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Young people's moral decision-making and the Covid-19 pandemic in Hungary

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Abstract

There is a deficiency of in-depth investigations of young people's moral decision-making during the coronavirus pandemic. The current article studies such decision-making with respect to socializing with peers, drawing on 44 interviews with Hungarian university students. The interviewed students overwhelmingly changed their socializing behavior because of the pandemic, however their concrete actions showed great differences. For some it was enough if they greeted their friends differently, and did not drink from their glasses, whilst for others greater changes were made in their former socializing habits. Based on their accounts, the following factors influenced their socializing: taking responsibility by not infecting others (concentrating on family members), conformity (alignment with friends' behavior), closeness of relationships, epidemiological restrictions and rules, and fatigue and growing familiar with the pandemic connected to the passage of time. Whilst research on decision-making during the pandemic has primarily been quantitative, we argue that this study illustrates how qualitative research can provide valuable input.

Keywords: Covid-19; pandemic; qualitative study; moral decision-making; sociology of morality; socializing habits

1 Introduction

Like in other countries, the Covid-19 pandemic drastically changed life in Hungary (Ságvári et al., 2021). Suddenly, some things that people could take for granted beforehand, such as being able to go outside whenever one wanted, being able to meet family and friends were put into question. Some of the changes were mandatory as a result of regulations, while others were voluntary. Lay people were faced with a range of new moral dilemmas on a daily basis, and the decisions they made had high-stake consequences at the societal level.

The degree of moral obligation of protecting others from infection can be different among individuals and societies (Schiffer et al., 2021). In Hungary, the government rhetoric

identified the crisis as an 'existential threat to the entire Hungarian nation', which endangered human lives, society, and the economy (Molnár et al., 2020, p. 1169). The severity of the threat was emphasized, which served to support the claims of special measures needed which restricted certain rights. At the same time, there were some inconsistencies in the rhetoric of the government party, as prominent party politicians were sometimes photographed without masks, and abroad at the Adriatic Sea in summer, whilst Hungarians were asked to go on holiday within the country because of the pandemic (Babos, 2020). Ethical statements appeared in government videos, texts, and posters relating to the pandemic. 'Let's look after each other' and 'All lives matter' slogans were present in many outputs.

Measures to alleviate danger introduced in Hungary during the pandemic included education going online, obligatory mask wearing, opening hours of shops and catering establishments being shortened, the number of people that could go into stores maximized per area, closing of in person eating/drinking in the cases of restaurants, cafés, and pubs inside, the closure of gyms; and for some time in the spring of 2020 people's movement was restricted in such a way that they could leave their homes only for certain reasons like working (Molnár et al., 2020). The number and severity of the measures to counter danger varied during the pandemic. In the spring of 2020, there were very strict restrictions, then as early summer arrived and cases were dropping, restrictions were lifted one by one, and during summer there were only a few restrictions, whereas in the fall of 2020, when our interview research took place, with the cases also climbing, restrictions were slowly put into place again one by one.

The pandemic presents an interesting case with regard to ethics in many respects. In Hungary it was primarily presented in the first year as dangerous to the health of only certain segments of the population (the old and chronically ill people). This was emphatic in government communication. For part of the pandemic there was a separate period of shopping hours for old people. During these hours older people could go shopping, but younger people were not allowed. These special hours for the older people sometimes caused conflicts, and stigmatization of older people also occurred on the basis that supposedly they could not properly adhere to rules (Szabó-Tóth, 2020). Thus, one can see, that whilst dangers were presented to be relevant for just part of the population, at the same time the pandemic seriously disrupted the lives of everyone. Some of the disruption was due to adhering to regulations, others due to voluntary changes in lifestyle for those who made some changes or who were in contact with others who decided on changes that also had an impact on those in contact with them.

Our research involved 44, primarily online semi-structured interviews with university students in November of 2020. It can be interesting to study young people's moral reasoning, as restrictions applied to them as well, whilst at the same time the danger of the illness had been presented to be negligible for them. And previous European research shows, that young people were especially emotionally scarred because of certain restrictions that meant that they were able to meet with their peers and other people less (Eurofound, 2020). Young people can contribute to a higher spreading of the virus in society, as they often live more active social lives than members of other generations. They can spread the disease more easily as they might have milder or no symptoms of the disease. A quantitative empirical research in Hungary revealed that the number of contacts young people had with other people was reduced amongst young people in 2020. However, it

declined less than amongst older people. And younger people traveled more in the summer of 2020 than older cohorts. Traveling in summer contributed to the second wave of the pandemic in the fall of 2020. In the fall, coronavirus numbers started to go up first in the younger generations (Kolozi, 2020). This shows that the behavior of young people can impact seriously how the pandemic unfolds, thus it is a relevant object of study.

Young people have also been claimed by some experts to be at risk of low compliance with health measures that were put in place during the pandemic (Chan, 2021; Nivette et al., 2021). WHO even gave out an appeal to young people to comply more with these measures, WHO Director-General Tedros Adhanom Ghebreyesus argued that 'the choices you make about where you go could be the difference between life and death for someone else' (Nebehay, 2020).

