Pandemic as a Biographical Turning Point? The Experiences of the COVID-19 Pandemic in the Biographies of "Essential Workers"

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Abstract: This article aims to answer the question of the biographical meaning of the pandemic in the experiences of so-called "essential workers" who performed their duties in the first line of struggle with the consequences of the COVID-19 health crisis. The analysis of workers' experiences helps us contribute to the ongoing debates on the role of macro-level events in autobiographical storytelling and the discussion on biographical turning points in sociology. The empirical analysis is based on a collection of more than 80 biographical narrative interviews in healthcare, social care, education, and logistics, from which we selected two stories of the pivotal significance of the pandemic crisis for biographical change for analysis. Biographical analysis makes it possible to describe which conditions are conducive to the inclusion of the pandemic in the main biographical story as a turning point.

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This article aims to explore the biographical meaning of the pandemic in the experiences of essential workers who were responsible for providing services critical to the functioning of society and the economy during the COVID-19 pandemic.[1] We define essential work as all activities, paid and unpaid, that are central for sustaining social reproduction in a crisis (Czapliński and Bednarek 2022; McCallum 2022; Mezzadri 2022). In the article, we focus predominantly on the paid work in key public services.

The experience of individuals facing threats to health and life, coupled with isolation in lockdown and profound changes in the sphere of work, implies interpreting the pandemic as an example of "unsettling events" (Kilkey and Ryan 2021), defined as the mass events that contribute to uncertainty and risk (Pustulka et al. 2023). As such, it could have been expected that it would generate a significant potential for a biographical turning point. In line with the interpretive tradition in sociology (Strauss 1977; Hackstaff, Kupferberg, and Negroni 2012; Kupferberg 2012), we use the latter term to describe a moment in the life course, usually unexpected, that involves the experience of fundamental identity shifts. In the article, we pose two questions. Firstly, under what conditions is the pandemic recalled in terms of a biographical turning point? Secondly, how are the ways of representing the experiences of the pandemic related to the coping strategies of informants in the sphere of work? Addressing those questions, the article aims at contributing to a body of research that tackles the issue of representing macro-social crises, such as war, systemic transformation or, more recently, pandemic, in biographical narrative interviews (Miller 2005; Bertaux and Bertaux-Wiame 2012; Piotrowski 2016; Kaźmierska and Waniek 2020; Kajta and Mrozowicki 2024; Moran and Dooly 2024).

The empirical basis consists of 89 biographical narrative interviews, collected according to Fritz Schütze's (1983) method, with workers in essential industries, such as education, health, social care, and logistics, conducted between 2021 and 2023. Each interview included a question about an entire life history and follow-up biographical and problem-centered questions that enabled us to explore the place of the macro-level crises, such as the COVID-19 pandemic, in the overall construction of individual biographies. A surprising result of our analysis is that most interviewees attributed a relatively limited significance to the pandemic as a life-changing event and recalled it mostly in response to more detailed questions on their working conditions during the public health crisis.

In the article, we focus on cases less typical of our sample in which the pandemic was interpreted in terms of biographical turning points. In the biographies analyzed, the health crisis triggered changes in the life strategies of informants and featured in the "spontaneous" first part of the life stories. In the article, the significance of the pandemic as a "catalyst" for individualistic and solidaristic types of coping strategies in the sphere of work is analyzed in detail. The main part of the article will present the case of a young doctor, Paulina, who, in the pandemic, decided to temporarily withdraw from intensive work into motherhood and family life, and the case of a medical caregiver, Antoni, who decided to

co-found a trade union in a nursing home. In the conclusions and discussion, we juxtapose the observations derived from case studies with more general considerations based on research on the work experiences of essential workers.

Biographical Turning Points and Macro-Social Events: A Sociological Perspective

In sociology, the notion of a turning point refers to the interpretive tradition of research on identity transformations and transitions between statuses (status passages). Anselm Strauss (1977:86) referred to them in terms of "critical incidents" and defined them as "points in development when an individual has to take stock, to re-evaluate, revise, resee, and rejudge" (Strauss 1977:100). The American sociologist developed a typology of turning points, which includes a "milestone" (an incident that reveals the progression or retrogression of biographical experiences), a "challenge" (undergoing an attempt to live up to institutional and normative expectations, sometimes taking the form of social "experimental role-playing"), and a "betrayal" (abandonment or rejection by biographically significant others). The latter type also refers to being "deceived by events in general' (Hackstaff 2012:2). Strauss (1977) argued that all types of turning points can be more or less institutionalized, occurring in line with or against normative expectations in a given society. He conducted his analyses primarily at the micro (biographical) and meso-social (organizational) levels, pointing out the transition from status to status as a result of experiencing turning points. To a lesser extent, he was interested in turning points triggered by macro-level events, which include, for example, systemic transformation, war, natural disasters, or the experience of a pandemic, which is of interest to us in this article.

Other researchers and scholars have subsequently developed the study of turning points. Nicolas Legewie and Ingrid Tucci (2019:5), using a life course perspective, pointed out that the concept of a turning point "implies a radical or fundamental change in the direction of a life course trajectory." In doing so, they noted that the concept was used to analyze both subjective experiences (biographical continuity or discontinuity) and objective changes in the life course, which usually implied a breakout from the institutional pattern of biographical or career trajectories (an example would be a radical drop in income as a result of job loss). In a similar vein, Feiwel Kupferberg (2012:227) pointed out that the notion of a turning point refers to " the crucial nexus between social structure and personal agency that has been at the center of the sociological knowledge interest." He defined the concept as "subjectively unprepared life transitions" (Kupferberg 2012:251), distinguishing turning points from institutionalized transitions between statuses, such as graduating from primary school or entering employment.

