled (often unsuccessfully) to balance work and family tasks (Hjalmsdottir & Bjarnadottir, 2020). For these women, COVID-19 had blurred the boundaries between work and home and revealed or intensified an already-lopsided division of domestic labor (Hjalmsdottir & Bjarnadottir, 2020)

The women expressed that, while they felt simultaneously responsible for kids, home, household management, and responsibilities tied to their paid employment, their spouses prioritized paid employment over everything else. Often, their children asked them for help even when their husbands were home (Hjalmsdottir & Bjarnadottir, 2020). Women's writings also revealed the crushing weight of their mental labor. In their pandemic-era lives, they wrote, women are managers, and their husbands are merely participants. Meanwhile, in the midst of living and juggling multiple and conflicting priorities and roles, women also felt compelled to hide their stress and anxiety as they worked to calm the people around them (Hjalmsdottir & Bjarnadottir, 2020). Together, these conditions worsened an already exceptional state of mental drain (Hjalmsdottir & Bjarnadottir, 2020).

Gendered expectations can also impact paid work availability. A study of more than 3,000 heterosexual parents who worked full-time in both conventional and telecommuting-capable occupations examined gender dynamics as reflected in month-to-month changes in work hours between February and April 2020. This period began just before the COVID-19 outbreak in the United States and extended through its first peak. Before the pandemic, mothers worked outside the home four to five hours less each week than did fathers (Collins et al., 2020). Although few changes to this schedule occurred from February to March, mothers' paid work hours shrank between 1.5 and 2 hours each week between February and April (Collins et al., 2020). Fathers' weekly work hours changed little during the same period (Collins et al., 2020).

Among people in the telecommuting-capable sample (Collins et al., 2020), both men and women registered a reduction in weekly work hours between February and April. However, this reduction was much more significant for mothers than for fathers (1.5 hours for mothers and 0.4 hours for fathers for households in which the youngest child was age six to 12; and 2.6 hours for mothers and 30 minutes for fathers in households in which the youngest child was age one to five) (Collins et al., 2020). These findings suggest that being home to see the care work that needed doing did not increase fathers' participation (Collins et al., 2020). They also indicate that, mother's paid work hours are more vulnerable to reduction when both parents are employed (Collins et al., 2020). It may be that these findings indicate that the pandemic is exacerbating gender inequality as mothers report taking on a larger share of childcare and homeschooling at the expense of paid work time (Collins et al., 2020). Accordingly, once the most acute phases of the pandemic have passed, mothers' employment may be at risk as employers looking to save money may cut ties with mothers whose workplace attachments are already weakened (Collins et al., 2020). Even short of this, mothers may find continued full-time employment difficult if childcare and schools do not reopen or if they reopen only part-time (Collins et al., 2020).

What has quickly become apparent is that, despite predictions that the COVID-19 pandemic might cause—or cure—gender inequities, it has both brought existing imbalances to light (Hjalmsdottir & Bjarnadottir, 2020) and magnified the impact (Lewis, 2020) of pre-pandemic women's issues including the unequal and gendered division of unpaid domestic labor (Kottasová, 2020).

Many researchers, citing the COVID-19 pandemic's "potential to shift norms around men's and women's roles" (Janoch, 2020, p. 8) or status as a "once-in-a-lifetime opportunity" to push for changes in conventional gender roles (Hennekam & Shymko, 2020), expressed great hope of positive changes to gender imbalances in its wake. However, many more feared that "women's independence will be a silent victim of the pandemic" (Lewis, 2020) as pandemic-

related conditions" destroy the bargain made by dual-income couples (we can work because someone else is watching the kids) and unpaid labor responsibilities weigh disproportionately on women due to existing workplace inequalities (Lewis, 2020).

Why Midlife?

> The well-being of those both younger and older at home, in the workplace, and in society at large depends heavily on the stability of those in the middle years. (Lachman et al., 2015, p. 13)

Risk and Possibility

Within the literature on women's health, midlife is characterized as a period of great risk and tremendous possibility. While many adverse health conditions first appear (or worsen) at midlife (Harlow & Derby, 2015), it also seems that "what happens in midlife can have a long-term impact on the nature of aging" (Lachman et al., 2015, p. 12). Unfortunately, a great deal of women's health research focuses on participants who are 65 and older, "an age when the window of opportunity for primary prevention may well have been missed" (Harlow & Derby, 2015, p. 1). Even in non-pandemic times, midlife can be a particularly stressful period for women (Lachman et al., 2015) as they navigate a field of rapid changes and competing priorities. Asked to detail their challenges over the past 15 years, participants in a 2018 study of 81 midlife women gave responses that largely fit into one of five categories: changing family relationships, re-balancing work and personal life, re-discovering self, securing enough resources, and coping with multiple co-occurring stressors (Thomas et al., 2018). It was the near-simultaneous nature of these challenges that most women named as being particularly stressful as they described their life experiences.

While human beings can expect some level of daily stress, excessive stress can come with serious health consequences. Researchers conducting a meta-analysis of 37 studies of

women's cardiovascular health found that about two-thirds of these studies indicated an increased and significant risk of cardiovascular disease among women who experienced stress at midlife (Stewart et al., 2018). The mechanisms by which chronic stressors manifest may lead to increased cardiovascular risk including "activation of the autonomic nervous system and the hypothalamic-pituitary axis" (Stewart et al., 2018, p. 13). This activation may lead to elevated inflammation and metabolic dysfunction, both of which may "contribute to the development and progression of atherosclerotic plaques and eventual [cardiovascular disease] events" (Stewart et al., 2018, p. 13). Stress can also indirectly impact women's health at midlife and beyond as its presence "can influence participation in healthy or unhealthy behaviors such as smoking and physical activity in mid-life, which can lead to later-life [cardiovascular disease]" (Stewart et al., 2018, p. 13).

Other research conducted in recent years indicates that "healthy behaviors at midlife, such as maintenance of physical activity and healthy body weight" (Harlow & Derby, 2015, p. 1) may prevent, mitigate, or delay the onset of bone loss, diabetes, and dementia, among other age-linked conditions (DeFina et al., 2013; Harlow & Derby, 2015). Because of this, midlife may represent a critical window for preventing chronic disease and optimizing health and functioning (Harlow & Derby, 2015, p. 1). This window may exist for conditions of both body and mind. About 20 to 30 percent of midlife women experience at least one episode of clinical depression, which at least some clinicians have named as "the leading cause of health-related disability in women" (Harlow & Derby, 2015, p. 2). Researchers conducting a 2020 study of midlife predictors of later-life depression found low positive mood scores at age 50 and 60 associated with higher depression scores at age 70. In particular, chronic stress (reflected in "number of daily hassles") at age 50 was associated with higher depressive scores at 70 (Campbell et al., 2020).

Help for midlife women may come not only from instituting medical interventions but also from bolstering social support systems. Researchers who conducted a large, longitudinal

study of people at midlife found that having a robust combination of adaptive factors at midlife (Lachman et al., 2015) may protect declining physical and mental health. Specifically, people who had supportive social relationships participated in regular exercise and maintained positive attitudes about control "were better able to maintain their functional health and cognitive skills over a 10-year period, and the more of these positive factors, the better" (Lachman et al., 2015, p. 13).

Sandwich Generation Caregiving Burden

Challenges to women's health that begin at midlife may be complicated (and health-protective behaviors disrupted) by their co-occurrence with the need to navigate relationships with aging parents and growing (or grown) children while maintaining a stable and rewarding work and personal life (Thomas et al., 2018). Nearly half of Americans aged 47 to 59 have a parent who is 65 or older and are raising at least one child under 18 or providing financial support to a child 18 or older (Suh, 2016). Women at midlife are more likely than people in other age groups to provide care for both aging parents and adult or minor children (Suh, 2016): Adult child caregivers to elderly parents are most often women between 40 and 50 years old who work full time and have children of their own (Conway, 2019; Hammer & Neal, 2008; Pharr et al., 2014; Suh, 2016). They provide care for up to 100 hours each month, with an average time investment of around 20 hours per week (Suh, 2016).

Members of this "sandwich generation" feel the squeeze of their multiple responsibilities in the form of role strain, diminished social and family relationships, financial and occupational hardships, and the deterioration of their health (Pharr et al., 2014). Participants in a 2019 study of adult children caring for aging parents reported skipping self-care responsibilities—including healthy eating, regular exercise, and scheduled health care appointments—to accommodate their caregiving tasks (Conway, 2019). The effects of caregiving may be more pronounced for

minority caregivers, who provide more care for more people than White caregivers, but who are less likely to use formal caregiver support services (Pharr et al., 2014). Adult child caregivers also report more depressive symptoms and worse physical and mental health than same-age peers not engaged in eldercare (Strauss, 2013). Of these problems, caregivers experience elevated levels of depression most often (Hammer & Neal, 2008).

Boomerang Kids and Domestic Labor Workload

"Only" caring for children, of course, comes with stressors of its own, not to mention additional domestic workload. One midlife stressor exacerbated during the COVID-19 pandemic has been the "boomerang effect" of adult children returning to the family home. A July 2020 Pew Research Center Poll indicated that more than half of young adults now lived with their parents, the highest such figure since the Great Depression (Fry, Passel, & Cohn, 2020). This shift is directly attributable to the pandemic: The youngest adults (ages 18 to 24), who make up the greatest number of adult children moving back home with parents, were more likely than older adults to have lost income and jobs (Fry, Passel, & Cohn, 2020). Nationwide, about 2.9 million adults moved in with a parent or grandparent between March and May 2020 (Pinsker, 2020). Moving back into the family home has the potential to cause tension within the family. About one-quarter of young adults who lived at home indicated the move had affected their relationship with their parents for the worse (Pinsker, 2020). Moreover, parents, used to renewed freedom after years of raising children, are likely to experience tensions, as well (Pinsker, 2020).

Among these tensions may be an increased number and type of domestic chores. A 2006 survey of 416 Australian families with adult children living at home found that parents—and, in particular, mothers—remain the primary providers of household labor long beyond their children's growing-up years (Craig & Powell, 2018). Overall, in these mixed-generation households, mothers did 66 percent of housework, fathers did 25 percent of housework, and

young people did just 9 percent (Craig & Powell, 2018). Breaking these tasks down by category, mothers do the vast majority (87 percent) of routine housework and housework for others, and parents share almost evenly in non-routine housework and housework done for themselves only. Young people do a minimal share of housework, particularly those tasks done to benefit the entire family (Craig & Powell, 2018).

Chapter Summary

While the COVID-19 pandemic is unique in its scale, scope, and persistence, it is not completely unprecedented. Recent epidemics have given us a preview of what we might expect concerning health impacts, both during the immediate crisis and in the years that follow. In addition, a robust body of literature illuminates how we might expect pandemic-related experiences and stressors to manifest in the lives of the women who experience them. In this chapter, I examined some of that literature to explain why this research project is warranted. I explained the various types of unpaid domestic labor and summarized how people distribute labor in gendered and lopsided ways. More importantly, I presented findings from previous studies indicating the often-deleterious ways in which this division of labor limits women's workforce participation and harms their physical and mental health. I addressed the health impacts (beyond the obvious) of the COVID-19 pandemic and looked at how these impacts interact with gender to produce adverse health outcomes and influence the gendered distribution of pandemic-era division of unpaid domestic labor. I discussed how this division of labor and its consequences might affect women at midlife and why, including later-life health consequences, the sandwich generation caregiving burden, and the presence of "boomerang kids," the COVID-19 pandemic might be uniquely impactful to women in this group. In the four chapters that follow, I describe the methodology for this study, present narrator biographies, detail cross-case comparisons, and discuss their importance.

CHAPTER III

METHODOLOGY

> Are we talking *about* these women? *for* them? *with* them? We *should* be uncomfortable with these issues of telling other people's stories (Lather and Smithies, 1997, p. 9).

Background to Study

Even under ordinary circumstances, women bear a disproportionate and gendered burden of unpaid domestic labor. An ample body of research supports this assertion. In *The Second Shift*, her 1989 book with Anne Machung, sociologist Arlie Hochschild described a "leisure gap" (p. 4) between men and women concerning housework and childcare, writing that "Most women work one shift in the office or factory and a 'second shift' at home" (p. 4). For many women, the time crunch extended even further, as their time at home was further divided between children and chores. Hochschild wrote that, "Indeed, women more often juggle three spheres—job, children, and housework—while most men juggle two—job and children" (p. 9).

From the research conducted by Hochschild and Machung and many others, we know that unpaid domestic labor is distributed unevenly by gender: Women work more hours on more days at a greater number and variety of domestic tasks than men. The literature also indicates that these long and lopsided task lists and work hours carry with them detrimental repercussions for women's physical and mental health. As members of the "sandwich generation" balancing caregiving commitments to children and elders with work obligations and health concerns, women at midlife may be at particular risk of feeling the pressure—and experiencing the adverse health effects—of the unpaid domestic labor burden.

During the COVID-19 pandemic, circumstances have been far from ordinary. The result, confirmed by pandemic-era scholarship, seems to be that the domestic workload has increased for many women. Since the pandemic arrived in the United States in early 2020, women have reported shouldering an ever greater, even more disproportionate share of domestic tasks. O'Reilley (2020) wrote that "mothers… are most impacted by the pandemic because it is mothers who are doing the necessary and arduous carework to sustain their families and communities" (p. 12). Women are stressed out and exhausted, deprioritizing health as we work to juggle childcare, household chores, and paid work requirements. At the same time, women have taken on new, pandemic-specific tasks, including mask making, homeschooling, and health and safety gatekeeping. Women posting to a "Mothers and COVID-19" Facebook page confirmed this, writing of a drastically increased "third shift" of "the emotional and intellectual labor of mother work" (p. 8) and a novel "fourth shift" of homeschooling (p. 8) adding to an already-arduous workload of paid and unpaid domestic labor. Through it all, women find themselves facing intense pressure to maintain composure for the sake of their partners, their elders, and their children (Hjalmsdottir & Bjarnadottir, 2020).

We know from emergent scholarship, reports in the popular media, and our own experiences that pandemic-era domestic pressures affect sleep patterns, stress levels, and other

markers of health and sanity. It may be that a greater, disproportionate, gendered, and pandemic-specific domestic workload is having a negative influence on women's health during the COVID-19 pandemic. However, it may also be that women are finding avenues of distraction, self-expression, satisfaction, and resistance within these tasks and that these effects are mitigating the negative health influence of their overall domestic burden.

What we do not (so far) fully understand is whether and how these pressures manifest, particularly concerning physical and mental health, in the already-pressurized lives of women at midlife. This study examined the health impacts of women's work on midlife women during the COVID-19 pandemic as expressed by narrators in their stories of this time.

Narrators

Women at midlife, defined here as 40 to 64 years old, comprise the sample universe (Robinson, 2014) of narrators for this study. Narrators must have lived continuously in the United States since at least January 2020 and have consistently provided care for at least one person (in addition to themselves) during that time. The other person may be a child, partner, elder, family member, or friend. They may reside within the narrator's home or elsewhere.

There is little precise guidance on adequate sample size for qualitative research, and suggested sample sizes range widely (Sim et al., 2018). This is particularly so for narrative inquirers, who aspire to "come alongside" (Clandinin, 2006, p. 47) participants and enter "into the midst" (Clandinin, 2006) of the stories that they are living and telling. The narrator pool's final size depended upon several factors, including availability of narrators, maintaining a reasonably manageable project size, and balancing depth and breadth in research findings (Patton, 2015). I began recruitment with midlife women whose ages and circumstances as United States residents and caregivers were already known to me. Of the 10 women to whom I extended invitations to participate, five accepted immediately, three were unable to participate, and two accepted once

interviews were already underway. I began–and concluded–this study with the "first five" narrators who accepted the invitation. Interviews with these five narrators yielded robust findings representing a variety of experiences, yielding it unnecessary to add to their ranks as the study progressed (Francis et al., 2010; Guetterman, 2015; Patton, 2015; Robinson, 2014).

Researcher Positionality and Reflexivity

Positionality describes how I situate myself as a researcher in relation to the narrators and the topic. Am I a detached outsider or an interested insider? What are the cultural elements, identities, values, experiences, assumptions, and other factors that bring me to this position? How do these factors mold my worldview and shape my relationships with narrators both before and during the study? Making these positionalities explicit is an essential part of the qualitative research process. Doing so first shapes how the researcher does their work. Later, it allows the reader to evaluate the quality of the research and to decide whether and how they can apply its findings to other people and sets of circumstances.

I acknowledge that as a White, heterosexual, cisgender, educated, married, and middle-class woman living in a low-crime neighborhood within a large city, I occupy a position of privilege that likely makes my perceptions of the pandemic different than those who occupy different social positions. I am also politically progressive during an era in which "believing in" and responding to the pandemic has become highly politically charged. However, like women everywhere, I worry about the immediate threat of the virus to my family's physical health, about the longer-term implications for their mental health and future prospects, and about the political and ideological divisions both revealed and exacerbated by the current situation. I also worry about my own health and sanity.

Narrative inquiry, as envisioned by Clandinin and Connelly (2000), is "always composed around a particular wonder, a research puzzle" (p. 124). This puzzle often begins from a single,

autobiographical piece. For me, that "piece" was comprised of these concerns. Before beginning the study, I anticipated that narrators might share these concerns. Given all of this, from a feminist theoretical perspective, it was not possible to be or appear to be neutral in my approach to this topic. While I accessed the elements of sound qualitative research design, a neutral or objective stance was not necessarily desirable and is actually counter to feminist orientations to research. My position as someone deeply affected by the COVID-19 pandemic placed me in good company with the narrators in this study, allowing me insights and opportunities for connection that might not have been available to a researcher who was differently situated.

Reflexivity is an analytic process that describes how a researcher handles positionality throughout the research process. It may also chronicle whether and how the researcher changes or is changed by the research they undertake. It is a common feature of qualitative research that the researcher will participate in reflexive activity throughout the research project. Although researchers will often explicitly discuss this process in a reflexive statement, the details, negotiations, and realizations from this process often remain in the background of the research project. However, in other projects, they may figure prominently in the representation of the research findings, perhaps even becoming part of the narrative (Lather & Smithies, 1997). Clandinin (2006) writes that "narrative inquirers cannot bracket themselves out of the inquiry but rather need to find ways to inquire into participants' experiences, their own experiences as well as the co-constructed experiences developed through the relational inquiry process" (p. 47), adding that narrative researchers "live on the landscape and are complicit in the world they study" (p. 47). To help ensure transparency concerning reflexivity, I maintained ongoing reflexive notes throughout the research process. At other times, conversations with narrators revealed elements of my own reflexivity. "Snippets" of this information appear periodically throughout chapters four, five, and six.

Research Question

The purpose of this study was to explore midlife women's experiences and perceptions of unpaid domestic labor during the COVID-19 pandemic. To fulfill that purpose, I sought answers to the following research question: How do midlife women story the health impacts of their pandemic domestic labor?

Qualitative Research Paradigm

Qualitative research is especially useful when a researcher desires to explore the meaning of a phenomenon, including the ways in which people *make* meaning of it (Patton, 2015). It may also be a wise (and, perhaps, the only) choice when a researcher privileges specific ways of knowing, or epistemologies, over others. For these reasons, and due to the vast and unexplored nature of my topic, the decision to adopt a qualitative approach was less a choice than a necessity. In this section, I describe and justify the details of this selection, including epistemology, methodology, and methods.

Epistemology: Constructionism

The epistemological underpinning of this study was constructionism, a theory of knowledge that eschews a single objective reality in favor of the understanding that truth is built—often piecemeal—as people interact with each other and with the world that they inhabit (Crotty, 1998). The task of the constructionist researcher is to elicit the kind and amount of information from narrators that will allow the researcher to understand how they negotiate and build their understanding of the world. The result of a constructionist inquiry is rarely a complete agreement about the nature or experience of a phenomenon. Moreso, this inquiry functions as a collection of glimpses at that phenomenon, negotiated, partial, and situated in time, place, and the social position, perspective, and experiences of the observer. In this case, the observer was me, the narrative researcher undertaking the study.

Methodology: Feminist Research

Feminist research proceeds from a particular set of understandings about the world that, in turn, direct how we do research. Among these is an understanding that "human experience is gendered," a fact that is "central to the radical implications of feminist theory" (Personal Narratives Group, 1989, p. 4). For women, part of this gendered experience is gender-based oppression at both the individual and societal levels. This oppression extends to others, such as children, who are gendered feminine and are, thus, less powerful in society. Fonow and Cook (2005) write that challenging and reversing this oppression via the empowerment of women and the transformation of patriarchal structures within society is a central mission of feminist endeavors. However, there is no orthodoxy of feminism or of feminist research. Feminist research projects span a wide assortment of academic disciplines and encompass "a variety of methodological stances, conceptual approaches, and research strategies" (p. 2213). While this "wild profusion" (Lather, 2006, p. 35) of approaches creates fertile ground for a diverse flowering of research projects and products, it can make feminist methodology impossible to standardize and challenging to understand and describe.

However, there are some commonalities. Hawkesworth (2006) writes that feminist inquiry in any field requires "interrogating accepted beliefs, challenging shared assumptions, and reframing research questions" (p. 4). Fonow and Cook (2005) add greater specificity in their articulation of several guiding principles of feminist methodology. These include:

1. "The necessity of continuously and reflexively attending to the significance of gender and gender asymmetry as a basic feature of all social life" (p. 2213);

2. "The centrality of consciousness-raising or debunking as a specific methodological tool and as a general orientation" (p. 2213);

3. “Challenging the norm of objectivity that assumes that the subject and object of research can be separated from each other and that personal and/or grounded experiences are unscientific” (p. 2213);

4. “Concern for the ethical implications of feminist research” (p. 2213);

5. “Emphasis on the empowerment of women and transformation of patriarchal institutions through research and research results” (p. 2213).

Women need not be the focus of feminist study. Any topic, and any person or group, can be appropriate if the research (and researcher) focus is always on the gendered power relations that shape the experiences of all women and of those who perpetrate and benefit from patriarchal structures of power and domination. A concern with power dynamics may be *the* factor that distinguishes feminist inquiry from all other types of research. However, the focus of that concern may shift from project to project. “Some feminists focus on the direct formal power by which men control women . . . . others explore more subtle inequalities” (Personal Narratives Group, 1989, p. 6). Feminist researchers make their engagement with power dynamics known by how they visualize and carry out their research endeavors. A concern with power dynamics seeps into every aspect of these projects, encompassing both the why (project-wide objectives) and the how (concerns with methods and participant interactions).

Within a research situation, power may manifest in a myriad of ways. Among these is an awareness of power differentials and their effects at the societal level. Doucet and Mauthner (2006) write that feminist research is “distinct from non-feminist research because it begins from the premise that the nature of reality in western society is unequal and hierarchical” (p. 40). Feminist researchers may also “consider how power influences knowledge and construction processes” (p. 40), remaining attentive to the structural power differentials that determine how one does research and which ways of knowing are privileged over others.

At the institutional level, power “informs what and who gets studied . . . how questions are formulated; how research is designed, carried out, and disseminated . . . and who owns the research” product (Gringeri, Wahab, & Anderson-Nathe, 2010, p. 392). According to Hawkesworth (2006), “By making power dynamics visible—probing silences, absences, and distortions in dominant paradigms—feminist inquiry challenges established explanatory accounts and identifies new questions for research” (p. 6).

Feminist scholars also acknowledge a critical link between their understanding of power and their choice of methodology, attending to issues of “privilege, oppression, and social justice as it informs research topics, study questions, and the research design and methods” (Gringeri, Wahab, & Anderson-Nathe, 2010, p. 392). They may use power as it appears in everyday lives as a starting point for conceptualizing and operationalizing research projects, applying “theoretical insights in the development of methodologies that draw from the quotidian in understanding relations of power” (Craven & Davis, 2013, p. 26).

Finally, a feminist concern with power may manifest in the way researchers interact with participants. Within the research relationship, power imbalances are inevitable regardless of “friendly” intent (Doucet & Mauthner, 2006). Sociologist Joey Sprague (2005) explains that these imbalances exist for three key reasons. First, researchers control the research process and structure the relationship between researcher and researched. Second, the researchers decide how to interpret and represent the findings. Finally, researchers may hold social power over participants “because of their relatively privileged positions in social structures of inequality, such as those organizing gender, class, race, and nation” (p. 54). Feminist researchers generally devote much time and attention to redistributing power within the research relationship by “being reflexive about the impact of their own biographies and biases” (p. 57), incorporating strategies designed to make these subjectivities visible and to “cede more of the text to the voices of research subjects” (p. 57).

Consideration of power is not a responsibility that feminist researchers take lightly. Describing her research, conducted with co-researcher Patti Lather, with women living with HIV and AIDS, feminist psychologist Chris Smithies writes that she was "overwhelmed with the responsibility of getting it right. I could have been paralyzed by this fear that I could misrepresent or dishonor the women I greatly love and admire" (Lather & Smithies, 1997, p. 215). The fear is not without cause, as "objective" methodologies have done much to misrepresent and dishonor research participants. The antidote has included the development of a strong sense of ethics within feminist research, particularly concerning the treatment of participants. Inckle (2007) writes that concerns for the well-being of participants have "led feminist researchers to develop models of participation where research participants have some ongoing input and control over the way in which their disclosures are used" (p. 17). This project was feminist in theoretical perspective, methodology, choice of methods, intended purpose and desired effects. This chapter details how I wrestled with the task of matching these ideals with their execution.

Methodology: Feminist Narrative Inquiry

Although our knowledge of the virus and its mitigation and treatment grows daily, we remain in peril. Many uncertainties remain, and our understanding of the trajectory, ultimate scope and scale, and long-term implications of COVID-19 will not fully develop for many years to come. Our situation within the pandemic changes by the day and even by the hour.

Thus, I used narrative inquiry to facilitate a dynamic and adaptive approach to this still-unfolding topic. Narrative inquiry is a well-established qualitative research methodology based on the premise that we come to understand ourselves, our lives, and the lives of others through the stories that we tell. Our stories are not merely reflective but also constructive as the meanings associated with them ultimately shape who we are (Lee, 1997, p. 10). Although our stories are our own, we are never their sole authors. Willingly or otherwise, our stories are plurivocal (Lee,

1997, p. 4) collaborations that are “shaped against dominant cultural stories . . . about gender, race, class, and other differences, as well as ongoing interactions with significant others” (Lee, 1997, p. 2).

Narrative theory challenges the notions of objective truth and “static interpretations of selfhood” (Lee, 1997, p. 2), suggesting instead a multiplicity of understandings rooted in various meaning-making contexts (or discursive fields) and “imbued with power” (Lee, 1997, p. 5). These understandings may compete, collude, and overlap to form an individual’s sense of themselves and their world (Lee, 1997).

Woodiwiss et al. (2017) noted that a feminist approach to narrative inquiry requires considering the stories women tell and also how women’s lives are “produced through, and indeed at times constrained by, the stories told about women” (p. 2). Feminist narrative inquirers are keenly interested in a society’s stories about women and how individual women story themselves within and against these often-misogynistic hegemonic tales. These narratives “not only influence the particular stories told about people . . . but also inform the stories that [people] can tell (p. 9). We may tell our own stories, but we are also limited in our understanding of the possibilities available to us “by those narrative frameworks in circulation at any given time and which are differently available not only to women and men but among women and men” (p. 5).

Researchers must be aware of these stories “that have up to now delimited (some) women’s possibilities” (p. 2) if we are to avoid simply repeating and reinforcing them. Collecting the narratives of people in nondominant social groups (a category that includes women) may help with this. The narratives “are often particularly effective sources of counterhegemonic insight because they expose the viewpoint embedded in dominant ideology as particular rather than universal” (Personal Narratives Group, 1989, p. 7). “The significance of these exchanges [of life

stories] for women in clarifying social realities and challenging hegemonic oppression has often been profound." (Personal Narratives Group, 1989, p. 261).

