

Stories from the “Pressure Cooker”: U.S. Women Navigating Motherhood and Work During the COVID-19 Pandemic

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ABSTRACT

The COVID-19 pandemic has highlighted and exacerbated the difficult juggling act women in the U.S. have to do between parenting their children and working outside the home. The pandemic has also led to a decline in maternal mental health, particularly among mothers with young children, mothers of color, and those with previous mental health issues. The authors noted these experiences in their own lives as mothers with children and observed them in the lives of the women around them. These observations informed the design of this narrative inquiry study, in which we used semi-structured interviews to explore mothers’ shifting ideas and experiences of mothering, work, and family life during a global pandemic. We used creative analytic practice (CAP) to compose reflexive researcher conversations around the interview data that enabled us to highlight nuances in the data, show more transparently our meaning-making, make visible our researcher subjectivities, show uncertainties about aspects of data interpretation, and create a more accessible data representation.

KEYWORDS: Mothering, COVID-19 pandemic, U.S. women, Narrative inquiry, Creative analytic practice.

My husband and I both work full-time in academia. During the early days of COVID-19, he was considered an essential worker and had to see patients in the clinic. Because we had no childcare, we agreed that I would stay with our two toddlers in the morning and he would come home at 2 pm, during their nap, so I could dedicate the rest of my day and energy to my faculty work. When he started coming home later and later “because there was just so much work,” we started to fight about what equitable time distribution meant. Thankfully, the extremely tight restrictions ended and we were able to secure childcare before the stress could cause irreparable damage to our relationship.

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COVID-19 has had devastating impacts on the lives of everyone in the United States, and this has been especially true for parents and people taking care of young children while working full-time (Gross, 2020; Nam, 2020; Patrick et al., 2020). As has been delineated in academic research (Collins et al., 2021; Motherscholar Collective et al., 2021; Mueller, 2022) and mainstream journalism (Abdelmahmoud, 2020; Bennett, 2020; Kamenetz, 2022; Pearson, 2020), mothers were disproportionately negatively affected by school closings, social isolation, and the shift to working from home. The purpose of this narrative inquiry was to explore mothers' shifting ideas and experiences of mothering, work, and family life during a global pandemic. The research question guiding the data collection was: What are the experiences of mothers who are working full-time jobs from home with children at home during a global pandemic? This research arose from the authors' own experiences of and struggles with mothering, working, and staying mentally well during the first year of COVID-19 in the United States.

Before the pandemic, women with children in heterosexual relationships were doing a disproportionate amount of labor in the home (Ciciolla & Luthar, 2019; Pettigrew, 2021; Shulte, 2015; U.S. Bureau of Labor Statistics, 2017). This was even true for families where the woman had higher earnings than the male partner (Bennett, 2020; Minello, 2020) and where male partners were unemployed (Gough & Killewald, 2011). The COVID-19 pandemic exacerbated previously existing inequities across key domains, such as employment and ability to earn, family life, and health (Blundell et al., 2020). For example, women of color were disproportionately affected by what some researchers labeled the double pandemic (Blake, 2020), a term highlighting that people of color suffered higher rates of COVID related serious illness and death while simultaneously continuing to be impacted by institutional and systemic racism and ongoing police brutality. Previously existing inequities around gendered responsibilities in the home, such as housework and childcare tasks, increased during the early months of COVID-19, when schools closed and people became unemployed or had to shift to working from home (Bennett, 2020; Lewis, 2020). Some studies that examined different-sex parents found that mothers' burdens in terms of childcare and household duties increased significantly during the pandemic (Carlson et al., 2020; Craig & Churchill, 2020). At the same time, women were forced out of paid employment outside the home due to increased childcare and domestic responsibilities. Those who continued their employment had to navigate working from home while caring for children unable to attend in-person schools and daycare. The U.S. Current Population Survey (Collins et al., 2021) showed that in the Spring of 2020, during the U.S.'s shift into pandemic-induced isolation and quarantine regulations, mothers with young children reduced their work outside the home significantly more than fathers, which raised the gap in hours for paid labor between the two significantly while increasing unpaid labor for mothers. Since much of care work is considered informal, much of it is invisibilized in discourses on work, labor, and care (Seedat & Rondon, 2021). An Oxfam report asserts that if valued monetarily at minimum wage, the contribution of care work to the global economy would add up to more than \$10 billion annually (Coffey et al., 2020).

Unsurprisingly, even early COVID-19 data have illustrated the emotional toll the pandemic has had on families in the U.S. Results from surveys collected between March and June 2020 showed that 27% of parents reported worsening mental health for themselves, and 14% reported worsening behavioral issues for their children (Patrick et al., 2020). Deteriorating mental health was also reported by Canadian parents for themselves and their children (Gadermann et al., 2021) early on in the pandemic. Declining maternal mental health has been particularly prevalent among mothers with young children, those who had previously experienced mental health issues, and mothers of color (McKinney & Meinersmann, 2022). In order to add depth and nuance to these primarily quantitative data, we chose a qualitative narrative inquiry approach.

Materials and Methods

We used narrative inquiry in this study since this methodological approach allowed us to capture the individual lived experiences of the participants as well as their larger cultural situatedness (Chase, 2005). Besides capturing stories, narrative inquiry highlights feelings, opinions, and experiential knowledge and acknowledges that narrations are variable, flexible, situated, contextual, and interactive (Clandinin & Connelly, 2004). Throughout the study, we deliberately engaged intersectionality (Crenshaw, 1989, 2014) as a guiding conceptual framework. This framework helped us to continuously interrogate our own subjectivities and meaning-making, and it also enabled us to better understand and contextualize the stories of our participants.

In order to participate in the study, participants met the following selection criteria: identify as mothers, live with children ages 2–12, have been living with a different-sex co-parent at the beginning of COVID-19 (March 2020), work full-time and shifted from working outside of the home to working from home due to COVID-19, and have had their child's school shift from face-to-face to either virtual or hybrid instruction. All of the participants who had pre-school-aged children had their children in daycare prior to the pandemic, and they were forced to keep their children home in the early months of the pandemic. Participants were recruited through two social media platforms, Facebook and Instagram, and the authors also reached out through their own personal and professional networks.

