



BRILL

AFRICAN AND ASIAN STUDIES 21 (2022) 143–171

AFRICAN AND
ASIAN STUDIES

brill.com/aas

Looking at Anxiety from the Eyes of Domestic Workers: The Covid-19 Pandemic of 2020 Experience in Istanbul

Simel Parlak | ORCID: 0000-0002-8651-2693

Associate Professor, Department of Psychological Counseling and Guidance,
Istanbul Sabahattin Zaim University, Istanbul, Turkey

Corresponding Author

simelparlak@gmail.com, simel.ercelik@izu.edu.tr

Çiğdem Demir Çelebi | ORCID: 0000-0002-0886-9750

Associate Professor, Department of Psychological Counseling and Guidance,
Istanbul Sabahattin Zaim University, Istanbul, Turkey

cigdem.demircelebi@gmail.com

Neslihan Yaman | ORCID: 0000-0003-0324-2390

Associate Professor, Department of Psychology, Yalova University,
Yalova, Turkey

nesli_balci@hotmail.com

Abstract

In this phenomenological study, it was attempted to carry out an in-depth investigation of the anxiety experiences of domestic workers, who were working as housekeepers but could not continue their work life during the COVID-19 outbreak. Through this, it was aimed to reveal their experiences regarding the anxiety they experienced during the pandemic process. In this study, in which the criterion sampling method was used, semi-structured interviews were conducted with 16 domestic worker women between the ages of 30–42. The 4-step data analysis process in Giorgi's descriptive phenomenology pattern was used in the analyses. The descriptive phenomenological analysis revealed five main themes that describe the participants' experiences: i) *anxiety symptoms*, ii) *financial difficulties*, iii) *interfamilial relationships*, iv) *uncertainty* and v) *emotions that accompany anxiety*. The main themes obtained by this research were similar to the sources of anxiety, its components and the emotions accompanying anxiety mentioned in the literature. During the quarantine days, it was seen that the most intense emotion experienced by domestic workers was anxiety.

Although the lockdown and unemployment experiences of each participant is unique, it was determined that the most important determinants of this were economic problems due to the lack of job security.

Keywords

domestic workers – COVID-19 – pandemic – anxiety

1 Introduction

Emotions are our internal and external reactions to life. Although it is possible to describe many emotions experienced by people, the feeling predominant in each individual is different. Examining the psychological results of Covid 19 has revealed that many psychological and sociological problems, such as panic, anxiety, depression, post-traumatic stress disorder, and skepticism, were triggered in people (Jakovljevic, Bjedov, Jaksic & Jakovljevic, 2020). Specifically speaking, the level of financial and moral exposure on those who were faced with losing their employment during the days of pandemic lockdown has also increased (Collie, et al., 2020; Hamouche, 2020).

Women working as domestic workers are one of the groups that face the prospect of losing their job during this pandemic and who cannot be supported by social security resources. This is because due to the lack of social mechanisms for protection or official establishments that can provide solutions for their problems, domestic service providing women are becoming more apparent as unprotected workers. (Fidan & Özdemir, 2011). For domestic workers, the ambiguity of job description, working hours, wage conditions, employer's attitudes and behaviors, lack of worker health and safety and of social security, occupational accidents, and depression-anxiety disorders have been identified as the main areas of problem (Erdoğan & Toksöz, 2013). As confirmed by the report (2020) of the Imece Women's Union, which summarizes the experiences of domestic workers during the pandemic process from mostly a legal and economic perspective, it is revealed that women working as domestic workers are faced with dismissal due to lack of social security, and most of them face serious financial difficulties. It is observed that women who could not go to work during this period lost their financial income and had difficulties in benefiting from health insurance. These situations were also accompanied by intense anxiety.

As one of the most basic emotions of human existence, anxiety is one of the emotions that disturb individuals the most (Padesky & Greenberger, 2016), and it is very difficult to define because it is often intertwined with emotions similar to fear, anger, stress, and distress (Morgan, 2006). However, anxiety is generally defined as curiosity, worry, concern, a subjective sense of fear, and increased arousal towards a situation or a person whose object is known (Tiryaki & Morali, 1990). In general, it is defined as emotional reactions to environmental and psychological events in human nature. When the literature was reviewed, it was noted there are many studies on the prevalence of anxiety, which significantly affects the quality of life of individuals. As a serious social problem, anxiety disorders are defined as the most common mental health problem with a lifelong prevalence of 16% (Clark & Beck, 2011; Kessler et al., 2019).

The types of anxiety differentiated as state anxiety, trait anxiety (Clark & Beck, 2011; Tiryaki & Morali, 1990), somatic state anxiety and cognitive state anxiety (Çağlar, 1996). State anxiety is the tendency to be anxious in a stressful environment. People with high continuity anxiety in stressful situations have high state anxiety. These are complex emotive reactions that an individual shows in situations of danger and threat arising from the stress of environmental conditions. Trait anxiety is a true state of emotion, fear and tension that may occur at any time. It is the tendency of an individual to be uneasy, delusional, anxious, pessimistic, hypersensitive against stress and likely to display in intense emotional reactions, regardless of environmental conditions (Tiryaki & Morali, 1990). Somatic (physical) state anxiety is manifested with physiological and physical responses such as increased heart rate, increase respiration, sweaty hands, belly ache, and it is related to the threat-perception of the individual and positive autonomous arousal. Cognitive state anxiety is a state of the perception of threats and it is manifested via emotions and feelings instead of physiological responses. It usually manifests with negative expectations about success or negative self-evaluation (Çağlar, 1996).

The situations that cause anxiety vary from person to person and from environment to environment. Withdrawal of support, negative results, internal contradictions, uncertainty, and expectations are anxiety statuses that cause anxiety in all cultures (Cüceloğlu, 1991). When the literature was reviewed, it was noted there are many studies on the prevalence of anxiety which significantly affects the quality of life of individuals (Kessler, et al. 2009). Women, individuals with low socioeconomic income or high family anxiety, individuals with negative early childhood experiences, and individuals traumatic experiences or authoritarian family attitudes (Jalenques & Coudert, 1990) have

increasing levels of anxiety in their physical health conditions (Haller, Cramer, Lauche, Gass & Dobos, 2014). Moreover, insufficient social support is counted among the triggers of anxiety, stress and depression (Kugbey, Osei-Boadi & Atefoe, 2015). Because, social roles of women such as motherhood, wife and housework are always ongoing. When this situation is compared to men, it was seen that women have more domestic responsibilities. Accumulated responsibilities and lack of support affect women negatively (Aytaç, 2001), and the fact that these burdens are on the shoulders of women can increase conflicts with other family members (Özdevecioğlu & Doruk, 2009). Additionally, personal, social, and financial problems (Ipser & Stein, 2009) and intolerance to uncertainty (Leyro et al., 2010) are highly associated with anxiety disorders. Increasing anxiety is a determining factor in the individual's inability to know what to do and indecisiveness about future (Çakmak & Hevedanlı, 2005). Low self-esteem and feelings of inadequacy are the main factors that cause anxiety. Adults experience more anxiety than children when they feel inadequate or when their self-esteem is damaged. Therefore, the state of anxiety experienced by adults is much more intense than that of children (Başaran, 1991). One of the factors that have triggered the worldwide increases in anxiety levels recently is the COVID-19 outbreak (Maaravi & Heller, 2020; Peteet, 2020; Sher, 2020).