Feminist narrative inquiry is also expressed in how the receiver and interpreter of women's stories carries out the project. It is common, for example, for a feminist narrative inquirer to work collaboratively and relationally with narrator/participants, rather than proceeding with detachment from a position of authority. Feminist narrative researchers must be cognizant of their role in the creation of women's stories (Lee, 1997) as well as mindful of "their own self-narratives and . . . in touch with their own meaning constructions" (Lee, 1997, p. 12).

In her article, "From Interview to Story: Writing Abbie's Life," Christine Kiesinger (1998) gave insight into how this collaborative and connected working relationship might look. Kiesinger, interested in understanding her own eating disorder, became frustrated with an inability to find herself "in the endless pages of medical, psychological, psychiatric, feminist, and cultural theories" (p. 73) on the topic. She found most depictions of women with eating disorders to be "a far cry from my lived experience and the experiences of other anorexic and bulimic women I knew" (p. 73). When conducting her research project, Kiesinger (1998) sought to offer a more resonant portrayal of the experience of eating disorders by facilitating "a context in which the four women included in my project could construct vivid, detailed autobiographical accounts of their experiences" (p. 73). In this process, she became intimately connected with the women she interviewed, including "Abbie," a woman whose struggles with bulimia had hastened the end of her marriage and caused her to lose custody of her children. Kiesinger (1998) writes, "I was more her friend and confidante than scholar and researcher. The emotional and relational investment I had to make in order to hear and then later write Abbie's story was immense" (p. 77). Kiesinger later adds that:

I am learning that I understand Abbie's feelings only in so far as I can recollect and deal with my own. In this moment, I realize that to compose the emotionality of Abbie's story, I must inevitably delve into my own (p. 81).

Four researchers (all women) who conducted an interview-based study of infertility and reproductive interruption among British Pakistanis in Northeast England described this process of establishing rapport with participants as a two-way street. "On many occasions, interviewees actively sought connection" (Hampshire et al., 2014, p. 220) by asking questions about the researcher's experiences as well as sharing stories of their own. They found that, intentionally or otherwise, the question for them quickly became not whether self-disclosure was appropriate but "how and how much" (Hampshire et al., 2014, p. 226). In this process of mutual disclosure, they caution, relationships with participants may arise "and researchers must make careful decisions about how to respond" (Hampshire et al., 2014, p. 227). They added that:

> As occasional participants in one another's biographies, we may have eschewed claims to certain kinds of objectivity, but, in so doing, we believe we can develop insights and understandings of a kind that would not otherwise have been possible. (Hampshire et al., 2014, p. 229)

Methods

Interviews

In the interactive stages of a narrative inquiry project, the researcher's job is to elicit narrators' stories. Between May and August 2021, I did this during a series of four one-on-one interviews with each narrator conducted via Zoom. Each interview focused on the narrator's health status and experiences with domestic workload both at the time of the interview and during specific periods both before and during the pandemic.

These interviews lasted approximately one to two hours each and occurred approximately two to three weeks apart. I sequenced and spread out these interviews for several reasons: to facilitate relationship building between the narrators and myself, to avoid narrator and interviewer fatigue, and to allow for progression and reflection between interview occasions. These choices aligned with a dynamic methodology, focused on a topic centered within an ongoing pandemic, with the conditions of physical and mental health and energy (mine and theirs) ebbing and flowing as demands and conditions changed.

I relay the structure and content of each interview session in exhaustive detail later in this chapter, and in the interview guide provided in Appendix E. Briefly, each interview began with time to check in with the narrator and for me to solicit their questions or concerns. Next, I asked the narrator to talk about a particular period before or during the pandemic, focusing on domestic labor (among other factors) and the narrator's physical and mental health at the time in question. After I completed the interviews and some initial analyses and writing, narrators had the opportunity to engage in a member check (a process that I explain later in this chapter) of my interpretation of their narratives.

With the consent of the narrator, I audio and video recorded each interview session and produced an automatically generated transcript using the tools included in the Zoom online meeting platform. I detail these procedures in the Participant Information Form (Appendix C) in this chapter.

Payment

Narrators' time is valuable. So, too, is their energy and emotional investment in a research project. Compensation represented a nod to these contributions, and I endeavored to select compensation that was both nourishing to the narrators and supportive of the community in which I live and work. Narrators could elect to receive a $10 gift card for each interview in which

they participated. Narrators who completed all four interviews were eligible to receive an additional $10 “bonus” gift card. I offered these gift cards to acknowledge narrators’ time and input are valuable. Narrators who lived in or near Stillwater, Oklahoma, could elect to receive a gift card from a local restaurant (Good Little Eater) or bookstore (Bliss Books and Bindery). They could choose to instead receive an Amazon gift card. Narrators who did not live in or near Stillwater, Oklahoma, could elect to receive an Amazon gift card.

Research Process

In this section, I first present a brief outline of the steps that constituted the research process. Following that, I provide a detailed description of each of these steps.

Outline

I. Submit IRB Application

II. Recruit Narrators

III. Contact Potential Narrators

- A. Response Message
- B. Pre-Interview Reminder

IV. Interview One

- A. Answer Questions, Confirm Eligibility, and Obtain Narrator Consent
- B. Conduct Interview One

V. Interview Two

- A. Answer Questions and Review Narrator Consent
- B. Conduct Interview Two

VI. Interview Three

- A. Answer Questions and Review Narrator Consent
- B. Conduct Interview Three

VII. Interview Four

A. Answer Questions and Review Narrator Consent

B. Conduct Interview Four

VIII. Member Checking

Detail

Submit IRB Application

I applied to the Institutional Review Board of Oklahoma State University upon approval of my dissertation proposal. I received permission to move forward with the study on April 26, 2021 (Appendix G).

Recruit Narrators

Upon receiving IRB approval, I began recruiting narrators. Potential narrators were all women 40 to 64 years old who are caregivers to at least one other person (e.g., a partner, child, elder, or other family or community member). Although I anticipated recruitment would involve multiple stages and sampling strategies, this was not the case. I was able to recruit a sufficient number and diversity of narrators by recruiting potential narrators known to me and whom I believed met inclusion criteria. I contacted each potential narrator via email or Facebook Messenger with a direct recruitment message (Appendix A). At no point during the research was it necessary or desirable to continue recruiting potential narrators. In qualitative inquiry, the purpose is depth of contextual understanding of a few cases rather than generalizability.

Response Message

As potential narrators indicated initial interest in participating in this study, I sent each a response message (Appendix B) via Facebook Messenger or email. This message briefly outlined the study and inclusion criteria. It also asked them to contact me to schedule an appointment to

obtain their consent to participate in the study and conduct the first interview. I also sent a participant information form (Appendix C) as an attachment to this message.

Appointment Reminder

I emailed or sent via Facebook Messenger a reminder (Appendix D) to each narrator approximately 24 hours before their scheduled interview. In the reminder, I mentioned the period of time to be covered and asked them to review before the interview (if they wished) any social media posts, text messages, journals, or other items that might serve as memory aids. I included an additional copy of the participant information form for their quick reference.

Interview One

I conducted an initial consent and interview one appointment with each potential narrator. This appointment lasted approximately one to two hours and took place using Zoom. The interview included the processes and tasks detailed in the paragraphs below and focused on a specific period during the pandemic (also detailed below). These initial interviews began upon completion of scheduling with each potential narrator.

Answer Questions, Confirm Eligibility, and Obtain Consent. During this initial meeting, the first task was to confirm the potential narrator's eligibility to participate in this study and obtain their informed consent. I met with each potential narrator via Zoom at the agreed-upon time. I began the interview by introducing myself to those narrators with whom I was not yet acquainted and asking them if they had any questions about the study or the Participant Information Form. I took sufficient time to answer any questions and to elicit further questions. After doing so, I reviewed inclusion criteria with the narrator and confirmed they met these criteria. Next, I reviewed the Participant Information Form by reading it aloud. I answered any questions that arose as I did so and asked for any additional questions afterward. I then asked each narrator if they wished to participate in the study. Each indicated they did wish to

participate. I asked them the following question: “Do you consent to participate in this study?” Each indicated assent, and I began the first interview.

Conduct Interview One. An overall objective for this interview was to begin establishing trust and rapport with the narrator. I began these interviews—and this trust-building process—with brief introductions and some informal and unscripted conversation (e.g., small talk about the weather, a current event, or something else that the narrator seemed eager to discuss). I asked the narrator to choose a pseudonym for the study; to provide background and demographic information about themselves; and to give a verbal self-assessment of their current mental and physical health status. I also elicited the narrator’s impressions of their current level of engagement in various kinds of unpaid domestic labor.

After this, I asked the narrator to think back on a time just before the pandemic, offering a suggested date of January 1, 2020. I asked them to evaluate their physical and mental health as they remembered it at that time. The remainder of the interview was largely unscripted. However, it loosely followed the interview guide to explore the narrator's unpaid domestic workload, health behaviors, coping mechanisms, and relevant experiences around the date noted. I concluded the interview with a request to schedule a second interview appointment approximately two to three weeks after the first interview.

Interview Two

I conducted a second interview with each narrator. Each appointment lasted approximately one to two hours and took place using Zoom. The interview included the processes and tasks detailed in the paragraphs below and focused on a specific period during the pandemic (detail below).These second interviews began approximately two to three weeks after the first interview with each narrator.

Answer Questions and Review Narrator Consent. I met with the narrator via Zoom at the agreed-upon time. I began by asking the narrator if they had any questions about the study thus far. After doing so, I briefly reviewed the Participant Information Form with them and obtained their verbal consent to continue participating in the study.

Conduct Interview Two. I asked the narrator to give a verbal self-assessment of their current mental and physical health status. Then, I asked them to think back on a time soon after the pandemic first began to impact their life, offering a suggested date of March 15, 2020. I asked them to evaluate their physical and mental health as they remembered it to be at that time. The remainder of the interview was largely unscripted. However, it loosely followed the interview guide to explore the narrator's unpaid domestic workload, health behaviors, coping mechanisms, and relevant experiences around the date being discussed. I concluded the interview with a request to schedule a third interview appointment approximately two to three weeks after the second interview.

Interview Three

I conducted a third interview with each narrator. Each of these appointments lasted approximately one to two hours and took place using Zoom. The interview included the processes and tasks detailed in the paragraphs below and focused on a specific period during the pandemic (detail below). These third interviews began approximately two to three weeks after the second interview with each narrator.

Answer Questions and Review Narrator Consent. I met with the narrator via Zoom at the agreed-upon time. I began by asking the narrator if they had any questions about the study thus far. After doing so, I briefly reviewed the Participant Information Form with them and obtained their verbal consent to continue participating in the study.

Conduct Interview Three. I asked the narrator to give a verbal self-assessment of their current mental and physical health status. Then, I asked them to think back on a time about six months after the pandemic first began to impact their life, offering a suggested date of September 15, 2020. I asked them to evaluate their physical and mental health as they remembered it to be at that time. The remainder of the interview was largely unscripted. However, it loosely followed the interview guide to explore the narrator's unpaid domestic workload, health behaviors, coping mechanisms, and relevant experiences around the date being discussed. I concluded the interview with a request to schedule a fourth interview appointment in two to three weeks.

Interview Four

I conducted a fourth interview with each narrator. Each appointment, like the others, lasted approximately one to two hours and took place using Zoom. The interview included the processes and tasks detailed in the paragraphs below and focused on a specific period during the pandemic (detail below). These fourth interviews began approximately two to three weeks after the third interview with each narrator.

Answer Questions and Review Narrator Consent. I met with the narrator via Zoom at the agreed-upon time. I began by asking the narrator if they had any questions about the study thus far. After doing so, I briefly reviewed the Participant Information Form with them and obtained their verbal consent to continue participating in the study.

Conduct Interview Four. I asked the narrator to give a verbal self-assessment of their current mental and physical health status. Then, I asked them to think back on a time about one year after the pandemic first began to impact their life, offering a suggested date of March 15, 2021. I asked them to evaluate their physical and mental health as they remembered it to be at that time. The remainder of the interview was largely unscripted. However, it loosely followed

the interview guide to explore the narrator's unpaid domestic workload, health behaviors, coping mechanisms, and relevant experiences around the date being discussed.

Before concluding the interview, I discussed member checking with the narrator. I told them that I would send an email or Facebook Messenger invitation to review and discuss my analysis and representation of the findings from their interviews. I also thanked them for their participation in the study and invited them to follow up with me at any time.

Member Checking

Informants' input, especially in member checks, can be crucial in shaping a holistic and valid research piece (Woodcock, 2016, p. 9). After completing the fourth interview with each narrator, I analyzed their interview transcripts and prepared a draft biographical narrative. I sent an email or Facebook Messenger message (Appendix F) to each narrator and attached a draft copy of the narrative for them to read. If they were interested in participating in this process, they could do one of two things: mark any questions or changes in Google Docs or request we meet over Zoom to address any questions, changes, and concerns. Three narrators (Anjali, Tallulah, and Vidya) offered changes or additions via document mark-up or email. Another (Kat) read the document but had no changes or additions. One (Alice) declined to read the document, citing a lack of desire to revisit the time period covered by the study.

Analysis and Representation of Findings

Clandinin and Connelly (2000) use the term "field texts" to describe the untidy collection of autobiographical writing, field notes, conversations, interviews, family stories, documents, artifacts, and other sources of information through which the researcher must sift as the information gathering phase of a narrative inquiry project moves toward completion. They describe these texts as "our way of talking about what passes for data in narrative inquiry" (p. 93). Researchers use field texts as "memory signposts" (p. 143) allowing them to "tap into a base

of memories of field experience" (p. 143). As they do, they consider the "social significance" (p. 130) of these experiences as aida to discovering and constructing meaning. Field texts, then, are not the final destination of a research project but merely a stop along the way. "Our inquiry task is to discover and construct meaning in [field] texts. Field texts need to be reconstructed as research texts (p. 130).

However, Clandinin cautions that "there is no linear unfolding of data gathering to data analysis to publishing research findings" (2013). Likewise, there is no clear consensus of best practices for narrative inquiry analysis. Many sources suggest some process of reading, thinking about, and reorganizing or "restorying" narratives into a cohesive whole (Clandinin, 2013; Creswell and Poth, 2018; Sprague, 2005). The researcher can structure these restoried narratives using time (Clandinin, 2013), themes, structure, values, plot, significance, turning points, tensions, transitions, and consequences (Creswell and Poth, 2018), among other devices. The analysis may occur in multiple stages, often with active consultation and extensive input from narrators (Clandinin, 2013; Creswell and Poth, 2018). It is a messy, recursive, labor-intensive, and idiosyncratic process. However, Clandinin cautions researchers against the impulse of too-neatly packaging narrative findings, arguing that the final representation should reflect at least some elements of the messiness inherent to narrators' lives and their struggle to make sense of the stories they tell about them (2013). In my study, for example, women often narrated contradictory experiences with domestic labor. At other times, they expressed dissonance between what they knew to be healthy behaviors and what they actually did.

Analytic Method: The Listening Guide

The Listening Guide is "a qualitative, relational, voice-centered feminist methodology" (Woodcock, 2016, p. 1) for analyzing interview transcripts. It arose from the efforts of a mid-1980s working group whose members were concerned with how binary quantitative research and

limiting coding schemes perpetuate "cultural stereotypes, notably concerning gender" (Gilligan, 2015, p. 71). The eleven group members constructed this "nonbinary method for analyzing qualitative data—one … sensitive to the relational parameters of psychological research and to the cultural factors affecting what could be said, what remained unspoken, what could be heard/listened to and taken seriously" (Gilligan, 2015, p. 70). The Listening Guide, which represents the final product of the group's efforts, is rooted in the work of Freud and Piaget (among others) and incorporates elements of literary analysis and, in its attention to counterpoint, harmony, and dissonance (Gilligan, 2015) of music, as well. It differs from other qualitative methodologies in its emphasis on "(a) attending to the first-person voice of the I and its associative stream, and (b) listening for different voices that speak to the researcher's question and tracking their interplay or counterpoint" (Gilligan, 2015, p. 72). It also offers a unique use of innovative methods, including the construction of "I poems."

The Listening Guide challenges researchers to ask much of themselves: It is a method that "requires the active engagement of the researcher throughout" (Gilligan et al., 2006, p. 268) as researchers "actively bring ourselves and our research question into relationship with the person's spoken experience" (Gilligan et al., 2006, p. 267). It is specifically feminist in its attention to relationships, its respect for "the voices and experiences of the human beings" (Woodcock, 2016, p. 2) who participate in it, and its particular emphasis on giving voice to people silenced within conventional research methodologies (Woodcock, 2016). The Listening Guide prompts researchers to attend to what is unsaid by narrators with at least equal interest and awareness as they do to what is said (Woodcock, 2016). This is a crucial consideration when interpreting the words and experiences of women and others whose self-expression patriarchal society has long suppressed. In addition to remaining concordant with feminist research principles, this attention to "the intricacies of voice and silence" (Woodcock, 2016, p. 2) may improve the quality of the finished research project, revealing truths that may otherwise have

gone unnoticed (Woodcock, 2016). Finally, The Listening Guide is feminist in that it "honors the role of the researcher-researched relationship," (Woodcock, 2016, p. 2), allowing both parties "to be active coproducers of each work" (Woodcock, 2016, p. 6).

Researchers in multiple fields have adapted The Listening Guide for use in various research projects and settings. Its precise structure varies somewhat among adaptations. In general, researchers using this method will simultaneously listen to interview audio or video and read the corresponding transcript during multiple passes or "listenings." Each listening session has its intent and purpose, with the cumulative effect of allowing for "deep familiarity" (Woodcock, 2016, p. 2) with the narratives. Within this study, I used components of The Listening Guide to give form to my first two "listenings" before working through various analytical processes to compose narrator biographies and craft cross-participant comparisons.

First Listening: Listening for Plot

During the first listening, I "listened for plot" (Woodcock, 2010; 2016; Gilligan et al., 2006; Gilligan, 2015), simultaneously reading the interview transcript and listening to its audio recording. My first task during this listening was to attend to "the landscape of the interview or text" (Gilligan, 2015, p. 71) to understand the narrator's storylines (Woodcock, 2010). To facilitate this process, I highlighted within the transcripts a variety of points at which "plot, emotional resonance, repeated words, phrases, and images . . . contradictions, omissions, revisions" and other spoken and unspoken features of the interview (Woodcock, 2010, p. 146) arose.

I also considered and noted my thoughts and feelings about both narrator and narration (Gilligan, 2015). This process prompted me to think about whether and how my "assumptions and views—whether personal, political or theoretical" (Doucet & Mauthner, 2008, p. 405) might have impacted my interpretation of what the narrator is saying.

Second Listening: Listening for the I

During the second listening (and simultaneous reading), I listened for each instance in which the narrator refers to themself using the first-person pronoun "I." To do this, I returned to the transcripts from the first listening, marking and selecting those groups of "I" statements that seemed particularly meaningful or intriguing (Woodcock, 2016). Gilligan and Eddy (2017) write that there are two rules during this stage of analysis: "(1) highlight every I phrase within a given passage, (2) record these phrases in the order of their appearance in the passage" (p. 78). I phrases include both the pronoun "I" and its attached verb. Researchers can, at their discretion, also include any relevant surrounding words. I exercised this discretion to harvest more informative and descriptive excerpts from the interviews.

I then crafted poems from these statements (Woodcock, 2016), rewriting the I statements as stanzas. This process attuned me "to the voice of the other and specifically to the 'I,' the first-person voice as it speaks of acting and being in the world" (Gilligan, 2015, p. 71), providing "opportunities to hear how informants speak of themselves in relationship to themselves and others" (Woodcock, 2016, p. 4). Arranging the narrator's words in this way "addresses the mind's ability to dissociate or push knowledge and experience out of conscious awareness" (Gilligan & Eddy, 2017, p. 79), revealing hidden truths that offer a glimpse at "how this person speaks about her/himself and the parameters of their social world" (Doucet & Mauthner, 2008, p. 405).

By way of an example, here is how an I poem constructed from the preceding paragraphs might look and sound:

I listened
I returned
I then crafted

As you can see, I poems give a succinct and revealing summary of the narrator's words. Like other forms of poetry, they can also reveal the emotional reverberations and other ineffable

components of data. Writing of poetry in her book, *What is Found There: Notebooks on Poetry and Politics*, Adrienne Rich (2003) speaks to this powerful aspect of poetic analysis:

> A poem can't free us from the struggle for existence, but it can uncover desires and appetites buried under the accumulating emergencies of our lives, the fabricated wants and needs we have had urged on us, have accepted as our own. It's not a philosophical or psychological blueprint; it's an instrument for embodied experience. But we seek that experience, or recognize it when it is offered to us, because it reminds us in some way of our needs. After that rearousal of desire, the task of acting on that truth, or making love, or meeting other needs, is ours. (p. 13)

Analysis

In the final stage of The Listening Guide process, the researcher composes their analysis. The researcher's job at this stage is to synthesize and communicate what they have learned about the narrator and their research question (Gilligan et al., 2006) and to offer up the evidence they have collected to support their interpretation. At this point the researcher "brings their voice back as the composer of the analysis" (Gilligan & Eddy, 2017, p. 79), arranging multiple listenings "back into relationship" (Gilligan et al., 2006, p. 267) and "showing clearly the lines that led from evidence to interpretation" (Gilligan & Eddy, 2017, p. 79).

At this stage, I began composing the narrator biographies that appear in Chapter 4. I did so by noting and extracting themes from each interview and considering the importance and prevalence of these themes over the four-interview arc. I selected the most salient themes for each participant and wove in the quotes (harvested from the interview transcripts) that best supported or explained these themes. Next, I considered the similarities and differences in salient themes between narrators to compose the cross-case analyses that appears in Chapter 5.

Credibility and Quality

Catherine Riessman (1993) wrote that "validation in narrative studies cannot be reduced to a set of formal rules or standardized technical procedures" (p. 68). Accordingly, she offered some alternative criteria for evaluating narrative analyses. These include persuasiveness of theoretical claims, alignment of the researcher's interpretation and representation with the narrator's accounts, and usefulness of a researcher's findings to the research work of others (Reissman, 1993). Reissman wrote that researchers in engaging in narrative inquiry can enable others to evaluate the extent to which they have met these criteria by "(a) describing how the interpretations were produced, (b) making visible what we did, (c) specifying how we accomplished successive transformations . . . and (d) making primary data available to other researchers" (p. 68). Many of the practices that I used in this study, including extensive annotation of interview transcripts to create a "trail of evidence" (Woodcock, 2010) to support claims and member checking were intended to facilitate this evaluation process.

Chapter Summary

In this chapter, I discussed the theoretical foundations of and practical procedures for this study. I used feminist narrative inquiry to support an interview-based method of inquiry into the health effects of women's unpaid domestic labor during the COVID-19 pandemic. I selected narrators by recruiting potential narrators known to me and likely to meet inclusion criteria. I conducted data analysis continuously as the study progressed using The Listening Guide methodology, using the findings of early interviews to inform later interviews. I engaged in multiple analytical activities to enhance my understanding of the interview findings and perceptions of potential organizational strategies before extracting themes and composing narrator biographies. In Chapter IV, I present these biographies. In Chapter V, I discuss the ways in which the themes

revealed during the interviews converged and diverged among the narrators. Finally, in chapter VI, I discuss the implications of the findings and give my recommendations for future research.

CHAPTER IV

THE NARRATORS

When I wrote my master's thesis on women's sexuality after midlife divorce, I was certain that I had found the topic I would study for the rest of my academic career. However, when I was choosing a dissertation topic (Summer 2020), seeking a new sexual or romantic partner did not seem to be a priority for many of the midlife women within my orbit. Instead, they had shifted their attention to keeping themselves and their family members fed, educated, happy, well, and, most of all, alive. Doing this required heroic efforts, not all of them volitional: Thrust into their newly concurrent roles of worker, wife, mother, teacher, health care gatekeeper, housekeeper, psychologist, and grocery hunter-gatherer, among many others, these women, quite simply, did what they had to do.

I was doing it, too. In the early days of the pandemic, I moved a six-class in-person teaching overload online, set up homeschooling for the four kids still in residence, moved my elderly mother cross-country to an apartment close to my home, scoured the headlines for COVID news and the recipe books for something interesting to serve for the breakfasts, lunches, and dinners that we were all suddenly eating at home. Every day, I tidied the once-unused

common spaces and scrubbed the bathrooms that, in the "before times" only needed cleaning once a week or less. An average day brought four or five loads of dishes, most of which I did myself. I worried about my adult children already out in the world and sought ways to maintain connection with them. And I worked as peacekeeper, mediator, and traffic cop to the family now sheltered within our home 24-7. I didn't know then that it would also be 365 (and then some).

If I was heroic, I certainly didn't feel it. I felt sloppy, inadequate, and terrified. I drank too much, slept too little and wrestled with an anxiety disorder, once quietly simmering, that had suddenly been brought to full boil. But at least I wasn't alone. The social media feeds of many friends described similar (mis) adventures. When it came to pandemic survival, we were killing it. But I soon began to wonder if we were also killing ourselves. There seemed to be no way to carry the burdens we were shouldering without significant cost to our health and sanity, and the question of whether and how that cost was being exacted from us evolved to become my dissertation topic.

I approached 10 women with an invitation to participate in this study. Five accepted immediately, three demurred for various reasons, and two more accepted a few weeks later. The "first five," Alice, Anjali, Kat, Tallulah, and Vidya (pseudonyms), became the final five: I am privileged to retell their stories here. They share similar struggles as they navigate this unprecedented time. However, they differ in other significant ways, as the table on the next page details:

Table 1: Narrator Characteristics at Time of Interviews

Narrator	Age	Race	Minor children?	Adult children?	Caregiver for elder or spouse?
Alice	53	White	No	Yes	Yes
Anjali	61	White	No	Yes	Yes
Kat	52	White	No	Yes	No
Tallulah	46	White	Yes	Yes	No
Vidya	54	Indian-American	No	No	Yes

In this chapter, I situate the five narrators, sharing short biographical sketches that function to bring central characteristics of their lives and health to life. They are constructed intentionally to align with the plot related to the worlds they are navigating and to the I voice detailed in The Listening Guide. Each biography begins with one or more analytic “I poems” I harvested from interview data. They appear in alphabetical order by each narrator’s first name.

Alice: Taking Care

Pandemic Dream Year

In a lot of ways, this was a dream year
I didn't have to drive
I didn't have to deal with people
I don't know
I think I've been pretty numb
I haven't really
I'm typically fairly introspective
I like to process
I don't think
I have
I normally do
I'm always doing something for someone else
I'm really good at that

For Fun

I don't have anything that I do for fun
I'm either taking care of somebody
Or worrying about somebody
Or having to do something
I know I should phrase it differently
But there's always something I should be doing
Or I am doing
I really just don't have . . . not fun
That sounds frivolous
I don't have anything I enjoy anymore.

“I'm kind of a dinosaur, but there are advantages to that.”

With Alice, there’s always a tell. It starts with a slight dip of the chin and a small, sly smile hiding in the corner of her mouth. It’s a hint that she is about to say something funny or outrageous, so it’s a hint that she drops often. Her next line didn’t disappoint. “I'm kind of a dinosaur, but you know, there's advantages to that.” This is my favorite version of Alice. At her best, she is whip-smart, mischievous, and irreverent. Her manner is direct and her words, very often, blunt. Were it not for the pronounced accent, I would assume that she is, like me, from back East somewhere. She is not: Alice grew up in the rural Midwest, the only daughter (of three children) of her physician father and her nurse-turned-homemaker mother. And Alice is only slightly older than me, and thus, far from qualifying as a dinosaur.

