COVID-19 Publications by UMass Chan Authors

2021-10-11

"What I thought was so important isn't really that important": international perspectives on making meaning during the first wave of the COVID-19 pandemic

Irina Todorova
Northeastern University

Et al.

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/covid19

Part of the Behavioral Medicine Commons, Health Psychology Commons, Infectious Disease Commons, International Public Health Commons, Mental and Social Health Commons, Psychiatry Commons, Psychiatry and Psychology Commons, and the Virus Diseases Commons

"What I thought was so important isn't really that important": international perspectives on making meaning during the first wave of the COVID-19 pandemic

Irina Todorova, Liesemarie Albers, Nicole Aronson, Adriana Baban, Yael Benyamini, Sabrina Cipolletta, Maria del Rio Carral, Elitsa Dimitrova, Claire Dudley, Mariana Guzzardo, Razan Hammoud, Darlina Hani Fadil Azim, Femke Hilverda, Qi Huang, Liji John, Michaela Kaneva, Sanjida Khan, Zlatina Kostova, Tatyana Kotzeva, M.A. Fathima, Milu Maria Anto, Chloé Michoud, Mohammad Abdul Awal Miah, Julia Mohr, Karen Morgan, Elena Simona Nastase, Efrat Neter, Yulia Panayotova, Hemali Patel, Dhanya Pillai, Manuela Polidoro Lima, Desiree Baolian Qin, Christel Salewski, K. Anu Sankar, Sabrina Shao, Jeevanisha Suresh, Ralitsa Todorova, Silvia Caterina Maria Tomaino, Manja Vollmann, David Winter, Mingjun Xie, Sam Xuan Ning & Asya Zlatarska

Published online: 11 Oct 2021.

Submit your article to this journal ↗

Taylor & Francis
Taylor & Francis Group

"What I thought was so important isn't really that important": international perspectives on making meaning during the first wave of the COVID-19 pandemic

Irina Todorova[a], Liesemarie Albers[b], Nicole Aronson[c], Adriana Baban[d], Yael Benyamini [e], Sabrina Cipolletta[f], Maria del Rio Carral [g], Elitsa Dimitrova[h], Claire Dudley[i], Mariana Guzzardo [j], Razan Hammoud[f], Darlina Hani Fadil Azim[k], Femke Hilverda [l], Qi Huang[m], Liji John[n], Michaela Kaneva[o], Sanjida Khan [p], Zlatina Kostova[q], Tatyana Kotzeva[h], M.A. Fathima[n], Milu Maria Anto[n], Chloé Michoud[g], Mohammad Abdul Awal Miah[r], Julia Mohr[b], Karen Morgan[s], Elena Simona Nastase[d], Efrat Neter[t], Yulia Panayotova[u], Hemali Patel[v], Dhanya Pillai[k], Manuela Polidoro Lima[w], Desiree Baolian Qin[m], Christel Salewski[b], K. Anu Sankar[n], Sabrina Shao[c], Jeevanisha Suresh[k], Ralitsa Todorova[x], Silvia Caterina Maria Tomaino[f], Manja Vollmann [l], David Winter[y], Mingjun Xie[z], Sam Xuan Ning[k] and Asya Zlatarska[u]

[a]Department of Applied Psychology, Northeastern University, Boston, MA, USA; [b]Fakultät für Psychologie, Fernuniversität, Hagen, Germany; [c]Department of Health Sciences, Northeastern University, Boston, MA, USA; [d]Department of Psychology, Babes-Bolyai University, Cluj-Napoca, Romania; [e]Bob Shapell School of Social Work, Tel Aviv University, Tel Aviv, Israel; [f]Department of General Psychology, Università degli Studi di Padova, Padova, Italy; [g]Research Center for Psychology of Health, Aging and Sport Examination (PHASE), Institute of Psychology, University of Lausanne, Lausanne, Switzerland; [h]Institute for Population and Human Studies, Bulgarian Academy of Sciences, Sofia, Bulgaria; [i]Department of Psychology, St. Lawrence University Canton, New York, NY, USA; [j]Department of Human Development and Women's Studies, California State University, East Bay, CA, USA; [k]Perdana University Royal College of Surgeons School of Medicine (PURCSI), Kuala Lumpur, Malaysia; [l]Department of Socio-Medical Sciences, Erasmus School of Health Policy & Management, Rotterdam, The Netherlands; [m]Human Development and Family Studies, Michigan State University, East Lansing, MI, USA; [n]Department of Psychology, Prajyoti Niketan College, Thrissur, India; [o]Department of Clinical, Neuro-, and Developmental Psychology, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands; [p]Department of Psychology, Jagannath University, Dhaka, Bangladesh; [q]University of Massachusetts Medical School, Worcester, MA, USA; [r]Centre for Research Excellence (PU-CRE), Perdana University, Kuala Lumpur, Malaysia; [s]School of Health Psychology, RCSI, Dublin, Ireland; [t]Ruppin Academic Center, Emeq Hefer, Israel; [u]Health Psychology Research Center, Sofia, Bulgaria; [v]School of Pharmacy, Northeastern University, Boston, MA, USA; [w]Hospital da Liga Norte Riograndense Against Cancer in Natal, and INSA Institute Prepares - CESAC, Natal, Brazil; [x]Department of Psychology, City University of New York, New York, NY, USA; [y]Centre for Research in Psychology and Sport Sciences, University of Hertfordshire, Hatfield, UK; [z]Institute of Developmental Psychology, Beijing Normal University, Beijing, China

ABSTRACT

Background: The global COVID-19 pandemic has had a significant impact on the physical and mental health of people everywhere. The aim of the study is to understand how people living in 15 countries around the globe experience an unexpected crisis

CONTACT Irina Todorova ✉ i.todorova@northeastern.edu

Supplemental data for this article can be accessed https://doi.org/10.1080/21642850.2021.1981909.

which threatens their health and that of loved ones, and how they make meaning of this disruption in their narratives.

Methods: Data were collected through an anonymous online survey during May–September 2020, which was during or just after the first wave of the COVID-19 pandemic, depending on the country. The questionnaire included demographic and three open-ended questions as prompts for stories about experiences during the initial months of the pandemic. The text was analyzed through inductive thematic content analysis and quantified for full sample description, demographic and subsequently international comparisons.

Results: The final qualitative dataset included stories from $n = 1685$ respondents. The sample was 73.6% women and 26.4% men. The mean age of participants was 39.55 years (SD = 14.71). The identified four groups of overarching themes were: The presence and absence of others; Rediscovering oneself; The meaning of daily life; Rethinking societal and environmental values. We discuss the prevalence of each theme for the sample as a whole and differences by demographic groups. The most prevalent theme referred to disruptions in interpersonal contacts, made meaningful by the increased appreciation of the value of relationships, present in (45.6%) of stories. It was more prevalent in the stories of women compared to men ($\chi^2 = 24.88$, $p = .001$).

Conclusions: The paper provides a detailed overview of the methodology, the main themes identified inductively in the stories and differences according to select demographic variables. We identify several major ways of making meaning of the pandemic. The pandemic has impacted many aspects of people's lives which give it meaning, no matter where they live.

Introduction

On the 11th of March 2020, the World Health Organization (WHO) declared a global pandemic when the newly discovered coronavirus was identified in 110 countries worldwide, and currently continues to affirm that it has the status of a global pandemic (WHO, 2021). The pandemic is believed to have started in late 2019 and it spread very quickly around the globe, with a relatively high transmission rate, causing the illness COVID-19 (coronavirus disease which was first identified in 2019). At the time of this writing, there are over 116 million reported cases worldwide (Johns Hopkins Coronavirus Resource Center, 2021). This new pandemic propelled researchers to focus intensively on finding treatments as well as to prevent the spread of the virus through public health and policy measures to mitigate a communicable disease (Nussbaumer-Streit et al., 2020). The pandemic has also illuminated existing social and health inequalities, by showing that both the virus and the measures introduced to contain its spread, have affected disproportionately vulnerable groups due to the negative impacts of social determinants of health (Marmot & Allen, 2020).

The pandemic has had a huge global impact on the health of the people as well as on the economic and social aspects of people's lives. Through its persistent presence in our daily lives and in the media globally, it has created a common experience for people in different parts of the world. This has been a unique period of time for the global community, independent of cultural background, age, or socio-economic status (SES). On the

other hand, the local history, social conditions, and cultural beliefs create a unique context and diversity of experiences. This study aims to understand the commonality of the meanings of the pandemic among a diverse group of countries, as well as the specificity of local meanings and experiences.

Meaning making in the context of the COVID-19 pandemic

The COVID-19 pandemic can be viewed as a large-scale global public health crisis. Both the virus itself, as well as the measures undertaken to mitigate its spread, such as the stay-at-home and social distancing policies, have had a significant impact on people's physical and mental health (Vigo et al., 2020; Xiong et al., 2020). Recent studies have illuminated these mental health impacts and the prevalence of symptoms among populations in different countries (Khan et al., 2020; Macdonald & Hülür, 2021; Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020; Varga et al., 2021; Vigo et al., 2020; Xiong et al., 2020).

Personal and social resources such as coping and social support, which people are employing to mitigate the psychological impact of the pandemic, have also been addressed (Chang, Chien, & Shen, 2021; Counted, Pargament, Bechara, Joynt, & Cowden, 2020; Di Trani et al., 2020). In previous work on coping with natural disasters, it has been found that one such resource can be having meaning and purpose in life, as well as finding meaning within such crises (Park, 2016). The theoretical research on meaning has made distinctions between global meaning which refers to people's broad views about justice, predictability, coherence, one's goals and self, and situational meaning which refers to meaning made of a particular event or interaction. When there is a discrepancy between the person's broad views and values (global meaning, or meaning in life (MIL)) and the situational meaning of an event, a meaning making process is evoked to reduce the discrepancy, which can result in new meanings (or 'meanings-made)' (Park, 2010). Finding meaning has been associated with improved mental well-being and physical health (Park, 2016). For example, independently of how 'meaning' was conceptualized, a recent systematic review and meta-analysis concluded that meaning shows weak to moderate associations with multiple indicators of physical health (Czekierda, Banik, Park, & Luszczynska, 2017). While the association between MIL is generally associated with well-being, in some cases (a small but significant) negative effect on well-being has been identified (Li, Dou, & Liang, 2021). In summary, meaningfulness can be seen as protective in the face of adversity and as an aspect of resilience in the face of traumatic events (Taylor, 1983).

