

## Daily Life Experiences of Working Women in Existential Threat<sup>1</sup>

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### **Abstract**

*The pandemic has profoundly impacted daily life, resources, and gender roles, resulting in significant changes. This study examines how the gender roles of working women transform in the face of existential threats. We investigate their experiences, reactions, and defense mechanisms during the pandemic. The sample consists of 17 women, revealing increased inequalities and responsibilities faced in both domestic and professional settings. Participants expressed uncertainty, anxiety, and fear for their loved ones, sharing experiences with the disease, preventive measures, and psychological and social consequences. Understanding the defense mechanisms used by women will bring short-term individual benefits. This research sheds light on women's experiences during the pandemic, highlighting the urgency of addressing gender disparities in COVID-19.*

**Keywords:** Working Women; COVID-19 Pandemic; Gender Roles; Terror Management Theory; Proximal and distal defense mechanisms

### **Introduction**

COVID-19 was first seen in China in December 2019 and spread rapidly worldwide. The World Health Organization declared a pandemic on March 11, 2020. The epidemic's effects are similar to natural disasters, wars, and conflicts. However, unlike other disasters, it is impossible to reduce or escape the effects of an epidemic (Olaseni et al., 2020). The effect of the disease was not limited to the loss of life. The disease has affected many aspects of life, psychologically, socially, and economically (Maji, Bansod & Singh, 2022). Therefore, like the global crises, the COVID-19 epidemic can be considered a period in which existential threats, uncertainty, and gender inequality are experienced intensely (Rosenfeld & Tomiyama, 2021; Rudert et al., 2022). This study examines the changes in the gender roles and experiences of women working under an existential threat. In this study, it is presented how working women evaluate their work and home lives. In addition, the reactions of working women to existential threat and the proximal and distal defense mechanisms they use are evaluated.

### **Literature Review**

Despite the precautions taken to prevent the epidemic, the spread of the disease has increased the fear (Lathabhavan, 2023). Humans have enhanced cognitive abilities. While these abilities provide flexibility and adaptability to the individual (Neuberg et al., 2011), they also enable people to realize that death is inevitable, unpredictable, and uncontrollable (Pyszczynski,

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Solomon, & Greenberg, 2015). Terror management theory (TMT) assumes that existential threats (death awareness) salience creates fear or anxiety and explains how people can continue to function despite this anxiety (Hayes, Schimel, & Williams, 2008).

Life can be challenging if the individual can not reduce this anxiety. However, this anxiety is also one of the most important motivations for human behavior. As an existential threat, an individual can manage them using two types of defense mechanisms. The first is proximal defense mechanisms activated by conscious awareness of existential concerns. The other is distal defense mechanisms that are activated when existential concerns are not the focal concern of the individual (Pyszczynski, Solomon, & Greenberg, 2015). As existential threats are salient, the individual begins to think about death.

For this reason, the individual needs proximal defense mechanisms to push thoughts about existential threats out of consciousness. Proximal defense mechanisms can suppress thoughts about death, deny it, or avoid health threats (Yetzer & Pyszczynski, 2019). On the other hand, in distal defense mechanisms, thoughts about existential threats are not in focus but are within the limits of accessible consciousness. In this case, the person feels valuable by adding meaning to his life. Thus, individuals can alleviate existential anxiety with this mechanism (Pyszczynski et al., 2021). Individuals can control their existential anxiety with cultural worldviews, self-esteem, and close relationships. It is essential to have and maintain a meaningful, orderly, and stable worldview in life (Van den Bos et al., 2007). The cultural worldview provides standards for the individual's behavior and promises real and/or symbolic immortality. Thus, the cultural worldview creates a buffer against existential threats (Pyszczynski et al., 2015; Harth & Mitte, 2020) and provides tolerance for uncertainty (for example, Van den Bos et al., 2007). The individual's cultural worldview is constructed by gender, religion, ethnicity, etc. Evaluating the extent to which one lives by value standards that reflect the cultural worldview forms self-esteem. An individual's close relationships are shaped by the belief that he or she is valuable in a meaningful world (Pyszczynski et al., 2021). These distal defense mechanisms make the individual's life easier and more meaningful. However, when an individual is exposed to traumatic events, their beliefs about the world are also affected (Chatard et al., 2012). This severely weakens the individual's anxiety buffering system so that the individual may be unable to effectively manage thoughts about existential threats.

Moreover, the precautions taken by the public to ensure that the individual feels safe generally interfere with the meaning of one's life and/or ability to find meaning. This may cause anxiety in the individual (Pyszczynski et al., 2021). Thus, the precautions taken to protect against the virus and the desire to continue an everyday life can cause tension between existential proximal and distal defense mechanisms (Yetzer & Pyszczynski, 2019). Using proximal defense mechanisms allows the individual to control the existential threat and feel short-term safety. In addition, the individual may think that life has meaning and that it makes a valuable contribution to life by using distal defense mechanisms. In an existential threat, the individual tries to normalize and maintain life by using these defense mechanisms consciously and/or unconsciously.

As existential threats are salient, the individual tends to protect and maintain the existing system (Pyszczynski, Solomon, & Greenberg, 2015). The individual feels safe with his/her worldview. This tendency emerges with the worldview that the person has. One of the first worldviews that comes to mind is gender identity (Passalacqua, 2016, p.151). The individual



has stereotypes based on gender characteristics. Therefore, gender roles are among the most frequently used and rapidly accessed social categories (Klauer et al., 2014). Gender roles determine how an individual will behave as a woman and a man.