Alice (53 at the time of her interviews) lives with her husband, Mike. Her children are older now (25, 21, and 21). This age range offers Alice some relief from the relentless physical labor requisite of mothers of young children while opening the door to the emotional labor of long-distance worry and adult-sized problems over which mothers of adult children so often lose sleep. It’s hard to describe Alice without using the word “tiny.” It was the first thing I thought when we walked up to her at the Scouting event where we first met. At 4’11,” Alice was considerably smaller than almost everyone else there, including the forest of gangly teenage boys

who towered over her. Her khaki-colored uniform shirt, more a tunic on her small frame, designated her as a leader. So, too, did her voice, which was considerably lower and certainly louder than her appearance might lead an observer to predict. Despite being small in stature (and an avowed introvert, to boot), Alice has an outsized presence. When she talks, other people listen and do.

Like me, Alice is in her second marriage and, also like me, that situation is complicated. We have kids in similar age brackets who are fighting similar battles. We have problematic exes, although that has (for both of us) faded in the years since we first met. We have elderly parents whom we feel slipping away. We have current spouses with baggage, and we have baggage of our own. On a larger scale, we struggle with questions of our own place and relevance at an age and stage of life by which we both thought that we would feel more certain about things.

On the day we met, Alice had been married to Mike, her second husband, for about five years. I had been married for about five minutes, and my unexpected midlife romance felt terrifying and fragile. Alice gave the best advice and was honest to a fault: As we swapped stories of marriage and parenting over the next few years, I knew I could count on her for the unvarnished (and sometimes painful) truth. We talked mostly about our kids and marriages and somewhat less frequently about ourselves. It was a while before we ever really discussed what we did for work.

As it turns out, Alice works in IT. In a town full of PhDs and in the context of her high-achieving family, she downplays the keen intelligence necessary to do her work. But at 53, Alice is on the market. Nine years after completing her master’s degree (and occasionally–and unsuccessfully–scouting for a new career since), Alice began a new job search in earnest. The quest has made her feel her age. “I've had job interviews for the last week. Zoom interviews with panels of people are the worst.” Alice described her nerve-wracking array of recent interview

experiences . . . a phone interview, two virtual technical meetings, and a Zoom panel populated with the scientists who work with the software with which Alice would be dealing. None of them had cameras on, leaving Alice speaking to a screen filled with faceless black boxes.

Since the COVID-19 pandemic reached the United States in mid-March 2020, Alice discovered that she loves working from home. At the time of her first interview, she was desperate to avoid the return to full-time office work that seemed to be on the horizon, not to mention the lack of office leadership that she sees as responsible for making that return happen.

"If I died today . . . it would not bother me."

Over time and pre-pandemic mixed drinks, I learned that Alice was a study in contrasts. Protracted dark moods were the flip side of her brilliance, the product of chronic pain and exhaustion to which she had only alluded until the weeks and days before this project began. As we talked through my questions during each of our four interviews, I found myself surprised by how close to tears she often seemed to be.

At the first of these interviews, I was taken aback by her appearance. She looked worn . . . no makeup, hair unstyled. I had seen her just a few days before, at a sports event at which she and Mike were working as one of their part-time jobs. It was an exemplary day perfectly situated during the hopeful post-vaccination, pre-Delta lull of early summer 2021. As I shuffled along with the small crowd through the entrance gate, I was delighted to first hear and, eventually, see Alice checking bags and directing traffic. When our turn came, we exchanged long and enthusiastic hugs all around, with an encore once Alice found Mike and brought him to our section. Alice had looked happy that day, her laugh lines, like mine, visible over and around her mask as she gestured and smiled. Today, by contrast, Alice looked small and pale.

The interview started out well enough but quickly took a turn when I asked Alice to evaluate her mental health on a scale of one (poor) to five (excellent). Alice nearly whispered her reply:

ALICE:

I'd probably say a two.

BRIDGET:

That's not a really high score.

ALICE:

No, it's not (laughs).

Alice becomes emotional, her eyes visibly brimming with tears.

BRIDGET:

What's going on?

ALICE:

Oh, just tired, I think.

Tired. It would become a recurring theme for the rest of our conversations. Alice was often physically tired from working multiple paid jobs and an oversized burden of unpaid domestic labor. She was tired, too, from doing all of this under the weight of Chronic Fatigue Syndrome, a condition for which she has never received a firm diagnosis and has never been properly treated. As a result, she felt let down by medical professionals and, it seems, rejected, as well. "If they can't identify a test that they can point at and say, 'Oh, you need this medicine.' They really don't want you in their office."

A consequence of this was that Alice had all but given up on finding help for her condition. In fact, she had mostly given up on medicine, seeking only minimal annual care to allow her continued access to prescription medications. Instead, Alice relied on efforts, such as mobility training, that she could manage herself.

On the morning of our first interview, in fact, she had just come from her chiropractic appointment. She later described her exercise regimen, from which she also receives some relief. “There's a trainer kind of person. I subscribed to her program that does a lot of rolling out and movement. It's more a keeping moving thing. And that helps.”

This wasn’t Alice’s first encounter with exercise as a self-directed cure. “That's the type of thing that cured my plantar fasciitis, after two years of idiot doctors. It was movement . . . paying more attention to how I walked and how I moved. I haven't had a problem since.”

Alice said that exercise helped. But there was something else to Alice’s tired, too. Alice was existentially fatigued. In the local vernacular, she was “wore plum smooth.” In clinical terminology, it’s probably something more like dysthymia:

> I've never been what you call a really positive person. But there's stress with working all the jobs, there's stress with finances . . . . It's just a lot . . . . I have never really cared if I live. If I died today, it would not bother me. I just don't wanna be sick (laughs). I've read of other people with that low level, ‘“Boy I just wish a car would hit me, you know, and be done.” But that's kind of constant. It doesn't have to be anything going on. But there's just . . . I'm just tired.

That word again . . . tired. I got the feeling that Alice often used it to forestall more frank discussions of her physical and mental ailments. On that day, I took off my interviewer cap and checked in as a friend:

BRIDGET:

I need to ask you as a responsible person and good friend. Are you actively suicidal?

ALICE:

No. I've never been actively suicidal. I've always just been, you know, I would not mind if a car ran over me (laughs).

BRIDGET:

So, this is a long-term thing then, huh?

ALICE:

Oh, yeah. This is years and years. I've always felt like this. But not always I'm sure. But, uh, I don't remember a time when it would bother me to die.

BRIDGET:

Have you tried to get help for that? In addition to the physical stuff, have you talked to anyone about . . .

ALICE:

Oh yeah. I did all the things they told me to, but . . . you know.

"I always say I won the parent lottery."

Alice's complex physical and mental health issues were exacerbated by her concern over the accelerating physical and cognitive decline of her 87-year-old parents. Alice was fond of saying that she "won the parent lottery," and it certainly seemed as though she did. Still married after almost 65 years, Alice's parents live mostly independently in her childhood home. During

summer, 2020, however, that began to rapidly change. Alice visited her hometown to take her father to a routine medical appointment. It was supposed to take an hour or two. Instead, he ended up having bypass surgery the next morning. And Alice ended up staying with her parents for almost six months. During those months she noticed her father's rapid cognitive decline. "I always went to Dad (voice breaks) with my problems, and he could fix them and that's gone (cries quietly). And he recognizes it. He . . . he says his brain is dissolving (laughs)."

The COVID-19 pandemic didn't cause her parents' medical problems. Old age did that. The pandemic did, however, make seeking treatment for these problems exponentially more challenging. In addition to managing her father's doctor visits, Alice often found herself without a backup caregiver for her mother, who has cognitive and balance issues due to a recent stroke. Alice's lengthy stay with her parents proved to be a bittersweet respite from her domestic labor at home:

> When I go to Mom and Dad's, they say, "Oh, it's so boring.' No, it's nice. Because nothing that's going on in my head can be done. I can't go vacuum the back room. I can't, you know, pull the weeds out of the flower bed. I can't do any of that stuff. It's not there. So not having to remember any of that stuff. It's not there. So not having to remember that thing is like not being at the house at all, the relaxation you feel when you're not at home.

It wasn't that Alice wasn't worried about what was going on at home. It was almost always on her mind as she left Mike to tend to foster puppies and to help to care for Caleb, her then-20-year-old son who was living at home after his college campus closed. She was careful to explain that Mike and Caleb weren't in conflict: Without her there, they just weren't having any fun. Alice is the glue that holds her blended family together along step and biological lines.

Back home, Alice's concerns about her parents continued:

> If they're in their normal routine, they do fine. But the fridge broke two weeks ago and that was just a nightmare of phone calls and emails. He would think of it in the middle of the night and say, "I've got to call a repairman." "Dad, the repairman was just there today."

"It was a reassignment of who did what."

Domestic labor was of major concern to Alice. Despite working two jobs, volunteering, parenting three grown children long-distance, and battling Chronic Fatigue Syndrome, Alice remained responsible for an overwhelming domestic workload consisting of both physical and emotional labor. During the pandemic, Alice saw her share of domestic labor increase greatly. For most of their 11-year marriage, Alice and Mike had each worked two, three, even four jobs at a time. Until recently, putting kids through college was a primary reason. But once Alice's biological children graduated (Caleb) or dropped out (Connor) and Mike's son (Nick) chose a career that didn't require a degree, the extra money went toward other things. Before the pandemic, that meant new flooring and other improvements to their 3,000-square-foot home. Once the pandemic began, however, the money just went toward making ends meet, as Alice and Mike's extra jobs ended when the whole world went on COVID lockdown.

Early in the pandemic, Alice enjoyed a brief respite from some of this labor. Mike was working from home then, too, and his increased in-home presence led to his greater participation in domestic chores. Alice explained that "It was a reassignment of who did what and it wasn't even one that we planned out. It just happened."

Within a few months, however, Mike returned to working from his office, while Alice continued to work full-time from home. With that, the balance of domestic labor tilted back toward Alice. When Mike took a second job last year, the imbalance only grew worse as Alice took on more domestic labor. Even when Mike did chip in, Alice struggled with feelings of guilt.

“I almost feel guilty that he is doing the toilet, so then I go, ‘You know what, he uses the toilets, too.’ But it's a two-minute job, and it's not killing him to do it.”

Alice said that she cannot ignore domestic labor when she is working from home. “I'm not able to compartmentalize that stuff as much as I used to. I could say, ‘I'm just not dealing with that today’ and I have trouble with that now. I used to be able to let a lot more go than I do now.” As a result, Alice’s domestic workload expanded to fill all available free time (“I'm not sitting down till 8:30.”), even though, with all three kids living independently, her household was now smaller.

More troubling–and more burdensome–to Alice than domestic chores, however, was the invisible workload of carework and planning that she generally shoulders alone. With parents and children spread out across three states, Alice said, “I feel like I'm always worrying about somebody. I'm either taking care of somebody or worrying about somebody or having to do something.” It was an overwhelming burden, with little opportunity to do much else than continue with the slog.

So, what would Alice do with a respite from domestic labor? Her wish list was strikingly simple. “Food delivered, (laughs), and someone clean the house, and the kids lose my phone number. Um, I would, I would be sitting around reading probably all day. I have, I don't know, a to read list of upwards of 500 books I wanna read. I would get better at dog behavior . . . probably garden more just 'cause I'm having a little bit of success with that. *(laughs)* . . . . It would take me a very long time and it's actually kind of scary how little I feel like I need people around me. (*Voice becomes shaky and eyes fill with tears again*). Um, dogs, yes, but people, you know, even the ones I love, they're just exhausting.”

Anjali: A House in a Hurricane

Because of COVID

> This last year was the worst, because of COVID
> I mean, when
> I think about all the things that we went through
> So many surgeries
> I can't even count
> But, to me, the most traumatic thing was when
> I left him at the hospital
> I can still see him, dressed in his robe and his slippers, and
> Slowly, weakly walking away
> With the people with all their protective gear on, and
> I couldn't go in and
> I couldn't be there to say
> Hey, what about this?
> Are you gonna get this for him?
> I wasn't there to be able to a- answer the questions, a- ask the questions
> I think part of the process
> when someone dies,
> I mean, afterwards, you go back and you think about things
> I just always wonder, you know, if it, if it, something could've been different

House in a Hurricane

> I had a dream that
> I couldn't touch him
> He was moving away from me and
> I couldn't reach him
> He was a house in a hurricane all the shingles were just being pulled away from it.
> He was being dismantled
> I just started thinking he might die
> I think maybe, this dream
> I had might happen, that maybe he's just being pulled away from me and there's nothing
> I can do about it . . . it's gonna happen anyway
> I tried too many fucking years to keep him going and
> I just felt helpless then

Winter weather threatened on November 4, 2022, so I watched a livestream of the Dia de los Muertos celebration from home. I was, at once, sorry to be missing out on the vibrant and joyous celebration and, with the pandemic still simmering, happy not to be out among the closely-packed crowd. A priest entered and the mood turned somber, mariachi music giving way

to a drumbeat and a single clarinet. The priest made his rounds, his assistant's censer billowing clouds of incense to herald his arrival. I spotted Anjali, her body small and still, sitting in a folding chair at the ofrenda she created. She stifled a sob as the priest approached and wept openly as he gave her his blessing. Two years after his death, Anjali's beloved husband Tony had returned.

As 2020 wore endlessly on, my "real" world became smaller while social media loomed ever larger. I didn't post much, then or now, but Anjali certainly did. Her missives were long and funny, detailing her activism and her collage-making, or covering her self-planned "fashion shows" of clothes at least 20 years old. During that terrible year, Anjali also detailed the illness and eventual death of her husband Tony in excruciating and deeply personal detail. His passing in early November hit hard, as did Anjali's subsequent stories of "wallowing in widowhood." Like me, Anjali had been safely wrapped in a happy and loving second marriage. It was almost too much to think about all of that being ripped away.

As a narrative researcher, I sometimes feel guilty for seeking and retelling stories rooted in people's grief and pain. I knew for months that I wanted to ask Anjali for hers but delayed until the last possible moment. It seemed like far too large an ask. That she generously and enthusiastically agreed was a surprise. So, too, was her demeanor on the evening of our first interview. She had warned me earlier that day, via email, that she was struggling. It was the six-month anniversary of Tony's passing. Anjali refused my offer to delay. I waited, camera on, with trepidation, until Anjali appeared. I wasn't sure what the raw wound of widowhood would look like, or how I would navigate the conversational terrain. I needn't have worried. Anjali was very much ready to talk. I barely had to say a word.

"I felt horrible, horrible, horrible . . . scared and ashamed."

When the pandemic hit, Anjali's husband, Tony, was several years into a long battle with two types of cancer. Anjali's early pandemic experiences were thus fraught with worry and tough decisions. The first of these was in March 2020, when COVID caused the cancellation of a

weekend work trip. Faced with unexpected time off, Anjali and Tony discussed taking a mini-vacation:

> We thought about where we wanted to go and everywhere the weather was gonna be bad. My daughter had just had a baby, and I was really worried about her. She had had difficulties during her pregnancy. I didn't want her to get postpartum depression. I just wanted to be supportive of her.
>
> So, rather than going on vacation with Tony, I went on my own vacation. And I felt horrible, horrible, horrible, scared and ashamed that I went, because I didn't know how scary it would get so fast. I'm there and every day, I'm looking at the news and just feeling horrible for coming. I wanted to be with her. I wanted to help her. I wanted to see the kids. That's really important to me . . . She's very important to me.
>
> I left him behind and then I didn't even want to tell anybody I was away 'cause I thought I would be judged. I'm a big social media person and I didn't write about it because I didn't want people to know that I was gone, like, "What an idiot I was." I was so scared to get on the plane again. I wanted to drive home, but there were no rental cars. And Tony didn't seem worried about it at all.

Even though Anjali returned home safely (and without, as she feared, bringing COVID home with her), she did not emerge from the experience completely unscathed. "I'll always regret that a little bit, that we didn't do that one last, nice trip together."

"His world was getting smaller, and my world's always been very big."

This was not the only time that navigating the pandemic with a terminally ill spouse required Anjali to make some difficult decisions:

> I always felt guilty because his world was getting smaller, and my world's always been very big. Being a nurse, I wondered was I gonna be the one that killed my husband. I mean, that's not how he died, but if he had gotten it, it probably would've been from me 'cause I did everything outside and he stayed home.

“That's just something that happens in marriages, you know?”

Tony’s health declined precipitously as the pandemic progressed. The downswing impacted Anjali’s ability to participate directly in her activist causes. Even though Tony encouraged her continued involvement, Anjali found that, because of COVID, every decision came with ethical and emotional complications:

> When he was really sick, I still wanted to be out there doing things, just not as much. So, I could be involved in other types of causes I wasn't in charge of or leading. I would support. I could be peripherally involved. And so, I would do that.

Still, Anjali’s involvement was not without emotional consequence:

> I'd feel guilty going out with my friends, I'd feel guilty going to work, I felt guilty all the time. And he actually told me once, like, "I'm not the one making you feel guilty." But there were times, I mean, as a ma- you know, in any marriage, when he wanted more attention from me. That's just something that happens in marriages, you know?

“A worthy opponent to the cancer.”

As Tony’s illness sapped his strength, Anjali gradually assumed a greater share of the domestic burden. In addition to routine tasks of cooking and cleaning, Anjali assumed some exceptional duties related to Tony’s illness, like keeping the floor clear of obstructions to reduce Tony’s risk of falling as he navigated the space inside their small home.

Emotional support was among her responsibilities. Long a practitioner of collaging, Anjali sought ways to include Tony in the pastime that she credited with helping her to maintain her equilibrium throughout Tony’s long illness:

> I called it Vitamin C for my soul . . . positive little thoughts, positive images that would just seep into my consciousness (laughs). It was something I involved Tony even though I didn't really need his (laughs) opinion.
>
> He couldn't do very much. So, I would ask him, “What do you think about this? Should this word be higher or lower?” Or, “Is this too busy?" He would kind of eyeball

> everything and then he would give me his opinion. I would thank him profusely, in a funny way, 'cause another one of my roles was being a clown (laughs) and entertaining him.

Anjali's domestic labor burden also contained elements unique to her education and situation. Among the responsibilities she assumed were to become and remain Tony's champion in his battle with cancer. Anjali had begun this process years before when she earned a master's degree in integrative health and wellness. "I wanted to understand how I could approach his illness from an integrative approach."

Anjali used her newfound knowledge to address Tony's illness—and her love for her husband—from a holistic perspective:

> My way of showing love was food. I used to grow all our own food. I grew things that address the various survival mechanisms of cancer. I was gonna go after all of them and just try to be a worthy opponent to the cancer.

As she progressed toward the completion of her degree, Anjali became increasingly vocal as Tony's healthcare advocate.

> I'd write questions down, things that I'd read about, like, you know, why do some people with this type of cancer survive when others don't? I would talk to the doctor, and I would be so nervous. I don't know why. Was I too eager? Or maybe I didn't know as much as I thought I did or didn't know how to phrase the question. I found out later that the doctor was scared of me, too (laughs).

In becoming Tony's advocate, Anjali willingly assumed some of the emotional burden that had been placed upon her husband. "He never worried. I did the worrying for him."

"The most traumatic day of anything"

The threat of COVID was very much present on the day, a few months before Tony's passing, that Anjali described as "the most traumatic day of anything." Tony's health had been

visibly declining, and his doctor decided that he should be admitted to the hospital. The COVID restrictions at the time meant that Anjali could not accompany him: He would have to go alone:

> I had to leave him at the hospital. I can still see him walking, so weak, dressed in his robe and slippers, and the doors shutting and everybody wearing all that protective gear and hardly anybody there and having to wait in the car and wondering what they're gonna do. I was pretty hysterical.

Even long-distance, however, Anjali acted as Tony’s nurse and advocate.

> I think everybody tried to communicate as best they could. I wanted to know “Are they doing this . . . Do you have compression socks . . . Do you have a spirometer? You need a spirometer. Are you asking for what you need? Are you sure you're telling them that you've got pain? Don't just sit there and wait ’til things get bad.”

Although Tony survived that crisis, his illness increasingly tested Anjali’s ability to “cope by functioning:”

> I started to get more frayed at (laughs) the end. I went to work one day, and I was thinking about leaving him at home and, and him being there all by himself, and, and I just, started crying at work. And my supervisor says, "You wanna go home?" And I probably should have said yes. But I knew I would get it together.”

“The whole scene was not a good scene with COVID.”

Tony passed away in November 2020 with Anjali at his side. In the time since, Anjali has often wondered whether and how COVID–and her own actions–might have impacted the timing of his passing.

> I think part of the process when someone dies . . . I mean, afterwards, you go back and you think about things. And I just felt like, because of COVID, he didn't have his regular doctor there. He had hospitalists who were barely out of their residency. And you could just go back and “what if . . . what if.” That's the one thing I don't like to talk about very

much. I don't know that I failed him. I just think the whole scene was not a good scene with COVID.

Kat: Clutching at Normalcy

The Shower that Someone Else Cleaned

It feels good to be able to take care of everybody.
It'd be nice to get in the shower that someone else cleaned.
It'd be nice to feel cared for.
I wish someone would realize that my experience matters also.
And maybe do a little extra because
I'm kind of sad and lonely.

Clutching at Normalcy

I thought that I would wear shoes.
I don't even wear shoes when I'm (at work)
Why do they think I would wear shoes at home?
I don't know.
I know for me there was some clutching at normalcy that, that it was, it was almost,
I mean, it was kind of magical thinking

Water All Day, Wine All Night

I maybe drink too much.
But then you're thirsty the next day, so you have lots of water (laughs).
Really, it's a blessing. Yeah.
Now it's just water,
Well, coffee in the morning,
Water all day,
Wine all night.
I'm like the Bible (laughs).

Where some people speak in phrases and sentences, Kat gives her answers in paragraphs and pages. To her, there are no simple questions and from her, there are no simple answers. Even my request to "tell me about yourself" sparked deliberation and debate. Her words arrived in a tumble as she started, "I would tell you that . . . " before she caught herself and immediately doubled back "Cause that's such a, it's a, it's a hard question, because, you know, the context.

Like, it's gonna be different if you're writing your bio for a conference than it is if you're just meeting a friend. Um . . . So, I'll just go ahead and act as if this were a friend. 'Cause if you want the conference introduction, you can, you know, get that off a conference site somewhere."

For the record, Kat is 52. She is a mom, a musician, a recently-minted PhD, and a university librarian. She described her work as continuing "what I did as a musician, which was to connect with other people and help their stories be heard and their feelings be expressed. Only now . . . I get to do it through the scholarly conversation." During the pandemic and at the time of the interviews, Kat and her partner, Crystal, lived with their two adult daughters, Madison (24; Kat's daughter) and Courtney (22; Crystal's daughter). Both daughters "bounced back" into the home as a result of the pandemic, a situation that Kat framed gingerly as presenting some "exciting opportunities" that she and Crystal were finding their way through. Kat's son, Johnathan, lives in Arizona. During her first interview, Kat cracked wise when, for just a moment, she couldn't remember Johnathan's exact age, "So my son, Johnathan who's 25 (pauses) . . . or whatever . . . in Phoenix (laughs). Obviously, I care for him deeply that I don't even know how old he is." I answered, laughing, "I can't even remember my kids' names most days." Kat agreed, "Right. You make them, you send them out. You're like, 'Well, whatever.'"

Kat's essence is difficult to capture. She described herself as a flibbertigibbet and she's not entirely wrong. But that's not all there is to her. Kat sparkles with intelligence and wit and crackles with energy. She overthinks and overshares in the most wonderful way possible. Some people are just . . . *shiny*. Kat is shiny.

"Here's your pandemic present."

Pandemic conditions caused Kat's separation from her son for most of the pandemic's first year. Kat missed her son terribly and worked hard to maintain some sense of connection

while they were apart. She bridged the gap, in part, by shopping for him, sending him "stupid things through Amazon" whenever she was thinking of him:

> Interesting toys for his cat, or a book, or a stupid spaghetti strainer with eyes . . . And he would text me, "Why, why did you send me this?" I'm like, "I need to let you know that I love you." And he's like, "Okay, you don't have to do it with trash, you know." But not all the stuff was trash. Every once in a while, I sent him something he really liked."

Kat admitted that the ability to select and send gifts was as least as much about her as it was about her son, "I'm thankful for it. It's what I needed. I could send that to him, and then I could picture him at least petting his cat."

Kat connected with Johnathan on his birthday in 2020 by gifting him with both "stuff" and an experience. Kat said that Jonathan's favorite childhood meal was "Chicken and noodles . . . he calls it slimy noodles. So, I make noodles . . . you know, the big kind with the broth that you boil it in. So, before his birthday, I shipped him flour . . . . I sent out all the ingredients for it and then texted him and said, 'You know, let's get on Zoom and I'll walk you through how to make the chicken and the noodles.' So that was, that was also a thing that I did to try to recapture some of what we would have had." In some ways, Kat said, the pandemic spurred her to try harder than usual to connect with her son. "If it wasn't for the pandemic, I wouldn't have sent him ingredients to make slimy noodles. I would've just texted 'happy birthday' and maybe called."

Meanwhile, the adult children living at home received different treatment. "My daughter, you know, she's living in the house, I didn't give her anything. And I was like, 'Hey, welcome to your home.' Kat continued, "Well, she didn't have to pay rent, so that's good . . . . Yeah. 'Here's your pandemic present.'"

“I’ve got to have a space.”

Meanwhile, at home, too *much* distance wasn’t a problem. Quite the opposite; Sheltering at home with her newly (and hastily) blended family, Kat yearned for a space of her own. “My habitat has got a lot of people in it that I love, but I am the one person out of the four of us that does not have any space away from everyone that's mine unless I go sit out in my car.”

When Kat did make an effort to clear space, her loved ones, inadvertently or otherwise, rushed to fill it:

> I cleaned out the garage last spring, thinking, you know, knowing that I've got to have a space. Then, because the garage is clean, the girls decided it was a great place to set up the weights and Crystal put her carpenter stuff out there. And I'm like, ‘What the, what the freak?’

Kat laughed, but quickly added, “That's been the toughest thing.”

Kat’s need for privacy was often at odds with her image of what and how a “good” mother should be:

> I wanna say, “Yeah. If you need to talk to me, come talk to me.” But also, you know, it's like I'm not gonna lock my bedroom door. Everybody uses our bathroom. But also just kinda try to read the room and . . . Yeah, don't just pop in on me all the time. But we're moms, you know? That's our job, right? That's what we do.

“I can’t keep being extraneous . . . in my own home.”

Complicating matters within the family home was Courtney, Crystal’s 22-year-old daughter, who moved in when her university closed. Presiding over a blended family had never been part of Kat’s plans. “We never really planned to blend our families in one home and raise

daughters in one home all the time under a certain set of rules and expectations. We didn't get to sit down and talk about, 'What's this gonna look like?' We didn't get to talk through it, and I didn't get to vote."

Courtney's presence caused considerable friction between Kat and Crystal. Part of the problem stemmed from differing expectations. "We just raised our children very differently and we interact with our kids very differently and our expectations are very different." Kat told a story that outlined those expectations:

> This morning I went to the fridge and [Courtney] had eaten all of the strawberries. And one of our house rules has always been if you didn't buy it, you don't open it or finish the last of it. You can eat the middle part, but you don't finish it. I had bought these delicious strawberries, and I put them in the fridge. I open it this morning, she had eaten them all. Ooh, I was so angry. And I was angry at her, and I was angry at Crystal, because I had talked to Crystal about stuff like this. [Courtney] won't be eating my strawberries again, 'cause I went in and turned on the light. I said, "Get out of bed and go buy strawberries." And she's like, "Okay." (laughs)."
>
> She's 22. I can't make her do it and I shouldn't make her do it. I should treat her like an adult and you don't tell 22-year-olds to come out and pick up. But the rest of her life, she's living as if she's 16. If we'd been able to be intentional about it and have conversations about it, I think it would have looked different.

It was, once again, pandemic circumstances that exacerbated the issue. "Without the pandemic, I think we would have had a chance to be more deliberate about it. Also, without the pandemic, I wouldn't have been working at home. You know, I wouldn't have been there all the time. I would have still had my own life. There wouldn't be such a demand for people to be considerate of each other and function as a community in a home."

