

# Social Cultural Change in The “New Normal”: An Ethno-phenomenological Study in a COVID 19 Early Infection Era in the City of Lusaka

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## Abstract

The purpose of the study was to exhibit mental phenomena of insights into the enigma of life as experience it in form of meanings that are intentionally directed towards physical phenomena being COVID 19 measures on one hand and individual as well as collective behaviour in a COVID 19 early infection era in the City of Lusaka. An ethno-phenomenological study was chosen for this study. Data was collected using a transect walk using interviews and filed observations. Data was collected from (a) two markets in two townships and these are Matero and M'tendere and (b) two shopping malls and these are East Park and Manda Hill. Data analysis was done using an integrative approach comprising content analysis, van Manen's descriptive-interpretive phenomenological approach and Husserl's phenomenological crystallization. The findings were organised under four themes which are determined a priori as social facts and these included (a) restriction of close personal contact – greetings (b) physical and social distancing (c) restriction of unnecessary public gatherings and (d) other measures. Verbal greetings dominated the new normal (AV.FR 5.8) From the prevailing culture in the City of Lusaka, it was not expected to have foot shakes and elbow bumps. These seemed to be permeating the new normal. The least mentioned social distance activity was working/teleworking ( AV.FR 1.3). Mass shopping and trading continued within the “new normal” (AV.FR 5.2). The findings tend to identify true differences based on affluence in terms of the elicited social behaviour following the prescribed expected behaviours of adhering to COVID 19 measures. The conclusion of the study is that affluent people are more adherent to the prescriptions of the new normal than the non-affluent are. The affluent have adapted more to social change demanded by COVID 19 than the non-affluent. COVID 19 is a social force that has created social cultural innovation and cultural diffusion of practices from a distant place to Lusaka a locale. This is an opportunity for the government to consider embracing in an integrative way, the need to communicate to the public health effective messages that could bring about the expected social actions as well as health behaviours as doing so, would ensure the spread of communicable diseases in the future are minimised. Sociologists ought to rewrite the sociological history of social change by adding to the literature that colossal pandemic events, like COVID 19 though, bring about social cultural change instantaneously change and not over time as postulated in the current literature.

**Keywords:** new normal, COVID 19, social cultural change, social action, health behaviour

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## Introduction

In the history of social thought, the unit of social change is the social structure, which by definition consists of social actions between men that have achieved a certain definitiveness of forms and relative permanence. In spite of these characteristics of social structures, sociological thinkers have had the position that the human social structures (which include cultures) do not remain unaltered (Salawu, 2010) and socio-cultural change that may be expressed by an individual or collectivities is one aspect. Social cultural change refers to the ways people perceive and react to different situations.

COVID 19 pandemic brought up rapid prescriptions of social control by governments and the World Health Organisation. This re ignited the utilisation of the concept “new normal” though certainly not introduced for the first time in history which first appeared during the 2008 financial crisis to refer to the dramatic economic, cultural and social transformations that caused precariousness and social unrest, impacting collective perceptions and individual lifestyles (El-Erian, 2010). Since then, the concept “new normal” has been gathering momentum and has attracted research interest pre and post COVID 19 pandemic (see Norberg et al., 2011; Wildemeersch and Jütte, 2017; Dziuban et al., 2018; Krzyżanowski et al., 2022). This term has been used again during the COVID-19 pandemic to point out how essential aspects of human life in terms of both social and individual behaviour have been transformed.

### *History of COVID 19 Pandemic*

The “new normal” has become in vogue in everyday parlance and in the media in Zambia as it is linked to COVID 19. A “new normal” is a state to which society settles following a crisis, when this differs from the situation that prevailed prior to the start of the crisis. The “new normal” is a concept rooted in change that encourages one to deal with current situations rather than lamenting what could have been. It is also expected that people embrace an unfamiliar to become the standard or the expected.

The current onset of use of usage of the concept “new normal” stems from the emergence of COVID 19 pandemic. The brief history is that on the 31<sup>st</sup> of December in 2019, a cluster of pneumonia cases of unknown aetiology were reported in Wuhan, Hubei Province, China. Following this, on the 9<sup>th</sup> of January 2020, China CDC reported a novel zoonotic coronavirus as the causative agent of this outbreak. The coronavirus disease 2019 (COVID-19) was reported in over 200 countries (WHO, 2020). It is caused by coronavirus 2 (SARS-CoV-2), which is clustered with the SARS-CoVs of bat in a clade and regarded as a SARS-like virus (Malta et al., 2020; Wu et al, 2019; Xu et al., 2020).

### *Social Control due to COVID 19 Pandemic*

The pandemic, referred to hereafter as COVID 19 was declared as such by the World Health Organization [WHO] on March 11<sup>th</sup> of 2020. COVID-19 (Shereen et al., 2020; WHO, 2020). It is now a public health emergency of international concern and has caused widespread morbidity and mortality with massive social change in the way of life people in the world. Based on current evidence, the COVID-19 virus is transmitted between people through droplets, fomites and close contact, with possible spread through faeces (WHO, 2020) and it has generated its own “new normal” with widespread social cultural change which is yet to be profiled empirically in social settings. The ‘new normal’ could transition into a new normalised reality or an abnormal one.

### *COVID 19 and Social Control*

The Zambian government, in response to the global demand to prevent and control the spread of the coronavirus, put in place measures to reduce the risk of transmission among others; in places of work, public places and schools. Among the notable measures to be observed were to practice diligent hand hygiene, as well as respiratory hygiene (eg, covering their cough), and to avoid close contact with ill individuals, if possible. In addition, individuals were encouraged to greet each other without contact, refrain from shaking hands, and avoid gathering in groups of more than 50 and to practice social and physical distancing by staying home as much as possible while at the same time maintaining six feet (one and half meter) the required distance from others as long as they left their homes.

