KULTURA I EDUKACJA

Kultura i Edukacja 2021
No. 4 (134), pp. 187–211
DOI: 10.15804/kie.2021.04.11
www.kultura-i-edukacja.pl

Rita Vaičekauskaitė[1], Jon Stewart[2], Lina Gedrimė[3], Jurgita Babarskienė[4]

The Experience of Young Adults in Heading toward the "New Normal": "I Can Imagine Myself Getting Old with a Mask on My Face"

ABSTRACT

The COVID-19 pandemic is recognized as one of the most dramatic global health, social, and economic crises of the last decades, and maybe the whole century. Therefore, it is obvious that there is a need to examine the constructs of new thinking, new ways of life, and new behavior, which will help people not only to overcome the pandemic but also to build a future after it. The words *isolation*, *quarantine*, *social distancing*, *lockdown*, *masks*, *antibodies*, and *zoom meeting* quickly became the keywords of the COVID-19 pandemic. In this article, which is based on an analysis of the scientific literature and interviews, we ask whether new behavioral patterns such as social distancing, mask-wearing, online communication, and others might become the "new normal". However, what might be perceived as the "new normal" to some, may seem like social absurdity to others. Thus, with an open-minded approach, we analyze the "new normal" as a complex, controversial, and evolving concept.

1 Faculty of Health Science, Klaipeda University, Lithuania.
E-MAIL: rita.vaicekauskaite@ku.lt ORCID: 0000-0003-4578-5692

2 Institute of Philosophy, Slovak Academy of Sciences, Slovak Republic.
ORCID: 0000-0001-9166-5558

Prof. Jon Stewart's contribution to the present work was produced at the Institute of Philosophy of the Slovak Academy of Sciences and was supported by the Agency APVV under the project "Philosophical Anthropology in the Context of Current Crises of Symbolic Structures," APVV-20-0137."

3 Faculty of Health Science, Klaipeda University, Lithuania.
ORCID: 0000-0001-5548-1524

4 Department of Psychology, LCC International University, Lithuania.
ORCID: 0000-0003-4032-1899

Keywords:
young adults, COVID-19, pandemic, "new normal", absurdity, existential crisis, experience, nihilism.

INTRODUCTION

When we think about the pandemic, we often nostalgically miss the way things used to be before the pandemic started in 2019. Due to the influence of the pandemic, it is probably the first time that a person in modern society has so longed for the past and been so deeply confused about what the future holds for us. It seems that modern reality has been reset by the COVID-19 pandemic. "In months, New Normal developed as the most used expression since the spread of the pandemic" (Alraouf, 2021). However, the concept of the "new normal" itself is highly complex and heterogenous. The present study will address this complexity and try to illustrate it.

The "new normal" as an emergency exit from the reality determined by the COVID-19 pandemic. The concept of the "new normal" emerged during the considerations of the impact of the financial crisis of 2008. The concept spoke to what was likely to happen given the prevailing configuration of national and global factors – of which some were inherited and others the consequences of the choices being made (El-Erian, 2010). The concept re-emerged in the context of the implications of the COVID-19 pandemic. The way we face COVID-19 will likely change constantly, and it may mean a very long, unclear, and messy transformation (Tesar, 2020). Therefore, when we talk about "post-COVID-19", this means primarily not living "without COVID-19", but "with COVID-19", and this is the main implication when one talks about the "new normal" (Ryser, 2020). Health experts predict that COVID-19 might not ever disappear and will become fairly constant as the years pass, with possible seasonal trends and occasional smaller outbreaks (Bennett, 2021).

The "new normal" as artificial phenomena. There is a growing awareness that the world will not revert to the "old normal" or pre-COVID-19 "normal", and this gives the illusion that we are entering a new paradigm of the "new normal". Recent research raises the question of whether we are talking about the "new normal", the "next normal" (Bozkurt & Sharma, 2020) or the *forgotten* normal (Alraouf, 2021). "The pandemic has altered the way we interpret the *normal* as well as the way we live. Normal, by its nature, is a relative term, and, presently, we have different derivations of it: normal, new normal, and next normal. Nevertheless, it is important always to remember that one's *new normal* can be someone else's *normal*, or one's *normal* could have hitherto been a *new normal* for someone

else. Likewise, *normal* and *new normal* for some can be the next normal for others" (Bozkurt & Sharma, 2020). Tesar (2020) considers the "new normality" to be an emerging power and, therefore, has doubts about whether we will ever be able to put the genie back into the bottle.

Adaptation to the "new normal". The "new normal" includes the adoption of specific forms of behavior, such as maintaining physical distance, regular handwashing, wearing of face masks, receiving a vaccine when it is available, and complying with the test. However, maintaining physical distance in-groups – including friends and family – represents a unique challenge because people feel safe and take joy in being close to other in-group members (Neville et al., 2021). Unprecedented efforts have been made to convince the public to cooperate with mask mandates and to conform to recommendations about social distancing (Pearce & Cooper, 2021). The pandemic disrupted meaningful communication patterns, such as hugging or kissing our friends. Suddenly *Zoom*, *Teams*, etc., became symbols of communication. Tesar (2020) notes that before the COVID-19 pandemic scheduling a meeting over *Zoom* with colleagues in the same institution would have been unusual, but now it has become the "new normal".

Confrontation with the "new normal". As a result of the COVID-19 pandemic, some important elements of our sense of orientation and grounding in the world have been lost. With the demise of the "old normal", people struggle to restore a sense of meaning to a world that now appears uncertain and unpredictable. People construct and interpret the concept of the "new normal" because they want to see the world around them as meaningful and conforming to predictable patterns. Hence, we consider the "new normal" to be an attempt to tame the disorderly reality created by the pandemic and to reach a rational acceptance of the limits of rationality. However, faced with the limits of rationality, we often find ourselves confronted with absurdity (Lizarzaburu, 2012). Undoubtedly, the pandemic has enhanced our sense of the absurdity of the world – a concept which has often been thematized in both existentialism and postmodernism. In the opinion of Wolken (2016), the concept of the absurd is appropriate, especially in the absence of any consensus or unity of intellectual or ethical systems. In the view of Banerjee et al. (2020), we have to talk about the "storm of absurdity" when encountering a force such as the pandemic. However, Lizarzaburu (2012), referring to Camus (1955), suggests that we not be afraid of the theme of absurdity since it is an inevitable element in human experience and, furthermore, the first step towards conscious action.