The tradition of biographical research in sociology inspired by Fritz Schütze's (1983; 2005; 2008) method allows us to supplement both the understanding of turning points and point to the basic ways in which biographical experiences and macro-social events are interlinked. The concept of turning points can be related to the category of "metamorphosis" as one of the biographical process structures. They are understood as the basic principles that organize the life history "envisioned as an ordered sequence of personal experiences, and that orderliness implies the inner identity development of the biography incumbent" (Schütze 2008:168). The basic process structures are "biographical action schemes" (based on the active and intentional shaping of the life course), "trajectories of suffering" (expressing

the inability to actively shape one's life, reactivity to "outer events," and estrangement from oneself), "institutional expectation patterns" (when a person follows up "institutionally shaped and normatively defined courses of life," and, finally, "metamorphoses." A metamorphosis is a creative transformation of biographical identity by which "a new important inner development is starting in one's biography, that might be miraculous and irritating in the beginning since it is new and that initially prohibits pertinent competencies of the biography incumbent, and towards which she or he must find out what the very quality of it might be" (Schütze 2008:168).

It can be useful to briefly discuss how Strauss's typology of turning points and the concept of Schütze◎s biographical metamorphosis overlap and differ from each other. In our understanding, the main relation between the two categories is as follows. The metamorphosis can be seen as a broader biographical phenomenon that could be triggered by a turning point in Strauss' sense. However, metamorphosis is not a necessary outcome of turning points. The metamorphosis as a process structure is an analytical tool that allows us to understand the sense of biographical events and their significance for the individual's identity, and it is assessed as a positive shift in one's biography expressed in a language of ◎creative inner development◎ (Schütze 2008:190). In comparison, the different types of turning points (i.e., betrayal) proposed by Strauss could easily lead to the oppositional process structure of the trajectory of suffering, which, by losing control over one's life, has a decomposing impact on biography.

One of the characteristics of metamorphosis is the discrepancy between the biographical time in which biographical changes are taking place and the social time determined by institutional patterns—so

the individual is often forced to redefine their social identity. Central to this redefinition is "biographical work," which, in Anselm Strauss's (1993:98) terms, is "carried out in the service of an actor's biography, including its review, maintenance, repair, and alteration." Biographical work makes it possible to incorporate "external" events into a biographically formed identity (a process Strauss refers to as "contextualizing"), come to terms with the consequences of failed actions, reconstruct identity, and transform, that is, to forge new directions in biography.

The question to be asked in the context of research on the biographical experience of pandemics is: how far and when do "shocks" experienced at the macro-social level, of an exogenous nature to individual biographical identities, become the subject of biographical narratives? Existing biographical research on the experience of various shocks and crises, including war (Kaźmierska 2008; Dopierała and Waniek 2016) or systemic transformation (Miller, Humphrey, and Zdravomyslova 2003; Mrozowicki 2011; Kaźmierska and Waniek 2020), can provide some theoretical inspirations. To analyze the wartime experience of Poles, Andrzej Piotrowski and the team in the project "Biography and National Identity" proposed the concept of "biographical vectors." They understand them as "the typical interpretative and communicative attitudes (frames, directions) adopted by narrators toward war and occupation experiences" (Piotrowski 2016:48 [trans. AM and JB]). The authors distinguish two pairs of vectors ("threat" and "resourcefulness" and "embeddedness in history" and "embeddedness in the milieu"[2]), the second of which is of particular interest to this article.

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[2] We decided to translate the Polish category of *zakorzenienie* as embeddedness, which refers to a well-established concept in institutional sociology (Granovetter 1985) and seems to fit better into existing theoretical traditions than the concept of "rootedness" chosen by the editors of *Telling the Great Change*,

By "embeddedness in history," the authors understand the tendency of narrators to locate their biographical processes "in the framework [*na planie*] of historical and social macro-processes" (Czyżewski 2016:74 [trans. AM and JB]) and refer to "theoretical categories (knowledge) and (or) various ideological, historiosophical models" (Piotrowski 2016:48 [trans. AM and JB]). Contrastingly, the "embeddedness in milieu" has been defined as a vector that relies on "narrating and interpreting one's experiences in terms of the course of events and dependencies occurring in the micro-scale of the immediate living environment" (Piotrowski 2016:48 [trans. AM and JB]). As Marek Czyżewski (2016:76) notes, embeddedness in the milieu is present in most narratives, while embeddedness in history, referring to various types of ideologies, is much more often present in the narratives of symbolic and cultural elite.

For the study of the relationship between the level of biographical experience and macro-social change, the distinction introduced by Daniel Bertaux (2012:321) between "collective historical time" (understood as the time of social change," framed by specific dates and events) and "biographical time," which refers to individual experiences and life course diachrony, can also be useful. In the context of the research on the pandemic, it helps us to discuss the ways of framing the subsequent phases of the pandemic from the perspective of individual biographies that reach before the health crisis and represent various future-oriented life projects. Robert Miller (2005) discusses a range of factors mediating how historical time is included in life histories

Kaja Kaźmierska and Katarzyna Waniek (2020). Moreover, the term embeddedness has been used to analyze the biographical material in the research conducted by one of the authors of this article before the book *Telling the Great Change* was published (Mrozowicki 2011).

and refers, among other things, to generational effects (membership to a historically shaped generation), life course effects (the role played by specific phase of life), and period effects (pertaining to specific moments of data collection).

The salience of group membership and related resources (biographical, social, or cultural) for the ways macro-social crises are included in autobiographical storytelling is corroborated by biographical research on systemic transformation in Poland (Mrozowicki 2011; Kaźmierska and Waniek 2020). In the most general terms, telling the "great change" requires cultural resources to link the macro and micro levels, a kind of layperson's "sociological imagination" (Mills 1967) that reflects, among other things, civic engagement and political socialization (Kajta and Mrozowicki 2024). However, contrary to the suggestion by Czyżewski (2016), our earlier research (Mrozowicki 2011) shows that it does not necessarily imply belonging to symbolic and cultural elites and that "embeddedness in history" was also present in workers' milieus, involving, among other things, narratives about the experiences of trade union activism under state socialism.