For instance, one of the COVID 19 measures social distancing was initiated in Wuhan, China to prevent the spread of the disease to other parts of the country and gradually other countries such as Italy, Germany, Israel, Sri Lanka, India, UK, France, Belgium started to follow the same process. Social distancing is a method that has been used in epidemics to minimize crowd interactions and prevent the spread of disease within groups of people (Jackson, 2009; Sebastain et al., 2009; Yu et al., 2017).

Before COVID 19, individuals and collectivities demonstrated ideal patterns of social action and interaction embodied in norms, values and cultural products and symbols. However, recognising that COVID 19 was taking a toll globally, in line with the Public Health Act Cap. 295 of the Laws of Zambia, and guided by two Statutory Instruments, SI 21 of 2020 which designates COVID-19 as a notifiable disease and SI 22 of 2020 which provides additional regulations to facilitate management and control of COVID-19 both issued on March 14<sup>th</sup> of 2020, The Minister of Health reiterated mandatory screening and quarantine of international travellers including air travel passengers, truckers, bus operators, and passengers at points of entry, bus stations and other check points from high-risk areas. Further, there was to be henceforth, restricting mass gatherings by way of social distancing in order to prevent infections. Organisations within the country were ordered to reschedule public events or use technology to prevent infection and reduce transmission. All public places including shopping malls, markets and other trading places, restaurants, bars, bus stations, places of worship, schools, offices, and other congregate settings, the public were expected to ensure proper management of waste and maintain physical distance. Further, the public and private institutions were to provide adequate and accessible facilities for hand hygiene and sanitation, failure to which they risked being closed. However, other measures, such as restrictions on unnecessary movement of people, mandatory wearing of face masks, and the prohibition of gatherings of more than 50 people, were pronounced as measures and yet were not backed by any law or legal instrument.

The onset of COVID 19 and these two statutory instruments called a change in social symbols and social actions. There was absolute need to adopt to the expectations of the new normal. In Zambia a word in vogue styled “new normal” ensued. This new normal in essence would create an alteration of systems expected social roles, norms, values, rituals, and customs- collective thoughts as well as shared expectations symbols, rules of

behaviour or values (Vasudeva, 2007; Snell, 2010; Dlabay and Scott, 2011) that would be seen in an ideal situation free of COVID 19 and the measures. While the measures to contain direct transmission of COVID 19 were put in place, very little empirically then was envisaged from the sociological point of view in terms of how the “new normal” had been received in terms of the elicited social action and meanings attached to individual and collective behaviours. This gap in empirical knowledge stems from the fact that social action tends to vary in terms of how people respond to the constraining elements or social facts (Besnard, 1983) as Émile Durkheim would have called them. Therefore, the purpose of the study was to exhibit mental phenomena of insights into the enigma of life as experience it in form of meanings that are intentionally directed towards physical phenomena being COVID 19 measures on one hand and individual as well as collective behaviour in a COVID 19 early infection era in the City of Lusaka.

### **Research Design and Methodology**

We designed this study based on ontological and epistemological assumptions guided by the philosophical lens of cultural ethno-phenomenology. The word ‘cultural’ in ‘cultural phenomenology’ suggests the importance of acknowledging that the ways in which the world presents itself for and is grasped by consciousness is an intersubjective way. To say that something is cultural is to say simultaneously that it is shared and that it is made. Culture means shared conditions of making. It means the experiencing of the world as a way of repeatedly making the world, and making it in common.

An ethno-phenomenological study design, in which van Manen's descriptive-interpretive phenomenological approach complemented by Husserl’s transcendental phenomenology and Martin Heidegger’s existential phenomenology were applied.

Van Manen's descriptive-interpretive phenomenological approach was employed to help in empirical collection of participants’ lived experiences and reflective analysis of the participants’ meanings and activities in the “new normal”. In this sense, according to Van Manen, the methods are description of personal experiences, conversational interview, and close observation. This approach was also appropriate in data analysis.

Husserlian transcendental phenomenology was used as a guide us to bracket our own conceptions and experiences and to allow our participants to bring out all they could freely and to help in eidetic crystallization during data analysis (Husserl, 1974; 2014).

Martin’s Heidegger’s phenomenology was selected to structure observations to guide interviews around COVID 19 measures which type of phenomenology allows the use of a conceptual or theoretical framework (Heidegger, 1962; 1995) as a loose mind map. The four measures included (a) Restriction of close personal contact – Greetings (b) Physical and Social Distancing (c) Restriction of unnecessary public gatherings and (d) other measures.

### **Sampling**

We employed convenient sampling to enlist our participants. We used this type of sampling technique because it was only possible under the lock down to get participants who would be opportunistically available (Cubit and Lopez, 2011; Lopez and Whitehead, 2013). We took into consideration how easy it would be to access participants and to ensure that corporeality, spatiality and temporality - 'being-in-the-world' were considered and withstanding willingness to participate in the study.

We decided to study shoppers and traders we then grounded this study within phenomenology which is one of the qualitative research paradigms in order to understand the lived experiences of phenomena of the “new normal” in terms of constructions of what men and women practice (Schreier, 2012) in the “new normal” in a COVID 19 early infection era in the City of Lusaka. The ideas of the lived experiences are rendered as constructions. Chua (1986) notes that action can only be understood by reference to its meaning, where the interpretive and constructive paradigms facilitate it. We opted for phenomenology to bring out the significance of understanding of the daily life of a people (life world) to reveal and interpret how people act in the “new normal”. Based on this concept of the “new normal”, we opted to observe and interrogate phenomena in the field using the interpretive phenomenological method.