Moreover, gender roles meet psychological needs and protect psychological health in crises and uncertainty (Rudert et al., 2022). Although women are members of more than one social category, gender is the most prominent category (Harth & Mitte, 2020). As the existential threat salience increases, there is an increasing need to maintain traditional gender norms and roles to restore life to its familiar state (Passalacqua, 2016, p.151). Women's traditional gender roles assume that they care for the home and children, are sensitive to interpersonal relationships, are often related to the needs of others, and have lower-status roles in society (exp., Jost & Kay, 2005). Daily life uncertainty also increases the person's tendency to protect and maintain the existing system and social order. Identity and established cultural belief systems make the individual feel safe. This tendency also enables the individual to compensate for the lack of control. Thus, individuals try to reduce uncertainty and the discomfort caused by uncertainty (Jost, Federico, & Napier, 2009). In addition, social roles serve as an essential reference point for the individual in the case of uncertainty. Uncertainty is particularly influential in the preference for traditional gender roles. When traditional gender roles are preferred, the existing order is maintained, uncertainty is reduced, and the person feels more comfortable and safer (Rosenfeld & Tomiyama, 2021).

In addition to being an existential threat to the individual, the pandemic has highlighted social inequalities. Although the pandemic was thought to carry similar risks for men and women initially, it was later revealed that women were more vulnerable to adversity (Laufer & Bitton, 2021). In other words, the process increased inequalities between men and women and pushed women's gender equality efforts back generation (World Economic Forum, 2021). While many women continue to work paid jobs, their responsibilities at home have also increased (Hupkau & Petrongolo, 2020). Therefore, working women can be considered vulnerable and risky groups. In a crisis, such as a pandemic, social roles may conflict, gender inequalities may be exacerbated, or inequalities often unseen or hidden before the crisis may emerge (Kantamneni, 2020). It is seen that the roles of working women expand, although the expectations about men's gender roles generally remain the same in crisis. (United Nations, 2020). Women spend more time on housework, caregiving (children and elderly), and other domestic responsibilities than men (Carli, 2020; Carlson, Petts & Pepin, 2022). Women have suffered the burden of the epidemic in different areas, such as at home and work, during COVID-19 (Harth & Mitte, 2020). women working outside were expected to do domestic and care work as well. Thus, any increase in care needs during this period was disproportionately undertaken by women. Therefore, when the need for care increases, women either changes from full-time to part-time or leave their job (Alon et al., 2020).

Precautions such as quarantine to contain the spread of the virus have restricted public movements. As a result, interruptions have been experienced in all areas of life, such as work, education, and social interaction. These precautions have also changed human relations and lifestyles (Kwon & Park, 2022). For example, a precaution affecting the lives of working women is the closure of schools/nurseries. Thus, working women's outside help childcare has been limited. This burden of who should take care was undertaken by women according to existing gender roles and social norms (Wenham et al., 2020). As a result, women were expected to do their full-time jobs and provide all-day care and education to their children

(Hupkau & Petrongolo, 2020; Carlson, Petts, & Pepin, 2022). It is seen that women return to traditional gender roles by social norms and expectations while combining paid and unpaid work during the pandemic period. Home and workplace are different social contexts. When these areas are spatially different, acting according to the context may be easier. However, when all social roles (e.g., mother, caregiver, teacher, earning money) are performed in a place, it can be difficult for an individual to play different roles. In a crisis, women are expected to behave in traditional gender roles.

For this reason, the inequalities experienced by working women have increased. In particular, domestic inequalities are more salient in countries with less gender equality (UN, 2020). Traditional role pressure on women increases in a crisis such as a pandemic. However, women are more affected as their outside support decreases (Kantamneni, 2020; Harth & Mitte, 2020; Rudert et al., 2022). As a result, the COVID epidemic has aggravated women's work and home responsibilities. This has caused women to be directly or indirectly affected.

In light of the discussed literature, this study aims to investigate the intricate interplay between existential threats, gender roles, and the lived experiences of working women during the COVID-19 pandemic. Focusing on the salience of existential threats and drawing upon Terror Management Theory (TMT), the research seeks to explore how working women navigate proximal and distal defense mechanisms to manage anxiety in the face of an existential threat. Additionally, the study aims to unravel the impact of the pandemic on traditional gender norms and roles, specifically examining how gender inequalities are exacerbated, and how working women grapple with increased responsibilities at home and in the workplace. By delving into these dynamics, the research aspires to contribute valuable insights into the nuanced ways in which working women adapt, cope, and potentially transform in response to the challenges posed by the pandemic and its associated existential threats.

## **Method**

The research was designed in a qualitative research design. The study has an interpretative constructivist perspective. This study examined working women's work and home experiences under the existential threat. In addition, the changes in the lives of working women, the problems they face, and their coping with them are evaluated.

## **Sample**

The participants of the study were determined by the snowball sampling method, one of the purposive sampling methods (Yıldırım & Şimşek, 2013: 135:138). The sample of the study consists of 17 working women living in Izmir. The sample features are given in Table 1. Participants were informed about the subject and purpose of the research. To protect participants in the study findings presentation, interviewees' identities were anonymized ranging from Participant 1 to Participant 17. Most of the participants worked from home during the pandemic. Participants working in the public sector had no problems with work or wages. However, participants working in the private sector and doing their own business had problems in terms of job security and wages.



**Table 1.** Sample features

| Participants | Age | Education level  | Marital status | The number of children | Employment status |
|--------------|-----|------------------|----------------|------------------------|-------------------|
| P1           | 56  | Associate degree | Married        | 2                      | Private sector    |
| P2           | 48  | Associate degree | Separated      | 2                      | Self employed     |
| P3           | 29  | Undergraduate    | Married        | 2                      | Public sector     |
| P4           | 34  | Undergraduate    | Separated      | 3                      | Public sector     |
| P5           | 47  | Undergraduate    | Married        | 2                      | Public sector     |
| P6           | 50  | Undergraduate    | Married        | 3                      | Public sector     |
| P7           | 35  | Undergraduate    | Married        | 1                      | Private sector    |
| P8           | 46  | Undergraduate    | Separated      | 2                      | Public sector     |
| P9           | 35  | Undergraduate    | Married        | 2                      | Private sector    |
| P10          | 40  | Undergraduate    | Separated      | 1                      | Private sector    |
| P11          | 36  | Undergraduate    | Married        | 2                      | Public sector     |
| P12          | 28  | Graduate         | Married        | 1                      | Public sector     |
| P13          | 51  | Graduate         | Married        | 2                      | Public sector     |
| P14          | 33  | Graduate         | Married        | 2                      | Self employed     |
| P15          | 38  | Graduate         | Separated      | 1                      | Self employed     |
| P16          | 36  | Graduate         | Separated      | 1                      | Private sector    |
| P17          | 39  | Graduate         | Married        | 1                      | Public sector     |