Another perspective close to the biographically oriented analysis of collective phenomena is Mejella Kilkey and Louise Ryan's (2021:234) concept of "unsettling events" that "are transformations on the structural level that have implications on the individual level in ways that provoke reevaluation of migration projects." While the term was initially used in migration studies, it has been recently adopted for the analysis of the impact of the COVID-19 pandemic and war in Ukraine in the narratives of uncertainty and risk by the Polish young adults and their parents (Pustulka et al. 2023).

The biographical experiences of the pandemic were the subject of a range of existing research, but the question of the place of health crisis in the context of entire biographies has not been explored. Unlike the current study, which adopted the biographical narrative interview method, the most of biographical research carried out during the pandemic in Poland made use of diary and memoir methods for data collection, which was justified, among other things, by restrictions to other types of fieldwork during lockdowns (Całek 2023; Łukianow and Orchowska 2023; Olcoń-Kubicka et al. 2023). The disadvantage of using the method is a relatively short period of individual experiences available for examination, as diaries or memoirs are focused on the times of the pandemic only. The results of such studies demonstrate contradictory effects of pandemic experiences, including both having more time for private and family matters (Całek 2023) and deep feelings of fear combined with economic and existential insecurity during lockdowns (Głowacka et al. 2022; Olcoń-Kubicka et al. 2023). Despite notable exceptions (Vermeerbergen et al. 2021; Muszyński et al. 2022), earlier studies have also not analyzed frontline essential workers' biographical experiences under COVID-19 in the context of earlier occupational careers, life strategies, or biographically shaped identities. In that context, our proposal to delve into the biographical case studies in detail and reflect more deeply on the biographical significance of the pandemic for frontline workers adds a novel perspective to the existing studies.

In the following sections, we will explore the ways of representing the experiences of work in the times of COVID-19 in life histories of frontline workers in healthcare (including COVID-19 wards established in hospitals) and social care drawing from a larger collection of interviews, gathered also in education (primary schools) and logistics (warehouses, courier services, and international truck transport). Paraphrasing an earlier study on precarious workers' experiences (Mrozowicki and Trappmann 2021), we ask when and for whom the pandemic became a biographical problem that triggered biographical work and led to transformations of their biographical identities. What is the relationship between framing the pandemic as a turning point and the ways of coping with its consequences adopted by workers?

Methodological Framework

Addressing the questions posed in the previous section, the empirical analysis in the article is based on biographical narrative interviews with workers, following the tradition established by Fritz Schütze (2008). They enabled us to explore various ways of interlinking individual life stories and pandemic crises, as well as the relevance of structural and cultural conditions shaping the coping strategies of informants, including the resources possessed by them and their biographical work aimed at managing the crisis.

Each interview consisted of three main parts. The first part followed a request to tell us the narrator's history of an entire life from the beginning up to the present moment. In the next part, the follow-up narrative questions were asked about the issues unclear and ill-developed earlier. In the third part, the motives and justifications of life decisions were enquired as well as specific, problem-centered questions asked about the issues such as the pandemic and work (with a particular emphasis on job quality), everyday life during COVID-19, civic and political activism (including trade unions), and the perceptions of social structure and conflicts.

Each interview was preceded by the informed consent of the informants for the interview to be conducted, transcribed, and used in the analysis of the collected data after anonymization. The anonymization was based on the removal of all details allowing the identification of the people interviewed, the change of names, and the abbreviation of proper names to letters different from the original. Interviews were collected with workers employed in four industries defined as essential in terms of their role in social reproduction and the provision of basic services during COVID-19—primary education (school teachers), healthcare (doctors and nurses in the hospitals), social care (carers, nurses, physiotherapists, and supportive personnel in nursing homes), and private logistics (truck drivers, logistic centers blue-collar workers, couriers, and food-delivery workers employed via Internet platforms). The informants were contacted through personal networks, advertisements on social media, and trade unions.

At the moment of finalizing the article (February 2024), 89 interviews were collected (53 with women, 36 with men) in the branches mentioned above (29 in education, 29 in logistics, and 31 in healthcare and social care) in locations diversified by the city size (large cities vs. medium-sized and small cities). All informants had work experiences in the industry both before and during pandemics, which enabled them to assess the impact of the crisis on their working lives. The interviews were carried out in 2021-2023, mostly on-site at the places chosen by informants and more rarely online (via MS Teams). Both cases selected to be analyzed in the paper were conducted traditionally during face-to-face meetings. While online and face-to-face interviews were of similar quality in terms of their "narrativeness" or richness in detail, in the case of the latter, it was

easier to maintain close contact with the narrators. The absence of technical distractions that occurred in online interviews was also important for the overall interview atmosphere.

The case analysis conducted during team workshops was inspired by the sequential approach by Schütze (2008), including text sort differentiation, structural description, and analytical abstraction. For cross-case comparisons, interviews were also open and selectively coded in the Atlas.ti software in accordance with the grounded theory methodology (Charmaz 2006). The selective coding focused on the biographical role of the pandemic in the overall life experiences and the ways of coping with the pandemic in the context of life strategies and resources possessed by informants. The result of coding was the emergence of a preliminary typology of life strategies analyzed in terms of the configuration of biographical process structures reflecting the attitudes of narrators toward their biographies (Schütze 2005:306). The typology is based on two continua of properties: (1) the social ties dimension connected with the biographical relevance of social networks for pursuing life projects (privatism vs. communitarianism) and (2) the agential dimension related to general biographical orientations of informants toward their lives (proactive vs. reactive). Crossing the two dimensions, four types were identified: "survival," "resourcefulness," "relationality," and "solidarity."