The circumstances that have emerged with pandemic are important factors that trigger the changes in the psychological and sociological structure of the society (Trauer et al., 2011), which have caused many negative effects on the lives of individuals in both material and spiritual aspects. Such periods; besides having physiological and health related consequences, can also be psychologically challenging due to factors such as feeling anxious of getting sick or their relatives get sick, experiences of sickness and treatment periods, long periods of isolation, losses, being deprived of sources of income, and other similar causes (Smith, Bensimon, Perez, Sahni & Upshur, 2012). Studies have revealed that women had a higher level of anxiety compared to men during the COVID-19 outbreak (Maaravi & Heller, 2020). Additionally, it has been observed that researches that focus on women working as domestic workers, which are one of the groups that has been affected the worst both physically and psychologically, are severely limited in number, and that it is very important to perform researches for getting their voices heard, ensuring their social security and for identifying support areas. Women around the world have been working in domestic services for many years. However, the number of studies on this subject is quite few (Erdoğan & Toksöz, 2013). According to OECD Reports, among sub-service sectors, home services (personal services) is the area in which the least amount of employment is created (OECD, Employment Outlook 2009). It is one of the fields with the least statistical data. In this study,

which was structured on the basis of this need and based on these effects of anxiety on the life of the individual, it was attempted to investigate the anxiety experiences of domestic workers who could not continue their working life during the COVID-19 pandemic. For this purpose, the main question of the study was determined to be “*How do women working as domestic workers who cannot continue their work lives during the COVID-19 pandemic experience anxiety?*”

In line with the questions of the semi-structured interview form, the participants were asked questions about *their daily routines during the pandemic lockdown, their financial income sources, and their predictions about the course of the pandemic*. Afterwards, these questions were deepened with probe questions.

2 Method

A qualitative research pattern, namely the phenomenological approach, was employed in this research. In this study, the meanings attributed to the experience by women working as domestic workers who experienced intense anxiety during the pandemic process were described based on their own perspective. To this end, the research method developed by Giorgi (2009) named “the descriptive phenomenological research pattern”, which is based on Edmund Husserl’s transcendental phenomenology, was used as the research pattern.

3 Study Group

The study group of the research is comprised of 16 women with low socio-economic income levels who are working as housekeepers but could not continue their work life during the COVID-19 outbreak between March–September 2020. Domestic works that are mostly (almost totally) provided by women in Turkey are performed outside the employee’s home and for a fee; cleaning, laundry, cooking, etc. means daily household works (Direk, 2016). It is described as the most insecure service area, as it constitutes an important part of the unregistered global workforce (Yazgan, Yüceşahin & Atila Demir, 2017). Since they have no security, employers can always dismiss domestic worker women and domestic workers can easily become unemployed (Simmons et al., 2009). Due to the nature of the job, a variable relationship which differs in establishing secure bonds and having a distant and insecure relationship can occur between the employer and the employee (Yıldırım, 2014). According

to the report of the İMECE Women's Union, which was released in June 2020, one of the segments with the highest dismissal rates is female domestic workers. Most of them had serious financial difficulties because they did not have social security.

Criterion sampling method (Büyüköztürk, Kılıç-Çakmak, Akgün, Karadeniz & Demirel, 2011), which is one of the purposeful sampling methods, was deemed to be suitable with the question of the research, and therefore was employed. In determining the sample, the following criteria were used: "not being able to go to work due to COVID-19 outbreak, being women, high levels of anxiety." The following call sentence was used, in addition to the statements indicating the goals of the study and the researchers, in social media accounts to reach the participant group: "This study will be conducted with women working as domestic workers, who are unable to go to work due to the COVID-19 outbreak and are experiencing levels of anxiety that they perceive to have difficulty in coping. If you want to contribute to our work by participating voluntarily, please reach out via the phone number or e-mail below". In addition, preliminary interviews were made with the participant group, and the participants who confirmed that their anxiety level was high were included in the study. A total of 16 women who met these criteria were interviewed.

TABLE 1 Demographic information of participants

Code	Age	Education	Husband's work status	Number of Children
P1	36	Primary school	yes	2
P2	35	Primary school	no	3
P3	36	Primary school	yes	2
P4	41	Primary school	yes	2
P5	38	Primary school	no	2
P6	37	Primary school	yes	1
P7	35	Secondary school	no	2
P8	42	Secondary school	no	3
P9	40	Primary school	yes	2
P10	35	Secondary school	yes	3
P11	31	Secondary school	yes	2
P12	40	Secondary school	yes	1
P13	39	Primary school	no	2
P14	31	Secondary school	yes	2
P16	36	Primary school	no	2

When the literature was reviewed for the size of a study group to be included in the phenomenological pattern, it was seen that Creswell (2013) stated it as a necessity to interview 5–25 individuals, whereas Morse (1994) emphasized the importance of holding interviews with at least 6 individuals in phenomenological studies. Since there are no certain size of a study groups stated in relation to qualitative studies, 16 individuals were interviewed within the framework of the time constraints, conditions, and the main purpose of the study (Gentles, Charles, Ploeg & McKibbin, 2015; Morse, 2000). The women comprising the study group were reached via the snowball sampling method. Various references were achieved by researchers declaring the purpose of the study, and women working as domestic workers that met the appropriate criteria were reached.

4 Data Collection

Due to COVID-19, the interviews held within the scope of the research were conducted by the researchers themselves via telephone. The rationale for conducting interviews via telephone is to protect participants from COVID-19 transmission. Interviews were made by making appointments with the participants and voice recordings were taken with their permission. The interviews lasted, on average, 25 to 35 minutes. The data was collected using the semi-structured interview form. The relevant interview form was prepared by reviewing the literature on domestic workers and anxiety. Afterwards, it was finalized on the basis of the opinions of certain academicians who are experts in the areas of anxiety, resilience and social justice. The interview form was finalized based on the information obtained from the experts and the literature. The functionality of the questions was tested via 2 pilot studies. Following the final changes, the entirety of the research data was collected.

In line with the questions of the semi-structured interview form, the participants were asked questions about their daily routines during the pandemic lock-down, their financial income sources, and their predictions about the course of the pandemic. Afterwards, these questions were deepened with probe questions. Below are some examples of questions used in qualitative interviews: “What are the things that worry you most during this time at home? How does it affect you? Why?”, “How do you ensure your financial sources of income during the lock-down?”, “How do you feel about/foresee the future of this process?”

5 Data Analysis

The data obtained from the interviews were first decoded. In this study, it was aimed to reveal the perceptions and experiences of women working as domestic workers regarding their anxiety during the COVID-19 outbreak process. Therefore, the 4-step data analysis process in Giorgi's (2009) descriptive phenomenology pattern was used. These steps consist of the following: bracketing, phenomenological reduction, imaginative variation, and creation of a synthesis regarding the general nature of experiences. In this context, bracketing (researchers' suspension of all their knowledge, values, perceptions and experiences regarding the subject of the research), phenomenological reduction (determination of meaning units related to the experiences of women who work as domestic workers during the COVID-19 period as they were stated in interview texts), imaginative variation (reaching the structural themes of the anxiety phenomenon based on the meaning units revealed via phenomenological reduction), and finally, the synthesis of the resulting meanings and essences were applied for the analysis of the data. Codes and themes created separately by the researchers were compared with each other and discussed until a consensus was reached. The main themes were reached by relating the sub-themes in the transcripts according to their conceptual similarities.