### Data Collecting

The data of this research were collected through semi-structured interviews. Interview questions were deductively designed according to TMT to explore the experiences of working women. For this purpose, a literature review was conducted, and two experts from the field checked the questions to ensure content validity. Before the interview, the participants were informed, and consent was obtained. Data were collected three months after the return to daily life on July 1, 2021. Institutional ethics committee approval was obtained before starting the study. The interviews were held at the appropriate places and times determined by the participants. The interviews lasted between 45 minutes and 1.5 hours on average. The researcher continued the interview until data saturation was achieved.

### Data Analysis

Study data were evaluated by thematic analysis. This flexible analysis method can summarize the data's basic features and provide descriptions (Braun & Clarke, 2006). In this study, inductive thematic analysis was carried out to create the themes. The inductive approach strongly connects the identified themes and the data. The data were analyzed thematically following the six-step process outlined by Braun and Clarke (2006). First, the data were noted and carefully re-read. Then the first codes were created. The generated codes are grouped under themes. The themes were reviewed, the compatibility of the themes with the coded data content and the entire data set was checked, and a thematic 'map' was created for analysis. The themes were then defined and named. In the last stage, the findings were reported logically.

### Conducting research and results

The data were analyzed with thematic analysis, and three main themes emerged. These are adapting to changing situations, meaning in life, and coping. All themes are already given below in Table 2.

**Table 2.** All Themes and sub-themes

| Theme                             | Subtheme                        | Participant Quotes   |
|-----------------------------------|---------------------------------|--|
| Adaptation to Changing Situations | Health Concerns and Precautions | P6: "I took strict precautions at home but still took additional supplements." P17: "I stayed home. I only went out in emergencies. I always wore a mask and gloves and paid attention to the distance." |
|                                   | Uncertainty                     | P1: "It is like being in limbo." P7: "I did not know what to do if I or one of my relatives caught the flu."   |
| Theme                             | Subtheme                        | Participant Quotes   |
| Meaning of Life                   | Negative Emotional Experiences  | P15: "I felt restless and anxious because of the illness." P16: "I guess I had depression; I did not want to eat anything."  |
|                                   | Job Responsibilities            | P5: "Starting to work from home made me exhausted." P10: "We also switched to partial working conditions. Life just got harder."   |
|                                   | Home Responsibilities           | P14: "Now, unfortunately, my work at home is never finished. I cannot spare any time for myself." P16: "I used to clean the house once a week, and now I do it every day. I am tired."                   |
|                                   | Social Relations                | K11: "Now people have become intolerant. Everyone bothered each other even if they did nothing." P3: "My husband's mother started to stay with us. This was challenging for me."                         |
| Coping Strategies                 | The Value of Relationships      | P12: "Everything is temporary, there are no guarantees. It must be time for family and friends." P4: "I kept a notebook to avoid forgetting what I went through."  |
|                                   | Developing Individual Skills    | P11: "During this period, we were all at home. We did many activities." K3: "I used the physical interior effectively and creatively. There were books I wanted to read, and I read them."               |
| Coping Strategies                 | Adaptive Strategies             | P4: "I thought it was just a disease, just flu. I tried to avoid news that would make me panic." P13: "It felt good to slow down. I thought about my priorities."  |
|                                   | Theme                           | Subtheme   |
|                                   | Spiritual Coping                | P6: "I prayed more. It felt me comfortable psychologically." P12: "Sometimes meditating calmed me down."   |

### Adaptation to the changing situation

In this theme, the participants stated that they had to work from home during the pandemic period, and their accustomed lives changed. It comprises health anxiety and precautions, uncertainty, negative emotional experiences, work responsibilities, home responsibilities, and social relation sub-themes.

### Health concerns and precautions

Participants expressed concern about their own and their relatives' health. Some participants stated they were worried about their families and themselves and prioritized health-related issues more than before the pandemic (P1, P2, P3, P4, P9, P12, P13, P16, P17). Some participants (P1, P6, P8, P10, P15, P17) said they had health problems such as diabetes, blood



pressure, and cholesterol. All participants stated that their eating habits and daily routines changed during this period, and their physical movements decreased.

I had regular checkups but was afraid to go (P6).

I took strict precautions at home but still took additional supplements. I also gave it to my husband and children (P11).

I stayed home. I only went out in emergencies. I only went to crowded places as much as possible. I paid attention to the warnings. I always wore a mask and gloves and paid attention to the distance. I protected myself (P17).

During the pandemic, my parents stayed with me. My brother is a doctor. He does not work in a dangerous place at the hospital, but I did not want him come to us. Because I was worried about the children and me (P2).

I was constantly looking on the internet for anything new about the disease. I could not prevent myself (P5).

I followed all the proposals of the doctors. I followed most preventive precautions, such as social distancing, handwashing, and cleaning surfaces. Fear of illness protected me (P12).

I was amazed at how unprotected I lived with this disease. Now health is more central to me, and I understand the importance of economically meeting health expenses. I was worried about getting sick and not getting good service as needed (P 13).

### **Uncertainty**

All participants stated that the process itself was full of uncertainty. In addition, the participants said they had different information, but there were inconsistencies between them. Participants stated that this sense of uncertainty affected them negatively and made them uncomfortable.

It is like I got lost somewhere. I tried to stay calm, but I might lose control; it is hard not to know what will happen; it is like being in limbo (P1).

Previously, there was much uncertainty about the disease. Sometimes I said it was just the flu, but my fear increased when I saw people (P7).

