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Chronicles of conflicting care in confinement: Documenting the work experiences of seven 'patient zeros'

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Abstract

This piece documents the experiences of a group of working women who were amongst the first diagnosed with Covid-19 in their country. Through interviews at two points in time, personal diaries and WhatsApp conversations, we lay bare how feelings of shame, hate and guilt for being patient zeros intersect with the experience of intensified care work during the lockdown. Care during the confinement became a central feature of everyday life and often took a virtual turn, both among families and friends as well as in the distanced workplace. Yet meaningful caregiving *from* the organization in times of economic uncertainty was mostly lacking and passed on to individual employees who felt a moral and gendered obligation to substitute for the corporate carelessness. The conflicts of care that emerged out of this situation came at the cost of self-care. We argue that, although the women in our study are mostly privileged, there is a surprising amount of suffering that took place. Finally, we question our own care ethics as researchers in further burdening those suffering in pandemic times to participate in this study.

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*When we entered the airport of Milan, they took our temperature.
We were surprised, all seven of us.
One friend said: 'Something with the virus from Wuhan'.
A text from my mom read 'Check the news and get a plane back home asap'.
We had just arrived at the Airbnb and opened a bottle of Prosecco.
I went to the local pharmacy to get masks and hand sanitizer.
It felt like Armageddon there: complete chaos over the last box of masks.
I went back up and one friend laughed: 'You got us what? Why?'
We never wore the masks, except for a selfie once or twice.
I wish we had.
(Diary fragment Marthe, March 12)*

This paper reports the journey of seven young professional girlfriends in their early 30's, living and working in Belgium, who went to Milan for a city trip in the weekend of the mass Covid-19 outbreak in Northern Italy (February 22-24nd). Soon after return, most acquired the first mild symptoms of what would later become known as a world pandemic yet it took ten days for the first positive test results to be obtained and by then all had physically frequented their offices. Through in-depth interviews at two points in time², a collective WhatsApp-support group and personal diaries³, we analyse different aspects of care young professional women experience in pandemic times. Before we begin to outline the different forms of care, it is important to note that what follows are seven stories of privilege, something both the authors and respondents realized as they were able to retain their wage and carry on activities from home, whilst most had loving families and spacious homes on the countryside.

(Lack of) organizational caregiving

Three of the seven women experienced very negative reactions from co-workers upon finding out they tested positive for the coronavirus in an early stage, when total count of confirmed cases in the country stood at 50⁴. For Marie, who worked as a project coordinator at ConstuctCo and shared a landscape office with some 25 other white-collar workers, colleagues' initial fooling around about her trip to Italy soon turned into panic when she became ill and stayed at home:

I went back to work [day after the trip] and received a lot of jokes of colleagues like 'oh have you brought corona with you?', as Northern Italy was all over the news by then. The day after, I became ill and stayed home. Then the hurtful comments actually started. Through the grapevine I heard that there was panic amongst my colleagues. They started to blame me for going to work the day before. Someone even said: 'I will kill her if something happens to my little one'. (Interview I, Marie, March 17)

² Interviews were conducted a first time in week 1-2 and a second time in week 8 of the official crisis phase, which commenced in Belgium on March 13, 2020. From this day, schools, cafes and restaurants were closed and public gatherings cancelled. From March 17 onwards, stricter social distancing measures were applied together with a ban on all non-essential travel, closure of non-essential shops and penalties for companies breaking such rules.

³ The personal diaries were kept for the purpose of the study by the seven respondents from week 1 to 8, in between the two interviews (see also Lupton, 2020). As author X was part of the group of friends, author Y - as an outsider to the group of friends - took the lead in the interviews and was the only one who had access to their diaries. The WhatsApp-support group was not intended for research purposes but served friendship goals. With the approval of the respondents, it became part of the data collection as well.

⁴ On February 4, a repatriated Belgian from Wuhan had tested Covid19-positive, but it took until March 1 to have a second confirmed case. From March 2 onwards, the number of detected virus infections sharply rose as large numbers of citizens returned from ski trips to Italy and France during the school holiday.

