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A R T Y K U Ł Y I R O Z P R A W Y

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(UN)USUAL CRISIS: THE COVID-19 PANDEMIC IN THE BIOGRAPHICAL EXPERIENCES OF AMERICAN AND POLISH CARE WORKERS*

INTRODUCTION

The aim of this article is to analyse and compare the ways of coping with exogeneous shocks, represented by the COVID-19 pandemic, as they become visible in the narratives of care workers in Poland and the USA. The two countries chosen are different in terms of their institutional care sector set-up, industrial relations, and more generally, their capitalist models. Nevertheless, the devastating consequences of the pandemic were observed in both of them, in terms of very high death rates and the state's failure to manage essential health and care services provision (Mrozowicki et al., 2025a; Avgar et al., 2020).

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Existing research has mainly focused on the direct effects of the pandemic as an extraordinary, "unusual" crisis on the conditions and organization of work in health care (cf. e.g. Wiedner et al., 2020). To a lesser extent, it has considered the role of "usual", systemic and structural problems, including the crisis of care for shaping workers' dispositions to cope with sudden breakdowns of a social order (Dowling, 2022; Nadasen, 2023). The article contributes to existing research and highlights the potential of biographical research based on autobiographical narrative interviews for understanding how individuals cope with and make sense of social crises (Czyżewski, 2016; Kaźmierska & Waniek, 2020; Pulignano et al., 2024; Schütze, 1992).

The analysis focuses on the mechanisms of retrospective normalisation, or "taming", of the pandemic. The process entails the interpretive work of narrators in rendering crises as more of a "usual" experience, thereby minimising their relevance as compared to other biographical problems in their life histories. Normalisation facilitates learning to live with recurring crises. The research links the normalisation to biographical resources understood as tacit knowledge and skills individuals developed throughout their lives in order to pursue their life projects (cf. Lalak, 2015; Mrozowicki et al., 2025b).

The article begins by introducing the concepts of the polycrisis as the crisis of care and examining the literature on the normalisation of exogenous crises. It then outlines the overlapping care sector crises in Poland and the USA. Based on an analysis of 48 biographical interviews with hospital and nursing home staff in both countries, healthcare workers' memories of the pandemic as an extraordinary crisis were examined. The final section presents the four types of biographical normalisation of the pandemic: precarious, resourceful, professional and relational, and their connection to biographical resources. The article concludes with a discussion.

PANDEMIC, THE CRISIS OF CARE AND THEIR NORMALISATION: A BIOGRAPHICAL PERSPECTIVE

The COVID-19 pandemic, as an exogenous global public health crisis, overlapped with a number of other interacting chronic and sudden

crises affecting modern societies. According to feminist social reproduction theories (SRT), the pandemic can be considered a manifestation of a polycrisis, specifically the care and social reproduction crisis (Mezzadri, 2022). Social reproduction involves "birthing and raising children, caring for friends and family members, maintaining households and broader communities, and sustaining connections more generally" (Fraser, 2017: 21). The crisis of care, in turn, refers to "the growing gap between care needs and resources made available to meet them" (Dowling, 2022: 19).

I propose to consider three features of a polycrisis as the crisis of care. Firstly, it is chronic, reflecting a long-term failure to meet essential societal needs due to structural and institutional factors, rather than being reduced to "shock" and dramatic social change (Vigh, 2008). Secondly, it has a discursive dimension, i.e. its various critical moments and processes gain significance when they are defined as serious problems by the media and influential political groups (Strolovitch, 2023). Thirdly, it also has a subjective dimension, expressed in the sense of living in troubled, risky and unpredictable times (Pustułka et al., 2023).

While the outbreak of the pandemic was seen an exceptional event, its subsequent phases were often described in terms of a gradual "return to normality" (Drozdowski et al., 2022). Four meanings of the normalisation of social crises can be reconstructed from the literature: the return to normality; the invisibility of chronic crises; the institutionalisation of innovations; and biographical normalisation.

Firstly, the concept of normalisation is used in a sense close to everyday language as a synonym for a return to a state perceived by people as essentially similar to the one they remember before the sudden crisis and refer to as "normal" (Drozdowski et al., 2022: 234). In the case of socially disadvantaged groups, normalisation can be used in the second sense, to describe the chronicity and relative public invisibility of certain crises, in particular if they affect less vocal and intersectionally excluded social categories (e.g. precariously employed migrant workers). The third meaning of normalisation refers to the process of institutionalising innovations, i.e. the dissemination and perpetuation of new patterns of thought and behaviour shaped by crisis conditions in a post-crisis situation (May & Finch, 2009).