The "survival" refers to a range of situational short-term reactive coping practices aimed at individualistic or family-based getting by without developing longer-term biographical projects. "Resourcefulness" means proactive, individualistic, or family-based attempts to combine various resources at hand to advance life projects. The "relationality"

refers to collective and cooperation-based efforts to maintain meaningful and broad social bonds (and often beyond it). Finally, "solidarity" concerns proactive strategies aimed at defending collectively defined interests. In the context of typology, biographical turning points can be defined as the unexpected transitions among the types of life strategies.

We used the typology in the article to select cases for detailed biographical analysis. In the research, we were particularly interested in the role of the pandemic in biographical turning points, changes, and shifts among the types of life strategies. For the empirical analysis, we decided to choose two interviews: Paulina, a resident doctor from a large city in Poland, and Antoni, a social worker working in a social care home, also in a large Polish city. Two cases

were chosen to represent contrastive directions of the mobility between life strategies reflecting the ways of coping with the crisis. The case of Paulina represents a shift from the relational type (for the essential part of the narrator's life history, peer communities played an important role, and later, they were also important for the formation of social ties in the workplace) to family- and herself-centered resourcefulness. In Antoni's case, on the other hand, biographical turning points reflect a transition from resourcefulness toward an explicit commitment of a solidaristic nature, in which trade union activism plays a key role.

The main properties of the cases that will be discussed in detail in the course of the analysis are summarized in Table 1.

Table 1. The main properties of the compared cases

Dimensions of the analysis	Paulina	Antoni
Biographical resources	Origin: middle-class family background Specialist qualifications A large family of origin support	Origin: working-class family background Individual resourcefulness Support of trade unions Religious communitarianism
Biographical vectors	Embeddedness in milieu Private proactivity	Embeddedness in history Collective proactivity
Experiences of the pandemic in the workplace	Deteriorated job quality leading to withdrawal from work into private life	Deteriorated job quality leading to union activism
Biographical role of the pandemic	The pandemic was a turning point, accelerating the transition to private resourcefulness	The pandemic was a turning point, accelerating the transition to communitarian solidarity

Source: Self-elaboration.

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The similarities between the selected cases are important. Both narrators work in industries where the relationship between the worker and the recipient of services is one of providing care or supporting the healing process. At the same time, both sectors (healthcare and social work) are struggling with a long-term structural crisis related to insufficient funding, lack of skilled workers, or marketization processes affecting employment conditions or the quality of services provided (Kozek 2011). The pandemic crisis highlighted those problems, which, in the context of the biographical experiences of workers (doctors, nurses, carers, physiotherapists, and others), translated into increased levels of trajectory potentials, understood as dispositions to lose control over one's life and experience suffering (Riemann and Schütze 1991).

Similarly to most of the other interviews collected in the public services, the pandemic caused an amplification of the problems faced by employees before 2020, such as understaffing, insufficient equipment, and lack of adequate remuneration for increased efforts. What distinguishes the cases chosen from the bulk of the collection is that the story of the pandemic is triggered while still in the first part of the interview and plays a salient biographical role in reshaping the course of life. Thus, the pandemic becomes a biographical turning point for both Paulina and Antoni. In Paulina's case, it is an impulse to focus on her private and family life, and in Antoni's case—to deepen his engagement in the trade union's organization and mobilization of other workers. Both cases are also characterized by, less frequent in the whole collection of interviews, proactive attitude toward the challenges brought by the pandemic outburst.

In the next section, we will present the results of a case study analysis, exploring in more detail some of the analytical dimensions listed in Table 1. In the final part of the article, some more general observations related to the entire collection of interviews will be formulated.

Pandemic as a Catalyst of Resourcefulness: The Case of Paulina, a Resident Doctor

Paulina was born in the early 1990s in the countryside in the Lower Silesian Voivodship, in a family of local intelligentsia. Her father was for years the treasurer at the town hall in a large county town; her mother was a nurse and now works as a clerk in the public administration. Both parents have a university degree. Paulina has two sisters (one four years older and the other two years younger) with whom she keeps close contact. However, she emphasized that her family had been much larger since her childhood, with at least 20 people surrounding her. That was because both her mother and father came from large families, and her uncles and aunts also lived with their children in her home village. Since elementary school, the narrator has been involved in the Catholic church community, which manifested in singing in the schola, going on pilgrimages, and later, in activities in one of the associations of Catholic youth. Nowadays, Paulina is much less engaged in such activities, even though she declares herself as religious.

The narrator finished her medical studies in D. (one of the big cities in western Poland). During her one-year internship after graduation, she met her husband, Tomek, who worked as a paramedic in a hospital and, as a second job, ran a small company that offered medical security for mass events.

Paulina chose to specialize in neurology. She recalls the beginning of her work as a particularly difficult period due to the problems of reconciling her private and professional lives. Tomek lived in another city, which made regular commuting necessary. At the time of the interview, Paulina was working in a teaching hospital in Z. (a large city in the north of Poland), where work management was subject to a rigid formal hierarchy. She felt deprived of help and support from senior doctors. At many points, she had to make decisions affecting the health and lives of patients on her own, without always having adequate knowledge of what actions were advisable. The situation changed in the second year of her residency when two new doctors arrived on the ward who were willing to support Paulina and give specific guidance.

In the same year, Paulina and her future husband (who was by then her fiancé) decided to move back to D.-city where Tomek worked. Paulina was given a placement at a teaching hospital for three months, but the COVID-19 pandemic started, and she was called back to the hospital in Z.-city to assist with the treatment of the infected. An additional problem was that her fiancé's company had downtime due to the lockdown. As a result, Tomek moved to Paulina's place and found a job as a member of the smear team[3] in one of the cities in the same voivodship in northern Poland.