As illustrated in this quote through the dramatic ‘death threat’ voiced by an otherwise befriended colleague, initial reactions of her co-workers were extremely hurtful even in an organisation which Marie described as having a friendly, ‘family-like atmosphere’. Hostility from co-workers was also recounted by Michèle, a senior management assistant at BigConsult:

I informed my organization of my positive test result on Saturday [March 7]. By Sunday evening, some 5000 people in my organization received a text on their phone [...]. It said that on the sixth floor, a person of the organization tested positive. It was clear to everyone that it was one of the twelve management assistants because we were all required to work from home the next day. People freaked out, complete panic. One of my [managing] partners started getting emails, “Is it Michèle that is infected? Is it Bernard? You have to tell me, I have a grandmother who is really ill”. [...] as a management assistant, I could see all the emails in my bosses’ inbox. (Interview I, Michèle, March 23)

Despite the organization’s effort to safeguard her anonymity, others demanded the exposure of the infected person’s identity. Both Mary and Michèle became individually held responsible for potentially endangering others (and even their vulnerable family members) in their organisations, which made them feel little cared for in this initial stage. For Ludwine, a finance business partner at BigChemics, the experience of becoming stigmatised as the first infected member of her organisation was equally unpleasant:

My colleague said people were saying how disgraceful it was of me that I had come to the office [...]. Last week a woman from the office called me, in tears. She had gotten nasty remarks too because she’d been absent for a couple of days and when she turned up at work, they had send her back home. She was upset and looking for advice on how to cope, and I get that. But then, she kept on insisting in the call that ‘she did not really have the virus’. And you know, at that point I was just fed up with things. And then there were all the text messages from people who thought they had it too, and wanted to know what it was like for me. All I want is to be left alone, really! (Interview I Ludwine, March 26)

The quote illustrates the severity and contagiousness of the Covid19-stigma in the early phase of the pandemic, as the colleague keeps insisting she is ‘not positive like Ludwine’. It also shows how the respondents had to take on the unsolicited task of reassuring others and providing useful information with regards to symptoms and lived experiences. Over time, the initial panicky and hurtful responses directed at them for being the patient zeros of the company gradually disappeared as being infected was not unique anymore and remote working became the norm⁵.

Although the first few weeks indicated a lack of care for the patient zeros in the organization, when the lockdown became a reality for most employees, such lack turned into a carelessness for all employees as the economical and practical consequences of the pandemic became more and more tangible. As the lockdown weeks passed, the employing organizations of the respondents announced different measures to cope with the crisis. Two of the seven respondents worked in the public sector. Marthe, an assistant professor at MgmtSchool and Pauline, a teacher at PrimarySchool, had to transform their entire teaching into digitized forms within a short amount of time, which significantly increased work pressures. As a primary school teacher Pauline in particular was very concerned for the pandemic causing a divide

⁵ From March 18 onwards, all Belgian citizens were required to work from home except for those in essential professions, and those whose employing organizations could guarantee social distancing rules be respected.

between children with access to a computer for homeschooling and those without. She worked all through the Easter holiday, to ensure equal access to continued education during the school closure and helped run the emergency day-care for children of parents in essential professions:

I pass by a couple of houses every week in order to give all the pupils the opportunity to participate. I do this for the pupils of my colleague as well, as she is pregnant and does not want to leave the house. (Diary fragment Pauline, March 20) [...] I started video chatting all my pupils today, it's taking longer as expected. The parents were so grateful for the weekly homework, enrichment bundles and website we created, to help them practice the curriculum. It's so nice to hear that the children have missed me. By the evening, I had only reached 8 [out of 30]! So still lots to do... (Diary fragment Pauline, March 24).

Caring for pupils became a never-ending occupation for this respondent. Yet unlike the stability and reasonable certainty of continuation of jobs for these respondents, the remaining five respondents worked for organizations in the private sector. For these organizations, economic survival was at stake and this uncertainty was translated onto their employees early on, yet all respondents were lucky to dodge the bullet of temporary unemployment benefits⁶, unlike some of their colleagues. Lucie, a sales manager at SoftwareCorp, explains how she received the dreadful assignment of choosing who in her team to let go:

[After long discussions] he [boss] told me I could choose one person in my team to help me take on this extra project [and remain hired]. I was happy that I had persuaded him [...] yet I suddenly faced a difficult decision: who to choose? It felt really bad and I thought about it all night. In the end I chose for the employee with a young child, who needs this job the most. The other employee is a close friend of mine but more junior, and still lives with her parents so has no major fixed costs and thus 'needs it less'. (Diary-fragment Lucie, March 20)

