

Changes in ‘ordinary’ life. Covid-19’s effects on young students’ mental and physical well-being¹


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Abstract: The present paper builds on the topic of ‘disaster studies’, addressing the most crucial theoretical aspects of them: *a)* the purpose of studying «meaningful interactions» between the social system and the individuals and their actions; *b)* the conviction that, in cases of a pandemic or natural disasters, pain and tragedy can take on unequalled levels of emergency, generating powerful effects as relates to the rhythms of ‘ordinary’ life; *c)* the role of cognitive processes in conditioning daily life and determining individual predispositions towards the future.

From this perspective, the research explores the results obtained from an online survey conducted in 2021 on all Sapienza’s students, who have spent an academic mobility period outside Italy or inside Rome. The analysis explores variations and influences of the



cognitive-emotional dimension (beliefs, desires, opportunities) on the (intention-to-) action dimension (attitudes, actions), especially considering the physical and mental well-being aspects.

Keywords: behaviour, emergency, lifestyles, mental well-being, physical well-being, web-survey

1. INTRODUCTION

1.1. Research topic

The aim of the present research is to investigate the implications of global emergencies in terms of redefining the assets of ordinary life. In particular, the hypothesis explored is that of a depowering of the networks of stabilization of behavioural patterns, consequent to the de-structuring of the orders of priorities of everyday life (work, leisure, institutional commitment). The perspective chosen takes into account the phenomena of structural discontinuity in social life, such as the phenomena resulting from the alteration of typical life patterns. They refer to the general theory of the ‘two states of the social’, recalling, among others, the legacy of Pierre Bourdieu (1997), the epigones of the Durkheimian school (1895-1901), the study of charismatic phenomena of Pitirim Sorokin (1962).

Experiences, particularly those gained under conditions of emergency, suddenly burst into the rhythms of everyday life, investing individuals and changing their future orientations and trajectories. These experiences, in their disruptiveness and tragic nature, overwhelm lives by conditioning the future. At times like these, one’s view of tomorrow, more than ever, is affected and influenced by one’s perceptions of the future. Experienced uncertainty activates different deliberative processes and constructs arrangements of the possibilities, in which desires and they mingle with fears and anxieties.

In such a framework, the catastrophe (and Covid-19 is an exemplary case of this), being no longer merely imagined but experienced, becomes a constitutive condition of the ordinary (an event and no longer an eventuality) in which priorities, situations, and states of mind change. These modifications are affected, in turn, not only by the situated contextuality of the emergency (i.e., having been affected by Covid-19 personally or among family and friends, the home country situation during the pandemic), but also by the individual and the structural conditions of the subjects. Indeed, several studies have shown how also the socio-demographic features (i.e., gender, age, cultural background, socio-economic status) differently impact the individuals’ lives in general disaster risks (so, regardless of the Covid-19 pandemic), making some categories (like women, young population, people with less economic resources) more vulnerable than others (Enarson &

Chakrabarti 2018; McKeown & Hagell 2021; Turner et al. 2022). Resource and structural constraints are the main drivers of differentiated impacts of disasters, particularly when vulnerable categories are disproportionately affected. In this sense, also biological factors play a role in the social emergencies contexts.

1.2. Theoretical framework

The present work builds on the topic of 'disaster studies' and, in this context, with the three most material theoretical aspects of them:

a) the purpose of studying "meaningful interactions" between the social system (*macro* dimension), the individuals and their actions (*micro* dimension), the interactions between social system and cultural system (*meso* dimension). This theme recalls the Pitirim Sorokin perspective (2010), which, with specific reference to studying disasters, suggests the possibility of including in the interpretation of the analyzed phenomena a circularity inherent to these three levels of analysis (Elster 1989, 2007a, 2007b; Sonzogni 2011; Sonzogni & D'Ambrosio 2023);

b) the role of cognitive processes in conditioning everydayness and determining individual predispositions towards the future;

c) the conviction that, in cases of a pandemic or natural disasters, pain and tragedy can take on unequalled levels of emergency, generating powerful effects as relates to the rhythms of daily life ("ordinary state of the social") (Mangone 2018).