### **Data collection Procedures**

We collected data from April 20 to May 13 2020. This was the first three weeks of the first wave of COVID 19. We called this as “early COVID 19 epoch or onset” in the “new normal” epoch. This followed the immediate declaration by the Zambian Government of a horde of COVID 19 measures covering restricting close personal contact, social distancing, restricting unnecessary public gatherings and other measures.

Specifically, we selected four areas as sources of data and these are East Park and Manda Hill shopping malls (representing people who were engaged in high affluent trading and shopping or classified as rich shoppers and shop assistants) and Matero and M’tendere Market (representing people who were engaged in low affluent trading and shopping or classified as poor to moderate shoppers and traders). The two categories were chosen to

ensure that we had a diversity of types of urbanites.

The ethno-phenomenological transect walk was suited for us to explore and elicit the subjective lived experiences of our participants and adhered to the existing “new normal” conditions as there was a lock-down during the study. As we conducted the transect walk, we made systematic observations, discussed our observations with the participants to allow us understand their lived experiences and meanings of the elicited social actions. The ethno-phenomenological transect walk allowed us to get into the conceptual world of men and women we were meeting. This was with a view to help understand the meaning of social actions, the construction of the “new normal” that had emerged and what constituted their changed life worlds.

We interviewed our participants based on four conceptual frames which were determined *a priori* and these included: Restriction of close personal contact, social distancing and restriction of unnecessary public gatherings and other measures. We opted to get oriented to the nature of our participants’ lived experiences using the four elements to structure our interviews. This approach allowed us to apprehend the phenomena as well as their clarification. The method of questioning employed descriptive and structural questioning to explore experiences (Bevan, 2014). The questions were loosely structured to allow for an in-depth examination of our participants’ subjective experiences within formal structures, such as corporeality, temporality, spatiality, and intersubjectivity. In this way, the descriptive task is not carried out on a totally random basis, as the interviews had the four specific domains that had already been established to guide the study.

While the interviews were structured around the four domains, we made sure that we maintained the phenomenological *epoché*. According to Zahavi (2019b,c), in philosophy, the main goal of Husserlian phenomenology is not purely descriptive or attentive to how things appear to the subject; it focuses neither on the subject nor on the object, but on the correlation between them. In this context, the term *epoché* is used to refer to suspending or putting between parentheses a “naïve” or “natural” attitude toward reality in order to reflect upon fundamental ontological questions, thus adopting a critical stance on the conception of reality as mind-independently given. *Epoché*, is in essence putting “in brackets” our the prejudices (Fischer, 2009), in order to access phenomena as they appear in the experiences of our participants.

The interview topics followed three stages of the deep interview including: (a) helping interviewees to construct their experiential contexts of the “new normal”; (b) assisting interviewees to construct their experiences; and (c) encouraging interviewees to reflect on their experiences (Cerbone, 2014). Therefore, the key elements for asking questions in the three stages, based on the COVID 19 measures included areas like: (a) their contextual experiences about how they were living under COVID 19 and what made sense to do with why and how; (b) the meanings of their social actions (how they communicated) as well as what they were doing differently from the normal and what they had retained in the process of living under COVID 19 and (c) their reflections on the four COVID 19 measures.

Regarding transect walk-based observations, we decided to get oriented to the nature of our participants’ enacted behaviours or physical phenomena as Franz Brentano would call them. We used this approach to immerse ourselves in the shopping and trading routines of our participants. This was followed by asking the meaning of the elicited behaviours.

## Data Analysis

We opted to integrate the phenomenological approaches compared to using one approach because this was deemed to be useful in extracting the phenomena. We used semantical content analysis, Edmund Husserl’s interpretive phenomenological crystallization or reduction and van Manen’s steps. The phenomenological reduction allowed us to focus more on what was purely given to us in experience, and to treat what was experienced and interpreted by our participants as the strict basis for reflection (see Marosan, 2021). We employed the following modified stages:

- a) We applied Husserlian phenomenological *epoché*. When reading the texts over and over bracketing all that we knew about COVID 19 and what was happening in the City. This allowed us to get submerged into the data we had collected from what we recorded and wrote from our field journals.
- b) We then explored the essences from textual data. This was an inductive search for meaning units to allow us reduce the data to essentialities and appreciate the revelation of reality (phenomenon) from the perspective of our participants without our preconceptions. We were able to elicit subthemes.
- c) We reflected about the themes in the textual data that revealed the characteristics of the phenomena based on the four COVID 19 measures. We then employed Husserlian eidetic crystallization (see Husserl, 1979; van Manen, 1997; Lohmar, 2020) to identify the components of phenomena that were to be elicited by examining the essence of mental objects that were revealed to us around each of the four *a priori* themes. We did this by constant tracking back and forth checking the meaning units, subthemes and conceptual categories and their properties and then welding them within their *a priori* thematic areas. The intention was to allow us draw out only the absolutely necessary and invariable phenomena. We followed the guidelines offered by Schutz (1962a, b, 1964a, b) and van Manen (1997) in order to

elucidate the subjective meaning of action by sorting out essential aspects of new normal phenomena within the meaning units that we formulated. We employed four of Schutz’s methodological cannons Schutz (1962a, b, 1964a, b) in the analysis which included;

- (i) The principle of thematic and interpretative relevance;
- (ii) The postulate of logical consistency;
- (iii) The postulate of subjective interpretation: which means that explanations in have to refer ultimately to the subjective meaning of action.
- (iv) The postulate of adequacy: which means that our subthemes and categories being our constructs have to be consistent with the common-sense constructs of actors.

