



Available online at <http://www.bedujournal.com/>

BASE FOR ELECTRONIC EDUCATIONAL SCIENCES

ISSN: 2718-0107

Base for Electronic Educational Sciences, 5(1), 160-185; 2024

COVID-19 Pandemic Experiences of Counselors and Their Families

Seval Kizildag-Sahin^a 

^a Assoc. Prof. Dr., Adiyaman University, Adiyaman, Türkiye
<https://orcid.org/0000-0002-3357-7186>
E-Mail: sevalkizildag@adiyaman.edu.tr

APA Citation:

Kizildag-Sahin, S. (2024). COVID-19 Pandemic Experiences of Counselors and Their Families. *Base for Electronic Educational Sciences*, 5(1), 160-185.

Submission Date: 06/01/2024

Acceptance Date: 21/03/2024

Abstract

The aim of this study was to examine the effects of the pandemic on counselors and their families. In this qualitative study, homogeneous sampling type, one of the purposive sampling methods, was used. Two separate evaluations were carried out on counselors on two separate occasions. The first evaluation (covered the period between March 13th and June 13th, 2020). The second evaluation focused on the period between June 14th and October 14th, 2020. In the first phase of the study, 33 counselors and in the second phase, 30 counselors were reached and sufficient information could be collected about the impact of the pandemic on the lives of counselors and their families. The data were obtained from semi-structured interview forms developed by the researcher. Findings obtained in the first part of the study suggested that the pandemic is a compelling experience, that it causes anxiety and worry in families, and that continuing to socialize with taking appropriate precautions will protect mental health. The second part of the study emphasized that the pandemic can be dealt with more easily depending on personality traits such as being patient, that anxiety and worry are still present even though they partially decrease in families, and the pandemic reminds the importance of socialization and family. From this point of view, the importance of counselors who take an active role in challenging processes such as pandemics to work actively with experts in other disciplines is emphasized.

Keywords: COVID-19, family relations, psychosocial effects, counselor, mental health.



Introduction

The first recorded case in Wuhan in China's Hubei province, World Health Organisation (WHO) declared a pandemic on March 11, 2020. Millions of people around the world have been affected, and the health systems of many countries have become so overloaded that their ability to provide services was severely crippled. As of October 23, 2020, 1,144,930 people died due to COVID-19; there are 44,169,196 confirmed COVID-19 cases and 31,268,238 recovered cases in the world. The first case was reported on March 11, 2020, in Turkey; and the Ministry of Health recorded 355.528 cases with the death toll of 9584, as of October 23, 2020. In Turkey, the pandemic had serious ramifications for different aspects of life, from health to education, tourism to trade, just to name a few. Demand and need for health services has increased; schools including universities temporarily closed, and then face-to-face teaching partially started. Travel between countries was limited, and multi-level measures concerning mobility were put in effect. Also, large shopping malls, entertainment venues, and restaurants were closed at the beginning of the pandemic, though they were back in business, due to economic reasons, after several measures were put in place. In social life, the imposition of restrictions on entertainment and socializing such as curfews, staying outside for limited hours, maintaining physical distance, wearing masks, limitations on the number of people to be invited to weddings, funerals, celebrations, and meetings resulted in significant changes in social behavior. Measures taken to prevent the pandemic resulted in people spending more time with their families. For example, the interruption of education, the transition from office-based working to more flexible home offices, and the closure of many service sectors have made family members be together more. All these changes in family and social order have become unbearable for many people. In this respect, there is need to observe how this is professionally perceived.

Counselors are one of the people who have an important role in stepping into crises such as pandemics and are expected to respond to the increasing crisis (Deming, 2004). Therefore, counselors need to constantly update themselves in order to respond to changing needs and problems. According to the American School Counselor Association's (ASCA) position statement, "the professional school counselor's primary role is to facilitate planning, coordinate response to and advocate for the emotional needs of all persons affected by the crisis/critical incident by providing direct counseling service during and after the incident" (2007). In Turkey, the National Mental Health Action Plan prepared by the Ministry of Health (2011) draws attention to the importance of counselors in detecting early period mental health problems. Therefore, putting forth how counselors themselves experience the pandemic and what they have come to realize during the pandemic can be an important preliminary study. The pandemic was a new experience for counselors as well, and it is worthwhile to understand how they have experienced this process both as an individual and as a mental health professionals. Moreover, counselors had the opportunity to observe their family members more since they were frequently in close quarters with them in this experience. This observation is valuable and meaningful both as a counselor's observation and as a family member's observation. To this end, this study examined the psychosocial effects of the pandemic on the counselors and their family.

Mental Health Impacts of the Pandemic

In addition to being a global health problem, the COVID-19 pandemic has also had important implications concerning mental health. Not only the pandemic itself but also the emotions accompanying it such as fear, unhappiness, and despair spread rapidly (Sim, Chan, Chong, Chua, & Soon, 2010). It can be said that individuals experience a great deal of fear and anxiety about the pandemic (Rajkumar et al., 2020). Besides spreading rapidly, COVID-19 is defined as a "silent growing disaster" (Hopkins & Russell, 2020), a definition that also underlines feelings of uncertainty and fright. Being in quarantine for a long time, feeling overwhelmed, not being able to meet one's needs, being labelled, and fear of getting sick can adversely affect mental health (Brooks et al, 2020). For example, in a study conducted in 192 cities in China, it was emphasized that the mental health related problems increased by 50% after COVID-19 and that individuals experienced depression, anxiety, and stress (Wang, Pan, Wan, Tan, Xu, Ho & Ho, 2020). People with psychiatric illnesses were more likely to exhibit higher levels of PTSD, depression, anxiety, and stress during the COVID-19 outbreak (Hao et al., 2020). With the pandemic, fear of losing control of life, disruption of daily routine, disruption of plans, increased uncertainty, information pollution, fear of losing loved ones or relatives, limitation or prohibition of socialization have suddenly transformed the normal flow of life into an "abnormal" state. For example, the decrease in socialization due to physical isolation and not knowing how long this will last has caused an increase in feeling lonely (Holt-Lunstad, 2017). Even though people can be protected from the disease to a great extent thanks to physical isolation, more intense depressive feelings, anxiety and anxiety, economic difficulties are still a huge problem (Thunström et al., 2020). Moreover, losing a relative, not being able to say goodbye to the deceased, and not being able to make condolence visits can be challenging for individuals in cultures where social support resources are frequently employed. In collectivist cultures like Turkey, social gatherings such as funerals, weddings, celebrations are the social norm and social relationships are likely to be damaged without these.

Taylor (2019) states that during epidemics, people "panic and their need for the health system increase, they have difficulty in obeying the rules and prohibitions, they believe someone is responsible for the pandemic, and they spend too much energy with conspiracy theories on who it would be." In Mexico, for example, it was observed that the fear increased, and the quality of life decreased after a while in the audience who followed the flu epidemic news (Jones & Salathe, 2009). Fear in the face of uncertainty can also cause individuals to experience problems with sleep patterns (Xiao, Zhang, Kong, Li & Yang, 2020). Change and transformation have been underlined by many experts who contend that "nothing will be the same as before." The concept of "new normal" has been in use in daily life. For example, with the COVID-19 pandemic, people's life rituals have changed, and on a positive note, in these difficult days many people have acquired new hobbies, what with the new opportunities to do what they have postponed so far, and have started to spend their time differently. This change has affected not only behaviour but also the perspective. In a recent study, for example, after the coronavirus started to spread, 67.5% of the participants stated that they question the meaning of life more (Karataş, 2020). Also, following such difficulties, certain outcomes such as

learning a lesson from the experience, strengthening relationships, openness to new experiences, and developing resilience are observed (Polizzi et al., 2020). The increase in the psychological resilience of individuals during the pandemic process can also show the ability to turn a negative situation into an advantage.

Psychosocial Effects of the Pandemic on Family Life

The increase in the time spent at home not only increased the interaction of family members with each other but also caused some new problems in the family or the existing problems to become more complex. The physical conditions of the house may not allow all family members to co-exist comfortably, and the use of it both as personal space and as home office or classroom has made it necessary to change the order of things at home as well. Increased need for cleaning and increased consumption are among other changes in daily routines.