Table 1

Participant Information

Chosen Pseudonym	Age	Race	Age of children in years at the time of first interview	Job(s), first interview	Job(s), second interview
Jennifer	40	Black	9 8	Principal at a charter high school; self-employed baking business	Network specialist for charter high schools; Small business owner-bakery
Bianca	39	white	12 10	Customer service for Human Resources Agency	Unemployed
Kadence	39	Black	7 4	Doula; co-director of a doula organization	Doula; co-director of a doula organization
Carmen	Early 40s	white	7 4	Assistant professor (non-tenure track)	Associate professor (tenured)
Mariposa	30	Black	7 1	Doula; operations manager for a creative communications firm; bookkeeper for husband's tax and account firm	Doula; Doula trainer; project manager; bookkeeper for husband's tax and account firm
Scarlet	30s	Black	7 1	Middle school art teacher	Middle school art teacher (in a different city)
Vivian	39	white	10 7	Executive director of a local non-profit	Executive director of a local non-profit

This study's original intent was to conduct one interview with the participants in late 2020. Once the research team began analyzing the transcripts, we agreed that we wanted to conduct a second round of interviews. All of the women consented to a second interview, and the interviews took place in early 2022. The collection of longitudinal qualitative data is one of the unique aspects of this study, and the second interviews provided exciting depth and relevance to the sense we made from the data. It also expands on the important studies we referenced above that helped us guide our initial data collection that reflected the beginning months of the pandemic. Above is a descriptive table about the participants.

IRB approval was gained prior to conducting both rounds of interviews. The research team scheduled interviews with the seven participants who contacted us with an interest in participating. Two of the authors, Happel-Parkins and Barnes, conducted the interviews over Zoom. We chose to interview the participants that we did not have a prior relationship with, since the seven women who wanted to participate were all tangentially connected to at least one of the authors due to our recruitment strategy. The first interviews ranged from 30 to 80 minutes. The second interviews ranged from 30 to 60 minutes. We worked to keep the interviews under an hour, since that is what we stated in our initial contact with the women, and because we knew that they (and we) were all struggling to live and work from home during an ongoing global pandemic.

As will be discussed when we engage with the data, as a research team, we were constantly interrogating how our own experiences and subjectivities influenced all aspects of the research project. While we recognize that "subjectivity statements" are at best partial and at worst a superficial way to explain who we are in the world, we offer these snapshots of ourselves in relation to family systems, professional status, and mothering at the beginning of the pandemic.

Alison Happel-Parkins is a cis-gendered white woman in a heterosexual marriage from the Midwest who is an Associate Professor. She has three young bi-racial children, the last of whom was born at home in May of 2020. Kathi Azim is a cisgendered white woman from Germany in a heterosexual partnership who lives with her family in the U.S. She is an Associate Professor and has three children 4 years and under, one of whom was born during the COVID-19 pandemic. She is also a founding member of the Motherscholar Collective, an interdisciplinary think tank of academic mothers+ who study the effects the COVID-19 pandemic and institutional responses to it have had on their parenting experiences. Mary Neal is a cis-gendered heterosexual white woman from the U. S. South. She is a Licensed Professional Counselor who works with Perinatal parents in her private practice and is an Assistant Professor of Clinical Mental Health. She has one daughter who turned three a week before the U.S. COVID-19 shutdown. Keishana Barnes is a cisgendered heterosexual African American woman from the U.S. South who is an Assistant Professor of Teaching and Ph.D. Candidate. She has three young children, aged three, six, and nine in the Spring of 2020. Edith Gnanadass is a cisgendered heterosexual South Asian American woman who is an Assistant Professor. She has two Black sons who were 18 and 19 at the start of the COVID-19 pandemic.

Data Analysis and (Re)Presentation

As a research team, we originally decided to analyze the data using thematic analysis. In past projects, analyzing data for the first time using thematic analysis has worked well, and allowed us to familiarize ourselves with the data while (re)presenting it in traditional, predictable, comfortable ways. As the research team worked through the first rounds of coding, there was a general sense of frustration that the data was not fitting well with our analytical approach. As we talked through the codes and the potential themes, we felt unsettled and uninspired with what we were creating. There seemed to be two problems. First, the themes we were creating were not really

telling us (or an eventual audience) anything that had not already been emphasized and repeated in the literature, the mainstream news, etc. Second, the collapsing of codes into categories, and the creation of preliminary themes from those categories felt flat and lifeless. The rich and nuanced differences in the women's lives, perspectives, family dynamics, and lived experiences were getting flattened and simplified in the creation of themes.

After further conversation, we decided to use Creative Analytic Practice (CAP). CAP is a term developed by Richardson (2000) and is a way to represent data that pushes back against conventional social science understandings and practices. Specifically, it allows researchers to “engage issues connected to subjectivity, authority, authorship, reflexivity and representational form” (Parry & Johnson, 2007, p. 124). As Lincoln and Guba (2005) explain, the goal of CAP is to

break the binary between science and literature, to portray the contradiction and truth of human experience, to break the rules in the service of showing, even partially, how real human beings cope with both the eternal verities of human existence and the daily irritations and tragedies of living that existence. (p. 211)

Using CAP allows us to contextualize the women's experiences, better understanding both “their personal and social meanings rather than simplifying and reducing to generalize” (Parry & Johnson, 2007, p. 120). CAP helped us produce a text that is accessible and provocative; while analyzing and writing, as a research team we were continually considering if we were telling our participants' stories in ways that *they* would appreciate and feel deeply connected to. We felt that this (re)presentation of the data reflected the connection we had with the participants, our own lived experiences of the pandemic, and our collective process of analyzing and writing with and through the data.

While there are many ways to (re)present data through CAP (e.g., research poetry, screenplays, composite character vignettes, etc.), we settled on writing a conversation between the research team that reflects the many conversations we have had with and about the data. The written researcher conversation enables us to do at least the following five things. It:

1. facilitates the co-created exploration and (re)presentation of the nuances present in our data. Many of the mothers had similar experiences, but their contexts were so different, and these differences were ignored when we tried to create traditional, cohesive themes.
2. allows us to show our different understandings and interpretations of the data. We can transparently argue about the data in generative and productive ways, highlighting our understanding that there is no capital-T Truth about the data (or any data).
3. helps us to highlight how our own social positions, subjectivities, and personal experiences inform and influence how we interacted with the data. This representation helps us to vigorously embrace the transgressiveness of the data (St. Pierre, 1997) and our visceral responses to the data, as we, too, were all mothering and working during the pandemic. We all were deeply affected by the data that is explored with this representation.
4. allows us to pose questions and sit in uncertainty. There are aspects of the data that are puzzling, or that we could not quite understand. This (re)presentation allows us, as researchers and authors, to be transparent about the lack of certainty we felt in places as we analyzed.
5. allows for our data analysis to be accessible to a wider audience. We want these mothers' experiences to be able to be read and understood by those outside of academia, and often

traditional forms of data analysis and representation are inaccessible to those who are not regularly in academic spaces.