THE PROBLEM

Previous research data shows that young people are among the most vulnerable groups during the pandemic (Jacques-Aviñó et al., 2020; Czeisler et al., 2021) since they are disproportionately impacted by the lockdowns and other responses deployed to tackle the health crisis. Therefore, our study seeks to explore the experiences of young adults from early adolescence to age 30 or even slightly beyond (Scales et al., 2015). Social distancing restrictions used during the COVID-19 pandemic have helped to reduce the spread of the virus; however, they have also contributed to stress and anxiety since people have felt uncertain about the future, frustrated, lonely, and disconnected (Giallonardo et al., 2020; Fiorillo & Gorwood, 2020). These feelings lead to the sense of meaningless, despair, and absurdity. In order to overcome these debilitating emotions, people need to work to find a sense of personal meaning instead of passively standing by and allowing themselves to be victimized by the circumstances. When people get engaged in creative actions by reshaping the intrinsic symbolic order with personal interpretations of significant events, they employ psychological strengths, and this in turn allows people to see stress as a new challenging experience (Ren & Zhang, 2015; Metzl & Morrell, 2008). As meaning is restored in the "new normal", the sense of disorientation and absurdity starts to diminish.

THE OBJECTIVE OF THE RESEARCH

Since the "new normal" is considered a complex, controversial, and evolving concept, we have decided to focus on a specific strand of it. Specifically, we are interested in exploring how the creation of the "new normal" reveals new forms of personal meaning. Our study thus aims to describe the personal and social experience-based perceptions of young adults about the meaning of the "new normal". We aim to gain knowledge about the experiences of young people concerning how they construct new meanings about their relationship with the world in particular due to the pandemic. We assume these new meanings significantly change the worldview and attitudes of young people.

METHODOLOGY

Participants. This research included 16 participants, 11 females and 5 males (with the average age of 24), who were students in Lithuania. The participants came from a variety of countries, such as Lithuania, Kazakhstan, Belarus, Ukraine, the USA, and others. The majority of the students have studied online during the pandemic

lockdown. They were recruited using convenience sampling and were asked to participate in an online or face-to-face interview. Their fields of study were nursing, business management, education, and psychology. The data was collected in September 2021.

Process of data collection. The interviews were conducted in strict accordance with all the current governmental regulations and restrictions on direct social contact aimed at limiting the spread of the COVID-19 virus. Therefore, depending on the circumstances, either social media or face-to-face meeting was chosen for the interview. The interviews lasted on average about an hour and were voice recorded and transcribed. Before proceeding with the interviews, the participants were told about the study and introduced to informed consent. To safeguard the participants' confidentiality, participant numbers were used instead of names (thus, P1 stands for participant 1), and identifying information was concealed so that it would not be possible to recognize the participants.

Interview questions. The study was carried out with semi-structured interviews. The participants were asked to describe their new or different experiences with the COVID-19 pandemic. This qualitative research was focused on encouraging participant reflections on the main research issues by starting with basic questions like the following: What is "new" about this "new normality", and what is "normal" in this "new normality"? What personal or social experiences would you define as new or as "new normal"? What new habits have appeared in your life?

Transcription, coding, and analysis. Interviews were transcribed verbatim, and these then were used and analyzed employing qualitative content analysis, which is a highly complex abductive procedure (Graneheim, Lindgren, & Lundman, 2017). Using inductively manifested qualitative content analysis (IMQCA) in the process of decontextualization, the researchers coded the interviews individually, then reviewed the codes and, alongside recontextualization, came up with common subcategories (*categorization*), from which major categories were derived (*compilation*) (Bengtsson, 2016; Erlingsson & Brysiewicz, 2017; Graneheim & Lundman, 2004).

RESULTS

As a result of content analysis, one overarching theme, two themes, three categories and 11 subcategories were identified. The overarching theme of the study brings an important message that the participants' perceptions are shifting from relativism to nihilism in the "new normal". The two key themes that emerged are "Adaptation to the 'new normal'" and "Confrontation with the 'new normal'". The

two themes, three categories with the 11 subcategories are depicted in Figure 1. These are listed and explained under each of the themes and illustrated with participant quotations further in the results section.

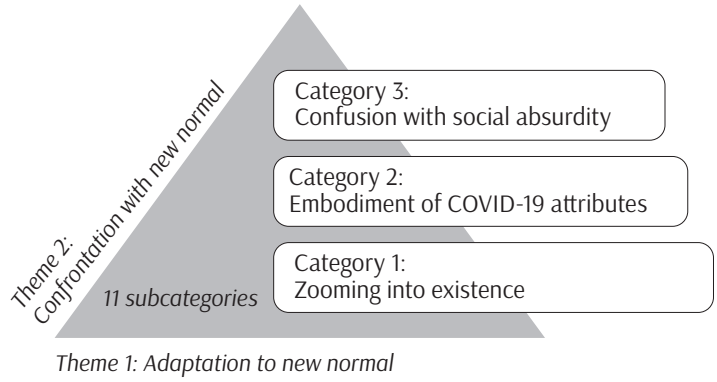

Figure 1. Categories and Themes of the "New Normal"

The first and most extensive theme, "Adaptation to *new normal*", was derived from two categories: "Zooming into existence" and "Embodiment of COVID-19 attributes" (Figure 1).

The category "Zooming into existence" is derived from the following subcategories:

- anxiety, uncertainty, and lack of control;
- the experience of living without routines;
- new introspection about personal growth and development;
- the overwhelming reality of COVID-19.

This category refers to the way that the "pandemic has forced us to think about our existence more authentically" (Verhoef, du Toit, & du Preez, 2020). Suddenly, people lost their entertainment, travel, sporting events, carnivals, restaurants, etc. As a result, everyone inevitably became forced to face existential questions on a large scale. In this context, *zooming* means seeing one's existence from a different perspective, as if through a magnifying glass, on an enlarged scale. But *zooming* can also mean seeing from afar. This can be the case when it is difficult to believe what is going on, which can prompt the feeling that it is happening to someone else, but not to me. Both perspectives were expressed by our respondents in subcategories that are explained below.

The most prevailing topics in this category are **anxiety**, **uncertainty**, and **lack of control**. The "new normal" forces people to make changes and fills their lives with new habits and behavioral traits, but on its own it does not necessarily bring new meaning with it. Therefore, reflecting on the life changes brought about by the COVID-19 pandemic involves a feeling of uncertainty, anxiety, and lack of control. Participants described how their levels of anxiety and stress increased during the COVID pandemic due to the forced restrictions: *COVID reminds me of anxiety because I think most people* […] *felt like locked out… we couldn't go out and had restrictions. And we feel that like we're not able to decide as before, like how it used to be, like life really changed. And it's not like before anymore. And this anxiety about what will happen next, maybe too like it becomes worse or like when it will end.* […] *the general feeling of that was anxiety and stress*. (P6)

Due to the unknown, many people experienced anxiety and uncertainty about the future: *COVID was about the unknown… What is going to be in the future, will it stop or will we adjust to it? I was constantly thinking of other side effects and whether I will come back to this normal life*. (P11) *It is about this invisible uncertainty. You do everything you have* [to] *get by. It's kind of like invisible. So, everything is somehow damaged in a way. Well, in terms of, like, psychological side of humans* […], *a lot of people have become skeptical and also simply afraid of uncertainty because of, like, COVID.* (P4)