Considering this framework, following the classic well-known Coleman's Boat (Coleman 1990) – in which beliefs, desires, and opportunities influence attitudes, behaviours, and actions – a map was made to represent the dimensions of relevance for the planned investigation. Closely related, to what has just been recalled, is the debate concerning the ('supposed') conflict between the mental world and the physical world (see Bonolis 2020, 2022; Sonzogni 2022), with respect to which it is relevant here to mention the solution identified by Davidson (1963) with the 'causation theory', understood as an extensional relationship between individual events. This proposal has several strong points: firstly, all mental events are causally related to the physical world; thus, beliefs and desires are the cause of actions that, in turn, modify the physical world. Consequently, it influences desires, beliefs, and intentions. This octave of circularity recalls the Coleman Boat and even the Parsonsian conception of the three 'centres of integration' involved in the social system (culture, personality, and social structure) (Parsons 1951; Parsons & Bales 1955; Sonzogni & D'Ambrosio 2022).

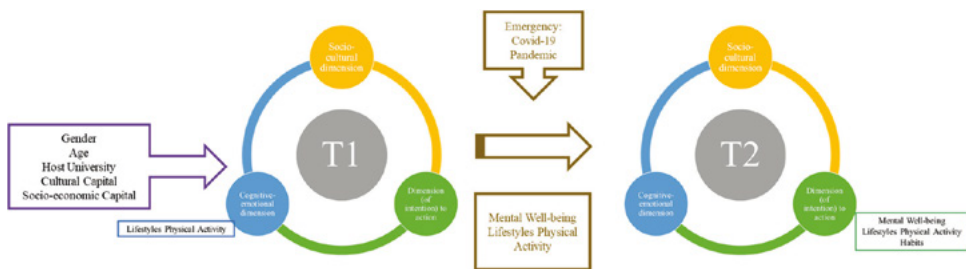
1.3. Conceptual dimensions and indicators of the survey

Based on the theoretical framework presented an online survey was carried out. Analysis explores into a longitudinal perspective (comparing the pre-pandemic and the initial post-pandemic period: summer of 2021) eventual variations as well as influences of the cognitive-emotional dimension (beliefs, desires, opportunities) on the (intention-to-) action dimension (attitudes, behaviours, actions), especially considering the physical and mental health aspects.

Substantial to this last point is the theme of ‘self-care’, which has been dealt with extensively by the sociologist and philosopher Michel Foucault (1984, 1988; see Giddens 1992). Following the path traced by this tradition, in this paper we tried to investigate whether the feeling of identity, the cultivation of one’s image, has changed in relation to this emergence. Does the emergency destroy or promote self-care? What are the conditions that make it possible?

Therefore, after having articulated the theoretical framework in conceptual dimensions, the related indicators could be identified in the survey that was done, as represented in Figure 1.

Figure 1. Relevant conceptual dimensions and reference indicators



More specifically, the first aim was to investigate whether and how the young students’ mental and physical conditions changed during the Covid-19 pandemic. Secondly, attention was paid to the future dimension, exploring how moods changes affected future dispositions. In constructing the survey and analysis plan, as shown in Figure 1, the individual and structural variables of the interviewees were also taken into account. Before introducing further specific considerations that led to the development of the items that were included in the questionnaire (see par. 3), in the next section, we will consider recent research on the subject that highlights the consequence of these phenomena for well-being and underlying motivations for the decision to investigate these variables exhaustively.

2. REACT TO PANDEMIC: DISTRESS OR RESILIENCE?

As pointed out by several scholars (see Beckstein 2021; Carranza 2021), the Covid-19 pandemic has impacted not only people's lives by redefining our daily routines, after the introduction of measures of movement restriction as part of efforts to reduce the spread of the respiratory infection, but it also influenced the individual psychological well-being. As underlined by the World Health Organization (2022), new realities such as working from home, temporary unemployment, home-schooling, and lack of physical contact with relatives and friends/colleagues, lead to difficulties in adapting to lifestyle changes.

Regardless of how the pandemic was handled in different countries, the widespread contagion and lockdown have had an unavoidable psychological consequence on the world population (Rubin 2020). In this context, specific susceptible categories like the elderly (Heymann 2022), children (Liu et al. 2020), and the health-care workers (World Health Organization 2020) reported increased level of psychological distress. Further suffering has also been observed among other groups at risk, such as people with pre-existing psychiatric and somatic conditions (Neelam et al. 2021; Engelmann et al. 2022), people in detention (Liebrez et al. 2020), international migrant workers (Liem et al. 2020), and international students (Humphrey & Forbes-Mewett 2021; Koo & Nyunt 2022). Indeed, in addition to the women or the people with less cultural capital and/or socio-economic resources (Borrescio-Higa & Valenzuela 2021; Solomos 2021) that turned out to be the more susceptible categories to social emergency and Covid-19 pandemic, also the young students have been strongly affected by the pandemic that caused a significant increase in mental health problems (Schoon & Henseke, 2022; Jamshaid et al. 2023).

