



Exploring Youths' Enantiodromia and Passive Coping in Venice City During the COVID-19 Pandemic: A Phenomenological Study

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Abstract

The COVID-19 pandemic has emerged as an unprecedented global health crisis, affecting not only physical health but also the psychological resilience of societies. Particularly among youths, the crisis has intensified existing psychosocial vulnerabilities, often manifesting as enantiodromia—acting contrary to recommended norms—and passive coping mechanisms. This study aimed to explore how these patterns among youths in Venice City contributed to poor psychosocial adjustment and potentially accelerated the spread of COVID-19. Using a qualitative phenomenological approach, data were collected through interviews, transect walk observations, and targeted surveillance of indoor recreational centers and khat-selling areas. Findings revealed that cognitive and behavioral passive coping, combined with oppositional behavior (enantiodromia), acted as underlying psychosocial processes exacerbating public health challenges during the pandemic.

Keywords: *Enantiodromia; Passive Coping; Psychosocial Adjustment; Youth; COVID-19*

Introduction

The COVID-19 pandemic has had pervasive impacts on global society, profoundly disrupting social, economic, and psychological domains (Kar et al., 2020). While medical responses have focused on infection control, the psychological dimension—particularly among vulnerable groups like youths—has often received less attention (Duan & Zhu, 2020). Adolescence and young adulthood are periods marked by identity formation, social experimentation, and heightened sensitivity to peer and societal influence (Arnett, 2000). The pandemic imposed sudden restrictions on mobility and social interactions, increasing the likelihood of maladaptive responses.

In Venice City, despite extensive public health campaigns advocating preventive behaviors such as handwashing, social distancing, and staying home, many young people engaged in behaviors contrary to these guidelines. This paradoxical behavior reflects the concept of **enantiidromia**, a psychological process described by Jung (1969) where extreme adherence to a force eventually produces its opposite. Alongside enantiidromia, **passive coping** strategies—characterized by externalizing blame and avoiding personal responsibility (Zimmer-Gembeck & Skinner, 2015)—were also observed.

Understanding these psychosocial dynamics is critical to designing youth-sensitive interventions. This study, therefore, explores how youths in Venice City navigated the psychological impact of COVID-19, focusing on enantiidromia and passive coping as central themes.

Methods

A **qualitative phenomenological approach** was adopted to capture the lived experiences of youths during the pandemic (Creswell & Poth, 2018). The study combined interviews, transect walk observations, and critical surveillance. Study sites included five indoor pool game centers and two khat-selling areas frequently visited by youths.

Data collection followed ethical guidelines: participants were informed about the study's purpose, consent was obtained, and safety protocols recommended by the World Health Organization (WHO, 2020) were strictly followed during fieldwork. Eleven youths aged 16–23 participated in semi-structured interviews, and observational data were triangulated to enrich understanding. Data were analyzed using framework analysis, identifying emergent themes linked to passive coping and enantiidromia.

Results and Discussion

Enantiidromia: Acting Against Norms

The phenomenon of enantiidromia was evident in youths' inclination to defy health guidelines despite understanding the risks. One 17-year-old participant explained:

“My family warned me many times not to go to the pool hall because of COVID-19, but somehow, I still ended up there.”

Field observations confirmed such behaviors: youths gathered in groups without masks, exchanged pool sticks, and crowded in khat markets. This aligns with Jung's (1969) concept that suppression or excessive regulation of behavior often triggers its opposite, particularly during adolescence—a period of heightened reactivity to control (Steinberg, 2008).

Other studies have similarly found that young people may resist external authority during crises, seeking autonomy in ways that ironically increase vulnerability (Oosterhoff & Palmer, 2020). In Venice City, enantiidromia acted as a psychosocial response to pandemic restrictions, undermining public health efforts.

Passive Coping and Externalization

Youths also exhibited **passive coping**, marked by externalizing blame or attributing responsibility to external forces, including divine will. As one participant noted:

“This disease is a punishment from God. Whether I protect myself or not, the solution must come from Him.”

Rather than active engagement, such beliefs fostered fatalism and emotional detachment, reducing motivation to adopt protective measures. Similar patterns have been documented globally, where perceived uncontrollability leads to passive coping and reduced adherence to preventive behaviors (Park et al., 2021).