During the same period, Paulina became pregnant, and they started to plan a wedding with Tomek. Shortly before the event, however, there was a miscarriage. The narrator said little about that period other than that the wedding eventual-

ly took place under pandemic restrictions. During the second wave of the pandemic, Paulina participates as a volunteer in the transformation of maternity wards into the COVID-19 ward at the hospital in Z.:

> **Paulina:** I've just been on sick leave, I don't even want to duck, I just have this feeling that something needs to be done, and, yyy, I need to help somehow, that it's not correct if all of us, that nobody wants to go to that [COVID] ward. And somehow, I just wanted to go. I read up very hard, and I just called one of the doctors in our, yyy, ward who has already undergone coronavirus infection, had already passed [**Interviewer I:** Uhm], and he was, yyy, sort of the only one who said that he would go to this, yyy, [COVID] ward to work and I called him and said that in that case, I would join him.

The important context for the quote is its connection to Paulina's account of her uncle's severe coronavirus illness, which can be read as a motivation for her involvement in setting up the COVID ward. The quote can be interpreted in various ways. Firstly, it can be understood as the manifestation of Paulina's work ethos since the narrator emphasizes her responsibility as a doctor. Secondly, presenting the story in such a way leaves the impression of a bottom-up initiative. Similarly to some other interviews collected, those are the doctors who are presented as the initiators of the creation of the ward. A final important aspect is the exclusion of other professional groups (primarily nurses) from the narrative about establishing the new hospital unit, which is another feature of interviews with doctors in our collection. That is in contrast to the aforementioned nurses, who tend to generalize the experience to everyone working in the unit or the health system in general.

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[3] Those were medical teams traveling to patients to swab and verify coronavirus infection.

At the time of the interview, Paulina was pregnant again, with a due date set for September. She has been on sick leave for several months due to her pregnancy and lived in her partner's flat in D.-city. She planned to take all her maternity leave and additional opportunities to stay at home and return to work—for residency—in early 2023.

The COVID-19 pandemic is a salient factor that affected Paulina's professional and family decisions in recent years. It is introduced through the story of her uncle's illness. However, the trajectory potentials increase also in the professional sphere. The pandemic makes it even more complicated to combine family life and work. At a later stage, lockdown and restrictions make it difficult to organize a wedding and reception, and all that is compounded by the story of the miscarriage of Paulina's first pregnancy, which she largely faded out in her interview. All in all, the time of COVID-19 is a difficult period, the significance of which is made more explicit following some of the additional questions the researcher asks (among others, about the memories of the beginning of the pandemic).

Even though the narrator does not talk about it explicitly, the pandemic crisis is also a period of extremely intense work and long shifts. Paulina has been severely ill with COVID-19, which (as far as the course of the illness is concerned) she also does not explicitly mention in the interview. In the latter case, the reason may be that she talks at length beforehand about the nurses' failure to follow safety rules on the ward, while her infection (probably during her lunch break, from a colleague) may also be the result of breaking such rules by herself. We wish to discuss a longer quote in which several dimensions of the pandemic crisis hitting Paulina's professional and private life are intertwined:

Paulina: Er, well, then we had an unpleasant story because, er, I got pregnant and we were also planning that after three months, er, I'd go on sick leave, we'd be together, it was already after the first, let's say, a wave of the epidemic, between the first and the second wave, er, but there, in the fourth month, I miscarried [more and more quietly] so, er, it was already like I'd almost moved to D. because it was supposed to be that from next week I'm, er, already on leave [nervously laughs], well, but it turned out that I miscarried. And it was also such a hard time for us. I was still on sick leave there for a month, so yeah. We were getting married then [nervously laughs] at that time at the top of everything. Er, and somehow that September flew by, and then it was October, I was supposed to start this internship in cardiology again, to spend three months here, but then, er, the second wave [nervous laughter] of the epidemic broke out again, and I had to go back to Z. again, so I decided... And, and that was the time when this COVID ward was built, and I decided I'd go to the COVID ward to work, and [laughter] and that's how it started. Yyy, well, and then the next time... I was already laughing because, because this internship, I did this internship in, er, cardiology finally this year, in March. And I was just laughing, it was already, I was already pregnant, so I was already kind of not able to work in the COVID ward anyway, but then just as I was starting this, er, again, this internship in cardiology, the third wave broke out, and I say to myself: I don't believe it. [Laughs] I'll never do it! I'll have to go back to Z., and I'll never do it…Because also, if you're pregnant, you cannot be on duty.

Taking a closer look at the quote, we see that there is a flurry of important and difficult events in the narrator's life over a short period. Paulina mixes the narrative about changes in the sphere of work and career with the story of her wedding and, above all,

her miscarriage. A recurring thread that also ties that part of the interview together is the repeated interruption of a cardiology internship in D.-city, which was Paulina's original career plan during that period.[4] That theme allows the narrator to present seamlessly the key moments of her pandemic experience: getting married, losing her pregnancy with her first child, and getting pregnant with her second child. It does not appear from the interview that the pandemic was a factor leading to the miscarriage. However, it seems plausible that it was not a period in which Paulina could focus on her health and, for example, decide to take a longer holiday. Our attention was also drawn to the formal side of that speech—the narrator laughs nervously, interrupts her speech, and changes the subject frequently. It is possible to take those non-fluencies as indicators of the operation of trajectory potentials.

To sum up, the pandemic can be interpreted as a turning point at three levels. Firstly, it is the moment when Paulina's biographical plans to return to D.-city for a traineeship collapses. The biographical roadmap she plans to put in place with her husband has to be abandoned, and the narrator herself is forced to return to a hospital where she is not comfortable as an employee.