One participant even used the metaphor of grieving to describe coming to terms with the shocking "new normal" of the pandemic: *I think that people went through the transitions* […] *transition that looked like grieving. It is something* […] *like in denial, and then anger, and then some cannot go back to normal. And now I think it's the reverse transition when we are accepting the fact that COVID happened, things happened, like vaccines happened, documents happened, etc. And we are learning to live this kind of life and coming to the realization that it's never going to be back to the things that we used to have, like for traveling, you know… now you have this QR code* […] *pack of documents, vaccination card or other* […]. *Or to have a funeral without a body because of COVID. I guess that was new normal* […]. *My friend lost her mother due to COVID. That was the closest where I was to this issue. And we had a talk about the fact that there is no acceptance in the death of a loved one because there is no body there.* (P12)

Participants were concerned that it was no longer easy to do things, for example, to go to governmental institutions, classes, or to travel. This left them with the feeling of being trapped: *You cannot be spontaneous about things. There has to be a plan. Lots of things to check. Extra steps to do everything is a deterrent to not do anything. COVID forced people to plan for when things go wrong. Now plan A, plan*

B, plan C. […] *I was pretty much stuck. I didn't have control of the environment. Pandemic took away many choices or options. I had to make the best with what I had, good or bad, more bad. I was feeling I was just stuck*. (P10)

Also, mental health issues became increasingly prevalent and, in a sense, became virtually synonymous with the "new normal": *I think even anxiety, depression, and all of that became something normal for us. So* […] *a lot of my friends, last year, and especially this year, they're having anxiety issues, like lots of them. And me, myself, I can say that I have panic attacks* […]. *And so, this became kind of a normal life for me* […]. *So those diseases* […] *it's so frightening for all of us that to kind of realize that it's normal, that, like, to have those, you know, mental health problems and to have this attitude towards health issues. Scary.* (P11)

THE EXPERIENCE OF LIVING WITHOUT ROUTINES

The strict lockdown led to a sense of time "just continuing" as an undifferentiated perpetuation of one moment to the next, from one day to another. This unnatural experience of time – with no set events such as work during the week, sport on Saturday, church on Sunday, and so on – created a feeling that "every day is the same" (Verhoef et al., 2020). Therefore, another subcategory talks about the experiences of the participants who found themselves living without routines.

The whole schedule was mixed up. At 9 a.m. the first lesson begins, and the teacher of the other lesson cannot teach the next class […] *so I go to bed after the first lesson, and then another lesson, and then go to bed again*. (P1)

The attitude of giving up on planning things also started to be perceived as quite common: *People actually stopped planning* […] *it's nice to have dreams, even if they're not achievable. But, you know,* […] *some people give up [on] them because they're like really, really unachievable* […]. *And I don't really care about it when it happens, and yes, I cannot go home for a weekend because I do not know if they are gonna close the borders or not. Like, I just don't care. And I personally don't plan a lot.* […] *I think I'm living in the automatic mode* […] *but it's more like, OK, like we'll see what [is] this corona update, what is the Lithuanian update, what about vaccines, what's going to be the next information, and then to use it*. (P12)

While adjusting to the new normal, many participants pointed out the sense of being lost about how to live: *For almost two years of COVID-19, I just feel like doing nothing* (P3). Also because the former daily routine and rituals were no longer there, a sense of chaos and lack of planning arose: *I don't like to call it a new normal, but this severe depression states and anxiety happened because of this uncertainty, of the absence of the usual rituals in daily life, starting from a funeral and then going to other things* […] *you cannot go into the store without*

the g-pass, it is disturbing […]. *And I noticed that people stopped planning a long time ahead. So, people are like, well, "MAYBE" is the new lockdown word* […] [it] *depends on the country, on restrictions imposed on the country, that you are an EU citizen or not. And people stopped to plan.* (P12)

NEW INTROSPECTION ABOUT PERSONAL GROWTH AND DEVELOPMENT

Another subcategory that emerged concerns the way participants introspect about their new personal growth. The pandemic allowed such self-analysis and new opportunities. This meant having the time to take a hard look in the mirror. Eschewing responsibility by blaming everything on the COVID-19 conditions was not regarded as a valid excuse: *When people say that corona has made many couples get divorced, NO! corona never divorced people, corona is only like this litmus paper which just revealed what was weak. The same way in church, in friendships, if something was strong, grounded, something that was thought-through, it will now not break.* […] *People say "oh, I gained weight", it's your own fault! you didn't take care of yourself! Corona showed the real faces of people.* […] *We had more opportunities to be ourselves during corona and being disciplined is very important during this time and putting in a lot of effort*. (P7)

Before COVID, I really depended on other people to keep me entertained or motivate me to do or just keep my life going. Then I came along, and everybody knew this. Not being able to meet or talk, I learned to be on my own. Motivate myself to do so. And just realize that the only person that can motivate me is me. (P2)

Despite the difficulties that many participants experienced, some of them thrived during the pandemic and liked the situation because they could focus on things that were important to them and enjoy new opportunities: *As for me, I don't notice any big difference and how it affects me. I even like it. I like the way it is now.* […] *Yes, first of all, I can focus on what is important for me, second, I can remove unnecessary people from around me.* […] *When it is not many people, I feel like I have some personal space. Emotionally it feels like as I have more space.* (P9)

In March 2020 the quarantine started. After spring break, we didn't come back to classes. It was the highlight of my life. I was so happy, and I had a perfect schedule! Nobody tells you what I have to do. I had some difficult classes when I was studying in the classroom and then I would cry because it was so difficult, but now I could take exams online with an open book. So, the stress level went down. […] *But this quarantine spring was bright, pleasant, and beautiful!* (P7)

THE OVERWHELMING REALITY OF COVID-19

Finally, the prevalent idea among the participants is that the COVID-19 virus will not go away completely, and we need to adapt to it: *I think that COVID is going to be like a common thing. So, I don't think we're going to go* [back to the] *past* [as to], *like, normal life. But still, I think some people are going to adapt. And this is going to become like the new normal now.* (P2)

All kinds of reasoning about all of these vaccines and arguing about them will be short-term; we will never go back to what it was. I'm not pessimistic but I believe that we have to learn to adjust. (P7)

The category "Embodiment of COVID-19 attributes" is derived from the following subcategories:

- the embodiment of mask-wearing;
- the embodiment of remote communication;
- the embodiment of social distancing;
- the embodiment of health risk;
- the embodiment of new connectivity.

Yarrow & Pagan (2021), when analyzing the embodiment of risk, define it as being "present here not only as deeply personalized, but also as a defining characteristic of the COVID-19 pandemic". The subcategories describing embodiment are discussed next.