Parents who still need to go out and work in the pandemic (especially the healthcare workers, who constitute the riskiest working group, OSHA, 2020) fear both contracting the disease and carrying it into their home and children. In fact, these people cannot see their family members for a long time due to this risk and they may opt to stay in separate houses. Conversely, parents who either switched to working from home or took a temporary leave due to the pandemic were able to interact with their children more and spend more quality time together. Moreover, parents' responsibilities as parents increased with the new situation; especially mothers became directly involved with and responsible for their children's education at home. So, in this pandemic, those in the risk group were stated as women and children (Liu, Zhang, Wei, Jia, Shang, Sun, et al., 2020; Wang et al., 2020). Apart from their roles as parents, the relationship between partners has become a significant issue. For example, in a study conducted in India, women's stress levels associated with pandemics increased by 66%, while this rate remained at 34% for men (United Nations Policy Report, 2020). It is thought that experiencing economic difficulties and relationship problems is another factor affecting the conflict within the family (Kluwer, 2020). Similarly, was another study emphasizes that domestic violence or alcohol use increased with the pandemic (Ergönen et al., 2020; Usher et al., 2020). Since February 2020, the frequency of substance abuse and seeking psychological support lines has increased significantly in the United States (Hopkins & Russell, 2020). In short, the pandemic has continued to have a significant impact on both the individual and the family system. Prevalent emotions experienced due to the pandemic are anxiety, fear, uncertainty, nervousness, despair, and hopelessness. At the same time, the pandemic has prompted people to re-evaluate what the meaning of life is and to look for more effective ways to pass time. All these points at the possibility of an increased need for mental health services.

Current Study

In this preliminary study on mental health professions, it is important to evaluate at the outset the effect of the pandemic on counselors and their families through their perspective. It is important to lay bare how counselors experience this situation in the first place and then to examine it within an individualistic and familial context. Mental health experts such as counselors, psychologists, psychiatrists, and therapists being self-

aware, knowing their strengths and limitations, and having a clear idea as to how to deal with crises may increase the quality of service they provide. Studies on this professional group is invaluable because these people directly intervene into the lives of children, young people, and adults and may have a tremendous impact on them with what they do. Based on this, the main question of this research is as follows:

1-How does the COVID- 19 pandemic affect counselors and their families?

Methodology

Research Model

This study, which examined counselors' personal and familial experiences and how the pandemic affected them and their families during what is called the first and second phase of the COVID-19 pandemic, was designed in the phenomenology pattern. In this design, semi-structured forms were given to the counselors participating in the study with the aim to reveal their perspectives regarding a phenomenon (individual and familial experience during the pandemic) based on their daily lives COVID-19 pandemic (Fraenkel & Wallen, 2009).

Research Sample

In this study, homogeneous sampling method was used, which is one of the purposeful sampling methods. Analogous sampling refers to a small and similar sample formed to describe a subgroup (Yıldırım & Şimşek, 2013). The aim was to examine how this homogenous sample group, who received Counseling Training and have experienced the COVID-19 pandemic, evaluated the current situation. While determining the sample size in such qualitative studies, the objective is to lay bare the whole picture rather than reaching a generalisation (Creswell, 2014); therefore, sufficient number of participants were needed. In other words, by reaching 33 and 30 counselors in the first and second phases of the study, respectively, the researcher was able to gather enough information about pandemic's effect on counselors' lives. In this study, a total of 33 counselors were contacted to collect data between March 13 and June 13, 2020, which is defined as the first process of the pandemic. Later, 30 of the same counselors were contacted again for the second process of the pandemic (14 June-14 October). The demographic characteristics of the counselors participating in the first and second parts of the study are presented in Table 1 below:

Table 1. The Demographic Characteristics of the Counselors

Participant	Age	Marital Status	Number of Siblings	Income(Turkish Liras)	Area of Residence	Mother Alive or Deceased	Father Alive or Deceased	Romantic relationship	Length of Relationship	Participating Study II
M1	24	Single	4	5000	South-east Anatolia	Alive	Alive	No		Yes
F1	22	Single	3	5500	Eastern Anatolia	Alive	Alive	No		Yes
M2	21	Single	4	4000	South-east Anatolia	Alive	Alive	Yes	4 months	Yes
F2	22	Single	8	5000	South-east Anatolia	Alive	Alive	No		Yes

Participant	Age	Marital Status	Number of Siblings	Income(Turkish Liras)	Area of Residence	Mother Alive or Deceased	Father Alive or Deceased	Romantic relationship	Length of Relationship	Participating Study II
M3	19	Single	10	3000	South-east Region of Anatolia	Alive	Alive	Yes	8 years	Yes
F3	22	Single	1	5000	Mediterranean Region	Alive	Alive	No		Yes
F4	22	Single	4	7500	Mediterranean Region	Alive	Alive	Yes	2 years	Yes
F5	22	Single	3	3000	South-east Anatolia	Alive	Alive	No		No
F6	22	Single	6	4000	South-east Anatolia	Alive	Alive	No		Yes
F7	23	Single	2	2000	South-east Anatolia	Alive	Alive	Yes	3 years	Yes
F8	21	Single		2000	South-east Anatolia	Alive	Alive	No		Yes
F9	22	Single	5	6500	South-east Anatolia	Alive	Alive	No		Yes
M4	22	Single	3	5000	South-east Anatolia	Alive	Alive	No		Yes
F10	23	Single	2	10500	South-east Anatolia	Alive	Alive	No		Yes
F11	21	Single	3	3000	Mediterranean Region	Alive	Alive	Yes	3 years	Yes
F12	23	Single	5	2500	South-east Anatolia	Alive	Alive	Yes	1 years	Yes
F13	22	Single	3	3000	South-east Anatolia	Alive	Deceased	No		Yes
F14	23	Single	9	2000	South-east Anatolia	Alive	Alive	No		Yes
M5	40	Married	5	5500	South-east Anatolia	Alive	Alive			Yes
F15	23	Single	6	1000	South-east Anatolia	Alive	Alive	No		Yes
F16	21	Single	2	2324	South-east Anatolia	Alive	Alive	No		Yes
M6	23	Single	9	6000	South-east Anatolia	Alive	Alive	Yes	2 years	No
M7	23	Single	9		South-east Anatolia	Alive	Alive	Yes	3 years	Yes
M8	22	Single	5	2300	South-east Anatolia	Alive	Alive	No		Yes
F17	22	Single	10	3000	South-east Anatolia	Alive	Alive	No		No
F18	21	Single	3	7000	South-east Anatolia	Alive	Alive	No		Yes
F19	21	Single	3	4000	Mediterranean Region	Alive	Alive	Yes	15 months	Yes
F20	22	Single	2	3000	South-east Anatolia	Alive	Alive	No		Yes
M9	23	Single	3	1000	South-east Anatolia	Alive	Alive	Yes	2 years	Yes
M10	22	Single	8	3000	South-east Anatolia	Alive	Alive	No		Yes
F21	21	Single	6	4000	South-east Anatolia	Alive	Alive	No		Yes
M11	22	Single	4	2300	South-east Anatolia	Alive	Alive	Yes	3 years	Yes
F22	22	Single	3	1500	South-east Anatolia	Alive	Alive	No		Yes

Table 1 shows that 22 participants in the first part of the study are women and 11 are men. Women are abbreviated as F (female) and men are abbreviated as M (male). The average age of the participants is 22.54; only one participant is married, and the others are single. Single participants answered the questions based on their parental families while married participants answered the questions based on their families formed through marriage. All of the participants have recently graduated from departments of psychological counselling and guidance and are planning to work at schools as psychological counselors. While the average number of siblings of the participants is four, the average monthly income is 3888 Turkish Liras. Most of the participants live in South-East Anatolia, Eastern Anatolia, and the Mediterranean Region. While the mothers of all participants are alive, one of the participant's father is deceased. All participants went back to living with their families since universities and

dormitories closed off due to the pandemic. Finally, the majority of the participants are not involved in a romantic relationship.

Data Collection Tools and Procedure

In this study, two different semi-structured interview forms were used for counselors to evaluate individual and family relationships in the first and second process of the COVID-19 pandemic. While preparing the semi-structured form used to evaluate the first process, the current literature on the COVID-19 pandemic was first examined by the researcher. After the draft form was prepared, it was sent to two experts with a postgraduate degree in Counseling Program to evaluate the appropriateness of this form to the content and purpose of the study, and the form was finalized by making the necessary corrections within the framework of the feedback received. Form 1 consists of two parts. The first part includes demographic information about the participants. In the second part, there are seven questions asked by counselors to evaluate the pandemic process. These questions are, *“1-How did you manage ‘physical isolation’ during the pandemic and how did it feel to do so?”*; *“2-How did you mentally, emotionally, and socially experience “being alone with oneself” during the pandemic?”*; *“3-To what would you resemble the pandemic?”*; *“4-To what would you resemble your home life during the pandemic?”*; *“5-How do your family members experience this process?”*; *“6-What do you observe in your family members’ emotional world during this pandemic?”* and *“7-As a psychological counsellor, what do you think should be done for your family to get through this pandemic better?”*, respectively.