The excerpt makes clear how work pressure for Lucie rose due to the lowering of staff but also due to concerns and care-taking for colleagues who were temporarily losing a large portion of their income. For H  l  ne too, who worked as a controller at BigAudit, remaining employed while others were less fortunate caused some moral discomfort and a lot of additional work:

Ours is the only department that is not temporary unemployed. I feel a bit of guilt towards other departments, it brings along tensions between colleagues [...] Just had a virtual meeting in which they told us that we have to do 8 hours of work extra for each client. 'Nice'... (Diary fragment H  l  ne, April 3). [...] Things are super busy because of the crisis and 'Covid checklists'. Those extra hours have come on top of the already 80 hour week that I was planned for. Good thing I don't have to drive to the office or it would be less than 5 hours of sleep again. (Diary fragment H  l  ne, May 20)

Apart from the increased pressure on these women because of layoffs, care-taking for colleagues and additional Covid-19 related tasks, increased levels of control were also a cause for the rise in work pressure for remote workers. Consider the following example of Ludwine:

He [her boss] started with saying we had to start documenting everything we do. I asked him if he thought we were slacking off. He said we should 'consider the scenario of someone dropping out, with corona and all the potential corona babies being made'. I told him: 'You seem to know more than we do [about our pregnancy plans]'. [...]

⁶ By April 8, one in three Belgian workers had been taken off their organization's payroll and put on unemployment benefits through the federal temporary unemployment system (Clapson, 2020).

We're already SO busy and now we have to start documenting everything? There is simply no time! (Interview II Ludwine, May 21)

The quote illustrates how Ludwine was asked to document in detail her 'ways of working' in case of Covid-19 illness or 'pregnancy', a clearly gendered assumption from her male supervisor that the respondent later described as 'invading the personal sphere'.

Unlike the uncertainty that most of the respondents working in the private sector faced, Michèle's company excelled in organisational caring in the sense that it refused to fire or put any workers on temporary unemployment benefits. Consider the following excerpt:

There is a freeze in recruitment. Normally, in September, hundreds of new juniors begin, this was cut by half. But no current people will be fired. Well except for if they were not doing a good job to begin with I guess? [...] They've really decided to keep everyone on board full time. (Interview II, Michèle, May 15)

Such structural commitment to its people gave Michèle a great sense of pride. Other organisations on the other hand, in particular the private ones, mainly responded to the increased pressures and anxieties of workers, by offering a number of online social activities (e.g. virtual coffee corner, e-apero) and weekly virtual health and sports classes (e.g. an 'Energy@Home'-campaign with advice on relaxing, sleeping and eating and an 'Energise'-platform to help employees lose the 'corona kilo's'). But rather than bringing relief, the rise of such programs was experienced by respondents as 'extra work' whilst it was a reduction of workload that they were in need of most.

In summarizing the organizational care the seven friends experienced during the ten weeks after returning from Milan, it is corporate carelessness that stands out. Indeed, it was mostly left up to the individual to deal with the 'Covid-stigma' and guilt characteristic of becoming labelled as 'patient zero' in the workplace. For some the beginning of the lock-down phase brought along much uncertainty for the continuation of their own and co-workers' jobs. Organizations seemed to invest their slinking resources in increasing control and offering virtual health programs to help employees deal with anxieties. Instead of lowering workload or offering practical help (e.g. meal plans, provision or reimbursement of home working equipment), a neoliberal response prevailed which further individualized care responsibilities as employees were expected to do the same amount of work or more, offer support to their co-workers, and stay 'safe, sane and slender' during the lockdown.