The role of meaning (conceptualized in different ways) as a resource which is associated with well-being during the COVID-19 pandemic, has been explored by several research teams internationally. A large international study across 30 countries concluded that meaning-centered coping was associated with lower levels of self-reported stress, anxiety and depressive symptoms (Eisenbeck, Pérez-Escobar, & Carreno, 2021). A study from Turkey found that strong MIL was associated with higher well-being and might be supporting people to constructively cope with the stresses of the pandemic (Arslan & Allen, 2021). Similarly, another study from the team in Turkey found that 'meaningful living' is associated with fewer psychosocial problems during the pandemic, as well as with resilience and positive affect (Yildirim, Arslan, & Wong, 2021). MIL, hope

and life satisfaction were also shown to be associated with reduced distress during the pandemic in Poland (Trzebiński, Cabański, & Czarnecka, 2020). Additionally, existing MIL is positively associated with psychosocial adjustment at a later point in the pandemic, according to a prospective study design with data collected at two points in time in China. MIL, before there was widespread awareness of COVID-19, was associated with psychosocial adjustment (life satisfaction, prosocial behavior and lower distress) seven weeks after the pandemic had started (Lin, 2021).

This body of research suggests that people's existing MIL is related to how disasters in general and the COVID-19 pandemic in particular are connected to positive mental and physical health. Additionally, how people make meaning of the disasters themselves, during and afterwards, is also associated with resilience and well-being (Park, 2016). For example, the social isolation and quarantine during pandemics have generally been found to have negative mental health consequences (Brooks et al., 2020). On the other hand, a study in the US found that seeing meaning in the social distancing measures (for example as offering agency and a sense of control over the consequences of the pandemic or as showing solidarity with others) could have a protective effect on well-being (Milman, Lee, & Neimeyer, 2020). A longitudinal study examined meaning making (specifically the tendency one has to see meaning in negative experiences) as a coping strategy during the coronavirus pandemic in China (Yang, 2020). Meaning making generally increased after the outbreak of the pandemic, and those who had higher baseline or increased meaning making during the pandemic had lower distress at subsequent points of assessment.

The research summarized above was based on quantitative studies aimed at understanding meaning making during the pandemic. Another group of studies have taken a narrative perspective to understand the experiences which the pandemic and the public health measures taken to counter it have evoked, and how people are making sense of them. Some have focused on the construction and reconstruction of meaning during the pandemic in society and in therapy (Castiglioni & Gaj, 2020; Cipolletta & Ortu, 2020; De Jong, Ziegler, & Schippers, 2020; Winter & Reed, 2020). There are also qualitative studies examining experiences among different population groups and professions, for example, the perceptions of biological, psychological and social impacts among adolescents in Portugal (Branquinho, Kelly, Arevalo, Santos, & de Matos M, 2020); the experiences of changes in family life in Australia (Evans et al., 2020); positive and negative experiences as shared by adolescents from Italy (Fioretti, Palladino, Nocentini, & Menesini, 2020); the stories of Arabic, Russian and Somali speaking migrants who are living in Finland during the pandemic (Finell, Tiilikainen, Jasinskaja-Lahti, Hasan, & Muthana, 2021), and how university graduates in Italy see their career development after the pandemic (Parola, 2020). Venuelo and colleagues took an approach in which they asked a demographically diverse sample in Italy specifically what is the meaning of living during the pandemic (Venuleo, Marinaci, Gennaro, & Palmieri, 2020). In summary, the above authors explored narratives from the participants as a representation of people's experiences, as well as constructing narratives as meaning making during a disruptive time.

In light of converging findings pointing to the importance of meaning making for sustaining well-being during and after adversity, as well as the importance of understanding meaning making processes, we designed this international study to explore the ways in

which people make meaning of the coronavirus pandemic. The current project is informed by narrative health psychology theory according to which through stories, we can glimpse and understand the lived experience of people during a health crisis (Riessman, 2008; Sools, Murray, & Westerhof, 2015). Narrative health psychology also posits that people make sense of life disruptions through storytelling, with the stories being culturally and historically situated. Murray states 'a person begins to grasp the meaning of a crisis by telling a story about it' (Murray, 1997). Bury has described chronic illness as a biographical disruption, proposing that narratives construct a continuity between past, present and future in the face of such disruptions (Bury, 1982). Our methodology does not intend to search for associations between meaning making and health outcomes. Rather, *through the stories told, we analyze how people living in 15 countries around the globe, experienced an unexpected crisis which threatened their health and that of loved ones, and how they made meaning of this disruption through their narratives.*

Aims

'Stories of Life During a Pandemic' is an international study involving 15 countries from around the world. The purpose of the full study is to gain understanding of the diverse psychological, occupational and social impacts of the pandemic, the intensifying health and social inequalities, as well as the diverse ways of making sense and moving forward. Another aim of the study is to inform psychologists, educators and policy makers in the current pandemic, as well as for future crises.

The primary research questions of this large study were:

1. What are people's main concerns about the COVID-19 pandemic and the consequences of the measures taken to control it?
2. How are people making meaning of the changes in their lives and relationships through narratives?
3. How do these meaning making approaches vary according to age, gender, SES and cultural context?

While our ultimate goal is to understand aspects of cross-cultural differences in meaning making during a crisis, in this manuscript we do not analyze cross-cultural differences, since they will be presented in subsequent manuscripts. The purpose of this specific paper is to provide a detailed overview of the methodology, the main themes identified inductively in the stories for the international sample and differences according to select demographic variables.

Methods

International settings

Research teams from different countries were invited to participate in this study, based on existing collegial networks and previous collaborations in health psychology research. Considering that the purpose of the study was to understand experiences of the

coronavirus pandemic in different cultural contexts, the aim was to have representation from several areas of the globe, particularly from the continents of Asia, Europe and North and South America. The participating countries were in Asia: Bangladesh (BD), China (CN), India (IN) and Malaysia (MY); in Europe: Bulgaria (BG), Germany (DE), Italy (IT), Israel (IL), The Netherlands (NL), Romania (RO), Switzerland (CH) and The United Kingdom (GB); in North and South America: Brazil (BR), Puerto Rico[1](PR), and The United States mainland (US). These abbreviations are used in the data quotes below to identify the country of residence for the speaker.

Data collection

The study was approved by the Northeastern University Internal Review Board Protocol IRB #: 20-04-28. Data were collected through an anonymous online survey. The consent form was placed at the beginning of the online questionnaire and informed participants about the purpose of the study, that participation is voluntary and that the responses are anonymous.

Data collection continued from 1 May to 22 September 2020 through convenience sampling, with different countries collecting data at different weeks during this period. On average, each country collected data for a period of 49 days, with the questionnaire remaining open until 50–150 responses were collected. For most countries, this period of time was at the end of the first wave of the pandemic, when restrictions had started to be eased (Bulgaria, China, Italy, Israel, Germany, Netherlands, Malaysia, Romania, Switzerland, United Kingdom, United States). For several countries, the first wave of the pandemic was in progress during the data collection and restrictions were being implemented (Bangladesh, Brazil, India). The epidemiological situation and the stringency index of restrictions were tracked for each country during the time of the study (Supplement 1).

The questionnaire was created in English and was then translated into the relevant languages by each team, including the consent forms. It included 20 demographic and background questions (age, gender, country and state/county of residence, ethnicity, education, employment status, marital status, living situation, self-rated health). The narrative data were collected through three open-ended questions which prompted the participants to write stories/reflections on their experiences during the initial months of the pandemic. The three questions were:

Q1 What are the main difficulties you are facing, and how are you dealing with them?
Q2 What has the pandemic taught you about what is important and meaningful to you?
Q3 What are you most looking forward to after the pandemic is over and why?

It was decided that a formal pilot study would not be conducted due to the urgency of the rapidly changing epidemiological situation and considering that the questionnaire does not include scales. The structured questions ask standard demographic information, apart from ethnicity, which each country adopted to their context and will be used only for national analyses. The open-ended questions were assessed for face validity through small and full team discussions (in each national team there were at least two members,

and these decisions were made jointly), and some countries chose to do back translations for that purpose.

The final qualitative dataset included 1685 stories for each of three open-ended questions with mean word counts for Question 1 (Q1) = 60.26 (SD = 76.17) for Question 2 (Q2) = 38.55 (SD = 48.35) and for Question 3 (Q3) = 29.07 (SD = 29.24).

Recruitment

Each local research team conducted recruitment of participants in their country with a link to the central study website, where they could complete the survey in the language of their choice. Available languages were Bengali, Bulgarian, Dutch, English, French, German, Hebrew, Hindi, Italian, Mandarin Chinese, Bahasa Melayu, Malayalam, Portuguese, Romanian, and Spanish. Recruitment was through social media announcements (Facebook, Twitter), daily newspapers, through messaging platforms (WhatsApp, WeChat) and in the case of the United Kingdom, through a paid panel from Qualtrics. Different methods were used to increase the diversity of the sample in terms of age, years of education, and race/ethnicity, such as posting the announcement on Facebook discussion groups for older adults. People were eligible to participate if they were 18 years of age or older (there is one person at age 17), and spoke one of the languages in which the questionnaire was available. A total of $N = 1685$ people from the listed countries completed the full questionnaire, including the demographic questions and the three open-ended questions.

Analysis

The stories were analyzed through two separate approaches. In the first approach, which is presented in this manuscript, the text was analyzed through thematic content analysis and quantified for full sample description and subsequently for international comparisons. In the second approach (currently in progress) the stories are being analyzed through in-depth mixed and qualitative methods by country teams in their local languages.