THE EMBODIMENT OF MASK-WEARING

Most of all, the wearing of masks is associated with the "new normal". The great resistance to this is accompanied by the feeling that masks have become an integral part not only of everyday life but also of our body: *A new normal. I think masks. You know, I still feel that, like, there's like… it's part of my face. And sometimes I go, like, I come home and then sit watching something and I'm still in the mask and I don't know how. I don't know. Yeah, a new normal. I would say something normal now during COVID.* (P3) *This will sound weird, but I sometimes start seeing people's lips behind the mask, I feel like my brain fills in things.* (P12)

What's strange and new is the wearing of masks. I am not used [to the fact] *that in the EU people wear masks; earlier not even allergic people would wear them. Only in somewhere like Japan or Asia, where there are all kinds of pandemics, etc. If 3 years ago I saw what would be happening 3 years later, I would have been surprised, that it is some end of the world. Now it is normal to wear masks.* […] *A year ago, if someone would have worn a mask or a shield, everyone would stare at them,*

and now it is quite normal. Now a person who does not wear a mask is looked at as an exception. On the bus, everyone is with a mask, when [there's] one without a mask, I look at him, because he stands out from the crowd. (P1)

THE EMBODIMENT OF REMOTE COMMUNICATION

During the pandemic, remote communication has not only functioned as a compensation but also provided new opportunities for the participants. Moreover, remote communication has become more than a mere choice and more of an overwhelming reality.

Remote ways of meeting people were a means to compensate for the lack of facial expressions due to mask-wearing and the absence of personal contact: *People still have to wear masks, so they do not see each other at all, especially when it comes to the expression of emotions, non-verbal language. Therefore, remote meetings are a kind of advantage when you can see people without masks.* (P13)

Distance education was previously for handicapped people or those with health difficulties, or for those who disagree with the class. In the past, distance learning meant something is wrong with you, why are you an exception? Now, this is normal, the result of the coronavirus. It will become normal, no one will look strangely, because new opportunities for people to learn remotely are emerging. (P1)

With remote education, one can live and study anywhere they want, and so for some participants it allowed for more freedoms: *So, I am taking classes at two universities, which probably would not be possible if it was not for COVID, I would have to choose one university or another. Now I have this option of studying in two universities at the same time.* (P9)

THE EMBODIMENT OF SOCIAL DISTANCING

Another stark aspect of the "new normal" is social distancing, which has affected many areas of the lives of the participants, such as their physical activities, studies, and relationships:

Many things, like playing tennis or doing activities that would involve other people, were not available. It was the social distancing thing. One day I played tennis and I met a new person. I always shake hands, so I shook her hand. Only later I realized, "Oh my God, I shook her hand!" I was more concerned about being safe than about reacting naturally. COVID changed how I interact with people. Even with family. When a cousin invited me to an event, I told that I am not coming because of COVID. It changed how I interact with people. […] *Still a lot of people I haven't seen because of social distance that was forced upon us. Fewer restrictions now, but I haven't reconnected: I may have offended them by rejecting their*

invitation, and they take it as a personal threat, you hurt their feelings, and I no longer get certain calls to go out. (P10)

There's also a big change like in, um, social setting for me, because after a while in the quarantine, when you sit for a long time at home, it's hard to meet new people because you feel so socially awkward. […] *It seems so weird, like the seventh-grader and I can't ask anyone for help.* […] *And seventh grade is like the worst time for me because people change like, you know, those teenagers become evil and everything. And I felt like a seventh-grader who kept to herself because I didn't know who I was. So, yeah, it was pretty awkward.* (P8)

It's hard to meet new people because you feel so socially awkward. (P5)

Because of social distancing, some participants became more socially reserved: *Before the quarantine, I was a joker in class, I would like to express myself, but after quarantine, I don't want to talk and I'm calmer. I feel less brave than before quarantine* […] *the behavior changed because there was silent distance learning.* […] *Quarantine changed the behavior of students after quarantine, [it] most affected those who spoke the least, who were the timidest.* (P1)

The lack of social interactions during the pandemic diminished the feeling of being human: *Maybe some people lack communication with their fellow students or our coworkers, maybe women lack to dress up and use make-up. Maybe if you work from home, maybe emotionally, it would affect women emotionally, seeing fellow students and coworkers makes them feel like I am a normal human being.* (P9)

However, social distancing has grown into social polarization in society, with fear and distrust growing between those who follow the restrictions and those who choose not to: *So, like, uh, a lot of people experience or, like, some are unreasonable and irrational, like, the judgments of other people. If those people decided to take, like, a vaccine, for example, they are disliked by anti-vaccine people.* […] *A lot of people do or do not believe in even* [the] *existence of COVID-19, and some people still, like, behave outrageously well.* (P5)

And I think some of the people, like people who are against vaccination, are people that didn't even bother to wear a mask, I don't think they will have some cautious emotions. Even during the hardest time I've ever seen, I wore masks. You would be cautious of such people. I think it's pretty obvious that the virus isn't just going to disappear. I think it's best to be careful. (P2)

Some participants found it difficult even to explain why they cannot meet people, since they feared that their caution might be misunderstood and interpreted as personal aversion: *First people were forced to withdraw from social activities. Then things slowly started to change, people are starved for personal contact and interaction. They plan social events and tell me that because you have not seen me*

for a long time, you should come. If I do not accept, it is taken personally. "You do not want me to be around, you do not want to talk to me". People were hurt when you chose not to meet. […] *You are forced to be honest about why you would not be around.* (P10)

Fear of others was another aspect related to social distancing: *We started to fear people, for example, we started to fear to give a hug. You meet a person and you ask them, "Can I give you a hug?", because you do not know if the person is afraid of that. I was afraid that the other will be afraid of me. I'm not afraid, I can give hugs, I know that hugs heal; however, I do not want to talk about all the vaccination things and so on.* (P7)

Due to the pandemic, the participants were frustrated by and grew tired of the many regulations and requirements: *So, in order to alleviate a threat like some interpersonal dysfunction and like in families with friends with the COVID, as it affected pretty much anyone, I guess we need to more carefully consider how to approach people, like, I mean, to be more thoughtful, considerate to others, because everyone's so sick of, like, you know, the situation over all. It's like you don't really have to add a more fuel into that fire.* (P4)

According to the participants, the reality of some restrictions became paradoxical and burdensome: *Over time, the rules began to become stricter; we must wear a mask in class, it is difficult to breathe, sometimes you have to wear a mask for 7 hours. Instructors put tea or fruit on the table, so that if someone checks [and they do not wear a mask], there is a reason why they took off the mask.* (P1)

It has become more difficult for people to concentrate in both the home and the work environment: *I watch TV shows more than before. I, like, I study for ten minutes, then watch them, study for ten, watch.* […] *the classes, they became like asynchronous in this way somehow. It's difficult to follow.* (P3)

THE EMBODIMENT OF HEALTH RISK

The embodiment of the health risk subcategory encompasses participant concerns about their health and safety during the pandemic as well as discussions about the new health habits that have emerged. The quotations below illustrate these ideas.