Young people are not particularly at risk from a health point of view, but their previous way of life has been significantly disrupted by the pandemic. According to a 2020 survey of young people in Hungary, 44 per cent of young Hungarians aged 15–29 experienced some – typically negative – changes in their lives due to the pandemic. The effects of the pandemic restrictions are also reflected in leisure activities and can encourage an increase in the time spent outdoors and the value of personal encounters. At the same time the number of visits to places of social life decreased. Based on the results of the survey, young people see the lack of friends and communities as a significant problem (Domokos et al., 2021). The important role of peer relationships is also proved by a Hungarian focus group research conducted in 2021, which covered the issues of community and individual resilience. Despite the difficulties caused by Covid-19, the support received from friends among 18–39-year-olds showed a higher proportion compared to other age groups and a good part of the helping relationships of the 18–39-year-olds – especially during and after the first three waves of the pandemic – were reciprocal (Bartal et al., 2022). While Bartal et al. (2022) examined how the various networks of relationships functioned and to whom people gave and from whom they received support during the epidemic, we are looking for the answer in the current study as to what moral decisions were behind choices to meet with peers.

We were interested in what university students' accounts tell us about how they make their moral decisions during the pandemic and how they reason about their behavior. We concentrate on moral decisions regarding socializing with peers and friends. Thus, our research questions are:

1. How did students change their socializing habits with their peers as a result of the pandemic and what is their moral reasoning about their socializing behavior?
2. According to their accounts what influenced this socializing behavior?

Most research on morality and Covid-19 concentrates on moral dilemmas faced by the clinical sphere often discussing moral distress as result of the difficulty of the allocation of limited resources to patients (Silverman et al., 2021). At the same time, a range of research has also been conducted about lay decision-making in the Covid-19 era (Chan, 2021; Ipsos, 2020; Schiffer et al., 2021; Nivette et al., 2021). Findings of this body of research indicates that one factor that correlates with compliance with measures is how much danger for the individual is perceived from the illness (Harper et al., 2020), and this we know could have been lower for many young people in Hungary, especially as the dangerousness of the disease was not emphasized for their age group. Additionally, a Hungarian quantitative study showed that there was no uniform reaction to hygiene customs and

adherence to preventive measures during the pandemic (Ipsos, 2020). An online survey of 840 Hungarian adults in the April of 2020 reached the results that those respondents who were aged 18–30 were the most likely to agree with the statement: ‘The correct procedure is to not order a curfew, but to keep everything open and not to restrict the people in their usual activities: whoever catches the virus, catches it’ (Szabó-Tóth, 2020).

Still, as earlier research is mainly quantitative, not much is known in detail and depth about young people’s moral decision-making during the pandemic. If they do see some their peers less, what is their reasoning why they do it? Whom do they still choose to meet with in that case and under what circumstances? What are some actions that they do take which they feel contributes to ‘good’ behavior under the circumstances and why? Some of these are actions that a quantitative research working with previously formed categories might not come up with – e.g. not drinking from the same cup as other peers was seen by some as an important act that they do to not contribute to the spreading of the disease for example.

Our study contributes by providing a deep qualitative investigation of moral decision-making of young people, embedded in the sociology of morality, during a healthcare crisis. Information on people’s moral reasoning in such circumstances has implications for policy making and for communication about protective health measures.

We are studying this in the Hungarian context, where the emphasis was especially strong in the government communication in the investigated period that it is the old and chronically ill people who are being in danger from the illness.

In the next section we discuss sociology of morality and the conceptualization of liminality. After the ‘Data and methods’ section, we turn to discussing the results of the interviews, first with respect to how the interviewees socializing habits changed with their peers as results of the pandemic, then looking at what were some factors that surfaced from the accounts that influenced their decisions. In the final section we discuss the main findings, their limitations, formulate implications for further research on the topic and for public health communication campaigns.

2 Background – moral decision-making in liminal periods

Although some founding thinkers of sociology, such as Durkheim and Weber have dealt with morality, afterwards it was a rather neglected topic within sociology for a long time (Sayer, 2004). Within the last decade or so, greater attention has started to be given to it again (Abend, 2010; Hitlin & Vaisey, 2010; Bykov, 2019, Stets & Carter, 2012). Some authors are even writing that we are currently at the ‘dawn of a new sociology of morality’ (Shadnam et al., 2020). Some see this new momentum within sociology as a result of critically reacting to the growing body of work in psychology and philosophy (Bykov, 2019; Shadnam et al., 2021).

Whilst some psychologists work with a concept of moral universalism, sociological research on morality has demonstrated how people in different contexts can understand moral categories in very different ways (Hitlin & Vaisey, 2010). This has been one important contribution sociology has made regarding questions on morality.

Although morality is being discussed more in sociology again, sociological thinking on the topic is very diverse and fragmented (Shaw, 2016) and contributions belong to different subfields within sociology. Hitlin and Vaisey (2010, p. 8) aimed to initiate a 'stronger collective identity' for the sociology of morality. A barrier to a unified sociology of morality is that moral is not understood in only one way: some sociologists (primarily social psychologists) use it to denote something that is of value, behavior that is good, often using it as a synonym for altruistic, whilst other sociologists use it in the sense that people make distinctions between good or bad. Hitlin and Vaisey bring the example of the practice of female genital mutilation. They argue, that as some group of people regard this act to be a part of good life, it is a moral practice in the second meaning of the term. Whilst, according to the first definition, it can be regarded as immoral by those who denounce the practice. In our study, we use morality in the second sense of the word.