Another family challenge was a lack of communication. After the first few months—and numerous frustrations—as a blended family, Kat tried to open those lines:

That summer, I said, “Hey, if this is going to go on, we need to have some conversations about what it's going to look like and what the expectations of people are going to be, and how you live in a house with other human beings.” Crystal was like, “Okay,” and then put it off. We never had those talks. We never had those conversations.

When family conflict arose, Kat’s and Crystal’s responses tended to divide along biological lines. The resulting disagreements disrupted their relationship:

> Crystal used to be [in law enforcement]. She still has a lot of those instincts. Like when we go into a restaurant, she needs to be facing the door. You can see the calculations as she figures out how she's gonna get us all out of there in the event of a shooter. She's very loyal, and fiercely possessive of the people she loves. She wants to protect them from negative interactions with their surroundings. With Courtney here, the rest of us have become surroundings. I don't wanna live my whole life that way, you know? And that's a scary one to me, 'cause I love her so much. But I can't keep being extraneous in my own home.

“This is the basket I live in. I feel like the emotional eggs should be handled.”

At several points, Kat described her mental health as “wobbly.” She explained:

> It’s just like a top. When it's spinning, everything's fine. But sometimes something knocks it out of its spin and then it falls over and sometimes maybe it has pieces that fall off or that flail about when it's spinning. Those little things that usually make it pretty and wonderful and enjoyable to watch spin might knock into your phone or your coffee or your heart.

Kat admitted that this propensity to lose equilibrium made communication both essential and challenging. This was especially so when dealing with people who "aren't at all wobbly," a group comprised, during the pandemic, of Crystal, Madison, and Courtney:

> They don't understand that this is the last time I'm actually gonna be able to say this in any kind of rational way. And the next time you see it manifest, it's gonna be harmful to our relationship.

Kat expressed the belief that her mental health and her ability to hide or push through her struggles have deteriorated as the pandemic has worn on. "Early on, everybody was caring for each other…. The same way we're taking care of Crystal's physical health . . . maybe we were also looking out for each other's mental health**."**

"I wish someone would realize that my experience matters also."

Kat frequently mentioned both physical and emotional domestic labor as being ever-present oppressive forces that were detrimental to her mental health. Early on, the choices were simpler. Crystal, who worked on the COVID frontlines, was first in line for her family's support. "The hierarchy of who needed to be cared for was so clear. And whose health and wellbeing we need to prioritize." During the first weeks and months of the pandemic, the newly-formed family worked together to tackle much of the domestic workload. Because she was already "soaked in COVID" because of her job, Crystal became the family's designated shopper. She ventured out every 18 days to pick up supplies. Others in the house signed up to cook a meal or two. The new system seemed to move along as well as possible. "We pitched in. People were willing to sit down and claim a day on the calendar to cook."

The family's intermittent shopping schedule also had some hidden health benefits. "We were eating more fresh vegetables in those early days of the pandemic." Kat credits the intentional meal-planning process and one big grocery list with ensuring they were well-supplied

with “ . . . fresh broccoli, asparagus, all sorts of fresh vegetables and berries. We'd eat them in that first week or so. And, you know, and then you have the remainder of the time, but it made it so that we probably had better healthier meals and food.”

Still, as the pandemic wore on, the family’s systems fell apart in other ways. Emotional labor largely fell to Kat. As a result, Kat became attuned to what felt like a lack of attentiveness to her needs, even as she spent much of her time and energy in service to everyone else’s. “It feels good to be able to take care of everybody. I- I wish someone would realize that my experience matters also. And maybe do a little extra because I'm kind of sad and lonely 'cause I don't have my people. I can always clean the shower, but I wish, you know, it'd just . . . it- it'd be nice to feel cared for . . . . It'd be nice to get in the shower that someone else cleaned.”

Tallulah: Mama Bear

Mama Bear

When I don't know the circumstances outside
I get very mama bear-like
We're just all huddling, controlling what
I can control

Space

I was working full time
And managing the “in the beginning” parts of the pandemic
Everything was super scary.
I was still a bit shell shocked

I just need . . .
I need downtime
I need time to sleep
I need time to relax

I need time to be in my own head, not have to talk to anybody
I think what I told him was

I'm so . . .
I'm just . . .

I'm so exhausted and
I just need some space.

I moved out of our bedroom into our guest bedroom (laughs) for a few months because
I just needed space and
I was constantly . . .
I was working all day and then doing all this all night and it was just . . .

I was so stressed.
I wasn't sleeping well.
I was not sleeping well.
I was not sleeping well.
I wasn't getting enough rest.
I need, you know, to sleep better.

I needed that space
I need, I need just space
I felt like I just needed to breathe
And space

Which now is kind of funny 'cause I'm back to, "Why would I do that?"
But at that moment I was like,

I just need . . .
I just needed . . . after the workday and after we . . .
I just wanted to be completely by myself
I think he was like, "Okay, is she gonna ever come back?"
I mean, he was very supportive.
I mean, he was also disappointed because he wanted me to be with him at night
I think he understood me well enough to know that that was something that
I needed
I think he very much understood
I don't know that he understood, but
I think that he trusted me that
This is what I needed and he took that at face value

For me it was, it was a lifesaver.

Tallulah smiled as I asked her what pseudonym she would like to use. Her answer began a full beat before I finished my question, "Well (laughs) . . . the pseudonym that I always use, if I'm using one, is Tallulah." We were two minutes into our first interview, and I was already intrigued. That Tallulah had a "usual" pseudonym made me wonder what else she gets up to.

I met Todd, Tallulah's eventual husband, at least a couple of years before I met Tallulah herself. He was single at the time but met Tallulah not long after and introduced her via his social

media feed. I can't remember when or why Tallulah and I friended each other, but another year or so of liking each other's posts about politics and kids ensued before finally meeting face-to-face. In person, Tallulah was charming . . . quiet until she wasn't, funny, talkative, and intense. She looked and seemed younger than I thought she probably was, her stories punctuated with the kind of colloquialisms common to the Tik Tok generation (her kids and mine) with whom she spends much time. I recognized this from my own speech patterns. In professional settings, it's something about which I get embarrassed. From her, it just seemed about right. We spent most of that evening with Todd, Tallulah, and another couple or two, but it is Tallulah whom I most remember meeting.

It took another year, a global pandemic, and this research project before Tallulah and I met again. During that time, Tallulah's family relocated, and she began a job in her new location. When the pandemic hit, Tallulah and her family seemed to take it in stride. Hunkered down in their new home, Tallulah posted frequently on social media, detailing the minutiae of family life and working from home under quarantine conditions. As I navigated my own new not-so-normal, I watched (from a safe distance, of course) as Tallulah abruptly quit her paid employment. I was somewhat surprised . . . but also not really. My guess was that, like all the rest of us, Tallulah found herself in an impossible situation. I sometimes wondered why anyone who could opt-out didn't just do so.

"Often, 'tell me about yourself' is defined by your profession . . . at the moment I don't have a profession."

Just over a year into the pandemic, Tallulah and I sat down for our first interview. She appeared on camera fresh-faced, no makeup, her hair still wet from the shower. She was sitting in what looked to be her bedroom, and the hum of her busy household occasionally filtered through as we talked.

Tallulah filled me in on her age (46, although she sometimes forgets and says 47) and told me about her family, "I live with my husband and my two children. I had my stepson, who just finished college, in our basement . . . but he just le- (laughs) he just left this morning."

At the time of the interview, Tallulah and Todd had been married for three years. It is Tallulah's third marriage and Todd's second. Tallulah admitted that her marriage to Todd had "a little more of a traditional man and woman dynamic" with respect to the division of domestic labor. "I am positive that Todd isn't necessarily aware of all of the things that I have to remember and do and think of. He is one of those men that maybe doesn't fully recognize the full extent of all of the home things."

"Remembering things for people is always and forever my job . . . I will probably get dementia from it because (laughing) my brain is always full."

Although Tallulah didn't directly describe the "home things" to which Todd seemed oblivious, it was possible to glimpse what these might be as she described her considerable domestic workload. Among other tasks, it included laundry, cooking, grocery shopping, helping with homeschooling, scheduling and keeping medical, dental, and veterinary appointments, and checking in on family members and friends. Todd, for his part, did his own laundry and most of the family's dishes. That this topic–domestic labor–comprised the bulk of our four interviews is not entirely surprising. Given that Tallulah said that domestic labor takes up "pretty much 100 percent . . . or maybe 95" of her time and attention, I should probably be surprised that we didn't talk about it even more.

Tallulah said that the division of domestic labor within her blended family was the result of negotiation. "I mean, we negotiated the dish situation and we negotiated who pays what bills and who's responsible for what there, but the rest of it just sort of plays out." What played out was that the workload, at least where offspring were concerned, split along biological lines. "I feel

like our negotiation of . . . responsibility is different because our children are not together. I mean, we didn't have our children together, and mine still live under the roof. His, primarily, don't. So, anything associated with something that is a need for one of his kids, he typically does . . . and then mine, are sort of my responsibility, um, which is fine except, you know, mine, obviously, are still here full-time and have higher needs in terms of the daily stuff."

"I was working my absolute hardest to balance it all . . . but it was so hard."

Although Tallulah reported that she was happy with the division of unpaid labor within her home, this was not always the case. At the beginning of the pandemic, she said, "I felt like I had two full-time jobs or maybe even three" as she juggled paid work, unpaid domestic labor, and a variety of pandemic-specific chores. Tallulah was, however, quick to point out that her unhappiness was due to the weight of her responsibilities, and not to her negotiated division of labor. "I don't know that I was feeling like I was unhappy with Todd or that he should be doing more. I think it just more felt like this is too much for one person."

Tallulah felt "the burden of extra" most acutely at the beginning of the pandemic. In its early weeks, "everything just ramped up critically here in [state]. Cases were doubling, tripling, quadrupling. I was still a bit shell shocked, like 'What is going on?' And then work got exponentially more stressful because a lot of my job was responding to things that happened with the pandemic early on." Tallulah's job, which had been demanding before, became much more so now. "It ramped up 500 percent. We became really quickly a hub for FEMA deliveries of critical supplies to families. I knew it was extremely important work."

Meanwhile, Tallulah's children started virtual school. At the time, she said:

> They needed so much assistance on getting everything set up and do we have the right equipment and how to use the systems and then questions on homework and, you know, just all of that. While the school figured out what the heck they were gonna do, I was

> working full time from home remotely. I was spending so much time and energy and brain energy there. My kids were just sort of floundering.

These circumstances led to long days–and nights–during which Tallulah received little respite from her domestic workload.

> I would finish up my work for the day. It'd be late, I'd be tired, then I'd be like, "Okay, now I've got to sit down and do the grocery list. I need to make sure we've got the laundry done, I need to do . . . " So, I was working, technically, up until bedtime, or if I took a break during the day to do something that was domestic, then I'd working up until bedtime to make up for that time."

"I need downtime. I need time to sleep. I need time to relax. I need time to be in my own head, not have to talk to anybody."

Feeling the mental strain of multiple role demands and COVID-related stress, Tallulah experienced persistent insomnia during the early months of the pandemic. She also began to feel the squeeze of being "crammed into" their home with the other members of her family. "We were pretty much at that point, all sheltered at home. It was not only, Tallulah says, "not getting the house to myself, it was not getting any *space* to myself . . . . It's not usually as much the case with my immediate family, but I just needed . . . I just wanted to go be completely by myself."

Seeking space, privacy, and "room to breathe," Tallulah moved into the family's guest room for several months. This was a big revelation, and I was surprised to hear it, given the couple's relatively new marriage. I was also more than a little jealous. There were times, particularly during the early months of the pandemic, during which my personal space felt so completely and consistently invaded that I seriously considered renting a house or apartment so that I would have somewhere else safe to go. I understood completely why she did this.

It seems that Todd understood, as well:

> I think he very much understood. Well, no, I don't know that he understood, but I think that he trusted me that, you know, there wasn't anything wrong in the marriage that this is what I needed, and he took that at face value.

On some evenings, Tallulah spent time hanging out with Todd in their room before retiring to her space:

> And sometimes I'd be like, "I'm just going to go and take a bath, read a book, you know, have some time and then just go to sleep and I'll see you in the morning." I think Todd was like, "Okay. Is she gonna ever come back?"

"He's a grown-ass man. And he doesn't act like one."

Tallulah's stepson, Parker, moved in with their family a few months into the pandemic. Tallulah later told me that what followed was among her most significant and painful pandemic experiences. Then 25, Parker was a college senior finishing his last year of coursework online. Because Parker had a history of alcohol abuse, Todd was worried about his son living alone and wanted to offer him a safe space. Although Tallulah assessed this arrangement as "absolutely fair," she also notes that she didn't feel like she had the right to say no. The situation became problematic almost immediately.

First, to accommodate Parker in the family home, Tallulah had to give up the basement space that had become her refuge:

> Having Parker there was a significant stressor for me. If I needed space to go downstairs and lay down and take a nap by myself, completely quiet, you know, or read or even sleep the night, I didn't have that option at all anymore because that was his domain.

With the family in already-close quarters, it also seemed that Parker took up a disproportionate amount of space. “We were all living there together and our basement was a good third of our square footage.”

Also of concern to Tallulah was what Parker did with that space:

> Parker did not practice good hygiene, so his space always smelled really bad. He also smoked a ton of pot in the basement. That was the other thing. He's 25 and he's a grown-ass man. And he doesn’t act like one.

Parker’s presence elsewhere in the house was sometimes problematic, too. Parker often disrupted Tallulah’s peace and established routine:

> At that point, I didn't feel like I knew Parker well, so it felt a little uncomfortable to have him around all the time. He would just pop up whenever. So, I never knew when he was going to come ruin the kitchen or need to do something or be in the way.

Part of the issue was Tallulah’s discomfort communicating with her stepson:

> If Parker was doing something that was stressful, I didn't feel like *I* could say something. Whereas, with my kids. I'd be like, “Knock it off.” I also think that I am very different than their mother and that they don't know what to do with that all the time.

Todd, although well-intentioned, did not always seem to know whether or how to intervene:

> One of Todd's weaknesses is communication, especially with kids. I think part of my frustration was not being able to understand why that relationship exists as it did between him and Parker and why he couldn't just deal with it.

By the time Parker had been there a month, Tallulah found herself already eager for him to leave. I was like, "Oh, God. He's going to be here for nine more months. Can I do this? As time went on, I was just increasingly counting down the days for when Parker was going to leave."

Tallulah would like to have a better relationship with her Todd's children, including his 22-year-old daughter:

> I want to like them more. Because he loves them and they're his kids and of course. You know? He wants them to come here, but I don't like them very much.

"I just can't do it. I cannot do this job."

It soon became clear that something had to give. As she navigated full-time work, an increased domestic workload, and a need for space and privacy, Tallulah remembered thinking:

> We either need to change how we're doing things, or I need to be able to let go of this overwhelming responsibility so I can focus on the things that need to be taken care of here. I need to focus on you guys, and me, and our wellbeing, and not be trying to do both things.

Tallulah had already entertained thoughts of quitting paid employment but had quickly brushed them away:

> I had certainly already been thinking a little bit about, "I don't really know that I wanna be doing this," but then also, like, "I just started this job. I cannot quit. Like, that's ridiculous. You know, that looks terrible." Plus, I made a commitment.

However, after a heart-to-heart with Todd, and despite some lingering misgivings, Tallulah turned in her notice. Her last day of paid work was August 5, 2020, the day before her younger son's twelfth birthday.

"I can walk away. It's okay."

For Tallulah, quitting paid work has not been without its downsides. “I would say that one of the downsides of leaving the workforce is that I don't have intellectual stimulation or have to seek it out differently than it just being right in my face.” Having always enjoyed the intellectual stimulation and emotional rewards of interacting with colleagues, Tallulah now finds herself seeking other ways to fill the void. “I'm doing minimal contractual type work that keeps my brain going. The intellectual piece . . . I mean, I have tried to fill that in other ways with more reading. I'm still working on some things.”

In some ways, quitting paid work has allowed Tallulah to better align her actions with her self-concept:

> I've always been defined as . . . defined myself, I should say, as a mom and as someone who does the domestic labor associated with that. I get more esteem from being a good mother and being a good partner and spouse than I do from my work life.

Some of this esteem came from the stage of life and set of circumstances in which Tallulah now finds herself:

> A lot of my professional striving for years was focused on the fact that I was a single mom supporting kids. And so, I needed to do what I could do to make the income that would support us the best.

In quitting work, she said, “It seemed not like I was gonna be losing part of myself. It was more like I'm gonna be losing something that I spent a lot of time and work and effort on.”

Tallulah said that, as time has passed since she decided to leave the paid labor force, “The more I'm like, ‘Oh my gosh, this was the best idea ever.’” Quitting paid work, she said, gave has

“me this option to open my mind back up to all kinds of possibilities and how I want to live my life and what I want out of it versus, you know, following this pathway.”

Tallulah expressed uncertainty about whether or when she would return to full-time paid labor:

> People ask me all the time, “Are you gonna go back?” And I'm like, “I don't think so.” They're like, “How can you just let go of all that?” I mean, it was something I did and it served me well, but it was a *part* of my life, it was not my life, you know?

Vidya: A Sense of Duty

Am I Your Mother?

> Dementia kind of comes and goes
> There are days where she's better, but
> I remember one day that she was worse
> She said to me,
> "Am I your mother?"
> And your heart just breaks.

Karma

> I've always believed that children have a duty to look after their parents.
> I think that's a more Asian kind of philosophy.
> Most of the time, I don't resent it because in Hinduism and,
> I consider myself a Hindu.
> There's the concept of karma.
> I don't know how to explain it, but
> I guess the closest is a sense of duty.
> Like figure out what your duty is in life. And in doing that, that's how you will find happiness.
> If you're married, you try to be a good wife.
> If you're an employee, try to be a good employee.
> If you're a daughter, try to be a good daughter.
> Whenever I've taken jobs, I've always just dedicated myself to doing them well and believing that, you know, that's the most important thing.
> Everything else will flow from that.
> I could be out jet setting around the world.
> This is what gives life meaning.

This is one of the facets of my identity, one of the aspects to which I bring the concept of karma,
This is my mother.
I derive a lot of meaning and satisfaction out of taking care of her.

Pollyanna

I'm a bit of an optimist by nature.
I'm a bit of a Pollyanna
I work at a company that has a lot of public health staff, many of them were saying
"Well, it's highly likely we'll have a treatment before we have a vaccine."
I bought the rhetoric 'cause it came from epidemiologists. And so
I was like, “Oh, you know, in three months maybe we'll have some treatment”
Wrong. (laughs)

Same thing with the vaccine
I think I kind of thought, once the vaccine is available, life will go back to normal fairly quickly.
So definitely when we made those kind of breakthroughs in terms of the science,
I thought, “Hey, here we are” and now
I'm not quite sure what to make of it.

I mean, it's definitely fatiguing
The sense of
Oh, God . . .
Do we have to do this again?
Do we have to go around with masks again?
Do we have to start canceling trips?
Do we have . . .
I mean, it's just fatiguing
I just don't think
I can do another total lockdown

As the interview began, I was facing a blank screen. I waited, expecting Vidya’s camera to flicker on. Instead, I heard her voice:

> So, um, I apologize. I have had one of those crazy pajama kind of days (laughs). And I know we're gonna have a couple of rounds of these interviews. So, I'm gonna flash myself briefly on video. But are you okay if we do this without video for this call and then with video coming up?

This was a first. Despite some misgivings, I assured her that it was, indeed, okay. Vidya appeared onscreen for just a few seconds. She was wearing a white nightgown with a pale blue pattern. She waved one hand, palm out, in front of her face. Later, before writing, I stopped the video to look more closely. Frozen in time, her gesture became defensive, her long, thin fingers blocking a clear view of her and pushing away attention. In the few seconds that she was visible, I saw that her hair was unruly and salt-and-pepper gray. She wore no makeup, but her skin appeared smooth and radiant. There were faint dark shadows under her eyes. The space behind her was white. Whether it was a wall or ceiling, I couldn't really tell. There were no distinguishing features on the landscape against which she was briefly posed.

Abruptly, the video switched off. For the next hour, I left my camera on and spoke into the void. We started with her biography. Vidya is a 54-year-old Indian-American woman. Except for college and grad school, she has lived in the same major metropolitan area for most of her life. She has been successful in her career. Since 1995, Vidya's work has involved monitoring and evaluating public health programs. At the time of her interviews, she was the research director of one such program.

Unlike the other narrators, Vidya had never been married, although she said that she has had "a couple of close calls." Also unlike the others, Vidya is child-free by choice. She also told me that her father passed away in 1990, and described herself as being very close to her mother, a retired psychotherapist. In her spare time, she has written one novel and drafted a second.

For the rest of our time on this first interview, Vidya described to me the details of her current and pre-pandemic life. As we were finishing up, she said "So, um, I'll, I'll go back on video very briefly so we can (laughs) . . . " The picture came back on. Vidya appeared, shot from underneath, against the white ceiling of her condominium. I could see her face only to the level of

her chin. She appeared tired but, with her hair now tied back, more pulled together than at the beginning of the interview. She was still in her pajamas.

I asked Vidya about pajama days during a subsequent interview:

> A pajama day is an off day where I sleep in, I don't do any of my morning routine and I just do the bare minimum that I need to get done that day to keep my job and be somewhat remotely well fed.

A few weeks earlier, Vidya had posted on social media about eating an entire chocolate cream pie. She referenced that now. "*That* was a pajama day. I keep myself on a fairly detailed regimen. And occasionally I just feel the need to release and just be completely dysfunctional."

I invited Vidya to narrate her story in part because she is an outlier. Although the proportion of unpartnered adult women has increased in recent years to 36 percent (Fry & Parker, 2021), this still represents a minority. I am also both curious and jealous. Having expended much time and energy shepherding my own large flock through the pandemic for the past few years, I am eager to see how the other half . . . or at least the other third . . . lives.

"I might have to answer a phone call from my mother."

In some ways, Vidya's life was very different from my own. With no children to care for, her burden of domestic chores was considerably lighter. As the primary caregiver to her aging mother, however, Vidya's caregiving responsibilities surged to fill the available time and space. The topic arose early in our first interview. "Just a heads up, I mean, you were talking about caretaking responsibilities. At some point I might have to answer a phone call from my mother, but I will try to minimize time spent away."

Until just a few years ago, Vidya and her mother lived in Vidya's childhood home. Eventually, however, Vidya's busy work and travel schedule left her mother feeling lonely and

isolated. Vidya now recognized this as an early sign of her mother's dementia. "She used to be very social and that started to change. I noticed that she was just more and more isolated. She herself said she wanted to be somewhere where there would be other people around all the time." At that juncture, Vidya's mother moved into a retirement community, later transitioning to assisted living when her cognitive impairment worsened.

Throughout her adult life, Vidya's family ties, to a great extent, determined the course that she has taken:

> A large part of the reason that I'm in [this] area is my link to my mother. As the only child of my mother, it seemed important to be here for her. I've always believed that children have a duty to look after their parents.

Vidya attributed this perspective to her culture and religion. "In Hinduism . . . there's the concept of karma. I don't know how to explain it, but I guess the closest is a sense of duty. Like, figure out what your duty is in life. And in doing that, that's how you will find happiness. You know, if you're married, you try to be a good wife. If you're an employee, try to be a good employee. If you're a daughter, try to be a good daughter. I've always just dedicated myself to doing things well and believing that's the most important thing. Everything else will flow from that."

Vidya was careful to point out that she does not resent taking care of her mother. Far from it. "This is what gives life meaning. This is something to which I bring the concept of karma. I derive a lot of meaning and satisfaction out of taking care of her. It is linked to my identity as a Hindu.

“I'm calling 911 and telling them that you've abducted me!”

Still, the caregiving took its toll on Vidya’s physical and mental health, particularly as her mother’s accelerating cognitive decline coincided with the beginning of the COVID-19 pandemic. As news of COVID outbreaks in congregate care facilities went public, Vidya moved swiftly to protect her mother’s well-being:

> When COVID first broke, my first instinct was that I didn't want her in a facility with other people. So, I brought her to my two-bedroom condo. I was very concerned, since she's of a certain age, that she would get sick.

Eventually, her mother’s presence made it difficult for Vidya to function well at work. Due to the pandemic, she was doing her job exclusively from home. “Because of her dementia, she felt really disoriented in my place and wanted to go back to her place.”

Vidya found herself with a difficult decision to make:

> I just did the math. She's 80, but even in that age group, the chance of dying is still pretty small, especially given that she's very slender and in good health. And her community was doing a pretty good job of controlling [COVID]. So, I had to put my faith in the circumstances and just let things play out.”

“Your heart just breaks.”

Vidya’s mother continued to occupy much of her time and energy. “A lot of what stresses me out is that every time my mother calls, there's usually something else that I need to do.” From arranging equipment repairs to rescheduling COVID-delayed cataract surgery to ensuring that her mother’s tax documents are in order, the onus for her mother’s care fell squarely–and solely–on Vidya’s shoulders. She coped by staying organized:

I just make a list. And every day I try to knock two or three items off of that list, and that helps to bring my stress level down. But it does get thrown out of whack when she calls me and drops five things on me in one call (laughs).

Caring for her mother without backup sometimes felt lonely:

It's very stressful being the only person who's there for her all the time. I mentioned the frequent phone calls. I try as hard as I can never to snap at her. But there are times when I really cannot afford to be on a phone call with her for more than two minutes. The thing is, because of her dementia, every day there's some new crisis.

Vidya provided a recent example:

This week, she's been calling me claiming that everybody at her retirement community is leaving, and there are only six people left there because there was some huge fight, and she cannot stay there any longer. And that I need to send her to India because that's the only place where she really wants to be.

I investigated and there's no objective basis for her statement that everybody's leaving. In fact, they've had more people coming in. What *is* happening is that the person next door to her has cancer and has to go to a hospital once a week. So, every week, she packs her suitcases to go to the hospital for a night or two. So, I just try to explain to her, "No. Mom, There's no crisis." And then it's like a recurrent theme. Like, on days when she's down, she'll call me and beg that I send her to India. With her cognitive decline, she doesn't really quite understand what's going on. So, she's always at a very high emotional pitch, and it's like, "Can we please just cut the drama?" I just . . . I just don't have the time for it.

Even so, Vidya said:

> This is someone I love very much, so you don't want to see them suffer. You don't want to see them anxious, which she frequently is. Those things really just tug at your heart. You always kind of hope, “Maybe I can stall it. Maybe I can slow down the progression,” but we know that that's kind of an unrealistic dream. We know that this is a progressive condition and that for the majority of people it might be very slow and incremental, but that is going to continue to progress over time. Dementia kind of comes and goes. There are days where she's dehydrated, so it's noticeably worse. There are days where she's better, but I remember one day that she was worse. She said to me, “Am I your mother?” And you know, your heart just breaks.

“I’m a bit of a Pollyanna.”

Vidya recognized the impact of her mother’s cognitive decline on her own health. “Any kind of indication from my mom, any kind of reminder to me that she has a chronic illness spirals me into a lack of functionality.” She also believed that the pandemic itself has taken a toll. “At the beginning, I really struggled because of the anxiety and the sense of isolation and the sense of like, ‘How long is this going to go on?’”

Despite this, Vidya described herself as an optimist by nature:

> I'm a bit of a Pollyanna. So, you know, for example, when the pandemic first broke . . . I work at a company that has a lot of public health staff, and many of them were saying, "Well, it's highly likely we'll have a treatment before we have a vaccine." So, I kind of bought the rhetoric 'cause it came from a lot of epidemiologists. I was like, oh, you know, in three months maybe we'll have some treatment. Wrong. (laughs)

Likewise, Vidya felt renewed hope when vaccines became widely available in 2021:

I think I thought, “Once the vaccine is available, life will go back to normal fairly quickly.” When we made those breakthroughs in terms of the science, I thought, “Hey, here we are!” And now I'm not quite sure what to make of it. There's just this fear and incomprehension, like, why don't people want to do the scientifically right thing?