Using these cannons, we sieved what was extremely meaningful and grouped these into sub thematic codes while at the same time linking these to what was linguistically spoken or show descriptive accounts.

- d) We then engaged into writing and rewriting the subjective interpretative accounts by selecting and deselecting excerpts that would be meaningful for our readers to appreciate the phenomena under the new normal. We strived to maintain a strong and directional relationship of the new normal and the elicited social actions (van Manen, 1997; Maulidin, 2003).

These stages were done in tandem with semantical content analysis to classify concepts and constructs (e.g., counting the number of times concepts and their synonyms were referred to, irrespective of the particular words that may be used to make the reference). We used semantical content analysis to determine the presence of words around themes and subthemes. We used Linguistic Inquiry and Word Count software (Pennebaker, et al., 2007a, b), which provides quantitative output showing the types and frequency of words each participant used. We used absolute frequency (A.FR) and the average frequency (AV.FR) as metric units to determine the presence of concepts and constructs by mentions within themes and sub themes. A.FR is taken as the frequency or number of times concepts and constructs were mentioned by the whole sample of participants in the interviews. The AV.FR is like how much each participant in the sample mentioned the concept or construct from the overall mentions. A value more than or equal to 1 in essence shows a better distribution of mentions of the phenomenon to the sample elements and when it is lower than 1, it shows a poor distribution of mention. AV.FR values ought to be more than or equal to 1 to be significant or to be an outstanding phenomenon that is worthy of being a symbol or human action in the “new normal”. Textual data from each participant was constantly compared to develop sub thematic codes as shown in Figure 1.

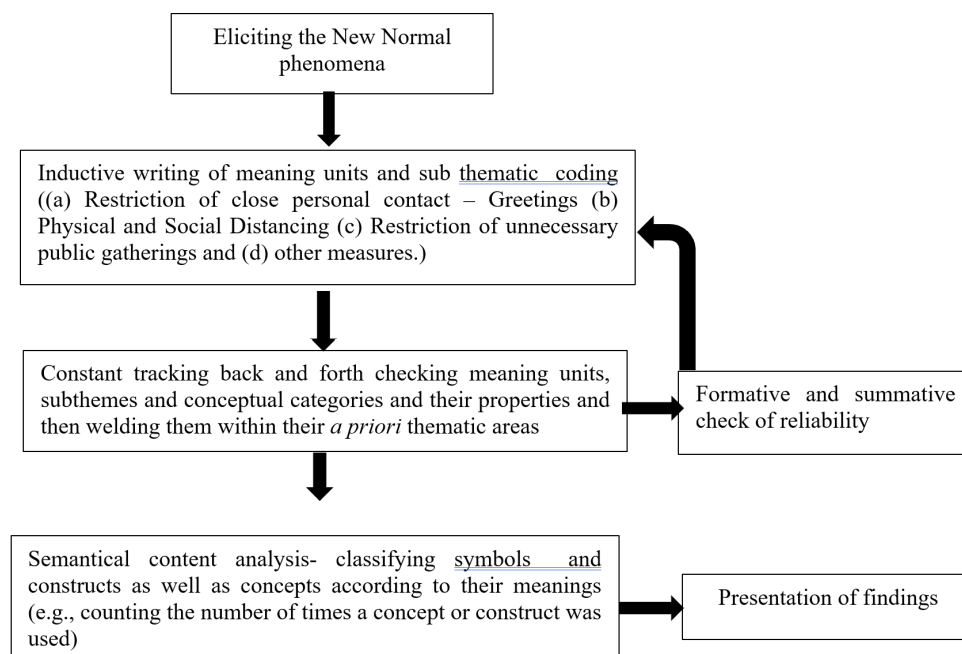


Figure 1: "Step model of inductive and deductive category development"

This integrative analytic process helped us to deductively align emerging data within the existing *a priori* framework of COVID 19 infection control and prevention measures outlined in the SI No. 22 of 2020. It should be appreciated that deductive category application works with previously formulated, conceptually derived aspects of analysis according to Heideggerian existential phenomenology, which are brought into connection within the text. Heideggerian existential phenomenology is the only type of approach that embraces a positivist orientation an infraction of qualitative thinking that allows linking of data to a conceptual framework or formal

theory.

### Findings

We enlisted 115 participants at two shopping malls and two township markets in the City of Lusaka and the distribution is shown in Table 1.

Table 1: Distribution of participants by locality n = 169

Locality	East Park Shopping Mall	Manda Shopping Mall	Hill Matero Market	M'tendere Market
Sample size	n = 23	n = 26	n = 31	n = 35

The sample's age distribution was from a low of 23 years to a high of 49 years and the mean age was 33.9 ( $\pm 3.1$  SD). There were more females than males in the sample (F = 102; M = 67) and this was influenced by a variation in willingness to be part of the study and the nature of convenient sampling which would not allow for gender representativeness in terms of composition.