Secondly, the very work Paulina does undergoes drastic changes due to the pandemic regime introduced. The narrator, at one point, tries to influence the direction of those changes through her involvement in organizing the COVID ward, where she then worked. That is a period of very intense work (especially in the second wave when there are many more coronavirus patients in the hospital) but also

[4] The problems with fulfilling the original plan of residency are a common theme in the narratives of other young doctors as well.

the moment of the maturation of her professional work ethos.

Thirdly, the pandemic is a period in which there is a very strong intertwining of Paulina's professional and private plans. The narrator experiences a flurry of events over which she finds it difficult to maintain control.

The cumulative potential of the biographical trajectory is reflected in the ways of narrating about subsequent waves of the pandemic. The first wave is relatively quiet. There are not many COVID-19 patients in the hospital yet, and Paulina is preparing for her wedding. After some time (here, it is difficult to reconstruct an exact chronology), she becomes pregnant for the first time. The second wave is the peak of the build-up of trajectory potentials. Paulina experiences a miscarriage, returns to work, and decides to become more professionally involved, which leads her to take responsibility for organizing a COVID ward. It is important to recall the ways of representing her relationships with significant others in the workplace at that time. On several occasions in the interview, she emphasizes the not-so-good atmosphere in her hospital (hence her desire to move to another city as part of her internship), but during the pandemic period, especially at the time of setting up the COVID ward, she operates in a small medical team in which relations are close and supportive. The opposite is true of the relationship with the nurses, who, according to Paulina, were unwilling to work with COVID-19 patients and, on top of it, did not follow safety protocols. An additional source of stress was the relationships with patients who, in the later waves of the pandemic, made comments questioning the veracity of the pandemic and displayed anti-vaccine attitudes.

The entire experience of the pandemic period leads Paulina to prioritize family values in her biography. That resonates with other parts of the interview, where we find evidence of the operation of a biographical vector of the embeddedness in the milieu. In this case, the family milieu. That implies a strong desire for biographical stability, which also involves maintaining a better work-life balance. Paulina maintains her ambitions for professional development (she is planning a doctorate, among other things), but in parallel, she wants to expand her family and finally set up their home in one place. She announced at some point the will to come back to D.—the city in which her husband runs his business. Since it restarted after lockdowns and they could also rely on close family support, she is determined to move back in the next two years. The transition from a more "relational" (focused on broad family and religious community) to a more "resourceful" type of life strategy started before the pandemic and was related to fulfilling professional goals and managing everyday life between various cities and places. The pandemic period is a time of change in priorities since Paulina started to be much more occupied with family- and child-related responsibilities.

Pandemic as a Catalyst for Solidarity: The Case of Antoni, a Nursing Home Worker

Antoni was born in the early 1960s in D., a large Polish city. He is the son of an electrician and a winder of electric motors, and his mother worked as a warehouse manager. He had an older brother and sister who died in the 1990s. He was brought up in the Catholic faith. When he was seven, he started to be an altar boy and served at mass even when he was already married. He graduated from a technical school with a specialization in electro-mechanics. After graduation, he started working on the railways. In the 1980s, he was a member of the Solidarity trade union. During martial law, he was allocated a council flat on the condition that he became president of the local ZSMP (The Polish Socialist Youth Association).[5] The narrator, due to his strong anti-communist convictions, refused, which ultimately entailed refusing the allocated flat and resigning from his job. That was difficult for him as he was already raising three sons with his wife at the time. He was then employed by the brewery as an electrician, where he worked for 18 years until the company closed down. Shortly before the closure of the brewery, he set up his own company offering electrical services and cleaning work.

In the second half of the 1990s, the narrator lost his flat as a result of a natural disaster and had to live temporarily in a student dormitory. In 2006, he began his studies in theology, which he completed with a Master's degree. That coincided with his sons' life problems. He briefly taught religion and ethics at school, which paid off financially, but ultimately, he gave up that work to run a housing renovation business as a self-employed. The business soon collapsed due to, as he said, "competition from the East." He then carried out various jobs like courier and postman, but due to his ill health (diabetes and eye disease) and an Achilles tendon injury, he had to find something more adjusted to his condition. In 2018, he took up a job as a medical carer in a nursing home. In 2021, he joined a small, radical trade union, in which he is now a member of the presidium. He has been serving in one of

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[5] Związek Socjalistycznej Młodzieży Polskiej (ZSMP) (The Polish Socialist Youth Association) was the main organization for Polish youth funded in 1976 (as a result of merging three other socialist youth organizations) and strongly politically depended on the communist government.

the lay orders in the Catholic Church since around 2014. Recently, his son died, which shook him up a lot. He currently lives with his wife, daughter, and grandchildren in a council flat in D.

In the interview, Antoni focused on two dimensions of his life history—his professional work and his commitment to the Church. Faith is an important theme in the interview as it is used by Antoni to find the meaning of most situations in his life, including the death of his son. In terms of his professional work, Antoni presents himself as a very resourceful person. He mentions various kinds of extra work during the communist period, thanks to which he was able to earn a second salary (overtime, paid work outside his formal job description). Even after 1989, he showed great resilience to the successive crises he had to cope with. He faced a temporary loss of his flat, the closure of his company, the need to seek new employment, and family problems, all of which he eventually managed to overcome. When we compare those more and less important turning points with the experience of the pandemic, it becomes clear that Antoni makes use of different types of biographical resources. In the case of earlier crises, the ways of coping were largely based on individual capacities and skills: resourcefulness, assertiveness, and family support. The pandemic, on the other hand, is a period in which there is a shift in the biographical dimension—the vector of coping switches toward solidarity. Antoni becomes intensely involved in trade union organizing and co-organizes protest actions against rapidly deteriorating working conditions.