Writing the dialogue took a significant amount of time and communication. As a group, we discussed which aspects of the data we wanted to explore in the dialogue, and then agreed that one author would write, and then tag someone else from the research team they wanted to respond to and continue what they had just written. If a topic was particularly compelling or meaningful to a researcher's own experiences, that author could also choose to engage the content with their writing. We followed this process for each section presented below, and after we had a draft, we worked together as a collective to decide where to condense, revise, and/or expand.

Results

In what follows, we present two different but related researcher conversations, centered around areas of interest that came up across all the interviews as we coded, categorized, and talked through the data. We weave in relevant literature and theory in our conversations, since this is how we organically discussed the data during analysis. The topics we discuss as a research team are: (1) How women shouldered the increased mental load, mostly alone, and how this was related to gendered divisions of labor in the homes, and (2) How the women coped during COVID-19 and the accompanying social isolation.

Conversation #1: Shouldering the (Increased) Mental Load Alone

As we read through the transcripts and then discussed each woman's interview as a collective, one of the most striking things about our data was the sheer amount of cognitive and emotional labor the mothers were doing to keep their families as healthy and functional as possible. In the years before the pandemic, there had been increased media attention to the mental load experienced by mothers (e.g., Carrell, 2019; Dave, 2019; Grose, 2019; Hartley, 2017), and COVID-19 seemed to make this labor exponentially more intense for the women in our study. While analyzing the data, we used Dean et al.'s (2022) definition of what the mental load is, as associated with mothering. They define it as a combination of cognitive and emotional labor that is: invisible (meaning it is enacted internally) and results in a range of unpaid, physical labor; boundaryless (in that it often interrupts leisure and sleep time); and enduring/never complete, since it involves the ongoing care of loved ones. In what follows, we dive into the data and discuss the nuances of how the women experienced the mental load, as related to mothering during COVID-19.

Alison: All of the women we interviewed had full-time jobs...

Kathi: ...and over half of them had more than one job! Remember Mariposa was a full-time doula, *and* an operations manager for a creative communications firm, *and* a bookkeeper for an accounting and tax firm. And that's in addition to being in charge of everyday logistics, like kids' transportation, school and daycare decisions, groceries, etc.

Alison: Oh yeah, you're right! So, they all had full-time jobs, three of them also had part-time hustles, as we referred to them, PLUS they all were doing all the planning for their families. On top of the usual day-to-day logistics planning they were doing, they were the ones making decisions about when it was safe to send the kids back to school, how they should be social distancing (or not) from family members and loved ones, monitoring the virtual schooling dynamics, and

managing everyone's feelings, emotions, and frustrations. And not just managing these for their children, this included their husbands, too! Listening to their stories made us wonder how they were all keeping it together so well.

Keishana: Yes, I remember even questioning if they were being truthful. I just did not understand how some of them were being so positive as I felt like I was really struggling myself.

Alison: I felt like that too. I left the first interview I did with Mariposa (meaning I emerged from my kids' bedroom after our Zoom call) thinking, what in the hell is wrong with me? Why am I miserable while she is happy gardening and spending more time at home? But as we continued our interviews, we started to hear more about how these women were barely trudging through their days. I remember being particularly struck by how Vivian described doing her work in the corner of the living room where her first grader was grudgingly doing virtual school. She posted up there so that she could make sure her daughter was logged on, and so she could help manage her daughter's frustrations, which primarily came out as rage and anger, when virtual schooling became too much for her. It's like Vivian was quietly there spotting her daughter as her daughter was, against her will, plugged into a screen for seven plus hours a day. All this while trying to do her own work while her husband retreated to his office upstairs and shut the door even though he was "underemployed" at the time as an artist. It sounded so difficult. Here is how she described that dynamic:

I think that I feel that it's my responsibility in a way that he doesn't feel like it's his responsibility. Because he goes up and he's in his office all day, maybe not all day, I mean he comes in and out of the downstairs, but even if he has a lot of work to do or not, he finds a reason to be up there in the office. And you know he's not checking in on our daughter upstairs to make sure she's good unless I remind him to. He just doesn't feel like it's his job, which is really interesting to me, because here all of us are in this house.

Kathi: Managing your own work with your child's online schooling in the same room must be such a sensory overload—I wouldn't be able to focus and get any high-quality work done. And then knowing that your spouse is able to work quietly and without distraction in another room would certainly fuel some resentment of having to carry too much of the mental load.

Mary: Yeah, and when we talked to Vivian in the second round of interviews, almost two years later, she was able to look back and understand how much she was doing at that time. However, in the first round of interviews in the first year of this pandemic, these women were very much in the thick of it. Many of them (perhaps without knowing it) were in a kind of survival mode, doing what they could as mothers to support their families emotionally, mentally, and physically. For Vivian in particular, she was carefully trying to manage or alleviate her husband's depression and anxiety by taking on more, with the thought that if she could give him emotional support and not stress him with too many childcare duties, then he would be happy, or at least less emotionally stressed, which would be beneficial for their overall family unit. And how often as mothers are we trying to manage the emotional state or well-being of the whole household? The pandemic exacerbated what women were already doing, since everyone was at home more, and the health stakes were higher. All of the women in our study were the ones in the family who were making the decisions about who they should see, the precautions they should take, if their children should do virtual schooling, etc.

Bianca, Mariposa, and Scarlett were especially burdened by balancing pressure from families to see grandparents with the need to keep those same grandparents safe.

Edith: Mary, even reading the list of things that mothers did and continue to do made me tired! It is heavy balancing the mental, physical and, I would add, spiritual health of the family. I recall Carmen naming the different types of labor that she undertook in her first interview and also explaining how she seems to accept it:

I would say probably the cognitive and emotional labor falls on me more often than not, but I'm ok with that, and that's the way that it's always been ... when we went to Arkansas I packed, you know three days of meals and um, ... I mean my husband took care of his clothes and that stuff, but I got all the children and me and made sure I got... crappy little throw-away toys to throw at them when they're, you know, fussing in the back seat.

But I question if she really is ok with it or is it a social role that she feels that she has to conform to as a mother. Our discussions about the data related to the mental load made me think about how racialized the pandemic was for me as a mother who has two Black sons. It was difficult for me to separate the pandemic from the murders of Black women and men like Breonna Taylor, George Taylor, and Ahmaud Arbery, and the ensuing pain, anger, and fear for our loved ones. This was echoed by at least one of the Black mothers in the study, Jennifer, who voiced her emotions in her first interview:

And then everything that happened racially with George Floyd um, Breonna Taylor, Ahmaud Arbery, and I live in an all-white town predominantly, and I was just like, "Y'all don't get it." Like there were mornings I'd just sit outside crying, and my one neighbor, her husband's in the military, and sometimes she'd be like, "Hey, how's everything going?" and one day I was finally like, "Not good," but like she didn't stop to ask or really see that I was impacted.