Thematic content analysis

Thematic *content* analysis shares some similarities with thematic analysis (Braun & Clarke, 2014) in terms of identification of patterns, themes and interpreting their meaning; it also pays explicit attention to the frequency of theme presence and thus can lead to quantification of these themes/coding categories (Vaismoradi, Turunen, & Bondas, 2013). This approach assumes that the respondents wrote about what is most prominent for them at the time of completing the questionnaire, which would capture relevant social and personal meanings of the coronavirus pandemic (Joffe, Rossetto, Solberg, & O'Connor, 2020).

The thematic content analysis proceeded in two main steps, the first one being inductive coding, separately for the narratives elicited for each of the three open-ended questions (Supplement 2). Initial coding was conducted for the data collected in English and Bulgarian, by four researchers with the support of the qualitative data analysis software package Atlas.ti (Friese, Soratto, & Pires, 2018). This process led to the creation of an

initial basic list of codes and coding categories. This list was shared with the international team, who conducted a similar process with the stories collected in their languages and added to the codes and coding categories. After inductive coding and processing of the stories in all languages, a final codebook was created, which included the codes and finalized the coding categories into subthemes and themes (see Supplement 3 for one example).

The second step was quantitative – the subthemes were given a code of one or zero, according to the presence or absence of each subtheme. Full coding employing the above-described frame proceeded in each language, after extensive training of the international team. The final quantitative analysis of between group differences was conducted according to themes (all subthemes were merged into the themes) (Supplement 2).

Inter-coder reliability

While the role of inter-coder reliability (ICR) (O'Connor & Joffe, 2020) has been contested for qualitative studies, for the purposes of our study, it was decided that calculating ICR was a useful step in the procedure, considering the size of the team and the representation of countries from several continents and a diversity of cultural contexts. ICR calculations among the team, based on randomly selected stories, reached moderate agreement as defined by Landis and Koch where values between 0.41 and 0.60 are considered moderate: Q1 k = .46; Q2 k = .44; Q3 k = .52 (Landis & Koch, 1977). ICR was also conducted among the coders within the individual countries. The range of country ICR was between k = 0.50 and k = 0.87, where agreement between 0.61 and 0.80 is considered substantial (Landis & Koch, 1977).

Statistical analysis

Descriptive analysis and between group comparisons proceeded using SPSS statistical software package Version 26. These included comparisons by country of residence and by demographic variables. First, we ran frequencies of each theme (as listed in Supplement 2) for the sample as a whole, by country and by demographic variables. Cross-tabulations by country, demographic variables (age, gender, education) and theme were used to compare the presence of themes through chi-square test of independence.

Results

Participants

The demographic characteristics of the participants, by country, are presented in Table 1. We use the country of residence as the grouping category, since local epidemiological conditions, pandemic measures and local cultural discourses are seen as important in shaping experiences (Joffe et al., 2020). For the sample as a whole, there were more women who completed the questionnaire (73.6%) compared to men (26.4%). The mean age of participants was 39.55 years (SD = 14.71); for the analyses, we created three categories of age: 17–40 years (n = 945); 41–65 years (n = 645) and 66 years or older (n = 95). Most participants were in a relationship (62.4%), including being

Table 1. Demographic and background information, by participating country.

	Bangladesh	Brazil	Bulgaria	China	Germany	India	Israel	Italy	Malaysia	The Netherlands	Puerto Rico	Romania	Switzerland	United Kingdom	United States	Total
Number																
	N = 129	N = 114	N = 146	N = 136	N = 181	N = 59	N = 102	N = 116	N = 81	N = 51	N = 84	N = 78	N = 155	N = 108	N = 145	N = 1685
Gender%																
Man	48.4	21.1	7.0	31.6	22.0	28.8	22.5	27.0	35.0	23.5	15.9	14.1	35.7	37.0	23.8	26.4
Woman	51.6	78.9	93.0	68.4	78.0	71.2	77.5	73.0	65.0	76.5	84.1	85.9	64.3	63.0	76.2	73.6
Age%																
17–25	44.2	2.6	13.0	24.3	10.5	59.3	41.2	34.5	33.3	13.7	10.7	55.1	7.1	13.9	20.7	23.1
26–40	47.3	34.2	13.7	40.4	37.0	25.4	29.4	27.6	51.9	17.6	22.6	26.9	36.8	40.7	30.3	32.9
41–65	8.5	49.1	62.3	32.4	48.1	15.3	23.5	37.9	13.6	60.8	48.8	16.7	54.8	38.0	37.9	38.2
66–75	0.0	13.2	10.3	2.9	3.3	0.0	4.9	0.0	1.2	7.8	16.7	1.3	0.6	7.4	8.3	5.1
76 and over	0.0	0.9	0.7	0.0	1.1	0.0	1.0	0.0	0.0	0.0	1.2	0.0	0.6	0.0	2.8	0.7
Education%																
Less than college	11.6	9.7	32.2	9.6	12.2	21.4	53.9	47.4	43.2	23.5	2.4	3.8	21.7	56.1	16.8	23.8
College degree	24.0	28.3	18.5	30.1	27.2	33.9	21.6	22.4	25.9	31.4	23.8	70.5	21.1	33.6	33.6	28.4
Graduate School	64.3	61.9	49.3	60.3	60.6	44.6	24.5	30.2	30.9	45.1	73.8	25.6	57.2	10.3	49.7	47.8
Marital status%																
Single	56.6	17.7	21.4	28.1	27.1	59.3	37.3	16.4	50.6	33.3	33.3	38.5	16.9	32.4	27.6	30.9
In a relationship	41.9	69.9	64.1	68.1	69.1	39.0	58.8	79.3	49.4	58.8	56.0	57.7	72.1	61.1	63.4	62.4
Lost Partner	1.6	12.4	14.5	3.7	3.9	1.7	3.9	4.3	0.0	7.8	10.7	3.8	11.0	6.5	9.0	6.7
Children%																
Yes	24.8	69.3	67.1	52.9	47.0	27.1	32.4	40.5	32.1	62.7	52.4	26.9	54.8	64.8	53.8	48.5
No	75.2	30.7	32.9	47.1	53.0	72.9	67.6	59.5	67.9	37.3	47.6	73.1	45.2	35.2	46.2	51.5
Living situation %																
Alone or with friends	20.9	18.6	19.3	17.0	29.1	17.2	20.6	13.9	22.2	25.5	27.7	20.5	21.1	25.0	27.1	21.9
With relatives	79.1	81.4	80.7	83.0	70.9	82.8	79.4	86.1	77.8	74.5	72.3	79.5	78.9	75.0	72.9	78.1
Employment%																
Student	35.7	1.8	8.9	25.7	11.0	44.1	31.4	26.7	37.0	7.8	10.7	37.2	7.1	5.6	10.3	18.3
Employed	49.6	64.0	56.8	64.0	74.6	37.3	38.2	66.4	48.1	60.8	61.9	55.1	87.7	62.0	59.3	61.4
Not employed	14.7	34.2	34.2	10.3	14.4	18.6	30.4	6.9	14.8	31.4	27.4	7.7	5.2	32.4	30.3	20.3
Work Arrangements%																
	71.2	59.0	64.4	74.4	41.9	61.5	40.9	59.7	65.9	54.5	80.8	72.5	70.1	41.2	80.4	62.6

Work at home (online)

In person	16.4	19.3	25.3	15.6	31.6	26.9	47.7	24.7	29.5	15.2	9.6	15.0	10.4	51.5	12.0	22.5
Healthcare	8.2	6.0	6.9	2.2	4.4	11.5	2.3	9.1	0.0	18.2	1.9	5.0	3.7	2.9	3.3	5.1
Combination	4.1	15.7	3.4	7.8	22.1	0.0	9.1	6.5	4.5	12.1	7.7	7.5	15.7	4.4	4.3	9.8
Self-rated Health%																
Poor/Fair	10.9	11.4	17.1	34.1	8.9	22.0	1.0	9.5	22.2	15.7	17.9	10.3	5.2	27.8	13.8	14.6
Good	61.2	43.0	33.6	35.6	36.1	45.8	11.8	38.8	35.8	43.1	38.1	46.2	34.8	44.4	30.3	38.0
Very good/ Excellent	27.9	45.6	49.3	30.4	55.0	32.2	87.3	51.7	42.0	41.2	44.0	43.6	60.0	27.8	55.9	47.4

married, cohabiting or engaged, and nearly half had children (48.5%). Living arrangements for the majority of participants (78.1%) were with relatives (parents, spouses, children) and they were mostly employed, either full time or part time (61.4%), while 18.3% were students. A majority (62.6%) were working at home/remotely, while 22.5% were attending their regular place of work. Nearly half of the participants rated their health as very good or excellent (48.7%). Considering the study was conducted during the first months of the pandemic, few had had COVID-19 or knew others who did. Specifically, 2% stated they had COVID-19, while 78.3% had not been infected and 19.7% were not sure; 12.9% knew people close to them who had had COVID-19, while 73.7% did not, and 13.4% were not sure (results not shown in Table 1).

Themes

In this section, we describe the results of the inductive thematic content analysis. The emphasis of this manuscript is answering our research questions as relevant to the international sample as a whole ($N = 1685$) and exploring commonality of meaning making. Note that for most themes the differences in prevalence of the theme in the stories from different countries were statistically significant (see Supplement 2 for details in responses for the whole sample and by country). Below we organize the text into four sections (related to relationships, personal issues, daily life, and social issues). Within these, participants reflected on the disruptive aspects of the pandemic during its first wave (Q1), told stories of what they have learned from it (Q2) and what they are looking forward to in the future (Q3). Within each section, we present percentages related to the prevalence of each theme; we describe them qualitatively for the sample as a whole and highlight demographic differences. In the results, we describe those themes which were mentioned by over 5% of respondents.