An important thread in Antoni's biography is his religious, moral ethos that gives him direction in the moments of trials. We see that already in the first instance of crisis when the narrator decides to give up his allotted flat because of his anti-communist convictions. The moral ethos also leads to much more emphasis on the history and macro-scale events as a context for biographical decisions. "Embeddedness in history" helps to interpret successive crises provoked by uncontrollable, external circumstances as "tests" for moral convictions. There is one more side of Antoni's religiousness and broader ideological and political context. In the last part of the interview, when asked about his political views, Antoni openly expressed homophobic and anti-European Union statements—both seen by him as a danger to a "normal" family.

In the sphere of work, moral ethos is manifested in the narrator's strong belief in the necessity to link work with dignity. On the one hand, the demands of the social care workers he represents have a pragmatic dimension (related, among other things, to salary increases), but on the other hand, Antoni emphasizes the indispensability of the work conducted in the nursing homes in the context of caring for people in need:

> **Antoni:** Well... I started a job in the last four years, you could say, as a caregiver... in the nursing home...A year later, the pandemic hit, and things started to get complicated, and...I saw a lot of things I just wasn't prepared for, for example, the deaths of people I worked with, whom I practically treated like, er... Like family because, after all, you worked with them. These are things that hit very hard. I was admittedly... that's what I felt it was going to be like, so somehow... I was supposedly mentally prepared for it. It turned out that I wasn't at all, that it was, nevertheless, this trauma somewhere inside me… it was progressing, although, at some point, you had to stand firmly on your feet, er… To get even closer to these people.

For the narrator, the meaning of care work is based on the relationship with the residents. However, the situation in nursing homes during the pandemic drastically worsened, which hit residents and social care workers as well. That, in turn, is linked to the activation of trajectory potentials, especially during the pandemic when the number of virus infections and deaths rapidly increased among nursing home residents. The health risk was a crucial factor in strengthening the emotional and psychological pressure on Antoni as an individual. But, his response was to engage heavily in the nursing home workers' mobilization.

In Antoni's autobiographical life story, the pandemic crisis is first and foremost a crisis experienced collectively as a member of a wider workers' community, which, again, points to the role of the "embeddedness in history" as a biographical vector organizing his narration:

> **Antoni:** Well, and in the pandemic, people started to leave their jobs…Why? Well, because... as carers, they had better working conditions in, for example, in hospitals. Er... And at some point, it started lacking workers...This is the feeling that we were actually left alone, on our own, on our own because, er... Nobody cared about our money, about everything…There is a group of people who are dedicated to this work, but so what when, er... Now with this current inflation, it's all gone up, well, we've tried just by setting up these unions...Well, and we're trying to at least stabilize all this, this work, our wages by what, what we're doing, by protest and, well... we're looking for some kind of response… in the city hall.

In the quote, we see the mechanism of transition from a feeling of being left unsupported as a frontline worker in a crisis to workers' self-organization

and mobilization. The public health crisis deepened workplace problems that had been present before its outburst, such as chronic labor shortages. The narrator is very much committed to his work and combines his (religiously founded) moral ethos with the ethos of care, which does not permit him to leave patients in a critical situation (Kubisa and Rakowska 2021). However, his work situation during the pandemic, fraught with risk, intensified compared to pre-pandemic times, and emotionally charged, becomes unbearable and forces him to act not just as an individual but also as a co-organizer of broader movement leading toward establishing a trade union and protest against bad work conditions. In that context, we can see how the pandemic crisis becomes a turning point, giving impetus to the use of community resources and solidarity strategies to improve job quality without compromising the ethos of care.

Discussion and Conclusion

This article aimed to answer the question of the place of the COVID-19 pandemic in the biographies of workers who performed key frontline public services in the times of the health crisis. Given their strategic location for the protection of life and health and the provision of essential services during the lockdown, as well as the intensification and reorganization of work and the significant exposure of some of them to the deadly virus, we expected biographical interviews to be full of dramatic and emotional narratives about the pandemic. That has only been partially confirmed by the collection of biographical narrative interviews with frontline essential workers.

One of the aims of analyzing the material was to identify the conditions under which the pandemic

began to play a role as a significant turning point in the stories of our interviewees. The health crisis left the most traces in biographies in which crises at the macro level were accompanied by overlapping biographical crises: illnesses, deaths, and crises in families. As we can see in the case of Antoni, it may have also acted as a catalyst for resources built up in the course of previous experiences (including less tangible ones, such as moral values, e.g., ethical treatment of professional duties) and triggered new coping mechanisms (in this case, solidaristic ones based on trade union activism). In Paulina's interview, the pandemic, in turn, acts as a context for a shift from an overwhelming work to family life, the parenthood project, and the desire for a greater work-life balance. Having a miscarriage and becoming pregnant for the second time under the intense and risky working conditions trigger the biographical work done by the narrator, which leads her to declare her desire to withdraw from her previous scale of professional involvement.

The analysis indicates the intertwining of the pandemic as a turning point with the pre-pandemic biographical experiences and resources of our interviewees. Based on the categories introduced in an earlier study of war experiences (Czyżewski 2016; Piotrowski 2016), they can be described using the biographical vectors of embeddedness in the milieu (Paulina as a person focused on family and communities of friends since childhood) and embeddedness in history (Antoni inscribing his experiences in historical macro-processes: struggle against the authoritarian system and involvement in a Church organization). The research suggests that biographical vectors shaped throughout life histories were further reinforced by experiences of the COVID-19 pandemic. Paulina's autobiographical story moves toward anchoring the biography around her family.