We present the findings in two forms and these are mere quantitative descriptive data and qualitative findings in form of excerpts from the phenomenological interviews. We present the meanings of our participants' experience and we use the *a priori* themes and the emerging subthemes. We make the feelings, thoughts and attitudes of our informants as mental phenomena plain as van Manen would like phenomenological research to do (van Manen, 1997; Dowling, 2007). We present our qualitative findings relying on Martin Heidegger's (1962) famous dictum of phenomenology which is "to let that which shows itself be seen from itself in the very way in which it shows itself from itself" (p. 58). Heidegger's approach is more ontological, but not inconsistent with the fundamental idea that phenomenology is concerned with what gives itself. This approach is supported by Jean-Luc Marion (2002) a leading phenomenologist who stresses again that phenomenology is the study of how things show or give themselves. He points out that things do not show themselves because we turn to them—When things show themselves, they can only do so because they have already given themselves to us. and descriptive quantitative data.

The quantitative part is in two forms and these are (a) based on absolute frequencies (A.FR) and average frequencies (AV.FR). A.FR is taken as the frequency or number of times the concept or construct was mentioned by the participants in the interviews. From the A.FR, it was possible to average it to get what the researchers considered to be the average frequency (AV.FR). The AV.FR is like how much each participant mentioned the concept or construct from the overall mentions. The qualitative part is represented by quotes to 'typify' the analytical points being made. The findings are structured thematically under three themes.

#### *Theme 1: Restriction of close personal contact - Greetings*

Within the restriction of close personal contact, we inquired what the current practices were in terms of greetings when people meet their accountancies in settings such as offices, places of worship, streets shopping malls and others. The data shows that the new normal is dominated by verbal greetings AV.FR being 5.8 and this is followed by the handshakes (AV.FR = 5). The least of the mentions were hugs (AV. FR= 2.1). In City of Lusaka setting, it is not expected to have foot or Wuhan shakes, elbow bumps and fist bumps at all while these seemed to be permeating the new normal. It is evident from Table 2 that all these forms of greetings were significant since AV.FRs were more than 1.

Table 2. Ranking of restriction of close personal contact – Greetings n = 169

	A.FR	AV.FR
Handshakes	678	5
Hugs	357	2.1
Foot or Wuhan shakes	589	3.4
Elbow bumps	704	4.1
Verbal greetings	988	5.8
Fist bump	388	2.29

Social action in the City of Lusaka is punctuated by traditional ritualistic touching and this ranges from hugs to high fives to pinkie-swears. These acts of interpersonal interaction create feelings of intimate connection between interlocutors who may be meeting after some a long time or some time. The observations relating to the new normal regarding restrictions of close personal contact show that there are innovations to express greetings and these have mental phenomena of humour and happiness. Men and women have innovated using foot shakes, fist bumps and elbow bumps whereas others have intensified verbal greetings while keeping physical distancing. John, who is patron at Hungry Lion had this to say.

*'We are witnessing devastating illness in this century epidemic after epidemic... This coronavirus is spreading rapidly' observed You see that this custom of shaking someone's hand raises the likelihood that you'll infect yourself with any virus that's going around...All I do is offer my elbow or foot shake you know as a continued*

*sign of affection...*

Jacqueline a fruit vendor affirmed her withdrawal of handshake and remarked “I tell everyone who extends their hand as a greeting...I don’t dare greet anyhow I have this deadly fear of corona virus...you only live once and you can kick the bucket as others have (meaning dying)”

Max a bread seller at Matero market who goes about his normal daily interactive behaviour and says ‘*This virus is for rich people...those who fly you know. So far, I have not stopped clasping hands with people in greeting. But I am washing my hands with this sanitizer more*’.

The foot shake appears to be practiced more by men than women whereas the elbow bump and fist bump cuts across both genders. The elite were greeting in this manner much more often than the non-elite.

*Theme II: Physical and Social Distancing*

Transect walks in markets during the whole study period showed that despite the rising number of COVID-19 cases in the city, it was business as usual for food handlers at both M’tendrerere and Matero markets. We saw business men and women who supply farm produce standing neck to neck with buyers. There were hassles when buying merchandise like vegetables, tomatoes, tomatoes, wild fruits and dried foodstuffs such as fish, sardines and beans. Women, mostly micro-small traders, dealing in vegetables, dried cassava and wild fruits jostled for space, and when they get it, they spread their sacks on the floor very close to each other.

Social distance measures were very well understood by men and women in this study as they spoke about them. However, most of the social distance measures have not been practiced from what we observed in both markets and malls. In addition, personal accounts of our participants showed that social distancing was not being adhered to as expected. In the first two weeks of the social distancing measures, people did not see it necessary to stay home as much as possible. They also did not see keeping a meter as necessary when out f hone. Some spoke that that they went out not only for critical needs like getting groceries. Others went out even for what seemed to be non-essential needs. They went out using public vehicles sitting as close as possible and hardly used hand sanitisers.

In the sample, the phenomenon with insignificant mention was flexible working hours since as AV.FR was 0.1. The most mentioned activity was going out only for critical needs exhibiting an AV.FR 6.65 (see Table 3).

Table 3: Ranking of Social Distancing n = 169

<i>Physical and Social distancing</i>	<i>A.FR</i>	<i>AV.FR</i>
People staying at home as much as possible	886	5.2
Going out only for critical needs	1124	6.65
Maintaining a distance of 1m apart	58	5.7
Working/teleworking	236	1.3
Flexible working hours	30	0.1

As the government implored people to observe physical distancing, most public places responded to the new normal of working from home online, there is signage “stand here” and public places were either painted or had signage of foot prints that were placed a meter apart. Restaurants had adhered to only taking food away and one would see chairs turned upside down to show that having a meal and a drink are not allowed. However, physical distancing like maintaining a meter had been adhered to as a new normal. This was a phenomenon that was noted mostly in malls. Riding on public transport or shopping and selling in the two township markets was not linked with maintaining a meter.