6 Validity and Reliability of Data

In this study, it was tried to provide internal validity via long-term interaction, in-depth data collection, expert's examination and participant's confirmation, while external validity was provided through detailed descriptive and purposeful sampling methods. Besides, consistency examination was performed for internal validity and confirmation examination for external validity (Koşar, 2018).

7 Researcher's Role

Prior research subjects of the researchers and their sensitivity towards social justice have led them to this study. The researchers' subjective study experiences formed a supportive basis for the analysis and interpretation of the data.

8 Findings

In this study, which aims to investigate the anxiety of women working as domestic workers during the days when they are unable to go to work due to the COVID-19 outbreak, the themes of *anxiety symptoms, financial difficulties, interfamily relationships, uncertainty and emotions that accompany anxiety* were obtained.

9 Anxiety Symptoms

Based on the stories of the participants, it was determined that the anxiety that they faced during the days of pandemic related lockdown was *characterized by the symptoms of contracting the disease, increasing obsessions, somatic symptoms, social isolation, disruption of routine.*

9.1 Contracting the Disease

The statements of the participants have revealed that their anxiety was increased if they or their family members or relatives have contracted the disease. A participant (P4), who had a high number of relatives test positive for the disease, have described her anxiety with the following words: *“Since I saw all of our relatives get the disease with my own eyes, I was very affected, I mean, anxious.”* The experience of another participant (P7), who had tested positive alongside with her husband, is as the following: *“After my husband caught the disease at his workplace and tested positive, I stopped going to work. My test was determined to be positive on nineteenth of April. Both me and my husband were hospitalized.”*

9.2 Increasing Obsessions

It was observed that there existed some obsessions in the increasing amount precautions that the participants took in relation to their anxiety of contracting the disease. Some of the participants took measures by cleaning their houses more often and by putting pressure on some family members regarding cleaning. For example, one participant (P10) stated that she significantly increased cleaning practices for herself and forced her family members for doing so: *“Washing our hands, telling the children to stop doing this or that, and telling them to wash their hands ... I mean, there was a constant pressure on the children. I kept telling my husband to wash his hands when coming home. And to take a bath. And not to touch anywhere. And not to approach anyone.”*

Another participant (P7) stated that she significantly increased the number of her cleaning efforts compared to her usual routine: *“I mean, sure, you dust your house every now and then, but I am sure that no one would wipe the door handles, or things like electric sockets, or other things every week or two to three times a week before this virus. We were always doing these things like constantly changing our bed sheets and clothes.”*

9.3 *Somatic Symptoms*

It was found that the participants showed some somatic symptoms along with a high level of anxiety during their daily activities due to the pandemic. Somatic symptoms are disorders that manifest at an early age. They are recurrent and involve many organ systems and are characterized by multiple bodily complaints that cannot be explained by any other physical causes or laboratory findings. In other words, they are the manifestation of mental distress and psycho-social stress via physical symptoms (Köroğlu, 2014). As stated in the definitions, it was determined that the participants showed somatic symptoms in the form of heart palpitations during the pandemic period. The participant statements that demonstrated this the most clearly are as following:

P12: For example, psychologically. Since I always watched the news, both from the outside and from the television, I started getting heart palpitations.

P7: I felt constantly tired. For example, after cleaning a small part of the house or even after dusting a table, I'd have palpitations and would have to sit down and rest. But the fatigue and palpitations would still continue.

9.4 *Social Isolation*

It was observed that the participants were negatively affected by being unable to interact face-to-face with their social environment and the fact that it is uncertain how long it would last, which increased their feelings of isolation and triggered their anxiety.

P14: ... I could not meet with my friends at all. Neither did we visit them, nor did they visit us. For three months. We didn't even let our children play outside, and only let them out to the garden. We went nowhere. Of course, it would be a little better if you talked to a friend, but we couldn't go anywhere, and nobody could come to visit us.

P16: ... I mean, this disease came out of nowhere and we have no idea what it is. Everybody's businesses came to a stop and everyone is avoiding

each other. Even in the day of the feast, no one left their homes. I mean, we are all humans, and like, feeling sad. We can't help it. I mean, for me, going outside, getting some fresh air, seeing my grandchildren are very important. I can't see even my grandchildren, and I've missed my children.

9.5 *Disruption of Routine*

The daily routines of all participants have changed on the days without work arising from COVID-19 outbreak. They spent their days at home and coexisted with their family members for long hours. Although the changing routine was initially associated with calmness by the participants, as time passed and uncertainties about work conditions continued, participants started to have difficulty in coping with the uncertainty. In this context, the participants have stated that the change of their routine due to the pandemic have placed them in a difficult spot and affected their emotions negatively. It is seen that some of the participants who had difficulties due the change of their routines have described this change as being isolated from their social environment:

P11: The biggest challenge for me is not being able to do the routine things in my life. I don't have much of a life outside though. I just have my own social circle. I had friends who would visit me and there were people whom I visited. Since I used to keep in touch with a variety of people, it kept my morale up. They were supportive people that I was relieved when I talked to. Now, these options are out of my life.

Some participants presented the negative effects of the changing routine via the increasing of workload around the house due to lock-down. P2: *We were in lock-down, along with our children. So, my workload increased even further. And financial troubles on top of all. So our routine turned upside down. I got depressed in the early days. I am already a very meticulous person about cleaning, and this doubled or even tripled due to these events. This made me feel mentally distressed. I was crying, and I felt like I was going crazy. I used to have quite a regular life, but now, everything has turned upside down.* Certain participants stated that they did not like the changing routine, but they realized how valuable working was and how they missed their old routine. P12: *It affected me a lot psychologically. I realized that, leaving your house in the morning, running around all day and being active, and coming back home was very beneficial. Psychologically, I felt very distressed.*

10 Financial Difficulties

Financial difficulties were one of the main determinants that increased the anxiety of the participants during the days when they were unable to work due to the pandemic. While the spouses of some of the participants continued to work, others tried to make a living without a source of income. For all the participants, the decrease or absence of income created effects that negatively affected their mental health and thrust them deep into uncertainty.

For the days where the participants could not work, financial difficulties for them manifested with the sub-themes of “*postponement of payments, not being able demand, seeking resources, reduced income.*” It has been observed that each of these sub-themes was significantly effective in increasing their anxiety.

10.1 *Postponement of Payments*

A significant portion of the participants stated that they could not pay their expenses such as rent, bills and loans during the pandemic process, and that they had to prioritize their basic nutritional needs, and that this was an emotionally difficult problem for them.

P7: Rent is the thing that causes us the most difficulty. We have spoken to the landlord and postponed it for three months. But for how long will we be able to postpone it? But of course, the banks do not wait, our loans do not wait. They were our priority, one way or another. And my husband could not get his salary from his workplace. So, this is a very difficult thing. We are worn out. I don't know how long I can bear.

P8: We cannot make some of our payments. For example, my husband was withdrawing his salary from the bank and we are still doing so. We must continue because I am not working now. We cannot make any payments other than the bills. We have no idea what to do about this. It's like debts are attracting even more debts. We are at the end of our rope.