Form 2 used in the study consists of five new questions that aim the participants to re-evaluate the time period called the second process of the pandemic. All questions in these forms were used as themes in the findings section. These questions are, *“1-What are your 3 strongest qualities when you make an evaluation from the beginning of the pandemic to today?”*; *“2-What is your weakest quality when you evaluate yourself from the beginning of the pandemic to today?”*; *“3-What kind of emotional changes have you seen in your family members since the new normalization process of the pandemic?”*; *“4-What kind of social changes have you seen in your family members since the pandemic has become the new normal?”* and *“5-What is the one thing that this process has taught you since the beginning of the pandemic?”*, respectively. These questions were asked to the same counselors by the researcher. The actual messages of all questions in these two forms were used as themes in the findings section. Questions in Study I and Study II were not repeated since they aimed to understand the process; in both studies, questions appropriate to the old and new situation were asked keeping in mind the effect of the pandemic on the individual and the family. In this respect, this study aimed at evaluating the process, not comparing data.

In this study, data collection was carried out based on certain periods of 2020 related to the pandemic. The content and scope of the study were presented to the related university bodies and necessary permits were obtained. Data about participants were accessed through the alumni association of the university; the contact information (emails) of approximately 70 counselors who graduated in the last year were accessed. Then, these people were sent a comprehensive email to inform them about the aim and limitations of this study. At the same time, they

were informed that this was a longitudinal study and would be repeated after a certain period of time; and they were asked whether they could participate then or not. 33 people who consented to participate in both studies were sent an Informed Consent Form and Form I. They were asked to read the whole consent form and make sure they understand it and indicate that they would voluntarily participate in the study. Informed Consent Form, Form 1 and Form 2 were sent to the counselors via email on 13 June and 13 October 2020, respectively. Participants were given one week to fill in the forms, and they were asked to fill in the forms and send them back via e-mail. Two female and one male participant participated in the first part of the study and were unable to participate in the second part due to personal reasons.

Data Analysis

The content analysis method was applied within the scope of qualitative research. The content analysis method aims to examine the content of a written text or document and to express this content numerically or statistically (Ekiz, 2009). In this context, a semi-structured form was used in the research. All forms used in the first and second parts of the study were examined one by one. In the first stage, the coding process was initiated so that the data could form meaningful wholes for the content analysis method. Two experts in the field of Counseling Department, who were not involved in the study, were asked to examine all the documents and to codify the responses of the participants. After the completion of the coding process, codes were compared to see if there were differently coded expressions. In the end, a common code list was created. The coding process is structured within a general framework. After the coding was completed according to the code list, two researchers examined the codes and created appropriate categories. Finally, a panel was organized with the participation of researchers and experts outside of the study, and the categories created from the codes were examined and agreed on the codes and categories. In addition, the already-determined themes (questions in the form) addressed in the research were defined. Findings of this study were presented to the reader both visually (in figures so that a clearer picture was presented) and verbally (as explanations in text). In the title of the figure was given the "theme," in the modal display "categories" and in the text frequencies related to the theme were presented. Percentage/ratio was not given because the frequencies mentioned in the text show the frequency of views related to the question and not the number of participants. Moreover, instead of a gender-based evaluation, a detailed study on each psychological counselor was presented. Frequencies were not merged since each expression or unit is valuable in a qualitative study.

Validity and Reliability of the Study

In this qualitative study in which the family relationships of counselors during the pandemic were evaluated, some studies were also conducted for validity and reliability (credibility, transferability, consistency, and verifiability strategies; Shenton, 2004). For example, semi-structured interview questions for credibility within the scope of internal validity were presented to expert opinion and necessary adjustments were made on the questions. At the same time, direct quotations were taken from the expressions of the participants, which are presented in the findings section below. For transferability (external validity and generalizability), purposeful sampling method was used, and the information obtained

about the participants (see Table 1), data collection process, and data analysis steps were presented in detail. For consistency (repeatability and reliability), all researchers participating in the study placed these items in common codes and categories, and then in appropriate themes, based on coding and categories consisting of data, both independently and after joint work. Finally, counselors with various characteristics were reached out for verifiability (objectivity).

Ethical

This article does not contain any studies with human participants performed by any of the authors. In order for this study to be applied to the scale, an application permission was requested from the Dean of the Faculty of Education of Adiyaman University.

Findings

Part One: Findings Regarding Participants in the First Phase of the Pandemic

Theme 1: The precautions and experiences of counselors during the pandemic: The following are the list of categories counselors indicated in their answers as to how they ensured physical isolation during the pandemic: precautions [staying at home, hygiene, distance, mask] and additional precautions [nutrition, village life, not using elevators, and sports]. At the same time, when asked to describe their experience, participants used the following expressions?, which were grouped under the theme "experience feeling": compulsive emotions [challenging, boring, tiring, disturbing, stressful, confusing, scary, alarming] and facilitating feelings [beautiful, normal, comfortable, efficient, reassuring].

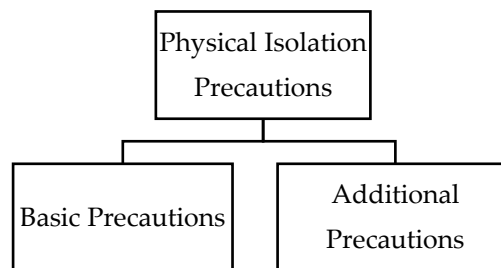


Figure 1. Physical Isolation Precautions

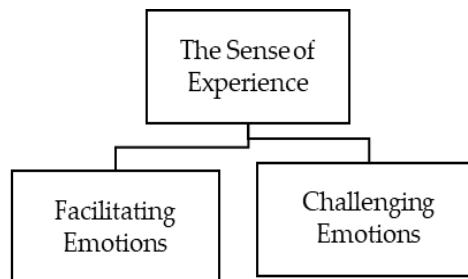


Figure 2. The Sense of Experience During the Pandemic

The statements of some of the participants under this theme are given below:

M2: "First of all, it sucks to do this. You stay away from people you are awfully close to, you cannot hug them, and this is seriously disturbing. I maintain my

physical isolation as much as possible by wearing a mask when I go out and disinfect my hands every time I come home. "

Theme 2: The impact of the pandemic process on psychological counselors: To the question, "How did you experience the pandemic "mentally, emotionally and socially", the expressions of the participants were categorised and coded under the mental aspect theme as [coping with negative thoughts] and mental activity and production [studying and exam preparation, reading books, self-evaluation process, and embarking on new projects].

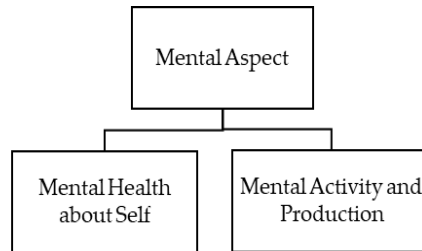


Figure 3. The Effect of the Pandemic on The Mental Health of the Individual

Compelling emotions under the emotional aspects theme are sadness, fear, worry, anxiety, boredom, stress, feeling of emptiness, collapse, loneliness, neglect, tidal mood, lack of motivation, longing, uselessness; and facilitating feelings are family support, self-allocation, calm, instant evaluation, attachment, developing coping skills, accepting emotions, happy, and motivated.

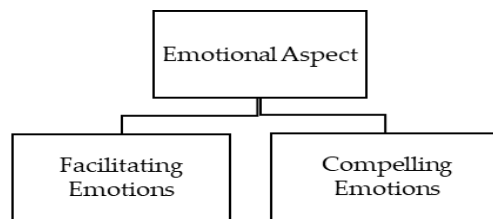


Figure 4. The Effect of the Pandemic on the Individual's Emotional State

Socializing with others was categorised under the social aspect theme and coded as follows: [communicating with friends, being with family]; engaging in sociocultural activities [online theatre games, watching movies and TV series on the computer, visiting a virtual museum, other activities [gardening , sports, pc games, trying new hobbies] and not socializing [(being isolated)].