Vidya found the ongoing nature of the pandemic to be fatiguing, particularly:

. . . the sense of, “Oh, God. Do we have to do this again? Do we have to go around with masks again? Do we have to start canceling trips? Do we have . . . “I mean, so it's just fatiguing. You just want to be able to get on with your life and do the things that you're used to. And there's just this sense of exhaustion. I just don't think I can do another total lockdown.

CHAPTER V

FINDINGS

> For me this past year, what was so hard is that nothing had categories. Everything was everything. Work, domestic labor, all of it blurred together and mushed up and . . .
>
> –Kat

Most people reading this narrative around the time I finish it will be able to remember for themselves the horror of the first few months of the COVID-19 pandemic. For those catching up later, I can tell you about the way I came home from work one Friday and didn't go back for a year and a half . . . or how my stomach knotted up at 10 a.m. weekdays, an hour or so before the daily health department report that showed an infection curve that just kept climbing . . . or how I hugged my two oldest children sometime in March 2020 and then not again until April 2021. But I'm not sure that I can accurately convey the horror, loneliness, and stultifying sameness of those petrifying weeks and months.

Most of what I knew of the world during the early months of the pandemic came via

television and the internet, especially social media. During that time, we moved, as a culture, from organizing to baking to mixing cocktails or doing extraordinary things in our gardens. But then we went dark on the details of our day-to-day. Part of it was that things started to reopen, and many of us rushed to return to normal. But some of it was that we just got busy working and homeschooling and feeding and tending to the people who were in our homes and missing the ones who were not. None of it was photogenic or poetic enough to become a post on Facebook or Instagram. For me, the horror remained, joined by the crushing fatigue of an existence in which every exhausting, worrying, labor-filled day was exactly the same as the one before and just like the ones that would follow. I knew that the endless and overwhelming burden of pandemic domestic work, coupled with loneliness and fear was, if not killing me, *diminishing* me to the point that there was almost nothing left. I felt helpless to do anything to mitigate this burden and, even in a house full of people, was terribly and hopelessly alone.

Gilligan and Eddy wrote that a Listening Guide inquiry "begins with asking a real question–something you really do not know and want to know" (2021). In the summer of 2020, still siloed in my own overwhelming pandemic experiences, I became curious: If pandemic domestic labor was killing me, what was it doing to other women like me? I really wanted to know. The process of finding out eventually turned into this project and this dissertation. As I worked on it, I realized that, even if the pandemic should suddenly end (which does not now seem likely), the topic would continue to be relevant. The pandemic-era uptick in domestic labor has been borne mostly by women (Shafer, Schiebling, & Milkie, 2020), raising important questions about both why this is so and what this portends for their well-being.

Qualitative research is emotional work, particularly when you are deeply connected to your study. While I sailed through other sections of writing in hours or days, I became mired in this chapter for a solid year. I spent months paralyzed by the weight of the narrators' stories, which elicited a strong emotional response in me as I remained immersed in my own

overwhelming pandemic reality. I was immobilized, too, by a lack of available bandwidth as I navigated several major challenges, including a cross-country move and a family member's serious illness. Each was precipitated or made worse or by the pandemic. My wise and patient advisor reminded me–more than once–to go back to the narrators, to immerse myself in their stories and hear what they were telling me. As my own life slowly began to settle down, something shifted. I was finally ready to delve deeply into the narrators' stories. I began to search for high points, low points, and patterns in the data: What did narrators really get fired up about? To where did they route and reroute our conversations? Where in their accounts did I hear repetition and emotion? What *didn't* they say? Those are the analytical spaces where we can get down to the nitty-gritty about health and domestic labor.

What I heard from them became layers into which I organized this section. Within these layers lie the core findings of my study. They include: "Always Plenty Busy (Domestic Labor)," "I Felt My Heart Go 'Pachamp!' (Physical Health)," and "Pajama Days (Mental Health)." An additional rich nuance, "My Life is a Hallway (Space)" both transcended and intersected with each of these other categories. Together with the narrators, I will further explain each layer as I go. By way of a reminder, I am seeking answers to the following research question: How do midlife women story the health impacts of their pandemic domestic labor?

The answers to this question are embedded in the following pages. I have used emic in vivo (the women's) language to title each theme and provided an epigraph from a narrator's story or elsewhere to illustrate that theme. I have also included an I-poem harvested from the data. I created these poems by highlighting statements that began with "I" as well as the accompanying verb and other pertinent nearby words (Woodcock, 2016). I then arranged these phrases into stanzas. I-poems center the women's experiences. They functioned in listening analysis to help me tune in to how the narrators see themselves as they move through the world and interact with others (Doucet & Mauthner, 2008; Gilligan, 2015; Woodcock, 2016). Here, they also function as

brief topical introductions to each listening layer. Finally, I hold up narrators' testimonies to illuminate the various folds and facets of the layer to which we are attending. As a reminder, I used pseudonyms to refer to the narrators and their family members. I also omitted revealing details, such as city of residence and occupational specifics.

Listening Layer 1: Always Plenty Busy (Domestic Labor)

> Life is always plenty busy. It's very hard to find any time at all to be able to sit down and do nothing. And if I ever take even half a day off, something falls behind. I'm always juggling too much.
>
> –Vidya

> Remembering things for people is always and forever my job and I will probably get dementia from it because (laughing) my brain is always full.
>
> –Tallulah

I-Poem: Chore List

I do all of our laundry
I cook
I also make stuff
I do all of the grocery shopping
I have to keep a mental list
I'm the keeper of all the information
I have my own systems
I have a paper list
I put it all together

I have picked up a lot of helping with homework or assignments that are confusing, especially with Carter
I have also sat with Sam and worked through writing an essay
I get emails
I am glad I get
I have to follow up with the kids

I also buy all the pet food

I make all the pet appointments
I have to take one of our dogs to the vet
I had to schedule that
I pay a portion of the bills through my account

I do have friends and family members
I wanna make sure
I'm calling and keeping in touch with

I know I'm forgetting tons of things

–Tallulah

For the most part, the narrators storied their domestic labor as endless, diverse, invisible, and a particularly intense burden during the pandemic. For them, domestic labor also often symbolized how problems, silences, and their value manifested in their relationships.

In Chapter 2, I divided domestic labor into a priori categories, including routine housework, occasional housework, household management, creative work, caregiving, and emotion work. While the narrators' stories surfaced types of labor that fit well into each of these categories, my a posteriori understanding is that only two categories of domestic labor mattered to them. The first, visible labor, encompassed mostly observable tasks, such as doing dishes or scrubbing floors. The second category, invisible labor, encompassed mostly unseeable tasks, including household management, caregiving, and emotion work.

Domestic labor, as the narrators described it, comes in many forms, each with multiple layers of meaning to the people who perform these tasks. Notably, the narrators could more easily spot, understand, and describe visible labor than invisible work. Seeing invisible labor required the narrators to reflect on their domestic labor experiences over time, sometimes at my prompting. Once they had, they expressed more significant distress and dissatisfaction with their invisible workload than they did with their visible responsibilities. Narrators' workloads and their attendant satisfaction or dissatisfaction also varied according to the stage of the pandemic. The

design of my inquiry to collect and analyze narratives over time was generative in surfacing such changes.

Kat’s story demonstrates these temporal shifts and changes. She described her family’s pre-COVID division of domestic labor as being “really pretty symbiotic.” The family carried that symbiotic arrangement into the early stages of the pandemic:

> Early in the pandemic, we were being very structured. We moved to having only one person leave the house for groceries and to buying groceries every 18 days. That was what we came up with. At that point, it really felt pretty balanced.

As the family continued to prioritize Crystal’s job outside of the family home, more and more chores within it became, by default, Kat’s responsibility:

> I'm standing here looking at a yard where the grass is over a foot tall. That's because we've been gone. And I'll be who mows that. And I'll be who takes care of the yard and does the morning cleaning and cleans the bathroom. I'll be who takes care of that.

As the pandemic wore on, the family’s structured division of labor lapsed. Kat perceived this as a personal failing:

> Lately, I'm not doing as good a job. We’re not making a grocery list and cooking dinner and stuff like that. It's just been more of whoever goes to the store gets food for a couple days and cooks a couple meals. And that's kinda where we are right now.

Invisibility (Not the Superpower)

For the narrators, seeing and doing domestic labor carries significant emotional weight. There is a strong thread woven through multiple narratives of “being there” and “seeing.”

Domestic labor, in these accounts, falls to the person physically present in the home, who visibly sees and recognizes the need for a particular task to be done and then does it.

Seeing was the reason that Alice enjoyed a brief respite from domestic labor early in the pandemic. When her husband worked from home, she perceived that he saw the chores the household needed to do and participated in housework to a much greater extent than he had previously (before he worked from home) or than he would later (after returning to the office):

> He jumped in more often. When he saw me start the laundry or clean the kitchen or something, he came in to help because he was like, "Oh, I should help." But it didn't *occur* to him to do it on his own.

Once he returned to full-time work at his office, Mike no longer seemed to see the domestic labor that needed doing. Seeing–and doing–increasingly became Alice's responsibility:

> When we were both home the same hours, he was much more helpful than he is when I'm here all day. Mike used to do the laundry sometimes, and I just decided since I'm home, I have five minutes to go do the laundry here and there. So, I don't know when the last time he did laundry was. I couldn't even tell you. I sit here in it, and I notice the floor's dirty more. So, I get up and clean. I take on all the household stuff.

Alice's story tracks with early pandemic scholarship that offered hope of revolutionary change in how men and women shared domestic labor (Hennekam & Shymko, 2020; Janoch, 2020). However, despite the increased visibility of the domestic burden due to men's greater proximity and presence in the home (Collins et al., 2020), women still did far more domestic labor during the pandemic (Craig & Churchill, 2020; Shafer, Schiebling, & Milkie, 2020). Early increases in men's pandemic-era domestic labor participation were marginal (Farré et al., 2022) and quickly reversed as men returned to in-person work (Carlson & Petts, 2022). During the same

period, women’s mental health declined, with many women listing increased caregiving demands as being among the reasons why (Youn, 2020).

Like Alice, Kat considered how being there and seeing determined responsibility for various domestic tasks:

> Because I was at home, the domestic labor did loom larger and did have a greater impact because you're just always seeing it, right? Like being stressed about whether the bathroom ceiling had been painted. I actually chewed my family out about it. I'm like, “How am I the only one that notices that the bathroom ceiling needs to be painted?” And everyone else said, “Because no one cares about the bathroom ceiling, Mom. What?”
>
> When you leave in the morning, and there's laundry that hasn't been folded and put away, and you're at work all day, and you come home, and there's still a pile of laundry, it's not as big a deal, because it hasn't been hammering at you all day. But when it's here every day, all day, it *was* a really big deal. It just grew into a big monster that crawled into every corner of everything and was ever-present. But it didn't change because all of a sudden, I had to do more of it. It changed because all of a sudden, I was there with it all the time.

At various points in their narratives, Alice and Kat both excused partners who work outside the home from seeing and doing even though they (the narrators) were working full-time and remotely from home. In her account, Kat offered the heroic nature of her partner’s work as a nurse, which was so crucial during the early pandemic, as an excuse for her lack of domestic involvement:

> Crystal is a nurse. Her job's the one you clap for. So, how can I complain? You feel like a jerk asking her to do more stuff. What, the nurse doesn't do enough work? She's busy saving lives. I'm sorry that you don't wanna do more work, librarian, but . . .

Still, Kat expresses frustration with her dual role:

> I am here all day, but I'm working. This is my job. I'm here all day doing my job. But it is easier for everybody else, since I'm here, for me to go ahead and start dinner at 5:30 or 6:00, and for me to mow the lawn instead of eating lunch, or, you know, paint the shower and get rid of the mildew.

Like Kat, Alice explained away the domestic inequalities in her home. The grace that Alice extended to her husband came not because of the kind of "outside" work her husband was doing but because of the amount. Although both Alice and Mike work multiple paying jobs, according to Alice, "There's no conversation about Mike taking it [domestic labor] over because he's working so much."

"Seeing" also appears in narrators' accounts of the types of domestic labor that they and their partners do–or don't–perform. Some categories of labor seem to be invisible to everyone but the narrators themselves. While some chores are visible but ignored, others are invisible and rarely shared with partners and others. Emotion and remembering work, as Alice explains, are among these categories:

> I've got to keep track of the kids, when they're feeling down, when they haven't contacted us. I've got to keep track of when to do the laundry. I've got to keep track of what to put in the dog bowls because Mike will fill them this high . . . just so much stuff that I have to remember. I do about 95 percent of it because it doesn't occur to anybody else around here.

Kat describes a similar invisible burden:

> I have a lot of the emotional labor as far as keeping us all in touch with each other and knowing who's supposed to be where. Are people gonna eat? Are people sleeping? How

> long has it been since we've seen each other or checked in with each other? Did you go talk to Courtney in the past couple days? Do you know if she's doing okay?

So, too, does Tallulah:

> A lot of what I was doing was emotional labor, like supporting of kids and, quite honestly, Todd. I mean, somebody needed to be aware of how everybody is doing, instead of just always trying just to survive. Todd always says, “You're four steps ahead of all the rest of us.” I'm like, “That's true. I have to be.” He often says, “I don't know how to do the emotional stuff.” “Well, you can learn.”

The narrators’ family members routinely failed to see the domestic labor that needed doing or to notice and appreciate the labor that the narrators did, leaving them exhausted and emotionally drained. According to Alice:

> I just don't understand how he doesn't see . . . I don't understand how these people can live in my house and not see that. I'm living with all adults. I cannot be the only one that sees that the carpet needs vacuuming in the back room. I can't be the only one. (Angrier) These people have eyes. They can see it. You know, “You can see the laundry basket's full. You can see the trash needs taking out. You can see all these things. I've asked you a million times not to leave your wet towel in the bottom of the laundry.” All these things. And it’s . . . it's a feeling of disrespect.

The invisibility of the narrators’ work and the failure of others to recognize their domestic labor makes them feel–and perhaps–*be* invisible. To her family members, Alice *is* housework, the person who does things for them and no more. Alice added:

> I feel like I'm always worrying about somebody. I'm either taking care of somebody or worrying about somebody or having to do something. There is absolutely no joy. I don't

> *do* things for myself. I really just don't exist outside of *(tears up)* what people need from me.

To the narrators, seeing and doing domestic labor isn’t just about dirty laundry, mildewed showers, or peeling paint. It’s about others honoring, ignoring, or not even seeing their wishes and priorities. Kat expressed sadness and frustration at being the only family member concerned with domestic labor:

> I felt like the things I was experiencing here in the house were not of note. I would try to talk to Crystal about that and say, “I know work sucks at the hospital so hard, but your routine has not changed all that much. You're still going to work. Things are still intact. And my world has crashed down around me, and I'm here all day, every day with the dogs and the children.”

Alice concurs. “Nobody else sees the dirt. Nobody else sees what is important to me.”

Balm in Chaos

Most narrators also storied using domestic labor as a source of structure and solace amid the disruption and uncertainty engendered by the pandemic. Some narrators even reported discovering a kind of bliss in domestic tasks that they found peaceful and edifying during particular pandemic moments. However, the circumstances in which they did so varied and were not always blissful.

Although she wrestled with slowing down in other ways and at other times, Anjali spoke of finding peace in focusing on domestic chores as COVID raged and her husband’s terminal illness progressed:

> When he was sick, I would just shut it all down. It was a reason for me to live my own little life and not be concerned about the bigger world. I was peaceful. Just taking care of

> him was peaceful. That was a time for me to slow down, to just cook and clean. I'd go to work, and I'd come home, and we'd just have dinner, and I would do my little thing around the house. I'd set up my art in the living room so he could see me, and I could chat with him and tell him stories and make him laugh. I stayed close to him, and I wanted to.

Like Anjali, but for different reasons, Tallulah found satisfaction in being at home in the routine and safety of the rhythm of domestic work. "It was a time to turn a little more inward. A lot of what was going on in the external world was also very upsetting."

During the early months of the pandemic, when few other amusements were available, domestic pursuits, like cooking, were a source of diversion for Tallulah and her family. "We didn't have the outside world. We weren't looking at, 'What shows can we go to this month? What restaurants can we go to?'"

For Tallulah, the fruits of some domestic labor pursuits went beyond the final product:

> I have always found cooking to be meditative, like a mindfulness activity, because you're focused, you have to pay attention, your mind can't wander at all places. And that was definitely true for me then.

Later, after quitting her demanding full-time job, Tallulah experienced what she saw as additional benefits of being at home:

> I felt very good about being able to be present for my kids and for my family. Selfishly, I kind of loved having my kids around all the time, especially because the older one is 16 and would have absolutely been out and about quite a bit more.
>
> I felt pretty good about it because I saw my role then as the caretaker. Todd was working full-time; the kids were in school full-time. Therefore, I needed to make sure

everything in the house was running smoothly. I felt like, "This is my focus right now. This is what I want."

Domestic Labor: A Gendered Pursuit

He contributes in all the ways that he can think of (smiles). But I'm not sure (grits teeth) that he really thinks that hard about it.

–Tallulah

All of the narrators performed the majority of domestic labor in their households regardless of whether or not they also held paid employment. Their storying revealed not only an adherence to gendered socialization norms but also little willingness to talk through this reality with their loved ones.

Women's experiences in this study align with well-entrenched expectations of domestic labor as a gendered pursuit with various manifestations deeply connected to our society's expectations about what men and women can and should do and be. These manifestations also tie into what work our culture values, what work merits pay, and what constitutes men's and women's work. The form of gendered dynamics of housework manifested in this project relates to socialization. Gender socialization starts early, usually within the family, and is generally dichotomous (e.g., masculine versus feminine) in nature (Carter, 2014). It includes language, interactions, and other experiences that shape a child's "conception of gender roles and gender stereotypes" (Carter, 2014, p. 244).

Gender socialization occurs via multiple mechanisms. Among these mechanisms is homophily, the formation of same-gender (e.g., mother to daughter or father to son) attachments and networks through which children learn gendered expectations and behaviors (Carter, 2014). We see these expectations in Alice's story when she recalls her father seeking her guidance

(rather than her older brothers') on doing laundry when her mother was ill. Even at age seven, Alice knew the answers to her father's questions because of the many hours that she spent watching her mother do chores:

> I remember the one time my mom was sick . . . and Mom was never sick. Dad had to learn how to do laundry, and he came and asked me how to do it. I knew what boxes she used. So, I could tell him because back then, she had several different boxes of soap. And I knew which one she used. But I probably didn't help that much.
>
> BRIDGET:
>
> How did you know what she used?
>
> ALICE:
>
> Because I watched. Mom may have taught me. I don't remember being taught. She was home, and if I was talking to her, I'd be down there just messing around. So, I would notice what things she was using. Didn't know why.

Gender socialization is also thought to occur through the performance of tasks and behaviors associated with being a man or a woman (Carter, 2014). This process of "doing gender" (West & Zimmerman, 1987) can bring both rewards (when done "correctly" and according to societal expectations) and punishments (when done "wrong"). For Anjali, for example, participating in domestic labor as a child was a way to earn approval and praise. "I was the oldest sister and daughter. My mother worked a lot. She worked evenings, and I cooked. I got a lot of credit for that."

We carry what we learn about gender during childhood into our adult lives (Carter, 2014). If we can assume that the narrators witnessed a fairly typical division of domestic labor during their formative years, this might help to explain why three of them (Alice, Kat, and

Tallulah, all of whom were partnered) reported large and lopsided domestic labor workloads before the pandemic, during the pandemic, or both. Of the three narrators partnered with men (Alice, Anjali, and Tallulah), only Anjali felt her partnership was egalitarian. “Tony was a feminist. He would take the kids to school. He did the shopping, the laundry, all kinds of stuff. We were a very egalitarian home.”

It is worth noting that Anjali enjoyed an egalitarian partnership because of atypical characteristics (e.g., a feminist philosophy) inherent to her partner and not due to her own actions or beliefs. It may also be worth noting that, elsewhere in her account, Anjali recounted other chores (cooking, for example) in which Tony took no part.

Tallulah, on the other hand, accepted the lopsided nature of her domestic labor workload as a trade-off for other benefits of her relationship:

> I went into this marriage after having two really bad experiences. I would much rather have this wonderful, caring man who's maybe a little bit traditional or a little bit oblivious to certain things than the assholes that were in my previous life.

Even Kat, who was partnered with a woman, experienced some egalitarian aspects of taking care of all aspects of the household early in their relationship:

> When we first got together, it was like we both saw everything, and it was . . . Like, when we go camping, it's like, "Ah, it's great to go camping with another girl,” you know? 'Cause we see everything that needs to be done."

Gender socialization and domestic labor patterns in previous relationships carried into Kat and Crystal’s relationship. Kat credited their mutual ability to “see” the domestic labor that needed doing to the fact that she and Crystal were both previously married to men:

> We're conscious of all of the cleaning in the house that hasn't been done. Maybe if we hadn't been socialized to be aware of that and hadn't been housewives in a previous life, we wouldn't realize, "Gosh, I have not cleaned out the inside of these cupboards in years."

Kat stressed some crucial differences between lesbian and heterosexual relationships concerning the division of domestic labor. Unlike heterosexual couples, who often operate according to entrenched gendered norms in assigning household duties, same-gender couples may have fewer built-in expectations (Tornello, 2020). Nonetheless, during the pandemic, gender socialization made an appearance in the way that she and her partner negotiated and distributed domestic labor in their relationship and in their home:

> Because she's a teeny little thing, some of those masculine gender roles fall to me. Okay. But then you should clean the freaking shower. If you get out of some of this stuff because you're five feet tall, you should do the girl stuff. We're falling into gender norms to a certain extent. That's a weird thing because we're both girls. But we're girls who've been socialized in conservative Christian homes and who have been married to men.

Vidya, on the other hand, elected long before the pandemic to remain single, primarily because she witnessed the negative effects of marriages and mothering on the ambitions of her highly-educated family members. Even so, she has still accepted a traditional (to her family's Indian culture) role as daughter and caregiver to one, then the other, of her parents. Vidya sees both her family and her mother's caregiving facility as having gendered expectations of her:

> Mom will often call me 15 times a day. Some of it is dementia, but some of it, I think, is gendered in that women, as caretakers, are expected to always be available. I'm a director of a research unit. I have a lot to do. In addition to my mom calling, the nurses where she stays are calling, too. I cannot be available on call 24/7. And I'm really not sure this

would happen to a man. Maybe I'm being a little bit snippy about that, but I do think people tend to safeguard work time for men in a way they don't do for women.

Listening Layer 2: I Felt My Heart Go "Pachamp!" (Physical Health)

I felt my heart go, "Pachamp!" And I thought, "Oh my God, what have I done? Have I just given myself a heart attack?"

–Vidya

I-Poem: A Sober Journey

I was presented
I was fatigued
I was also unable to shake the fear
I would die young like my mother
I was put on serious meds

I did research
I realized
I am 47 years old
I am overweight
I didn't exercise enough
I often put myself last

I felt stuck
I ended up there
I left a job
I loved
I WANTED to move
I left a big piece of my identity
I quickly realized
I could not be the mom my kids needed me to be and the wife Todd needed me to be
I had to leave

I felt like
I was watching the whole world crumble
I started to find what felt like some peace
I don't think that was a coincidence.
I had experienced over many years
I was doing to myself
I stopped alcohol

I started exercising more
I switched to a whole-food, plant-based diet
I have lost 15 pounds so far
I am just at the beginning
I am working on holistically fixing my broken heart.
I can love myself enough
I am on a sober journey

–Tallulah

The narrators storied their health in largely vague and unclear ways that seemed to reflect their prioritization of almost everything else. Most moved from an initial period of increased physical activity and attention to diet early in the pandemic to later periods of backsliding and adoption of less-healthy habits (such as, in four of five women, increased alcohol use). All reported that the pandemic or their caregiving responsibilities caused them to skip or delay medical care. Three (Anjali, Tallulah, and Vidya) described troubling cardiac symptoms that arose during this period.

Virtue (Health-Promoting Practices)

Most narrators reported a surprising early pandemic boost to the variety and frequency of healthy physical habits in which they participated. Without the time suck of a daily commute, for example, Vidya and Tallulah found more time to cook and exercise. Tallulah described the healthier habits that were a hallmark of her early pandemic experience:

> I think it was helpful to walk almost every day in the neighborhood. We tried, even on really busy days, to get out and walk. It was more than just healthy, like exercise. It was a time for us to get out and away from the kids and to be able to talk about things, just the two of us. I looked forward to that time.

I actually lost weight because I was eating healthier, and I was eating more at home. I took the opportunity to learn a whole bunch of new techniques of vegan cooking. And that also was a bit healthier.

Likewise, Vidya told of a new-to-her daily pandemic routine that included daily walks and home cooking. Vidya also used her time at home to recommit to the extensive Ayurvedic health routine that she had begun years ago but often skipped or minimized due to time constraints:

First off is to go to bed by the same time and get up at the same time every day. I try to hit the sack by 10, get up by six, and then, very first thing, oil pulling. Because of that, I've gotten rid of eczema and allergies.

After that, I brush my teeth, clean my tongue, and then I drink about a liter of warm water. In addition to hydrating, that also gets a bowel movement, so you start out the day clean. Then, I put in some medicated oil for my sinuses. Then I do 40 minutes of yoga, 20 minutes of meditation. Before I shower, I massage all over with warm oil specific to my constitution. These regimens are very specific to individuals.

For breakfast, I'll have oatmeal, and then I'll have a couple of supplements. One is an adaptogen. It's really good for your brain because, according to them, I'm at risk for dementia when I get older because I have a weak central nervous system. And so, it's a preventive modality.

I have a syrup for anemia. I try to have mainly home-cooked food, mainly Indian vegetarian, lots of pulses, lots of warm vegetables, rice, bread, yogurt, that kind of thing. At night I have a small herbal tea to help the colon get cleansed the next day. Those are the basic elements of the routine.

Each narrator who described progress with early pandemic health habits (Alice, Kat, Tallulah, and Vidya) also detailed some degree of backsliding. Kat’s story typifies this kind of ebb and flow. As the pandemic began, a desire to minimize grocery store trips led Kat and her family to begin meal planning and bulk shopping at predetermined intervals. The unintended positive result was healthier eating habits:

> We were eating more fresh vegetables in those early days of the pandemic than we are now [because of] that process of planning our meals and making one big grocery list. We were very intentional. We had a lot of fresh broccoli, asparagus, all sorts of fresh vegetables, and berries. We would eat them in that first week or so. We had healthier meals because of that.

Kat acknowledges that, with survival also on the menu, she could not always generate the time or energy necessary to consistently plan and make healthy and creative cuisine:

> I still have a tab open in my phone from a couple of recipes that I remember saving at the very beginning thinking, “Maybe I'll try this.” And I just couldn't go that extra step. We did try to be a little bit more creative with our recipes just because we were cooking at home all the time, but no, none of that super cool stuff happened to our house.

Kat cited the exhausting nature of pandemic-era survival as being among the reasons that maintaining new exercise habits became challenging:

> I'll start some YouTube thing and say, "Oh yeah, we'll do this." But just starting something . . . that seems just like another thing . . . the pressure of starting something, then the pressure to finish it and stay with it.

Vice (Health-Defeating Practices)

Most of the narrators also storied adopting less-healthy habits during the pandemic. For example, four of the five narrators (all except Vidya, who does not drink alcohol) reported drinking more during the pandemic than before. Kat attributed her increased consumption to the formless nature of pandemic life:

> Pre-COVID, I wouldn't have poured my first glass of wine at five. [During COVID], I would probably drink a glass or two more in the evening. But you don't have to get up in the morning, and you're not going anywhere ever in the evening. You lose that sense of time. It's all gone. (There was) definitely more drinking, but not in a creative way. Just drinking. Just the regular box of crap. And the time inched earlier in the day. You're like, "Well, I'm not driving anywhere."