I wonder how much courage it took for her to respond this way to her and open herself up. Jennifer also went on to describe her feelings of fear:

...a fear I've always had for years of, cuz we've been out here for seven years now, my husband I would never let him go out for a walk in the evening if I'm not with him or even just like leaving the house in the morning at like 6 am to go to work, and just thinking, "God I hope it's not the last time I see my husband" like that was my thought a lot of different days before all of this happened.

She also went on to describe, as she put it, "the weight of Blackness" and the resulting heavy emotional toll on her and her husband.

It's like people just never understand what that feels like, [right] just the weight of blackness, which is really hard umm, with my husband, I got into deep conversation one time because I almost got to a point where I was

almost feeling suicidal, and he was like, “Babe, I feel that way too sometimes.”

It was a particularly hard time for Black folks and other minoritized groups, and Jennifer, like I’m sure many other Black and Brown mothers, felt the toll of what some in the media started to refer to as the double pandemic (e.g., Blake, 2020; O’Neil, 2021).

Keishana: The term “double pandemic” that emerged during this time actually really bothered and triggered me. I felt like the issues that were happening around race that led to this time being referred to as a double pandemic were not new. It was not a crisis. It was the way it always was. It was just business as usual. It was a burden to have to “respond with grace” to those who were metaphorically waking up and realizing certain things for the first time. Even as I was interviewing our participants, I remember one of them bringing it up and internally I was wrestling with how to engage with her.

Kathi: I hear you about the frustration of the term and the implied mindset about there being a “double pandemic,” especially as we move further through it (now more than three years into COVID-19). The use of the term pandemic in relation to racial oppression implies that it is temporary, something that is short-term and will pass. The problematic nature of the term was particularly striking when we heard Jennifer describe her not-new and ongoing fears around her husband walking through their predominantly white suburb in the evenings—a fear that has existed before the COVID-19 pandemic and hasn’t changed since.

Keishana: Echoing what Mary said, the more I read through the transcripts, the more I realized that the inequitable mental load we discuss are also situations that existed pre-pandemic and that also continue to exist and persist. When we re-interviewed our participants, there did not seem to be substantial change in this area. As the mothers were in the middle of it, as they articulated it, and even in follow-up, it was merely them stating it, perhaps semi-processing it, and mostly accepting it (either consciously or subconsciously).

Alison: Yes, and we remarked as a group that the women who seemed happiest were those who had somehow made peace with the inequitable work they were doing in/for their families and households.

Kathi: Carmen seemed most at peace with the division of labor in their house, maybe because her husband appeared to have more regular responsibilities than some of the other women’s spouses. When asked about their division of household labor, Carmen said:

I mean I feel super grateful that I have a partner who is a good partner. I mean, I still feel like I’m kinda house CEO. We asked the girls who the president was, and my youngest goes, “Of our family? Mama!” Haha! So, like big picture stuff like the organizational stuff, and um, I mean I still feel like I’m doing a lot of the cognitive and emotional labor.

Alison: So even our participant who feels like their division of labor is mostly equitable still acknowledges that she is house CEO! In general, it seemed like the more women realized and felt anger about the gendered divisions of labor happening in their households, the more miserable they were, because their husbands refused to change or do anything about it. The women who did not

remark much about all the work they were doing (who seemed oblivious to how unfair their workload was, or so it seemed to us on the outside) seemed the happiest in their relationships. Jennifer and her husband had a very loving, communicative, mutually supportive relationship. She gave multiple examples of how they supported each other personally and professionally. For example, she had zero resentment about him taking time to write his book secluded in a cabin in the woods while she stayed home and handled all house and childcare responsibilities, on top of being a high school principal working incredibly long hours. But when I asked her about housework or cooking, she said:

Cooking, once in a while he'll cook. If I take something out and I'm just like, "Hey, I don't have time to make it. Will you make it please?" he's good about that. That might happen like once a week, every two weeks. Cleaning, he will never clean. He's just not good at it so I still do that. Um, yeah. He doesn't do like outside stuff, we have a lawn service to do that.

Some of our other participants justified their partners not helping around the house because they do bigger inside, once-in-a-while tasks (i.e., deep cleans, putting together furniture) and others said their husbands did the outside work, so they were fine with them not doing housework. Jennifer's husband didn't do any of it, and she had made peace with it and didn't seem resentful or angry. I was shocked and almost jealous about how zen she seemed about it.

Kathi: I was too. I have had so much resentment and frustration personally, I could not understand how it didn't bother her.

Alison: Vivian was the most vocal about her anger, and even she was relatively contained when describing her feelings about their inequitable division of labor:

It doesn't matter that he is working the same amount as me or less than me, I'm the one who's managing things. I'm the one who's checking in on homework, and what time is our youngest supposed to be back on her Teams [meeting]? Like it's me, it's just me. So, I have had, you know, it bubbles up sometimes, the resentment bubbles up, like, "Shit, it's 4 o'clock, what's the dinner plan? Nobody else is gonna do this."

Keishana: I remember feeling angrier and angrier as we read through transcripts because nothing seemed fair for our participants. It felt like it was blatantly unfair. How could these husbands not see this? Didn't they care? Did my own husband care? What a privilege to navigate through life in this manner. I wonder how interviews with their partners would have been different...

Mary: Keishana, I felt similarly as I read the transcripts, too. At the beginning of the pandemic, I advocated for myself hard at work, creating rifts with my employer at the time, to be able to stay home because I knew my husband's emotional state/stress level couldn't handle trying to work from home with our three-year-old without me there, and, a few months later I quit my hospital job when they tried to force me to come back in person. The mental load related to my "mom guilt" catalyzed the decision: what if I bring the virus home from the hospital and get her sick? I was incredibly privileged to be able to change jobs.

These moms' mental load included everyone in their family's emotional well-being as well as the physical safety of the family unit. Bianca commented about her husband who worked in person as a minister and hospital chaplain, and who didn't mask or take any precautions:

I constantly, um, think about the fact that he does not need to pass away because the world needs him...that he's just still here with us is crazy...I'm definitely the wife now that's like always planning my husband's funeral.