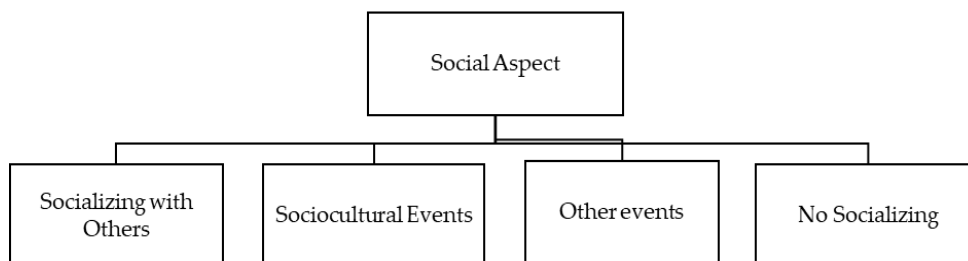


Figure 5. The Effect of the Pandemic on the Social Life of the Individual

The statements of some of the participants under this theme are as follows:

F8: "During the pandemic, I was completely alone both due to the pandemic and my mother's job. I felt mentally trapped at first, although I didn't really like going out. I have long thought about my school and career and how I want to progress. Emotionally, of course, I was afraid that my mother had to go to work every day, and the longing increased as I couldn't meet people with whom I was close. Socially, I felt like my social life is completely over, if I don't talk on the phone, I can say it is completely over because I was not on social media during the pandemic when everyone else was socializing through social media. And I was only in contact with those close to me.

Theme 3: The metaphor of the pandemic process: To the question of what you compare the COVID- 19 pandemic with, the participants under the theme of metaphors gave the following answers: "fear analogy" (black cloud, a terrible nightmare, the walking dead movie, the enemy lying in ambush, the epidemic referred in the novel titled Blindness, Hunger Games, global war, hedgehog, revenge of the world), "despair analogy" (golden cage, caged bird, struggling against the process, waiting for the day of death but not doing anything, phone virus, prison), "uncertainty analogy" (sailing through the tunnel, floating in space, Watson's maze, pause key, pandora's box , mirage in the desert), "discovery analogy" (reform process, searching for a mine alone), "parable of disorder" (regular chaos, science fiction movie, zoo, a one-eyed fly with one lame leg, displaced animals, dominoes) are categorized and coded as the "parable of loneliness" (the life of an animal in a zoo, a pianist movie, a snow globe, an aquarium).

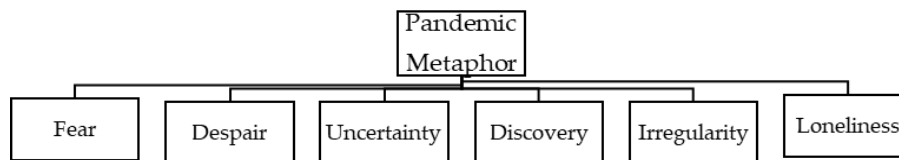


Figure 6. Metaphors Used to Describe the Pandemic

The statements of some of the participants under this theme are given below:

F20: "I call this the World's Revenge. Whether this virus is natural or not, the only thing that benefits from it is nature. Air pollution has decreased, dolphins have been seen at the shores of Istanbul, the streets are clean as if the world is resting.

Theme 4: The metaphor of life at home during the pandemic process: To the question of what you would compare life at home during the COVID-19 pandemic, the participants replied in the following categories: under the theme of metaphors, "desperation analogy" (prison, pigeon trapped between four walls, cage and shelter), "uncertainty analogy" (worm in the walnut, seeing mirage in the desert, an Iranian movie whose message progresses very slowly , closed box), "fear analogy" (chicken who thinks he will be beheaded every day, thriller, grenade), "loneliness" (aquarium, the only person left on the island after the sinking of the ship), "discovery

analogy" (factory, Transformation book, The prize, categories of plants with changed soil and pot, space shuttle, survivor), "warmth analogy" (plush bear, love house, amusement park, nostalgia, beneficial vegetable broccoli), "globalization analogy" (miniature world, school).

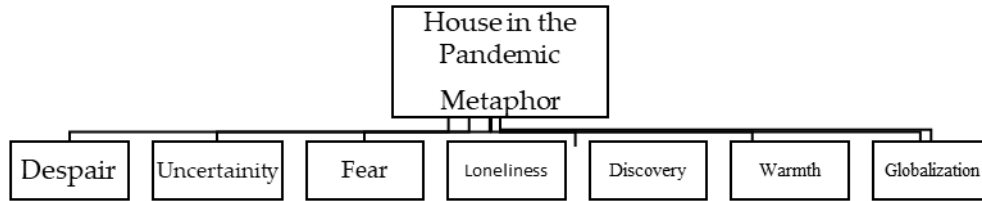


Figure 7. Home as a Metaphor During the Pandemic

The statements of some of the participants under this theme are given below:

M3: "It may seem incomparable, but I can compare the life at home to a prison, while we technically had the right to lead our lives however we pleased, we could still not do many things due to the risk of transmission, which made me compare life at home to life in prison. "

Theme 5: General emotional states of counselors in family settings during the pandemic : In the evaluation of the general emotional states of the participants and the accompanying emotions, the state of anxiety (f=15) was accompanied by "stress, burnout, fear, anxiety, insecurity, sensitivity, anger, longing, distress, and hopelessness; nervousness was accompanied by "prudence, anxiety, insecurity, restlessness, fear, and unhappiness;" burnout (f=2) by "peace of being in company;" the state of helplessness by "unhappiness;" the state of fatalism was accompanied by "despair;" fear of death was accompanied by "fear of loneliness;" and the state of intolerance was accompanied by "a sense of conflict." On the other hand, strengthened family ties, bad straits, and appreciation were expressed without other accompanying emotions.

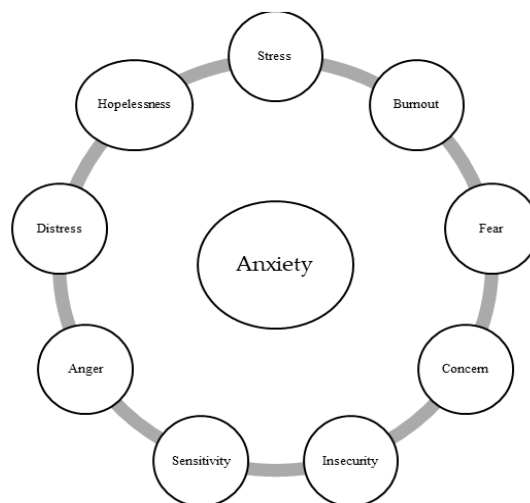


Figure 8. Emotions That Accompany Anxiety

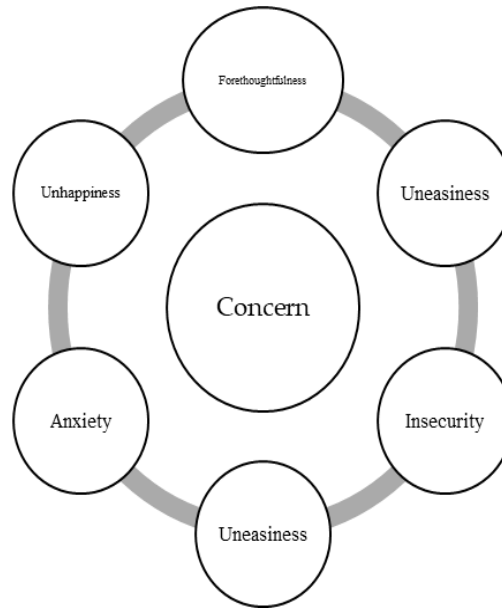


Figure 9. Emotions that Accompany Anxiety

The statements of some of the participants under this theme are given below:

M1: "At first, everyone was quite pessimistic. Since they encountered this situation for the first time, they did not know what to do. They felt helpless and I noticed that my parents were suspicious of other people. I realized how the rest of the people were excluded for the sake of safety. So, I started to think about how exclusion made people feel. In addition, it is as if my family did not have any patience with each other at first, but later got used to each other and it was as if they started to love each other very much after they met and became indispensable for each other. We just connected and everyone was very happy. I witnessed how my family got together in this process. I witnessed how the family was. As a psychological counselor, I attach great importance to emotions. And during this process, I saw that everyone in my family was transparently disclosing their feelings to each other."