Feelings of hopelessness were common among participants, echoing the notion that prolonged stress and uncertainty can erode psychological resilience (Ho et al., 2020). Youths in Venice City often failed to translate awareness of COVID-19 risks into sustained protective action.

Implications for Psychosocial Adjustment

Psychosocial adjustment refers to the harmony between individual needs and external demands (Anderson et al., 2002). In Venice City, lockdowns and social isolation disrupted this balance, with enantiodromia and passive coping reflecting youths' struggle to adapt. This mismatch between personal needs (e.g., social connection, autonomy) and external constraints contributed to psychological distress and increased risk behaviors.

Prior research highlights that youth are particularly vulnerable to mental health challenges during crises due to their developmental stage (Pfefferbaum & North, 2020). Therefore, neglecting their psychosocial needs can exacerbate public health crises.

Ways Forward

To mitigate the psychosocial and public health impact of COVID-19 among youths in Venice City, multi-layered strategies are essential:

- **Targeted psychosocial interventions:** Develop youth-centered mental health programs addressing fatalistic beliefs and promoting adaptive coping skills.
- **Inclusive health communication:** Use culturally sensitive messaging to reach marginalized youth groups, including street-connected youths and those with disabilities.
- **Socioeconomic support:** Provide assistance to unemployed, underemployed, and low-income youths to reduce the economic pressure driving risky behaviors.
- **Community engagement:** Empower youth leaders to advocate for peer compliance with health guidelines.
- **Support for special groups:** Tailor interventions for commercial sex workers, youths with disabilities, and rural communities with limited healthcare access.

Such approaches can enhance resilience and reduce the spread of COVID-19 by fostering a sense of agency among young people.

Conclusion

The study highlights how **enantiodynamia** and **passive coping** emerged among youths in Venice City as psychosocial responses to the COVID-19 crisis. These patterns contributed to poor psychosocial adjustment and undermined public health measures. Addressing these challenges requires interventions that combine psychological support, socioeconomic assistance, and inclusive communication, recognizing youths' unique developmental and social context.

References

- Anderson, C. A., Novak, J. R., & Keith, K. D. (2002). The relationship between psychosocial adjustment and individual-environment congruence. *Journal of Adolescence*, 25(6), 619–633.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480.
- Conte, C. (2009). *Enantiodynamia: Opposites and the pursuit of balance*. *Jung Journal*, 3(1), 34–48.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.
- Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4), 300–302.
- Ho, C. S., Chee, C. Y., & Ho, R. C. (2020). Mental health strategies to combat the psychological impact of COVID-19. *Brain, Behavior, and Immunity*, 87, 26–28.
- Jung, C. G. (1969). *Collected works of C.G. Jung* (Vol. 9). Princeton University Press.
- Kar, S. K., Arafat, S. M. Y., Kabir, R., Sharma, P., & Saxena, S. K. (2020). Coping with mental health challenges during COVID-19. In S. K. Saxena (Ed.), *Coronavirus disease 2019 (COVID-19): Epidemiology, pathogenesis, diagnosis, and therapeutics* (pp. 199–213). Springer.
- Oosterhoff, B., & Palmer, C. A. (2020). Attitudes and psychological factors associated with news monitoring, social distancing, disinfecting, and hoarding behaviors among US adolescents during the COVID-19 pandemic. *Journal of the American Medical Association Pediatrics*, 174(12), 1184–1190.
- Park, C. L., Russell, B. S., Fendrich, M., Finkelstein-Fox, L., Hutchison, M., & Becker, J. (2021). Americans' COVID-19 stress, coping, and adherence to CDC guidelines. *Journal of General Internal Medicine*, 36(1), 1–8.

Pfefferbaum, B., & North, C. S. (2020). Mental health and the COVID-19 pandemic. *New England Journal of Medicine*, 383(6), 510–512.

Positive Psychology. (2020). Passive coping. Retrieved from <https://positivepsychology.com>

Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, 28(1), 78–106.

World Health Organization. (2020). *Coronavirus disease (COVID-19) advice for the public*. Retrieved from <https://www.who.int>

Zimmer-Gembeck, M. J., & Skinner, E. A. (2015). The development of coping across childhood and adolescence: An integrative review and critique of research. *International Journal of Behavioral Development*, 40(1), 1–17.

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