The presence and absence of others

Disruptions in relationships (Supplement 2_Table 1_Q1)

The distancing measures led to significant disruptions of social life. People had very limited opportunities to meet in person, gathered only in small groups, and were required to keep a physical distance. Furthermore, participants reported prolonged separations from family and romantic partners due to the local and international traveling restrictions and the need to protect elderly relatives and other risk groups. They strongly missed 'physical contact and greetings'. The pandemic as being associated with loneliness, isolation, and the absence of face-to-face physical contact was a frequent feature in the stories. The theme of missing people and struggling through separations were present for 30.0% of respondents and was significantly more prevalent for women compared to men (men = 25.6%, women = 31.5%; $\chi^2 = 5.37$, $p = .020$):

> The fact that I've stayed alone in a rental made me worry about my finances and paying the rent, and not having anyone to talk to physically. There was no flesh and bone presence near me, no one to feel and to know, by my side. I needed support, a hug … (RO)

A small number of the stories spoke of relationships which had worsened (8.9%) due to the increased time spent together at home – experiencing difficulties with children, increased level of toxic family dynamics and conflicts:

> There was a lot of housework, but my family (husband, mother-in-law, and older son) did not help, and then later I got sick because I worked too much. Finally, I took my younger son back to my mother's house. Then they all started to help! (CN)

Some parents were worried about what would happen to their children if they passed away from the disease. Furthermore, participants experienced non-family-related stress in other close relationships due to disagreements on complying with safety measures, different views on the seriousness of the pandemic, trying to avoid conversations about the virus or keeping away from friends due to the fear of getting infected. As a participant from the Netherlands states:

> I am experiencing the most important problems with people in my immediate vicinity (work, supermarket, public space, nonprofit) who do not want to adhere to the imposed measures, or do not fully understand them, or do interpret them in a way that suits them best. (NL)

Fully appreciating loved ones (Supplement 2_Table 1_Q2)

The disruptions in interpersonal contact highlighted the importance of relationships, relevant for nearly half of the stories written in response to Q2 (45.6%). Participants wrote often about how they had realized how much they value their family and friends and how important human connection is. The social distancing had intensified their awareness of how meaningful it is to see people face-to-face for connection and intimacy. The stories about longing for physical contact with loved ones were poignant as they described the importance of embraces, hugs, and kisses for creating connection and expressing love. They also emphasized how some sentiments are best shared in person – saying 'I love you', sharing stories, and having fun and laughter.

Among these connections many prioritized those with family members, and in the context of the threats and distancing imposed by the pandemic their awareness of how much they value their loved ones was heightened. 'There was a lack of communication with relatives and friends due to busyness. That gap appears in my mind heavily. In the future, there will be an effort to maintain proper communication. I am feeling a lot of family bonding' (BD). Some of the stories described taking more time, noticing, and being in the moment with these people when they were together (including when the conversations were through technology) 'I am spending much more time with family during the pandemic. The most meaningful thing for me is to be able to communicate well with family on a lot of topics that we did not have an opportunity to talk about before (CN)'. They were sensitive and appreciative of the 'small gestures and kindness we can exchange'. Though stay-at-home with children had been very stressful, participants also spoke of being grateful for having more time to get to know their children. Many coped with the stresses of the pandemic by connecting with others such as close family members and friends through different channels to share feelings, daily activities, and shared decisions about handling social distancing. 'The pandemic has taught me to value friendships. The people who no matter what will always be there for you. They are

few and they are constant (PR)'. The theme of finding new meaning and importance of relationships was more prevalent in the stories of women (men = 35.5%, women = 49.3%; χ^2 = 24.88, p = .001). Others spoke of transformation of relationships (9.7%) – developing more connected and meaningful relationships.

Looking forward to relationships (Supplement 2_Table 1_Q3)

As we saw above, the meaningfulness of relationships had increased during the pandemic and people wrote about putting more emphasis on human connection. They were looking forward to living a life maintaining strong family connections, spending more time with loved ones and aiming at a better separation of family and work and as one participant said, 'The ability to share a hug, hold hands, make meaningful memories together cannot be compared to 5-minute video calls (MY)'.

They were looking forward to seeing family (21.2%) as well as returning to other types of relationships (32.1%) including meeting friends, colleagues, classmates, and significant others. On the other hand, some wanted to give closure to a failed romantic relationship. Participants expressed the desire to improve the quality of their connections such as talking about things other than the virus or appreciating healthy relationships and leaving toxic ones. 'I will focus on health awareness, helping people, being responsible to the family. Because I understand that you can't be good alone and you can't keep yourself and your loved ones safe from risk if you are occupied with other things like luxury, travel or pleasure except for the basic issues of life' (BD). Longing to see family was most relevant for women (men = 14.1%, women = 24.0%; χ^2 = 18.92, p = .001), older adults over 66 years (age 17–40 = 18.9%, 41–65 = 22.5%, over 66 = 35.8%; χ^2 = 15.74, p = .001) and people with less than college education (less than college = 25.2%, college = 22.5%, grad school = 18.8%; χ^2 = 6.97, p = .031). Looking forward to seeing other friends and loved ones was most relevant for women (men = 24.3%, women = 34.9% χ^2 = 16.66, p = .001), and least relevant for people with graduate education (less than college = 34.8%, college = 35.7%, grad school = 28.9%; χ^2 = 7.64, p = .022).

Rediscovering oneself

Challenges for the self (Supplement 2 Table 2_Q1)

The pandemic was a time of uncertainty and disorientation (14.3% of stories) for some participants, including disruptions in their understanding of who they are and what they do. To some the situation appeared confusing or unreal. Time was described as passing slowly. Some people expressed feeling uncertain about the future:

> [Most challenging] is the daily battle for physical and mental survival in isolation. A person living alone at age is very difficult to cope. Often, I experience this as stress, even panic and lack of a clear perspective. It's awful that I can't see and be with my closest person - my daughter, who lives in another city (BG).

Understandably, participants had concerns about one's own health or the health of loved ones (30.7% of stories). Many were worried that they or others close to them might get infected with the virus. Additionally, people were concerned about other physical or mental health conditions that were not being treated and about the negative impact of

quarantine or social isolation on their health – they were not sleeping well, not exercising, and becoming addicted to the internet. Access to health care was perceived as limited or increasingly difficult. There were no significant demographic differences in concerns for the health of self or loved one, indicating that this was relevant to all independent of age, gender, and education.

For others, the disruption consisted of loss (14.4% of stories) which related to missed events and opportunities, but also to losing convictions, beliefs, and visions for the future. Some stories described days as monotonous and repetitive and stated that generally, activities have lost their meaning. Others associated the overall situation with a loss of spirituality. Some were also bothered by giving up their freedom and perceived that their human rights were being violated by the measures. Related to a loss of independence, some talked about moving in with their relatives. Young adults were most likely to share stories about such losses (age 17–40 = 16.5%, 41–65 = 11.7%, over 66 12.6%; $\chi^2 = 7.31$, $p = .026$).

A few stories associated the situation with being trapped (9.5%). This was because of being confined at home, only being able to leave the house at specific times or being scared to leave the house because of additional health conditions '[I am] stuck at home and not even able to go for a walk because of a severe pollen allergy'. People felt distraught about the loss of spontaneity and by the sense that they were always being watched – because curfew was stressful, or by the police monitoring. Young adults were most likely to share stories which included the sense of being trapped (age 17–40 = 11.9%, 41–65 = 6.1%, over 66 9.5%; $\chi^2 = 14.99$, $p = .001$).

For some participants, the pandemic had illuminated personal challenges (6.3%). They became more aware of their 'dark sides', vulnerabilities and their limited endurance in taxing situations. Loneliness and isolation were new challenges for some, and others had difficulties in managing the sense of infinite time during the day. A participant from Israel says 'I felt entrenched in myself, dug into a sense of loneliness and disconnection' (IL). These challenges were most relevant in the stories told by women, compared to men (men = 3.6%, women 7.3%; $\chi^2 = 7.32$, $p = .007$):

> I feel an endless longing. I long to go to my job since I've been working from home. I long to see my friends and my parents which I seldom meet. I long to go out in nature with my daughter. I long for a house full of friends to hear a bustle in my home. I'm having a difficult time concentrating and coping. I often feel tired. (RO)

When writing about the challenges of the pandemic, the emotions expressed most often were fear and anger (23.0%) and sadness and fatigue (15.7%) (Supplement 2 Table 5_Q1). Women experienced fear/anger significantly more often (men = 15.7%, women = 25.6%; $\chi^2 = 17.78$ $p = .001$) while people with less than college education, less often (less than college = 17.4%, college = 25.4%, grad school = 24.3%; $\chi^2 = 9.39$, $p = .009$).

Turning inward and personal growth (Supplement 2_Table 2_Q2)

There were many stories of making meaning of the disruption brought on by the pandemic through turning inward and reflection. The pandemic became a time for rediscovering oneself (30.7%); these stories included references to how the pandemic has sparked awareness of themselves and their character, and an appreciation of who they are. They emphasized having more time alone for self-reflection and thus the importance

of self-appreciation, personal growth, and self-knowledge. In general, they spoke of learning new things as well as developing new skills and talents in the available time. They had discovered features of their character, such as strength and resilience, which they had not paid attention to previously, the importance of characteristics such as kindness, patience, humility, believing in oneself, and authenticity, or 'I have learned that I am resourceful and that I can rely more on my abilities (NL)'. At the same time, the pandemic had brought realization to some of the extent to which they feared death. Stories of personal awareness were most often reported by young adults (age 17–40 = 33.1%, 41–65 = 27.3%, over 66 29.5%; $\chi^2 = 6.03$, $p = .049$).