Since Covid-19 has had a far-reaching impact on people throughout the world, and has resulted in hardship that have cultivated a vulnerability to mental health difficulties, "the mental health repercussions of Covid-19 on the global population have been estimated to be catastrophic if additional funding and supports are not put in place" (Moustafa 2021, p. 1). In this perspective, the risk is that psychological harm can continue to grow over time, with examples of adjustment disorder, acute stress, depression, and anxiety.

During these pandemic years, feelings of fear, demoralization, powerlessness, and nervousness were mostly experienced by the overall population, being perceived as psychological reactions to the health emergency (Taylor 2019) and intensity of news related to it. In fact, a syndrome known as "headline stress disorder" (the term coined by psychologist Dr. Steven Stosny during 2016 United States presidential election) was observed multiple times, specifically during modern pandemics. It is characterized by intense emotional response (e.g., stress

and anxiety) to repetitive reports in news and may cause both physical and mental disorders. As emphasized by Dong and Zheng (2020), media organizations play a significant role in the dissemination of news relating to public health crises, and media coverage has an indirect or direct impact on public actions. In the context of the Covid-19 emergency if, on the one hand, media publicity increased knowledge and prevention tips about the virus, on the other hand, exaggerated news reports produced panic, stress, and anxiety to public (Macleod 2021).

Basing on the World Health Organization' data, during the first year of the Covid-19 pandemic, the global prevalence of anxiety and depression increased by a massive 25% due to many factors such as the social isolation, loneliness, fear of infection and/or suffering for oneself and for loved ones. In addition to this, data from 15 OECD countries suggest that over one-quarter of people were at risk of depression or anxiety in 2020. However, if some pressures on well-being eased in the earliest stages of the pandemic, in early 2021 one-third of people reported fatigue after work, preventing from doing necessary household chores, up from 22% in 2020. Overall, feelings of loneliness, division, and disconnection from society also grew between mid-2020 and the first half of 2021 (OECD 2021). Hence, taking a depressed mood, become a response to a period of crisis and, in this respect, Covid-19 infection has increased the risk of psychological and psychiatric disorders all over the world.

Conversely, in other cases, several studies pointed out that rather than indulging in a pessimistic outlook on life, an individual is recommended to focus on *eudaimonia*, a core value in positive psychology that idealizes a well-lived and fulfilled life (Seligman and Csikszentmihalyi 2014), thanks to self-efficacy behaviour. In this respect, Connor and Davidson (2003) identify in the ability to cope with stress an element of resilience. Similarly, Bonnano (2004) defined resilience as the aptitude of an individual to maintain a stable psychological equilibrium. Therefore, following these definitions, resilience differs from the concept of “recovery”, accounting not for the capacity of an individual to “bounce back” after a negative experience but for the ability of an individual to maintain a stable psychological state despite the changing and negative circumstances and contexts (Seery 2011).

During traumatic events, such as the Covid-19 pandemic, the resilient people are less likely to report symptoms of anxiety and distress, thus maintaining high/proper levels of well-being. Moreover, once activated the process of recovering from adversity, being resilient allows to: *a*) see the lockdown period and the pandemic more in general as an opportunity to re-examine societal institutions and reconnect with family members (*cognitive reappraisal*); *b*) maintain social connection through virtual methods and volunteer to help those who are older and isolated (*social support*); *c*) realize meaning, purpose and direction in life

from spiritual connections such as religious practice, rituals and/or non-religious spiritual forms such as nature or music (*spirituality*) (Kaye-Kauderer et al. 2021). In this regard, “by promoting positive psychological elements, the individual learns to be content with one’s past, remaining happy in the present, and being hopeful for the future. The relevancy of such suggestion is proven, giv that Covid-19 has been far from completely eradicated, and the transition to the vastly different ‘new normal’ is seen as an imperative measure to contain the spread of the virus” (Ke et al. 2022).

Nevertheless, to date, resilience has been examined in a number of contexts, such as natural disasters, poverty, wars, yet has not been examined in relationship to pandemics which, by definition, affect thousands of people at that certain moment. More specifically, a very few studies focused on positive outcomes and resilience attitudes during the 2020 pandemic (Panzeri et al. 2021).