10.2 *Inability to Request*

It was observed that some participants feel embarrassed and uneasy about requesting things from their relatives or acquaintances in order to continue their living and to meet their basic needs during this period where they are unable to work. It has been stated that this is also psychologically challenging.

P11: But then I was mentally affected. You can't go to work; you don't have an income. Working people know this very well. You can't ask for things

because you are used to make a living by yourself. These things are very difficult for me.

P2: We have financial deficiencies, but I cannot ask for it. Even under normal circumstances, we are barely getting by. I used to contribute to my spouse a little bit, but since I am not working now, we are making a living with only one salary. And this disrupted me severely. Not only me, but my children and husband as well. Because we have no money, and the prices have risen up. We lack in every way. I don't know what will happen or for how long this process will continue.

10.3 *Seeking Resources*

It was determined that the participants who had difficulties in ensuring income during the pandemic period applied to get support from the state in order to meet their nutritional needs. It was observed that the anxiety of those who could get support from this channel was reduced. A participant that illustrates this provided the following statements:

P2: Apart from my spouse, the state has deposited 3 thousand TRY to the bank for us. We took it and paid some of our debts. This relieved us a little. Otherwise, we were very worried. Apart from this, we do not have any other income. So, we cleared our debts with more debt. We took money from one place and gave it to another place. We don't have anything at hand anyway.

P9: We applied for a loan of 10 thousand liras. They gave us 7 thousand. Also, the state was giving one thousand liras due to the pandemic. We applied for that as well. We were able to breathe again a little bit thanks to these. We are making a living with that money now.

11 **Intrafamilial Relationships**

Besides being unable to go to work, participant's domestic relationship was affected the worst. With the majority of family members remaining home, their interaction patterns were also altered. The determinants of the changes in family relationships of the participants were clustered around "*increased responsibility, relational conflicts and financial conflicts.*"

11.1 *Increased Responsibility*

It was found that the household responsibilities of the participants who could not go to work during the pandemic period increased, and that this was

exhausting for them. The following are the excerpts from the story of one of the participants, who stated that her mother was negatively affected and got sick during the pandemic, and that this was very tiring for her, and that restarting work allowed her to breathe again:

P1: My mother got worse during this period. She's already sick. I had to deal with her more often. She's already sick. I don't know, she got worse for some reason, perhaps because of not being able to go out. She kept calling for me while we were at home. I don't want to sound so fussy now, but it was very ... you know. The more I saw her like that, the more I effort I spent and see her not getting better at all, the more I felt depressed. I think it would be better to say that going to work makes me feel better nowadays. At least I'm leaving home for a while.

Another participant, who was complaining about not being able to receive the source of support she needed, stated her experiences with the following words:

P7: It is not that difficult for men, but for women, it is really hard. You know, you are responsible with the household chores, and then there is the fear of being infected. Your thinking is completely altered. And on the top of that, there are the kids and the husband, who are constantly asking for food.

11.2 *Relational Conflicts*

One of the experiences encountered in the stories of the participants during the pandemic lockdown is the increase in relational conflicts between family members. One of the sources of these conflicts was the stress factor that is caused by the workload being predominantly on women. Participants coded P15 and P13 exemplify this as follows: *Since my husband and I could not go out, there was some stress in the house. As I said, we had a lot of trouble with each other at first. The house being a mess, cooking meals all the time ... It's like you are constantly serving. This makes you nervous in the end. You think they should share the burden. So we were getting a little tense. The whole situation was a powder keg, waiting to blow.* The participant P13, on the other hand, associated one of the sources of relational conflicts during the lock-down between family members with intolerance: *"People cannot tolerate anything. There are times we shout and get angry at even to our own children. That's pretty bad. I am nervous and angry. Because it's always the same things, routines. There is nothing extra to do. People get tired after a while. You don't feel like doing anything. We can't go anywhere. We can't even accept guests at home."*

11.3 *Financial Conflict*

Another factor that worsens the relationships between spouses is financial conflicts. Conflicts of financial origin negatively affected the ability of family members to establish healthy relationships and caused them to offend each other.

P2: I never used to argue with my husband. But the fact that we are constantly lacking financially and not able to make payments has burdened him heavily. And his stress started to reflect on me. Of course, I am nervous. When I want to buy something, I cannot. And you know, the kids are at home. We started arguing more often as a family. He annoys me and I annoy him. You cannot make payments and you cannot shop regularly. You are just totally dependent on this one man.

12 *Uncertainty*

One of the dominant sources of anxiety in the stories of the participants during the pandemic lock-down is the uncertainty regarding the whole process. These anxieties are triggered by life stories of others regarding the disease and news that are announced by communications channels about how a new wave of the disease will be arriving soon. This leads to a decrease in hope and the tendency to produce negative scenarios. Based on the statements of the participants, *it was determined that the main theme that is categorized "uncertainty" was clustered around the concepts of "regarding the future, regarding the children and regarding one's self."*

12.1 *Uncertainty Regarding the Future*

The inability to predict the future and the course of the pandemic has been one of the important determinants that underlie the participants' anxieties. Perceptual experiences such as losing hope, producing negative scenarios, and the thought that economic losses will increase are the primary reasons for the participants' anxieties and beliefs about the pandemic process, and they also are their rational source. The participant statements exemplifying this are as follows:

P2: I have lost all hope. We watch the news every day. There are decreases, and there are increases. It is said that there will be a second wave. So, I don't believe that this will be all over. I'm not sure if there is a vaccine or not. So, it looks like it will get worse going forward. Things getting worse and worse, both materially and mentally. We are out of hope now.

P5: If this pandemic process is going to last any longer, certain things will make me nervous. If the work-related stuff is not fixed, that certainly would. Not only it'd make me nervous, but I am sure people would start rioting. The rich can eat whatever they keep for themselves, but a middle-class family like ours cannot cope with this.

12.2 *Uncertainty Regarding the Children*

One of the most prominent anxiety triggers in the stories of the participants is those regarding their children. Not being able to get involved in matters related to the education due to closure of schools and not being able to receive support regarding this matter are the leading reasons that increase anxiety in this context. Statements of the participant P11 provides a good example in this context: *And my children's education. I make them read books at home. We have a time set aside only for reading books. They read books, study their lessons, but we are not enough as parents. My child is 15 years old and he wants to study informatics, but they are going place him in accounting. What if my child quits school because it's an area that he does not want? I am very anxious about all of this".*

12.3 *Uncertainty Regarding Oneself*

It was observed that the anxieties of the participants related to themselves were mostly triggered by uncertainty regarding the work conditions. It was noted that there is a distinct concern that they will not be able to restart work. The statements of the participants coded P8, P9 and P11 regarding the uncertainty of the work conditions provide good examples that demonstrate this:

P9: I hope things get better, so that I can continue my own routine. But I am just not sure if they will call me again or not. As of now, no one has called me yet. You know, even the woman who I used to work twice a week hasn't called me yet. There is uncertainty, and I have places where I owe money to.

P11: I wonder if I will ever be able to work again. And that's what worries me the most. This thing will end, but I am not sure what I will lose in the process. There are so many difficult things in my life. I am trying to keep it all away from my children, but I have a lot of questions in my mind. What if I can't work.... And I don't think that the state will give us much financial support. Individual employees like us are the ones who have completely lost in this process. Or will it always be like this? It looks like it will be.