Caring and being cared for in the family and between friends

During the ten weeks of the study, living in confinement and uncertainty, many things happened to the seven respondents in their personal and work lives that required them to take (extra) care of family members. For instance, Marie's partner was finishing his studies leaving her to 'dive into all the housekeeping; cleaning, laundry, baking... (Diary fragment, March 21), and for Pauline, who had mother duties on top of everything, a similar household situation occurred:

I've been doing a lot of 'Teletubbies whilst teleworking' in the past few days. Thank god I could bring Emile to the day-care today so I only have Matisse to worry about for now. I'm trying to get some work done but it's very frustrating, I wish I could spend more time on work... The kids are too young to keep themselves entertained for long (2 and 5 years old). Combining the two is very hard! How lovely it must be, to just be in quarantine with your partner... Sometimes we have an argument over the care for our children. I take it all on me, because he [husband] is really busy, and I really want to

grant him his successes at work but moments like these, I wish he had more time to help out. (Diary fragment Pauline, March 30)

Other respondents too talked about taking care of family members whilst respecting social distancing for instance by visiting parents' houses and waving through the window, writing letters to grandparents, or FaceTiming siblings to make sure they are okay. Besides the gratification that followed out of making sure others are fine, it could also be a great cause of distress. Consider the following example of Marthe, who took two weeks off from work to move in with her pregnant sister to help with the child-care:

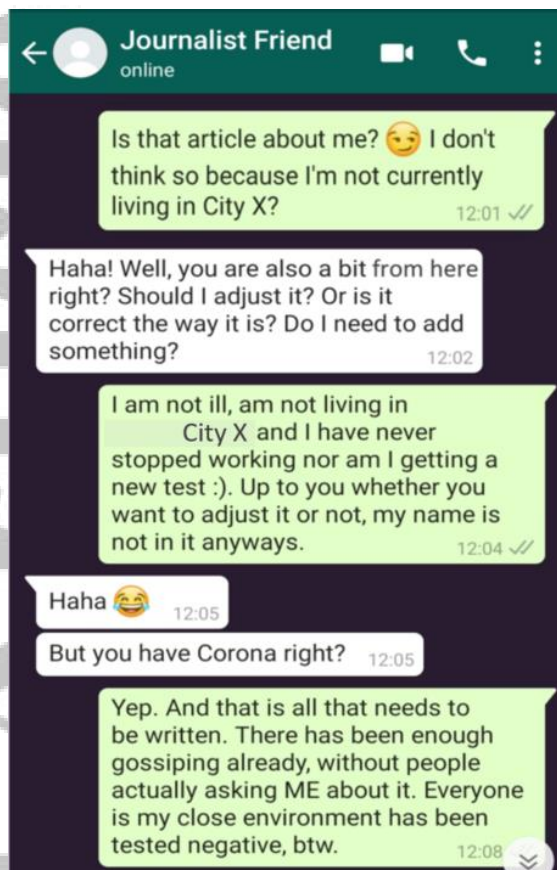
My sister tested positive for the virus the night before going in for C-section. She was the first Covid-mom and no one could tell us what would happen. The suits, masks and lack of (familiar) faces in the operating room caused a panic attack right before surgery started. She came back home after only two nights looking traumatized and could barely smile, was in much pain and felt guilty for putting the baby at risk [...]. I seemed to do absolutely everything wrong and she was angry with me 24/7. With no grandparents allowed to help out and because of wearing the masks at all times, things were very tense. My own lack of childcare and household skills, sleep deprivation, worry about missing two weeks of work, together with the strange and intimate situation of living day and night with four (now five) in a small apartment became too much for me on several occasions where I had to sneak out of the house to cry in abundance. (Diary fragment Marthe, April 20)

There is sense of moral conflict noticeable through this fragment in which the respondent shippers between prioritizing others' needs and her own. This was similar in the family situation of Lucie:

Mom can't deal with things... she cries a lot. She misses the grandkids and can't see them. It's heavy on her. The walk with her started out nice but soon turned into a monologue of misery: the [grand]kids, being stuck in the house, being temporarily unemployed, and so on... I absorbed everything like a sponge, any sense of relaxation: gone! [...] I got home and took a long bath, but then things fell apart. I could not stop crying [...]. The weight of the world fell on my shoulders, all big and small problems of my own too. Luckily there was Luke [partner] to comfort me - as always. (Diary fragment Lucie, March 22)

The above excerpts delineate how conflicts of care 'for others versus self' emerge in the context of family care during the pandemic. Yet the fragment of Lucie moves beyond caregiving and touches upon the importance and privilege of also being a recipient of the care by others – a partner in her case. In the same sense, the seven friends benefitted from the care amongst each other. For this, a WhatsApp group between the seven, originally made to exchange pictures of the Milan trip, provided a popular platform. Such care was not an unnecessary luxury, as the crisis caused much suffering, even for a group of reasonably privileged people. Some were publicly hung on the pillory in their local communities as patient zeros and potential 'virus spreaders' and stalked by the newspapers. Consider the following excerpt from the WhatsApp group conversation:

9/03/20 12:08 - Michèle: [shares screenshot of her conversation with befriended journalist in group]



9/03/20 12:09 - Lucie: Great reply!