The pandemic was a time also of existential and philosophical insights (29.8%) and of personal transformations (21.6%). Some of these related to the palpable awareness of the fragility and impermanence of life, and thus the importance of valuing it. 'Anything can happen, life is short, and we must enjoy it to the fullest (PR)'. For some, there was a renewed acceptance of the inevitability of mortality, as well as acceptance of humans' inability to control nature and global events. Some came to the realization that what they previously believed to be important (and filled their lives) they now realized to be insignificant. 'The pandemic taught me to stop for a second and think about my life and my conduct; I wonder if I made the right choices in my life and what actually led me to these choices and if I should actually make a change of direction? (IL)'. They wrote about becoming more aware of the insignificance of material possessions and the striving for them. 'Material things have stopped being important and the presence of those we love, and we are not able to see yet becomes more relevant and necessary (US)'. They wrote of gratitude they have found, including for what they have and how fortunate they are (to be healthy, to have a job, that their families are healthy), for the ability or opportunities to make choices. Others spoke of their awareness that there is meaning and beauty everywhere and they are more sensitive to that now. For some, this was a time for them to reconnect to their religious or spiritual beliefs, and to find inner peace and balance. Some reframed the pandemic, as it gave the opportunity to rethink one's priorities, for example 'it might sound strange, but this pandemic is not a bad thing at all (BG)'. This theme of new insights most often appeared in the stories by young adults (age 17–40 = 33.2%, 41–65 = 25.1%, over 66 = 28.4%; $\chi^2 = 12.11$, $p = .002$) and people with graduate-level education (less than college = 25.9, college = 28.3, grad school = 33.0%; $\chi^2 = 7.11$, $p = .029$).

Future self (Supplement 2 Table 2_Q3)

For the future, some wished to make personal changes in their behaviors after the pandemic (8.2%), which would be in tune with their new insights. These changes might refer to new or revived health promoting behaviors such as going to the gym, losing weight, retaining new hygiene habits or changing eating habits; improving skills (e.g. attending professional workshops); changing financial behaviors (saving in case of a new crisis); using time differently (relaxing, maintaining a routine) or 'start shopping in a more conscious manner'. This way of looking toward the future was relevant mostly for men (men = 11.6%, women = 6.9%; $\chi^2 = 9.67$, $p = .002$), young adults (age 17–40 = 10.8%, 41–65 = 5.1%, over 66 = 2.1%; $\chi^2 = 21.35$, $p = .001$), and people with graduate education (less than college = 5.0%, college = 7.2%, grad school = 10.4%; $\chi^2 = 11.06$, $p = .004$). Importantly, 14.9% of the participants reported looking forward to embracing new values

and philosophy such as 'looking forward to embracing nature and appreciating the earth resources'. Such could be a life of optimism and hope, connecting with nature, appreciating the value of health, enjoying the small things in life, living in a more conscious and mindful way, living in the moment, embracing love and care and rejecting materialism and consumerism.

The meaning of daily life

Facing disruptions in daily life (Supplement 2_ Table 3_Q1)

During this first wave, participants saw the pandemic causing major disruptions in their work arrangements, educational schedules and thus their financial situations. Problems related to the changing situation of work in general were evident for many of the respondents (15.6%). Some had lost their jobs (6.6% of the sample were unemployed, although only a small number of those had lost their jobs as a direct consequence of the pandemic), or their income/salary had been reduced. Others were still employed, but their hours had been reduced, or there was a constant worry about themselves of a family member becoming unemployed. '[We have] difficulties financially since my two children lost their jobs and I need to support them in paying their bills' (PR). Work-related stressors specific to essential workers included fear of getting sick or exposing loved ones to the virus, fatigue, burnout and sleep disturbances, and being separated from or not having enough time with family. Women were significantly more likely than men to write stories about work problems and job loss (men = 10.7%, women = 17.5%; χ^2 = 11.22, p = .001); while older adults were less likely to write such stories (age 17–40 = 15.4%, 41–65 = 17.6%, over 66 = 4.2%; χ^2 = 11.35, p = .001).

The shift to working at home had caused significant disruptions (20.7% of stories referred to this transition). The transition to remote work had created difficulties with childcare, particularly for those who had children also studying remotely, had children with disabilities, or had very limited space at home to conduct work as well as childcare and schooling. Additionally, many people felt this transition had a significant impact on their motivation and productivity related to work and created challenges in juggling work and home/family responsibilities. The stories described the challenges of reinventing their work routine and managing their time. As stated by a participant from Malaysia: 'Prioritizing between work, health and family is very difficult' (MY). For many, the absence of in-person contact and conversations with their co-workers was a significant loss and they wrote of missing their colleagues. Older adults were less likely to discuss issues of working from home (age 17–40 = 20.4%, 41–65 = 22.8%, over 66 = 9.5%; χ^2 = 9.04, p = .011), while people with graduate-level education were more likely (less than college = 9.1%, college = 17.8%, grad school = 28.3%; χ^2 = 63.11, p = .001).

In early 2020, financial hardships due to the pandemic did not seem to be a major concern for most of the respondents. Nevertheless, financial losses were spontaneously mentioned in the stories of 14.9% of our international sample. People with education less than college level wrote more frequently about financial losses and stresses (less than college = 19.2%, college = 17.1%, grad school = 11.5%; χ^2 = 14.72, p = .001). These included extra costs imposed by the pandemic, such as buying protective equipment and sanitizers and the general impact of the pandemic on the economy and people's businesses:

My company stopped running since March, and I could only get the minimum salary for cost of living, the economic pressure made me realize the embarrassment of not saving money during the normal time. Limited income forced me to readjust my living style, I tried to avoid unessential spending (CN).

For some people, the pandemic had led to difficulties in ensuring basic resources, such as food and paying one's rent or facing increased prices for such resources, such as medications.

Challenges with education were reported by 14.1% of the sample. Of those who wrote about disruptions in this area, 46.6% were students, and 42.8% were employed. Students talked about exhaustion due to the transitions and attention needed in the new situation of learning such as remote classes, and they were sad about having to study alone all day and not see their classmates 'The courses are taking place only virtually; this not enjoyable and I am not gaining much from it' (DE). Teachers were also concerned about the quality of education being negatively affected by the pandemic-related restrictions since they did not believe that the quality of remote education equaled that of in-person. Older adults were less likely to discuss difficulties in education (age 17–40 = 19.7%, 41–65 = 7.8%, over 66 = 1.1%; χ^2 = 58.61, p = .000), while people with less than college-level education were most likely (less than college = 19.7%, college = 14.2%, grad school = 11.0%; χ^2 = 16.56, p = .000).

Daily life had changed significantly due to the loss of mobility for over one-fifth of respondents (22.1% of stories). In all countries, some level of travel and mobility restrictions were in place. Even if the restrictions were partial there was a lack of transportation, or people avoided public transport to reduce the risk of infection.

Discovering the beauty in daily life (Supplement 2_Table 3_Q2)

Through these disruptions of daily living, people wrote about increased awareness and appreciation of the mundane things in life, of how much they valued their (previously) regular daily lives (33.3%). The difficulties around the pandemic brought their attention to the importance of practicalities such as having a daily routine (since during stay-at-home this was disrupted), not postponing important decisions, making end of life decisions on time, or creating a sustainable household through starting to grow fruits and vegetables. Not surprisingly, facing the existential threat to health and life, people wrote about being struck in a profound way by the importance of health, beyond the previous rational understanding or taking it for granted '[I learned to] stop living on a future promise of happiness. Right now is all I have' (MY). This included a renewed resolve to live a healthy lifestyle regarding nutrition and exercise, paying attention to the health of loved ones, and the health of communities – insuring effective public health policies and affordable healthcare for all. Some who perhaps had not had trouble meeting basic needs before started to appreciate these basic resources, such as having food and paying the rent.

In writing about their insights, some participants expressed more specifically their increased attention to each moment in life and the simple things around them, or as one person called them 'the little joys of life (US)' (24.5% of the stories). While talking about the importance of the mundane, they also shared how they had become more mindful and were noticing each moment and the joy that it brings. 'We have to live each and every day meaningfully (MY)'. Many talked about how they were more

cognizant of living in the moment as 'the only moment we have is now' (US). They slowed down their pace, rushing less, and not taking things for granted. They started to appreciate the 'sound of silence' and the peacefulness now around them at moments – in the streets due to the stay-at-home measures, or at home. 'The pandemic taught me not take anything for granted. Including our daily life, which sometimes may feel monotonous and repetitive, but in reality is full of opportunities.' (CH). They had an increased awareness of experiencing life more fully and 'creating memories (US)'. Noticing and being in the moment with nature was another aspect of this theme – really seeing the beauty of nature in the blue skies and the clear air, hearing the songs of the birds, and living in the moment as they worked on planting flowers in the garden. Appreciating the moment was a way of making meaning during the pandemic more often for women (men = 19.0%, women = 26.5%; χ^2 = 9.81, p = .002) and for people with college-level education (less than college = 19.7%, college = 28.2%, grad school = 24.7%; χ^2 = 8.37, p = .015).

Looking forward to returning to missed activities (Supplement 2_Table 3_Q3)

Regular daily activities were the ones respondents longed for the most (41.2%). Besides the routine activities of a normal day, they also included travel and movement, attending cultural events, engaging in arts and hobbies, and going out to connect with nature. Daily activities were more relevant to women (men = 37.2%, women = 42.6%; χ^2 = 3.87, p = .049). People were also longing for life without restrictions (36.1%). The longing participants described pertained to living without fear and worry, removing the protective measures such as a face mask, basking in independence, enjoying the freedom of moving freely, and a return to 'the normal', without explicitly explaining or describing what is the normal, or what is 'the way things were'. It was most prevalent in the stories of women (men = 27.4%, women = 39.6%; χ^2 = 20.84, p = .001) and least relevant for young adults (age 17–40 = 33.1%, 41–65 = 40.0%, over 66 = 39.4%; χ^2 = 8.23, p = .016). Another prevalent desire was returning to social activities (24.5%). Participants mentioned social gatherings, celebrations, holidays, and just plainly being out in society and the community.