In the current study we build also on Sayer's understanding of lay morality. We refer to lay morality as a morality of non-experts that concerns 'questions of what concrete behaviours or practices are good or bad, how we or others should behave and what we or others should do' (Sayer, 2004, p. 3).

Within sociology there is a debate on when people make moral choices, how much of this is an automatic process, occurring below the level of conscious awareness, a moral habitus, and how much of our choices involve deliberative, conscious, logical reasoning (Shaw, 2016; Luft, 2020). Some authors argue that we cannot be reflecting on our actions all the time – and that is why often moral action can be considered as habitual. Psychology also emphasizes that sometimes we act without consciously thinking through the moral reasons (Bykov, 2019; Haidt & Joseph, 2004). Whilst we agree that in some cases moral action can be habitual, our argument here is in line with Luft (2020) who argues that that there can be new situations or new events that cause us to reflect on our actions – and reaction to the Covid-19 pandemic can be such.

The above arguments on the pandemic as a disruptor of habitual moral reasoning tie in with published studies that referred to the concept of liminality in connection with the pandemic (Bell, 2021a; 2021b; White & McSharry, 2021). As Turner (1969/2011, p. 94) quotes Arnold van Gennep's 1909 writing, he called the 'liminal phase' the state of transition, when the 'ritual subject,' the individual or corporate (the 'passenger') 'passes through a cultural realm that has few or none of the attributes of the past or coming state' (Turner, 1969/2011, p. 94). In this in-between state previous normative structures are disrupted. As a consequence, liminal periods can contain ambiguity, fluidity and disorientation (Bell, 2021b). During the pandemic the taken-for-granted structures of daily life were disrupted worldwide. Previous research has shown that the pandemic has changed how the passing of time is perceived, has influenced changes in identities, subjectivity, has had an effect on how we view our relationships, our notions of community (Bell, 2021a; 2021b) to name just a few of the many changes involved. As a consequence of this 'rupture in normativity' and 'disturbance in social relationality' (Cover, 2021, p. 1), we argue that individuals could not react habitually with respect to the ethical dilemmas they were faced with.

In this sense, the pandemic presents a unique situation: as it disrupts everyday, habitual action, a lot of choices have to be made, that did not have to be made before. And indeed, what is right and wrong behavior has become a topic to be discussed: talk of what

is good conduct is a topic in the media, used by politicians. As far as our own non-representative experience is as authors of this study, the topic has seeped into the discussions amongst some people in their everyday lives in Hungary.

We agree with Luft (2020) also in the issue of situatedness. The situatedness of moral decisions needs to be taken into account when analyzing moral decisions. Characteristics of a situation can shape choices. The same person might choose to do something differently in situations with different features (Luft, 2020). In our study, we were interested for example, to what degree youngsters exhibit cautious behavior with respect to the virus and how and whether others' behavior that they are together with at the time might influence them.

Everyday morality of people has been argued to allocate more priority to helping people with whom we are in a certain relationship – for example members of our family – than helping strangers (Parfit, 1984). In the study, we aim to examine how this manifests itself in the case of the pandemic: how arguments are different based on worrying about one's own family member than, for example, about old people in general.

3 Data and methods

Within the framework of the research, 44 semi-structured interviews were conducted with university students studying in Budapest. Most of the interviews were conducted via online videochat, because of the pandemic. Interviews lasted typically around 45–60 minutes.

The interviews were conducted by young interns, themselves university students, who had rigorous training beforehand by one of the authors of this article. We felt the youngsters might open up more about their habits related to the pandemic to other young people. All interviewees were Hungarian students of the Corvinus University of Budapest.

The sample contains 24 interviews conducted with women and 20 interviews conducted with men. The age of the interviewees is between 19 and 25, and the mean is 21 years. Families of 16 interviewees live in Budapest and the families of the others live in the agglomeration or further from Budapest. Interviewees studied in diverse fields at the time of data collection: economics, human resources, economy and management, economic informatics, commerce and marketing, communication and media, international studies, financial accounting, tourism and hospitality management, political science, and rural development. It was important that the interviewees were university students during the data collection period, so they faced – at least partially – similar challenges and decisions during the outbreak of Covid-19.

The interview guide encompassed two main question blocks. The first one focused on friendships, and the second one focused on family relationships. Both sets of questions covered the way of keep in touch, communication, individual practices to meet in person, and changed relationships during the pandemic. The interview guide also contained questions that asked the interviewees to tell about specific examples, specific situations, how they met their friends or family members or if conflict situations have arisen. In this study we concentrate on the answers they gave to questions on socializing with their peers.

Each interviewee filled out an informed consent form. To protect the anonymity of the interviewees we use even changed first names to denote the research subjects in the analysis.