At first, I had a great panic. I did not know what to do if I or one of my relatives caught the flu (P14).

The disease changed everything. Everything became unknown. There is no longer the usual order in the workplace. The house has already completely changed. Children's school systems have changed. Everything needs to be clarified (P9).

My psychologist came for special education. Everything is uncertain. I do not know how to continue my life (P15).

### **Negative emotional experiences**

Participants expressed anxiety and fears about the disease. All participants stated that pessimism and worries negatively affected their perspectives on events and psychological well-

being. Some participants (P1, P14, P9, F17) stated that negativities make them feel bad, so they try to think positively.

I felt restless and anxious because of the illness. The thought that it would infect my family also made I feel bad (P15).

Sometimes I was angry about why it happened and where it originated. There is nothing to do; I am sorry, I am afraid. When I came from outside, I felt guilty about whether I brought a disease (P16)

I guess I had depression; I did not want to eat anything. I wanted to sleep all the time. (K12)

I am in a state of panic; commuting to work tired me psychologically (P7).

### **Job Responsibilities**

In this sub-theme, participants stated that workplace roles and duties were redefined. Most participants declared that they had to work from home during the pandemic. They stated that the working environments in the workplace have changed completely (P1, P3, P4, K5, P6, P8, P10, P11, P12, P13, P15, P17). Some participants said they lost wages and were affected economically (P1, P2, P7, P14, P15).

The whole system at work has changed. Starting to work from home made me exhausted. The same jobs are expected from you, but your conditions have become more difficult. What I did quickly at work challenged me at home (P5).

I miss my class, students, and friends. I teach the lesson but need to know if they understand it (P17).

I work freelance. I must go online. In short, it was necessary to keep up with the new order (P15).

I am an accountant. I worked from home but was very nervous when I had to go out for work. Things piled up. There was more intensity (P10).

We also switched to partial working conditions. Life just got harder. Students who come to the institution need to learn how to behave. Control was complicated (P7).

I am retired but still working. The doctor I worked with reduced our working time from each day to three days (P1).

It was challenging to transfer all the lessons to the system for distance education. I had many difficulties due to illness, anxiety, and lessons (P 8).

Participants working in the private sector revealed that their incomes decreased and they had problems with job security. Participants stated they were forced to take unpaid leave because their spouses also worked (P7, P9).

Participants who own businesses (P2, P14, P15) also stated that they experienced economic problems because they could not open their workplaces.

My parents are retired; they came to me, and at least my financial burden was relieved a little (P2)

I work in the private sector. I continued to work part-time (P9).





During the pandemic, my husband and I worked part-time, decreasing our wages (P7).

### **Home responsibilities**

Most participants stated that they worked from home (P3, P4, P5, P6, P8, P10, P11, P12, P13, P14, P15, P16, P17). They said working from home made it difficult for them, and their responsibilities at home increased. Participants said that their roles and responsibilities at home were reconstructed according to the situation.

Participants stated that their care and education responsibilities also forced them (P3, P4, P7, P9, P14, P16). In addition, the participants stated that there were changes, such as their spouses' participation in housework (P3, P5, P14). On the other hand, some participants said their spouses' child care and helping with their studies (P9, P11, P15).

On the way to work, the housework was finished faster. Now, unfortunately, my work at home is never finished. I cannot spare any time for myself (P14).

I used to clean the house once a week, and now I do it every day, but everything is the same. I also disinfected the house constantly. I am tired. I wash and clean everything when someone comes from outside (K9).

You must cook every day. We are three people. Now everyone is at home; We used to be at work or school for lunch, but now we are at home. I am exhausted (P17).

Working from home has become much more difficult. The house is visible from the camera. It should be organized; on the other hand, work should be done. my work has increased, but the support is the same... (P8).

Children wanted to play games with their online friends. However, there are also lessons; they always say I can do it remotely. I could not keep the school order (P11).

My husband's mother also came with us. I do more work than before (P3).

We live close to our families. They cannot go out; they need support; I used to get their needs (P7)

There are three children in the house. My daughter was at school all day before the pandemic. My son was four years old, and the other was two. During this period, all three were at home. They have different needs. I am so tired... (P4).

### **Social relations**

Participants reported that their social relations differed and were affected. They stated that being together in a limited physical space made it difficult for them (P2, P3, P5, P6, P8, P11, P12, P13, P15).

Now people have become intolerant. Everyone bothered each other even if they did nothing (K11)

My husband's mother started to stay with us. This was challenging for me (P3).

At home, my husband, me, and our teenage son... a constant tension in the house. My son is ready to explode at any moment. I am so bored; I am stuck (P17).

My mother stayed with us. She was obsessed with everything. I was torn between my mother and children (P2).

It was tough for me to have my husband at home. We are both teachers and have taught distance education from home, but I think he is unsupportive. Therefore, I was always nervous. I lived with the fear of illness (P5).

I was at home with the children. The boys had a computer and phone fight. Everything was trouble (P7).

I was socially disconnected. We only spoke on the phone (P13).

I felt very lonely here with my family in Antep. I wish we were closer (K6).

my parents are elderly. However, unfortunately, we could not go to them. It has been challenging for us. We missed them (P13).

However, some participants also expressed that their family and social relationships were positively affected despite the negativities.

I spent more time with my children; it was good for me (P8).

We had more frequent video calls with family. This made me feel good. We worried about each other, but it also showed how much we cared about each other (P11).

We had more video calls with relatives than before the pandemic. We shared photos and videos. We suggested movies and TV series that we liked each other (P16).

We played board games, watched movies and TV, and did activities as a family. I made the house as fun as possible so they would not want to go out (P4).

### **Meaning of life**

This theme has the value of relationships and developing individual skill's sub-theme. Participants stated that they were forced to stay home, and their lives changed. It was observed that the participants tried to normalize and increase their psychological well-being by making some cognitive adjustments. In addition, it was seen that the participants tried to increase their psychological well-being by focusing their attention on different areas and setting attainable goals.

