Daily Life, Transformations and Emotions during the Pandemic. Stories from Home Referrals

Vida Cotidiana, Transformaciones y Emociones durante la Pandemia. Relatos de Referentes de Hogar

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In this paper, we present part of the results of a project aimed at analyzing inequalities and access to rights during the COVID-19 pandemic in households in the city of Córdoba, Argentina. Following the guidelines of Grounded Theory, from a qualitative strategy based on interviews with 40 household referents, we analyze the transformations in daily life, the differential experiences in relation to specific social markers and the role of emotions in the configuration of these experiences. Our findings indicate that, for all socioeconomic levels, confinement was an intensive experience in terms of the reorganization of household units. The analysis of markers of generation, gender and socioeconomic level reveals unequal ways of experiencing the most critical moments of the pandemic and confinement. Likewise, the exploration of the emotional dimension in the testimonies made it possible to reconstruct the evaluations that different sectors made of the role played by the State during the pandemic, a central aspect to advance in the evaluation of public policies oriented to the care of the population.

Keywords: pandemic, daily life, home experiences, emotions, inequalities

En este artículo, presentamos parte de los resultados de un proyecto que se propuso analizar las desigualdades y el acceso a derechos durante la pandemia por COVID- 19, en hogares de la ciudad de Córdoba, Argentina. Siguiendo los lineamientos de la Teoría Fundamentada, desde una estrategia cualitativa basada en entrevistas a 40 referentes de hogar, analizamos las transformaciones en la vida cotidiana, las experiencias diferenciales con relación a marcadores sociales específicos y el papel de las emociones en la configuración de dichas experiencias. Nuestros hallazgos señalan que, para todos los niveles socioeconómicos, el confinamiento fue una experiencia intensiva en cuanto a la reorganización de las unidades domésticas. El análisis de marcadores de generación, género y nivel socioeconómico revela modos desiguales de experimentar los momentos más críticos de la pandemia y el confinamiento. Asimismo, la exploración de la dimensión emocional en los testimonios permitió reconstruir las valoraciones que distintos sectores hicieron del papel desempeñado por el Estado durante la pandemia, aspecto central para avanzar en la evaluación de las políticas públicas orientadas al cuidado de la población.

Palabras clave: pandemia, vida cotidiana, experiencias hogareñas, emociones, desigualdades

On March 20, 2020, the Argentine Executive Power decreed the Social, Preventive and Obligatory Isolation (ASPO), becoming the first Latin American country to adopt measures restricting the movement of people, legitimized by a scientific and expert discourse (Segura & Pinedo, 2022). A week later, the Social Sciences Commission of the COVID-19 Coronavirus Unit published a report on the social impact of this strategy (Kessler et al., 2020).

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There, differential implications that the pandemic scenario began to establish for different social sectors were described, allowing us to foresee, early on, that the virulence of the pandemic in our region was linked to structural inequalities that were being reinforced (Benza & Kessler, 2021).

Since then, the local social and health context fluctuated between moments of greater and lesser restrictions on daily activities, until a certain "normality" was restored to practices and interactions.

The pandemic meant a strong disruption in everyday life by deploying reconfigurations and restrictions in the usual and routine ways in which the practices of satisfying needs were carried out in each household and community. Although we have not yet fully grasped its implications, social science research has revealed some of its impacts on specific groups and sectors, taking into account a variety of diacritics (gender, generation, class, ethnicity, etc.), contributing to compose a complex cartography of problems, to which we intend to make our contribution.

Everyday life has usually been analyzed as the scenario of the social reproduction of needs (Heller, 1985 and 1987), which are socially constructed in the interplay of the modes of satisfaction established by state policies, the market and the relations between groups, social classes and communities. This perspective has made it possible to understand the deepening of inequalities based on the weight of structural constraints that allow some social classes to accumulate economic advantages and benefits, and other sectors to be marginalized and impoverished. However, this usual approach to understanding everyday life has focused on the thesis that reproduction links needs and modes of satisfaction. On the other hand, if we assume everyday life as a scenario that is not necessarily instrumental and pragmatic in which survival in existence is only disputed through reiterative styles, we can also admit that the systems of needs connote a multiplicity of meanings in the different life projects, counterposing "alternative modes that can promote projects different from those legitimized by tradition and custom" (León-Vega, 1999, pp. 29 and 30). Assuming a priori reproduction as the key to understanding everyday life leaves little room for recognizing the presence of resistance, innovations and counter-normative movements (León-Vega, 1999).

From our perspective, attending to the relational dimension of accessibility to rights (Maglioni, 2018) implies understanding its complex and multidimensional nature, including the socioeconomic and material aspects, as well as the intersubjective and relational. That is, we are concerned with analyzing the institutional offers of public policies, the relationships between institutions and subjects and mainly the expectations and representations that the latter construct about such policies and the fulfillment of their rights. In this way, they cease to be considered only as beneficiaries and assisted, to become active subjects with individual agency and inserted in family and collective networks (Maglioni, 2018). In this framework, we are interested in recovering those meanings and actions that, to a greater or lesser degree of interdependence, were deployed to cope with the shock of existences, in a context of reconfiguration of public policies in the face of the social and health crisis unleashed by the pandemic.

In Argentina, this reconfiguration materialized in a series of national measures aimed at: a) reducing viral circulation; b) shoring up economic income limited by the suspension of work activities (except for the so-called *essential ones*, linked to food, health and safety) and c) guaranteeing educational continuity at different levels. Regarding the first, the ASPO provision implied a strong restriction on the mobility of the population and the closure of the country's borders, in addition to health policies aimed at strengthening and conditioning the health system, detecting contagions (Buffalo & Rydzewski, 2021) and subsequently controlling them through a massive vaccination plan. This allowed that in June 2020 the circulation and isolation regime was made more flexible, establishing a Social, Preventive and Obligatory Distancing (DISPO) (Messina, 2022).