9/03/20 12:09 –Marthe: And that "but you have corona right" #douchebag

9/03/20 12:12 - Pauline: And that "haha"!

9/03/20 12:13 - Michèle: [shares another screenshot] He did not just make it about him?



9/03/20 12:14 - Pauline: Typical

9/03/20 12:15 - Lucie: Omg

9/03/20 12:22 - Marie: Oh my god, I'm just seeing this now, how dare he

9/03/20 12:23 - Lucie: Hahaha incredible

9/03/20 12:23 –Marthe: Hehe

[9/03/20 12:23 - Lucie: Loser

9/03/20 12:23 - Marie: Trash journalism

9/03/20 12:24 - Pauline: Jerk

9/03/20 12:25 - Michèle: And that from someone who was at my wedding...

9/03/20 12:25 - Marie: Try not to care too much

9/03/20 12:26 - Pauline: Let it gooooo

9/03/20 12:26 - Lucie: I was going to say the same thing

Next to collectively sharing and discussing the stalking by local newspapers, other individual stressful events during the lockdown were shared among the group of friends as well. One friend's wedding got cancelled and a new date had to be searched for, on no less than three occasions which resulted in much additional stress in her daily life. Another friend's mother had tumour removal surgery and she was not allowed to visit her, and few weeks later she lost her grandfather and could not give him the funeral he deserved. Yet support was also offered to one another for smaller, more joyful events (e.g. encouragements for 10 mile runs, support for job interviews, celebrating birthdays, etc.), and more generally by expressing disbelief over current situation, sharing facts about the virus, and later on this evolved to sharing every possible wine- or Covid-19 related joke. A weekly "Wine&Whine" video meeting also ran during the first weeks of the lockdown. The following quote by a respondent summarizes the relief brought by the collective care between friends:

I'm glad we can still laugh about things together, through WhatsApp... Videos... Corona jokes... (Diary fragment Ludwine, April 1)

The second form of care distinguished through the stories of the seven friends and exacerbated by the pandemic is thus the care for and from family and friends. Here, the gendered nature of care responsibilities becomes highlighted as the lockdown put additional pressure on the caring duties women were expected to perform for their loved ones, in combination with their full time jobs. Yet their lived hardships, marked by shame, stigma and insecurity, also brought them together and helped create a support system through which they could reflect on passed and new realities together.

(Lack of) Care for the Self

At first glance, the topic of self-care appeared as a popular and comic one during the pandemic in the WhatsApp group conversation, as friends joked about ways to be kind to oneself. They posted pictures of how they were eating cakes or enjoying ice cream jars from behind their home working desks during 'office hours'. Drinking wine also became an important way for dealing with insecurities. Through the respondents' diaries however, self-care and the lack thereof took a more serious turn. Here, guilt came to the fore as a serious topic. Such affect can be interpreted as a collective lack of self-care by the friends, whose hometown had turned into 'the most infected region in Belgium'⁷ exactly one month after returning from their trip. At the time, Milan was not part of the danger zone and all respondents struggled to get tested as they did not meet the extremely narrow 'case definition'⁷. Several newspaper articles came out that discussed why their region was so intensely affected, and several hypotheses were kept in the running: 'carnival parades, lockdown-parties with returning skiers, infected GP's...'⁸. The friends could not help but wonder if the actual reason was their trip to Milan the week before any skier had returned:

We were seven to return from Milan to our town! It took quite a while after our return before some were tested positive [10 days]. Chances are that we spread the virus in the meantime without knowing it. I'm walking around feeling SO guilty. I can't seem to

⁷ At the time, only people returning from a small number of highly infected areas (including China, South-Korea, Iran and three Italian provinces) who had a high fever and cough or respiratory problems were granted a test. On March 3 the country's number one virologist Marc Van Ranst said in the evening news 'Let's consider this as "a bad flu" so that we take some measures, but without the danger of exaggeration' (Decoutere, Islamaj & Brems, 2020).