Concerns about health and safety are obvious. During the coronavirus pandemic, the participants report having become quite sensitive to things they had previously ignored, such as a cough: *But now everyone is keeping awareness, some type of awareness about the disease, like standing next to a guy who was not wearing mask or when someone's coughing, they'd just try to get out of the room as fast as possible. Oh, so it's become normal to be aware of the disease every time you to take precautions or to clean all of the parts that you have interacted with in public.*

[…] *And they still feel kind of weird when someone coughs in class. OK, cautious, very cautious*. (P2)

In addition, one never knows when and how they might get the COVID-19 virus, as this participant story illustrates: *The most weird or interesting situation was when I returned from X country. I stayed with my grandma and I took a COVID test, and it was negative. And then my grandmother started to feel bad and then my grandmother tests positive, uh, and then, you know, I started to get sick, so the question was, "Who made whom sick?", because my grandma was not protecting herself. She would go to the shops, she would talk to her neighbors, she would not wear a mask, and it could be we will never know when and where we can get COVID-19, I could have gotten it on the plane*. (P7)

Concerns about health habits in the future were expressed. Nevertheless, study participants believe many of the new health habits will stay: *The habits that are going to stick to, like, life in the future is probably hand sanitizer and keeping distance. Getting tested once in a while. And I'm not sure if masks are going to stick. But not wearing a mask is going to be like allowing people to go without a skirt because they wanted to make them feel like they're in a normal environment*. (P2)

In addition, bad habits have developed that are harmful to human health: *I read and study on the bed, I can't sit on the chair anymore. I feel like even more stress*. (P6)

Yeah, it became like more difficult to be physically active. Like, I don't need to go somewhere and subconsciously think like should I really think about fitting into clothes? It's because, like, I'm not going anywhere, maybe for a year. So probably I can eat and just to… just sit and not go out. And you forget about your health after that. You forgot about your studies because you feel so… I don't know. You are literally chilling at home. Like it feels like I feel guilty sometimes because I'm doing nothing about my life and like the whole, like, one and a half years are like one day […]. *I have nowhere to go, even to the university – I'm studying online. I can't go to shops because they are closed for me because I don't have a vaccine*. (P6)

I realized that I'm now not going to the mall. So, there is no need for me to go there […]. And I would rather go for a walk rather than going there and sit there. (P8)

Over time, however, students learned how to develop healthier habits: *During COVID I exercised very rarely. I think it started from boredom. And then when you think people have been just laying down and watching TV or… and then when you do that too much, your body aches from not moving. Mm. So you just do something like stretch.* […] *We do get bored and you're inside of it 24/7. So, I started planning more*. (P2)

Due to the pandemic, all of our family drink vitamins now. Every day I drink quite a lot of water to keep my immune system. I also drink aloe, vitamin D, and C. My mom gives [me] *vitamins every day.* (P3)

People spend more time at home, and, as a result, their attitude toward spending time at home has changed: *People stay more time at home. I always liked to stay at home, but before COVID-19 it was strange from point of view of my friends and now it is normal*. (P3)

In addition, going out and meeting people has decreased, even in cases where the restrictions were lifted: *I don't go out so often, even though I want to. But that, like, it's not the right time*. […] *Like going to those public spaces, like coffee shops, restaurants, some sort of concert rooms there*. (P5)

People have new experiences that are beneficial for their health, for example, they can nap during the day or exercise more, because they spend all their time at home: *Well, basically you can sleep during the daytime, even though you have classes between classes or after classes, you could sleep because you don't have to, like, worry too much about* […] *responsibilities or things to do outside of work or just to, like, bring to some, like, worries about work at home*. (P4)

During the quarantine, new habits were positive, probably, because if it were not for quarantine, I would have not continued, but then I used to exercise every morning, especially on weekends. I wouldn't have done that if it wasn't for quarantine, because there was a lot of free time. Next habit was that to go to bed later, I'm used to it. Next was that I started to shower much more regularly, hygiene improved, every day I started to do it because there was more time. Now […] *those habits are formed. I feel strange if I do not do something that I got used to during the quarantine*. (P1)

Like for me, I guess the attitudes towards our health problems, the issues that we have are so much different […] *old people are more, you know, careful with their health and stuff. I think for most of the young people, it's like, oh, are you sick? [surprised] but before* […] *when you were sick, it was not that big of a deal. And then the side effects of COVID, I think anxiety that people obtain* […] *Transformation. Do you think the way we smell things is different than the way we used to smell?* (P11)

During the pandemic I started doing yoga, I just realized, oh, yoga is something I really needed, like, alongside meditation, both some other, like, form [of] *workouts instead of going into the gym*. (P5)

There were restrictions and it was mostly just me wasting my time. Now I try to focus on being more sort of healthy. So not just the physical cleaning side, but, you know, exercise and socializing with people more. (P2)

I started to take a walk in nature, even by myself. I was so anxious about everything. So, yeah, based on the emotions, the feelings that I felt. Yeah, I just developed like very mindful exercises. Mm-hmm. So, going out is still a habit, going out for a walk. (P5)

[The lockdown] *is not good, especially for older people. During the lockdown and pandemic, we sit at home all day. It is stressful for all family members. But I also walked a lot, without any transport too. When in lockdown I felt how my muscles were under stress and I felt a disability of movement, so when the weather is good, I move a lot, with friends, girlfriend, or family members. With mom I walk around the home and park before going to bed. Yes, those traditions will stay, we do them daily and they will stay. It is a new habit*. (P3)

I think the hardest are the restrictions of not meeting people and going outside. People don't feel the freedom that they didn't really realize they have or like cherish the moments, the freedom of going outside, and now they don't have it. They feel like they're being punished for something. (P2)

THE EMBODIMENT OF NEW CONNECTIVITY

The next theme that emerged was about relationships with people. Due to the pandemic, it became more difficult to develop social ties: *The way I interact with people is that I am no longer as sociable, I am not inclined to be out. Mostly because of people's practices (they do not follow restrictions). I have everything at home, why do I need to go out? Before, life was more about meeting social obligations, now you don't have to stick to them*. (P10)

Inside me, I hopefully believe this story will have a happy end. I will come as a normal student to campus and in class. Spend a lot of time communicating with others. My mother said that you will find real friends, not in high school, but in university when you face difficulties, when you are hungry, in your roommates. University is not the institution that gives only education, but also experience and communication. Honestly, I have a crisis because of that […]. *I just want to be a student and a young person*. (P3)

Instead, young people started to meet more people online, and finding a significant other in another part of the world has become more the norm: *Long distance relationships became more common. In the past, Tinder and intercity apps were popular, now more worldwide ones. It is strange for people that I've found someone from another continent. Especially when the quarantine began, it became popular. You sit all day long; it gets lonely, and you start looking for a relationship. Long-distance relationships. My girlfriend is from another continent, everyone wonders how it can be. It is now much easier to find a partner when there is the Internet*.