As for the second set of measures, they were aimed at two main objectives: to sustain formal employment through subsidies and programs for the private sector, such as the Emergency Assistance Program for Labor and Production -ATP- (which consisted of paying salaries, offering zero-rate loans and postponing or reducing employer contributions) and Decree No. 329, which prohibited dismissals throughout the year. And, on the other hand, to guarantee the economic income of the most vulnerable households due to labor precariousness and informality, by increasing direct monetary transfers (National Plan Argentina against Hunger, Tarjeta Alimentar, Programa Potenciar Trabajo and Programa Ingreso Familiar de Emergencia -IFE-) (Messina, 2022).

Finally, the suspension of face-to-face classes from kindergarten to university level implied the implementation of a series of resolutions, ministerial programs and institutional strategies focused on the virtual modality, complemented with alternatives for those with limited access to connectivity and ICT (Di Piero & Miño-Chiappino, 2021). At the national level, the Seguimos Educando Program was created, which consisted of a digital platform, audiovisual programming, production of printed booklets and teacher training on digital tools (Álvarez et al., 2020).

At the provincial level, Córdoba launched the educational platform "Tu escuela en casa" (Your school at home), in addition to a set of regulations - partly aligned with those enacted by the Federal Education Council - whose objectives were to guide schools in the *administrative-institutional*, *organizational-pedagogical* and *health protocols* dimensions (Castro, 2022).

We present part of the results of a research project that set out to analyze inequalities and access to rights during the pandemic in households in the city of Córdoba, Argentina. To this end, we identify perceptions and strategies that families used when facing obstacles and exclusions in the access to rights and the ways in which in the territories and institutions barriers to access to goods and basic services for life, which constitute rights, are generated, naturalized and resignified. With almost one and a half million inhabitants, Córdoba, capital of the province of the same name, is the second most populated city in Argentina (INDEC, 2023). Like other large Latin American cities, for some decades the city has been undergoing a process of residential peripheralization, which has produced an increasingly noticeable geographic segregation between socioeconomic sectors. In this sense and especially considering the context of social distancing that reduced mobility during the pandemic, this is a productive scenario for exploring inequalities in access to rights.

The project was based on a mixed design (quantitative-qualitative), developed in consecutive phases. The analyses presented here include part of the results of the qualitative phase. We seek to reconstruct the pandemic experiences from the perspective of household referents, focusing on three main aspects that organize the presentation of results: (a) Transformations in daily life, (b) Differential experiences related to specific social markers, and (c) The role of emotions in the configuration of these experiences.

The inclusion of this last dimension responds to the fact that we consider access to rights as part of a logic of *legal recognition* (Honneth, 2011). From this perspective, there is an intrinsic connection between access to social rights (health, education, food, housing, etc.) and *self-esteem*, which can be analyzed on the basis of the emotional experiences evoked. Therefore, the investigation of emotions reported by the household referents constituted a way to reconstruct perceptions related to access to rights. When dealing with emotions, we are not dealing with mere "mental" or "psychological" states, but with social, public and collective problems (Kaplan & Szapu, 2020), since, through them, surfaces or boundaries are created between the "I" and the "we", which shape our sociabilities (Ahmed, 2015; Koury, 2014; Marzan-Rodríguez & Varas-Díaz, 2006). Therefore, it is relevant to question how they were assembled in home life, becoming organizers of the pandemic everyday life.

The conclusions of the paper insist on something already reported by part of the literature with which we will enter into dialogue in this article: for all social sectors, confinement was an intensive experience in terms of the reorganization of domestic units. However, through the qualitative analysis of markers of generation, gender and socioeconomic level, we find relevant nuances to understand the unequal ways in which Cordovan society experienced the most critical moments of the pandemic and confinement. Likewise, the exploration of the emotional dimension in the testimonies allowed us to analyze some ideological foundations behind the evaluations that different sectors made of the role played by the State during the pandemic. This is an important aspect to advance in the evaluation of public policies oriented to the care of the population.

The Multidimensional Pandemic Experience

Several studies interested in household dynamics (Cervio, 2020; Parada & Zambrano, 2020; Sommerhalder et al., 2023; Tonello et al., 2021) highlighted family enjoyment as a common experience during the beginning of the pandemic. However, as the situation was sustained over time, the experience of different sectors of the population was far from uniform.

The focus on social markers, related to gender, social class, ethnicity and age group (Arza, 2020; De Grande et al., 2022; Fuentes, 2020; Habergric-Folino et al., 2021; Monti, 2023; Osorio-Parraguez, Jorquera et al., 2021; Osorio-Parraguez, Arteaga-Aguirre et al., 2021; Segatore & Seca, 2021), allowed deconstructing Coronavirus as a disease of egalitarian and democratic impact (Tourinho-Aragao et al., 2022). This implied recognizing that social inequalities interfered in the health-disease process, reducing access to health promotion resources for the most vulnerable groups. In addition, the subsistence strategies of these groups, framed in informal and precarious economies, required them to move around the city, generating greater exposure to the virus. However, this was not the only aspect analyzed.

Socioeconomic level (SES) is a classic diacritic that numerous studies have brought into play, based on the premise that the pandemic in Latin America deepened the differences in income levels (Benza & Kessler, 2021; Bottan et al., 2020). In urban settings, conditions of strong material deprivation were recorded as a result of labor obstacles, with difficulties in covering food (Messina, 2022; Ortale et al., 2022).