Occupational activities, such as work and economic revival (12.1%) or education (6.9%) were also part of getting 'back on track': returning to work or finding another job, reinstating a salary and the financial stability it bestows and leaving behind the challenges of remote/online work. The theme of work appeared more often in stories by men (men = 15.0%, women = 11.1%; χ^2 = 4.66, p = .031) and young adults (age 17–40 = 14.9%, 41–65 = 9.2%, over 66 = 4.3%; χ^2 = 17.51, p = .001). Education was longed for either as pertaining to oneself, that is, continuing one's own education, or as pertaining to one's children going back to school and relieving respondents from constant childcare, most relevant to young adults (age 17–40 = 10.2%, 41–65 = 3.0%, over 66 = 1.1%; χ^2 = 36.55, p = .001).

Rethinking societal and environmental values

Societal challenges (Supplement 2_Table 4_Q1 & Q2)

The pandemic had brought on multiple new policies and changes in society (11% of stories) which were experienced as stressful – they included the limitations on personal

choices, the negative media reports and the multiple new rules and regulations. (Supplement 2_ Table 4_Q1). According to some, the government as well as the public were undermining the seriousness of the pandemic and regulations were not strong enough. Others believed the general public, the media, and the government were exaggerating and have ' … total control over my freedoms (BG)'. Some also felt the pandemic was generally utilized for political purposes and were concerned about the division in society that was created by these opposing views. One person says they have lost trust 'That you cannot trust the media with their fake news. People are kept dormant. They cheat with numbers and information. Forced vaccinations from Bill Gates who does not even have a medical license while everyone knows his bad history' (NL).

Younger adults were less concerned about stresses from policies and social dynamics (age 17–40 = 8.5%, 41–65 = 14.3%, over 66 = 12.8%; χ^2 = 13.63, p = .001), while people with graduate-level education were more concerned (less than college = 9.6%, college = 8.7%, grad school = 12.9%; χ^2 = 6.41, p = .041):

> The thought that you were not allowed to move except for the area around the block … The fact that you were forced by the context, to stroll around the same areas of the apartment building, felt like I was robot with a predefined and identical path again and again. I also remember how I felt like crying when I was filling in my first leave-pass. Basically, I was asking for my right to leave the house and to do something absolutely normal (RO).

During the initial period of the pandemic, people became more aware of societal problems and inequalities (10.7%) which existed previously, but which the pandemic illuminated (Supplement 2_ Table 4_Q2). Some of them pointed out how something apparently so small and invisible as the virus, can put society into crisis. It became clearer that societies are not invincible, but rather fragile and vulnerable. Others pointed out the consumerism of society and the egocentricity of human beings, which became more apparent during the pandemic. The fragility of the economy became evident and many people became aware of the economic consequences of the pandemic. Others expressed their realization of the unpreparedness of systems and institutions, including health and education systems. People came to the realization that some governments are not prioritizing the well-being of their citizens, but rather their personal and economic interests, politicizing the pandemic. They discussed the tension between the solidarity among human beings, on the one hand, and their aggressiveness and self-centeredness on the other hand. Challenges faced by societies were more often prominent in stories written by older adults (age 17–40 = 8.5%, 41–65 = 12.5%, over 66 = 20.0%; χ^2 = 15.59, p = .001) and people with graduate-level education (less than college = 11.6%, college = 5.3%, grad school = 13.2%; χ^2 = 20.19, p = .001).

Insights about social and environmental priorities (Supplement 2_Table 4_Q2)

For many participants (25.1%) the pandemic had brought insight into how important issues related to the interconnectedness and solidarity among people are. By the time the study was conducted, the virus had struck almost every country, and brought awareness of our global connectedness 'it has taught me the importance of helping others who need it' (MY). The suffering witnessed showed the importance of empathy with others, and the need to 'unite to face the challenge together (US)'. It also motivated our

participants to 'extend a helping hand (BG)' and help each other as much as possible. It brought to light how resourceful humans are, and how much strength we have. Importantly, people also emphasized that adhering to the stay-at-home measures was a form of interconnection and solidarity since it meant safety for all of us together. Others wrote about the importance of creating a fair and just society, which uses resources in a sustainable way, and reduces consumeristic attitudes and behavior. 'That we are, in fact, in a social system (materially and politically) that is murderous. That we forge a world in which capitalism is worth more than life itself (PR)'. These reflections appeared more often in the stories of older adults (age 17–$40 = 22.4\%$, 41–$65 = 28.2\%$, over $66 = 30.5\%$; $\chi^2 = 8.42$, $p = .015$) and those with graduate-level education (less than college = 20.4%, college = 24.5%, grad school = 27.6%; $\chi^2 = 7.34$, $p = .025$). This sense of social justice in some cases expanded to the environment, as people wrote about the increased awareness of the need to protect the Earth, to 'respect nature and not exploit it (US)', and to live in harmony with all animals and plants.

Images of the future (Supplement 2_Table 4_Q3)

People focused on relationships with each other and with the natural world (11.7%) when they envisioned the future. They wrote that they envisioned a society caring for the planet/environment, people being more compassionate with the environment and science being valued by all, that 'personal interests are subordinate to the public interests (CN)'. Their visions regarding people included peaceful coexistence, an equal and just society, solidarity and caring and just common humanity. 'I believe that after this we will all be better people and that will make me very happy'. These were prevalent in stories by older adults (age 17–$40 = 9.8\%$, 41–$65 = 13.4\%$, over $66 = 20.0\%$; $\chi^2 = 11.48$, $p = .003$), and people with graduate education (less than college = 7.1%, college = 11.4%, grad school = 14.1%; $\chi^2 = 12.99$, $p = .002$).

Discussion

> I long and hope for change. Life has taught me that changes always bring gifts. Even if they hurt at the time … as time goes by, we realize that it was the best thing that could have happened to us. So, I hope that this pandemic will bring changes both in my country and in the rest of the world. Changes that will have a positive impact on the planet and all the beings that inhabit it (age 31, woman, PR).

The coronavirus pandemic has been a dominant public health issue for over a year at the time of writing and has touched all aspects of life for those who shared their stories from around the globe. These include their perceptions of changes in self, relationships, daily life including work, and in their views on society, government, and the environment. The ways in which these life domains have been touched vary by demographic characteristics and by the local contexts of public health and policy measures. Our study illustrates the multiple ways in which people in 15 countries made sense of their lives, disrupted by the pandemic in its early months. For some, the pandemic had solidified values and beliefs they already were aware of, for others, it had brought new awareness and insight about additional problems, or about what they held to be important. Some of the insights seemed self-evident, but people had now internalized these meanings in profound ways.

Prevalent concerns during the pandemic

What emerged as the most common concern among the samples from all 15 countries was the rupture of connections with others and the longing for reconnecting. In the stories prompted by all three open-ended questions, the themes relevant to relationships were most prevalent. The challenges were predominantly related to the sadness and loneliness of separations, missing others and physical contact (Macdonald & Hülür, 2021), as well as relational conflicts. Many stories shared intense worry for the health of others, particularly older relatives and those with pre-existing conditions which increased risk. The concerns regarding disrupted relationships and the social distancing measures emerged as highly relevant for the stories from all countries (reaching over 50% of the stories in some countries such as The Netherlands). They were particularly relevant for women, who wrote about intensely missing their parents, friends and co-workers (Evans et al., 2020).

Less prevalent were the challenges evoked by relational conflicts due for example to being locked-in with the same people over long periods of time. Yet these were intense stressors for families (particularly mothers) with school-aged children, for which the home had been transformed into a workspace and school. Some of the current research has illustrated how the stay-at-home measures have increased the toxicity of close relationships, including instances of domestic violence (Lyons & Brewer, 2021), though such examples were not shared in the stories of our sample.

The disruptions in one's identity and roles were also significant in the initial months of the pandemic, a period characterized by uncertainty and confusion. Though few had had direct contact with the virus, it had evoked existential anxieties about illness and mortality, or as stated by Yang (2020) 'awakened us to our existential predicament'. Health concerns were clearly another highly prevalent issue. For some, it had brought a realization of the extent to which they feared death. Overall, fear was the most prevalent emotion in the narratives, particularly for women. For some the distress of being confined in one place was significant, or the anxiety associated with being monitored in relation to rule following, or because of the absence of freedom of movement and choice. Anxiety impacted people's health, including worsened sleep patterns, reduced physical activity and increased food consumption, which in turn could further affect mental health (Arora & Grey, 2020). Most people who wrote about the behavioral measures were complying with them – and this could be a source of perceived control, or a source of stress (Milman et al., 2020). This period was also one of coming to terms with having to give up many plans and life transitions such as celebrations of graduations and weddings. The prevalence of disappointments and losses in expectations, plans and opportunities were most relevant to young adults (Branquinho et al., 2020).

Disruptions of daily life were most palpable in the sphere of work and education. One such significant transformation had to do with moving to remote work and learning. Loss of work, or more often anxiety about the possible loss of work was a central experience during the pandemic, particularly relevant for women in our sample. As also noted by others, the pandemic has disproportionately affected women and minorities with respect to their professional development (Gabster, Kv, Dhatt, & Barry, 2020). For example, due to school closures and stay-at-home, mothers in the US have had to

reduce their work hours up to 5 times more than men, increasing the gender gap (Collins, Landivar, Ruppanner, & Scarborough, 2021). Financial challenges and limitations accompanied these changes for some of our participants, particularly for those with less than college education.

The social and policy changes that had rapidly overcome most countries brought concerns and further disrupted peoples' lives. They also illuminated existing societal and environmental problems, such as governments' unpreparedness for managing crises, consumerism, egocentricity, fragility of systems, and social and environmental injustices. These insights provoked fears for the future, more often for older adults.

The pandemic has illuminated and deepened existing inequalities and created new ones. Concerns about job loss and work problems were more relevant for women, who have been more likely to lose their jobs or had to reduce their hours (Collins et al., 2021). We see other dimensions of inequalities with people with less than college education who wrote significantly more about concerns about financial losses and difficulties with continuing their (or their children's) education. On the other hand, people with a higher than college education wrote about working from home, which has been associated with significant stress (Kniffin et al., 2021). However, the option to be able to work at home has also been protective from the economic and health effects of COVID-19.