Before the quarantine, there were no such thoughts. It's a good thing, it makes it easier, it's easier to find a second-half. (P1)

I think a long-distance relationship has been a normal thing. I was one of those people who are like the most exposed to that because I have a boyfriend. He's from Ukraine. Most of our relationship was long-distance because we started dating when I was a freshman. And for six months we were a long distance. And then we came back in spring and then again for another four months. So, this was for six months. It was again. I felt so anxious. […] *But for me, if you realize, like, or if you think of two years ago it was something ridiculous to have long-distance, especially when it's not friendship, but it's more of boyfriend and girlfriend, you will be forming a family and you haven't seen each other* […]. *It's just become normal for us to have so many days, months, years apart.* (P11)

I texted a guy who was texting me for a month, asking "let's meet, let's meet". And then I was like, "Do you have a car?" And he said, "Yeah". I said, "let's go for a walk because I can't breathe anymore here. I want to be… like, walk there." And we walked. And […] *after that, we were together for a year and very soon we are going to get married. So, this was a positive thing that maybe, if not this, like my studies and not the, like, all this stuff and stress, maybe, like, I couldn't meet him.* (P6)

A strange situation that happened during COVID […] *I will tell you about this personal situation, that is impossible to happen even not during COVID. Online I met one guy from X country and guess what? He came to meet me in Y country, never would you think about this what happened and for me, it's not important whether it's COVID or not, I do not like to communicate via different media services, and for him, at that time, it was a total lockdown in country X and here he put together all the money that he had in, like, from his last resort and he just came here. Then of course he just went home.* (P7)

The category "Confusion with social absurdity" is derived from the following subcategories:

- lost in restrictions;
- lost in isolation.

In various works by Camus, the absurd refers to the general experience of confronting the utter meaninglessness of life and being faced with the feeling of alienation towards oneself and the rest of the world. It is the moment when we realize that our reason, our desires and demands for certainty, hope, and meaning, have failed, and gone unfulfilled (Curzon-Hobson, 2013). Moreover, the pandemic

brings with it various degrees of existential angst (Verhoef et al., 2020). Thus, the following subcategories illustrate this sense of meaninglessness which is related to the COVID-19 restrictions.

LOST IN RESTRICTIONS

The participants illustrate that their COVID-19 experiences are associated with a feeling of absurdity and a lack of logic. Being in lockdown in the university dorm and not being allowed to go out of one's room was unbearable: *Also, I realized that I became really bothered by the "four walls". But sitting there all the time… And yeah, I'm just trying to look for different places to work and to sit and just relax and enjoy the dorm. It was really hard because this is, like, there is one room you would sleep in, study in because at some point we had this COVID case on our floor and they were closing the entire floor for three days. And they said, like, even in your room, we stay in that. So, you cannot go to the kitchen, you cannot go anywhere to communicate with other people. So, it was really concerning.* (P8)

The restrictions many times also seemed illogical and nonsensical: *In the summer things were open in my country, and one could go to the mall, café, and restaurant. We had 3 types of statuses: 'green' meant vaccinated or had COVID antigen, 'blue' meant neutral status, and 'red' meant you had COVID. Every two days there were new restrictions. I had a blue status and a test and went out with friends, but they would not let me enter the café. I was shocked. I put on my mask, kept 2 meters distance* […]. *I was shocked I cannot enter. The new laws are shocking and not logical. For example, with blue status, I can enter the place during the workdays but not the weekends. I think the new routine will be that all will* [be] *vaccinate*[d] *and put on the mask. Social bias is that when people wear the mask, it is for safety. But actually, you breathe the bacteria and viruses into your internal organs. I think in 2–3 years, we will go back to normal lives without those idiotic restrictions.* (P3)

Travel restrictions also led to absurdities: *I faced the situation when I spent the last semester in X country and for this semester, I had to come to Y country. I imagined that X and Y are located like on one line, like this, on the map. And I was thinking that I was about to go from X to Y directly but due to Y country restrictions, I was not able to go directly, and I had to go from X to my homeland Z. I went to X city, stayed there, then took a train to Y country, it is a huge triangle like. Because people from Y country have stricter regulations about coming back from X but not from Z. We have to face all strange or challenging situations.* (P9)

The absurdity in the restrictions was often due to the effort that the participants had to put into the planning, which, however, was no guarantee that

they would ever reach their destination: *One more example when I was deciding whether to travel to X or to Y country and the situation in Y was that if you go to Y, you have to go to the airport and only then they check you and decide whether to let you into the country or not. Some kind of nonsense! I didn't risk; I like flexibility.* (P7)

Thus, sometimes it was better not to ask questions: *And I think the faster people accept the facts and the faster people stop asking questions about regulations because they believe that those who are doing regulations are not even sure of what they're doing... And that's understandable. The faster we accept the fact that it's happening, it will be happening. It's there, for whatever reason it happened, doesn't matter anymore. And just try to do our best in this situation. Maybe this thing will be something new in the medical field.* (P12)

But like the vaccines are pretty, like, I don't know, newly developed and people are skeptical about them. So, like, there are a lot of, like, conspiracy theories. A lot of people do not believe the existence of COVID and some people still behave outrageously as well. And we are, I guess, kinda manipulated by the media during this, COVID pandemic. (P4)

In addition, the participants told stories of corruption and the sale of vaccination documents: *One can buy any vaccination pass they want in my country. For example, some people work in the medical profession, and their family members are afraid of vaccinations and their effects, so they get a pass that their family members have been vaccinated, yeah, it happens a lot.* (P11)

LOST IN ISOLATION

The absurdity of the lack of human contact and care was also a result of this pandemic situation: *When I broke my leg and needed surgical intervention, I first did a COVID test and had to spend time waiting for the results in a specially isolated ward. Another woman was lying next to my ward. I've heard her moan all night, but no one came to her until she got a COVID test response. But the creepiest thing was that she got so bad in the morning that she died soon after. It was a nightmarish experience in which I saw a lot of unexplained dehumanization, in which the diagnosis of the disease became more important than helping a person. It seems to me that this is the most descriptive of the pandemic period.* (P15)

A very good situation that characterizes the absurdity of pandemic social distancing is recounted as follows: *One day I was walking in a big shopping center and while drinking water, I started to choke. I started coughing, and all the people around me, instead of helping me to cough up, pulled away from me because they probably thought I was coughing because I had COVID. It's good that my choking was mild*

and I managed to cough up without anyone's help. But I thought that the fear of COVID may indeed leave people without help when it is badly needed. (P16)

DISCUSSION

When a young person says, "I can imagine myself getting old with a mask on my face", one starts to reflect on what terrible and shocking things could have happened in the life of a person so that he or she would think and feel like this. When one clearly understands that these words were spoken to express the individual's reaction to the COVID-19 pandemic, one becomes aware of the substantial impact that the pandemic has had on each of us and society in general. Mishra & Rath (2020) have described the transformation created by the COVID-19 pandemic as *from disease to disaster.* The pandemic has been equated with other traumatic events such as earthquakes and tsunamis, yet its impact goes beyond one specific place, since the threat of getting the disease is lurking in every person around us (Morganstein & Ursano, 2020), especially in big cities (Rubin & Wessely, 2020). At the beginning, the COVID-19 pandemic evoked unprecedented forms of new collective solidarity. Mishra & Rath (2020) mention balcony singing, solidarity flash mobs, and other events in different forms from different places, including collective clapping, switching off electric lights, and lighting up earthen lamps, candles, etc. According to Rosenberg (1989), this kind of collective response in earlier times took place in the context of religious practices. However, later the pandemic grew to embody social contradiction and neglect. While we focus on the distinctions between pre-COVID, post-COVID, with-COVID, we dismiss anti-COVID reality. When we did not have the vaccine, we all felt equally vulnerable to the virus. But when the vaccine appeared, people very vividly divided into two camps – for and against vaccines, those who believe and those who do not believe in the existence of the virus in general, those who see and those who do not see the political games of the powerful using the virus as a means of destroying the weaker, etc. As a part of society resisted vaccination, a society within society started to emerge with new rules of social order, which are perceived by outsiders as an absurdity. Consistent with the aforementioned context, the overarching theme of our research tells about shifting of perceptions "From relativism to nihilism in the 'new normal'".