### **The value of relationships**

Most participants stated that they reviewed their lives and questioned the meaning of life (P1, P4, P5, P6, P7, P9, P10, P12, P13, P14, P15, P17).

Life is precious. However, in the daily rush, I needed to find the meaning. What I do? I said to myself, People are dying (P17)

Everything is temporary, there are no guarantees. It must to time for family and friends (P12).

I kept a notebook to avoid forgetting what I went through (P4).

I felt good helping my relatives (P11).

I think spending time with family is necessary. Life is too short (P15).



### **The development of individual skills**

Participants stated that they fill their spare time to acquire new skills. In addition, the participants said they did different activities at home that they could not do before.

During this period, we were all at home. It was good for us to spend time together. We did many activities (P11).

I used the physical interior effectively and creatively. We did not spend time on the Internet. It was good to be at home together. There were books I wanted to read, and I read them (P14).

When I have free time, I watch TV series. It has been perfect for me. I tried to normalize (P1)

We did our work together. Then everyone did what they wanted (P5).

I made different recipes that I had not tried (P3).

I started knitting. I relaxed. I knitted bags, scarves, and dolls for my acquaintances (P13).

I started learning German online with my children (P12).

I could not be very interested in the kitchen; now, I even started to bake bread. I realized that I love the kitchen (P5).

We have a small garden. It made I feel good to spend time with my family and see that I could grow something (P7).

I learned to sew from the Internet. I like it so much. I sewed kitchen aprons and gave them as gifts (P15).

### **Coping**

Participants stated that their lives changed and they had difficulty coping. It was observed that the participants used different defense mechanisms as existential threats to become evident. This theme consisted of defense mechanisms and spirituality sub-themes.

### **Defense mechanisms**

It was shown that the participants used different defense mechanisms near and far as the existential threat became evident.

I thought it was just a disease, just flu. I tried to get information, but I tried to avoid news that would make me panic (P4).

It was necessary to adapt to this disease. I reminded myself that it would pass and the importance of being healthy. However, we also paid attention to ourselves more than usual and took precautions (P13).

Remote working is essential in this period. We are working so much but have at least reduced the risks (P5).

It felt good to slow down. I calm down. I thought about my priorities. I understood the meaninglessness of life and the importance of the existing day (P16).

When I was with the children, I avoided looking anxious not to worry them. This allowed me to control my emotions (P8).

I always tried to be busy with something to distract myself from the disease. In my spare time, I was with my children. I thought the safest place was home (P11).

I avoided being idle. I studied with my daughter; I kept repeating to myself that it would pass. Thus, my strength could not decrease (P7).

I thought about my life for a long time. I have had cancer treatment. I won it. I thought that I could get through this too, that if I follow the precautions and pay attention to my health, everything would pass, relieved me (P15).

I wrote down my experiences, feelings, and thoughts daily. It was perfect for me (P3).

### **Spirituality**

Participants stated that they felt better by praying or doing different activities as the existential threats to clear.

I prayed more. It felt me comfortable psychologically (P6).

Sometimes meditating calmed me down (P12).

Praying made me feel good. I have read the Quran. I felt relieved (P11).

Now I pay attention to more positive things in life and am grateful (P1).

I need to understand why these happen. It is as if there is a hand that creates order in everything. I do not know; I am trying to calm myself to clear my confusion. I prayed a lot ... (P9)

My friends were reading mesnevi. I knew it too but had not read it. We read and discussed it with friends; it broadened my perspective (P14).

I realized the importance of being grateful to life. I said that there is good in what exists (P8).

I repeated to myself that there is good in every evil. I avoided showing my concerns to my son. I tried to normalize life (P10).

### **Discussion**

The COVID-19 pandemic has heightened the salience of existential threats. Moreover, this process is a period in which intense uncertainty is experienced. Uncertainty is perceived as threatening and encourages categorical thinking and behavior in traditional gender roles (Jost, Federico & Napier, 2009; Rosenfeld & Tomiyama, 2021). With the concept of gender, actual and perceived differences between men and women are culturally constructed. Studies have revealed the impact of gender on both physical and psychological health during the pandemic (Alon et al., 2020; Wenham et al., 2020). Gender roles guide how people should behave. In crises, people may justify gender inequalities by believing that women are, by nature, better suited for caring roles and housework (Brescoll, Uhlmann, & Newman, 2013; Lathabhavan, 2023). Although the disease, as an existential threat, affects everyone equally, women's lives have become difficult due to their gender roles in this process. In addition to placing more responsibilities on women, it negatively affected their psychological well-being. Such domestic inequalities are particularly evident in countries with lower gender equality and women's empowerment (United Nations, 2020; Lathabhavan, 2023). On the other hand, it can be considered a period when the inequalities experienced by working women become evident



and aggravated (Maji, Bansod, & Singh, 2022). Working women have increased responsibilities in this period both because they are women and because they work. Therefore, it is important to reveal the changes in the lives of working women. It is thought that awareness of changes will play a facilitating role in possible similar situations.

This study reveals working women's work and home experiences during the COVID-19 pandemic when the existential threat is clearly experienced. The study revealed that working women's lives have changed with the COVID-19 pandemic. It was observed that the roles and responsibilities of women at work and home differed. Due to the lifestyle changes caused by the pandemic, women felt more responsibility and concern for their relatives. This finding supports the findings of previous studies (Liu, Liu, & Liu, 2020; Hupkau & Petrongolo, 2020). The epidemic has affected many areas of life and increased people's anxiety. Therefore, it revealed the necessity of adjusting anxiety buffering systems according to the new order (Pyszczynski et al., 2021). People's efforts to adapt to changes in important aspects of their lives, such as health, education, work, etc., can help them maintain their self-confidence during this uncertain period. Thus, the individual saves his resources and can manage thoughts about death. In this study, it was determined that women have anxiety about their own and their relatives' health. Balsamo & Carlucci (2020) also showed that the women are more anxious than men in pandemics. It was observed that the participants could not use their defense mechanisms effectively because they could not control their anxiety due to intense and threatening information. The situation was exacerbated by media reminders of the death (Pyszczynski et al., 2021). For this reason, some participants said that they do not follow the media. It was observed that the participants were more concerned about general health-related issues than the pandemic and could not have routine health checks. They also expressed a decrease in diet, sleep patterns, and physical activity. It was seen that the participants took precautions such as wearing masks, using gloves, washing hands, keeping distance, and disinfecting everything. They also stated that they comply with the recommendations of government agencies or experts and the precautions. Such health-oriented behaviors are seen in the vulnerability of conscious thoughts about death to health risks (Goldenberg & Arndt, 2008). It can be said that working women use proximal defense mechanisms intensively.