13 Emotions Accompanying Anxiety

Participants have talked about certain emotions that they have felt intensely during the days that they could not go to work due to pandemic lock-down, which have taken an important place in their lives. It was observed that these emotions that are clustered around “*fear, stress, restlessness, frustration, insignificance, embarrassment, regret, and loneliness*” and that they make the participants feel more anxious.

13.1 Fear

Fear was one of the basic emotions that was present in the participants’ narratives. It was observed that the fear becomes more pronounced with the possibility of being sick/relatives being sick or the possibility of loss of loved ones. As such, it was noted that the anxiety and fears of the participants increased due to the pandemic, alongside with the measures they take to protect themselves. For example, the participant P12 states that she avoids going out in order not to be affected by the pandemic: *It is necessary to go out. But since we cannot leave the house. So, only my husband goes outside. I’m afraid to go out because of the pandemic. Its like I now have the desire to never go out. Never.*

The occurrence of situations that require going out on quarantine days is another factor that increases fear. Participants fear that the risk is outside and that it could infect them. One of the participant statements (P3) that exemplifies this is as follows: *What if we also get this disease. You know, sometimes you have to go out. What are we going to do? How can we tell if it is there or not? I mean, this just too much. These were the things that have scared me, to be honest.*

Another participant (P10) indicated that she was severely affected by the possibility of contracting the disease and her fears were triggered due to this possibility. Her statement is as follows: *“The panic attacks, the fear of death. It’s all due to this disease. Nothing else. I am quite affected by this disease. What if something happens to my children? What if they get the disease? So, I couldn’t think of anything else beside the disease”*. Another thing that came up quite often in the stories of the participants that have made them quite anxious was the fear of losing one’s relatives. Some participants described that they had an intense fear of loss and that there was nothing else that made them anxious. Participant coded P5 describes his experience of with the statement of *“The thing I was worried the most about was the fear of something bad happening to my loved ones.”*

13.2 *Stress*

One of the obvious emotions reflected in the participants' statements was the feeling of stress. Changes in routine, feeling of losing the control of one's life, increasing financial difficulties and feelings of emptiness were identified as factors that increase stress. The statements of the participants coded P13 and P4 are the best examples of this.

P13: I can't do anything now. I just clean the house and take care of the children. We can't even go anywhere. And the financial difficulties have already increased. When things were normal, going out to work helped immensely. But now, we are in trouble, and I am stressed.

P4: Believe me, I feel like I'm floating in space. I am affected very badly. The client that we used to go to work for, they are scared. Us too. So, we feel hopeless. So, we got really stressed out.

13.3 *Unrest*

One of the emotions triggered by the pandemic process in the participants was unrest. Some participants described that their minds were constantly active with thoughts about the pandemic, and that they have difficulty in keeping themselves from thinking about the pandemic. These statements from the participants demonstrate this matter the best:

P11: You get more depressed when gets dark and at nights When will this end? For example, my sleeping pattern is very disrupted these days. Because I am totally fixated on this. When will it end, what will happen, will it always be this way? I try not to show this to my children during the days, but at nights, I am eating my heart out.

13.4 *Frustration*

The increasing sense of frustration, caused by the increased housework due to family members being stuck at home due to quarantine and this workload being placed on the shoulders of women, is one of the findings reflected in the stories of the participants.

P5: After a certain point, cooking too started to feel like torture. Even if I don't want to, it becomes necessary when someone is hungry at home. You must cook, there are no alternatives as you are the mother of the house. You must, even if you are sick or not feeling well that day.

P2: Of course, I am sad. I was working, I had a certain routine. I am sad, and everyone is afraid. We are afraid as well. The people whose houses we

went to work in are scared as well. So, we are sad. There is not much to do at this point. I mean, we're pretty worn out.

13.5 *Insignificance*

The fact that the participants, who provided house cleaning services, were not able to go to work due to the pandemic has caused a falling out between them and their clients and harmed the communication between them. This situation caused some participants to feel insignificant and to question their value in the eyes of those they care about. The statements of the participant P11, who provides an example of this, are as follows: *I felt like I had nowhere to turn. As if I was in their lives then, but now I don't exist anymore. It also hurts not to be called. Because you are privy to their most private things. You witness many things that even their mothers and fathers have not witnessed. But suddenly, they start ignoring you. I mean, sure, there are some people who call, but at this point, it feels like these relationships are over. Not being called was very hard for me. I asked myself, was all of this based on interest? Because the people who I provide service are like a family to me. This is how much value I place in them. And now, I feel like I don't matter at all to them.*

13.6 *Embarrassment*

Participants who care about maintaining their communication with their clients in holidays, have stated that they felt hesitant of communicating with them during the days where they could not work due to pandemic. They said that the reason for this was that they felt embarrassed because the clients might think that they would request something from them. The statements of the participants, coded P9 and P11, which exemplify the feelings of embarrassment of the participants, are as follows:

P9: I haven't visited them for over two months. Nobody is looking for it due to this thing. Well, you have no money and you have only your spouse looking after you. You have to tell your spouse about it. Honestly, things are not the way they are used to be for me.

P11: Someone I really value supported me in this process, but her support saddens me. I mean because I can't ask anyone else. It is not something I have experienced before. I have always made a living for myself. And this upsets me. I still have trouble writing messages to people I used to work for. I can't message them because I wonder if they'll think that I'll ask something from them.

13.7 *Regret*

Due to the effects of the pandemic, the income of the participants have decreased since they cannot go to work, and their lack of work security and health insurance have caused them to feel regret. The statements of the participant P11, who best exemplifies this, are as follows: *During this period, I was very angry with myself. I wish I was working at a hospital. Maybe if I had health insurance. It wouldn't be like this. I wouldn't be in this mess.*

13.8 *Loneliness*

One of the feelings experienced by the participants when they could not go to work and their social lives were inactive was loneliness. Not being able to get together with relatives or friends and not being able to be active in the society has compounded this feeling of loneliness. The narratives of the participants who indicated that the feeling of loneliness is not good for them are as follows:

P11: This process affected me very seriously. Suddenly, everyone messaged me. Initially, people who I worked for said it was only for a week. They said we would not meet. That they would be at home for a while. When they said that they would be at home for a week, I said OK. But one week turned to two weeks, two turned to three ... This ended up affecting me severely. There was this feeling of, you know. Like I was left alone.

P8: So, I'm not as active as before. I feel like I'm left alone.

14 **Discussion**

As a result of this research, which was carried out to reveal the experiences of women working as domestic workers during the process of the pandemic regarding anxiety, main themes of *anxiety symptoms, financial difficulties, inter-familial relationships, uncertainty and emotions that accompany anxiety* were obtained. It was noted that the main themes obtained by this research showed similarity to the anxiety sources, anxiety components and emotions that accompany anxiety that are mentioned in the literature on anxiety (Adwas, Jbireal & Azab, 2019; Başpınar, 2007). The first main theme, anxiety symptoms, is characterized by the fear of contracting the disease, bodily pain and difficulty in breathing, all of which were experienced intensely during the pandemic by the participants. As can be seen in the literature, it is noteworthy that people who stated that they had intense anxiety mostly presented to health institutions with a physical complaint (Adwas, Jbireal & Azab, 2019). Examining the

anxiety symptoms of the participants in this study, it can be seen that somatic symptoms and increasing obsessions appear to coexist in the participants. In a study carried out by Davide et al. (2020), it was noted that in measurements carried out before and after lock-downs, individuals who were diagnosed with obsessive compulsive disorders had an increase in the intensity of their conditions, and that the conditions of recovering patients worsened. In the study, it was stated that studies aimed at reducing the anxiety levels of the patients were required in order to eliminate the increase in symptoms.