In our research, the participants expressed feeling anxiety and uncertainty. This was presumably caused by the fact that the COVID-19 pandemic was so unexpected and has had such serious consequences for the lives of everyone. This has shaken

the foundations of people's belief system to the extent that they are anxious and feel uncertain about what will happen next since the world, in their eyes, seems to have become more unpredictable than ever before. This would also account for the comments about feeling a sense of lack of control or being trapped. As long as things go along in a predictable way, one can feel that human beings have everything under their control since we have mastered nature. However, when the COVID-19 virus appeared, it called all of this into question by showing that there are still elements of nature that defy our control. This also accounts for the comments about people giving up on planning for the future. If the future is accidental, chaotic, and unpredictable, then there is no point in planning anything. Now after we have lived with the virus for a while, people still have a lasting sense of disorientation as they try to find again the basic pillars that held up the foundation of their belief system or worldview, which seems now to have been shaken.

All of this raises the question of nihilism or meaninglessness. Most people hold on to a generally shared belief system most of the time. Only in moments of great crisis, such as the death of a loved one, do they sink into despair and cast aside their belief system since in the face of their crisis they feel that there is no longer any meaning in life. Thucydides' description of the effects of the plague in Athens during the Peloponnesian War is a striking portrayal of this phenomenon (Thucydides, 1954, 2.47–55, pp. 151–156). He describes how the crisis of the plague gradually tore down the fabric of Athenian society to the point where people no longer respected ethics, customs, traditions or even laws since they were convinced that death was imminent and there was no point in anything anymore. The entire society plunged into nihilism and believed that nothing mattered. What the people interviewed expressed is a milder version of the kinds of symptoms that Thucydides describes.

The best remedy for nihilism is to engage oneself in life and work with other people. We receive recognition from others in the work that we do and from our interactions with them, and this gives us the sense that what we are doing is important and meaningful. These normal interactions provide us with certainty and stability. But when we are separated from one another and live in isolation, we are deprived of this interaction and the intersubjective recognition that comes with it. Thus, it makes sense that in such a situation, people begin to engage in introspection and ask themselves if their lives really matter or if there is any deeper meaning in anything.

This seems to show the profound power of social values and social interactions. Without them we could not be who we are, or grow or develop in a healthy way. It is a difficult thing to try to generate the meaning in one's life completely

on our own. We need the recognition of others to confirm this. When we work together with others, we all share a sense of common values and purpose. This gives us a firm orientation in the world, and we are not likely to fall into nihilism since others also agree with us about the way the world is.

In our research, the statements of the participants clearly imply that they have generally lost some of their faith in the world and are struggling to rebuild a view of it in order to achieve some kind of normalcy. But without some firm foundation of belief, it is impossible to come to a sense of any enduring normalcy. Thus, one can say that the "new normal" is a more widespread struggle with nihilism since the COVID-19 pandemic has shown that many of the certainties that we believed in before are in fact illusions. If this is true, then this naturally leaves people confused, disoriented, depressed, and anxious – all of which are symptoms that were expressed in the interviews.

CONCLUSIONS

We do not aim to define the "new normal" in such a way that the sheer complexity of the phenomenon appears to have been reduced. According to our point of view, the "new normal" by its nature is forward-looking, and this helps people construct meaning in the chaotic and uncertain period of the pandemic.

Interview analysis revealed that the "new normal" for young adults means zooming into existence, the embodiment of COVID-19 attributes, and confusion with social absurdity. As participants examined their existence, they became aware of their anxiety, uncertainty, and lack of control when their life routines were altered; there has arisen a need to look deep inside and to come to terms with the reality of COVID-19. The embodiment of pandemic features is manifested in mask-wearing, long-distance communication, social distancing, health risks, and new ways of connecting with people. Finally, social absurdity brought out the meaninglessness of the restrictions and social isolation. The "new normal" is likely to continue to emerge and be transformed over time as people attempt to construct new realities and new types of meaning and relationships. The data of our study shows that the experiences of young adults during the pandemic are very diverse, and therefore require conceptual evaluation. However, young adults are confused by social absurdity, and education might play a crucial role in helping them to evaluate the lessons learned for the future.

In our research, the responses of the participants revealed a sense of personal crisis issuing from the loss of the old normal. The pandemic has shaken the sense

of stability and predictability of the world that most young people confidently rested on in the past. The "new normal" has forced them now to come to terms with the collapse of certain important points of orientation that they had always had. The study showed various results of this that the participants experienced: alienation, depression, anxiety, uncertainty, disorientation, despair about the future, etc. These symptoms have led to a general sense of meaninglessness in the lives of the participants. As is well known, the feeling of the meaninglessness of the world or one's own existence is often described as nihilism. The results of our study might be interpreted to mean that the pandemic has created conditions for the rise of a wave of nihilism. In other words, if people cannot find a way to replace what has been lost in the old normal, it can be expected that the problem of meaning will increase. As long as we are compelled to live with the restrictions such as self-isolation, lack of physical contact, etc., and as long as we are obliged regularly to change our intuitive daily practices and habits, it is difficult to see how a sense of stability and predictability can be restored so that a new sense of meaning can arise.

References

Alraouf, A.A. (2021). The New Normal or the Forgotten Normal: Contesting COVID-19 Impact on Contemporary Architecture and Urbanism. *Archnet-IJAR: International Journal of Architectural Research*, *15*(1), 167–188. DOI: 10.1108/ARCH-10-2020-0249.

Banerjee, D., Rao, T.S., Kallivayalil, R.A., & Javed, A. (2020). Revisiting 'The Plague' by Camus: Shaping the 'Social Absurdity' of the COVID-19 Pandemic. *Asian Journal of Psychiatry*, 54, 102291. DOI: 10.1016/j.ajp.2020.102291.

Bengtsson, M. (2016). How to Plan and Perform a Qualitative Study Using Content Analysis. *NursingPlus Open*, *2*, 8–14. DOI: 10.1016/j.npls.2016.01.001.

Bennett, C.M. (2021). Learning to Live with COVID-19 in Australia: Time for a New Approach. *Public Health Research & Practice*, *31*(3), e3132110. DOI: 10.17061/phrp3132110.