Theme 6. Feelings of family members of counselors during the pandemic process: When the participants were asked about the feelings of family members in the pandemic, the mothers were "calm, stressed, anxious, fearful/afraid, unhappy, scared of dying, loaded with increased responsibilities, restless, sad, anxiety, fastidious, insomniac, and tired. On the other hand, the fathers were "calm, stressed, tense, anxious, nervous, unhappy, scared of dying, cheerful, bored, angry, reproachful, fearful, and sleepless". Children in the house were "bored, calm, restless, having test anxiety, fear, experiencing adaptation problems, aggressive, anxious, uncommunicative, nervous, happy, longing for school, cool, spoiled and hopeless".

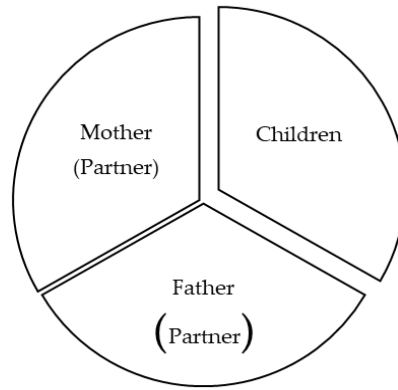


Figure 10. Family Dynamic During the Pandemic

The statements of some of the participants under this theme are given below:

F3: “My mother looks worried and fearful. In fact, I think this whole thing in general exhausts us all emotionally. I can see that my brother feels the same. He also misses his friends but tries to keep in touch on the phone. I observe that my father also has worries but tries not to display them. Apart from that, I can see that everyone is impatient to return to our old life and longed for the life before this crisis has started.”

Theme 7. Mental health recommendations of counselors for their families during the pandemic: Recommendations about what counselors should do for family members to deal with the pandemic more effectively included socialisation recommendations [spending time with the family, communicating with others], health recommendations [taking care of one’s physical health, sleep patterns, sports, balanced nutrition, reduction of substance addiction, staying away from pc games, limited technology use], psychological support recommendations [breathing exercise, accepting that the epidemic is universal, expressing emotions clearly, communication skills, online psychological support], mental health protective recommendations [positive thinking, reading books, watching educational TV programs (creating a daily routine, increasing distance education options and learning new things)], recommendations for sociocultural activities [hobby development, games, watching TV series, taking care of animals or the environment, listening to music], social life organizing activities [time planning, determining house rules, sharing responsibilities] and financial support.



Figure 11. Mental Health Recommendations of Counselors

The statements of some of the participants under this theme are given below:

M5: "Like everyone else, we were worried and scared in this period. This is a very normal reaction. The important thing was how to deal with our anxiety and fear. As we were urged to stay at home, we tried to create a daily routine, creating the feeling that life goes on as normal. [The routine included things] such as sleep, eat, work. We tried to exercise. It goes without saying that children are affected by the news when all they show on television was the pandemic and death. Therefore, we tried to keep children away from exaggerated or scary news and comments on television or social media. We tried to explain to the kids that not everything they heard on social media is true. Although we are affected by the pandemic as parents, we tried not to display this to the children. In fact, our biggest challenge is to ensure our children healthily see the end of the pandemic."

Part Two: Findings about Participants Related to the Second Process of the Pandemic

Theme 1: Personal strength counselors think they have during the pandemic : When asked about their personal strenghts, the answers of the participants were as follows: aspects related to personality traits (patient, hopeful, calm, wilful, ambitious, determined, , compatible, productive, self-sufficient, self-critical, responsible, robust, tolerant, combative, creative, tenacious, compassionate, happy, positive, selfless, self-controlled, tender]. Aspects related to communication skills were (being supportive, being able to communicate well, managing emotions, being empathic, anger management, being calming, stress management, knowing boundaries]. Finally, in the category of other personal characteristics [knowing the importance of health, good technology knowledge, being conscious, realistic thinking, strong mind] were listed by the participants.

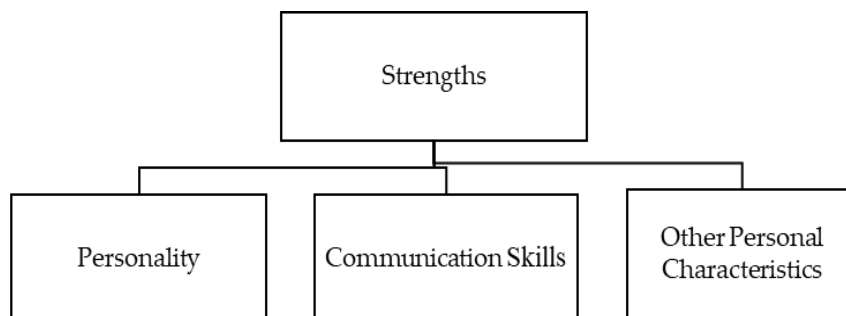


Figure 12. Strengths of Counselors In The Pandemic

The statements of some of the participants under this theme are given below:

F33: "Positive thinking, my belief in the idea that health is important, and my strong connection to other people, no matter what, kept me alive."

M5: "The productive time I spent with my family, using technology very well, understanding how important health is, have been my strengths in the pandemic."

Theme 2. Personal weaknesses counselors think they have during the pandemic: When asked what their personal strengths were, the

participants listed the followings: aspects related to personality traits (fear of loss, lack of will, anger, impatience, feeling of inadequacy, indecision, insensitivity, disorder, pessimism, irresponsibility]; aspects related to emotional distress (time management, difficulty in emotion management, anxiety, inability to support the family, intolerance to uncertainty, helplessness), insecurity, unhappiness, problems in concentration, not being free, stress management, burnout, loneliness].

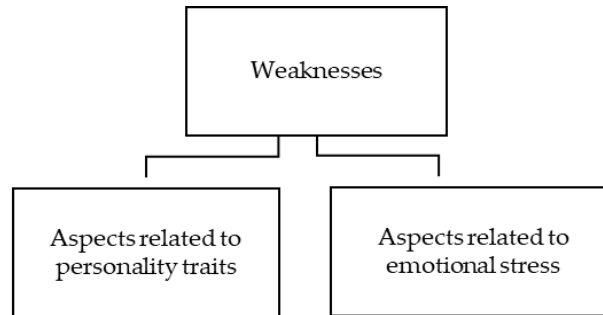


Figure 13. Weaknesses of Counselors In The Pandemic

The statements of some of the participants under this theme are given below:

F6: *"I felt that I was experiencing a lot of anxiety during this process. Because I faced many changes in my life, I experienced things I had never experienced in this period, which worried me. Apart from that, I heard that people around me contracted the virus, which made me wonder when it would infect us too."*

Theme 3. Emotional changes of psychological counselors' family during the pandemic: When the participants were asked about the emotional change in family members during the pandemic, the expressions were used in the emotional dimension, social dimension and mental dimension categories were as follows: in the emotional dimension category, decreased fear and anxiety, increased anxiety, decreased anxiety over time, anxiety, hopefulness, strengthening of family ties, emotional adjustment, feeling freer but more insecure, calmness, cheerfulness, positivity, anger, happiness due to freedom, lethargy, patience, calm, stress reduction, depression, intolerance, inconsistent and unbalanced attitude. In the social dimension category, increased anxiety about people's irresponsibility, increased need for socialisation, increased family responsibility and increased responsibility; and mental consciousness were mentioned.

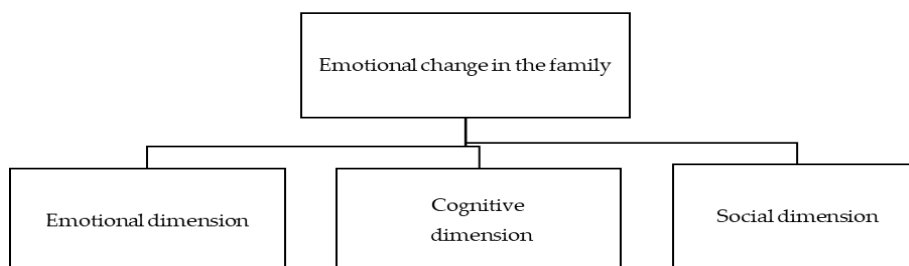


Figure 14. Emotional Change in Counselors' Families

The statements of some of the participants under this theme are given below:

F22: "If I start with my mother, her anxiety about family members has lessened. My father kept his cool from the beginning and his existing anxiety decreased, although it did not disappear over time. Siblings, on the other hand, started to attach more importance to family ties and other community members, after the sadness of being separated from them due to the virus. Communication and social ties contributed positively to their emotions. "

Theme 4. Social changes in psychological counselors' family during the pandemic: When asked about social change in the family members, participants indicated that there was increased socialisation, careful socialisation, decreased socialisation and, no change in the way they socialised compared to pre-pandemic times.