In reference to gender and patriarchal logics, studies conducted in pandemics showed that the feminization of care insisted as a relevant cultural pattern to characterize women's experiences. Additionally, the activities developed in the domestic space were made invisible and devalued (Arza, 2020; Fuentes, 2020; Segatore & Seca, 2021). This situation tended to be exacerbated by the difficulties of teleworking women to establish temporal boundaries between daily activities. Some professional women evoked narratives with a feminist outlook, which reviewed aspects related to motherhood, caregiving and couple bonds (De grande et al., 2022). In contrast, older women, prevented from circulating in public space, tried to make sense of and "rearrange" their lives by establishing routines to remain active. In general, their daily lives passed between domestic chores and more leisure and distraction time at home (Osorio-Parraguez, Arteaga-Aguirre et al., 2021).

The experience of the elderly was addressed in relation to their presumed status as a "risk group" for infection. At the beginning of the pandemic, public health specialists especially recommended their isolation (Armitage & Nellums, 2020). However, coping strategies and approaches to the socio-health crisis, derived from their experiential and biographical background, were also documented (Osorio-Parraguez, Jorquera et al., 2021). Some surveys reported states of anguish, anxiety, anger, uncertainty, weariness and fear of contagion of themselves and their loved ones. People in situations of greater vulnerability were identified as living alone, in small and closed environments, with fragile networks or with limited use of technologies (Pisula et al., 2021). The focus on generational differences also made it possible to characterize the restrictions on the sociability of children and young people. These groups experienced anguish and suffering, attributable to being going through vital moments of progressive openness to public space, peer groups and bodily expression. The children reported states of fear of contracting the virus and high levels of anxiety, sadness and reluctance, due to confinement (Escobar et al., 2023; Habergric-Folino et al., 2021; Meléndez-Pal et al., 2023). Among young people, the perception of the impossibility of making plans for the future stood out (Monti, 2023). This set of experiences was linked to escalations in home confrontations, given the restrictions on movement (Parada & Zambrano, 2020; Sommerhalder et al., 2023). The available literature does not thematize the experience of pre-retirement-age adults in terms of generation or age. This is, for the most part, the population that made up our sample, due to their status as heads of household.

Finally, in relation to emotions, states of fear seem to have predominated in all social sectors (Cervio, 2020; Johnson et al., 2020). Much of the literature treats the emotional dimension as an impact or consequence of the pandemic experience (Macedo-Rocha et al., 2021), without analyzing its role in the configuration of everyday practices. Some exceptions were the Argentine works that coined the concept of "cagazo immunity" (Arrar et al., 2020; Etchenique & Quiroga, 2020) stating that what led the population to adhere to extreme health provisions was not so much biostatistical as emotional in nature: the "palpable" prospect of death would have led to respect circulation restrictions to a greater extent than any other rational interpellation. Complementarily, other studies have pointed to the media as responsible for the production and dissemination of such fear (Garcés-Prettel et al., 2021; Kessler et al., 2020; Mejía et al., 2020).

Method

Design

We present results corresponding to the qualitative stage of a mixed (quantitative-qualitative) project, developed during 2021. The research framework project of the Faculty of Social Sciences of the National University of Córdoba analyzed the interrelationship between inequalities and access to rights from an intersectional perspective. We asked ourselves about the effective access to rights of the population of the city of Córdoba -specifically in the areas of health, education, work, connectivity and public information- and about the actions that people deployed to address the obstacles and exclusions in the access to those rights. To this end, a sequential study was designed that began with a probabilistic survey of households in the city of Córdoba, through a stratified multistage sampling in five categories by household characteristics, classified into five socioeconomic levels (hereinafter, SES): low, lower middle, middle, upper middle and high.

In this part of the study, 615 household referents were surveyed, considering their distribution according to unsatisfied basic needs (UBN, 2010 Census), the information provided by the National Registry of Popular Neighborhoods (RENABAP) and the knowledge of the territory by the research teams that integrated the project (Peralta et al., 2021). In line with the Argentine literature (Gutiérrez & Mansilla, 2015; Torrado, 1998), we defined household referent as the adult member with the greatest responsibility for household organization and economic sustenance or who exerts the greatest influence on decisions concerning household reproduction. These specifications were stated at the time of calling for participation, so that respondents could evaluate the extent to which they met the profile required to be part of our study.

In this article we present some of the findings of the qualitative stage in which the perspective of household referents of the five previously mentioned categories of households was investigated. Positioning ourselves from an *interpretive paradigm* in social sciences (Vasilachis, 2007), we implemented a methodological strategy based on a flexible research design (Maxwell, 1996) to delve into the perspective of social actors on the daily experiences of the pandemic. The descriptive analysis of the quantitative phase showed that, although the majority of respondents recognized the negative impact on economic income in pandemics, the differences in response at different socioeconomic levels merited knowing in greater depth in what aspects of daily experience there were different emotions, processes and actions to seek better conditions in the restricted access to health, education and work.

Participants

To give rise to a heterogeneous sample, in the qualitative phase the sampling of informants was intentionally stratified according to SES (Schreirer, 2018). Starting from the previously surveyed households, an equal number of referents was selected for each socioeconomic level. This selection was diversified, considering contrasting experiences in relation to health (having transited or not the COVID-19 disease), work (having experienced labor continuity or total or partial loss of jobs) and education (situations in which sons and daughters experienced educational continuity or disengagement with school). All participants belonged to the urban context. Participants were recruited by telephone to reach a total of 40 informants who had participated in the quantitative study. The willingness to participate was remarkable, although two of the selected cases preferred not to participate due to the requirement to record the conversation, so replacements had to be sought. The interviews were conducted during the months of August, September and October 2021, in a context of greater openness to distancing measures. At the choice of each informant, 19 interviews were conducted by telephone, 11 via videoconferencing platforms, and 10 face-toface. These instances were individual, except in the case of a 70-year-old interviewee who requested to be accompanied by his wife, the only cohabitant of the household (Interview 8, Carlos and Esther). Given the complex social and health situation in which the home visit took place, it was decided to respect the wishes of the interviewee. Thus, the interview was developed as a conversation with both people simultaneously. All the conversations were recorded and transcribed, to be included in a common hermeneutic unit.