For this reason, starting from this theoretical perspective, the present research analyses the results obtained from a web-survey conducted in 2021 on all students from Sapienza University of Rome who, during the last three years, have spent an academic mobility period outside Italy (the so-called ‘outgoing’ students) or inside Rome (‘incoming’ students). In that it is possible to explore, particularly as far as this topic is concerned, not only distress or resilience behaviour among the youth population but also, thanks to the national and international point of view of the interviewed, whether these attitudes could be transversal (or not) to all different habits and cultures, especially in times of crisis and social uncertainty.

3. METHODS

3.1. Data collection and description of the sample

The collection of the information was carried out through the construction and administration of a self-compiled online questionnaire divided into 56 questions for a total of 342 respondents. The questionnaire was composed by eight sections: ‘Mobility’, ‘General beliefs about society, family and individual’, ‘Covid situation’, ‘Housing situation’, ‘Family relationships’, ‘Pandemic Policy Management and Information’, ‘Mental Health-Free Time’, ‘Lifestyles’, ‘Present and Future Projections’ – in addition to the final section which aimed to collect the respondent’s classification information. Furthermore, it also structured in the following way: *a*) closed-ended questions, in which a range of possible answers is presented within the respondent is invited to choose the one appropriate to his/her way of seeing; *b*) hierarchical questions, where the respondent indicates several answers, according to their own order of prominence; and *c*) semi-open-ended questions, in which involves the inclusion of the answer mode ‘other’ (specify),

giving the respondent the possibility of including alternatives not considered by the authors.

The empirical basis constructed following the compiling of the questionnaire always constitutes raw material, which must be further processed, organized, elaborated, and analyzed. Therefore, this stage involved the constitution of the information collected within a data matrix (cases by variables) and the operations performed on it were basically one-way and two-way analyses to estimate the distribution and the relationships between the respondents' features. The set of operations relating to this step of the research design was carried out using the statistical software SPSS (Statistical Package for Social Science).

The sample of students interviewed, although modest, is characterized by a certain heterogeneity: most are European women aged between 22 and 25 years. On the other hand, the distribution of educational qualifications and occupations concerning both parents seem more homogeneous. This information has been summarized by aggregating the response modes of the individual question items. Therefore, two three-modes ('low', 'medium', 'high') indexes have been built corresponding to cultural and economic capital (Table 1).

Table 1. Basic features of the sample

| Variables | Modality | Obs. |
|------------------|----------------|------|
| Gender | 32.0% Male | 110 |
| | 68.0% Female | 232 |
| Age | 29.0% 18-21 | 99 |
| | 56.0% 22-25 | 193 |
| | 15.0% 26-29 | 50 |
| Nationality | 30.0% Italy | 101 |
| | 50.0% Europe | 172 |
| | 20.0% Extra-EU | 69 |
| Cultural capital | 11.1% Low | 38 |
| | 33.9% Medium | 116 |
| | 55.0% High | 188 |
| Economic capital | 24.3% Low | 128 |
| | 26.3% Medium | 68 |
| | 49.4% High | 63 |

3.2. Procedure and measures

Two indexes have been built on the mental well-being of the people interviewed based on variables relating to the emotional dimension that characterized the pandemic period: the 'distress' and the 'resilience' one, which have been analyzed

in the light of the socio-demographic variables, the lifestyle and the physical and mental health sections (Table 2).

Table 2. Items selected for the construction of the distress and resilience index²

| In general, during the 2020 pandemic period, did you feel: (Provide an answer for each line – never, rarely, sometimes, often, very often) | | | | | | | |
|---|--------|-----------|-------|-------------|-----------|---------|-----------|
| Distress items | Afraid | Angry | Bored | Demoralized | Depressed | Nervous | Powerless |
| Resilience item | Amused | Confident | Happy | Proactive | | | |

The indicators of distress and resilience have been represented by means of items expressing various emotional states and involving five response modalities. The indexes (Table 3), which provide a summary estimate of the negative and positive states, were obtained by preliminarily assigning scores of 1 to the ‘very often’ response categories, 0.75 to the ‘often’ alternatives, 0.5 to the ‘sometimes’ categories, 0.25 to the ‘rarely’ categories and 0 to the ‘never’ answers. The numerical variable obtained has been recorded on the basis of three modes (‘low’, ‘medium’, ‘high’), according to the sample size (Table 3).