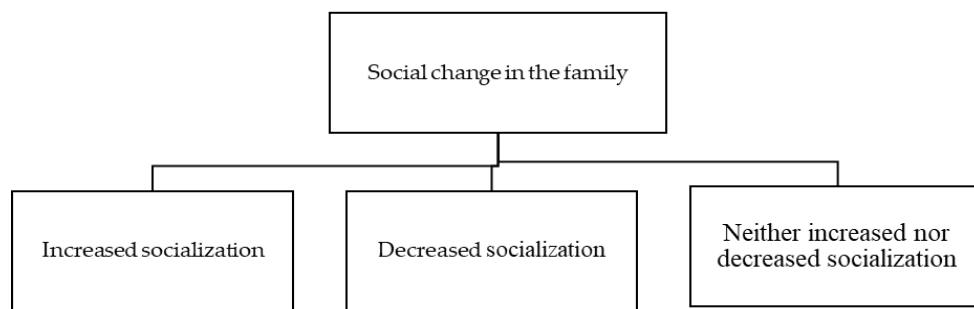


Figure 15. Social Change in The Counselors' Families

The statements of some of the participants under this theme are given below:

M14: "Actually, social changes are also adapting to the new normal: we are no longer as social as before or as anti-social as during the pandemic."

Theme 5. What counselors learned from the pandemic: Considering the question of what the pandemic has taught them, the participants mentioned appreciating the value of family and loved ones, the importance of being patient, the importance of health, humans being social animals, precious time, need to stay in the moment, everything can happen in life, the importance of breathing, self-knowledge, the importance of struggle [against pandemic], the power of love, the compatibility of human beings with everything, the importance of protecting their own borders by living together, the importance of being able to touch, the situation being ruthless, the world being transitory, the importance of cooperation, the importance of freedom, knowing the value of what we have, epidemics being a likely possibility in the future), the importance of technology and the importance of medicine.

The statements of some of the participants under this theme are given below:

E9: "The pandemic taught me a lot. It taught me the power of love, the value of the family, how you can long for the comfort of hugging someone, the feeling of being with your loved ones even when they are far away, how

valuable human beings are, a new dimension of freedom, the beauty of reading a book. Many things like that."

Conclusion and Discussion

COVID-19 pandemic has caused a global crisis and naturally, everyone is expected to be affected to some extent. Being sick, being afraid of contracting the virus, worrying about relatives contracting it, worrying about the course of the disease are the most frequently encountered emotional/psychological responses. In this study, the effects of the pandemic on the self and one's family relationships were examined in two stages. First of all, striking findings of Study I were examined, which put forth the effect of the pandemic in the first months. The themes obtained from the data listed below were used as reference points to examine study results more concretely:

Study I

Theme 1: The precautions and experiences of counselors during the pandemic process

"Staying at home, cleanliness, social distancing, and wearing a mask" stand out as measures counselors take against the pandemic. For example, it is stated that during the epidemic, the increase in cleaning, hygiene, and mask use reached to 85-90%, and in addition, there was a 95% decrease in the use of public transportation (Karataş, 2020). The participants also indicated that following these rules were challenging, tiring, boring, but also a reassuring and pleasant experience for some. Perceiving this experience as challenging was probably due to inadequate physical conditions in their living spaces, the high number of people cohabiting there, and not following the rules properly. For example, Öztürk, Yılmaz, Demir Erbil, and Hazer (2020) state in their study that conflict between family members on issues such as cleaning and distance has increased by 50%. As can be seen, counselors followed basic rules and tried to comply with them as much as possible during the pandemic. This can be regarded as their being diligent in following social rules and fulfilling social responsibilities. Nevertheless, it was also seen that these experiences were also challenging for them at times. Experiencing this challenge may play a facilitating role in their understanding of their clients in the future as psychological counselors.

Theme 2: The impact of the pandemic on psychological counselors

In this study, how counselors were affected during the pandemic was discussed through its mental, emotional, and social aspects. For example, coping with negative thoughts; sadness, and the need to communicate with friends came to the fore in the social dimension. All these findings seem consistent with the relevant literature. While the pandemic has triggered emotions such as fear, unhappiness, and helplessness (Sim et al., 2010), fear, anxiety, and nervousness in individuals also increased (Rajkumar et al., 2020) with the expansion of the pandemic. For example, in a study in China, it was observed that depression, anxiety and stress complaints were observed 50% more in individuals (Wang et al., 2020). While the feeling of loneliness is triggered due to the decrease in socialization (Holt-Lunstad, 2017; Thunström et al., 2020), being unable to be found in important socialization environments has also increased uncomfortable feelings (Wallace et al., 2020). Due to the scope and impact

of the pandemic, it is highly possible that everyone is affected in various ways. In other words, it is quite normal that counselors also feel despair, have negative thoughts, and increased need for socialization. The length of the pandemic and the unfortunate lack of effective and fast prevention methods provided by authorities can also be challenging for counselors in their professional capacity.

Theme 3: The pandemic metaphor

Since the pandemic was not a situation experienced by this working group before, it was not easy to describe for the individual. For this reason, in this study, counselors were asked to describe the pandemic through a metaphor. As a result, it has been observed that metaphorical expressions are not independent of individuals' emotions, and their metaphors reflect their state of mind concerning the pandemic. For example, while individuals being scared of the pandemic liken it to a nightmare, an enemy in ambush, a global war; people who had a relatively calm and efficient pandemic experience perceived it as the reform process and mining exploration under the analogy of exploration. Hopkins and Russell (2020) liken the pandemic to a silent foe. For example, in this study, analogy the pandemic process to progress in space; It seems similar to Sayar's (2020) definition of a slow-flowing time that progresses with sluggishness in the pandemic. Since metaphors used by counselors are not independent from their emotional states, it is thought that they have a good level of emotional awareness. It was evident that they were able to have an objective assessment since the drawn similarities were not only personal but also for the whole picture.

Theme 4: The metaphor of life at home during the pandemic

Since the duration of staying at home during the pandemic increased, whether by choice or by force, how we defined home has changed for many. The living spaces has gained new meanings such as workplace, school, and recreation area. In this study, various analogies were made by counselors for home life in a pandemic. For example, while some participants liken the house to prison; some have likened it to a factory where production and consumption increase. People who have had a relatively positive pandemic experience perceived it as warm and fun, such as a love house and an amusement park. Akcan (2018) states that this positive nomenclature, in other words, making sense of events, relating to things, or the urge to control can be frequently experienced after such wide-reaching events such as pandemics. At the same time, being able to learn after difficulties, strengthening relationships, openness to new experiences, and developing endurance can also be observed (Polizzi et al., 2020). In this study, counselors were able to have a better observation since they lived with their families in the family house. The drawn similarities seem consistent based on the emotional state of the house. This indicates that counselors have good observation skills and they can express themselves well.

Theme 5: General mood of counselors in family settings during the pandemic

An important other theme in this study is how the pandemic was experienced in the families of counselors and how this experience affected their family environment. Among the findings, the emotions most strongly

emphasized were anxiety and nervousness. It is already repeatedly underlined in the literature that pandemics cannot but create anxiety and nervousness, either individually or collectively. As a matter of fact, this study also observed that these two emotions are dominant in the family environment and these emotional states are accompanied by feelings such as fear, anxiety, helplessness, and loneliness. In this section, it is necessary to explain the difference between anxiety and worry. While anxiety arises when there is a perception of any threat or danger regarding the future; worry emerges as thoughts that step in to reduce this disturbing emotion (Sungur, 2020). Based on this, in this study, it is observed that family members are constantly in anxiety and engage in mental activities to solve the problem in order to eliminate the anxiety that is felt intensely in family environments. It was observed that counselors have the skills to observe and skilfully present the effects of the pandemic on themselves and their families. Since it was impossible for anxiety to not be reflected in family life, such a result was expected.