The following is a testimony of social distancing which was appeared would be a future trend.

Jasper a mother of two children who are in boarding and had returned following closure noted that the new normal altered their way interacting and had this to say “*we are not getting used to living with our children for long hours in our home. Now they are with us in school in our home...you see this eLearning seems to change our way of life.*”

In a related development, social distancing at work has led to a new form of office work in the home. Robert a banker says use of e commerce or online conferencing is a new thing in town. “*We are now getting used to online conferencing, email, or phone calls with team members at work. This is one thing that was not the order of the day. I am sure with or with this pandemic, working from be there for some time.*”

Japhet a civil servant complained about discontinuance of social gatherings and had this to say. “*It is now very difficult to quench your throat and enjoying some company (meaning to take a bear with acquaintances). It is boring to drink from home but we are getting used any way.*”

It was interesting to note that the expected new normal restriction of decongesting public gatherings within a square meter was not possible in the markets the whole three weeks. The pattern was the same in the malls the first two weeks and tapered down in week three. Physical and social distancing which were been considered as life-saving measure in the wake of the global pandemic, applying COVID-19 measures was proving to be a challenge at Lusaka’s two markets.

Martin had this observation ‘Keeping the one-meter safe distance from one another is not possible at

Soweto because this is the only place, we have found to make us have a stable livelihood...I do not see myself getting anywhere’.

Agness a trader who displayed her merchandise on the floor mat at a market in M’tendere. lamented at the impossibility of implementation physical distancing. She and other traders desired to have an income from selling. Her lamentation below was indicative of resistance or a silent protest to the expected behaviour of physical distancing had this to show her motive for non-adherence ‘we display our mats this close because there is no space for us all to trade under the new environment. *This physical distancing would not accommodate us. If we do, some of us will be taken out of business. We are unable to maintain physical distance*’

### *Theme III: Restriction of unnecessary public gatherings*

Funerals were one social gathering with mixed happenings. James made the following observation. “Although there has been a clear call on the reasons people should stay home, there seem to be some inconsistencies. Funeral gatherings in high density areas are very populated as compared to those in low residential areas. This African unity of Ubuntu has not changed much in low residential units...”

COVID restrictions and fear of contracting COVID 19 were responsible for low numbers of people in malls than in markets. Some of those who were shopping and were seen to buy what seemed not to be essential. This however supported the need for shopping malls to remain open for everything and for the same operating hours as pre COVID 19. However, Rose a teller in one of the malls was ambivalent about the type of shopping and had the following observation “people should only come to shop things that are essential...these times are dangerous and they should not come all the way to buy playing cards”...If I was the proprietor, I could even reduce the shopping hours to protect my staff. The City of Lusaka is a place where community transmission was evident due to its high population density and it was expected that members of the community would seriously consider postponing or reducing mass gatherings. Mass gatherings like church, funeral and drinking in bars bring people together and have the potential to amplify disease and support the recommended best practice of physical distancing. In the sample, church gatherings were the least mentioned and the AV.FR score was 0.7. The most mentioned were funeral gatherings and the AV.FR score was 0.7. Apart from funeral gatherings which the local community considers as a mandatory to attend due to its emotive nature, bars were mentioned more than churches as the sample appeared to be more affected with socialising in the bar than in church.

Table 3. Ranking of restriction of unnecessary public gathering n = 169

Restriction of unnecessary public gatherings	<i>A.FR</i>	<i>AV.FR</i>
Church gatherings	122	0.7
Funeral gatherings	430	2.5
Drinking in bars	178	1
Eating in restaurants	338	2.0

Restriction of unnecessary public gatherings has been adhered to from what we had observed and heard. Church gatherings reduced just as funeral gatherings did especially in low residential areas. Men and women had taken leave from drinking in bars and opted to drink from home instead. Like the rest of the world, eating and drinking places have gone into hibernation and many were closing down. Funerals were one social gathering with mixed happenings. James made the following observation. “*Although there has been a clear call on the reasons people should stay home, there seem to be some inconsistencies. Funeral gatherings in high density areas are very populated as compared to those in low residential areas. This African unity of Ubuntu has not changed much in low residential units...*”

COVID restrictions and fear of contracting COVID 19 were responsible for low numbers of people in malls than in markets. Some of those who were shopping and were seen to buy what seemed not to be essential. This however supported the need for shopping malls to remain open for everything and for the same operating hours as pre COVID 19. However, Rose a teller in one of the malls was ambivalent about the type of shopping and had the following observation “*people should only come to shop things that are essential...these times are dangerous and they should not come all the way to buy playing cards*”...If I was the proprietor, I could even reduce the shopping hours to protect my staff.

Boston was of a different view and argued that everything that one desired was essential and did not see the need for restrictions related to unnecessary public gatherings. He justified one example regarding the need to be found in a public place or a gathering. To Boston, going to the mall to buy monopoly had a foundational meaning for his family. “*There is a lot of boredom and fear being experienced by our kids in this lockdown...there is little schooling taking place... There is this fear of venturing out and in the home, monopoly will do as an interaction tool to mitigate some of these consequences.*

He further made the following remark to show the motive of what may be considered unnecessary public gathering in the new normal. *I went out yesterday and bought them three sets of monopoly. I can assure you over the next few months we will consider the monopoly absolutely essential and as such, household interactive behaviour will keep on changing.*



Alice a shopper made a similar observation to Boston's. *‘‘It is important that parents and families and households can get the things that they need to completely change the way they are going to live for the next six months at least, and so what we have done is to seek what is practical about these issues. I mean, people are buying this and that at the moment – playing cards, books, gym kits...so they can be busy at home. These are things they are going to depend on in the immediate and distant future.’’*

We observed that at peak periods – between Monday and Saturday – the markets become congested such that body contact between patrons and traders or customer-to-customer is unavoidable. The markets are big wholesale outlets for farmers in the surrounding townships. Farmers come to these markets and deal in all sorts of produce ranging from tomatoes to vegetables of varied sorts and seasonal crops such as maize, groundnuts and sweet potatoes. However, in the malls the numbers of shoppers reduced even during pay day and at the peak times of 5 to 20 pm. Shoppers were alert to markings of physical space that was to be maintained.