In the analysis we conducted qualitative thematic analysis, taking into considerations detailed by Braun and Clarke (2006). Thematic analysis involves 'searching across a data set – be that a number of interviews or focus groups, or a range of texts – to find repeated patterns of meaning' (Braun & Clarke, 2006, p. 86). Initial categories we formed were partly deductive – based on the literature, but partly also inductive – based on studying the data set.

4 Results

In the following we discuss our findings from the interviews with respect to how they changed their socializing habits with their peers because of Covid-19, and what seems from their accounts to have affected their choices.

4.1 The change of students' socializing habits with their peers as a result of the pandemic

The overwhelming majority of the interviewed students changed their socializing behavior because of the pandemic (and not just when it was mandatory because of official regulations). However, their concrete actions showed great differences. Some students' voluntary actions involved only minor changes such as greeting their friends differently and not drinking from each other's glasses, whilst some others made greater changes in their socializing habits. A very small minority reported on not making any changes at all.

According to some interviewees the pandemic mainly affected the location of the meeting (outdoor vs. indoor), how many people were to be present at the gathering, and the precautions taken during the gatherings (e.g., avoiding physical contact, possibly wearing a mask, for some just not drinking from another person's glass) or the general atmosphere of the gatherings. While a few other interviewees – typically those who attended a house party or bigger gathering during the pandemic – said that the pandemic did not affect the gatherings, and nothing would have happened differently in a non-pandemic situation.

Based on the interviews, a typical change in socializing habits is a change in the form of greeting. Most interviewees mentioned some alternative form of greeting to avoid physical contact. Among them, the fist / elbow patch is popular, but someone also mentioned 'kiss in the air.' However, a minority of the interviewees did not change the form of greeting with their friends due to the virus and still used to greet their friends with hugs and/or kisses. One of the interviewees said: 'I don't think greeting matters so much since we are in the same room, that is not the point' (Sophia, 20).¹ A few pointed out that they

¹ The names of the interviewees mentioned in the study are pseudonyms.

greet each other mixed or differently according to company or adapt to the other party's preferred way: 'I'll be honest, with a hug, [...] but I always asked the other if it's okay' (Chloe, 20).

In addition to the greeting, a few interviewees paid special attention to another indirect form of physical contact: they did not drink from the same glass/bottle in a row during a party or gathering.

For me personally, my behavior was limited by the fact that we don't drink after each other in a row [...] it was weird that I was there at a gathering of friends, and I had to pay attention to where I put my glass, who I was drinking after, so that someone might not drink from my glass. (James, 20)

Everyone pays special attention to that everyone drinks from their own glass, no one drinks from the same thing, which I think they did not care about in the past. (Nora, 19)

Among those who mentioned avoiding drinking and/or eating one after the other, some experienced this as a practice that required attention and extra energy – like the interviewees cited above. These interviewees felt that this extra attention was specifically due to the virus and with this practice they protected themselves from the spread of the virus – regardless of whether they had been in airspace for an extended period of time anyway. One interviewee evaluated this practice as the 'lowest minimum' but also linked it to the pandemic. Only one interviewee mentioned that they had done this before the pandemic and it was not really a new practice for them.

There were differences in interviewees' actions over time. During the first wave of Covid-19 (in spring 2020) – based on the interviews – the two main strategies for gatherings of friends can be identified: do not meet at all or meet only outdoors. Slightly less than half of the interviewees clearly stated that they did not meet their friends in person in March and April of 2020. Those who chose not to meet at all, mainly kept touch via online calls or phone calls. Youngsters linked this strict step to the official restrictions in place at the time and to their fear of (infecting others with the) the unknown virus. A few interviewees' strategy was to only meet with friends who were known to be careful. Furthermore a few other interviewees did not have any strategy during the first wave of Covid-19 and met with friends like before the pandemic. According to these interviewees there were those who were not careful at all, they just followed the rules with their friends, and there were those who asked each other before the gathering if they could meet safely: 'and after everyone had confirmed where they were, who they met, what they did in the last two weeks, then the meeting was completely as if there were no virus at all' (Elizabeth, 23). Towards the end of the spring period (2020), all interviewees started meeting their friends again, when the restaurants and cafés opened, but most of them met in cafés only with an outdoor section (even taking care of the distance).

During the summer most interviewees relaxed their attitude towards gatherings of friends: most of them were more cautious than before the pandemic, but less cautious than in the spring, while about a quarter of them totally returned to pre-pandemic practices. For the interviewees, who did not return to pre-pandemic practices, the main strategy during the summer was to meet friends outdoors. As the weather in Hungary always allows outdoor programs during summertime, the argument of the students whether they chose this way of meeting because of the pandemic or not, did not appear sharply.

The interviews were conducted in November 2020. According to most interviewees, in the fall they gradually became more and more cautious – but even when the data collection took place, most of them were not as cautious as in March, although the virus was more widespread and the number of infected people was much higher. During this period the main strategies of the interviewees were to meet less frequently and/or meet with less people and/or meet only outdoors. Regarding to the autumn period, some interviewees reported a kind of internal conflict: they felt the ‘weight’ of the spreading virus, but at the same time they presumably had difficulty with self-restraint. The interviewee cited below also mentioned some kind of guilt about her socializing habits.