Theme 6. Feelings of family members of counselors during the pandemic process

Generally speaking, family systems consist of three subsystems, namely, spouse, parent, and child subsystems. In this study, it was observed that parents have either calm and stressful moods. An accompanying observation was the increase in the responsibilities of mothers; moreover, fathers were observed to be more nervous. This study also found out that more boredom, calmness, and restlessness were experienced in the subsystem of children. Related literature point out that with the pandemic, especially women and children are at risk (Liu et al., 2020; Wang et al., 2020) and women experience more stress (United Nations Policy Report, 2020), and negative emotions in parents can affect children (Remmerswaal & Muris, 2011). In addition, feeling disappointed, distress caused by not being able to meet face-to-face with friends, narrowing or absence of personal space at home can be listed as issues that affect mental health in children (Wang et al, 2020). This can show that the evaluations of counselors can be more realistic and comprehensive when based on a systematic and theoretical basis.

Theme 7. Mental health recommendations of counselors for their families during the pandemic

Data obtained by psychological counselors, who are mental health specialists, by observing themselves and the individuals in their immediate surroundings are also important. As such, in this study, they were asked what kind of mental health advice they could give to their families. Among these suggestions were that people should continue to socialize somehow (online tools, telephone, etc.), follow socio-cultural activities, protect their mental health as well as their emotional worlds. For example, Karataş (2020) stated that with the epidemic, the desire to use social media in 59.1% of the individuals increased, and the desire to follow the news in 75.8%. Dinç (2020) states that people can increase their psychological resilience by staying in touch. The need for unity and solidarity, to join forces and to connect, which is inherent in human nature, is also increasing to overcome the important problems and face external threats (Kluwer, 2020). Öztürk, Yılmaz, Demir Erbil and Hazer (2020) observed an increase with the pandemic in domestic activities such as spending their free time together, sharing housework, and chatting. Regulating emotions,

continuing the daily routine in a new way, staying in touch, and getting healthy news will support the mental health of the individual in a positive way. Field experts frequently recommend similar measures for television and Instagram.

Study II

In this part of the study, where counselors perceive themselves and their family relationships in the later stages of the pandemic process, important findings were reached under the following themes:

Theme 1: Personal strengths counselors think they have during the pandemic

For the question of what personal strengths they think they have during the pandemic, patience stands out as the most frequently given answer. Along with this, being hopeful and calm are also mentioned. In an uncertain and difficult to control situation such as a pandemic, it is important to reevaluate the process by being aware of what the person can and cannot do. Being patient is not merely a personality trait that expresses obedience and doing nothing. This personality trait, which also implies acceptance and understanding, is among the most useful quality to have in a pandemic. Sungur (2020) thinks of the corona period as a time in which to have the power to change things that are in our power to change, to accept those who are beyond our control, and to have the ability to distinguish these two. In this study, too, counselors acted more consciously and activated their strong suits. Being coolheaded during times of crisis and trying to control reality without panicking are among the qualities counselors should possess. Indeed, counselors who participated in this study exhibited these qualities.

Theme 2. Personal weaknesses counselors think they have during the pandemic

For the personal weaknesses, they think they have during the pandemic, participants listed some non-functional traits such as fear of loss, lack of will, anger, impatience, and indecisiveness. There may be many reasons for this, but this study observed that they have difficulty regulating emotions. This is an understandable finding because it may not be possible for the individual to start putting their theoretical knowledge into practice. It is a fact that this pandemic (Sungur, 2020), which is considered both an individual and social trauma, can make individuals feel helpless and can confuse them. In this study, it was expressed that counselors sometimes faced difficulties and that the family system may have been a contributing factor in these difficulties. However, this may be the focus of another study as counselors are expected to be more effective and skilled in regulating emotions.

Theme 3. Emotional changes in psychological counselors' families during the pandemic

This study showed that at the beginning of the pandemic, the general mood of families was shaped by their feelings of nervousness and anxiety. When asked again what kind of a change has occurred in the process, participants indicated that the fear and anxiety in the families were less than they were in the past but more than normal times. Since complete relaxation may cause complacency, it may prevent the necessary measures to be taken against the pandemic. Moreover, in this study, it was stated

that the participants displayed more responsible behaviour in their families and their intolerance towards those who did not fulfil their responsibilities increased. Sayar (2020) states that people who are stuck at the present in the time tunnel meet life without precaution. Therefore, these people may be criticised by people who feel more responsible. It was observed that counselors were able to remain objective in following the emotional process in their own families and were able to openly talk about deteriorations and stagnations as well as improvements.

Theme 4. Social changes in psychological counselors' families during the pandemic

In the new normal, after a long period of confinement, people were allowed to go out more. With the more pleasant weather making it more difficult to stay at home, it has been possible to see crowds similar or partially close to old ones. Although this sometimes evokes good feelings in people as things are "starting to normalize", the fact that the pandemic is not fully controllable and the absence of proper medical treatment or an effective vaccine can trigger a sense of anxiety and anger towards irresponsible behaviour in some people. In this study, with the new normalization, it is seen that there is increasing socialization in the families of the participants, as well as controlled socialization compared to the old. How the pandemic is experienced has also determined the socialization behaviour of the person.

Theme 5. What counselors learned from the pandemic

The pandemic has been a process that almost every individual has experienced for the first time before, and therefore nobody really knew how to deal with it. In addition to the negative experiences individuals had due to the psychology created by the pandemic, some individuals have also been able to turn this process into an advantage for themselves or have evolved from negative experiences to positive ones. Making sense of things, relating to thing or the urge to control can be often experienced after far-reaching situations such as pandemics (Akcan, 2018). In addition, these difficulties are also followed by a sense of taking lessons from the experience, strengthening relationships, openness to new experiences, and developing resilience (Polizzi et al., 2020). For example, after the coronavirus started to spread, 67.5% of the participants stated that they started to question the meaning of life more (Karataş, 2020). In this study, when evaluating what the participants learned during the pandemic, issues such as the importance of family and loved ones, the value of being patient and the importance of health came to the fore. Realizing the importance of such traits as accepting and understanding life as it is and keep fighting despite everything are important gains for the individual's personal development and mental health. Sungur (2020) states that acceptance does not mean simply approval or submission; it means a process that allows us to focus on what things are instead of focusing on what we wish to see happen and see it as it is. However, the expression of the idea that the world is cruel emerges as a bitter confrontation in this study.

Recommendations

This study is a comprehensive study with important findings in which mental health experts evaluate themselves and their families during the pandemic. It is thought that repeating the study on the same sample at

regular intervals and asking the participants in-depth questions will provide valuable contributions to understand the course of the pandemic. However, this study has some limitations. The participation of other family members in this study may be helpful in revealing the whole picture more clearly. At the same time, as emphasized in the structural family system approach, handling the sub-systems one by one may offer a different perspective on the subject. At the same time, the scope of this qualitative study can be expanded and in-depth interviews can be conducted with individuals.

However, this study was conducted only on a small group of mental health professionals, namely, psychological counselors. In future studies, comparative studies can be conducted by obtaining the opinions of other mental health experts such as psychiatrists and psychologists. Moreover, this study was conducted with newly graduated psychological counselors. Carrying it out on experienced counselors in terms of the relation between "crisis and experience" may be beneficial. Scientists are expected to have a significant hand in solving this problem. In cases where physical isolation is encouraged or compulsory, people should receive information from reliable sources (such as professionals and scientific authorities) through technology (such as Instagram live broadcasts). These professionals are expected to work collaboratively and provide support to individuals at an optimal level. At the same time, psychological support lines should be established, and they should be activated as quickly as possible. Services should be organized based on the knowledge and experience of specialists such as psychological counselors. Counselors need to provide support for their clients' mental health, give them hope, and actively carry out crisis counseling. In such crises as pandemics, which affect individuals not only mentally and physically but also economically, counselors can also refer their clients to appropriate experts and institutions to guide them in the right direction about financial support resources. In Turkey, making projects with experts in collaboration with the Ministry of Family and Social Policies to support families psychologically and economically would be effective to a great extent in meeting the needs in these areas.

Conflict of Interest

The author signed a form for disclosure of potential conflicts of interest. None of the authors reported any financial or other conflicts of interest in relation to the work described.

Availability of data and material

Since this study is a qualitative study, the data could not be shared.