Making meaning of the disruptions provoked by the pandemic

One view of narrative is that its main function is to construct meaning (Schiff, 2012), particularly of disruptive and threatening events. Through narratives, disruptive and chaotic events are connected into a sequence which gives an organization to what was before, what is the present and what will be the future. Through connecting chaotic events in a plot, people give them meaning through their explanation of why they happened, what has changed, and what it means for the future. There are several ways to make meaning of the pandemic, which we identified in the stories of our participants.

The disruption in social ties had increased some people's awareness of how much their loved ones meant to them, including family, romantic partners and friends or 'the pandemic taught me that I love my mother even more than I had thought' (IL). Living at a distance intensified the appreciation of the meaningfulness of face-to-face presence, the value of touch and small exchanges of kindness. Those who were being locked down with family members, in parallel with the stress of incessant family closeness, also appreciated how this had given them more time to know each other and see each other in a different perspective (Evans et al., 2020). They told stories of longing to reconnect with those who were at a distance (particularly elderly parents and relatives) with the determination to expand the meaningfulness of these relationships. Thus, the pandemic and particularly the stay-at-home measures which increased separations were seen as illuminating the value of one's relationship and human connection in general. People made meaning of the absences by vowing to leave toxic relationships, to improve the quality of important ones, and to bring human connection as a key value to their lives in the future.

The existential anxiety about illness and mortality, as well as an overall confusion about one's identity, were made meaningful through stories of rediscovering and transforming oneself. The pandemic provoked self-reflection, which had illuminated what

some considered personal weaknesses or dark sides. At the same time, it sparked insights regarding their own strengths, and the preciousness of each life. The awareness of impermanence of life evoked gratitude, appreciation, and acceptance. These changes covered important revisions of philosophies and values, as well as behaviors. Motivated by these new insights, people told stories in which they vowed to develop their strengths and talents going forward. During the pandemic they made meaning through stories of the pandemic leading to positive personal growth as well as changes in one's goals and values.

The opportunity to take time for reflection on personal and existential topics can be considered a privilege afforded to people who have economic security and were mainly working at home when the pandemic stay-at-home measures are in place (Schwarz, 2018). Considering that our sample was highly educated, and many worked at home, these ways of making meaning of personal disruptions might be more prevalent. Within this sample, respondents with graduate-level education were more likely to write stories about existential and philosophical insights, and so were young people, who also wrote about personal growth.

Meaning was made of these disruptions through appreciation of the details of daily life, previously considered mundane, but now being seen in a new light. People missed what they had taken for granted in the freedom and spontaneity and/or the structure of their previous days, and these became precious. In their stories, they explained how each moment became something to cherish and live in fully. The pandemic illuminated the richness of the daily moments, and thus led to a shift in the value of one's daily moments.

These realizations led to an impetus to be part of social and environmental change, to work toward prosocial goals in solidarity with others, and to protect the environment in the post-pandemic world. These sentiments in regard to a future of dedication to social justice were particularly evident for older adults. They now integrate to a greater extent the value of social and environmental justice (and advocacy behaviors in some cases) into one's narratives.

In summary, considering that one of the main functions of narratives is making meaning (Schiff, 2012), we identified several ways our participants do so through stories, which resonate with those discussed by others in the context of illness (Bury, 1982), disasters (Park, 2016) and traumatic experiences (Crossley, 2000).

The stories reframed the meanings of the pandemic itself as something which was not only a cause of suffering and fear, but at the same time, has raised awareness of formerly implicit personal and social values that were made explicit and acquired new meanings. Some people wrote about the pandemic as 'a gift', and 'the best that could have happened to us' (PR), which will lead to positive change. The pandemic was made meaningful through stories in which it was presented as shining a light on people's values and co-constructing new narratives about them – people achieved more clarity on what is valuable for them and in the world, and what is not. In other cases, the emphasis in the stories was on personal growth, changes in one's identity – either through becoming aware of perceived negative aspects of self, or of one's strengths. Narratives of how the pandemic led to a greater appreciation of life were common, and those of acceptance of existential truths or what cannot be controlled (though not highly prevalent), were evident for some

participants. For some people, these were stories of changes in one's understanding of their role and place in the world, their overarching goals.

The meaning making we identified needs to be considered in the context of the stage of the pandemic, the morbidity and mortality rates and mitigating measures at that time (see Supplement 1). During the early months of the first wave when this study was conducted, people were frightened and were aware of and even witnessed illness and deaths, but had still not seen much of this first-hand and were hopeful that the pandemic would be short-lived. While they were saddened by the separations with family members, were frustrated by the limitations on mobility, and were worried about losing their jobs and resulting financial hardships, these might not have impacted them to the extent that they did later, during the second and third waves. Thus, meaning making at that time could be specific for that point in the pandemic– to have tended toward more positive reframing of the stressor, and more optimistic narratives of opportunities for personal growth and social changes, compared to later stages.

Limitations

Some of the limitations of the study came from the nature of the narrative methodology. It was conducted during the lockdowns of the first wave of the pandemic or shortly afterward in most countries and it took several months for the sample to be collected in each partnering country. Few respondents were motivated to spend time reflecting on their experience through writing stories on the online data collection platform. This narrative approach assumes that the prompts will elicit the most important experiences and reflections at that moment, yet it is clear that many other themes might not have been shared for multiple reasons.

The epidemiological and policy context was changing quickly and in different ways among the countries. Nevertheless, we believe that during the period of data collection there was a level of commonality of experiences of people in the partnering countries, compared to the changes which accompanied the next stage, and the second wave of the pandemic.

An additional limitation of the study also stems from the difficulty in recruiting participants for a narrative online study. Our team recruited through social media, and personal or professional networks, resulting in a sample with higher education levels, as well as a high prevalence of students and women. An online questionnaire might be accessible only to a sub-section of the population in each country, depending on access to the internet. These limitations need to be kept in mind when reading the findings.

Future directions

The current paper presents an overview of the methodology and an analysis of the commonalities in meaning making among the diverse populations participating in our study. Future analysis of the data we have collected will focus on the local specifics of the disruptions caused by the pandemic, the resulting distress and potential inequalities in the way it impacted demographic groups within each country. Importantly, further quantitative analysis and in-depth narrative analysis will illuminate culturally specific meaning making processes and the diverse meanings made in different local contexts. More

broadly, further research can aim to understand the association between the different ways of making meaning in the context of the COVID-19 pandemic and psychological and physical health indicators or perceptions.

This research has implications for counseling, coaching, clinical health psychology and therapy during this current period, as well as for the future. This has been a unique period of time in which large segments of societies have been experiencing uncertainly and fear due to the threat of the virus as well as to the measures taken to mitigate its spread. Understanding the ways the pandemic is disrupting meaning making, and on the other hand, the ways people are making sense of a situation which has been associated with loss of loved ones, grief, fear, and social isolation, can inform health promotion messaging and clinical practice for the general public.

Our study illustrates some of the ways of constructing and reconstructing meaning through narratives, which people in several countries have found beneficial and thus can further be explored in practice. Clinicians are also highlighting the possibilities of fostering meaning reconstruction through narrative approaches (Castiglioni & Gaj, 2020; Milner & Echterling, 2021; Stelter & Law, 2010), and future life crafting (De Jong et al., 2020).

A striking conclusion from our study is that in such a critical time globally, when everyone is going through a significant threat to life and health, there are certainly immense differences, but also a commonality of human experiences and narratives. The topic of the need for social relations, the struggle with being in isolation and the transformations in meanings of social relations were valid in all countries. Health psychologists can consider the importance of creating spaces in which people can share and co-construct stories with their communities, friends and health practitioners.

Conclusions

Our study brings an international perspective to coping with disasters. It illustrates the sources of stress and disruptions of daily life in several countries, as well as the way people make sense and create meaning within them. It has shown that we are all together in this global health threat, and people around the world are struggling to make sense of it. We have focused on some common themes among a diverse group of people, spread in three continents. The pandemic has impacted all aspects of people's lives which give it meaning, no matter where they live. MIL can be a key resource for psychological health and well-being. The insights from this study can inform healthcare professionals in helping people cope with the current pandemic as well as prepare for future crises, through supporting them in their meaning making process.

Note

1. Puerto Rico is an unincorporated territory of the United States and Puerto Ricans are US citizens. We are, however, analyzing the data from PR separately, due to the cultural specifics of the island population.

Disclosure statement

ORCID

Yael Benyamini http://orcid.org/0000-0001-5110-8212
Maria del Rio Carral http://orcid.org/0000-0002-1676-3964
Mariana Guzzardo http://orcid.org/0000-0002-3716-7336
Femke Hilverda http://orcid.org/0000-0002-7542-4508
Sanjida Khan http://orcid.org/0000-0002-5944-8606
Manja Vollmann http://orcid.org/0000-0001-6464-775X

References

Arora, T., & Grey, I. (2020). Health behaviour changes during COVID-19 and the potential consequences: A mini-review. *Journal of Health Psychology*, *25*(9), 1155–1163.

Arslan, G., & Allen, K.-A. (2021). Exploring the association between coronavirus stress, meaning in life, psychological flexibility, and subjective well-being. *Psychology, Health, and Medicine*. doi:10.1080/13548506.2021.1876892

Branquinho, C., Kelly, C., Arevalo, L. C., Santos, A., & de Matos M, G. (2020). "Hey, we also have something to say": A qualitative study of Portuguese adolescents' and young people's experiences under COVID-19. *Journal of Community Psychology*, *48*(8), 2740–2752.

Braun, V., & Clarke, V. (2014). What can "thematic analysis" offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-Being*, *9*. doi:10.3402/qhw.v9.26152

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. *The Lancet*, *395*(10227), 912–920. doi:10.1016/s0140-6736(20)30460-8

Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, *4*(2), 167–182.