Bianca changed jobs during the pandemic several times, stating while laughing that she had always “done whatever I’ve needed to do to stay sane and to keep our family, um to support our family.” So, when she was able to switch jobs most recently, her “brain was able to get out [of] a pressure cooker that it has been in, um, for a long time.”

Kathi: Interestingly, Scarlet described the “pressure cooker” experience as a feeling that set in after several weeks of quarantine, when “just the togetherness and not being able to go out when you need to...just having that away time” created heightened stress among her and her husband. I found it particularly striking that Scarlet termed the desire to be away or apart from the family not as a wish but a need.

Alison: Yeah, two out of seven of our participants used the term “pressure cooker” to describe how they felt about navigating their professional and domestic responsibilities. That term resonated with our whole research team in similar and different ways. The constant emotional, mental, and physical demands of mothering felt overwhelming at best, and impossible at worst. As Keishana pointed out earlier and is reflected in the literature, this all was occurring long before the COVID-19 pandemic. Our data show how women bore the brunt of dealing with COVID-19, but this is probably true because they were already doing all those things prior to the pandemic. The pandemic and the accompanying social isolation merely exposed the gross inequities they were all experiencing, because of the sudden increase in formal and informal care they had to engage in at home through distance schooling, figuring out grocery shopping, checking in with family members, etc. Our next conversation explores the different ways the mothers in our study coped with mothering and working full time during an extended pandemic.

Conversation #2: Coping with the Seemingly Impossible

Alison: When we constructed the interview guide, we were primarily interested in better understanding how women were managing their shift to working from home and their children being stuck in the home with them. I, personally, was really interested in how gender mapped out onto the increased demands of childcare and housework. As we constructed the guide, we realized we were also curious about how women were coping, or at least not completely disintegrating under the pressure and demands of professional and family life amidst a scary, global pandemic. There was a lot of overlap with how our participants coped with the demands of mothering while working, but also some interesting differences. Keishana, what was most interesting to you in our data about how women were coping, or not?

Keishana: One thing I found interesting was that so many of them had an awareness that they needed to cope during this time and then committed to doing so. Mariposa's daily commitment to her morning prayer class was particularly inspiring. So often in crisis type situations we might find our energy going towards surviving—simply making it to the next day as the goal. It was actually

really helpful for me as the researcher to engage with the participants and be reminded that as a woman—as a human, the act of coping could be (should be?) a daily, intentional act. Of course, I also related to those who wanted to engage in some form of self-care, but for various reasons could not. I remember empathizing and wanting to help them while we were talking during the interviews, while also knowing that I was also not doing well and also could not figure out a way to cope in a healthier manner. Finally, I also found it interesting that only one participant referenced her male partner as a contributor to their coping. Mariposa mentioned date nights, but other than that, their male partners seemed to not only not be part of the mothers' coping, but the male partners actually seemed to contribute to the mothers' stress. Mary, did you see yourself in any of our participant's coping methods?

Mary: I was doing a lot of juggling, fighting with my employer to work from home, taking care of my daughter's physical, mental, and emotional needs, and attempting to manage my husband's stress level. Like Vivian, I noticed that if I facilitated time for him to bike ride, then he would be less reactive, which would help with the overall emotional climate of our house and in turn help with my own stress level. I can relate to our participants, Mariposa, Jennifer, and Scarlet who leaned on faith during this time. I sought solace and validation in the virtual church services that were happening and prayer was a form of doing something, a form of verbal journaling, communicating the stress and asking for help in a way that brought some comfort. I also used alcohol, like Vivian and Jennifer, as a way to help myself wind down after stressful days in those months where we had no clue how long this pandemic would last, a vaccination seemed far off, and it was very overwhelming. My husband and I went through cases of wine in those early pandemic months like we had never done before, and have not done since. Toilet paper, hand soap, and cleaning supplies were hard to come by, but wine was readily available. Also, like Kadence, I relied on therapy to cope. I increased my monthly therapy sessions to every other week. My psychologist, a woman, validated my need to protect my family and community, and was instrumental in providing the courage I needed to quit a toxic work culture.

Alison: Your mention of your psychologist and your ability to leave a toxic work culture makes me think about how relatively privileged we all are (and all our participants were), and how difficult everything still was. What about those women who didn't have access to mental health care? Or those who couldn't change jobs (or work from home) and were putting themselves and their families at risk in order to feed their children? Even though working from home felt impossible, it was still an absolute privilege.

Mary: Alison, absolutely. I had an established therapist because of having means and access to her. So, when the pandemic hit, I emailed her to increase my sessions, without much thought of the true privilege that was at the time. Edith, what about you? Did you find any coping skills especially helpful?

Edith: Mary, what a simple and provocative question. The start of the pandemic and the year that followed is a blur to me. Even though I worked at home, my sons could not, which worried me. How did I cope? Just like Jennifer who said that praying helped her through her two-week isolation when she had COVID-19 for the first time, I prayed a lot which helped tremendously especially with my sons working outside the house before the vaccinations were rolled out. I also had a small bubble of wonderful friends in Memphis who, along with my family and friends outside of Memphis, made me feel connected and cared for. Finally, I live right by the university so taking long walks with my dogs on the deserted campus went a long way towards my mental health.

Alison: I am glad you all found it meaningful to hear about people relying on their religiosity for support and comfort. I was very exasperated by it, honestly. As someone who identifies as agnostic, living in the Bible Belt has felt perpetually repressive. Everything in Memphis is somehow affiliated with a church—daycares, mom groups, social justice groups, soccer/athletic leagues, etc. So, when I was struggling and eager to hear how other mothers were coping, for them to talk so much about *religion* just felt like such a let-down. I was simultaneously disappointed and irritated. Kathi, what did you think about all the religion talk?

Kathi: This was a conversation I had difficulty relating to, as well. As a Muslim, it always irks me how forcefully Christianity seems to be centered in everyday life in the U.S., and especially in Memphis. So, when Mariposa mentioned how her daily prayer circles with her girlfriends helped her engage with her Christian faith and keep her grounded, I couldn't relate much. Was it our differing ways of practicing religion or the ways in which our religions are differently situated in the sociopolitical U.S. context (or a combination of both)? What I did note was her describing how her children fed off this positive energy she experienced through the prayer circles, which resulted in a more enjoyable relationship with her kids. For me personally this joy came when I was able to get some time for myself and away from the children. That occurred so scarcely, though, that I wasn't even able to properly observe Ramadan that year because of the children needing constant attention. I was perfectly flabbergasted how Mariposa even found time to engage with her girlfriends in daily prayer every morning before starting her two jobs.