In terms of gender, 30 participants identified themselves as women and the remaining 10 as men. The ages ranged from 20 to 70 years, although most of the interviewees were between 30 and 50 years of age. We will see later that this is relevant for interpreting some of the experiences of caregiving. With regard to the composition of the households of our informants, 27 included school-age children. Another 5 households were made up of sons and daughters who were of legal age and studying at university. Table 1 presents information about the 17 participants whose voices we recovered in the presentation of findings.

Table 1Respondent data

	Pseudonym	Family composition	Genre	Age	NSE
1.	Sonia	Lives with her 3 children	Woman	38	Under
2.	Johana	Lives with his mother and sister	Woman	21	Under
3.	Ivana	Lives with his son	Woman	41	Under
4.	Marisol	Lives with partner and 2 children	Woman	47	Under
5.	Lautaro	Lives with partner and 2 children	Male	45	Medium-low
6.	Virginia	Lives with his partner and 7 children	Woman	42	Medium-low
7.	Jorge	Lives with partner and 2 children	Male	45	Medium
8.	Carlos and Esther	Live alone	Male and female	70 y 67	Medium
9.	Julian	Lives with parents and siblings	Male	20	Medium
10.	Standard	Lives with partner and 2 children	Woman	54	Medium
11.	Estela	Lives with partner and 4 children	Woman	50	medium
12.	Graciela	Lives alone	Woman	66	Medium
13.	Camila	Lives with three children	Woman	46	Medium-high
14.	Lucia	Lives with partner and 2 children	Woman	40	High
15.	Elsa	Lives with her husband	Woman	61	High
16.	Celina	Lives with her two children	Woman	47	High

Instruments

The information was produced through semi-structured interviews. This conversational technique allows us to collect a diversity of nuanced perspectives on the same phenomenon (Alonso, 1995), which was productive for the reconstruction of multiple subjective positions related to the experiences of the household referents in pandemic. We worked with an interview guideline organized in four dimensions: (a) Perceptions and evaluations on daily life and its changes in the pandemic, (b) Perceptions and evaluations on access to rights, (c) Accessibility strategies/actions, and (d) Barriers and facilitators of access to rights.

These dimensions emerged from the objectives of the project since we had proposed to analyze the range of meanings that emerged about the pandemic event as well as the valuations in context about the access to resources and services according to the different social positions of the families. As we said before, it was necessary to delve into the reconstruction of family meanings and practices in the pandemic experience, in order to contextualize the different actions and social collaboration networks, while identifying people's voices, emotions and reflections also contributes to the political visibilization of inequalities in the social and health crisis.

Procedures

A team of 10 researchers was formed to conduct the interviews. The group held two working meetings: the first, prior to conducting the interviews, was aimed at socializing the questions that had been prepared; the second, after the first round of interviews, was devoted to rectifying the instrument and consolidating the criteria for guiding the conversations. This joint work favored the comparability of the materials prepared.

In relation to ethical safeguards, following the guidelines of National Law 25.326 on Personal Data Protection, Resolution nº 2857 of CONICET, and the regulations of the Secretariat of Science and Technology of the National University of Córdoba, we took precautions regarding the anonymity and the moral, social, psychological and cultural integrity of the participants, in an informed and voluntary manner, also guaranteeing the confidentiality of their answers. To this end, we used pseudonyms in the written presentation of their testimonies. Likewise, informed consent was requested from each participant. The instruments, procedures and models of informed consent used were favorably evaluated by the ethics committee of our institution.

Information analysis

For the analysis, we chose to follow the central procedures of *Grounded Theory* (Strauss and Corbin, 2006), a method that allows the reconstruction of meanings and everyday situations from an interplay between the theoretical perspectives, the state of the art and the data, favoring the construction of analytical categories and interpretative hypotheses related to the cases under study. Following the general principles of constant comparison, we collected, coded and analyzed the data simultaneously, using Atlas ti 7 software. From the open coding we deployed 33 codes and through axial coding we constructed three axes of analysis: 1) Perceptions and evaluations of daily life and its changes during the pandemic, 2) Perceptions regarding barriers and supports in access to rights during the pandemic and 3) Perceptions and evaluations of the actions of the State and projections for the future. In this article we present findings from the data of the first axis.

Results

Transformations in Daily Life

The main changes experienced by the household referents refer to unforeseen circumstances which were presented in their reports as limiting their daily actions. In these accounts, *perplexity* predominates. In all the SES, the most significant changes arose from the contagion of members of the family group. This experience is intensified in cases of death due to COVID:

I had a terrible time, you can't imagine, because I was getting sick, different children were getting sick on different days and thank God I never got sick. The days that I had to do the quarantine were getting longer and longer. I had to take care of them and try not to get infected myself (Sonia, 38 years old, low SES).

It was something that caught us by surprise, nobody imagined that the death of a member would happen to you. That was the most shocking thing (Lautaro, 45 years old, lower middle SES).

Many colleagues and friends have passed away. Family members, thank God, no. And well, all that also brings a lot of anguish, a lot of grief. At the same time, not being able to say goodbye to them as one would have liked (Elsa, 61 years old, NSE Alto).

Some features of the experiences during the pandemic seem similar in the different social sectors. A first set of common transformations refers to the reorganization of the family group under the new conditions of cohabitation imposed by confinement. A process of establishing care agreements, which required certain personal resignations on the part of its members, was frequently recounted.