Bozkurt, A., & Sharma, R.C. (2020). Education in Normal, New Normal, and Next Normal: Observations from the Past, Insights from the Present and Projections for the Future. *Asian Journal of Distance Education*, *15*(2), i–x. Retrieved from: http://www.asianjde.com/ojs/index.php/AsianJDE/article/view/512. DOI 10.5281/zenodo.4362664.

Camus, A. (1955). *The Myth of Sisyphus and Other Essays*. Transl. J. O'Brien. New York: Vintage International.

Curzon-Hobson, A. (2013). Confronting the Absurd: An Educational Reading of Camus' The Stranger. *Educational Philosophy and Theory*, *45*(4), 461–474. DOI: 10.1080/00131857.2012.718150.

Czeisler, M.É., Howard, M.E., & Rajaratnam, S.M.W. (2021). Mental Health During the COVID-19 Pandemic: Challenges, Populations at Risk, Implications, and Opportunities. *American Journal of Health Promotion: AJHP*, *35*(2), 301–311. DOI: 10.1177/0890117120983982b.

El-Erian M.A. (2010, October 10). *Navigating the New Normal in Industrial Countries*. Washington, D.C.: International Monetary Fund. DOI: 10.5089/9781455211685.028.

Erlingsson, C., & Brysiewicz, P. (2017). A Hands-On Guide to Doing Content Analysis. *African Journal of Emergency Medicine*, *7*(3), 93–99. DOI: 10.1016/j.afjem.2017.08.001.

Fiorillo, A., & Gorwood, P. (2020). The Consequences of the COVID-19 Pandemic on Mental Health and Implications for Clinical Practice. *European Psychiatry: The Journal of the Association of European Psychiatrists*, *63*(1), e32. DOI: 10.1192/j.eurpsy.2020.35.

Giallonardo, V., Sampogna, G., Del Vecchio, V., Luciano, M., Albert, U., Carmassi, C., Carrà, G., Cirulli, F., Dell'Osso, B., Nanni, M.G., Pompili, M., Sani, G., Tortorella, A., Volpe, U., & Fiorillo, A. (2020). The Impact of Quarantine and Physical Distancing Following COVID-19 on Mental Health: Study Protocol of a Multicentric Italian Population Trial. *Frontiers in Psychiatry*, *11*, 533, 1–10. DOI: 10.3389/fpsyt.2020.00533.

Graneheim, U.H., Lindgren, B.M., & Lundman, B. (2017). Methodological Challenges in Qualitative Content Analysis: A Discussion Paper. *Nurse Education Today*, *56*, 29–34. DOI: 10.1016/j.nedt.2017.06.002.

Graneheim, U.H., & Lundman, B. (2004). Qualitative Content Analysis in Nursing Research: Concepts, Procedures and Measures to Achieve Trustworthiness. *Nurse Education Today*, *24*(2), 105–112. DOI: 10.1016/j.nedt.2003.10.001.

Jacques-Aviñó, C., López-Jiménez, T., Medina-Perucha, L., de Bont, J., Queiroga Gonçalves, A., Duarte-Salles, T., & Berenguera, A. (2020). Gender-Based Approach on the Social Impact and Mental Health in Spain during COVID-19 Lockdown: A Cross-Sectional Study. *BMJ Open*, *10*(11), e044617. DOI: 10.1136/bmjopen-2020-044617.

Lizarzaburu, J.M. (2012). *Albert Camus and Absurd Communication: From Undecidability to U¨bercommunication* [MA Thesis]. University of Colorado.

Metzl, E.S., & Morrell, M.A. (2008). The Role of Creativity in Models of Resilience: Theoretical Exploration and Practical Applications. *Journal of Creativity in Mental Health*, *3*(3), 303–318. DOI: 10.1080/15401380802385228.

Mishra, C., & Rath, N. (2020). Social Solidarity during a Pandemic: Through and Beyond Durkheimian Lens. *Social Sciences & Humanities Open*, *2*(1), 100079. DOI: 10.1016/j.ssaho.2020.100079.

Morganstein, J.C., & Ursano, R.J. (2020). Ecological Disasters and Mental Health: Causes, Consequences, and Interventions. *Frontiers in Psychiatry*, *11*(1). DOI: 10.3389/fpsyt.2020.00001.

Neville, F.G., Templeton, A., Smith, J.R., & Louis, W.R. (2021). Social Norms, Social Identities and the COVID-19 Pandemic: Theory and Recommendations. *Social and Personality Psychology Compass*, *15*(5), e12596. DOI: 10.1111/spc3.12596.

Pearce, L., & Cooper, J. (2021). Fostering COVID-19 Safe Behaviors Using Cognitive Dissonance. *Basic and Applied Social Psychology*, *43*(5), 267–282. DOI: 10.1080/01973533.2021.1953497.

Ren, F., & Zhang, J. (2015). Job Stressors, Organizational Innovation Climate, and Employees' Innovative Behavior. *Creativity Research Journal*, *27*(1), 16–23. DOI: 10.1080/10400419.2015.992659.

Rosenberg, Ch.E. (1989). What Is an Epidemic? AIDS in Historical Perspective. *Daedalus*, *118*(2), 1–17.

Rubin, G.J., & Wessely, S. (2020). The Psychological Effects of Quarantining a City. *BMJ*, *368*, m313. DOI: 10.1136/bmj.m313.

Ryser, J. (2020). Planning for the Post-Covid-19 'New Normal'. *disP – The Planning Review*, *56*(4), 125–139. DOI: 10.1080/02513625.2020.1906066.

Scales, P.C., Benson, P.L., Oesterle, S., Hill, K.G., Hawkins, J.D., & Pashak, T.J. (2015). The Dimensions of Successful Young Adult Development: A Conceptual and Measurement Framework. *Applied Developmental Science*, *20*(3), 150–174. DOI: 10.1080/10888691.2015.1082429.

Tesar, M. (2020). Towards a Post-Covid-19 'New Normality?': Physical and Social Distancing, the Move to Online and Higher Education. *Policy Futures in Education*, *18*(5), 556–559. DOI: 10.1177/1478210320935671.

Thucydides (1954). *The Peloponnesian War.* Transl. R. Warner. Harmondsworth: Penguin.

Verhoef, A.H., du Toit, J., & du Preez, P. (2020). Being-in-the-Covid-19-World: Existence, Technology and Embodiment. *Acta Theologica*, *40*(2), 150–164. DOI: 10.18820/23099089/actat.v40i2.19.

Wolken, D.J. (2016). Toward a Pedagogy of the Absurd: Constitutive Ambiguity, Tension, and the Postmodern Academy. *Journal of Inquiry and Action in Education*, *7*(1), 64–79.

Yarrow, E., & Pagan, V. (2021). Reflections on Front-line Medical Work during COVID-19 and the Embodiment of Risk. *Gender Work Organ*, *28*(S1), 89–100. DOI: 10.1111/gwao.12505.