Alison: I remember how painful that decision was for you to not observe Ramadan. I also remember being hesitant to complain to the research group about how tiresome I found all the religious talk because I had a feeling I was the only non-religious one on the team, but I was relieved that you all could engage my frustration without taking offense. I related more to the women, like Vivian, who yearned for alone time, or the women who looked for ways to dull their frustrations through substance use.

Keishana: Oh, I wish I had known or realized that you were feeling hesitant to discuss how the religious talk was impacting you! This definitely matters and is a worthy conversation. I actually think the idea of formal religion versus spirituality and the construction of what constitutes self-care and even substance abuse are all very connected. Certain religious and spiritual beliefs and traditions can directly influence how we interpret our discomfort and therefore impact how we respond to it. As researchers, I hope we created as safe of an environment as possible for our participants to be honest with us, and I hope we did the same for our research team.

Alison: Oh, after I brought up my frustration the first time, I definitely felt supported by everyone. As I think all of us said at one point or the other during the last few years of researching and thinking together, this project served as one of OUR coping mechanisms for living through a global pandemic. It kept me grounded and helped me feel like a Self with interesting thoughts and ideas when all I felt like was the unappreciated and unpaid help in my own house.

Discussion

CAP did not just allow us to bring our participants' experiences into a more accessible and relatable frame (Lincoln & Guba, 2005), the researcher dialog format also made visible our own reflexivities as we plugged our experiences of mothering during COVID-19 into the literature and data. We were literally unable to untangle ourselves and experiences from what we were hearing

from the women. Deciding to use CAP forced us into deeper self-and-research-team reflection by making it an integral part of our data analysis. Interacting with the data in this way, by refusing the forced and arbitrary separation between self and “Others” (i.e., the participants and each other as the research team), allowed us to relate to them, our research team, and ourselves in empathetic, compassionate, nuanced, and critically-reflexive ways. What Burr (2003) calls the feminist, relational practice of “explicitly acknowledging the personal and political values and perspectives informing the research” (p. 157) allowed for the production of different kinds of relationships with each other and the data. This includes the researchers’ relational connection to the participants’ stories, but it also encompasses the privilege and points of ignorance with which we interviewed and read the data. As is visible from the dialog above, our lack of understanding might extend to racialized, religiously-contextualized, and classed lived and life experiences by our participants.

While, as a research team, we want to problematize the term “double pandemic” for reasons Keishana described in the research conversation and that are found in the literature (e.g., Starks, 2021), it is important to emphasize how Black communities were disproportionately affected by COVID-19 due to structural racism in relation to the continuous failures of our healthcare system and overall political system (Chaney, 2020; Edwards, 2021; Mude et al., 2021; Stamps et al., 2021). This was in addition to the ongoing and increasingly visible instances of police brutality against Black men and women. Jennifer’s descriptions of her fears of her husband exercising in their primarily white neighborhood illustrate her experiences of intersecting oppressions. While all of our participants were in the “pressure cooker,” our Black participants were experiencing more pressure from the ongoing racist systems and structures that they encountered daily and the “Black tax” of continuous extra engagement and work and time, etc., that Black women, especially, had been expected to perform (Walton et al., 2021). As has been documented, women’s mental health deteriorated during COVID-19 (Graham et al., 2021; Patrick et al., 2020), and access to mental health care became even more difficult as more people sought out mental health care professionals (Barna, 2022). This, again, possibly disproportionately affected Black women who, prior to the pandemic, already experienced difficulty accessing both mental health care and mental health care providers with a critical understanding of race, racism, and intersectionality (American Psychological Association [APA], 2021; Caron, 2022).

Prior to the COVID-19 pandemic in the United States, spirituality had been understood as being an important component of resilience during times of great stress (Walsh, 2015). Three of our participants discussed the importance of their religious practices and community during the interviews. This reflects Roberto et al.’s (2020) study of women’s coping mechanisms during COVID-19, which found that “fostering ongoing practices that support comfort received from faith and spirituality can be helpful, even in the absence of physical gatherings” (p. 1328). Spirituality has been one way that Black Americans have persevered the ongoing traumas of racism in the United States (Bryant-Davis et al., 2013), and our Black participants shared how they used their spirituality to navigate the trauma of the pandemic. It was surprising that Bianca, who is white, did not mention relying on her spirituality or religious communities even though her husband was a pastor and her life revolved around his work in the church that she helped him start.

It was unfortunately unsurprising that all of the women we interviewed were experiencing the exacerbated effects of what Hochschild (2012) has termed the “second shift” and what Schulte (2015, p. 156) and others have termed the “stalled gender revolution” at home. All of our participants were in charge of the logistics of running a home, and this labor was heightened due to the stay-at-home orders during the early months of COVID-19. Interestingly, for some of our participants, our observation as researchers about their division of labor seems incongruent with their self-perceptions of their family systems. Haney and Barber (2022) found similar results in their study of Canadian families, where despite a strikingly inequitable gendered division of labor,

64% of women reported being “satisfied” with it. They suggest that the expectation of “intensive mothering” might be a factor in these self-reports. Intensive mothering is, arguably, the dominant paradigm for mothering in the United States. Simply put, it is the expectation that women are the primary caregivers of children and that mothers are expected to spend an exorbitant amount of time, money, and attention on the needs of their children, regardless of personal or professional cost (Cotter et al., 2011; Hays, 1996; Schulte, 2015).

In sum, since women were already socialized into the culture of intensive mothering, the increased mental and relational load they experienced during COVID-19 did not lead to heightened frustration or anger that might have been expected. As a research group, we also hypothesized that some of the women were possibly actively avoiding relational conflict, since they were trapped at home with their husbands and children. We thought about their acceptance of the inequitable divisions of labor in the house as almost protective, in that holding onto anger takes a lot of energy, but confrontation and the aftermath of that might take even more energy, and the women in our study did not have extra energy to expend on these kinds of conflicts at that point in the pandemic (Li & Samp, 2021; Pietromonaco, & Overall, 2021).

Conclusion

This study allowed us to research the ways in which women in heterosexual partnerships parenting children navigated their lives during the COVID-19 pandemic. Our conversational engagement with the participants’ interviews highlighted how the inequitable gendered work distributions ranged from being a strong point of contention for some to no significant issue for others. The research conversation provided us with a space where we could connect with our participants and each other and help critically interrogate our racialized and gendered individual and collective experiences of navigating a global pandemic. A question that we as researchers ask ourselves and that future studies could explore is, if women are introduced to the concept of intensive mothering, could it help alleviate feelings of guilt, shame, and the inevitable failure of balancing professional and familial responsibilities?