⁸In order to ensure the anonymity of our respondents, the references to national newspapers covering the Covid-19 situation in City X remain unspecified.

shake off the idea that we had a part to play in this, that there are people dead because of us. I'm angry and I am frustrated. I went to see my doctor after Milan and he laughed it off when I asked him whether it might be corona. Why did they not take us more seriously? (Diary fragment Marie, March 24)

Such feelings of guilt along with the insecurity that characterized the crisis presumably caused a number of health issues that were brought to light by the diaries such as stress symptoms, anxieties, emotional instability, hyperventilation, and insomnia. The following quotes indicate the severity of the matter:

I cry twice a day on average. (Diary fragment Marthe, March 24)

I woke up in the middle of the night on Saturday and I couldn't feel my left leg, it disappeared after ten minutes. I felt really awful in the following days. My muscles weakened and I had a feeling of being paralyzed interchangeably in my arms and legs. I notice that I can't think straight anymore, I make typo's, I drop things. Simple gestures like washing or dressing myself cost me immense amounts of energy. [...] I had a couple of sleepless nights and I ended up in the emergency unit of the hospital. [...] Finally they diagnosed me with chronic hyperventilation. It's a reality check for me: piled up work stress in combination with corona tensions have probably weight on me more than I could have imagined. I decided to put down the work for a week, in agreement with my boss. (Diary fragment Marie, April 1)

I've been feeling this pain in my chest for almost two weeks now and am having very difficult nights, I can't seem to find rest. (Diary fragment Lucie, April 26)

I've been feeling weird all week... sleeping poorly and my hair is falling out again! I need to get a hold of myself, been working too hard and stressing out. I got my act together and went for a run. It helped, it's brought back some calm. (Diary fragment Ludwine, May 1)

As evident in the previous excerpt, sports were a way of coping for Ludwine, and the same was true for several other respondents. Yet it did not work for everyone. Consider the following excerpt by Hélène who was working from 6.30 until 22.00 every day:

I haven't found rest, ever. [laughs]. I've tried to do some jogging but with the last two extreme busy weeks I haven't been able to do that either. To find rest, yes, no, I smoke cigarettes, lots of them. (Interview II Hélène, May 21)

There were other coping techniques that the respondents shared. An often-mentioned one was refraining from constantly checking for news updates, to not let the world problems have a hold of them, as was trying to enjoy the little things. These coping techniques also indicate the privilege of being able to forget, of not having to think or deal with the consequences of the global pandemic and even 'enjoy' the lockdown. Lucie emphasized the 'healing power' in doing less:

I feel a bit of guilt because I don't really mind the lockdown: less daily stress, less meetings, no forced small talk at work, no need for makeup, no flattening my hair, no social obligations and no "fear of missing out" [...], nowhere to hurry to. When I have a bad night I can stay in bed a bit longer and begin my day in peace. I can have breakfast now, a healthy one even. (Diary fragment Lucie, March 27)

For Ludwine too, who in the first interview admitted being close to burnout right before the Milan trip, teleworking allowed her to ‘slow down’ and spend more time on taking care of herself:

There is no one lurking over my shoulder now and I can just enjoy doing my job. I also try to handle things differently: when someone asks me something, I don't just jump on it straight away but I wait a little. I try to focus on the priorities of the moment, set out by my boss. I don't try to please everyone anymore because that actually made me unhappy, working from early morning until late in the evening. I just don't anymore. Sometimes, I'll even pretend to be working really hard, but I'm actually not. At least not as hard as before. (Interview II Ludwine, March 21).