The pandemic has changed the usual work patterns and conditions. This new situation has put much pressure on the participants. In addition, working from home has brought additional burdens. It was observed that participants working in the private sector were afraid of being fired and experienced work-related uncertainties. It has been observed that women who do their own business have economic difficulties. In short, it was difficult for the participants work from home and make digital preparations. As in Hupkau and Petronpole's study (2020), participants devote more time to housework and care. The COVID-19 pandemic has once again shown the importance of work-life balance. This reassessment is based on several factors: First, the person realizes that they can get sick and die at any time and that spending most of their life at work is not worth it. When faced with a disaster, re-examining one's life and re-determining life goals are also a primary reaction predicted by TMT. Second, with the newly realized transience of life, individuals realize that they need to devote more time to personal projects, family, and friends. This awareness makes some people invest more in themselves (Pyszczynski, Solomon, & Greenberg, 2015).

Participants stated that their lives were not the same as before, and that facing the threat of death affected their life choices. Working from home also increased the participants' home

responsibilities. In addition, experts recommended washing everything from outside (parcels, packaged food). This is behavior that is not in the participants' domestic behavioral repertoires. The closure of all schools, including kindergartens, has also increased the burden on mothers with school-age children. This result is also consistent with the results of different studies (Carli, 2020; Carlson, Petts, & Pepin, 2022). In the pandemic, it is seen that women's responsibilities for home and child care have increased, only mothers are responsible for the education of their children, and gender inequalities become more evident. This is similar to the results of different studies (Carlson, Petts, & Pepin, 2022; Lathabhavan, 2023).

Participants stated that it is difficult for everyone to be together at home at all hours of the day. In addition, the fact that all activities are carried out in limited area has made the process even more difficult. Because of this, relations became strained. However, some participants felt lonely and needed family support. It was also observed that they limited their relations with their parents and were worried about them. However, some participants also stated that their family relations have improved, and it is good for them to spend time with each other. During this period, relations with relatives continued over the Internet. Participants met their relatives more frequently before the pandemic. Aliakbari et al. (2020) also revealed similar results in their study. Identity and belief systems make an individual feel safe (Jost, Federico & Napier, 2009). These are among the individual's worldviews. In the Ebola epidemic, thinking about illness triggered thoughts about death and led people to defend their worldview (Rosenfeld and Tomiyama, 2021). According to TMT, people use their defense mechanisms when they realize that death is inevitable. The cultural worldview of the individual is complex, multifaceted and cognitive structures gives confidence to the person. In short, the psychological function of worldviews is to add meaning and value to life (Passalacqua, 2016, p. 154). Participants stated that they reviewed the meaning and priorities of life. In addition, the participants stated that they think about what they want in life. They expressed the importance of spending time with their relatives. The study findings revealed that the participants managed their existential anxiety by giving meaning to life. The individual confronted with existential anxiety exhibit tendencies to seek meaning and connect with others (Fischer-Preßler et al., 2019). The study results agree with previous studies (Harmon-Jones et al., 1997; Kwon & Park, 2022), showing the anxiety buffering function of self-esteem. The findings showed that, as in different studies (Fischer-Preßler et al., 2019; Vail III, 2012), individuals seek new goals to maintain their self-esteem, express gratitude, and tend to encourage positive mindsets. In addition, another source of meaning in the study that makes people feel safe against existential threats such as COVID-19 is close relationships (Kwon, & Park, 2022). It has been revealed that working women care about their close relationships. In this way, it is thought that the participants protect their psychological well-being.

The change in the usual world order causes uncertainties. In addition to the threat of uncertainty, the COVID-19 pandemic has created existential threats. The experience of uncertainty is a social psychological process that involves cognitive and emotional responses. Uncertainty negatively affects people individually, socially, and economically and increases the anxiety. Thus, the motivation of the individual to exhibit behavior that reduce uncertainty increases (Van den Bos et al., 2007). For example, some people discover new hobbies while investigating how they can live without being affected by the pandemic. People's efforts to adapt to changes in education, work, and health can help them maintain self-confidence and manage their thoughts about existential threats (Kwon & Park, 2022; Pyszczynski et al., 2021).



Participants stated that they did activities that would make them feel good. The women said they spent time with the children and gained new skills such as knitting, cooking, learning languages, and gardening. These activities can also be examples of distant defense mechanisms. Moreover, the participants said that social relations, spirituality, and praying made them feel good. These findings are also consistent with the results of Aliakbari, Mahnaz & Aghajanbigloo (2020). The changes caused by the pandemic have made people rethink and make sense of life. People respond to death anxiety that becomes evident with illness in different ways. People can use proximal and/or distal defense mechanisms. In proximal defense mechanisms, individuals may seek precautions to manage their vulnerability with conscious awareness. However, the long pandemic process can increase individuals' subconscious thoughts about death and activate distal defense mechanisms. Thus, it can lead to other types of behavior that have no logical relation to health but serve anxiety-buffering functions (Pyszczynski et al., 2021; Kwon & Park, 2022). Preventive activities are essential in dealing with existential threats and overcoming anxiety. Meaning-making is searching for and focusing on the purpose of one's life. This concept requires cognitive effort (Mittal & Woodside, 2022). People manage their existential threats and anxieties through their cultural worldview and self-esteem (Passalacqua, 2016, p.155). In the study, it was observed that the participants adopted proximal and distal defense mechanisms. As in other studies, it was seen that the participants tried to organize their lives by avoiding the media, taking precautions, doing new activities thus, they adapted to the new order (Kwon & Park, 2022; Yetzer & Pyszczynski, 2019). TMT assumes that traditional gender roles are a death anxiety buffering strategy (Graupmann & Pfundmair, 2023). In the study, it was seen that people adopt traditional gender roles in the presence of an existential threat. Similar to the results of other studies, it was observed that the participants provided more care and support services, and spent more time on housework and children (Barber & Kim, 2021; Harth & Mitte, 2020).