Castiglioni, M., & Gaj, N. (2020). Fostering the reconstruction of meaning among the general population during the COVID-19 pandemic. *Frontiers in Psychology*, *11*, 567419. doi:10.3389/fpsyg.2020.567419

Chang, Y., Chien, C., & Shen, L.-F. (2021). Telecommuting during the coronavirus pandemic: Future time orientation as a mediator between proactive coping and perceived work productivity in two cultural samples. *Personality and Individual Differences*, *171*, 110508. doi:10.1016/j.paid.2020.110508

Cipolletta, S., & Ortu, M. C. (2020). COVID-19: Common constructions of the pandemic and their implications. *Journal of Constructivist Psychology*, *34*(3), 278–294.

Collins, C., Landivar, L. C., Ruppanner, L., & Scarborough, W. J. (2021). COVID-19 and the gender gap in work hours. *Gender, Work and Organization*, *28*(S1), 101–112.

Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2020). Hope and well-being in vulnerable contexts during the COVID-19 pandemic: Does religious coping matter? *The Journal of Positive Psychology*. doi:10.1080/17439760.2020.1832247

Crossley, M. L. (2000). Narrative psychology, trauma and the study of self/identity. *Theory & Psychology*, *10*(4), 527–546.

Czekierda, K., Banik, A., Park, C. L., & Luszczynska, A. (2017). Meaning in life and physical health: Systematic review and meta-analysis. *Health Psychology Review*, *11*(4), 387–418.

De Jong, E. M., Ziegler, N., & Schippers, M. C. (2020). From shattered goals to meaning in life: Life crafting in times of the COVID-19 pandemic. *Frontiers in Psychology*, *11*, 577708. doi:10.3389/fpsyg.2020.577708

Di Trani, M., Mariani, R., Renzi, A., Trabucchi, G., Tambelli, R., & Danskin, K. (2020). The impact of coping strategies and perceived family support on depressive and anxious symptomatology during the coronavirus pandemic (COVID-19) lockdown. *Frontiers in Psychiatry*, *11*, 587724–587724.

Eisenbeck, N., Pérez-Escobar, J. A., & Carreno, D. F. (2021). Meaning-centered coping in the era of COVID-19: Direct and moderating effects on depression, anxiety, and stress. *Frontiers in Psychology*, 12, 648383. doi:10.3389/fpsyg.2021.648383

Evans, S., Mikocka-Walus, A., Klas, A., Olive, L., Sciberras, E., Karantzas, G., & Westrupp, E. M. (2020). From "It has stopped our lives" to "spending more time together has strengthened bonds": The varied experiences of Australian families during COVID-19. *Frontiers in Psychology*, 11, 588667. doi:10.3389/fpsyg.2020.588667

Finell, E., Tiilikainen, M., Jasinskaja-Lahti, I., Hasan, N., & Muthana, F. (2021). Lived experience related to the COVID-19 pandemic among arabic-, Russian- and Somali-speaking migrants in Finland. *International Journal of Environmental Research and Public Health*, 18(5), 2601. doi:10.3390/ijerph18052601

Fioretti, C., Palladino, B. E., Nocentini, A., & Menesini, E. (2020). Positive and negative experiences of living in COVID-19 pandemic: Analysis of Italian adolescents' narratives. *Frontiers in Psychology*, 11, 599531. doi:10.3389/fpsyg.2020.599531

Friese, S., Soratto, J., & Pires, D. (2018). *Carrying out a computer-aided thematic content analysis with ATLAS.ti*. Göttingen: Max Planck Institute for the Study of Religious and Ethnic Diversity.

Gabster, B. P., Kv, D., Dhatt, R., & Barry, M. (2020). Challenges for the female academic during the COVID-19 pandemic. *The Lancet*, 395(10242), 1968–1970.

Joffe, H., Rossetto, T., Solberg, C., & O'Connor, C. (2020). Social representations of earthquakes: A study of people living in three highly seismic areas. *Earthquake Spectra*, 29(2), 367–397.

Johns Hopkins Coronavirus Resource Center. (2021). https://coronavirus.jhu.edu/map.html. Accessed March 6 2021

Khan, A. H., Sultana, M. S., Hossain, S., Hasan, M. T., Ahmed, H. U., & Sikder, M. T. (2020). The impact of COVID-19 pandemic on mental health & wellbeing among home-quarantined Bangladeshi students: A cross-sectional pilot study. *Journal of Affective Disorders*, 277, 121–128.

Kniffin, K. M., Narayanan, J., Anseel, F., Antonakis, J., Ashford, S. P., Bakker, A. B., … Vugt, M. v. (2021). COVID-19 and the workplace: Implications, issues, and insights for future research and action. *American Psychologist*, 76(1), 63–77. doi:10.1037/amp0000716

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159–174.

Li, J.-B., Dou, K., & Liang, Y. (2021). The relationship between presence of meaning, search for meaning, and subjective well-being: A three-level meta-analysis based on the meaning in life questionnaire. *Journal of Happiness Studies*, 22(1), 467–489.

Lin, L. (2021). Longitudinal associations of meaning in life and psychosocial adjustment to the COVID-19 outbreak in China. *British Journal of Health Psychology*, 26, 525–534.

Lyons, M., & Brewer, G. (2021). Experiences of intimate partner violence during lockdown and the Covid-19 pandemic. *Journal of Family Violence*. doi:10.1007/s10896-021-00260-x

Macdonald, B., & Hülür, G. (2021). Well-being and loneliness in Swiss older adults during the COVID-19 pandemic: The role of social relationships. *The Gerontologist*, 61(2), 240–250.

Marmot, M., & Allen, J. J. (2020). COVID-19: Exposing and amplifying inequalities. *Journal of Epidemiology and Community Health*, 74, 681–682.

Milman, E., Lee, S. A., & Neimeyer, R. A. (2020). Social isolation and the mitigation of coronavirus anxiety: The mediating role of meaning. *Death Studies*. doi:10.1080/07481187.2020.1775362

Milner, R. J., & Echterling, L. G. (2021). Co-constructing meaning in the time of coronavirus. *Journal of Constructivist Psychology*, 34(3), 295–308.

Murray, M. (1997). A narrative approach to health psychology: Background and potential. *Journal of Health Psychology*, 2(1), 9–20.

Nussbaumer-Streit, B., Mayr, V., Dobrescu, A. I., Chapman, A., Persad, E., Klerings, I., … Gartlehner, G. (2020). Quarantine alone or in combination with other public health measures to control COVID-19: A rapid review. *Cochrane Database of Systematic Reviews*, 4, CD013574. doi:10.1002/14651858.CD013574

O'Connor, C., & Joffe, H. (2020). Intercoder reliability in qualitative research: Debates and practical guidelines. *International Journal of Qualitative Methods*, 19. doi:10.1177/1609406919899220

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, *136*(2), 257–301.

Park, C. L. (2016). Meaning making in the context of disasters. *Journal of Clinical Psychology*, *72* (12), 1234–1246.

Parola, A. (2020). Novel coronavirus outbreak and career development: A narrative approach into the meaning for Italian university graduates. *Frontiers in Psychology*, *11*, 2255. doi:10.3389/fpsyg.2020.02255

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications, Inc.

Schiff, B. (2012). The function of narrative:: Toward a narrative psychology of meaning. *Narrative Matters*, *2*(1), 33–47.

Schwarz, S. (2018). Resilience in psychology: A critical analysis of the concept. *Theory and; Psychology*, *28*(4), 528–541.

Sools, A. M., Murray, M., & Westerhof, G. J. (2015). Narrative health psychology: Once more unto the breach. *Journal of Health Psychology*, *20*(3), 239–245.

Stelter, R., & Law, H. (2010). Coaching – narrative-collaborative practice. *International Coaching Psychology Review*, *5*(2), 152–164.

Taylor, S. E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist*, *38*(11), 1161–1173.

Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, *66*(4), 317–320.

Trzebiński, J., Cabański, M., & Czarnecka, J. Z. (2020). Reaction to the COVID-19 pandemic: The influence of meaning in life, life satisfaction, and assumptions on world orderliness and positivity. *Journal of Loss and Trauma*, *25*(6-7), 544–557.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, *15* (3), 398–405.

Varga, T. V., Bu, F., Dissing, A. S., Elsenburg, L. K., Bustamante, J. J. H., Matta, J., van Zon, S. K. R., … Rod, N. H. (2021). Loneliness, worries, anxiety, and precautionary behaviours in response to the COVID-19 pandemic: A longitudinal analysis of 200,000 Western and Northern Europeans. *The Lancet Regional Health - Europe*, *2*, 100020. doi:10.1016/j.lanepe.2020.100020

Venuleo, C., Marinaci, T., Gennaro, A., & Palmieri, A. (2020). The meaning of living in the time of COVID-19. A large sample narrative inquiry. *Frontiers in Psychology*, *11*, 577077. doi:10.3389/fpsyg.2020.577077

Vigo, D., Patten, S., Pajer, K., Krausz, M., Taylor, S., Rush, B., … Yatham, L. N. (2020). Mental health of communities during the COVID-19 pandemic. *The Canadian Journal of Psychiatry*, *65*(10), 681–687. doi:10.1177/0706743720926676

WHO. (2021). *Statement on the sixth meeting of the International Health Regulations Emergency Committee regarding the coronavirus disease (COVID-19) pandemic*. https://www.who.int/news/item/15-01-2021-statement-on-the-sixth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

Winter, D. A., & Reed, N. (2020). Unprecedented times for many but not for all: Personal construct perspectives on the COVID-19 pandemic. *Journal of Constructivist Psychology*, *35*(3), 254–263. doi:10.1080/10720537.2020.1791291

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., … McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of Affective Disorders*, *277*, 55–64. doi:10.1016/j.jad.2020.08.001

Yang, M. (2020). Resilience and meaning-making amid the COVID-19 epidemic in China. *Journal of Humanistic Psychology*, *60*(5), 662–671.

Yildirim, M., Arslan, G., & Wong, P. T. P. (2021). Meaningful living, resilience, affective balance, and psychological health problems among turkish young adults during coronavirus pandemic. *Current Psychology*. doi:10.1007/s12144-020-01244-8