Ethical Approval

This article does not contain any studies with human participants performed by any of the authors. In order for this study to be applied to the scale, an application permission was requested from the Dean of the Faculty of Education of Adiyaman University.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

References

- Akcan, G. (2018). Post traumatic growth: A review [Travma sonrası büyüme: Bir gözden geçirme]. *Bartın Üniversitesi Edebiyat Fakültesi Dergisi*, 3(3), 61-70.
- American School Counselor Association (2007). Position Statement: Crisis/critical incident response in the schools. Alexandria, VA: Author.
- Brooks, S. K., Webster, R.K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet*, 395, 912-920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Creswell, J. W. (2014). *Araştırma deseni: Nitel, nicel ve karma yöntem yaklaşımları* (Çev. Ed. S. B. Demir). Ankara: Eğiten Kitap.
- Deming, E. J. (2004). *Effective crisis intervention in the school: The role of training, experience, and self-efficacy on school psychologists' ability to intervene* [Unpublished master thesis, Rochester Institute of Technology: New York]
- Dinç, M. (2020). Koronavirüs zamanında psikolojik dayanıklılığımız. In K. Sayar (Ed.), *Kayı çağı (Salgın zamanlarında ruh sağlığı)*. İstanbul: Kapı Yayınları.
- Ekiz, D. (2009). *Bilimsel araştırma yöntemleri, yaklaşım yöntem ve teknikler*. Ankara: Anı Yayıncılık.
- Ergöner, A. T., Biçen, E., & Ersoy, G., (2020). Domestic violence during the COVID-19 pandemic [COVID-19 salgınında ev içi şiddet]. *The Bulletin of Legal Medicine*, 25, 48-57. <https://doi.org/10.17986/blm.2020.v25i.1408>
- Fraenkel, J. R., & Wallen, N.E (2009). *How to design and evaluate research in education* (7th ed). New York. McGraw-Hill.
- Hao, F., Tan, W., Jiang, L., Zhang, L., Zhao, X., Zou, Y., et al. (2020). Do psychiatric patients experience more psychiatric symptoms during COVID-19 pandemic and lockdown? A case-control study with service and research implications for immunopsychiatry. *Brain Behav Immun*, 87, 100-106. <https://doi.org/10.1016/j.bbi.2020.04.069>
- Holt-Lunstad, J. (2017). The potential public health relevance of social isolation and loneliness: Prevalence, epidemiology, and risk factors. *Public Policy & Aging Report*, 27(4), 127-130. <https://doi.org/10.1093/ppar/prx030>
- Hopkins, J.S., & Russell, D. The mental health effects of Coronavirus are a “slow-motion disaster”. *Mother Jones*. <https://www.motherjones.com/coronavirus-updates/2020/04/the-mental-health-effects-of-coronavirus-are-a-slow-motion-disaster/>. Accessed 10 Apr 2020.
- Jones, J. H., & Salathé, M. (2009). Early assessment of anxiety and behavioral response to novel swine-origin influenza A(H1N1). *Public*

- Library of Science* 4(12), e8032.
<https://doi.org/10.1371/journal.pone.0008032>
- Karataş, Z. (2020). Social impacts of COVID-19 pandemic, change and empowerment COVID-19 [Pandemisinin toplumsal etkileri, değişim ve güçlenme]. *Türkiye Sosyal Hizmet Araştırmaları Dergisi* 4(1), 3-15.
- Kluwer, E. (2020). Families in time of Corona. (Erişim Tarihi: 23.10. 2020).
<https://nias.knaw.nl/food-for-thought/families-in-times-of-corona/>
- Küçük-Biçer, B., & İlhan, M. N. (2020). COVID-19 and health effects on children [COVID-19'un çocukların sağlığı üzerine etkisi]. *Gazi Sağlık Bilimleri Dergisi*, 103-111.
- Liu, N., Zhang, F., Wei, C., Jia, Y., Shang, Z., Sun, L., et al. (2020). Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: gender differences matter. *Psychiatry Res*, 287, 112921. <https://doi.org/10.1016/j.psychres.2020.112921>
- Occupational Safety and Health Administration (2020). Coronavirus Disease (COVID-19). Retrieved
<https://www.osha.gov/SLTC/COVID-19/>
- Öztürk, M. S., Yılmaz, N., Demir Erbil, D., Hazer, O. (2020). Examination of conflict and cohesion situation in household during COVID-19 pandemic period [COVID-19 pandemi döneminde hanehalkındaki çatışma ve birlik-beraberlik durumunun incelenmesi]. *Turkish Studies*, 15(4), 295-314.
<https://dx.doi.org/10.7827/TurkishStudies.44424>
- Polizzi, C., Lynn, S.J., & Perry, A., (2020). Stress and coping in the time of COVID-19: pathways to resilience and recovery. *Clinical Neuropsychiatry*, 17(2), 59-62.
<https://doi.org/10.36131/CN20200204>
- Rajkumar, R. P. (2020). COVID-19 and mental health: a review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066.
<https://doi.org/10.1016/j.ajp.2020.102066>
- Reger, M. A., Stanley, I. H., & Joiner, T. E., (2020). Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm? *Journal of the American Medical Association Psychiatry*,
<https://doi.org/10.1001/jamapsychiatry.2020.1060>
- Remmerswaal, D., & Muris, P. (2011). Children's fear reactions to the 2009 Swine Flu pandemic: the role of threat information as provided by parents. *Journal of Anxiety Disord*, 25, 444e9.
<https://doi.org/10.1016/j.janxdis.2010.11.008>
- Sağlık Bakanlığı [Ministry of Health] (2011). Ulusal Ruh Sağlığı Eylem Planı (2011-2023).
<https://khgmsehirhastaneleridb.saglik.gov.tr/Eklenti/30333/0/ulusal-ruh-sagligi-eylem-planipdf.pdf>
- Sağlık Bakanlığı [Ministry of Health] (2020). COVID 19 State Report
<https://COVID-19.saglik.gov.tr/>
- Sayar, K. (2020). Salgın bize ne öğretiyor? In K. Sayar (Ed.), *Kayı çığı (Salgın zamanlarında ruh sağlığı)*. İstanbul: Kapı Yayınları.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75.
<https://doi.org/10.3233/EFI-2004-22201>

- Sim, K., Chan, Y. H., Chong, P. N., Chua, H. C., & Soon, S. W. (2010). Psychosocial and coping responses within the community health care setting towards a national outbreak of an infectious disease. *Journal of Psychosomatic Research*, 68(2), 195-202. <https://doi.org/10.1016/j.jpsychores.2009.04.004>
- Sungur, M. Z. (2020). *Belirsizlikle barışmak ve kaygı ve endişeyi yönetmek*. İstanbul: Büyükada Yayıncılık.
- Taylor, S. (2019). *The psychology of pandemics: Preparing for the next global outbreak of infectious disease*. Newcastle upon Tyne: Cambridge Scholars Publishing.
- Thunström, L., Newbold, S.C., Finnoff, S.C., Ashworth, M. & Shogren, J. F. (2020). The benefits and costs of flattening the curve for COVID-19. *SSRN Electronic Journal*, 1-17. <https://doi.org/10.1017/bca.2020.12>
- UN Sustainable Development Group (2020). Policy Brief: COVID-19 and the Need for Action on Mental Health. <https://unsdg.un.org/resources/policy-brief-COVID--19-and-need-action-mental-health>
- UN Sustainable Development Group (2020). Policy Brief: The Impact of COVID-19 on Women. <https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-COVID--19-on-women>
- Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*. <https://doi.org/10.1111/inm.12735>
- Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief during the COVID-19 pandemic: considerations for palliative care providers. *Journal of Pain and Symptom Management*, 60, e70-e76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C.S., Ho, R.C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int. J. Environ. Res. Public Health*, 17 (5), 1729. <https://10.3390/ijerph17051729>
- World Health Organisation (2020). WHO Coronavirus Disease (COVID-19) Dashboard. <https://COVID-19.who.int/>
- Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020). Social Capital and Sleep Quality in Individuals Who Self-Isolated for 14 Days During the Coronavirus Disease 2019 (COVID-19) Outbreak in January 2020 in China. *Medical Science Monitor: International Medical Journal of Experimental and Clinical Research*, 26, e923921- e923921-1-e923921-8). <https://doi.org/10.12659/MSM.923921>
- Yıldırım, A. & Şimşek, H. (2011). *Sosyal bilimlerde nitel araştırma yöntemleri*. Ankara: Seçkin Yayıncılık.