In the main theme of financial difficulties, is seen to include postponement of payments, not being able demand, seeking resources, reduced income. The Covid 19 pandemic caused an economic crisis at both macro and micro levels due to restrictions all over the world.

Economic volatility, caused by lockdowns which lasted for three months, has significantly increased the poverty rate (Martin, Markhvida, Hallegatte & Walsh, 2020; Roy, 2020). Since many sectors were affected by the economical crisis, many households were affected due to resulting negative effects such as layoffs, lower payments, and lower household income. As stated above, women working as domestic workers without social security are among the groups that were affected the most by these circumstances (Imece Women's Union, 2020). The fact that the participants were unable to go to work have created financial difficulties for them, which resulted in postponed payments and pursuits of financial support.

In a study conducted by Martin, Markhvida, Hallegatte and Walsh (2020), it was indicated that low socioeconomic status households were affected by this pandemic more severely, and that such households had to resort to use their savings against the economic difficulties brought on by the pandemic, and that a more challenging picture emerged after these savings were depleted. The circumstances revealed by this study are similar to the situation that was demonstrated in the United States of America. The women working as domestic workers stated that they initially benefited from their savings, but then they had to postpone the payments, which created a situation that compounded their anxiety.

Since it is unclear for how long these economic fluctuations will continue (Açıköz and Günay, 2020; Eryüzlü, 2020; Roy, 2020), it is believed that establishing material and psycho-social support for these families is important for well-being and continuity of families. In a report regarding Turkish economy published by the International Relations and Strategic Research Institute of Ankara Yıldırım Beyazıt University, it was claimed that lock-downs related to the pandemic would decrease the economic well-being of the country, and

that measures such as wearing masks, increasing social distancing, placing the utmost care on hygiene and supporting distant production are necessary for the continuation of the economic activity.

In the main theme of intrafamilial relations, the thing that draws the most attention is the fact that increased responsibilities, relational conflicts and financial conflicts were determining factors in the increase of anxiety. The process of pandemic also affected intrafamilial relationships. Studies examining the Great Recession Era (2007–2009), which was similar in conditions to the current pandemic, reveal that ethnic minorities and families with low education and income levels are affected more harshly by these circumstances (Currie, Duque, & Garfinkel, 2015; Grusky, Western, & Wilmer, 2011; Hoynes, Miller, & Schaller, 2012). Studies addressing the connection between the Covid 19 pandemic and family relations also emphasize the positive significant relationship between low economic income, low job satisfaction, job loss and in family conflicts (Lebow, 2020; Vaziri, Casper, Wayne, & Matthews, 2020).

In this study, the main theme of uncertainty is seen to include concerns regarding the future, of the children and the individual itself. The lack of social security is thought to trigger uncertainty especially. According to the Covid-19 pandemic process report of the Imece Domestic Workers Union, it is seen that women working as domestic workers had to leave their jobs due to the lack of social security, thus completely losing their economic income (Imece Women's Union, 2020). In this study, it was revealed that women working as domestic workers were affected by an increase in anxiety due to reasons such as uncertainty, risk of infection, being separated from one's family, loneliness, financial insecurity, disruption of home routine, stigmatization and job and financial income losses brought on by the COVID-19 pandemic.

Examination of the emotions accompanying anxiety during the pandemic process reveals that the participants experienced fear (about getting sick or losing), stress, anxiety, frustration, loneliness, insignificance, embarrassment, and regret. The uncertainty of the Covid 19 pandemic process, separation from the family, loneliness, misinformation on social media, financial insecurity, disruption of routine at home, and stigmatization are factors that compound the anxieties and fears of the individuals (Maaravi, & Heller, 2020; Peteet, 2020; Sher, 2020; Sood, 2020; Wang, Zhang, Zhao, Zhang & Jiang, 2020). In a study conducted by Kontoangelos, Economou, and Papageorgiou (2020) to reveal the effects of the pandemic on mental health, it was claimed that those who have contracted the disease experience intense emotional and behavioural reactions such as fear, boredom, loneliness, anxiety, insomnia or anger. However, it has been also determined that pandemic triggers the feelings

of stress, depression, fear, disappointment, boredom, loneliness, sadness, stress, restlessness, anger and anxiety in general (Kontoangelos, Economou, & Papageorgiou, 2020; Serafini et al., 2020; Sood, 2020). In the context of this study, the fact that the anxiety-accompanying emotions of women working as domestic workers showed similarity to what is described in the literature has drawn attention. Examination of the studies regarding pandemics reveals that the fear of the disease being contracted by one's self or one's family members, and fears regarding losing loved ones are manifested in a manner similar to the results of this study (Chen et al., 2020; Dubey et al., 2020; Serafini et al., 2020) and that this feeling may be universal.

As seen in this study, it is expected that in a pandemic and job loss the domestic workers will face trouble. Precautions should be taken for people in order not to be affected heavily as a result of this crisis, which is uncertain when it will end by 2021. Therefore, while dealing with the negative consequences of the pandemic, it is important to give priority to vulnerable groups and to strengthen social support systems in accordance with the social state understanding. It is understood that the anxiety of domestic worker women has increased especially due to financial losses and their whole families have been affected by the consequences of the great change in their lives. In order to protect and support domestic workers in Turkey, the most important steps will be to review and rearrange the labour laws to which female domestic workers are subject, and to monitor their work as insured by inspection mechanisms. Considering that the most important factor in increasing the anxiety of domestic worker women is financial losses, it seems important to support domestic workers economically in order to sustain their lives in welfare. It seems important for the Republic of Turkey to support the employees who have suffered financial loss for the welfare of its citizens, by means of solutions such as financial supports and appropriate loans, to keep their anxiety at a healthy level. However, it is also important to establish non-governmental organizations and trade unions that will protect the rights of women who are domestic workers. It can be said that carrying out both preventive and crisis intervention activities in order to support domestic workers will reduce the anxiety of domestic workers to normal limits and increase the level of well-being of both them and their families. It is thought that if these measures are not taken, the results may lead to greater costs, both individually and socially in the aspect of economic and psychologic.

15 Limitations and Implications

This study was conducted with the participants via phone calls. In terms of providing anonymity in explaining the experiences of the participants, making the interviews via phone calls constitutes the strength of the study. On the other hand, it is a limitation that visual and non-verbal cues cannot be observed in phone calls. Moreover, the study is limited to participants living in metropolitan areas. It is believed that individuals living in small cities may have better social support networks, so their experiences of the process may differ (Turhan, 2017). All women working as domestic workers who have participated in the study reside in Istanbul, Turkey's largest metropolitan city. Like other metropolises, Istanbul is one of the places affected by the poverty all around the world (Evcim, Güneş & Karaalp-Orhan, 2019). Therefore, the results of this study are limited to the sample of Istanbul.