In reference to care routines, there is a predominance of descriptions of sanitation sequences that had to be incorporated suddenly. In some cases, these practices would have been adopted permanently, even after having received the vaccine or when the epidemiological indicators began to be perceived as more favorable.

With regard to social life, new approaches were proposed as a result of the careful selection of the moments of encounter, in a contemplative calculation of what was at stake there. In this sense, in some testimonies, the pandemic produced certain gaps of reflexivity, which other studies link to subjective transformations (Parada & Zambrano, 2020), in which previous axiologies related to affections, life and the importance of encounters are reviewed and restructured:

I reduced my social life by 80% [...] now a meeting with friends is worth much more, because you are also putting a lot of things at stake when you get together. (Lucía, 40 years old, High SES)

I: What is a family day like today? How are they spending their day to day life?

-And... recovering. Trying to recover what we have lost and well... with other values, surely. Because an outburst like this could come and maybe we value some things more (Jorge, 45 years old, middle SES).

Also, in all SES, episodes of altered rest habits were recalled during the beginning of confinement in 2020. Several testimonies alluded to a pleasant initial period of reunion of families and couples sharing "quality time".

However, among low SES families, experiences of confinement and overcrowding were recalled, aggravated at the beginning of the pandemic by the severe restrictions on movement and police surveillance:

It is impossible not to get infected when we all live together and share everything.

E: Sure: do you have a small house?

- Yes, yes, yes, yes, [...] it has a dining room, a bathroom, and a bedroom and we have added one more bedroom for the children.

E: Sure, sure, but you have many children.

- Yes, 7. (Virginia, 42 years old, lower middle SES)

We spent most of the pandemic locked up in a garage [...] I had no yard, I couldn't go out on the sidewalk because -you know- the police during the first part of the pandemic, you couldn't even look out on the sidewalk (Ivana, 41 years old, Low SES).

In the middle and high SES, the changes that caused most discomfort were the interruption of sports, leisure and social activities. In the middle sectors, this was not only due to restrictions on movement: in the face of economic difficulties, some households avoided expenditures considered to be postponable. More complex was the experience of some low SES households, where the pandemic implied an irreversible alteration in the participation of their members in other institutional spheres, such as education:

For example, in 2019 I was very excited about entering law school, I was taking the law entrance exam and... I don't have a computer, at that time I didn't even have a cell phone, and I couldn't take the second exam [...] that was the worst thing that happened to me at the beginning of the pandemic. (Johana, 21 years old, Low SES)

Another aspect in which there were clear contrasts between SES was the relation with labour. Some experiences of those who kept their jobs allude to the difficult decision to close personal offices or adapt to home office modalities. While many middle-sector referents experienced partial job losses (due to suspensions or reduction of working hours), especially in the higher SES, increased workloads and "invasion" of the home by work were expressed, generating tension between these spheres. However, once again, it was the low SES referents who reported the most pressing situations, in which job losses put on hold access to basic necessities and even the coverage of food needs.

Differential Experiences among Age Groups and Genders in Caregiving

The contrasting experiences contemplated in the sample allowed us to establish some differentiations regarding the situation of minors, the elderly and women. Part of the new routines, to which we referred earlier, required logistics to guarantee the care of children and, fundamentally, to ensure the continuity of their schooling. This process was particularly difficult for mothers with little schooling:

And the online classes were a disaster, I tell you, I'm a total dunce. I write what goes with a "g" with a "j", what goes with a "c" with an "s"... Emma, who is 9 years old, tells me "mommy 'digo' is with a "g", not with a "j"" -Well, I write it like this" (she laughs). (Virginia, 42 years old, Lower Middle SES)

Our testimonies show that some family conflicts revolved around the distribution of these chores between genders, due to the time they demanded and the fatigue these tasks entailed, especially accompanying minors in school activities.

Although these tasks were more frequently performed by women, a revision of the distribution of these burdens was marginally reported due to a reflexivity around the feminization of household chores:

I even tell my husband: "you too, from now on you start washing your clothes... The washing machine is automatic, you have to put clothes in and take them out" [...] I went and bought those laundry baskets: "here: this one for the older ones, this one for the children and this one for you", I tell him. Whoever wants to contribute here (Virginia, 42 years old, lower middle income level).

On the other hand, in all SES, a more pronounced affectation in moods was recognized among children and young people in the family group. Some accounts from higher sectors attributed this differential affectation to being in a time of "transition", difficult to reconcile with the new care routines. With specific reference to children, some testimonies alluded to physical harm, as a result of confinement and sedentary lifestyles.

In addition, an escalation in conflicts and confrontations with these age groups due to traffic restrictions was identified:

I think the one who suffered the most from this was my 16-year-old daughter, because she is in a different stage. I think that the stage of adolescence, a very important stage in terms of the groups that are being formed... having to explain to her that she could not go out, that she could not get together with her group of friends was, at times, a bit tense. Because at the end of last year there started to be a little more flexibility, she asked me to go to some party, obviously clandestine. Then, I had to tell her not to go, explain to her again and again that she could infect us, that he could infect the grandparents. They are older adults with pathologies (Camila, 46 years old, upper middle SES).

The older participants interviewed recognized that they were strongly affected by the confinement. Those who were of retirement age saw the pandemic as an obstacle to the fulfillment of their retirement wishes. In these accounts, isolation is constructed as a time of severe restriction of contact with family and relatives. In fact, a married couple in this age group reported not having reestablished contact with their adult sons until after receiving the first dose of the vaccine. To this must be added the limitations in the use of technology, necessary to maintain such contact, carry out procedures and medical consultations which, in some cases, entailed learning and agency:

One had a whole idea of what to do when one retires, apart from taking courses and taking advantage of going out and getting together, my husband is retired too... and well, in reality we have not been able to do absolutely nothing of all the plans we had, that is, more than stay at home and go to the supermarket... Neither to get together with the family, nor to get together with friends, nor to get together with colleagues. So, it was too big a change, unexpected (Elsa, 61 years old, high SES).