#### *Theme IV Other Measures*

Masks were worn sparingly in markets and by everyone in malls. Peggy an accounting assistant at a local shop in affirming the changes in the business patterns in the malls said. *‘‘You can see for yourself there are very few people seated at hungry lion...and everyone has a mask on. No one is allowed to enter the mall without wearing a mask’’*

Wearing face masks has been accepted and masks were worn more by adults than by younger persons and children. However very few wearing them. We observed many versions of masks that were worn ranging from mere cloth covering, non-medical face masks which are commonly called community or self-made masks and these were innovations of various forms, some were commercial masks and others used face covers made of cloth, other textiles or other materials such as paper and occasionally, some wore respirators, such as N95, FFP2. There were however, more community or self-made masks than medical masks an indication of emergence of cultural products as part of the ‘new normal.’

Walter observed a positive change in his health behaviours arising from the ‘‘new normal’’ and remarked *‘‘I seem to be hygiene conscious now than before. I am using disinfecting wipes and sanitiser to clean my hands each time I touch things when I am out of my home. I have to move around some hand sanitizer and these wipes you see with me’’*

Patson a director at a local cinema hall observed. *‘‘In my view, people have accepted wearing of masks. I am so happy to see that our women are now not concerned about their appearances....no need for lipstick or mascara. Who will see them anyway that they have put on lipstick. They will get used to these masks...it is a matter of time’’.*

#### *Discussion*

The study shows that in this ‘‘new normal’’ we are facing an alteration to our culture and patterned social actions. The findings have pointed out that pandemics are a force of immediate social cultural change. In the past, the study of social cultural change has mostly been the domain of sociologists, historians and political scientists with social cultural change viewed as relatively peculiar or linked with social trends like population growth and composition, technology, the natural environment, and social conflict inter alia (Varnum, and Grossmann, 2017). However, COVID-19, has created massive social cultural change and shall continue to influence changes in the fabric of our society—from the private lives of individuals to entire social institutions as seen from the findings. The changes have come from the pandemic as well as measures that restrict close personal contact, social distancing, restricting of unnecessary public gatherings coupled with other measures.

It is evident that patterns of social action and health behaviours, including consequences and manifestations of change embodied in altered norms (rules of conduct) as seen in symbolic interaction have demonstrated for instance a novel way of greeting, standing in public places. This is also evident by the generation of indigenous cultural products especially the use of and non-medical face masks.

There are marked differences in adhering to COVID 19 measures according to affluence. One would argue that the observed differences in terms of adherence and particularly non-adherence to COVID 19 prescriptions or social facts as Durkheim would consider them to be, point to two determinants and these could be due to silent protests or resistance and the existing social inequalities in the Zambian society based on affluence and other demographic factors as shown in social cultural change studies (Kossowska and Van Hiel, 2003; Jost et al., 2007; Wilkinson et al., 2007; Malka, Soto et al., 2014; Kay and Brandt, 2016). This resistance to adherence to pandemic safe guards represents a continuum of deviance that ranges from a preference for health behavioural change to a preference for maintaining the current societal practices.

Early pandemic evidence indicates that social cultural behavioural changes and resistances to COVID 19 measures are being borne disproportionately by people in this urbanised society. The COVID-19 outbreak has indeed affected all segments of the population in the city and could be particularly detrimental to members of those social groups in high density areas (non affluent). Those who are more affluent have adapted much more

quickly to social change as demanded by fear around COVID 19 and the prescribed measures than the less affluent. The possible explanation for this variation could be due to the occurrence of relative adherence to social conventions by affluence type and other demographic characteristics. The non-affluent see adherence to pandemic safeguards not a duty as they are not motivated to perform the fiduciary roles of adherence due to their social economic status and perhaps the nature of urban setting in which they live.

#### *Theoretical and Methodological Implications*

This study contributes to phenomenological literature in three ways. First, it presents how a conceptual framework could be applied when using Heideggerian through the lens of the “new normal”. The study shows how phenomenology could be used to make sense of a major transition in life. The study has demonstrated Smith’s assumptions of how interpretive phenomenological analysis has the more modest ambition of attempting to capture particular experiences as experienced for particular people and as well as eliciting eidetic or inceptual meanings of structures or aspects that describe the singular meaning of individual and collective behaviours.

In addition, the subthemes that were derived from the four a priori themes could be further employed in an exploratory or descriptive quantitative project.