Reviewing social mechanisms that are geared towards providing social protection to unprotected and uninsured groups who are not supported by social security resources and who face the risk of losing their jobs under extraordinary circumstances such as this pandemic, and fortifying the networks of support by considering these negative circumstances or providing solutions to these circumstances are of great necessity. Additionally, it is believed that the hygiene tendencies and impoverishment of women working as domestic workers, who provide cleaning services to houses and who have lost their employment during the process of the pandemic, may be under risk in this context, and that these individuals may be eligible for being followed up for obsessive compulsive disorder.

Family solidarity is considered to be a protective factor against the negative effects of the pandemic. With the pandemic, housework load has increased due to the lockdown of all family members. Considering the fact that division of labor within the family is a protective factor for the family and reduces stress (Tramento, Barsanti, Bongioanni, Bogliolo & Rossi, 2014; Magaña & Smith, 2006; Yi, 2009), it appears to be necessary to support this area, which the women working as domestic workers are having difficulties with. Therefore, it can be said that the need for discussing social gender roles and restructuring them based on the changing social order is becoming more and more necessary.

16 Conclusion

Although the lockdown and unemployment experiences of each participant is unique, these experiences are related to other women's who have gone

through similar experience. The findings obtained were evaluated in regards to this sample group. Most women working as domestic workers defined the initial days of not being able to go to work with calmness. They stated that being able to sleep more and getting away from the hustle and bustle was good for them. However, they have defined that the feeling they have experienced the most intensely was anxiety since they did not anticipate the prolonging of lockdown durations and the period of the pandemic in general and the fact that they would be unable to work for a long time.

Funding

This research was not funded by any organisation.

References

- Açıkgöz, Ö., & Günay, A. (2020). "The early impact of the Covid-19 pandemic on the global and Turkish economy," *Turk J Med Sci*, 50, 520–526.
- Adwas, A. A., Jbireal, J. B., & Azab, A. E. (2019). "Anxiety: Insights into signs, symptoms, etiology, pathophysiology, and treatment," *East African Scholars J Med Sci*, 2 (10), 580–591.
- Ankara Yıldırım Beyazıt Üniversitesi Uluslararası İlişkiler ve Stratejik Araştırmalar (ULİSA) Enstitüsü. (2020). Kovid-19 (koronavirüs) salgınının ekonomik etkileri. Retrieved from https://aybu.edu.tr/yulisa/contents/files/ULI%CC%87SA12_Kovid_19_Ekonomik_Etkiler.pdf on 10/08/2020.
- Aytaç, S. (2001). *Çift kariyerli eşler ve çalışma yaşamındaki yeri*. Bursa: Ezgi.
- Başaran, İ. E. (1991). *Eğitim psikolojisi*. Ankara: Kadioğlu.
- Başpınar, P. (2007). Kaygının bilişsel ve fizyolojik bileşenlerine yönelik tedavilerin etkinliği. Master of thesis dissertation. Adnan Menderes Üniversitesi, Sağlık Bilimleri Enstitüsü, Aydın, Türkiye.
- Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., & Wang, L. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry*, 7, e15–e16.
- Clark, D. A. & Beck, A. T. (2011). *Cognitive therapy of anxiety disorders: Science and practice*. New York: Guilford.
- Clark, D. A. & Beck, A. T. (2011). *The anxiety and worry workbook: The cognitive behavioral solution*. New York: Guilford.
- Collie, A., Sheehan, L., Vreden, C., Grant, G., Whiteford, P., Petrie, D., & Sim, M. R. (2020). Psychological distress among people losing work during the COVID-19 pandemic in Australia. Retrieved from <https://www.medrxiv.org/content/10.1101/2020.05.06.20093773v1.full.pdf> on 09/30/2020.

- Currie, J., Duque, V., & Garfinkel, I. (2015). "The great recession and mother's health," *The Economic Journal*, 125, F311–F346.
- Cüceloğlu, D. (1991). *İçimizdeki çocuk*. İstanbul: Remzi.
- Çağlar, E. (1996). *Kaygının kalp atım hızı üzerine etkisi*. Master of thesis dissertation. Hacettepe Üniversitesi Sağlık Bilimleri Enstitüsü, Ankara.
- Çakmak, Ö., & Hevedanlı, M. (2005). "Analysing the future anxiety and hopelessness levels of the sciences and arts faculty senior students," *Journal of Çukurova University Institute of Social Sciences*, 4(14), 115–127.
- Davide, P., Andrea, P., Martina, O., Andrea, E., Davide, D., & Mario, A. (2020). The impact of the COVID-19 pandemic on patients with OCD: Effects of contamination symptoms and remission state before the quarantine in a preliminary naturalistic study. *Psychiatry research*, 291, 113213. <https://doi.org/10.1016/j.psychres.2020.113213>.
- Direk, D. (2016). "Health, safety, and job security problems of domestic workers: An analysis on Istanbul province," *Journal of Life Economics*, 103–118.
- Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., Lahiri, D., & Lavie, C. J. (2020). *Psychosocial impact of COVID-19. Diabetes & metabolic syndrome*, 14(5), 779–788. <https://doi.org/10.1016/j.dsx.2020.05.035>.
- Erdoğan, S., & Toksöz, G. (2013). Kadınların görünmeyen emeğinin görünen yüzü, Türkiye'de ev işçileri. *Ankara, Uluslararası Çalışma Ofisi, Çalışma Koşulları ve İstihdam Serisi*, 42.
- Eryüzlü, H. (2020). Covid-19 ekonomik etkileri ve tedbirler: Türkiye'de "helikopter para" uygulaması. *Ekonomi Maliye İşletme Dergisi*, 3(1), 10–19.
- Evcim, N., Güneş, S. & Karaalp-Orhan, H. S. (2019). "The relationship between poverty, inequality and economic growth: The case of nuts-1 regions of Turkey," *Journal of Management and Economics Research*, 17(4), 145–169. <http://dx.doi.org/10.11611/yead.570805>.
- Fidan, F., & Özdemir, M. Ç. (2011). Ev hizmetlerinde çalışan kadınlar ya da evlerin kadınları. *Çalışma İlişkileri Dergisi*. 2(1), 79–89.
- Grados, M. A., Leung, D., Ahmed, K., & Aneja, A. (2005). Obsessive-compulsive disorder and generalized anxiety disorder: A common diagnostic dilemma. *Primary Psychiatry*, 12(3), 40–46.
- Grusky, D. B., Western, B., & Wilmer, C. (2011). *The great recession*. New York: Russell Sage Foundation.
- Haller, H. Cramer, H., Lauche, R., Gass, F., & Dobos, G. J. (2014). "The prevalence and burden of subthreshold generalized anxiety disorder: A systematic review," *BMC Psychiatry*, 14(1), 128.
- Hamouche, S. (2020). "COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions," *Emerald Open Research*, 2(15).
- Hoynes, H., Miller, D. L., & Schaller, J. (2012). "Who suffers during recessions?," *Journal of Economic Perspectives*, 26, 27–48.