Acknowledgments

The authors would like to thank the women who created the time and space to do these interviews with us. We are grateful.

Declaration of Interests Statement

The authors have no conflicts to report.

References

- Abdelmahmoud, E. (2020, September 18). How the pandemic has exacerbated the gender divide in household labor. *Buzzfeed News*. https://www.buzzfeednews.com/article/elaminabdelmahmoud/parenting-dads-gender-gap?fbclid=IwAR1mLE9U-qSM08E-bKQYOYweSEOsob2ZZi0x_oiQJgFfc-wHDTZRmUecX9E
- American Psychology Association. (2021, October). *Apology to people of color for APA’s role in promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in US*. <https://www.apa.org/about/policy/resolution-racism-apology.pdf>

- Barna, M. (2022). Mental health workforce taxed during COVID-19 pandemic: Worker shortage hinders access. *The Nation's Health*, 51(10), 1–14. <https://www.thenationshealth.org/content/51/10/1.3>
- Bennett, J. (2020, May 20). “I feel like I have five jobs”: Moms navigating the pandemic. *New York Times*. <https://www.nytimes.com/2020/03/20/parenting/childcare-coronavirus-moms.html>
- Blake, J. (2020, April 13). Black Americans are being hammered by a double pandemic. *CNN*. <https://www.cnn.com/2020/04/12/health/black-americans-hiv-coronavirus-blake/index.html>
- Blundell, R., Dias, M. C., Joyce, R., & Xu, X. (2020). COVID-19 and inequalities. *Fiscal Studies*, 41(2), 291–319. <https://doi.org/10.1111/1475-5890.12232>
- Bryant-Davis, T., Ellis, M. U., & Perez, B. (2013). Women of color and spirituality: Faith to move mountains. In L. Comas-Diza & B. Greene (Eds.), *Psychological health of women of color: Intersections, challenges, and opportunities* (pp. 303–316). Praeger. <https://doi.org/10.1037/a0034380>
- Burr, V. (2003). *Social constructionism* (2nd ed.). Routledge.
- Carlson, D.L., Petts, R., & Pepin, J.R. (2020). Changes in parents’ domestic labor during the COVID-10 pandemic. *Sociological Inquiry*, 92(3), 1217-1244. <https://doi.org/10.1111/soin.12459>
- Caron, C. (2022, March 29). It’s hard to search for a therapist of color: These websites want to change that. *The New York Times*. <https://www.nytimes.com/2021/07/16/well/mind/find-black-latinx-asian-therapist.html>
- Carrell, R. (2019, August 15). Let’s share women’s mental load. *Forbes*. <https://www.forbes.com/sites/rachelcarrell/2019/08/15/lets-share-womens-mental-load/?sh=17de7abb6bd6>
- Ciciolla, L., & Luthar, S. S. (2019). Invisible household labor and ramifications for adjustment: Mothers as captains of households. *Sex Roles*, 81, 467–486. <https://doi.org/10.1007/s11199-018-1001-x>
- Chaney, C. (2020). Family stress and coping among African Americans in the age of COVID-19. *Journal of Comparative Family Studies*, 51(3–4), 254–273. <https://doi.org/10.3138/jcfs.51.3-4.003>
- Chase, S. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In K.N. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research*, (pp. 651–679). SAGE Publications.
- Clandinin, D. J., & Connelly, F. M. (2004). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass.
- Coffey, C., Espinoza Revollo, P., Harvey, R., Lawson, M., Butt, A. P., Piaget, K., Sarosi, D., & Thekkudan, J. (2020). Time to care: Unpaid and underpaid care work and the global inequality crisis. *Oxfam Briefing Paper*. <https://doi.org/10.21201/2020.5419>
- Collins, C., Landivar, L. C., Ruppanner, L., & Scarborough, W. J. (2021). COVID-19 and the gender gap in work hours. *Gender, Work & Organization*, 28(S1), 101–112. <https://doi.org/10.1111/gwao.12506>
- Cotter, D. A., Hermsen, J. M., Venneman, R. (2011). The end of the gender revolution: Gender role attitudes from 1977–2008. *American Journal of Sociology*, 117(1), 259–289.
- Craig, L., & Churchill, B. (2020). Dual-earner parent couples’ work and care during COVID-19. *Gender, Work & Organization*, 28(S1), 66–79. <https://doi.org/10.1111/gwao.12497>

- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum* 8(1), 139–167.
- Crenshaw, K. (2014). *On intersectionality: Essential writings*. New Press.
- Dave, S. (2019, January 23). ‘Invisible labor’ taking a toll on mothers’ well-being: What you need to know. *Good Morning America*.
<https://www.goodmorningamerica.com/wellness/story/invisible-labor-taking-toll-mothers-60519555>
- Dean, L, Churchill, B., & Ruppner, L. (2022). The mental load: Building a deeper theoretical understanding of how cognitive and emotional labor overload women and mothers. *Community, Work & Family*, 25(1), 13–29.
<https://doi.org/10.1080/13668803.2021.2002813>
- Edwards, A. L. (2021). Educating during the COVID-19 pandemic: The motherwork of Black women nursing professionals. *Families, Systems, & Health*, 39(4), 599–608.
<https://doi.org/10.1037/fsh0000642>
- Gadermann, A. C., Thomson, K. C., Richardson, C. G., Gagné, M., McAuliffe, C., Hirani, S., & Jenkins, E. (2021). Examining the impacts of the COVID-19 pandemic on family mental health in Canada: Findings from a national cross-sectional study. *BMJ open*, 11(1), Article e042871. <https://doi.org/10.1136/bmjopen-2020-042871>
- Gough, M., & Killewald, A. (2011). Unemployment in families: The case of housework. *Journal of Marriage and Family*, 73(5), 1085–1100. <https://doi.org/10.1111/j.1741-3737.2011.00867.x>
- Graham, M., Weale, V., Lambert, K., Kinsman, N., Stuckey, M. R., & Oakman, J. (2021). Working at home: The impacts of COVID-19 on health, family-work-life conflict, gender, and parental responsibilities. *Journal of Occupational and Environmental Medicine*, 63(11), 938–943. <https://doi.org/10.1097/JOM.0000000000002337>
- Grose, J. (2019, June 11). A modest proposal for equalizing the mental load. *The New York Times*. <https://www.nytimes.com/2019/06/11/parenting/mental-load.html>
- Gross, J. (2020, July 15). They go to mommy first: How the pandemic is disproportionately disrupting mothers’ careers. *The New York Times*. <https://www.nytimes.com/2020/07/15/parenting/working-moms-coronavirus.html>
- Haney, T. & Barber, K. (2022). The extreme gendering of COVID-19: Household tasks and division of labour satisfaction during the pandemic. *Canadian Review of Sociology*, 59(S1), 26–47. <https://doi.org/10.1111/cars.12391>
- Hartley, G. (2017, September 27). Women aren’t nags—we’re just fed up. *Harper's Bazaar*. <https://www.harpersbazaar.com/culture/features/a12063822/emotional-labor-gender-equality/>
- Hays, S. (1996). *The cultural contradictions of motherhood*. Yale University Press.
- Hochschild, A. (2012). *The second shift: Working families and the revolution at home*. Penguin Books.
- Kamenetz, A. (2022, August 19). The help that never came. *The Atlantic*. <https://www.theatlantic.com/ideas/archive/2022/08/COVID-19-parenting-mom-dad-divide-work/671188/>
- Lewis, H. (2020, March 19). The coronavirus is a disaster for feminism: Pandemics affect men and women differently. *The Atlantic*. <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-COVID-1919/608302/>