The research has some limitations. There are limitations to the selection and inclusion of research participants. Volunteers from educated working women living in İzmir, a culturally and economically developed metropolis in the westernmost part of Turkey, were included in the study. Participants are educated and middle-income people. Although some participants working in the private sector were forced to take unpaid leave, they did not lose their jobs. Self-employed participants received financial support from their families. The study is in the qualitative research design. It has been determined that the participants return to their traditional gender roles and that proximal and distal defense mechanisms are used in the salience of an existential threat such as COVID-19. However, it is thought that there is a need for quantitative and/or mixed methods of existential threat salience and gender roles in samples with different characteristics (elderly, refugees, and the disabled). Despite these limitations, the study evaluates the pandemic experiences of working women in Turkey from the perspective of TMT and gender. In-depth information was obtained by focusing on the home and work experiences of working women. It is important to examine gender inequalities through an intersectional lens to understand how different groups should be supported in times of crisis. Working with groups with different characteristics increases awareness and reveals new social-psychological problems. In addition, the study can contribute to the creation of effective policies and intervention programs.

## Conclusion

In conclusion, this study sheds light on the multifaceted impact of the COVID-19 pandemic on the lives of working women. The findings reveal significant changes in gender roles, increased responsibilities, and the adoption of various defense mechanisms to cope with existential threats. The study emphasizes the importance of recognizing the unique challenges faced by working women and suggests that a nuanced understanding of these challenges is crucial for developing effective policies and intervention programs. Moving forward, it is imperative to consider the intersectionality of gender, age, and socio-economic factors in addressing the diverse needs of individuals during times of crisis. This research contributes to the broader understanding of how existential threats manifest in the context of gender and highlights the need for further exploration in different demographic groups to inform targeted support and intervention strategies.

## References

- Aliakbari D., Mahnaz, F. E., & Aghajanianbigloo, S. (2020). Psychological consequences of patients with coronavirus (COVID-19): A Qualitative Study. *Iranian Journal of Health Psychology, 2*(2), 9-20.
- Alon, T., Doepke, M., Olmstead-Rumsey, J., & Tertilt, M. (2020). The Impact of COVID-19 on Gender Equality. In [www.nber.org/](http://www.nber.org/) (Working Paper 26947). *National Bureau of Economic Research*. pp. 1–37. <https://doi.org/10.3386/w26947>.
- Balsamo, M., & Carlucci, L. (2020). Italians on the age of COVID-19: the self-reported depressive symptoms through a web-based survey. *Frontiers in Psychology, 11*, 569276. <https://doi.org/10.3389/fpsyg.2020.569276>.
- Barber, S.J., & Hyunji, K. (2021). COVID-19 worries and behavior changes in older and younger men and women. *The Journals of Gerontology: Series B, 76*(2), e17-e23. <https://doi.org/10.1093/geronb/gbaa068>.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Brescoll, V. L., Uhlmann, E.L., & Newman, G.E. (2013). The effects of system-justifying motives on endorsement of essentialist explanations for gender differences. *Journal of Personality and Social Psychology, 105*(6), 891–908. <https://doi.org/10.1037/a0034701>.
- Carli, L.L. (2020). Women, gender equality and COVID-19. *Gender in Management: An International Journal, 35*(7/8), 647–655. <https://doi-org/10.1108/GM-07-2020-0236>.
- Carlson, D.L., & Petts, R.J. (2022). US Parents' Domestic Labor During the First Year of the COVID-19 Pandemic. *Population Research and Policy Review, 41*(6), 2393–2418. <https://doi.org/10.1007/s11113-022-09735-1>.
- Chatard, A., Pyszczynski, T., Arndt, J., Selimbegović, L., Konan, P.N., & Van der Linden, M. (2012). Extent of trauma exposure and PTSD symptom severity as predictors of anxiety-buffer functioning. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(1), 47–55. <https://doi.org/10.1037/a0021085>.
- Fischer-Preßler, D., Schwemmer, C., & Fischbach, K. (2019). Collective sense-making in times of crisis: Connecting terror management theory with Twitter user reactions to the Berlin terrorist attack. *Computers in Human Behavior, 100*, 138–151. <https://doi.org/10.1016/j.chb.2019.05.012>.
- Galea, S., Merchant, R.M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: the need for prevention and early intervention. *JAMA Internal Medicine, 180*(6), 817–818. <https://doi.org/10.1001/jamainternmed.2020.1562>.
- Goldenberg, J.L., & Arndt, J. (2008). The implications of death for health: A terror management health model for behavioral health promotion. *Psychological Review, 115*(4), 1032–1053. <https://doi.org/10.1037/a0013326>.