Interestingly, Kat was the only narrator who seemed to be completely forthcoming about her alcohol use. Although other narrators admitted to increased consumption, few offered many details. In this way, Tallulah's response was typical:

> I don't know. I kind of drink a lot anyway, but I did maybe drink a little bit more, but not significantly. I love wine, so, you know, one or two glasses a night. And I still do that. So, I don't know if I can say that I increased that.

In another interview, Tallulah expanded slightly on her earlier answer:

> I'm not a huge drinker of other things, but wine is definitely . . . I have read some funny memes about moms and wine and stuff. I would say that if I'm gonna do an unhealthy stress reliever, it's that, more often than I should.

Anjali's response was similarly (and, for her, uncharacteristically) brief:

> That [drinking] was my decline. I'm not really doing that now. But I was drinking way too much wine. Tony worried about that. I told him in the hospital, "I promise I won't become a drunk." And he's like, "I know you won't." (laughs) But yeah, I was drinking too much. So.

Attending to and interpreting the silences in narratives is among the features of The Listening Guide (Woodcock, 2016). We can learn from narrators' stories by listening to both words–and silences—and the circuitous and general ways women narrate some aspects of their experiences. Both can direct us to what matters to–and troubles–narrators. The narrators were largely silent on the specifics of their alcohol consumption and recalcitrant to discuss it once the topic was introduced. My sense was that they suspected that, in the context of a health-related study, increased alcohol consumption (even during a global pandemic) was likely to be coded negatively and that they wanted to avoid any negative perceptions that might accompany this label.

Care Delayed

All five narrators indicated that they had skipped at least some medical care during the first 15 months of the pandemic. When they did receive care, they were selective. Kat, for example, sought dental care (at her dentist's prompting) but no medical care. Alice had mostly given up on doctors before the pandemic but continued seeing one to access her medications. Tallulah, who eschewed medical care early on, was the sole narrator to resume relatively normal levels of care, including medical visits, dental appointments, and routine tests by the end of the study period.

Vidya's pandemic medical trajectory was fairly standard:

> I've not yet had my annual checkup this year because of COVID. I have had routine dental care because I'm cavity prone, so it always seems good to go in for cleanings. I did

> have a Zoom appointment with my doctor about a year ago just to do a brief remote checkup. But of course, we know that that's not really adequate. So, this year has been a bit atypical.

Anjali's trajectory differed somewhat. Other participants skipped appointments due to COVID-protective habits or closed provider offices and limited office hours. Anjali, a nurse, delayed surgery for a debilitating hand condition until after Tony's death. Her reasons for doing so were specific to her caregiving responsibilities. "I always put off my hands because I didn't want to use my sick leave to have surgery. I just thought maybe someday I would have to take care of my husband for a long time."

Brokenhearted

Several of the narrators (Anjali, Tallulah and Vidya) experienced cardiac events during or just after the study period. Although neither received a specific diagnosis, Anjali and Vidya experienced symptoms congruent with Takotsubo cardiomyopathy during periods of intense emotional stress. Takotsubo cardiomyopathy, also called stress cardiomyopathy, or, colloquially, "broken heart syndrome" surged during the pandemic, particularly among middle-aged, post-menopausal women (Coady, 2022), a group that may be especially vulnerable to pandemic stress for reasons including "imbalanced emotional and domestic work" (Coady, 2022, p. 4) and declining estrogen levels. Unlike Acute Coronary Syndrome, which it mimics (Casagrande et al., 2021), Takotsubo cardiomyopathy is "triggered by sudden, intense emotional or physical stress" (Coady, 2022), usually self-resolves (Casagrande et al., 2021), and is not related to an underlying cardiovascular condition (Davis & Villines, 2022). That's not to say that Takotsubo isn't serious: It can cause permanent injury to the heart or, rarely, death (Davis & Villines, 2022).

Anjali described her experience of cardiac distress after her husband's death in November 2020:

> My heart actually hurt. I was like, "What is that?" I really felt like it physically hurt. It just ached. And my chest felt like it was like a . . . I can't even describe how it felt. Honestly, it almost felt like it was just like some kind of chaos energy, just a horrible feeling in the middle of my chest.

Anjali characterizes these symptoms as "the physical manifestations of grief." She did not seek care when they happened, and the symptoms have not recurred.

Vidya's experience occurred when, after her unsuccessful experiment in moving her mother into her home early in the pandemic, she returned her mother to her eldercare facility:

> I took her back because she insisted. But when I came back that evening, I sat down and cried for two hours solid. I thought, "I may never see her again. What's going to happen? Are they going to be able to keep her safe?" That upset me so much that for a week after that, my schedule went totally off. I would have whole days where I wouldn't eat or even drink any fluids. One day, I didn't eat all day. I had a little bit of water. Then at night, I had a big meal. An hour later, I felt my heart go, "Pachamp!" And I thought, "Oh my God, what have I done? Have I just given myself a heart attack?"

Although Vidya did not seek immediate medical care, she visited the emergency room a week later. "It still kind of hurt a little there. It felt like the heart muscle was strained. I took myself to the ER just to get checked out," she said.

Although the ER caregivers could find no sign of a heart condition, Vidya took the experience as a wake-up call to participate more actively in maintaining her health. As her pandemic-era caregiving responsibilities became overwhelming and emotionally fraught, she had allowed her self-care practices, including her Ayurvedic health routine, to lapse. Her "cardiac event" reminded her to return to what she knew worked to keep her healthy.

Tallulah began experiencing symptoms of cardiovascular distress shortly after the study ended and was later diagnosed with atrial fibrillation. This cardiovascular condition causes a fast and irregular heartbeat and can lead to additional health problems, including blood clots and stroke (American Heart Association, 2016). Like Vidya, Tallulah storied her experiences as containing elements of both self-neglect and self-reclamation. She detailed them in a social media post that she made shortly after the study period:

> Last year, I was presented with some scary heart health issues. I was fatigued, foggy, depressed, worried, and in pain. I was also unable to shake the fear that I would die young like my mother and leave my kids parentless. I was put on serious meds prescribed by doctors with no bedside manner who seemed to care little about my outcome. The meds didn't fix the issue. As I did research and started to listen to my body, I realized that the issue was not only with my heart but also with my lifestyle. I am 47 years old but can still drink like a twentysomething. I am overweight with a small-boned frame. I didn't exercise enough. I often put myself last to care for everyone else.
>
> Leading up to my diagnosis, I felt stuck. Looking back, it no longer surprises me how I ended up there . . . so many changes in my adult life . . . so many losses and struggles and so much fear and pain. I carried all of that around with me everywhere. The body keeps the score.
>
> Since 2016, things have felt more acute. My heart literally broke on Election Day that year. A few years later, I left a job I loved to move to [new state]. I WANTED to move, but I left a big piece of my identity [behind]. A few months after starting a demanding new job here, the pandemic hit and I quickly realized that I could not be the mom my kids needed me to be and the wife Todd needed me to be, while also working 60 hours per week. So, I had to leave that position.

Things were crazy at home. Todd's oldest son moved into our basement due to the pandemic, and my kids were struggling in online school and struggling. I felt like I was watching the whole world crumble between the national mess and my personal stress. Taking care of myself during this time was not a priority.

After moving (again) and just as I started to find what felt like some peace, my heart started giving me problems. I don't think that was a coincidence. My heart was broken physically and emotionally from the cumulative losses I had experienced over many years. The most heartbreaking thing of all was what I was doing to myself. Drinking too much, eating crap, not exercising, not finding a good replacement to keep my intellectual mind occupied, isolating myself socially, and not making new connections out of fear/anxiety/awkwardness.

So, I stopped alcohol. I started exercising more. And I switched to a whole-food, plant-based diet. I have lost 15 pounds so far, and I am just at the beginning of my journey. And you know what? My heart is doing better. And not because of the meds, but because I am working on holistically fixing my broken heart. Life is a journey, and mine has been an often emotionally exhausting one. But if I can love myself enough to take care of myself, all of that wisdom and lessons learned the hard way can be helpful to both me and others. So I am on a sober journey, a finding myself and identity again journey, a spiritual journey, and overall, a self-care journey to heal.

Like Vidya, Tallulah attributes her heart troubles to a lack of self-care and an overwhelming workload of other-care. Also like Vidya, Tallulah accepts full responsibility for reversing her situation. The two women story themselves as agents of change in their own health. However, it is interesting to note that neither Vidya nor Tallulah seems to consider redistributing their domestic labor workload as part of their

self-care journey. Faced with health challenges, they may see domestic labor as a contributing factor, but will consider making changes in almost any other area first.

Listening Layer 3: Pajama Days (Mental Health)

Life goin' nowhere, somebody help me

Somebody help me, yeah

Life goin' nowhere, somebody help me, yeah

I'm stayin' alive

–The Bee Gees, *Stayin' Alive*

We're all gonna be fine. Everybody's gonna be fine. Well . . . maybe. I don't know. (laughs).

–Kat

I Poem: Pajama Days

I think
I wasn't trying
I would say
I think my mental health declined
I was having more pajama days, having more days where
I just wanted to watch

–Vidya

All five narrators storied both pre-pandemic and new (to the pandemic era) mental health struggles. In sharp contrast to the mostly vague ways in which they described their physical health, the women described their pandemic experiences of mental health in detailed and emotional terms, probing the many ways they were experiencing and navigating worry,

depression, and other mental health struggles. The narrators used their stories to simultaneously figure out how they were doing and communicate the details of their lived experiences. It was as if how they were doing could only be explored through explanation rather than a bottom line. In fact, some summed up points such as "I'm doing pretty well," or "I'm okay," and then narrated extensively about all the ways they were not doing particularly well at all. We see this, for example, when Alice described the first year of the pandemic as "a dream year" while narrating (and reflecting in her body language and emotional responses) a period of persistent depression and overall exhaustion. In this section, narrators explore their pre-pandemic and pandemic-era mental health stressors and discuss their many and varied coping strategies. Finally, they discuss the major life changes they have made to help them cope with these challenges.

Typical-but-Extraordinary

The narrators storied a variety of pre-pandemic circumstances and challenges that combined to create extraordinary stress. We know from the literature that the lives of women at midlife often contain multiple stressors (Thomas et al., 2018) from challenges related to personal health, changing family relationships, work-life balance, identity (Harlow & Derby, 2015), and the burden of caring for both children and elders (Thomas et al., 2018), among many others. These challenges and their near-simultaneous nature (Harlow & Derby, 2015) can have serious implications for women's physical and mental health (Harlow & Derby, 2015).

These stressors were clear in narrators' accounts. Tallulah's description of her pre-pandemic mental state gives us a glimpse into the challenges she faced even before the pandemic began:

> Just before the pandemic, and for the whole last four years, I was already sort of scared for what was going to happen with the political climate. I was already skeptical . . .

> skeptical, cautious, and scared for the world. That also ramped up after March with the president and the rhetoric and all of the things that were going on.

Before the pandemic, three of the narrators (Alice, Anjali, and Kat) had received specific mental health diagnoses. Another (Vidya) mentioned having depressive tendencies. One (Tallulah) had periodically participated in counseling but did not disclose why. Research indicates that people with mental illness are more likely than others to have risk factors–including poor physical health and higher rates of smoking and alcohol and substance use–that make them more vulnerable to adverse physical outcomes from pandemics (Neelam et al., 2021). Pre-pandemic mental health seems also to influence the prevalence and severity of pandemic-era mental health challenges. A 2021 meta-analysis of 15 studies showed that, during pandemics, people with pre-existing mental illnesses are significantly more likely to experience psychiatric symptoms, including symptoms of anxiety and depression, than are people without pre-existing mental illnesses (Neelam et al., 2021). Specific to COVID-19, 60 percent of people with a history of mental illness, including anxiety, depression, PTSD, or eating disorders, reported that their mental health had worsened during the pandemic (Lewis et al., 2022).

Stage-Specific Struggles

The narrators told of a variety of pandemic-related challenges (worry about loved ones, too-close proximity with family members, unplanned family blending, job stress, role strain, and increased complications with accessing medical care, among others) as being stressful or worrisome.

Narrators storied feeling great stress from grappling with the unknown during the first weeks and months of the pandemic. Tallulah's early pandemic experience was typical:

> I was mostly scared about the unknowns. What was going to happen? How bad was this going to get? Was anybody in my family going to get it? I was scared. I won't say I ever got to a real panicky place. I was just kind of scared of the unknown.

So, too, was Vidya's:

> At the beginning, I really struggled because of the anxiety and the sense of isolation and the sense of, like, how long is this going to go on? I wasn't trying to do anything about my mental health, and my mental health declined.

As the pandemic wore on, in fact, most of the narrators storied experiences of declining mental health. Vidya's decline was marked by an increase in the number of "pajama days" that she experienced while working from home:

> I had a sense of when nobody's watching me, if I want to just hang out in my pajamas for five days, who cares? You know (laughs). I was having more pajama days, having more days where I just wanted to watch [TV] and just kind of give in to that.
>
> You saw my Facebook posts about eating a whole chocolate cream pie? That was a pajama day. It's like, "I'm not even going to bother trying to put together sensible meals. I'm just gonna eat garbage today." And I sometimes feel the need to do that. It's kind of like a release valve.

Vidya readily acknowledged that her pajama days were not "a salubrious or beneficial way" of addressing her mental health:

> In the end, it's counterproductive because you end up staying late, you end up being on the computer all the time. And we know that none of those things is good for you.

> Pajama days are obviously a sign that all is not well. I don't know if I ever consciously put words to what was going on in my head with regard to that. I recognize now that certain behaviors now are perhaps indicative of some sort of underlying anxiety or depression. Like, you know, watching a little too much Netflix on certain weekends and lounging around in your pajamas. You do it a little too much, and it's no longer just about letting down. It's actually a sign that something is bothering you.

Vidya's experiences hint at the persistent effects of mental health challenges and how they appear in day-to-day affect and behavior. "I think what I refer to as pajama days are manifestations of what's going on at the subconscious level, this kind of exhaustion and the sense of 'When is this going to end? What's going to happen.'"

Coping Mechanisms

Faced with the unrelenting and all-encompassing nature of early pandemic life, the narrators deployed an impressive number and range of coping strategies, from keeping busy with projects to dreaming of better days. Many of their strategies drew on existing talents, interests, and hobbies from pre-pandemic times. It may be that the experiences and strategies that the women had accumulated by midlife served as a kind of library of self-protective survival mechanisms and demonstrated a type of resilience that might not have been present at other life stages. The varied coping mechanisms that the narrators used to cope with pandemic stressors included cooking and other domestic tasks (all), maintaining social contact with family and friends (all), listening to music (Kat and Vidya), traveling (Kat and Tallulah), planning travel (Vidya), playing with grandkids (Anjali), practicing their faith (Kat and Vidya), collaging (Anjali), gardening (Anjali), writing novels (Vidya), taking online dance classes (Anjali), seeking or imposing structure on their daily routine (Kat and Vidya), and meditation (Anjali and Vidya).

Collaging and Gardening

Of all participants, and perhaps because of her tendency to "cope by functioning," Anjali employed the widest variety of coping mechanisms. She spoke most frequently of two of these, collaging and gardening.

When Tony became ill with cancer, Anjali had a large garden in which she grew foods that promoted his good health. She continued this practice when the couple relocated to a smaller condominium, where they lived until Tony's death, and Anjali still lives. Anjali noted the mutual benefits that her gardening practice provided:

> That was my way of having some control over the situation; growing foods that I know address the survival mechanisms of cancer like inflammation, glycemia, oxidative stress, coagulation factors, blood supply, and angiogenesis. I was determined to defeat cancer (laughs).

Tony, however, was not the only one whose health benefitted from Anjali's efforts:

> The garden was my solace. It's where I think my best thoughts and let my mind be in reverie. I felt like it was a whole-brain activity. You're using your imagination. You're using your hands. You're cutting. You're imagining what's possible and the pathways toward getting there. You're expressing it artistically. Plus, you're talking with other people, and you're bonding with them. You're listening to them, they're listening to you.

Anjali also found solace in collaging, an activity that she credits with helping her to mitigate her underlying anxiety about balancing her activities in the outer world with what was happening in her home:

> Tony and I worked on big-picture issues like climate change and anti-war together. Making the collages helps me to remember what motivates me. Collaging is what I do to

reinforce my beliefs or remind myself of things that I ought to do more of or people that I care about.

Collaging is my time to block the world out. I joke that I got all the time in the world to move these pieces of paper around like nothing else is happening. I just spent the whole afternoon looking for letters. I didn't wanna do anything else. It was just a way for me to get outside of my own head.

Escapism

Like Anjali, other narrators sought activities that provided them a way to surpass the restrictive boundaries the pandemic had placed upon their world. Kat found music to be particularly liberating:

> No one was home the other day, and I put the Mahler First Symphony on and just turned it up super loud . . . and the bass . . . you can feel the cabinet rattle. And it's like that's what I'm wanting to hear is things that are louder on the outside than what's happening inside. Right now, it has to be pretty loud in order for us to feel. We've gotten kind of numb.

Kat’s insights sparked a conversation about using music to return–mentally–to simpler times:

> BRIDGET:
>
> That's interesting. I've been going through this Bee Gees phase that's perplexing me and everyone else. I've always liked them well enough. But I have been *loving* the Bee Gees. Like if I'm out cooking, and I'm usually the one who cooks, I’ve got the Bee Gees on. It’s to the point that the kids are just really sick and tired of the Bee Gees (laughs).

Kat:

Well, how old would we have been?

BRIDGET:

Little little. Five, six, seven.

Kat:

Are we trying to get back to when it was safe?

BRIDGET:

That's what I wonder. I've noticed that a number of my friends have been posting Bee Gees videos or similar lightweight, non-challenging, good-time kind of things on social media. So, I had the same thought, "Is this a return to a safer or less challenging time?"

Kat:

Yeah. And I've been surprised at how many times I'll just find myself saying, "I want my mom." My mom's 80. I mean, she's great, but she's not gonna be that useful right now. But I think I want that time. I think I wanna be six years old in the house on [Street Name] Drive. I didn't know what life was. Yeah. The Bee Gees are from that time. If the Bee Gees were playing, Mom and Dad were probably happy, which meant it was gonna be a nice evening.

Life Changes

While some minor life changes (a stepchild moving in or out of the family home, for example) that impacted mental health were commonplace in narrators' accounts of the pandemic, only one (Tallulah) reported making a major life change that impacted her mental health. Several

months into the pandemic, Tallulah left her paid employment as the executive director of an early childhood non-profit in order to focus more exclusively on her family's well-being:

> I knew that my paid employment was extremely important work. But I also knew that I have my own family and my own self to take care of. I was overwhelmed on both fronts and not always feeling like I was doing a good job of balancing everything.

Although Tallulah had considered quitting paid employment before, it wasn't until she took some time off in July 2020 that a plan to do so came into focus:

> By that point, I knew that the kids' schooling was gonna be virtual for the coming year. And at that point, both of them were showing some signs of distress. Nothing major, but it was a hard time for everyone. My [younger] son had started having nightmares. He's a pretty sensitive kid and was getting strung out and stressed and not sleeping well at all. He actually asked me if he could see a therapist. And I was like, "Yeah. Let's find you somebody." I was worried about his well-being. And I was just like, "I just can't do it. I cannot do this job and the kids and make sure everyone's okay.

During the family's summer getaway, Tallulah broached with Todd the subject of quitting her paid employment. Although she felt firm in her convictions, she was not at all sure how Todd would respond:

> I was nervous because I wasn't 100 percent sure what he would say. Since we had been married, we always had our own jobs, our own money. So, I just said, "I don't think I can do this. I really think I need–until we know what's gonna happen and where all this is going–I need to focus on you guys and me and our well-being and not be trying to do both things. Especially since the kids are gonna be virtual schooled, they're gonna be home all day, every day. They're gonna need me to be here and present, not here and completely distracted."

He was actually really, really positive and supportive. He said, “If that's what you think needs to be done for your wellbeing and for everybody's wellbeing . . .” I think he was not sure that this was gonna work. But now, if I talk about a job I saw posted or whatever, he's like, "You're gonna go back to work so soon?" I mean, I think he likes having someone present in the home who has everything organized and cooks and takes care of the family, you know?

Although other narrators (Alice, Kat, and Vidya) also navigated changes in their employment status during the pandemic, there were also some important differences. Alice, Kat, and Vidya transitioned from working in person to being virtual employees as a result of the pandemic. There was no element of agency or choice. Tallulah, on the other hand, exercised agency in her move from full-time employee to stay-at-home mom and expressed much greater satisfaction with her transition as a result.

Listening Layer 4: My Life is a Hallway (Space)

One only has to think of the Elizabethan tombstones with all those children kneeling with clasped hands; and their early deaths; and to see their houses with their dark, cramped rooms, to realize that no woman could have written poetry then.

–Virginia Woolf, *A Room of One’s Own*

My Life is a Hallway

(when) I am really mentally healthy
I think
I just
I wasn't doing that
I didn't write
I don't have
I don't have a spot
I used to have a spot
I used to have a chair
I had a little table

I would just curl up in my chair
I even called it the magic chair
I don't have that space anymore

I don't wanna
I don't want to wake her up
I could curl up in there
I can go
I love
I don't
I don't have a spot
I think that's part of it

I could walk over there
I want to

I don't have
I
I
I never
I can never be sure
I'm alone

–Kat

Domestic space emerged as a point of health and navigation during the pandemic. The narrators storied domestic space variously as a protective mechanism, an agential tool, a bone of contention, and as a set of puzzles to be solved. Space mattered to women; like domestic labor, it was both material and symbolic, and its meaning and importance shifted over the pandemic.

To be clear, the narrators did not inhabit the dark, cramped rooms that Woolf described above. They lived, in this western and developed country, in bright and spacious suburban homes, splitting two or three thousand square feet with just a few other people. This was not the case in much of the rest of the world, and even in some parts of the United States, where sheltering at home could mean living in crowded, unsanitary, or otherwise dangerous conditions. For these narrators, their homes were a protective mechanism and a protected space. Using their homes in this way had repercussions: The narrators felt constricted in their pandemic-era lives in ways that would have been familiar to their ancestresses from many eras who, like them, survived mortal

danger but lacked the time and space to transform their travails into poetry. Of course, the actual space in our privileged U.S. suburban worlds is voluminous, but how that space feels is important, too. It may be that there is never enough space to survive a global pandemic comfortably.

This section examines four nuances of women's storying of space, including Okay Together, Claiming Space, Ceding Space, and Safe Spaces, that surfaced organically as a universal experiential layer among the narrators.

Lockdown as Refuge: Okay Together

In the lockdown phase of the early pandemic, home became a place of refuge for many people, including Tallulah and Vidya. Although their family structures differed, each woman described an initial sense of peace and control from gathering (or gathering with) their loved ones in one space. In some ways, managing space *was* managing health and safety. The two often overlapped and combined.

For Tallulah, the experience of facing an outside threat awakened a primal protective instinct:

> When I don't know the circumstances outside, I get very mama bear-like. We were pretty much, at that point, all sheltered at home. We were all huddling, and (I was) controlling what I could control.

Tallulah describes her experience in the internal domestic space at that moment as nourishing and sustaining in the face of the health crisis:

> My hope came from the fact that even though the world outside felt like everything was going to hell, we had close relationships–trusting, loving relationships–in the family. We

> were going to be okay together. I was like, “This is going to be okay. No matter what happens.”

The particular threats COVID-19 posed to the elderly made some spaces more dangerous than others. With the pandemic fast descending, Vidya sought to shelter her mother in the safe space of her home:

> She was in an independent living facility. When COVID first broke, I thought, “Let's bring her here.” So, I brought her to my two-bedroom condo. I was just very concerned, since she's of a certain age, that she would get sick.

For both women, the experience of living in proximity quickly became more complicated. According to Tallulah:

> We were in very close quarters. Having to interact with your family on an all-day, every day, constant basis when you're used to having more time to yourself or in your head while people are at work or school or you're at work or whatever. It is definitely more taxing.

Vidya’s assessment of having her mother move in was more emphatic and direct. “It was a disaster. It's really hard to live that way with somebody in a small apartment where you're trying to keep a distance.” The space of the apartment and the distance needed to preserve health and well-being were at odds for them—as they were for many others in the nation.

In the public (and political) discourse about the pandemic that has since transpired, lockdown has been portrayed in largely negative terms. The narrators offer a much more nuanced assessment. Faced with clear and present danger as the pandemic closed in, both Tallulah and Vidya acted intentionally to bring (or keep) their loved ones close, giving the women a sense of safety, control, and protection from “out there” in an unsafe and uncontrollable situation. In both

women’s accounts, their strong and decisive voices in the retelling mirror the clarity of thought and action each seemed to feel in those terrifying first weeks. Using the home space as a place of pandemic refuge allowed each woman to fulfill the roles that leaped to primacy for them in that moment: as a wife and mother (Tallulah) and as a daughter and caregiver (Vidya).

Claiming–and Ceding–Space

Home often figured in the narrators' accounts as a healthy and protective space. Tallulah expanded upon this characterization when she discussed the health-enhancing benefits of carving out and claiming more space within the family home for her well-being. A few weeks into the pandemic, Tallulah chose to move into the family’s basement, temporarily abandoning the marital bedroom:

> I moved out of our bedroom for a few months because I just needed space. I got to the point where I wasn't sleeping well. I was having stress dreams where I was waking up and stressing about work . . . having that high-anxiety, tightness in the chest kind of thing. I slept in the guest room for four to six weeks 'cause I felt like I just needed to breathe. And that helped out a lot.
>
> I am an introvert. Ultimately, I default to that. It's not usually as much the case with my immediate family, but after the workday, I just wanted to be completely by myself.
>
> I would go to bed pretty early. I was really tired. I wasn't sleeping well, and I was just so brain exhausted from the day. Sometimes I would just veg out with a movie and then go to sleep or read. It was just . . . I needed somebody not to be talking to me and filling my brain with more things I need to think about or do.

We can see, through Tallulah's story, that claiming space may be health enhancing and protective. Through Kat's story, which follows, we can see that the opposite might also be true. Unlike Tallulah, whose family readily acquiesced to her need to claim space, Kat fought a quiet and ongoing battle with hers about both space and possessions:

> My life is a hallway. I don't have a spot. I used to have a spot. I used to have a chair, and the light was perfect, and I had a little table by it, and I would just curl up in my chair and, um, uh, and we called it, I even called it the magic chair. And then when Crystal moved in, she threw it away 'cause she didn't like it. So, we got these other two chairs. That worked, but then Courtney came home, and one of the chairs . . . the chair got put in Courtney's room. Now we have these two chairs in there that are still cute, but it's just not . . . I don't have that space anymore.
>
> They don't understand that just having the ability to rest my eye on that pretty gold chair with its gold polka dots and knowing I could walk over there and just sit and read if I want to is a big deal.
>
> I can never be sure that I'm alone. Never be assured of an extended time to think and be alone with my thoughts, alone in my space.

Navigating Safe Spaces

Figuring out how to create a healthy space required a different series of assessments for Anjali and Vidya, who shared space with loved ones who were elderly and mentally ill or physically infirm. For them, space required physical and emotional navigation and a complicated calculus involving the risks, rewards, and maintenance of various settings to maximize their loved ones' physical safety and psychological stability.

As we have seen, pandemic conditions and the physical reality of distancing requirements made a two-bedroom condominium too small for Vidya and her mother. It also quickly became apparent that sharing space could also have psychological dimensions:

> Because of her dementia, she felt disoriented in my place and wanted to go back to her place. One of the symptoms of her dementia is that she's very emotional. She's kind of become a drama queen. So, it was really hard to get any work done because every day would be some massive soap opera. And then I would lose my temper, and she would say, "You're not being nice to me. I want to go back to my place." And I'm like, "You can't go back to your place. You might die." And she finally said to me, “Take me back to my place, or I'm calling 911 and telling them that you've abducted me" (laughs). And her place . . . the community was doing a pretty good job of controlling it, and I just kind of did the math. I mean, she's 80, but she's in excellent health.