Sometimes I have a little bit of guilt about what I'm doing. And sometimes it comes to me that I shouldn't. But I'm really trying to be careful, so don't contact anyone other than my own social circle. (Lisa, 20)

A few others emphasized that for the sake of their own mental health, it is important to meet others. Overall, despite the even worse virus situation, the degree of confinement they did in the spring of 2020 was not achieved in the autumn of 2020 because they wanted to protect their own mental health.

During the interview, the interviewees also responded to how the last gathering of friends they attended had taken place. As a result, we got a more detailed picture of how they met their friends around October–November and how they felt about it. Overall, the interviewees had a good time at the last gathering of friends, and a few emphasized that it was especially good to be together in the pandemic situation. Some interviewees felt some anxiety because of the Covid-19 situation: ‘I was more anxious than before the pandemic. I was less able to let go because I constantly thought and watched not to eat one after another, not to drink one after another, who I know might have encountered or been in contact with infected people at university or at work’ (Michael, 21) or ‘the use of a face mask caused a lot of discomfort and strange things, lost intimacy in our circle of friends, lost the feeling that we are a community and belong together’ (Hannah, 20). As the latter quote shows, the face mask caused inconvenience and limited the behavior of young people. In addition, ‘exit restrictions’ were mentioned by the youngsters, which limited their opportunities to meet. In some cases, the extent of this concern did not affect the interviewee's mood: ‘there were situations where I felt we could pay more attention to this, but it didn't spoil my mood so much’ (Emma, 19). While a few others were able to completely ‘forget’ the pandemic (e.g., ‘we obviously didn't think about the virus situation there’ (Luke, 20)).

4.2 Effects influencing students' socializing habits during the pandemic

According to the interviews five main groups of effects influencing students' socializing habits can be identified:

- 1) taking responsibility – not infecting others
- 2) conformity (alignment with friends' behavior) and conflicts,
- 3) closeness of relationships,
- 4) epidemiological restrictions and rules,
- 5) passage of time – fatigue and habit.

4.2.1 Taking responsibility

Young people primarily argued that they are not afraid of infection because they are young and have a strong immune system. Like the interviewee cited below, most interviewees had a fear of affecting others.

I am afraid of it [the Covid-19] but most of all I am afraid that if I get infected, I will pass it on to someone and I am not really afraid of what happens to me, but that I will infect someone, and it may not affect me, but I can affect someone else because of it. (Samuel, 20)

In some cases, interviewees feared the potential negative consequences that the virus may have: 'in the worst case, someone's going to die' (Liam, 20). In slightly more than one quarter of the cases, general responsibility was identifiable: students acted aware that they would not want to pass the virus on to anyone. Some interviewees also mentioned elder and/or chronically ill people in general. However, the protection or the fear of infecting family members or relatives was much more strongly present. Fear of infecting someone else was primarily directed at elder and/or chronically ill family members, especially grandparents, maybe parents or any other relatives at higher risk. E.g., one of the interviewees (James, 20) put it as his 'constant fear' of infecting his grandparents.

In the case of interviewees who met family members they feared for in person during the pandemic, this fear also affected their social behavior. A popular strategy to overcome this – especially among the youngsters living in dormitories or rented apartments/rooms – was to align social events and home visits: they did not attend a social event for a certain period of time before visiting home or did not visit home for a certain period of time after a social event.

Well, actually since no one from this group of friends went previously anywhere else, but they stayed at home, I had no guilt about it. But obviously I didn't want to risk it and I stayed at home, so I didn't meet my parents or anyone else for two weeks after that. (Elizabeth, 23)

There was also an interviewee who, instead of using time logistics, did not go to clubs at all – specifically to protect family members.

A few interviewees even linked this fear of infecting older family members with a kind of guilt they feel about their behavior, like Lisa, who lives in one household with her grandmother:

Lisa, 20: I have a fear because of my grandmother, because I live with her too.

Interviewer: And then because of that, are you paying more attention to keeping the restrictions?

Lisa, 20: Yes. Sometimes I feel guilty for paying not as much attention as I should.

'Guilt' and 'clear conscience' were mentioned in two ways. On a micro level connected to the protection of family members. On a macro level: when the spread of the virus got worse in autumn, some of the interviewees felt a kind of guilt that they do not contribute to curbing the pandemic.

4.2.2 Conformity and conflicts

According to the interviews, the circles of friends were usually mixed in terms of 'how serious' they are about the pandemic, but there are also some circles of friends where the attitude was very unified or had become unified as the pandemic progressed. 'In the beginning, it was very varied how we responded to the news, but since it [Covid-19] arrived [in Hungary], we have approx. the same level of knowledge, we know something about it, we have seen what it has done to the world, so now I feel that we are on the same side' (Chloe, 20).

Disagreements were not primarily about mandatory measures, but about precaution (e.g. avoiding parties or not), and the severity of the virus situation in general. One interviewee (Emily, 21) stated in this regard that if someone 'needs to control himself/herself' (e.g., has met a Covid-19 positive person previously and then must consider who they will inform about it and how they will handle the situation), opinions and actions are divided. The following quote also refers to the differences in 'self-restraint': 'it was suddenly accepted in the summer for people to meet more freely, most of my friends took this opportunity and went abroad on holiday or met more often in the summer, yet I did not do this' (Lucas, 21).