- Graupmann, V., & Pfundmair, M.G., (2023). When ostracism is mandated: COVID-19, social distancing, and psychological needs. *The Journal of Social Psychology, 163*(1), 39-51. <https://doi.org/10.1080/00224545.2022.2026284>.
- Harmon-Jones, E., Simon, L., Greenberg, J., Pyszczynski, T., Solomon, S., & McGregor, H. (1997). Terror management theory and self-esteem: Evidence that increased self-esteem reduced mortality salience effects. *Journal of Personality and Social Psychology, 72*(1), 24–36. <https://doi.org/10.1037/00223514.72.1.24>.
- Harth, N.S., & Mitte, K. (2020). Managing multiple roles during the COVID-19 lockdown: Not men or women, but parents as the emotional “loser in the crisis”. *Social Psychological Bulletin, 15*(4), 1-17. <https://doi.org/10.32872/spb.4347>.
- Hayes, J., Schimel, J., & Williams, T.J. (2008). Fighting death with death: The buffering effects of learning that worldview violators have died. *Psychological Science, 19*(5), 501–507. <https://doi.org/10.1111/j.1467-9280.2008.02115.x>.
- Hupkau, C., & Petrongolo, B. (2020). Work, care, and Gender during the COVID-19 Crisis. *Fiscal Studies 41*, 623–651. <https://doi.org/10.1111/1475-5890.12245>.
- Jost, J.T., Federico, C. M. & Napier, J.L. (2009). Political ideology: Its structure, functions, and elective affinities. *Annual review of psychology, 60*, 307-337. <https://doi.org/10.1146/annurev.psych.60.11.0707.163600>.
- Jost, J.T., & Kay, A.C. (2005). Exposure to benevolent sexism and complementary gender stereotypes: consequences for specific and diffuse forms of system justification. *Journal of Personality and Social Psychology, 88*(3),498-509. <https://doi.org/10.1037/0022-3514.88.3.498>.
- Kantamneni, N. (2020). The impact of the COVID-19 pandemic on marginalized populations in the United States: A research agenda. *Journal of vocational behavior, 119*, 103439. <https://doi.org/10.1016/j.jvb.2020.103439>.
- Klauer, K.C., Hölzenbein, F., Calanchini, J., & Sherman, J.W. (2014). How malleable is categorization by race? Evidence for competitive category use in social categorization. *Journal of Personality and Social Psychology, 107*(1), 21–40. <https://doi.org/10.1037/a0036609>.
- Kwon, S., & Park, A. (2021). Understanding user responses to the COVID-19 pandemic on Twitter from a terror management theory perspective: Cultural differences among the US, UK and India. *Computers in Human Behavior, 128*, 107087. <https://doi.org/10.1016/j.chb.2021.107087>.
- Laufer, A., & Bitton, M.S. (2021). Gender differences in the reaction to COVID-19. *Women & Health, 61*(8), 800–810. <https://doi.org/10.1080/03630242.2021.1970083>.
- Lathabhavan, R. (2023). COVID-19 effects on psychological outcomes: How do gender responses differ? *Psychological Reports, 126*(1), 117–132. <https://doi.org/10.1177/00332941211040428>.
- Maji, S., Bansod, S., & Singh, T. (2022). Domestic violence during COVID-19 pandemic: The case for Indian women. *Journal of Community & Applied Social Psychology, 32*(3), 374-381. <https://doi.org/10.1002/casp.2501>.
- Mittal, B., & Woodside, A.G. (2022). Post-COVID-19 Consumers’ Cautious and Virtuous Mindsets: New Marketing Opportunities for Positive Social Change. *Journal of Macromarketing, 42*(4), 533–553. <https://doi.org/10.1177/02761467221131943>.
- Neuberg, S.L., Kenrick, D.T. & Schaller, M. (2011). Human threat management systems: Self-protection and disease avoidance. *Neuroscience & Biobehavioral Reviews, 35*(4), 1042–1051. <https://doi.org/10.1016/j.neubiorev.2010.08.011>.
- Olaseni, A.O., Akinsola, O.S., Agberotimi, S.F., & Oguntayo, R. (2020). Psychological distress experiences of Nigerians during Covid-19 pandemic; the gender difference. *Social Sciences & Humanities Open, 2*(1),100052. <https://doi.org/10.1016/j.ssaho.2020.100052>.
- Passalacqua, S.A. (2016). *Gender and terror management theory*. (Eds.). Harvell, L. A., & Nisbett, G. S. In Denying Death (pp. 150-159). Routledge.
- Pyszczynski, T., Lockett, M., Greenberg, J., & Solomon, S. (2021). Terror management theory and the COVID-19 pandemic. *Journal of Humanistic Psychology, 61*(2), 173-189. <https://doi.org/10.1177/0022167820959488>.

- Pyszczynski, T., Solomon, S., & Greenberg, J. (2015). Thirty years of terror management theory: From genesis to revelation. In *Advances in Experimental Social Psychology* (Vol. 52, pp. 1-70). Academic Press.
- Rosenfeld, D.L., & Tomiyama, A.J. (2021). Can a pandemic make people more socially conservative? Political ideology, gender roles, and the case of COVID-19. *Journal of Applied Social Psychology, 51*(4), 425-433. <https://doi.org/10.1111/jasp.12745>.
- Rudert, S. C., Gleibs, I. H., Gollwitzer, M., Häfner, M., Hajek, K. V., Harth, Nicole S., Häusser, Jan A., Imhoff, R., & Schneider, D. (2021). Us and the Virus. *European Psychologist, 26*(4), 259–271. <https://doi.org/10.1027/1016-9040/a000457>.
- Vail III, K. E., Juhl, J., Arndt, J., Vess, M., Routledge, C., & Rutjens, B. T. (2012). When death is good for life: Considering the positive trajectories of terror management. *Personality and social psychology review, 16*(4), 303-329.
- Yetzer, A.M., & Pyszczynski, T. (2019). *Terror management theory and psychological disorder: Ineffective anxiety-buffer functioning as a transdiagnostic vulnerability factor for psychopathology*. In *Handbook of Terror Management Theory* (pp. 417-447). Academic Press.
- Yıldırım, A., & Şimşek, H. (2013). Sosyal bilimlerde nitel araştırma yöntemleri [Qualitative research methods in the social sciences]. (9. Baskı). Ankara:Seçkin Yayıncılık. (in Turkish).