Table 3. Distribution of the distress and resilience indexes

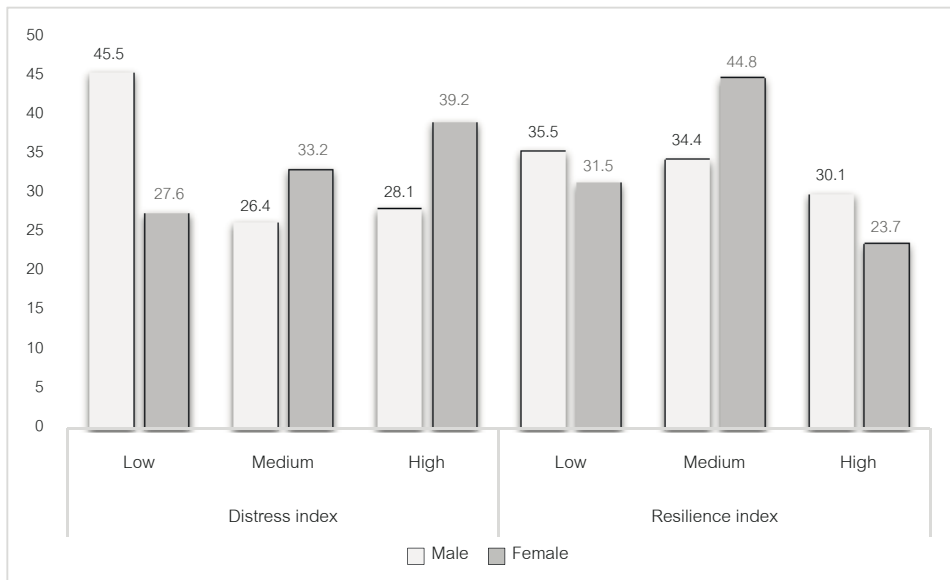
| Variables | Modality | Obs. |
|------------------|--------------|------|
| Distress index | 33.3% Low | 114 |
| | 31% Medium | 106 |
| | 35.7% High | 122 |
| Resilience index | 32.7% Low | 112 |
| | 41.5% Medium | 142 |
| | 25.7% High | 88 |

The construction of the indexes took place through scaling technique, following the Lazarsfeld’s paradigm. As it is widely known, Paul Felix Lazarsfeld (1958) formalized the transition from the concepts to the indicators and then to the empirical indices. It is termed as “operational translation” in 4 steps: *a)* figurative representation of the concept; *b)* analysis of the components, dimensions or main aspects of the concept; *c)* identification and choice of indicators; and *d)* construction of the empirical indices. These phases would constitute the stages in the process of constructing variables capable of measuring complex objects.

3.3. Statistical analysis

The results obtained show how the distress index defines women more than men (39.2% *versus* 28.1%) while, on the contrary, the resilience index is higher for men. Indeed, for them the value is equal to 30.1% compared to the 23.7% of the women (Figure 2).

Figure 2. Distress and resilience indexes by gender (%)



Additionally, looking at the distress and resilience indexes analyzed by considering the cultural and socio-economic resources of the interviewed students, it is possible to presume that the distress index tends to be higher among those with a low socio-economic and cultural capital; indeed, these values are equal to 44.4% and 52.6% *versus* 32.8% and 27.6% for those with a high socio-economic and cultural capital (Table 4).