In Antoni's case, the opposite is true—the interviewee becomes more and more involved in trade union issues and, looking more broadly, a dispute of a political nature (since the nursing homes are managed by the city, any protest by the social care workers has the character of criticism of the local authorities). Moreover, if we return to the definition of the vector of embeddedness in history, we can evoke not only the question of telling one's biography against the background of historical events but also in the context of using ideological symbolic resources. In Antoni's case, such a function is fulfilled mostly by his Catholic faith and, in the last part of the interview, also by his radical political views (including open homophobia and anti-European Union stance).

Returning to Strauss's (1977) distinction of three types of turning points (milestone, challenge, and betrayal), it seems that, in both cases, the pandemic has the character of a challenge for the narrators. It forces change and adaptation, and their direction depends on the biographical resources at the disposal of narrators. However, one might wonder whether the other categories of turning points could also be found in the analyzed biographies. For Paulina, the pandemic crisis also partly has the character of a milestone—it triggers intensive biographical work, and while at the time of the interview, it is certainly difficult to determine whether that is complete, its direction toward redefining the meaning of professional work in biography is clear. Antoni, on the other hand, seems betrayed in the sense of being a member of a professional group left unsupported in a severe health crisis hitting both his patients/clients and him as a worker.

The cases of Paulina and Antoni are just two interviews from a much larger collection of biographical stories of essential frontline workers in education,

healthcare, social care, and logistics, collected in the "COV-WORK: Socio-Economic Consciousness, Work Experiences, and Coping Strategies of Poles in the Context of the Post-Pandemic Crisis" project. Even though both informants mentioned the pandemic in response to the question of their life histories, their narratives represent a more general tendency present in the collection not to include the details of the pandemic experiences in the main storyline and elaborate on them following more specific questions. In the cases similar to Paulina and Antoni, in which the pandemic was at all mentioned in the first part of the interview, we could identify three contexts for the autobiographical storytelling: (1) accumulation of trajectory potentials from pre-pandemic periods; (2) the overlap of personal and professional crises (including the experience of serious illness or death of a loved one, significant deterioration in the quality of work, or loss of a job); (3) the existence of ideological interpretive resources that facilitate the linking of macro and micro levels, which confirms earlier findings from biographical research on war (Piotrowski 2016) and systemic transformation (Mrozowicki 2011; Kaźmierska and Waniek 2020).

In other cases, referring to the categories introduced by Bertaux (2012), there was a sharper discrepancy between the "biographical time" of the experiences of informants and the "historical time" of the pandemic. The former referred to the core narrative, which, in most cases, ended "before the pandemic" or did not encompass it at all.[6] The latter, on the other hand, concerned the course of successive waves of the coronavirus outbreak, primarily experienced by the interviewees in the workplace, and referred

to in the third part of the interview when the researcher asked specific questions (such as about the onset of the pandemic). The analytical findings so far allow two hypothetical reasons for such divergence to be identified. They include (1) the period effect (Miller 2005), which concerns the execution of the interviews during the pandemic, and (2) the collective nature of the pandemic as a phenomenon that affected (albeit unequally) all members of society and, especially over time, has been taken for granted as a frame of individual experience.

The first possible explanation is the close temporal distance of the pandemic, or rather the fact of being in it at the time of the interview. In that sense, it was a period that was not closed and, as such, may not have been worked through at the level of individual biographical work. The pandemic went beyond possible biographical closure (coda), being all the time a current event whose direction and meaning from the individual's perspective was not yet obvious. The initial communication chaos and the overloading of the information sphere with the pandemic topic did not help in its assessment either. If one looks at the public debate as a reservoir of different kinds of symbols and interpretations that individuals can use in reflective work on social phenomena that are important to them, it was, especially in the initial phase of the pandemic, an overloaded, unclear space that generated a sense of fear and anxiety (Delanty 2021). At the same time, it is important to note that in the biographical interviews, also in the first parts of them, there were references to the moment of life the interviewees were in at the time of the interview, and those were reflected more broadly. Most often, they referred to the issue of professional position or other main biographical activity (e.g., in the case of students, the importance of studying) rather than the pandemic itself.

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[6] That is not the same thing—sometimes the story came up to the point of giving an interview, i.e., it nominally also covered the pandemic period, but the pandemic was not discussed in the autobiographical story.

An alternative interpretation concerns the collective nature of the pandemic. For many interviewees, it was only a context of biographical events and, at the same time, not part of an individual narrator's life course. For that reason, it was not described as something that happened to a specific individual and belonged to their special and unique life history. It was a collective phenomenon, affecting all members of the collective (such as war or economic crises). In the third part of the interview, in which we asked directly about what had happened to informants since the outbreak of the pandemic, we were confronted with extensive and surprisingly detailed statements about their experiences and the individual participation of the narrators. Importantly, those were stories in which the so-called communicative scheme of narration (Schütze 2005) was dominant. The interviewees reconstructed the individual moments of the pandemic in great detail, not necessarily sticking to a chronology but often "acting out" individual scenes. What is even more interesting is that, on several occasions, when comparing the first part of the interview (during which one expects more narrative communication) with the third part (where one rather expects to receive statements of an argumentative or theoretical nature that are the interviewees' answers to more theoretical questions), it was in the latter part that the narrative was more clearly present.

To conclude, it seems that we can speak of a certain case of mismatch between historical and biographical time that is interesting for biographical researchers. A very high narrative potential found in the questions about the period of the pandemic from its outbreak to the time of the interview suggests a crucial role of the third part of the interview for studying the biographical experiences of macro-social, exogenous shocks. Our attention was attracted to cases in which the place and significance of the pandemic have been more prominent and in which it played the role of a turning point for the entire biography of the person concerned. However, the biographical study of workers' pandemic experiences presented in the article confirms the observations of previous studies that "external shocks" are not "automatically" represented as biographical turning points. Further research should investigate more systematically and comparatively the biographical and communicative conditions that need to be met to link the biographical and historical time of the crises' narratives.

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