As Ludwine explains, working from home enables her to resist the gendered moral obligation of ‘pleasing everyone’ and even to circumvent traditional forms of control. Lastly, a passage out of Pauline’s diary reveals how little time she had to herself as a parent and her struggles in finding a ‘closet’ of her own:

This weekend I made some time for myself - which I haven't done in a very, very long time - for spending half an hour on yoga. I had hidden myself in the closet! There, they [her kids and husband] could not find me. It was really nice actually. I should do this more often! (Diary fragment Pauline, March 22)

Self-care in the stories of the respondents soon moved from ‘silly ways’ to brighten up the remote working day to dealing with serious issues of poor mental and physical health. Guilt operated as a powerful force in lowering ‘lockdown joy’ in the first weeks and produced a collective lack of self-care, which was paradoxically experienced individually and never openly discussed. As it took roughly two weeks for most to self-quarantine, many of them had been in contact with colleagues, family and friends and this led to much insecurity with regard to the hazard they had posed to others. The psychological instability that resulted from the situation along with increased workload left clear marks on the bodies of most respondents, yet some were able to turn it around for the better and regained their mental and physical wellbeing. For others, the ten-week period of the study was insufficient to cope with the situation and find a liveable, new ‘normal’.

(Lack of) care for the researched and fellow researchers

In the first week of data collection, concerns rose among the authors with regard to their own research ethics, as two out of seven respondents did not immediately express an enthusiasm about the research initiated by their academic friend as they had faced a difficult period being stigmatised in their workplace and local communities. Towards the end of the project, respondents were asked how they had felt about keeping a diary for the study. Hélène, like many of the respondents, admits keeping a diary was a very confronting experience:

I even had to cry the first two days whilst writing in the diary. I'm not really the type of person to talk about feelings much. To then have to think about things, and write them down, it was quite something. (Interview II Hélène, May 21)

Contrary to what we as researchers had hoped - for the diary to be somehow therapeutic - it was something that required much time investment, in an already overcharged period:

I've had little time these days to write things down. I've been super busy with composing online classes, running the emergency day-care, doing Matisse's homework with him, keeping the household running, ... And when the children were finally in their bed, my

husband and I plopped down in the sofa for a glass of wine. (Diary fragment Pauline, April 22)

Yet most friends overall indicated they were ‘happy to do it, to help out Author X’ and some even saw the benefits in ‘talking about the hardships, rather than holding it all in’. Yet for Author X, doing the research at times caused much doubt about whether she was being a good friend:

We just finished interviewing Marie for the second time and she did not look well at all... She had told me about the stress symptoms in a text but I did not realize how bad it was until Author Y [who was in charge of collecting the diaries] told me right before the interview ‘Your friends seems to go through an awful lot of negative events?!’. Am I making things worse for my friends by giving them these [diary] assignments? Why don’t I talk to my friends more about their issues, ring them up more, text more? (Diary fragment Author X, May 13)

Apart from concerns about our (lack of) care for the researched, concerns also rose about our ‘research opportunism’ in pandemic times which left us feeling very conflicted at times. On the one hand, as young scholars we were very much in need of a publication and saw our busy research agenda’s cancelled due to the lockdown. Since (‘bad’) luck confined us physically together in the same space (as Author Y was sub-letting an Airbnb room from Author X whilst being abroad for a research stay at the time of lockdown), it seemed like a fun idea to write something together about the odd experience of Author X and her friends, who had just returned from Milan. On the other hand, we were both aware of how we, as childless academics, were perceived by parents in our field as able to ‘benefit’ from this crisis in terms of research time. Consider the following note made by Author X:

A friend texted me earlier today and said I should enjoy the oceans of free research time she assumed I would have now. I don’t want to deny people with children are really, really in deep shit right now and can’t get any work done whatsoever. But for someone who has 400 student papers to grade on her own, and 3 courses to fully ‘digitalize’ in two weeks time, I too have zero time for research. I don’t think I should be made to feel guilty for lacking a loving family with whom I can spend quality lockdown time. [...] (Diary fragment Author X, March 17)

We thus too soon found out ‘a pandemic isn’t a writing retreat LOL’ (Utoft 2020, p. 6). Feelings of fortune and guilt dominated many of the face-to-face and later online conversations between us two. Consider the following research note made by Author Y following a conversation at her workplace about fewer article submissions by women during the pandemic (see Kitchener, 2020):

One of my academic friends said: ‘This also shows what is wrong with the current academic system, that the first response of scholars in a pandemic is: how can we benefit from this by making a publication out of it? Isn’t that kind of a perverse system?’. I didn’t dare tell them what I was working on with Author X, and started to doubt whether this project was the right thing to do. (Research note Author Y, March 29)

A fourth form of care, or lack thereof, was thus the care for the researched and fellow researchers in pandemic times. As our collaborative research project progressed, concerns regarding the ethics of our project increased. Turning the question of care on ourselves as researchers: were we actually taking care of our respondents, fellow researchers, and even ourselves in a time of crisis?