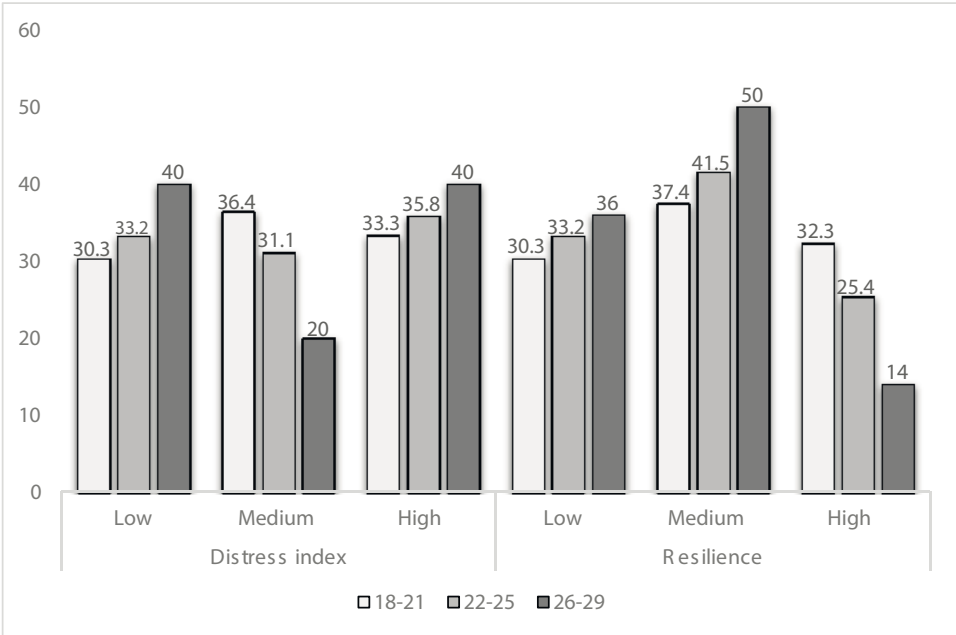
Table 4. Distress and resilience indexes by socio-economic and cultural capital (%)

| <i>Distress index</i> | Socio-economic capital | | | <i>Resilience index</i> | Socio-economic capital | | |
|-----------------------|------------------------|--------|------|-------------------------|------------------------|--------|------|
| | Low | Medium | High | | Low | Medium | High |
| Low | 25.4 | 38.3 | 34.4 | Low | 36.6 | 38.2 | 27.3 |
| Medium | 30.2 | 27.9 | 32.8 | Medium | 46.0 | 30.9 | 39.1 |
| High | 44.4 | 33.8 | 32.8 | High | 17.4 | 30.9 | 33.6 |

| <i>Distress index</i> | Cultural capital | | | <i>Resilience index</i> | Cultural capital | | |
|-----------------------|------------------|--------|------|-------------------------|------------------|--------|------|
| | Low | Medium | High | | Low | Medium | High |
| Low | 31.6 | 29.3 | 36.2 | Low | 36.8 | 37.9 | 28.7 |
| Medium | 15.8 | 27.6 | 36.2 | Medium | 50.0 | 43.1 | 38.8 |
| High | 52.6 | 43.1 | 27.6 | High | 13.2 | 19.0 | 32.5 |

Further on, the analysis and observing the two indexes considering the age of the students, it is possible to draw conclusion that the distress index is higher for people aged 26–29 years old (40%); on the contrary, the resilience one is higher for people aged 18–21 years (32.3%) (Figure 3).

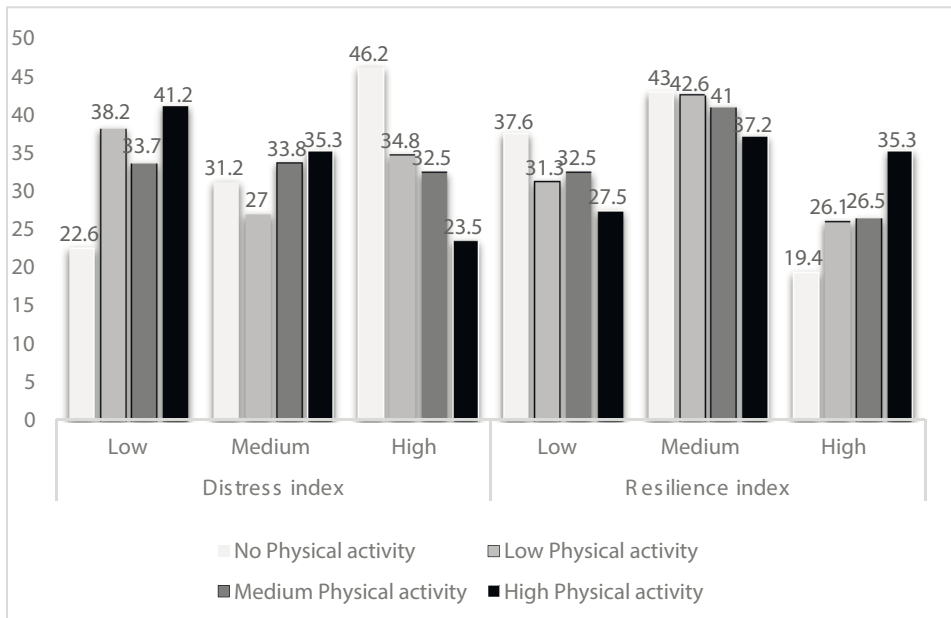
Figure 3. Distress and resilience indexes by age group (%)



In accordance with the theoretical framework, attention was turned to the dimension of mental and physical well-being to highlight: firstly, the role of the emotional-cognitive dimension in conditioning everyday life and in determining individual predispositions towards the future; secondly, the analysis of the consequences (sometimes unexpected) of emergencies such as Covid-19 on the ordinary rhythms of social life.