#### *Policy Implications*

The government plays a critical role in addressing pandemics. The findings point to the need that we ought to be very watchful and attentive to the silent protests by the non-affluent of not adhering to social and physical distancing as well as wearing masks. As emphasized by the United Nations Secretary-General, during the launch of a COVID-19 Global Humanitarian Response Plan on 23 March 2020 “We must come to the aid of the ultra-vulnerable – millions upon millions of people who are least able to protect themselves. This is a matter of basic human solidarity. It is also crucial for combating the virus.... And any future non COVID 19 pandemics. This is the moment to step up for the vulnerable” by ensuring the adoption of the new normal social conventions. In this vein, the ministries of community development, information and health are challenged to step up correcting the observed anomic social behaviours. Influencing adherence to social conventions requires effort at the community level because even if an individual or small family unit changes its practices, the social convention will still be in place (Mackie and LeJeune, 2008). It is therefore critical for these ministries that are charged with community sensitisation to communicate COVID 19 prevention and health promotion messages in an integrative way. This would allow individuals to maintain social and physical distances from each other and to employ other health prevention and promotion measures for a sustained period of time as these would ensure the spread of the disease is minimized. These practices have been proven to minimize spread of communicable diseases (Reluga, 2010; Munday and Abbott, 2020; Prem et al., 2020). We take this as an important study for policy making with lessons that could be used to promote current and future health promotion and preventive behaviours by embracing the need to alter social cultural norms that may be in conflict with policy prescriptions.

#### *Limitations and Strengths of the Study*

In this study, we did not aim to produce statistical generalisable results. A qualitative design was a more likely project in a lock down situation than employing a quantitative one. This is due to the fact that no statistical analysis would have been possible to provide any quantitative evidence of what was happening on the ground. For this reason, an approach under pinned by a transect walk type of methodology that focused on shoppers and traders was appropriate. However, in spite of the stated limitation, the qualitative accounts we have presented identify true differences based on affluence in terms of health behaviour to life threatening epidemics like COVID 19. We also did not invoke all the measures of conferring trustworthiness of a qualitative inquiry due to the nature of the design and the newness of the pandemic and the social milieux within which researchers were operating.

Moreover, our strength lies in the transparent and systematic way we conducted the study even when it was a rather restrictive environment. Nevertheless, as with any study in an epidemic with limitations to mobility and interaction, our study strikes a balance between completeness and feasibility.

#### *Future Research Implications*

Our study is significant in that future research should be considered to manage infodemics and life course emergent deviant health behaviour in an epidemic. Future research should consider embracing the positive deviance approach that seeks to understand why people in a community do not practice expected health behaviours with a view to integrate evidence into effective planning. The other significant area of this study is that it has emphasised social behavioural cultural changes in pandemics which tend to be ignored in the past by sociologists. The study has affirmed that immediate massive social cultural behavioural changes are also induced by pandemics. We should not only hold positions that rigidly affirm that immediate massive social cultural behavioural changes are induced by war, technology, population, and the environment, singularly or in

some combinations as shown in literature (Ogbun, 1966; Halperin, 2004; Sigrid, 2004; Thompson, 2009). To this end, we have to add a leading analytical voice to the literature in sociology as well as sociology of health that has to promote pandemics as inducers of immediate massive social cultural behavioural change. Now we could add to our sociology literature empirical evidence of what pandemics, especially COVID 19 have done and could do to our social cultural fabric.

### *Conclusion*

In this paper, we have presented the social cultural practices and social actions We have also utilised COVID 19 measures as conceptual framework to demonstrate social cultural practices and social actions. We have filled in the gap of knowledge in terms of what aspects of social actions have not changed or changed while people adopt the expected way of life in the new normal by exploring the construction and meaning of behavioural practices in a COVID 19 early infection era in the City of Lusaka. The crisis arising from the coronavirus disease 2019 (COVID-19), has revealed the strengths and weaknesses of our society in an urban area and has led to opportunities for behavioural and social cultural change. Some of these changes will become part of our “new normal” as we go forward. Our abilities as individuals and collectivities have been tested and our day-to-day practices have been forced to continually reorganise and adapt to pandemic safe guards.

There are very marginal social cultural and behavioural changes arising from the pandemic safeguards by the government in relation to prevention and infection control measures. This is true for restrictions linked to close personal contact, social distancing and unnecessary public gatherings (that is of patterns of social action). The high non-adherence to the new social norms in the City of Lusaka especially by the non-affluent is particularly striking as being physically co-present with in-group members, hand greetings, hugging — including friends and family remain maintained. This represents a unique challenge because people continue to feel safe and take joy from being close to in-group members (Hopkins et al., 2016; Neville et al., 2020; Templeton et al., 2018, 2020). With what we have observed in this study, COVID 19 is a social force that has created social cultural innovation and cultural diffusion of practices from distant places to our locale especially among the affluent.

This is an opportunity for the government to consider embracing in an integrative way, the need to communicate to the public health effective messages that could bring about the expected social actions as well as health behaviours as doing so, would ensure the spread of communicable diseases in the future are minimised. Sociologists ought to rewrite the sociological history of social change by adding to the literature that colossal pandemic events, like COVID 19 though, bring about social cultural change instantaneously change and not over time as postulated in the current literature. Legal restrictions should be complemented through positive messages that would allow individuals to maintain policy prescriptions for a long period of time. These recommendations are being proposed because it is believed that adherence would ensure a minimised spread of communicable diseases.

This is an important study for policy making to promote current and future health promotion and preventive behaviour by embracing the need to lawfully and communicatively alter injurious social cultural norms that may be in conflict with the demands of the new normal. Sociologists may have to rewrite the sociological history of social cultural change by adding that colossal pandemic events, like COVID 19 though may be relatively rare, tend to bring about immediate social cultural change and that social cultural change is not only phenomena that takes a considerable time as some among others posit like Sanderson (1995), Vago (2003) and Weinstein (2010).

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### **Conflicts of Interest**

The authors declare that the main study that forms part of this paper was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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