- Li, Y., & Samp, J. A. (2021). The impact of the COVID-19 pandemic on same-sex couples' conflict avoidance, relational quality, and mental health. *Journal of Social and Personal Relationships, 38*(6), 1819–1843. <https://doi.org/10.1177/02654075211006199>
- Lincoln, Y. S. & Guba, E. G. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 191–216). SAGE Publications.
- McKinney, J. L., & Meinersmann, L. M. (2022). The cost of intersectionality: Motherhood, mental health, and the state of the country. *Journal of Social Issues, 79*(2), 596–616. <https://doi.org/10.1111/josi.12539>
- Motherscholar Collective, Myles-Baltzly, C. C., Ho, H. K., Richardson, I., Greene-Rooks, J., Azim, K. A., Frazier, K. E., Campbell-Obaid, M., Eilert, M., & Lim, S. R. (2021). Transformative collaborations: How a motherscholar research collective survived and thrived during COVID-19. *International Perspectives in Psychology: Research, Practice, Consultation, 10*(4), 197–214. <https://doi.org/10.1027/2157-3891/a000029>
- Mude, W., Oguoma, V. M., Nyanhanda, T., Mwanri, L., & Njue, C. (2021). Racial disparities in COVID-19 pandemic cases, hospitalisations, and deaths: A systematic review and meta-analysis. *Journal of Global Health, 11*, Article 05015. <https://doi.org/10.7189/jogh.11.05015>
- Mueller, M. (September 30, 2022). The onus is on us—and it shouldn't be. *Contexts: Sociology for the Public*. <https://contexts.org/blog/the-onus-is-on-us/>
- Minello, A. (2020, April 17). *The pandemic and the female academic*. Nature. <https://doi.org/10.1038/d41586-020-01135-9>
- Nam, R. (2020, November 12). “I come up short every day”: Couples under strain as families are stuck at home. *National Public Radio*. <https://www.npr.org/2020/11/12/929551120/i-come-up-short-every-day-couples-under-strain-as-pandemic-upends-life-at-home>
- O’Neil, T. (2021, November 4). There’s a “double pandemic” of COVID-19 and racism. *New York Post*. <https://nypost.com/2021/11/04/theres-a-double-pandemic-of-COVID-19-and-racism-school/>
- Parry, D. C., & Johnson, C. W. (2007). Contextualizing leisure research to encompass complexity in lived leisure experience: The need for creative analytic practice. *Leisure Science, 29*(2), 119130. https://www.academia.edu/4320498/Contextualizing_leisure_research_to_encompass_complexity_in_lived_leisure_experience_The_need_for_creative_analytic_practice
- Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2021). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics, 146*(4), 1–8. <https://doi.org/10.1542/peds.2020-016824>
- Pearson, C. (2020, September 17). The relentless despair of being a working mom in 2020. *Huffington Post*. https://www.huffpost.com/entry/despair-working-mothers-coronavirus-COVID-19_1_5f5ec0bcc5b67602f606f041?utm_source=npr_newsletter&utm_medium=email&utm_content=20200916&utm_term=4833557&utm_campaign=the-new-normal&utm_id=5189028&orgid=1019&guccounter=1
- Pettigrew, R. N. (2021). An untenable work load: COVID-19 and the disproportionate impact women’s work-family demands. *Journal of Family and Consumer Sciences, 113*(4), 8–15. <https://doi.org/10.14307/JFCS113.4.8>

- Pietromonaco, P. R., & Overall, N. C. (2021). Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. *American Psychologist*, 76(3), 438–450. <https://doi.org/10.1037/amp0000714>
- Richardson, L. (2000). Evaluating ethnography. *Qualitative Inquiry*, 6, 253–255. <https://doi.org/10.1177/107780040000600207>
- Roberto, A., Sellon, A., Cherry, S. T., Hunter-Jones, J., & Winslow, H. (2020). Impact of spirituality on resilience and coping during the COVID-19 crisis: A mixed-method approach investing the impact on women. *Health Care for Women International*, 41(11–12), 1313–1334. <https://doi.org/10.1080/07399332.2020.1832097>
- Schulte, B. (2015). *Overwhelmed: How to work, love, and play when no one has the time*. Picador.
- Seedat, S., & Rondon, M. (2021). Women's wellbeing and the burden of unpaid work. *BMJ Open*, 374(1972), 1–3. <https://doi.10.1136/bmj.n1972>
- Stamps, D. L., Mandell, L., & Lucas, R. (2021). Relational maintenance, collectivism, and coping strategies among Black populations during COVID-19. *Journal of Social and Personal Relationships*, 38(8), 2376–2396.
- Starks, B. (2021). The double pandemic: COVID-19 and white supremacy. *Qualitative Social Work*, 20(1-2), 222–224.
- St. Pierre, E. A. (1997). Methodology in the fold and the irruption of transgressive data. *International Journal of Qualitative Studies in Education*, 10(2), 175–189. <https://doi.org/10.1080/095183997237278>
- U.S. Bureau of Labor Statistics. (2017). *Women in the labor force: A databook*. <https://www.bls.gov/opub/reports/womens-databook/2016/home.htm>
- Walsh, F. (2015). *Strengthening family resilience*. Guilford Press.
- Walton, Q. L., Campbell, R. D., & Blakey, J. M. (2021). Black women and COVID-19: The need for targeted mental health research and practice. *Qualitative Social Work*, 20(1–2), 247–255. <https://doi.org/10.1177/1473325020973349>

Notes on Contributors

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