Regarding wearing face masks, interviewees mentioned examples of conformity in both directions: cases where friends did not wear a mask and therefore the interviewee did not wear a mask, but also cases where friends wore a mask, and the interviewee wore one only because of that. Some preferred to align with others in their behavior, whilst others were not happy with conformity as a coercive force, however, still acted accordingly in certain instances.

I prefer to adapt to the other's preferences how much he or she doesn't want to wear a mask and keep a distance (Emma, 19).

It's a common fact that the crowd around you is shaping your behavior too. By wearing face mask, they are forcing me to wear it too, because if I don't wear it, I'll feel bad. Because I don't know if they want me to wear it, or they just stayed like that automatically. I don't wear a mask outdoors just because others are wearing, but if it's on everyone in a crowd, around 20 people, I would wear it [the face mask] as well, because they can excommunicate me or look at me badly. If that circle is important for me, I will wear the face mask, if not I will walk away. (Hannah, 20)

4.2.3 Closeness of relationships

Some interviewees' practice was based on trust and the closeness of relationships: if they trusted someone, personal contact and unmasked gatherings were considered less dangerous, although these people could also meet other people.

Interviewer: You mentioned that there were those who did not wear a mask next to you and she/he did not comply with the obligation to wear a mask so much. What are your thoughts on this?

Liam, 20: It depends, it really depended on how close he was to me at the acquaintance level. Specifically, the mask is not obligatory in the trainings there anyway, and obviously during the training it is not possible to wear it, but not even in the locker room, but because I know him, I know him better, so I trust him better, let's say. In college, if we sit inside the room and someone doesn't wear the mask it's a little more uncomfortable, so it isn't really okay for me.

Thus, the above interviewee clearly linked the level of acquaintances or friendship, the level of trust with how carefully he behaves near a given person, how much he seeks / avoids contact with him. Some interviewees changed their form of greeting for their not-so close friends, whilst felt completely okay to greet their close friends as they did before the pandemic:

I greet my closest friends just as I did before the virus, so a handshake, maybe a hug. This affects about a 5–10 people that I think are my close friends and the virus hasn't changed my greeting with them. While with the simple, not-so-close friends or acquaintances I changed it and turned the handshake into a fist-in. (James, 20)

In the case of the girls when greeting close friends, the main practice was to change the kiss on the cheek to a hug, like in the case of the interviewee cited below:

Max. hug each other, we didn't do that much kissing on the cheeks there because we tried to be responsible. (Nora, 19)

Although it was not clearly articulated by the interviewees it is assumed that they have limited the number of friends they meet on one hand in order not to spread the virus to a high degree. On the other hand, they linked who they would meet to the level of trust, presumably to protect themselves and their microenvironment from the virus. Behind the narrowing of the circle of friends among youngsters during the pandemic may be the general effort to stop the spread of the virus, and on the other hand, the protection of the microenvironment. The link to trust is relevant in some cases, when young people have highlighted that they know about these friends that they usually go to only a few places, but in some cases, there is no such logical argument behind it and the interviewee does not necessarily know exactly what places the other person has been to. The emphasis is on minimizing, not on full effectiveness in the case of stopping the spread of the virus and protecting the microenvironment as well. This means they were mostly looking for practices which approached defense but did not involve total stay-at-home or total abandonment of activities.

4.2.4 Epidemiological restrictions and rules

One of the simplest and clearest components in the change of the social behavior of young people is the component of external effects, 'coercive forces': epidemiological restrictions and rules currently in force. The official restrictions mainly affected the young people in the choice of location and the length of the gathering. Also, if it was mandatory to wear a

mask at the chosen location, it may have strained their behavior, as they reported. Regarding how the gathering would have happened if there were no pandemic, some interviewees highlighted the wider range of program options and the possibility of physical contact: they could have gone to several places to have fun; there should have been no attention to the night curfew etc. When in other places restrictions were in place, gathering in each other's apartment was clearly the form in which the youngsters felt most at ease. Although, during the first wave of Covid-19 most interviewees ruled out this possibility and only later took it as an alternative.

Most interviewees were talking about the official epidemiological restrictions and rules as something 'necessary but unpleasant'. They argued that although they see the restrictions as inevitable and they strive to abide by the rules, restrictions significantly affected their social life, family life and their mental health in general. The attitude of the interviewee cited below fits this: she argued that she accepts the restrictions, although she is uncertain in the new unusual situation.

Well, there are two things that strain me. On the one hand, there is the issue of following the rules, and on the other hand, there is the issue of mental health. So that I agree with these restrictions, to wear a mask on the bus, and I don't think restrictions for a restaurant are just bad, it's just so unusual. I couldn't get myself into this yet, so, how long this will be, how long will I have to behave like that, but I agree with them. (Grace, 20)

It should be highlighted that like the socializing habits of the youngsters were not directly proportional to the severity of the virus, the official epidemiological restrictions and rules were not either. This will be discussed in more detail in the next subsection.