The arrangement of Anjali’s space was important to Tony’s health. Anjali’s husband, Tony, was similar in age to Vidya’s mother. Unlike her, he was mentally sound but physically unwell. As his condition worsened during (but not because of) the pandemic, the arrangement of his physical space became increasingly important to him. “When he was sick, it just helped. He needed it to be nice. He just wanted his environment to be neat.”

It also became important to Anjali:

> I very much tried to keep the place real clean and neat when he was sick 'cause he just liked that. It was more tranquil. Not too much mess. He was weak, so I had to keep it . . . I just didn't want him to trip.

After Tony’s passing and even while grieving, Anjali found some liberation from the need to maintain a safe and orderly space.

> Now, I joke, "Why is my house more messy? Now I know who made all the messes around here," you know? But am I making more messes, or am I just like, I don't have to worry about him falling anymore, so I can throw whatever I want on the floor (laughing)?

This storying of proxemics and order of space underscored how women experienced and perceived the use of space as connected to preserving health.

Chapter Summary

In this chapter, I have presented the fruits of multiple readings of and listenings to the narrators' stories of domestic labor and health during the COVID-19 pandemic. I have used the techniques outlined in The Listening Guide to identify and offer multiple layers of findings of particular interest and importance to the narrators. When possible, I have provided information from the available literature to add context to these findings.

Several vital points surfaced in the narrators' accounts. First, domestic labor had direct ties to how women storied their health. It was a proxy for many things, including a sense of being valued, cared for, and "seen." Narrators were distressed by the lopsided and gendered division of labor in their homes but more so by the failure of family members to see and share the work that needed to be done. This caused the narrators significant psychological distress.

Freed from long commutes and other strictures of a conventional workday, the narrators paid attention to their physical health early in the pandemic but reported backsliding, increased alcohol use, and (for three narrators) cardiac events as the pandemic wore on. They also reported psychological stressors, including the pandemic itself, caregiving responsibilities, and pandemic-specific living conditions, and responded in ways both salubrious (coping mechanisms) and otherwise (pajama days). Overall, narrators evidenced much greater expansiveness when discussing their mental health than they did when discussing their physical health, which they

tended to write off as “okay” or “fine.” It is possible that their conception of good-enough health emerged as relative to the death and loss of the pandemic. Finally, space appeared as a common thread tied to health as well in many narrators’ accounts as they struggled to keep family members safe, maintain their own breathing room, and manage families both far-flung and hastily gathered under one roof.

In Chapter VI, I revisit my research question in light of these findings, discuss their significance, and offer suggestions for practice and future research.

CHAPTER VI

INTERPRETATION AND IMPLICATIONS

January 14, 2022. My ex-husband's text arrives just before 9 a.m. "Dave has COVID. The girls were exposed when we were over there on Sunday. I'm really sorry." Apologies from my ex-husband are a new thing. The pandemic–and one child's recent mental health struggles–have necessitated better and more frequent communication. The side effect has been a thawing of our previously frosty relationship. COVID exposures, conversely, are commonplace. I appreciate the apology, but I am neither angry nor am I particularly worried. My two youngest daughters had followed the rules, remaining masked and politely declining offers of snacks and drinks as they visited with Dave and his wife across their uncle's table.

It's Day 5, and the girls are asymptomatic. I hope they are COVID-negative, but I need to get them tested. One eye on the clock, I pull out a new test kit. The girls' schools are closed due to Omicron, and they are sleeping in. I am teaching online this morning and need time to pull myself together. My son and his girlfriend will visit later, and I will be teaching up until their arrival. I need the results before I start my classes at 9:30, so I can give my son a heads-up if their tests are positive. Last week, one child's mental health faltered. For a few, terrifying

moments after a miscommunication with their significant other, I thought that they were gone. They quickly corrected the miscommunication, but I am having trouble resetting it. If I'm not moving, I'm crying. This doesn't feel sustainable.

My child, on the other hand, is a little better now. They have new medication and are looking for a therapist. This week, another child is showing signs of fraying. I don't know whom to worry about first or most.

One pajama-clad daughter appears, and then the other. I tell them that we need to test. They are nonchalant. Each takes a swab, and they retreat to separate bathrooms to collect. I set the test cards side-by-side on my bathroom counter, twist the caps of two reagent bottles, and place six drops in each testing well. I have done this so often now that I no longer need to read the directions. My daughters reappear, handing me their swabs and going back to bed or about their morning business. I insert each swab into a test card, twist it three times, and close the card. A Sharpie "S" and "I" remind me whose is whose. I collect the cards, my phone, and my tea in a precarious cluster and head to my desk. It is 9:14, and my class starts at 9:30. I open the Zoom room and pull up my welcome slide. Students arrive almost immediately, black boxes populating the screen, each announced by a doorbell chime. No line yet on my daughters' test cards. I leave them sitting on my desk and turn my camera on at 9:25. No one seems to need to talk to me, but I figure it's good for them to see me there. God only knows what these poor kids are going through. A few have left their cameras on and smile when I appear. One waves. By 9:29, the tests are still showing negative. I text the girls, "Sorry. No COVID for either of you." I unmute my mic and welcome everyone to class.

As I write on this gray and blustery January morning, Omicron continues to rage. When I chose my topic for this dissertation during the summer of 2020, I feared the pandemic would be over before I could gather data. Now I am afraid that the pandemic will never end. The kids'

schools are closed, and I am temporarily teaching online. In just over a week, I will return to the classroom, where students are not required to mask. Depending upon whose expertise you rely, the pandemic is either in its final stages or, should a new variant arrive, at the precipice of a potentially more awful new phase. Nevertheless, we keep doing the things that people always do . . . celebrating birthdays, watching terrible reality TV, fixing meals, and mourning losses. This is our new normal, and it is not okay.

Study Summary

When the COVID-19 pandemic descended, it quickly dominated almost every aspect of our lives, from how we worked and schooled to how we cared for ourselves and others. Three years in, many of those changes persist. So, too, do their side effects. Earlier in this document, I wondered how the pressures of pandemic-era domestic labor had manifested and would manifest in the already-pressurized lives of women at midlife. At this point in the project, I know that, in some ways, COVID changed everything. In others, it changed nothing at all.

I introduced this feminist narrative study in Chapter I, reviewed the literature in Chapter II, and described my methodological and analytic processes in Chapter III. Chapter IV focused on narrator biographies. In Chapter V, I offered findings from the narrators' stories of the health impacts of their pandemic domestic labor experiences. During my analysis of the stories using the Listening Guide, four main "listening layers" and many sub-layers surfaced. Within the layers lie the core findings of my study. They include: "Always Plenty Busy" (Domestic Labor), "I Felt My Heart Go 'Pachamp!'" (Physical Health), "Pajama Days" (Mental Health), and "My Life is a Hallway" (Space)." In this chapter, I consider how these layers address my research question. I also interpret some of these findings in light of the literature and their broader significance and use them to fuel suggestions for current and future practice and research.

The purpose of this feminist qualitative study was to explore midlife women's experiences of the health impacts of their greater, disproportionate, and gendered pandemic domestic labor workload. To fulfill that purpose, I sought answers to the following research question: How do midlife women story the health impacts of their pandemic domestic labor?

To answer this question, I used feminist narrative inquiry guided by The Listening Guide methodology and methods (Gilligan, 2015; Gilligan & Eddy, 2017). Narrators were five midlife women (defined for the purposes of this study as being 40 to 64 years old; narrators' actual ages were 47 to 61) who lived in the United States and were caregivers to at least one other person during the pandemic. Four women identified as White, one as Indian-American. Four had children, and three navigated elder or spouse care. I gathered each of the five narrators' stories during a series of four one-on-one Zoom interviews lasting one to two hours each. Each interview covered a specific period within the first 15 months of the pandemic, although the narrators could (and often did) talk about other pandemic periods at their discretion. These interviews occurred at least three weeks apart between April and August 2021. Ultimately, these conversations yielded approximately 30 to 40 hours of audio and video recordings. From these interviews, I also harvested I-poems that foreground women's voices. The practice of harvesting I-poems is unique to The Listening Guide and crystallizes aspects of women's experiences dealing with how they understand their first-person experiences and their relationships with others. Together with repeated viewings, listenings, and readings of the interview recordings and transcripts, these analytic devices helped me to extract from the women's stories the layers of experiences the narrators willingly shared or (sometimes) unwittingly revealed.

Review of Findings

The narrators storied substantial domestic labor workloads both before and during the pandemic. Each discussed how the pandemic made doing domestic labor more difficult.

Sometimes, this difficulty occurred because of new rules specific to pandemic circumstances. At other times, the narrators performed complicated ad hoc risk analyses to manage dangerous pandemic unknowns (e.g., determining a COVID-safe length and frequency of grocery store visits when little research on the topic existed). The extra navigations required to complete both visible and invisible tasks added a stressful and burdensome layer to a domestic labor workload that, in pre-pandemic times, took substantially less time and effort to perform.

During their initial interviews, the narrators evidenced greater awareness of observable household chores, such as cooking and cleaning, than invisible tasks, such as emotion, planning, and remembering work. They came to consider these invisible tasks only after some reflection and as the study progressed. Through their stories, it became apparent that invisible labor, even more than visible chores, was a significant source of fatigue, burnout, distress, and dismay.

Most narrators with partners reported a distribution of domestic labor that was lopsided before the pandemic began and became increasingly so as it continued. The presence or absence of one partner in the home mattered greatly to how the narrators evaluated the distribution of domestic labor and how they felt its impact. Absence usually came from going out to work and was accompanied by an inability to see and do the household tasks that needed doing. “Seeing” domestic labor, however, went beyond presence and vision. The narrators storied the concept of “seeing” as noticing, anticipating, planning, and doing household tasks. More importantly, it meant acknowledging both the women’s labor and the women themselves. When narrators felt they or their work were unseen, they also felt unsupported and unimportant, which made their domestic labor burdens more impactful and onerous.

As was the case with their awareness of invisible labor, the narrators’ perceptions of the impact of gender on the distribution of domestic labor evolved as the study progressed. Gendered expectations of domestic labor seemed to matter to workload distribution. Several narrators

excused a lighter domestic workload from partners whose jobs took place outside the home, even though they, too, were employed full-time. This aligns with a conventional gendered appraisal of work in the public or masculine world outside the home as more important than work within it (Daniels, 1987). Gender also manifested in narrators' stories when Alice questioned her memories of a gender-neutral upbringing with respect to domestic labor, when Kat's same-gender partnership was nonetheless impacted by gendered expectations due to both partners' socialization as conventional wives in previous relationships, and by the gendered expectations of availability and time investment in the care of her elderly mother that Vidya encountered.

Although narrators expressed their responses to their domestic labor workloads largely negatively, they also used domestic labor as solace. The narrators storied using domestic labor to impose structure on formless pandemic days and nights, to take advantage of "found" time made possible when working from home, to find peace as the pandemic raged outside, and to replace pre-pandemic activities, such as eating at restaurants. The narrators extensively used domestic tasks, such as cooking and gardening, as coping mechanisms to deal with pandemic stressors.

Narrators' feelings about their domestic workloads varied according to the stage of the pandemic. In the early months of the pandemic, most worked out systems for doing domestic labor. These systems gave them a sense of structure and control and allowed them to share their burden with their family members. As the pandemic wore on, these systems slipped, a state of affairs that the narrators interpreted as a personal failure.

Many narrators also spoke of enjoying a "honeymoon period" concerning health during the early pandemic. Their stories of this time told of how working from home and having few other outlets prompted healthier behaviors. These included engaging in regular exercise, establishing self–care routines, and paying closer attention to diet. However, these early efforts

dwindled as the pandemic progressed. As was the case with the domestic labor systems slippage, most narrators viewed this regression as a personal shortcoming.

Some narrators disclosed less-healthy habits, including increased alcohol consumption, that co-occurred with these more salubrious efforts. In addition, all said they had skipped health appointments, including physician visits and dental check-ups, to care for family members in need or due to pandemic restrictions and concerns. When they resumed care, they were selective about the care they received. At the time of the interviews, none of the narrators had experienced adverse health outcomes from missing these appointments. However, at least one speculated about the hidden health conditions that might be present as a result.

Three narrators experienced chest or heart pain, heart palpitations, or other cardiac symptoms during the study period. Although only one received a cardiac-related diagnosis, their symptoms were consistent with stress-related cardiac conditions, including Takotsubo cardiomyopathy, that have increased in prevalence, particularly among midlife women, since the beginning of the pandemic.

All five narrators openly shared their stories of past or ongoing mental health struggles that predated the pandemic. Their openness in sharing these experiences is an example of the kind of rapport-building and “coming alongside” (Clandinin, 2006) of participants that allowed me to do this study. During the study period, the narrators struggled with their mental health due to their domestic labor burden and stress and worry related to the pandemic. Despite describing themselves as functioning well at most times, the narrators reported that they often felt the weight of anxiety, depression, and inertia while they went about the care work and other tasks they needed to accomplish.

Contributing to the narrators’ declining mental health during the pandemic were the pressures of a home space that, for many, became confining and problematic. Although narrators,

by and large, saw their homes as places of refuge, living in proximity complicated their sense of peace and safety in this space. This was the case regardless of the size of the home or the number of people in residence. No home was big enough during a global pandemic. Both Vidya, who lived in a two-bedroom condominium, and Tallulah, who inhabited a large single-family home, reported similar experiences and perceptions of their domestic space becoming too confining.

Interpretation

I wanted this project to have a happy ending. Although hypotheses are somewhat antithetical to qualitative research (Patton, 2015), I had my hopes and suspicions walking into this project. I knew then (and copious literature corroborated) that it was pretty much a given that women did more domestic labor than men and that this situation was detrimental to women's health. The early pandemic research I curated for the literature review confirmed something else, too: COVID was making the already bad situation of gendered domestic labor just that much worse.

Under these circumstances, I knew full well that I would find the narrators to be depleted by domestic labor. The pandemic had done a number on women, and I was living that reality, too. But I wanted this to be a heroine story . . . a tale of plucky and resourceful women who, amid their domestic responsibilities and from their domestic responsibilities, found distraction that mitigated the health impact of their domestic labor burden.

I wasn't prepared for just how bad it would be. What I found in the narrators was not a band of plucky, fresh-faced heroines, but a group of women who were battle scarred (figuratively) and beaten down (metaphorically) by what was then 15 months of the potential global extinction event that was and is the COVID-19 pandemic. While the narrators were certainly wise, funny, brave, loving, generous, and resourceful, what they also were was

physically, mentally, and existentially fatigued, buffeted by a pandemic that had gone on far too long and taken far too much.

Narrating Domestic Labor: Stories of Mattering in the Home

When the world outside fell apart, the narrators experienced their domestic labor as a concrete offering to keep their homes and families together. In addition to expressing feelings of being overwhelmed by endless domestic chores they so often could "see" that their family members did not, the narrators spoke to the pacifying, fulfilling, and liberatory aspects of domesticity as they described "hunkering down" at home against the unknown threat of COVID, cooperatively planning menus and shopping forays, and soothing themselves and those with whom they shared space by performing many of the same tasks (e.g., cooking or cleaning) that they also found oppressive.

The narrators' stories revealed that their domestic labor existed as a multifaceted presence in a complicated network of household relationships. At various times, they described their labor as a lopsided and gendered burden, an assault on their subjectivity, and, occasionally, a "meaningful human project" (Young, 2005, p. 138) designed to demonstrate love and provide nurturing.

Narrators' accounts also surfaced how domestic labor became its own character in the narrators' stories of their lives, a member of the household with broad meaning and great importance. The narrators storied their domestic labor as a proxy for how things were going more broadly within their relationships and their homes. Depending on the circumstances, domestic labor connected or divided them from others in their stories. The narrators began by discussing domestic labor as a list of specific and discrete tasks done, skipped, delegated, or shared. Within these conversations, however, other topics had a way of popping up unexpectedly. It became clear, as we talked, that this thing called domestic labor was not really

just about scrubbing floors or washing dishes at all. The “doing of things" that constituted domestic labor was a metaphor for relationships, control, inequities, worth, and being seen and respected . . . or otherwise.

Nonetheless, and however apparent the symbolism of their domestic labor may have been to the narrators, it was a consistent plotline of their stories that domestic labor remained primarily invisible and thus insignificant to their loved ones. No one saw what needed doing to nurture everyone and to build and be a team against the wild and profuse uncertainty of it all in dangerous times. Often, only one person (the narrator) wanted to be on that team, leaving them emotionally eviscerated by their loved ones’ lack of seeing and unsure how to move forward.

The women narrated their domestic labor, but they also commonly revealed they did not talk about the imbalance or alternative arrangements with their loved ones. In this way, they were complicit in their own overwork and invisibility. The stories reveal that narrators’ domestic labor and acceptance of imbalanced domestic workloads diminished them, particularly during the pandemic. With so much fear and overall concern about pandemic conditions present, it seemed insignificant to raise a fuss over towels in the laundry basket or to negotiate a domestic labor distribution that had become oppressive. They consistently narrated stories that revealed the varied ways they put others’ needs ahead of their own and, in fact, that they sometimes did not even recognize or articulate what those needs were.

Message Received

If we weren’t important inside our own homes, we certainly weren’t important outside of them, either. The messages circulating in society at large were equally deflating. For those with five minutes to put their feet up and seek distraction from the media, the message was coded but clear. It came, in one form or another, during every commercial break: “We’re all in this

together." Which, translated and filtered through the experiences of women whose own families didn't seem to care, may have meant something else entirely:

> The message trickling down from the top of society is aimed at social stability. "We are all in this together" when spoken from above means: "Don't fight back, obey the law, listen to your leaders, work harder, and accept new government repression,"etc. It aims at maintaining the status quo that brought us this crisis in the first place (Leigh, 2020, para. 15).

For midlife women, maintaining the status quo meant continuing our labor as the maintainers of health and home, the raisers of children (some now adults), the soothers of spouses, the painters of moldy bathroom ceilings, the chauffeurs of elderly parents, the caregivers of ailing spouses, and the doers of miscellaneous labor, seen and unseen. Yes it was taking its toll on our health. But as members of a generation of dutiful daughters of a patriarchal society, we seemed to read the subtext loud and clear. To us, it said, "Sit down and shut up. If your own families don't care about the dirty dishes, do you really think that anybody else will?" In one way or another, each of the women narrated stories of falling into line.

Space: Meaning in Context

Connecting to a long history of women's analysis of and claims for psychic space and rooms "of one's own" (Woolf, 2017, p. 9), in this study, space surfaced in narrators' accounts as essential to their physical and mental health. Just as domestic labor is not just about chores, space is not just about square footage. These concepts symbolize other powerful things about women's lives. In the face of the pandemic, women were endlessly at home and couldn't be anywhere else. So, the meaning of space shifted in that context. The women, at times, felt controlled by their space. At other times, they controlled what they could control, and sometimes that included the spaces within which they lived and worked. However, the meanings of space were not stable in

any way. At times, space became a tyrannical reminder of everything that the narrators had to do but hadn't done or a place where their lack of value to others at moments became crystal clear. Simultaneously, space was also their tapestry for creating a sense of normalcy and nourishment for their families.

Among the changes wrought by COVID was a shrinking of women's field of play as the functions they once performed inside and outside the home all moved inside. At the same time, the outside offices, coffee shops, and libraries they once frequented closed, sometimes permanently. The effect of this constriction occasionally seemed cozy (e.g., Tallulah's family hunkering down together in the face of the unknown and unseen enemy that COVID represented). However, the home space was mostly confining and problematic, shrinking and compressing the narrators' worlds in ways that were negative for their psychological health and well-being. Home confinement meant that home took on new meanings for narrators and not all of them were positive. It became both a place of protection and site of oppression as well as a safe harbor and a place of unending each otherness.

Narrating Health: Okay is Good Enough

Domestic labor happens in the home space and the home space has strong ties to mental and physical health. During the pandemic, COVID, the enemy without, forced the narrators within . . . within homes that became confining and problematic even as they remained protective. Within the home, the concepts of domestic labor, space, and health overlapped and intertwined. To some of the narrators, maintaining health took its place in the overwhelming pantheon of pandemic era Things To Do. Consistent with this, they took on the maintenance of their health as an individual project, with victories, losses, and inevitable episodes of backsliding. Maybe what the narrators read as backsliding was really recalibration. In the face of the cultural, structural, and historical conditions of the pandemic, even everyday practices of maintaining

composure and managing a household became exhausting. With limited bandwidth and resources for non-COVID survival, loftier goals were simply too much to maintain. The outcome was that, rather than decrying the gendered system or historical conditions that constructed this as their problem to solve, the narrators ascribed these conditions to individual weakness or moral failure.

As the narrators storied it, health in the pandemic was different. Across and throughout the narratives when I asked about "health," a number of responses came up that reflected the broad scope and meaning of the term. However, to them, health during the pandemic was never about flourishing, or honoring all six or eight or nine aspects of the healthy self. Rather, their stories revealed that pandemic health was relative. Health meant being generally okay. This construction of health was significant given that plenty of young, healthy people were dying. Relative to that, having okay health or even "merely the absence of disease or infirmity" (World Health Organization, 1946, para.2) was, under the circumstances, actually pretty good.

Ask a narrator how their health was, and they were likely to say, "Okay." Maybe they had started walking yesterday and woke up to a pajama day today. That was okay. They were okay. And, given all of the other things that they were doing, okay had to be enough.

In many ways, I suppose, this was a heroine story, after all.

Significance

This study is significant because it provides emic accounts of how domestic labor impacted midlife women's mental and physical health during the COVID-19 pandemic. It is, so far, the only study that I have found that centers on this specific topic. It increases our understanding of the kinds of labor women perform, how their family members support–and fail to support–them in these efforts, and how all of these things impact the still-understudied area of midlife women's physical and mental health. It also points to the varying meanings of women's domestic labor in an unprecedented context, a precarious time of varied care work that occurred

largely inside the home, as women experienced it and in their own voices as they storied domestic labor in relation to health. This study also hints at the need for a broader conception of the factors that impact midlife women's health, including the gendered distribution of domestic labor and the importance of in/visibility, space, and agency in facilitating good mental and physical health.

Did Midlife Matter?

Well, I always say I'm like a kid . . . except my hands, my knees, my bladder, and my vagina (laughs) and maybe a couple other things.

–Anjali

Midlife women are an understudied group. This was among my reasons for centering their pandemic experiences during this study. Given that, some might expect to hear that age was a frequent topic of discussion. It was not. Save for Anjali's quote above, the narrators made few references to their age or to the aging process. This does not mean that their midlife status was absent from their stories. It makes its appearance in the topics with which the narrators were concerned. This was most evident when narrators discussed their sandwich generation caregiving duties, which for several narrators required navigating the care of elderly parents and worries about adult children who no longer lived at home. This aligns with the findings of a 2018 study in which midlife women named the near-simultaneous nature of family and personal challenges (among others) as being particularly stressful (Thomas et al., 2018). The same study also noted that many serious and chronic health conditions begin at midlife and may be complicated by their co-occurrence with sandwich generation caregiving needs (Thomas et al., 2018). We see this–and the narrators' midlife status–in the health concerns, including cardiac events, that they story, as well as their lukewarm responses to them.

Midlife remains poorly defined and woefully under-investigated within the health literature. It may be that the narrators are absent a solid reference for what midlife is and what it

means to their health. As a result, and despite knowing that they belong in this age bracket, they do not see themselves as members of this "midlife" group. It may also be that "midlife" is a murky category that doesn't have clear meaning in their storying.

Through the narrators' stories, we can see that the women we cluster together under the "midlife" umbrella may, in some ways, have little in common on the basis of that "midlife" category. Within this small sample of narrators, we have represented (among others):

- Single women, newlyweds, and widows;
- Queer women and straight women;
- Child-free women, empty nesters, and women with middle- and high-schoolers;
- Women with strong and healthy bodies, women living with chronic conditions, and women encountering the "normal" health conditions of aging;
- Regular drinkers, teetotalers, and recreational marijuana users;
- Women whose adult children are independent and women who are caring long-distance for adult children with mental health issues and other serious conditions;
- Exercisers and exercise refusers;
- Women of faith, agnostics, and atheists.

The list goes on and on. As we know from the literature, each of these labels comes with health outcomes. If, as people concerned with public health, we assume all women of a certain age to be in a similar state of good or poor health or to respond uniformly to an event such as the pandemic, we are likely to be mistaken. If these women are also under our care, in need of our support, or our research participants, we may be mistaken if we have assumed midlife to be a monolith. The range of lives represented in even this small and (in some ways) homogenous

group points to the need for researchers and healthcare practitioners to exercise active awareness of diversity when we are interacting with people (including midlife women) whom we assume to have much in common.

Implications

The meaning of "health" changed during the pandemic as survival during a period of massive infectious disease period trumped nuanced care. Results from the 2022 National Poll on Healthy Aging indicated that about one-third of people 50 and over missed a pandemic-related primary care appointment for COVID-related reasons (Kullgen & Malani, 2022). Elsewhere, researchers found that women were more likely than men to have missed healthcare during the pandemic (Frederiksen et al., 2021).

The narrators of this study put themselves and their mattering second as they repeatedly skipped routine healthcare appointments and even delayed surgery due to pandemic circumstances and caregiving responsibilities. To them, health meant attending to others' needs first, then, for themselves, bearing whatever and maintaining okay. Rarely did it entail flourishing. Care providers would do well to understand women's priorities before setting up or embarking on a remediation plan. Patients (particularly those–such as midlife women–who may be living complicated lives) may have their own schema for deciding which care to pursue. These schema will likely include others' needs as well as (and often before) their own. Women may have reasons for missing appointments that make sense to them but are mysterious to outsiders. Understanding these schemas and working with patients to plot an acceptable course of action is likely to yield happier patients, improved treatment compliance, and better health outcomes.

Certain conditions, including alcohol use disorder (AUD), may prompt feelings of shame in those who experience them (McCrady et al., 2020). This issue surfaced in this study in the narrators' reluctant storying of their increased pandemic alcohol use. The result of these feelings

may be that women minimize or fail to disclose these sensitive conditions to their healthcare providers and delay or deny appropriate treatment. Research indicates that women are much less likely than men to seek treatment for AUD (McCrady et al., 2020). Research indicates that, when they do, their needs may best be served in women-only programs that focus on the treatment of comorbid conditions, such anxiety and depression, and on coping strategies, including self-efficacy and social support for recovery (McCrady et al., 2020).

Much of what surfaced in this study did so only after extensive interaction and specific, probing questions. The high-volume nature of many clinical settings may preclude the prolonged conversations necessary to extract important information from patients. This may be particularly so when encountering topics, such as alcohol use, that are cloaked in secrecy and shame. However, developing the interviewing and conversational skills that build trust and foster disclosure over time may be necessary to draw accurate conclusions and provide appropriate care. Methods other than face-to-face interviews (in-person or on Zoom) might better facilitate full disclosure. It might also be helpful to engage clinicians "of an age" with midlife women who are excellent listeners and who take women's concerns seriously.

Telehealth visits surged during the pandemic (Examining Telehealth, 2020) and most people were satisfied with their telehealth experiences (Frederiksen et al., 2021). The increased use and acceptance of remote modalities may present opportunities for not only health intervention via conventional telehealth platforms but also mutual support through health-focused online support circles and networking apps. This could apply when addressing specific disorders, including AUD (McCrady et al., 2020), and also to developing and maintaining health-focused supportive networks for women facing both usual and extraordinary health challenges. These networks could help to ensure that women work together to support each other getting mental health and medical care.