And on the social side, well, we have been restricted, yes. Now we... then we started to receive our children.

E: and since when did this change start?

- That they were vaccinated, that we were vaccinated... (Esther, 67 years old, Middle SES)

The analysis of the experiences through the sieve of the age group reveals that childhood, youth and old age are particularly vulnerable to the pandemic, as they are in moments of transition that were truncated. The adult group of productive age - to which most of the interviewed referents belong - presented themselves as the least affected group. However, what they reported showed that they were responsible for catalyzing the demands and requirements in tension, which emanated from children, young people and older people in their care. This was a complex task, and as Estela suggested, they often "did not know what to do":

It happened to me with my husband's grandmother who passed away. She had kidney problems, but at this time of pandemic, when we went to the Tránsito Cáceres de Allende [Hospital], everything was practically destined to the COVID and...and I took her, and I had to go back with her with terrible pain, because she had no one to assist her. So... what you experience, what you feel...I think it happens to all people, it happens to everyone, to all those who go through that situation and do not know what to do (Estela, 50 years old, middle SES).

The possibility of recognizing themselves as individuals made vulnerable by the pandemic seems eclipsed, both by the adult-centric characterization of younger people as beings in transition, and by the lack of protection attributed to older people. However, they assumed heavy burdens of responsibility accompanied, in some cases, by feelings of guilt: for the restrictions they had to impose on the younger generation and the alleged neglect they were incurring towards the elderly in their care.

Emotions and Feelings during the Pandemic

In all social sectors included in our study, references to states of fear predominated. This is an emotion that anticipates harm and affects future projections (Ahmed, 2015). In this sense, the fears of our informants were generally related to COVID infection (the prospect of getting sick and dying) or job or economic uncertainty. Some people who had been infected with the virus recalled their fear of not being able to get a hospital bed in the event of hospitalization or the prospect that their relatives would be "adrift" if they died:

I thought: "What will happen to my children if something happens to me?", and then I got over it, thank God it wasn't serious... It was one night that I had a panic attack, like this, saying "Oh, what will happen to my children if I get sick? (Celina, 47 years old, high SES).

The fear of death contains a capacity for coercion. Media information may have contributed to the production of this fear:

Well... obviously... the media have instilled a lot of fear, haven't they? Now... what would have happened if they hadn't? I don't know... And how does each one of us metabolize this, how do we go through it? [...] because you can make of this a terrifying issue, which at some point appeared and you can believe it and act accordingly, or you can say: "as long as I take certain precautions, this is not going to beat me". (Graciela, 66 years old, middle SES).

The media were presented as responsible for information that, being scarce or excessive, could frighten and confuse. Although our interview guideline included questions referring to the predominant emotions during confinement, the analysis and coding process led us to consider the contents around which the interviewees reacted emotionally. For example, through crying, anger, indignation or "bronca" [Ira (Arg.)]. Thus, we were able to organize some contrasting meanings, related to the evaluation that different SES made of the state's actions during the pandemic.

Some referents of low SES expressed unpleasant emotions in the face of experiences of "lack of protection" by the state. Two interviewees expressed their fear of feeling "abandoned" by the public health system. In other interviews in this same sector, we recorded discomfort and helplessness due to the perception that the "social assistance" provided by the State was arbitrarily assigned by the "punteros" of the neighborhood.

Referents from middle and upper sectors also expressed concern about the household economy. However, in contrast, their emotional expressions related to displeasure or anger (especially in the middle sectors), were directed towards a problem between the "abuses" of the state administration and the "viveza criolla" of other social sectors, which took advantage of the health crisis:

15% [of my salary] goes to retirement, but it is also like withholdings or... and it is like wow, what an abuse! And who knows what goes to retirement if it also goes now to ANSES social plans³ (Julián, 20 years old, middle SES).

We started to do the math with my husband, we paid [the taxes] on time and in the right way, I don't know how much more we paid than what she [a neighbor] paid, waiting for the moratorium from the municipality. That concept, that mindset, that idea: do you understand what I am saying? Always looking for a way out, looking for a shortcut, the Argentinean! Then, there comes a time when you say: "enough!", do you understand me? [...] That's what happens: it makes you angry! (Norma, 54 years old, middle SES)

Often, the testimonies of the middle sectors directed their criticism towards the way in which the State provided economic assistance to the most disadvantaged sectors, expressing an explicit rejection of the policies of direct transfer of funds, which occurred during the confinement. We refer to the "social plans" previously mentioned by Julián:

[Norma recounted the economic difficulties she experienced during her quarantine period].

- I: And at that time: you did not ask for any kind of state assistance?
- No, no, no, no, ino! No, no! We are enemies of that kind of thing! (Norma, 54 years old, middle SES).

E: Do you think there is anything that was better addressed by the State at this stage [of the pandemic]?

- Yes! in giving plans!!! (laughs loudly). [...] For me, they were dedicated to giving people plans (Celina, 47 years old, High SES).

Following the trail of these lines of meaning, the foundations for this rejection emerged:

- I: At some point: did you apply for any State support? Some kind of subsidy...
- No, no, no, no, because... Well... since I was born, work is instilled in you and, well, seeking help has to be an extremely serious situation. If you are in good health and you can work, then there is no need to ask for help. That's one's education, isn't it? (Jorge, 45 years old, middle SES)

So many people were left without work. Well, yes, it was given to them, but now, those people: what are they going to do? So, I am not in favor of giving them, giving them, giving them, but of eh... that is: making factories. Well, whatever is necessary to employ those people [...] to put them -even if only- to clean the squares. Let them feel useful, they will be better people, better human beings, they will be an example to their children. (Elsa, 61 years old, High SES)

Many middle and high SES testimonies were anchored in the maxim that "work dignifies", rallying around a vernacular notion of "work culture", as a lack of the poor and immorality of the rich (Assusa & Rivero Cancela, 2020).