So, looking at the physical activity during the pandemic period³, the analysis shows that those who did not engage in it had a higher level of distress (46.2% *versus* 23.5% of those who practiced high physical activity during the pandemic period); vice versa, the resilience index was higher among those who practiced physical activity intensively (35.3%), especially among those whose goal was to maintain/improve their health (Figure 4).

Figure 4. Distress and resilience indexes by physical activity during pandemic period (%)



Moreover, looking at the lifestyles (Table 5), it is possible to observe that, compared to the pre-2020 pandemic period, some lifestyle habits have changed. For instance, those who had a higher distress index experienced more complications in various aspects of the daily life, such as difficulty with falling asleep (52.5%), consuming

the convenience foods (28.7%), nibbling during the day even when not hungry (38.5%), and consuming cigarettes (including electronic ones) (10.7%). However, all respondents who expressed a high value on the resilience index, have suffered less of the mentioned lifestyle aspects.

Table 5. Distress and resilience indexes by lifestyle after pandemic (%)

| <i>Having difficulty falling asleep</i> | Distress Index(a) | | | <i>Consuming convenience food</i> | Distress Index(a) | | |
|---|---------------------|--------|------|-----------------------------------|---------------------|--------|------|
| | Low | Medium | High | | Low | Medium | High |
| Increased | 19.3 | 28.3 | 52.5 | Increased | 14.9 | 16.0 | 28.7 |
| Decreased | 7.0 | 5.7 | 5.7 | Decreased | 23.7 | 20.8 | 15.6 |
| <i>Nibbling even when not hungry</i> | Distress Index(a) | | | <i>Smoking cigarettes</i> | Distress Index(a) | | |
| | Low | Medium | High | | Low | Medium | High |
| Increased | 28.1 | 26.4 | 38.5 | Increased | 5.3 | 5.7 | 10.7 |
| Decreased | 10.5 | 10.4 | 7.4 | Decreased | 8.8 | 7.5 | 10.7 |
| <i>Having difficulty falling asleep</i> | Resilience Index(a) | | | <i>Consuming convenience food</i> | Resilience Index(a) | | |
| | Low | Medium | High | | Low | Medium | High |
| Increased | 44.6 | 33.1 | 21.6 | Increased | 23.2 | 22.5 | 12.5 |
| Decreased | 6.2 | 5.6 | 6.8 | Decreased | 18.0 | 22.5 | 17.0 |
| <i>Nibbling even when not hungry</i> | Resilience Index(a) | | | <i>Smoking cigarettes</i> | Resilience Index(a) | | |
| | Low | Medium | High | | Low | Medium | High |
| Increased | 32.1 | 30.3 | 31.8 | Increased | 16.1 | 11.3 | 9.1 |
| Decreased | 7.1 | 12.0 | 8.0 | Decreased | 17.9 | 18.3 | 14.8 |

(a) Total is not equal = 100 since the output do not consider “kept similar” and “does not affect me” modalities.

4. DISCUSSION

From the results just presented it emerges that the subjects who have experienced a cognitive-emotional condition of distress (i.e., women, people with lesser cultural, social and economic resources) are those typically considered more vulnerable.

Considering the outcome related to the gender, the results comply with the recent literature (see par. 2) since coming on top of the so-called “she-cession”. In fact, it is possible to underline the distinct impact that social distancing measures and restrictions on physical contact have had on women more than on men, triggering a full-blown deterioration of the state of mental health, through the manifestation of anxiety, depression, stress, loneliness, and psychological discomfort.