Midlife women (and many others) may also need policy flexibility (such as allowing more than one family member to attend appointments) to accommodate caregiving responsibilities. If a patient or caregiver must visit a site on multiple occasions, it would be helpful to consider policies that would mitigate caregiver fatigue and frustration when they must seek exceptions for every office visit.

A particularly troubling finding from this small sample was the prevalence of cardiac symptoms among its members. Three of the five narrators reported cardiac symptoms during the study period. One sought emergency care, one followed up with her physician, and one did not seek care. In addition to (correctly) assuming that cardiac problems might be present among midlife women, it might also make sense to realize that the women impacted by these conditions might respond to them in multiple ways. The professionals who care for midlife women might want to ask specific questions about cardiac symptoms and follow-up care. They might also want to message the idea of "putting the oxygen mask on yourself first" to attune midlife women to the importance of taking care of their own health first before they try to care for others.

It may be, too, that at least some of the categories that affect midlife women's health do not currently appear on most intake forms or come up in patient-provider or (researcher-participant) conversations. The narrators of this study devoted a great deal of attention and emotion to the people in their lives whom they perceived to be most vulnerable, leaving them care-town and exhausted. The presence of elderly relatives, infirm family members, and struggling adult children profoundly impacted their psychological health and their ability to focus on their own health issues. Making questions about family and chosen family systems a part of routine care visits would open the door to discussions that might help caregivers to understand their clients' situations better.

Obtaining full disclosure from midlife patients might require us to become comfortable talking about topics–including gender, in/visibility, space, and agency–that are not a standard component of mainstream research or clinical interactions and to take seriously the idea that topics like domestic labor directly impact women's health. This study surfaced that Domestic labor and health are utterly connected. That women are not getting the help that they need, that their efforts go unseen, and that they do not feel able to discuss the situation with their loved ones will continue to impact women's physical and mental health unless and until these issues are addressed and real change happens. This study represents a small step in that direction.

Limitations and Proposed Solutions

The volume and variety of work required to conduct an inquiry like this one, particularly as a solo researcher, leads to inherent limitations. It was necessary, for example, to keep the number of participants low so that I could capably schedule, conduct, and transcribe interviews; manage follow-ups; analyze findings; write; edit; member check; and revise within a reasonable time frame. While the small number of narrators allowed me to attend to each of their stories with great care and detail, some might argue that the findings do not necessarily apply to larger or more varied populations. This could be remedied by increasing the number of participants in future extensions of this project or by working with other researchers to distribute the labor involved.

A big project yields big data. Deadlines and my own endurance limited my ability to tell these stories in their entirety. There is at least another dissertation or two lurking within the parts of the narrators' stories that I did not tell here. While I am not sure that I want to go that route (one dissertation is plenty), I can envision many future projects that will focus on these findings. Alternatively, any of these narratives would also make an interesting and enlightening case study.

Using purposive sampling to select narrators also had its benefits and drawbacks. While, on the upside, engaging narrators with whom I had some previous acquaintance helped to build rapport and encourage disclosure, it led to a more homogenous group of participants than might have been gathered using different recruitment methods. The narrators were highly educated, of middle- to upper-class socioeconomic status, and, except for Vidya, White. Likely, the pandemic experiences of other women who are members of different socially-constructed groups were in some ways very different from those of the narrators represented here. I could improve upon this in future studies by recruiting women from a broader range of backgrounds and circumstances. Future studies might also benefit from using targeted recruitment to fill in narrator categories. Doing so would enable me (and the people who eventually read this study) to better discern patterns in their experiences.

Using Zoom to conduct the interviews also proved to be a limitation. By the time I conducted the interviews (Summer 2021), most of the narrators were accustomed to using videoconferencing technologies, particularly in professional settings. This led to less emotional expressiveness than I had encountered when doing face-to-face interviews for previous projects. It also made body language and other aspects of non-verbal performance difficult or impossible to read. Pandemic circumstances and IRB regulations in place when this project was approved made using online technologies necessary. Future incarnations of this project might optimally include in-person meetings.

Even studies that include multiple interactions with participants capture only static moments in time. However rich multiple-interview studies can be to understand phenomena with each narrator, by following participants at intervals over a longer time frame in person or through other methods (daily social media diaries, text surveys, etc.), I could greatly enrich the findings.

Finally, pandemic methodology may be different than that addressing other periods in history. The blur of the pandemic and the collective trauma that we all faced (and continue to face) during it changed the way we described conditions and times of events. Despite the best-laid plans, some of the methods that I had planned to use didn't end up working particularly well. Asking for specific dates, for example, didn't end up mattering very much in the conversations as narrators addressed broad themes not rooted in a particular period. This sometimes meant discarding a planned method midstream and quickly formulating a Plan B. Future researchers might wish to keep in mind that flexibility and innovation in methods might be required if they wish to study this complex and difficult period of history.

Directions for Future Research

My study adds nuanced understanding of how midlife women story their health and how it manifests in a variety of symbolic and relational ways tied to crisis conditions. Mothering and domestic work is in no way static: It is always shaped by larger social and historical phenomenon. It is also directly tied to women's health. Domestic labor *is* a women's health issue. As such there are ample opportunities for future research.

Next steps for this research trajectory could include expansion of the number of women included and of the social and demographic characteristics they represent. Each addition would represent an additional story told and add greater resonance and relevance to the collective account. The collective account could also be differently told in the form of a quantitatively-based study (such as a survey) that uses the layers that surfaced here to "seed" its questions.

There is also much room for research focused on the health impacts of specific circumstances that the narrators storied. These include eldercare, the presence of children in the home, the toll of adult child caregiving, the role of chronic illness in pandemic-era health behaviors, and many others. Conducting studies that focus on how domestic labor impacts a

specific aspect of health (physical or mental health, for example) would also greatly expand our understanding of this topic and those mechanisms.

A related topic that might warrant investigation is the negotiation of domestic labor distribution. The narrators, all of whom are otherwise accomplished and assertive women, remained mostly silent about working out a more equitable domestic arrangement with their loved ones. Were such research to occur, the consciousness-raising that occurred organically as part of this study could inspire broader efforts to protect women's health by providing them with awareness and tools to increase their willingness to engage in such negotiations.

The results of this study also pointed to the need for further research into the role of gendered learning, experience, and habit in determining household labor distribution. As mentioned previously, narrators' understandings of the intersections of gender and domestic labor evolved as the study progressed. There is ample (gendered) terrain still left to unfold and explore.

Finally, the findings on space and invisibility that I have presented here show promise as the nexus of a feminist theory on health. This study gives some indication (e.g., choosing to leave one's job vs. being forced to work from home) that agency may be the factor that mitigates or maximizes health impact. I plan to pick up this thread after I conclude this study. Perhaps other researchers will choose to join me.

Narrator Responses to Research Experience

Member checking is always a nail-biter. Having been entrusted with the intimate details of the narrators' lives, I am always eager to ensure that I have faithfully represented their stories. In January 2023, I sent each narrator relevant portions of my draft write-up for their review. And then I waited.

Anjali responded almost immediately. She was concerned that she had seemed “a bit flippant” about her job. She supplied some additional details that I have added to her story.

Kat, too, was quick to respond:

> Thank you for the opportunity to read through your work. I would not change anything and have no suggestions. I will say it was remarkably meaningful and healing for me to read and remember those moments as you captured them. Thank you.

Alice responded to my follow-up prompt, apologizing for the delay:

> ALICE:
>
> I think I’ll skip reading it. Not sure I can handle introspection these days. I trust you. I’m sure you represented me perfectly.
>
> BRIDGET:
>
> No problem. And I get it. This is tough to write and to read. I tried my very best to accurately and sensitively represent your story. Many, many thanks for sharing it with me.
>
> ALICE:
>
> Feel very special. You are quite literally the only person I have ever told. And the only person I WILL tell.

Tallulah was the only narrator to respond with a marked-up draft. Her comments were affirmational and funny. At the end of the document, she summed up her thoughts:

> This all feels very accurate. Always interesting to read about others’ perspectives of you. And interesting to revisit this time which now feels like a long time ago, even though it

> really wasn't. I'm surprised nothing about Parker's [Tallulah's stepson's] time living with us entered into it. That feels so significant for me as a painful part of the pandemic. I have fully settled into domestic life now, and who knows how and when that might change. But it does make this mama bear happy to be fully present for my kids and their needs as they grow up into teens and adults.

At Tallulah's suggestion, I added a vignette about her stepson's stay in the family home.

About a half-hour after I completed this segment, including a notation that alone among the narrators Vidya had not responded to my invitation, I received the following message from her:

> My apologies, but I was dealing with a couple of bouts of flu over the past months, and it derailed my ability to engage with much beyond work deadlines. I wanted to assure you that I read the sketch just now. It reads accurately. Thank you so much for including me in your study, and I look forward to reading it once it's released.

In a second message a few weeks later, Vidya raised her concern that my portrayal of her "pajama days" read somewhat negatively. After rereading the passage in question, I agreed and changed my wording so that this was no longer so.

Epilogue: February 28, 2023

I am finishing this dissertation in the cozy converted attic of my Minneapolis home, two years and 750 miles from when and where I started it. So many things have changed, but a few remain constant: the love and support of my partner and my children, the two dogs sleeping unhelpfully behind me, and, less positively, the COVID-19 pandemic.

Pandemic-era demands on women are in some ways a great equalizer . . . if by "equal" you mean that we all are somewhat disadvantaged, damaged, and reduced. It wasn't exactly like

we started the pandemic with all cylinders firing. Many of us, myself and the narrators included, entered the COVID-19 era with existing health struggles (mental and physical) that were made worse by isolation, concerns about infection, and the incessant and varied domestic obligations of the high pandemic era.

The pandemic rages on, whether we want to acknowledge it or not. COVID continues, its direct health outcomes still not entirely known. Also unknown is what we carry within us from these experiences. For three years now, we have witnessed the suffering of loved ones, the politicization of mitigation measures, and the ugliness of people we once called our friends and neighbors. We have worked outside of our homes and within them, bumping up against the gendered dimensions of our homemaking and caretaking and the four walls from which, for many months, we could only rarely exit. We have lived in a perpetual state of stress and worry in bodies meant only to engage in fight or flight and then to rest. Humans aren't supposed to be so stressed for so long. What long-term consequences will this stress and worry wreak within us?

Even beyond these direct consequences, COVID has changed how we view the world and those with whom we share it. One of the hallmarks of my pandemic experience is a sense of fatigue, ennui, and mistrust in others that I don't remember from "the before times" and that I now can't seem to shake.

Kat's description of her pandemic world echoes this experience:

> *Being afraid all the time is exhausting. I missed the prism that you can usually see life through. There wasn't a prism. It was just foggy glass with sharp edges. Only if you touch the sharp edges, they don't even feel sharp. And then the other thing was just the cognitive dissonance of the messages we were hearing and the reality we knew we were living. That's something I still haven't recovered from. I developed some cynicism that I didn't have and some distress that I managed to ignore.*

Given all of this, it's been challenging to see the importance of finishing this dissertation and this degree. I've also struggled with my motivation to exercise, eat well, or otherwise maintain my physical and mental health while doing so. Taking time away from family seems like the ultimate act of self-indulgence. I'm afraid that if I take my eyes off any of them, someone will be lost. I try to remember something that my advisor said, "This dissertation is difficult for all of the same reasons that it is important." Women's health matters. Women's domestic worlds and meanings matter. And I have conducted this study, analyzed the findings, and written these many pages all while navigating many of the same pandemic experiences and challenges as my narrators have. Our struggles have to count for something: I must make them known.

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APPENDICES

APPENDIX A: DIRECT RECRUITMENT MESSAGE

From: bridget.rebek@okstate.edu
Subject Line: Recruiting for Study of the Health Effects of Unpaid Domestic Labor on Midlife Women during COVID-19

Dear (Name),

I am recruiting participants for a study on the health effects of unpaid domestic labor on midlife women during the COVID-19 pandemic. You may be eligible to participate if you are a woman between the ages of 40 and 64 who has been a resident of the United States since at least January 1, 2020, and who cares or helps to care for at least one other person (child, partner, neighbor, elder, or friend).

Participation will require four interviews of approximately one to two hours each. There is also an optional fifth interview. You can also choose to participate in member checking, during which you can review and correct my interpretation of the findings from your interviews.

We will use Zoom to conduct the interviews. Participants can choose to receive a $10 gift card for each interview, plus a $10 bonus gift card for completing all four interviews. If you might be interested in participating, please respond to this message and let me know. I will then send you a participant information form for the study and contact you about scheduling an interview. I am also happy to answer any questions you may have.

Thank you.

Sincerely,

Bridget Rebek

Opt-out: If you do not wish to receive any further emails from me, please reply to this email with the word “Stop” in the subject line.

APPENDIX B: RESPONSE MESSAGE

From: bridget.rebek@okstate.edu
Subject Line: COVID-19 Research Project

Dear (Potential Participant Name)

Thank you for contacting me about my research project on the health impact of unpaid domestic labor on midlife women during the COVID-19 pandemic. I am excited about this important project and more excited still that you might be interested in participating.

To participate in this study, you must be a woman between the ages of 40 and 64; have been a resident of the United States since at least January 1, 2020; and care for or help to care for at least one other person (child, partner, neighbor, elder, or friend) at least some of the time.

I am attaching a Participant Information Sheet to this email. It gets into the specifics of the project. In a nutshell, if you decide to participate, we will schedule a total of four interviews over the coming weeks and months. Each interview will cover a different period just before or during the COVID-19 pandemic. We will talk about what your life was like at each of these periods, with a particular focus on unpaid domestic labor (housework). Each interview will happen over Zoom at a convenient time will take one to two hours.

After that, you will also have the option to complete a story prompt and participate in a fifth interview about what you have said or written. After I have analyzed and written about what we have discussed during the interviews, you will have the opportunity to read over the draft product and give me your feedback about it. That step, called member checking, is optional, too. Participants can choose to receive a $10 gift card for each of the four main interviews, plus a $10 bonus gift card for completing all four interviews.

If you are interested in participating in this project, could you please send me a quick email when you receive this? I would also be happy to answer any questions you have before you decide whether or not you want to do this. If you decide that you don't want to participate, you can either email me and say so or just not respond. Whatever you decide, I appreciate your consideration of this project and wish you all the best.

Thank you.

Sincerely,

Bridget Rebek

APPENDIX C: PARTICIPANT INFORMATION FORM

Participant Information Form:
Health Effects of Domestic Labor on Midlife Women During the COVID-19 Pandemic

Thank you for your interest in participating in a research study of the health effects of unpaid domestic labor on midlife women during the COVID-19 pandemic. Please read this form and ask any questions you may have before agreeing to be in the study.

My name is Bridget Rebek, and I am conducting this study. I am a candidate for a Doctor of Philosophy (Ph.D.) degree in Health and Human Performance at Oklahoma State University.

PROCEDURES:

If you agree to be in the study, you will participate in four interviews with me. Each interview will last for approximately one to two hours. We will do the interviews using Zoom at an agreeable and convenient time for both of us. You may also elect to participate in a fifth interview, which will be based on an optional writing prompt.

I will record the audio and video for each interview using Zoom's recording feature. As a backup, I will also audio record the interview using a digital recorder. I will later transcribe the interviews so that I can analyze them for content and themes.

After I analyze the research findings, I will write up the results. After I do, I will invite you to review and correct my interpretation of the findings from these interviews. This review (called "member checking") is optional. After the member checking process is complete, I will write up the research findings in a report that may be published or presented.

BENEFITS OF PARTICIPATION

The benefits of participating in this study may include:

- Feeling validation or catharsis at the acknowledgment of your unpaid domestic labor during the COVID-19 pandemic.
- Feeling pride or satisfaction at contributing to the historical record of these unprecedented events.
- Feeling pride or satisfaction at contributing to the body of knowledge about this topic.
- Knowing that this research results may help develop academic papers and conference presentations and inform future research and policymaking.

RISKS OF PARTICIPATION

The risks of participating in this study may include:

- Feeling uncomfortable answering interview questions.
- Possible loss of confidentiality.
- Possible distress due to recalling unpleasant or challenging events.

I will address these risks in the following sections.

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. While participating in the interviews, you can tell me if you feel uncomfortable or do not want to answer a particular question. You may choose not to take part or may leave the study at any time. Deciding not to answer a question or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled. Your decision about whether or not to participate in this study will not affect your current or future relations with Oklahoma State University.

CONFIDENTIALITY

I will make every effort to keep your personal information confidential but cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. I will keep your identity confidential in reports in which the study may be published and databases in which results may be stored.

You will choose a pseudonym to ensure the confidentiality of your identity. I will identify you only by this pseudonym in all study materials.

I will record and transcribe all interviews. The audio and video files of these interviews will be available to me and (upon request) to my dissertation advisor. I will delete them once I transcribe each interview.

I will store all electronic files (e.g., written analysis of research findings) without identifying information on an encrypted flash drive. I will store this drive in a locked file box in my home office.

The OSU IRB has the authority to inspect records and data files to assure compliance with approved procedures.

COUNSELING RESOURCES

I will maintain a list of local and national hotlines and counseling resources. Upon your request, I will email you a copy of this list.

PAYMENT

You can elect to receive a $10 gift card for each interview, plus a $10 bonus gift card for completing all four primary interviews. You may choose either a gift card to a local (Stillwater, Oklahoma) restaurant (Good Little Eater) or bookstore (Bliss Books) or an Amazon gift card. You can provide me with a mailing address to which I can mail a local gift card or email address to which I can email an Amazon gift card.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact me at bridget.rebek@okstate.edu.

For questions about your rights as a research narrator or to discuss problems, complaints, or concerns about a research study, or to obtain information, or offer input, contact the IRB Office at 223 Scott Hall, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu.

PARTICIPANT'S CONSENT

You can keep a copy of this information form for your records. When we meet for our first interview, I will ask you if you consent to participate in this research. Your affirmative response (which I will record on audio and video) will serve as your consent.

APPENDIX D: APPOINTMENT REMINDER

From: bridget.rebek@okstate.edu
Subject Line: Interview Appointment Reminder

Dear (Narrator Name)

I hope this message finds you well. I am writing to remind you that our interview appointment for my research project on the health impact of unpaid domestic labor on midlife women during the COVID-19 pandemic is for tomorrow, (date), 2021, at (time). Here is the Zoom link for our interview:

(Insert Zoom link here)

During this interview, we will talk about your memories of the period on or around (give date here). If you would like to, please bring any memory aids, including emails, social media posts, text messages, journals, or other items that might help you remember this time. You can share these with me, if you wish, or just use them for your own information.

I am attaching two files to this email. One is a Participant Information Form that gives more information about the study. The other is a worksheet that we will talk about during our interview. You can look at these files before we talk tomorrow or just wait until our appointment and talk them over with me then.

I am looking forward to talking with you tomorrow.

Thank you.

Sincerely,

Bridget Rebek

APPENDIX E: INTERVIEW GUIDE

I anticipate that most interviews will be largely unscripted. However, I have developed the following questions and prompts to guide interviews if and when necessary. Each interview will begin with questions or prompts from the "All Interviews" section below. It will then move into the questions or prompts (also listed below) specific to that interview.

<u>All Interviews</u>

Self-Assessments

- On a scale of one to five, with one being "poor" and five being "excellent," how would you rate your physical health right now? Tell me about that.
- On a scale of one to five, with one being "poor" and five being "excellent," how would you rate your mental health right now? Tell me about that.

Current Situation

I'm interested in learning more about how you might be experiencing different types of domestic labor. I have three general categories to talk with you about, though if you have any that you might like to add, feel free to do so as you think of them.

- The first category is what I'm calling "routine unpaid domestic labor." This includes chores or tasks that you have to do but don't get paid to do. Some chores, like doing the laundry, you may do all of the time. Others, like fixing a faucet, you may just do once in a while. This category includes things like taking care of children or elders. Have you been doing any of this kind of work lately? Tell me about that.
- The second category is "invisible labor." To me, that means all of the little things you do to take care of people that aren't specifically chores but that take time and effort to do . . . things like listening to a spouse vent about job stress or making sure that your teenager gets their favorite candy bar in the grocery pick-up order. Have you been doing any of this kind of work lately? Tell me about that.
- The third category is what I'm calling "voluntary unpaid domestic labor." This includes chores or tasks you don't have to do and don't get paid to do. These tasks may produce something practical or useful, but they also let you express yourself or be creative. An example might be sewing a quilt to use in your home. Have you been doing any of this kind of work lately? Tell me about that.

<u>Interview One (Pre-Pandemic)</u>

I'd talk about the period just before the pandemic began . . . say from about January 1, 2020, onward. Of course, if you think of something from now or from a different period, we can always talk about that, too.

- What was going on in your life then?
- Who was living with you at the time?
- Tell me what domestic labor looked like for you then.
    - What kinds of work were you doing most often?

- Did anyone help you with this work?
    - Were you satisfied with that arrangement?
- If I had asked you on January 1, 2020, to rate your physical health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?
- If I had asked you on January 1, 2020, to rate your mental health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?

Interview Two (Early Pandemic)

I'd like to talk about the time just after the pandemic started to change life for many people . . . let's say about March 15, 2020, which was when lockdowns and school closures began in many places in the U.S. Of course, if you think of something a different period, we can always talk about that, too.

- Does that date (March 15, 2020) line up with when you would say that the pandemic started for you?
- What was going on in your life then?
- Who was living with you?
- Were you helping to take care of anyone who didn't live with you?
- Were you taking any precautions to prevent COVID?
- Were you doing anything to stay healthy and sane?
- Tell me what domestic labor looked like for you then.
    - What kinds of work were you doing most often?
    - Did you do any new or different domestic labor at this time?
    - Did anyone help you with this work?
    - Were you satisfied with that arrangement?
- If I had asked you on March 15, 2020, to rate your physical health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?
- If I had asked you on March 15, 2020, to rate your mental health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?

Interview Three: Mid-Pandemic I

I'd like to talk about the period about six months after the pandemic started to change life for many people . . . let's say about September 15, 2020. Of course, if you think of something from a different period, we can always talk about that, too.

- What was going on in your life then?
- Who was living with you?
- Were you helping to take care of anyone who didn't live with you?
- Were you taking any precautions to prevent COVID?
- Were you doing anything to stay healthy and sane?
- Tell me what domestic labor looked like for you then.
    - What kinds of work were you doing most often?
    - Did you do any new or different domestic labor at this time?
    - Did anyone help you with this work?
    - Were you satisfied with that arrangement?

- If I had asked you on September 15, 2020, to rate your physical health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?
- If I had asked you on September 15, 2020, to rate your mental health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?

Interview Four: Mid-Pandemic II

I'd like to talk about the period about one year after the pandemic started to change life for many people . . . let's say about March 15, 2021. Of course, if you think of something from a different period, we can always talk about that, too.

- What was going on in your life then?
- Who was living with you?
- Were you helping to take care of anyone who didn't live with you?
- Were you taking any precautions to prevent COVID?
- Were you doing anything to stay healthy and sane?
- Tell me what domestic labor looked like for you then.
    - What kinds of work were you doing most often?
    - Did you do any new or different domestic labor at this time?
    - Did anyone help you with this work?
    - Were you satisfied with that arrangement?
- If I had asked you on March 15, 2021, to rate your physical health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?
- If I had asked you on March 15, 2021, to rate your mental health on a scale of one to five, with one being "poor" and five being "excellent," what rating would you have chosen?

At the close of the interview:

"Before we finish up today, I would like to talk to you about two things. First, today's interview was the last of our "regular" interviews. Part of the philosophy behind this kind of research is that the people who participate in the research project (like you) should have a say about how they are represented in the final write-up. To that end, after I finish analyzing and writing about what we have talked about during these interviews, I will email or message you with an invitation to look over what I have come up with and will attach a draft copy of the final product. I'm not exactly sure when you will receive it: A lot depends on how quickly I analyze and write up what I have learned from you during our interviews.

When I send the draft, you can do one of four things:

1. look it over, mark it up, and send it back to me;
2. get in touch with me about scheduling a Zoom appointment to talk it over;
3. get in touch with me to say that you don't want or need to talk about it; or
4. ignore the message and go on about your business.

I will include information about how to do all of this when I send you the email. Do you have any questions for me about this?

APPENDIX F: MEMBER CHECKING INVITATION

From: bridget.rebek@okstate.edu
Subject line: Interview Findings Ready for Your (Optional) Review

Dear (Narrator's Name),

I am pleased to tell you that I have completed my analysis and representation of the findings from our interviews for my research project about the health impact of unpaid domestic labor on midlife women during the COVID-19 pandemic. I would like to invite you to review, discuss, and correct these findings with me. This is an optional step in the research process but is also an important one: I want you to feel that I have accurately represented you in the final write-up of this research.

I have attached a draft copy of my write-up to this message. If you are interested in participating in this process (called member checking) of reviewing and discussing this draft, you can do one of two things. You can mark up the attached draft with any questions or changes and send it back to me. Alternatively, we can meet over Zoom to talk it over.

If you are interested in participating in member checking, please contact me within one week of receiving this email. When you do, please let me know whether you would like to mark up the draft and send it back or meet on Zoom. You can reach me at bridget.rebek@okstate.edu.

If I don't hear from you within one week of the send date of this email, I will assume that you do not want to participate in member checking.

Whether or not you decide to participate in member checking, I wish you all the best. I am grateful to you for your participation in this project.

Thank you.

Sincerely,

Bridget Rebek

APPENDIX G: INSTITUTIONAL REVIEW BOARD APPROVAL

Oklahoma State University Institutional Review Board

Date:	04/26/2021
Application Number:	IRB-21-211
Proposal Title:	Bondage and Balm: A Feminist Narrative Inquiry Exploration of the Health Impacts of "Women's Work" on Midlife Women during the COVID-19 Pandemic
Principal Investigator:	Bridget Rebek
Co-Investigator(s):	
Faculty Adviser:	Bridget Miller
Project Coordinator:	
Research Assistant(s):	
Processed as:	Exempt
Exempt Category:	

Status Recommended by Reviewer(s): Approved

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in 45CFR46.

This study meets criteria in the Revised Common Rule, as well as, one or more of the circumstances for which continuing review is not required. As Principal Investigator of this research, you will be required to submit a status report to the IRB triennially.

The final versions of any recruitment, consent and assent documents bearing the IRB approval stamp are available for download from IRBManager. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be approved by the IRB. Protocol modifications requiring approval may include changes to the title, PI, adviser, other research personnel, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any unanticipated and/or adverse events to the IRB Office promptly.
4. Notify the IRB office when your research project is complete or when you are no longer affiliated with Oklahoma State University.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact the IRB Office at 405-744-3377 or irb@okstate.edu.

Sincerely,

Oklahoma State University IRB

VITA

Bridget Louise Rebek

Candidate for the Degree of

Doctor of Philosophy

Dissertation: BONDAGE AND BALM: A FEMINIST NARRATIVE INQUIRY OF MIDLIFE WOMEN, DOMESTIC LABOR, AND HEALTH DURING COVID-19

Major Field: Health, Leisure, and Human Performance

Biographical:

Education:

Completed the requirements for the Doctor of Philosophy in Health, Leisure, and Human Performance at Oklahoma State University, Stillwater, Oklahoma in May, 2023.

Completed the requirements for the Master of Public Health at Oklahoma State University, Stillwater, Oklahoma in 2017.

Completed the requirements for the Master of Science in Mass Communications at Oklahoma State University, Stillwater, Oklahoma in 1993.

Completed the requirements for the Bachelor of Arts in Communications at Mount Vernon College, Washington, DC in 1992.

Experience:

Graduate Teaching Associate, Public Health, Oklahoma State University, August 2021-May 2022

Graduate Teaching Associate, Gender and Women's Studies, Oklahoma State University, August 2017- May 2023

Graduate Research Associate, Edmon Low Library, Oklahoma State University, August 2022-May 2023