4.2.5 Passage of time – fatigue and habit

As we discussed, the behavior of the interviewees changed over time. There is a transition in the way the pandemic has been present for a longer time, how the official restrictions have changed and how the youngsters have reacted to all of this in terms of social gatherings. As the pandemic first hit the land, the interviewees were strict with themselves and acted more cautiously. During the spring of 2020 most of the interviewees not even met with their friends, they kept in touch online or via phone. Some interviewees met a low number of friends outdoors and only a few interviewees met a low number of friends indoors. In the summer of 2020, as the restrictions eased, so did the youngsters' behavior. Most of the interviewees returned to pre-pandemic habits regarding social life: they gathered like before the pandemic, they did not wear face masks or did not pay special attention to avoid physical contact. A few interviewees mentioned that they were more careful even during the summer: they gathered outdoors and/or met only a few people. Then, in the fall of 2020, the pandemic deteriorated again, and over time, the restrictions returned, but overall, the behavior of young people was much more lenient than in the spring of 2020, when there were significantly fewer people infected. When the interviews were conducted – in November 2020 – most of the interviewees mentioned that they just started to

act more carefully again, but not as careful as in the spring of 2020, during the first wave of Covid-19. It is important to highlight that new restrictions² were announced directly before the data collection.

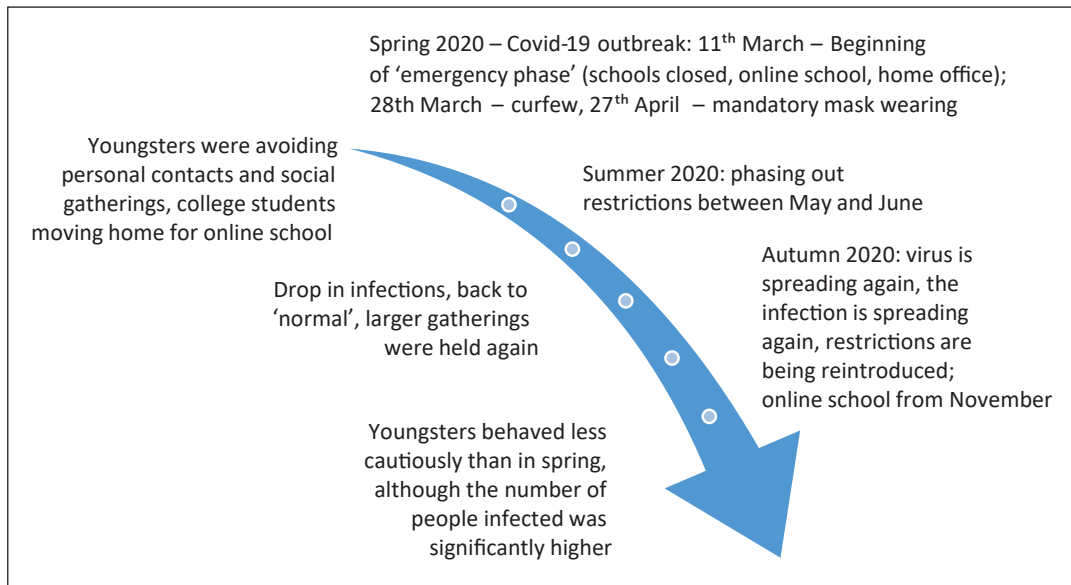


Figure 1: Covid-19 restrictions between spring of 2020 and autumn of 2020, in Hungary

Only some interviewees tried to find the reasons of the contradictions of spring and autumn behavior. Based on the interviews one of the possible reasons of people being inconsistent in their responses to health measures is ‘Covid-19 fatigue’ – they got tired of the constant care and caution and felt that meeting friends is an important element of their life and relaxation is a legitimate reason to meet:

I think a little bit everyone is tired of this [pandemic] and in addition to study, we also have to relax a little sometimes, if a little more careful, but at least we can meet each other. (Ellie, 21)

Some interviewees mentioned that their mental health was affected by restrictions and their changed lifestyle or they hinted that they were behaving the way they were for their psychological well-being. Youngsters felt that their mental health suffered especially the first wave of the Covid-19, when their gatherings were suddenly restricted or did not

² Restrictions were in force from 11th November 2020. Universities and colleges switched to online education. Colleges of higher education institutions were closed. There was a curfew between 8 pm and 5 am, everyone had to get home by 8pm. All gatherings were forbidden. Private and family events (for example: birthdays) could be held for up to 10 people. Restaurants had to close. It was forbidden to hold any kind of event. Sports matches had to be held behind closed gates. Individual outdoor sports were allowed. Visiting any leisure facility was forbidden. Wearing face masks and keeping distance was still mandatory at the previously specified locations.

meet their friends at all. A few others argued that at first there was little information about the virus, youngsters were more afraid of it and later they got to know the possible outcomes of the infection more. Another possible reason for the different behavior in the fall based on the interviews can be linked to the university: the semester started with off-line education and because the current restrictions allowed to meet in person and the youngsters constantly met in the university anyway, they did not feel the need return to the strict self-restraint that characterized the spring.

5 Discussion and conclusions

The Covid-19 pandemic presented a unique opportunity to study people's moral decision-making in a liminal period of disruption, where moral decisions could not be made on a habitual basis.