This rejection of state assistance was especially clear and emotional in the testimonies of those who identified with the "middle class", presenting it as a historical victim of the extractivism of rich and poor, even pandemic:

E: What sectors of Cordoba society, or of society in general, do you think were most affected by the pandemic?

- Undoubtedly the middle class, the class that always suffers, the one that works, the one that moves everything. From here we pay [...] upwards, to politicians, and downwards, social plans and so on. (Norma, 54 years old, Middle SES)

The "middle class" is presented as a parameter of "self-worth" (Grassi & Hintze, 2018). A logic of deservingness (Chaves et al., 2016) that values meritocratic individuation stripped of collective supports is put into play (Luci, 2018). These *long time* meanings (Spink & Medrado, 2000), permeate the experience of many referents of middle and upper sectors, and derive criteria of justice around the role of the State during the pandemic.

The differential meanings with respect to the actions of the State were reflected in the strategies deployed to alleviate economic restrictions during confinement. In the lower and lower-middle sectors, a collective neighborhood action emerged to address the need for food, in some cases deployed after the pandemic and, in others, there was a previous neighborhood organization and inter-institutional networks, which worked as a propitious gear to promote various strategies. Other actions implemented by these sectors were alternative means of subsistence, "scavenging" -making things to sell, going out into the street to clean windows or beg-. Finally, although some referents reported a lack of state protection, others stated that they were beneficiaries of state programs, some of which they had previously received and others acquired in the context of the pandemic. On the other hand, in the accounts of the middle and upper sectors, individual strategies such as reducing expenses or financing with credit cards appear. Interpersonal support in the face of economic difficulties appears to a lesser extent and is limited to family ties.

Discussion

For all the social sectors that participated in our study, the pandemic imposed enormous efforts in the reorganization of home life. In a first level of analysis referring to the changes experienced during confinement, a set of transformations, apparently common to very diverse households, stands out. Other research (Cervio, 2020; Parada & Zambrano, 2020; Sommerhalder et al., 2023) identified a salient feature in the sharing of family time, to such an extent that the onset of the pandemic was often compared to a family vacation. However, these studies do not differentiate between SES or family living conditions. In our case, this type of evocation corresponds to the experience of the middle and high SES. Low SES families reported experiences of overcrowding and police siege. In this sense, SES shows to be a powerful marker that allows us to differentiate between partial interruptions of certain activities (sports, leisure), as opposed to the permanent suspension of participation in significant spheres of social life, such as health and education. We noted something similar in relation to work; another critical node in the experiences narrated. Here, total or partial loss of jobs and difficulties in differentiating the spheres of work and leisure were reported in the face of the imminence of telework already referred to in previous studies (Arza, 2020; De Grande et al., 2022; Fuentes, 2020; Segatore & Seca, 2021). However, among Low SES referents, labor losses were pointed out as a cause of strong material deprivation conditions, with difficulties to cover food (Messina, 2022; Ortale et al., 2022), allowing in our case to show these contrasts in all their rawness, by virtue of the comparative strategy.

In relation to gender, the Argentine literature shows how the guidelines of the national and provincial education portfolios strongly challenged families, particularly involving the women of the household. In particular, in social sectors that had no other support than the extended family itself (Arza, 2020; Di Piero & Miño-Chiappino, 2020; Fuentes, 2020; Segartore & Seca, 2021; Tonello et al., 2021). As the studies cited above point out, the domestic, care and schooling burdens of girls and boys were borne almost exclusively by women. However, our findings show some nuances. First, although marginally, there were experiences of reflexivity regarding the implications of care and possible restructuring in the distribution of household chores. This would support the hypothesis that the pandemic, as a disruptive event, not only facilitated the recognition of previously existing inequalities (De Grande et al., 2022), but also specifically modified some household dynamics. On the other hand, some testimonies from our study shed light on the differential conditions for assuming certain household chores.

Low SES women with little education had to face the heavy burden of accompanying their children's schooling, perceiving themselves as lacking the necessary knowledge to do so adequately.

The generational analysis is consistent with the literature (Armitage & Nellums, 2020; Escobar et al., 2023; Habergric-Folino et al., 2021; Meléndez-Pal et al., 2023; Monti, 2023) and reaffirms that the sociability of children and young people was especially affected. For their part, the elderly were presented as a "risk group" requiring greater care. Here we note an emerging fact, related to the age group to which the household leaders belonged (mostly adults under 60 or 65 years of age, the Argentine retirement age for women and men, respectively). This group seems to have found itself in the difficult position of catalyzing a conflict that spanned at least three generations. Thus, our findings allow us to infer that the burden of intrafamilial conflicts around care, referred to in other research (Parada & Zambrano, 2020; Sommerhalder et al., 2023), must have been processed, fundamentally, by this age group, without state support or self-care awareness on the part of the subjects.