- Ipsler, J. C. & Stein, D. J. (2009). "A systematic review of the quality and impact of anxiety disorder meta-analyses," *Current Psychiatry Reports*, 11(4), 302–309.
- İmece Kadın Sendikası. (2020). İmece Ev İşçileri Sendikası Covid-19 salgın süreci raporu. Retrieved from <https://www.catlakzemin.com/wp-content/uploads/2020/07/imece.pdf> on 08/04/2020.
- Jakovljevic, M., Bjedov, S., Jaksic, N., & Jakovljevic, I. (2020). "COVID-19 pandemic and public and global mental health from the perspective of global health security," *Psychiatria Danubina*, 32(1), 6–14.
- Jalenques, I. & Coudert, A. J. (2009). "Anxiety disorders in children: Do any risk factors exist?" *Annales de Pediatrie*, 37(8), 487–495.
- Kessler, R. C., Chiu W. T, Jin R, et al. (2006). "The epidemiology of panic attacks, panic disorder, and agoraphobia in the National Comorbidity Survey Replication," *Arch Gen Psychiatry*, 63(4), 415–424.
- Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S., Ormel, J., Ustün, T. B. & Wang, P. S. (2009). "The global burden of mental disorders: An update from the WHO World Mental Health (WMH) surveys," *Epidemiology and Psychiatric Sciences*, 18(1), 23–33.
- Kontoangelos, K., Economou, M. & Papageorgiou, C. (2020). "Mental health effects of COVID-19 pandemia: a review of clinical and psychological traits," *Psychiatry Investig*, 17, 491–505.
- Kugbey, N., Osei-Boadi, S., & Atefoe, E. A. (2015). "The influence of social support on the levels of depression, anxiety and stress among students in Ghana," *Journal of Education and Practice*, 6(25), 135–140.
- Lebow, J. L. (2020). "Family in the age of COVID-19," *Family Process*, 59(2), 309–312. <https://doi.org/10.1111/famp.12543>.
- Leyro, T. M., Zvolensky, M. J., & Bernstein, A. (2010). Distress tolerance and psychopathological symptoms and disorders: A review of the empirical literature among adults. *Psychological Bulletin*, 136, 576–600.
- Maaravi, Y., & Heller, B. (2020). Not all worries were created equal: the case of COVID-19 anxiety. *Public Health*, 185, 243–245. <https://doi.org/10.1016/j.puhe.2020.06.032>.
- Magaña, S., & Smith, L. E. (2013). "The use of the autism diagnostic interview-revised with a latino population of adolescents and adults with autism," *Journal of autism and developmental disorders*, 43(5), 1098–1105. <https://doi.org/10.1007/s10803-012-1652-3>.
- Martin, A., Markhvida, M., Hallegatte, S., & Walsh, B. (2020). "Socio-economic impacts of COVID-19 on household consumption and poverty," *EconDisCliCha* 4, 453–479. <https://doi.org/10.1007/s41885-020-00070-3>.
- Morgan, B. E. (2006). "Behavioral inhibition: A neurobiological perspective," *Current Psychiatry Reports*, 8, 270–278.

- Organisation for Economic Co-operation and Development (OECD). (2009). *Employment Outlook*. Retrieved from <http://www.oecd.org/els/employmentoutlook-previouseditions.htm>.
- Özdevecioğlu, M., & Doruk, N. Ç. (2009). Organizasyonlarda iş-aile ve aile iş çatışmalarının çalışanların iş ve yaşam tatminleri üzerindeki etkisi. *Erciyes Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*, 0(33), 69–99.
- Padesky, C. A., & Greenberger, D. (2016). *Evinizdeki terapist*. (Zeynep Armay, Çev.). İstanbul: Altın.
- Peteet, J. R. (2020). "COVID-19 anxiety" *Journal of Religion and Health*. Retrieved from <https://link.springer.com/article/10.1007%2Fs10943-020-01041-4>.
- Roy, S. (2020). "Economic impact of Covid-19 pandemic," Retrieved from https://www.researchgate.net/publication/343222400_ECONOMIC_IMPACT_OF_COVID-19_PANDEMIC on 08/10/2020.
- Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L., & Amore, M. (2020). "The psychological impact of COVID-19 on the mental health in the general population," *QJM: An International Journal of Medicine*, 113(8), 531–537.
- Sher, L. (2020). "COVID-19, anxiety, sleep disturbances and suicide," *Sleep Med*, 70, 124.
- Simmons, B. L., Gooty, J., Nelson, D. L. & Little, L. M. (2009). Secure attachment: Implications for hope, trust, burnout, and performance. *J Organ Behav*, 30(2), 233–47.
- Smith, M. J., Bensimon, C. M., Perez, D. F., Sahni, S. S., & Upshur, R. E. (2012). "Restrictive measures in an influenza pandemic: A qualitative study of public perspectives," *Canadian Journal of Public Health*, 103(5), 348–52.
- Sood, S. (2020). "Psychological effects of the Coronavirus disease-2019 pandemic," *RHiME [Internet]*, 70, 23–6.
- Steketee, G., Grayson, J. B., & Foa, E. B. (1987). A comparison of characteristics of obsessive-compulsive disorder and other anxiety disorders. *Journal of Anxiety Disorders*, 1(4), 325–335.
- Tiryaki, Ş., & Morali, S. (1990). Genç sporcularda yarışma-performans kaygısı ve bu kaygı ile başa çıkma davranışlarının araştırılması. *I. Spor Bilimleri Kongresi*, 137–145. Ankara.
- Tramonti, F., Barsanti, I., Bongioanni, P., Bogliolo, C., & Rossi, B. (2014). A permanent emergency: a longitudinal study on families coping with amyotrophic lateral sclerosis. *Fam Syst Health*, 32(3):271–9. doi: 10.1037/fsh0000032. PMID: 24749678.
- Trauer, J. M., Laurie, K. L., McDonnell, J., Kelso, A., & Markey, P. G. (2011). "Differential effects of pandemic (H1N1) 2009 on remote and indigenous groups, Northern Territory, Australia, 2009," *Emerging infectious diseases*, 17(9), 1615.
- Turhan, D. Y. (2017). *Bireyci ve toplulukçu değerler açısından kurumsal sosyal sorumluluk algısı*. Master of thesis. Çukurova Üniversitesi, Adana.

- Vaziri, H., Casper, W. J., Wayne, J. H., & Matthews, R. A. (2020). "Changes to the work-family interface during the COVID-19 Pandemic: Examining predictors and implications using latent transition analysis," *Journal of Applied Psychology*. Retrieved from https://www.researchgate.net/publication/343018762_Changes_to_the_Work-Family_Interface_during_the_COVID-19_Pandemic_Examining_Predictors_and_Implications_using_Latent_Transition_Analysis on 09/30/2020.
- Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang F. (2020). "Mitigate the effects of home confinement on children during the COVID-19 outbreak," *Lancet*, 395,945–947.
- World Health Organization. (2020). "Wash and Covid-19," Retrieved from https://www.who.int/water_sanitation_health/news-events/wash-and-covid-19/en/ on 09/30/2020.
- Yazgan, P., Yücesahin, M. M., & Atila-Demir, S. (2017). Türkiye'deki ev işçisi kadınlara yönelik toplumsal cinsiyet temelli söylemin eleştirel bir analizi: Kadınarkulubu.com örneği. *Contemporary Research in Economics and Social Sciences*, 1(1), 175–207.
- Yıldırım, S. (2014). "Problems of Domestic Workers in Turkey," *Karabuk University Journal of Institute of Social Sciences*, 4(1), 45–59.
- Yi, J. (2009). "Cultural influences on the survivorship of families affected by childhood cancer: A case for using family systems theories," *Families, Systems & Health*, 27, 228–236.