In addition, also the outcome, concerning the distress and the resilience indexes analyzed by considering the cultural and the socio-economic capital, should not surprise since, if we look at the national and international situation, various studies have emphasized how the spread of the Covid-19 pandemic has exacerbated or created new inequalities, especially in terms of social and economic status. Several studies have shown that the starting conditions of problematic socio-economic contexts determine greater exposure to infectious diseases in general, and higher incidence and even case-fatality rates in case of specific illness. This has held true in the present context of Covid-19, where socio-cultural and socio-economic features (financial resources, access to testing and treatment, possibilities of remote working) have been found closely related to rates of diffusion, incidence, and mortality. That is why, people of lower cultural and socio-economic contexts experience greater difficulty in daily management and mental well-being.

However, as with any research work, there are limitations involved. Indeed, even though the results are consistent with the evidence underline in other several studies, a higher sample sizes can help researchers by providing more accurate and reliable results. Furthermore, a suggested line of the work can be carried out a several number of qualitative interviews in order to deepen the aspects taken into account and investigate in greater detail the issues, which characterize the young' perspective emerged so far.

5. CONCLUDING REMARKS. A GLIMPSE INTO THE FUTURE THROUGH RESILIENCE AND DISTRESS

Referring to the conceptual dimensions, identified at the beginning of the work, the aim of this contribution was to investigate the impact of the emergency related to Covid-19 including the dimensions of everyday life, with specific reference to the psycho-physical well-being of the young people interviewed.

To complete the picture, regarding the psycho-physical situation of the interviewees, the subject of physical activity practiced during the pandemic and the motivations behind the choices in this area were explored. It emerged that the subjects characterized by a higher distress index were those who led a less healthy lifestyle (they did not exercise during the pandemic); those who recorded a higher resilience index, on the other hand, experienced the emergency period by leading a healthier lifestyle (they practiced a lot of physical activity, mainly with the aim of maintaining/improving their state of health).

Albeit, what about the future? To see the actual impact that the Covid-19-related emergency had on the mental-physical dimension of the interviewees, it was necessary to ask about the future. How is the lifestyle (mental and physical well-being) of the respondents characterized? Has the pandemic affected the

lifestyle after the pre-pandemic one? What prospects emerge in terms of resilience and distress in the future?

In a longitudinal perspective, further analysis has been carried out, comparing the resilience and distress index (so far seen at the so-called pandemic period) by delving into a second time – identified as t2 (corresponding to the post-pandemic period) – in which future projections are investigated, starting with how respondents feel about the future.

Generally, it emerges that the situation of distress experienced during the pandemic tends to be confirmed at time 2; the same evidence is recorded for the resilience index at pandemic time compared with time 2. However, if we look at the data provided for individual and structural variables, it is possible to highlight some elements of interest:

Gender. Analyzing the indices of unease and resilience in parallel, it can be seen that the man – at time 2 – becomes much more resilient in thinking about the future (+10% for the high mode); the woman compared to the pandemic period is characterized by a decrease in more pessimistic positions, opening up a glimmer of reaction to what was experienced during the pandemic period.

Socio-economic capital. Although it is confirmed that those with a high level of socio-economic capital are more resilient towards the future, it is worth to point out that even among respondents with a low level of capital, there is a post-pandemic increase in high resilience and a correlative decrease in low resilience. This indicates that there is a general spread of a highly resilient attitude towards the future that goes beyond socio-economic differences.

Cultural capital. What has just been described becomes even more acute considering the cultural capital of the respondents. Even though those with a low level of cultural capital have a higher level of unease about future conditions (44.7%), high unease, however, decreases by around 8% among these individuals. Respondents with low cultural capital show a decrease in low discomfort. Observing the resilience index even further shows that in correspondence with low cultural capital, at time 2, high resilience increases by more than 15%, and medium resilience decreases by more than 15%.

The overall picture would seem, therefore, to show how the emergency condition modifies daily life, generating new perspectives towards the future that in some cases go beyond the usual mechanisms that were also evident in the pandemic situation. All things considered, it is possible to state that – somehow – the subjects who are worse off are those who, once the worst condition has been reached, are also those most capable of proper reaction and of appropriate resources that allow them to look to the future with less pessimism, if not greater resilience.

NOTES

- 1 This paper was written as part of a research programme financed with funds from the Sapienza University of Rome.
- 2 The value of Cronbac's Alpha for the items of the scale is 0.65.
- 3 In detail, 27.2% of the respondents stated that they do not exercise; 33.6% exercise once or twice a week; 24.3% exercise three times a week; 10.5% exercise four or five times a week; 4.4% exercise every day. The last two response modes were aggregated, recoding the variable into a 4-mode physical activity level: 'no', 'low', 'medium', 'high'.

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