Based on the interviews, specific practices of the interviewed youngsters to deal with the Covid-19 situation could be identified. Interviewees developed their own individual system of criteria for the defense, and if they successfully considered it, their conscience was easier, and their social behavior felt safer. However, this set of criteria ranged on a very wide scale, the common denominator in young people's reports was that this set of criteria often worked to reassure them, no matter how effective it was actually in terms of protection against the virus. Some interviewees had elements as part of their individual systems of criteria, which have been argued also by experts to help in avoiding spreading the virus such as wearing a mask, choosing the location of gatherings carefully (outdoor gatherings), or avoiding personal contact. Some others were seemingly satisfied for example by just paying attention to not drinking from another person's glass at a party or changing their ways of greeting others – which experts would not regard as doing enough to prevent infection. Closeness to another person was also another aspect that somehow reassured a part of youngsters when meeting that it is less of a problem to meet. This was sometimes related to knowing who the person close to them met in the previous weeks, but not always, seemingly just a kind of trust was allocated to some close friends, irrespective of these factors. Socializing habits were not consistent during the pandemic and their set of strategies also changed over time, but not in proportion to the severity of the virus.

That there is not one uniform response to the preventive measures, but that there were differences in the practices of the youth is in line with what had been found by quantitative research for the Hungarian population (Ipsos, 2020). What our qualitative research could add is show some changes in behavior that quantitative surveys typically did not measure – for example drinking from another's glass, and we could see how even this action reassured some youngsters that they were doing something, or even enough. This points to the importance of conducting qualitative research on this topic.

Based on the accounts, some factors that could have affected the way the students behaved could be discerned. One important influencing factor was their feeling that they did not want to infect others. What we saw that this mainly pertained to older or chronically ill family members. Those fearing to infect certain family members that they were not living with had mainly two strategies: either going to places and postponing meeting

these family members, or not going to social events before meeting these family members for two weeks. As Parfit (1984) argues, within everyday morality it happens often that higher priority is given to helping people with whom we are in a closer relationship than strangers. This, however, causes a problem on the macro level in case of Covid-19. It would be in the interest of society to somehow get people to take responsibility in not infecting general others not just family members. In Hungary, solidarity – willingness to help others, or concern for others – has been argued to be on a lower level than some other countries in Europe, albeit it has shown some increase during the pandemic (Voicu et al., 2021).

Conformity, alignment with friends' behavior was also an aspect that influenced actions, which is in line with Luft's (2020) argument on the situatedness of moral decisions: the same people could either wear or not wear a mask for example based on what the others were doing in their presence. Conformity in some cases caused behavior that on a mass scale would contribute to curbing the virus, in other cases it worked in the opposite direction. It depended on what others were doing in the presence of the interviewees. Other factors that influenced behavior according to the accounts included: the closeness of the relationship with the person whom they were present in a space together with, epidemiological restrictions and rules, and the passage of time and the fatigue it caused as well as getting used to the virus situation over time.

The result that in some cases closeness of an acquaintance led to a higher reassurance for the interviewees that they would not get the virus corresponds to Shamloo et al.'s (2023) findings about individuals not always objectively considering the risks of Covid-19 and that they may rely on the type of relationship. The closeness of relationship may influence the risk perception and preventive behaviors as well. Shamloo et al. (2023) states that this is in line with the concepts 'paradox trust' by Wong and Jensen (2020) and 'unrealistic optimism' by Salgado and Berntsen (2021): closeness of the relationship may inadvertently activate mechanisms that lead to less adherence to recommended preventive behaviors, and individuals tend to be optimistic about their own and close others' risk of infection, which indicates that close others are likely to be treated as self.

Liminal periods can have different phases, and do not necessarily just linearly develop toward more normalization, phases of attempts at normalization can happen with phases getting back toward more disruption (Cui & Chen, 2022). The analyzed pandemic period cannot be regarded as a uniform liminal phase, either, as new situations arose with the different degree of infections and amount of restrictions, as well as the accumulation of knowledge on the virus. During the summer to some degree there was an attempt at normalization, getting back to earlier habits, with the easing of restrictions and drop in infections. In the fall, whilst cases rose, again there was some disruption in the practice that was established in the summer. However, in the fall many complained that they were getting tired of restrictions and being careful. Arguments on self-protection of one's mental health via meeting with others being important surfaced more and became a reference point of some youngsters to justify their actions. At the same time, besides arguments of importance of relaxation, feelings of guilt also surfaced in some instances.

The findings have relevance for public health communication. For example, in order to increase voluntary compliance with measures that are effective in curbing the pandemic, public health campaigns should pay attention to actions that certain populations might feel to be effective, when in practice they are far from being enough (such as drinking

from another person's glass). Campaigns could also implement strategies that foster care for other people who are not family members. The Hungarian public health campaign tried to do this with slogans such as 'Let's look after each other', however there were contradictory messages sent with actions of the ruling party's prominent actors, which somehow did not always work to underscore the message that 'All lives matter'. Campaigns should also target the false positive beliefs that people close to us have less chance to infect us and should have a strategy to deal with pandemic fatigue developing over time.

Limitations of the study include its non-representative nature and the fact that we do not know the exact actions of the investigated young people, we only know what they communicated in their interviews and claimed to have done.

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