A final dimension addressed was the repertoire of emotions experienced during confinement. Testimonies from different social sectors reaffirm the anxiety and sadness experienced, especially among children. They also confirm the prevalence of fear as the main emotion when faced with the prospect of getting sick, dying or losing a family member (Escobar et al., 2032; Johnson et al., 2020; Meléndez-Pal et al., 2023). Consistent with the "cagazo immunity" hypothesis (Arrar et al., 2020; Etchenique & Quiroga, 2020), this emotion would seem to have vertebrate the caregiving practices of different NSEs. As Sara Ahmed (2015) points out, fear shrinks the body space, restricting its mobility in the social space. This is something that we find in direct harmony with what was sought by the health guidelines. Early on, Argentine specialists warned about the moral, prescriptive and blaming framing of the information on the disease that began to circulate in the media (Kessler et al., 2020). Although, as reflected in other works (Garcés-Prettel et al., 2021; Mejía et al., 2020), some testimonies in our study also blamed the media for making the pandemic a "terrifying issue", it should be noted that the restrictive measures on circulation implemented by the health portfolio through the slogan "stay at home", did not offer alternative constructions. The emergence of fear as the main emotion allows us to evaluate the role of some public policies in the social construction of care. Governmental propaganda, by action or omission, paid little attention to the mental health of the population during the first phases of the pandemic management. We understand that the communication style focused on a threatening tone did not contribute to favor public interventions with an integral perspective of collective health. The Argentine executive power stood out in the Latin American context for adopting early, and with a scientific perspective, the measure of confinement (Segura & Pinedo, 2022). However, it was not until August 2020, when representatives of psychology and social sciences were officially included in its advisory board. This suggests a need to incorporate an integral health perspective to plan the guidelines.

Likewise, other prevailing emotions in the analyzed testimonies constituted a gateway to access native evaluations of social policies and state management during confinement, which, for all sectors and for different reasons, was unsatisfactory. Regarding income transfer policies, the lower sectors were fearful and powerless in the face of what they experienced as lack of protection and state "abandonment".

We understand that this finding can be interpreted as a recognition of the State as an agent present in the daily life of the low SES referents. Their claims seem to be oriented towards the restitution of a state that was disrupted or diminished during the pandemic. On the other hand, in the middle sectors, an emotional narrative around the middle class as the "mother identity" of Argentines emerged (Luci, 2018).

This vigorous rejection of state aid contributes to evaluate the measures aimed at these same sectors (for example, the zero-rate credits offered by the government) that some of our informants strongly rejected, despite having experienced economic difficulties during the quarantine. We believe that the stigmatizing status of these supports and the ideological substratum on which the emergency social policies were designed can be seen here. Indeed, given the weight in our societies of the imaginary of a self-sufficient subject who should socially support himself as a sovereign individual, "recourse to external support is all the more acceptable when it is carefully hidden individually and collectively" (Martuccelli, 2007, p. 87).

These findings allow us to derive some recommendations for the design of social policies. Fundamentally, the need to contemplate the ideological dimension in order to anticipate possible obstacles in their implementation. At the same time, it is necessary to strengthen the planning and execution of strategies that respond to a greater extent to the specific demands and needs of the subjects, taking into account the singularities of gender, generation and SES.

On the other hand, the role played by emotions is a powerful analyzer of the discomfort that health care messages based on withdrawal and fear can produce, even when they are effective in ensuring adherence. At this point, the integral perspective in health is highlighted and a working scope is established for the revision of governmental communication strategies in health matters, in the light of the findings and knowledge produced by the social sciences.

In relation to the limitations of the study, we understand that spatial frames are part of the interaction configured in an interview (Alonso, 1995). In this sense, remote interviews and, especially, telephone contacts without video-call presented a limit in terms of the possibilities of analyzing many of the components that make up the presentation strategies of our informants (gestures and corporeality, for example). In addition, recruitment from a single previous contact mediated by a survey is not advisable to foster the trust required to address sensitive aspects of the experience in a situation as particular as the pandemic. Hence, in some cases, the call for interviews has aroused suspicion and fears about the prospect of recording the conversation, leading to the cancellation of some of the scheduled interviews. On the other hand, the conditions imposed by the confinement measures prevented a more intensive immersion work in the family group, capable of providing a polyphonic view of the household experience, which in our study was limited to the perspective of those who identified themselves as household referents. Even with these limitations, possibly due to the exceptional circumstances and the scarcity of instances of listening outside the home world, we found informants willing to relate their experiences, show their vulnerability, get emotional and even present opinions that departed from political correctness.

Undoubtedly, the experience of family life was shaken by the pandemic and the preventive isolation measures, which led the groups interviewed to intensify actions to meet the most basic needs of food, protection and care. Although we cannot expand on this communication, it is worth noting that solidarity and cooperation practices among neighbors were recurrent and transcended the socioeconomic distinction of the family units. Some support networks were established, either through *WhatsApp* groups or in person, to face the difficulties that arose: to manage dining halls and picnic areas, bags of merchandise, soup kitchens and donations of clothes and food (in low and lower middle sectors), to assist those who were isolated due to contracting COVID-19, to share information or neighborhood news, to make purchases for the elderly or infected persons, etc.

Having analyzed the experiences of household referents from a variety of diacritics allowed us to capture vicissitudes that informants and the research team had not imagined prior to the pandemic. However, frequently, the testimonies analyzed referred to long-lasting processes and meanings. Therefore, we consider that, for the social sciences, the pandemic experience as a disruptive event should constitute an analyzer of the social inequalities that structure our societies and determine for certain groups conditions -material, symbolic and cultural- of accumulation of disadvantages in their daily lives. In this sense, it is worth highlighting the institutional political decision of the Faculty of Social Sciences of the National University of Córdoba, where the study was organized, to contribute from the public university to the analysis of inequalities during the pandemic.

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Footnotes

 $^{^{\}scriptscriptstyle 1}$ "Cagazo" is a local expression in Argentina, denoting an experience of fear.

 $^{^2}$ In Argentina, this colloquial term refers to partisan agents who act as intermediaries between political officials and people from poor neighborhoods, often exercising or being suspected of exercising political clientelism practices.

³ Acronym of the National Social Security Administration. Decentralized entity of the national public administration, which manages social security benefits.