Conclusion

There is agreement that some are worse off during the pandemic than others, in particular those working on the frontline at risk of infection returning home after a long day of care work only to find empty shelves in the supermarket (Bahn et al., 2020; Dobusch & Kreissl, 2020), (single) parents home-schooling young children (Boncori, 2020; de Coster, 2020) without sufficient (garden) space (O'Shea, 2020), confined victims of domestic violence (Taub, 2020) and of course those without homes to turn to with no option to self-quarantine (Parveen, 2020). It should also be noted that for some 'the new normal' of the pandemic is not so new but painfully familiar. Indeed, for many people with a migration background, the conditions faced in this crisis resemble other humanitarian crisis that they have lived (Munganyende, 2020).

On the contrary, in this study we looked at care forms of 'the happy few': highly educated, white women, retaining full wage and good future job prospects, working from home in mostly steady couple relationships in comfortable houses who got infected with relatively mild symptoms. It still found low wellbeing, both emotionally and physically, despite economic stability. This begs the question: has this crisis really made us all vulnerable? In theory, these are seven stories of privilege, but in practice, there is a surprising amount of suffering and fear that comes to the surface. For Ludwine and Michèle, it were the first two weeks that were the worst, as they became isolated, avoided and stigmatized as patient zero's in their workplaces and hometowns (Muller & Schaller, 2016). For Lucie and Marie, stress was constant throughout their weeks of remote working which left serious marks on their bodies (Yates et al., 2018). Lucie in particular had to take up multiple discussions with higher management to keep her team and many others in the organisation employed and as such felt a gendered moral obligation to perform the care others felt more comfortable with neglecting (De Coster & Zanoni, 2019). And both Hélène and Marthe went through periods of extreme working hours (70-80h/week) which through the exceptional conditions of the crisis became further normalized by their organizations (Turnbull & Wass, 2015). Lastly, for Pauline self-sacrifice became key (Bandali, 2019) as she took on extreme amounts of caring work, both for her family and pupils, all combined in the private sphere of the home in which she struggled to find a 'room of her own' (Woolf, 2015).

The organisations in our sample seemed to offer little structural support to help these women combine their continuing - and often elevated - work duties with the exacerbated and gendered care responsibilities (Elley-Brown & Pringle, 2019; Toronto, 2010). Instead, the respondents were left to fend for themselves and survive remote working during the pandemic on their own (see also Nash & Brendan, 2020). This often resulted in conflicting forms of care (pupils vs. own kids; self-care vs. helping out a family member). In fact, the care that was expressed by organizations through offering virtual social and health-improvement activities, if anything, further individualized the responsibility to get out of this 'safe, sane and slender', whilst keeping organizational profits as little damaged as possible. Indeed such programs imply that staying Covid-19 and anxiety free is an attainable choice (Donner, 2020) while the organisational wellness syndrome (Cederström & Spicer, 2015) becomes further exacerbated.

To conclude our piece, we want to contribute to the debate raised about research opportunism in pandemic times through questioning our own (lack of) care as researchers. First of all, did we sufficiently fulfil our duty of care for our research subjects? (Carayannis & Bolin, 2020). The respondents seemed more than happy to help their friend in the end, yet diary methods are known to be demanding and invasive and the period of the study was intense and rife with anxieties. Even if we left it up to every respondent how much to write and when, were we right to ask for 'more free labour' to begin with? Secondly, there was a potential lack of caring or solidarity for colleagues who are unable to free up research time during the lockdown

(Kitchener, 2020) that is important to acknowledge being childfree academics. However, as junior scholars, looking for a way to ‘stay in’ the male-dominated arena of academia, are we deserving of such blame? And lastly, were we even kind enough to ourselves in taking on an extra challenge, or was the writing and discussing of recent, troubling events in fact our self-care? For Author Y, this collaborative project offered a way to feel connected in times of isolation by reflecting and writing together on insecurities, anxieties and privileges during the outbreak of Covid-19 (Abdellatif & Gatto, 2020; Ahonen et al., 2020). For Author X, this piece is a tribute to her friends, who like many other women, struggle to be fully recognized for the (care) work they do.

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