In biographical sociology, the concept of biographical normalisation can be associated with four different mechanisms. Firstly, it can reflect

a limited embeddedness of individual life history in the macro-social context of crises. It was interpreted as resulting from limited access to cultural and political discourses that enable individuals to present their biographical experiences within a broader historical context (see Czyżewski, 2016: 74). Secondly, as demonstrated by Schütze's (1992) analysis of the biography of a young German soldier during World War II, it can be linked to fading out certain painful, shameful or traumatic events in off-the-cuff autobiographical narratives. It is argued that such a "normalization" which might be called a "fake normalization" cannot usually by upheld due to the communicative constraints of storytelling, and these events need to be inserted into the narrative later.

Thirdly, it can also mean that certain biographical experiences become part of institutionalised patterns of expectation and are therefore not seen as exceptional. One example of this is the normalisation of precarious careers among young people (Mrozowicki, 2016). In a similar vein, normalisation can reflect the development of autobiographical theories, in which narrators retrospectively present various crises as being normal. For example, Pulignano et al. (2024: 70) found that care workers managed their emotions amidst the challenges presented by the pandemic by following professional feeling rules (described as "holding it together").

Finally, normalisation can also be associated with the deployment of successful coping strategies based on biographical resources and biographical work. By biographical resources, I mean the tacit knowledge and skills accumulated through past biographical experiences (for instance, learnt resourcefulness or dispositions to build connections with other people) that are used by individuals to manage their life situations (Mrozowicki et al., 2025b). In turn, biographical work reflects individual attempts to order one's own life cognitively and emotionally in situations of biographical crisis (Schütze, 2008: 160). It is through biographical work and resources that various crises are "tamed" or "domestified."

CHRONIC CRISIS OF CARE: THE CASES OF POLAND AND THE USA

The article explores how workers coped with their experiences of the COVID-19 pandemic in their life histories in the context of changes in the care sector in Poland and the USA. In both cases, the unanticipated

pandemic crisis overlapped with and amplified the effects of chronic crises caused by neoliberal reforms and long-term deficiencies, including underfinancing, which had been present long before 2020. Since the late 1990s in Poland and the 1970s in the USA, public services have been affected by liberalisation, financialisation, and privatisation, the latter of which has been much more advanced in the USA. Their effects have included staff shortages, the precarisation of employment, and the deterioration of various other dimensions of job quality (Kozek, 2011; Winant, 2021).

Despite these similarities, the models of health and long-term care provision in both countries differ significantly, as do their respective workforces. In Poland, despite a relatively high share of private health expenditures, the state remains the main source of financing the healthcare system. In the USA, the share of private financing of healthcare is higher than in Poland, even though a large part of funds comes from the states and federal sources. It reflects the development of the private--public welfare state since the 1970s, in which private providers are largely financed by public money and private insurance. Whilst care occupations are feminised in both countries, the segmentation of the labour force in the sector in the US is historically racialised. This means that lower-paid jobs in care are more often performed by women of colour and recent immigrants (Winant, 2021).

Both in the USA and Poland, healthcare and social assistance systems proved to be vulnerable to the negative outcomes of the COVID-19 pandemic. The institutional order formed in Poland as a result of confronting the radical social changes of the last few decades bears features that increase its vulnerability to internal and external shocks. Gardawski and Rapacki (2021) propose to refer to it as "patchwork capitalism" due to the lack of an overarching institutional logic. The patchwork results in incoherent, delayed, poorly consulted anti-crisis policies by the state in the care sectors and their high social and human costs under pandemic conditions (Mrozowicki et al., 2025a). In such a context, informal relationships within small groups and bottom-up individual and family resourcefulness are crucial in dealing with crises.

Similar coordination problems arose in managing the pandemic within the private-public healthcare system in the USA. As noted by Avgar et

al. (2020: 270), these chronic problems were related to "the multitude of overlapping yet insufficient funding methods and the fragmented, uncoordinated system for providing care, both of which contributed to the sluggish, unfeeling, and arguably ineffective response of "the system" to the outbreak". "Civil society-led social reproduction", has been identified as the dominant way of managing crises in American society. This involves community members pooling their resources to help each other in times of need (Illner, 2021) In the context of care, innovative trade union organising strategies developed by domestic care workers and mutual aid in communities of color "in response to state neglect, violence, and the unequal allocation of resources" (Nadasen, 2023: 205) can serve as examples of such collective bottom-up resourcefulness and innovations.

Notably, it is often the disadvantaged groups who in both countries performed the "essential work" necessary for social reproduction in the fight against disasters and catastrophes, such as the COVID-19 pandemic. While the category of essential work has not been part of legal regulations in Poland, in the USA it has been adopted to define the rights and expectations of groups permitted to continue working offline during lockdowns. It was also used by American healthcare unions to protest against the deterioration of working conditions during the pandemic (McCallum, 2022). As the subsequent analysis indicates, this proved to be a salient factor in providing American workers with the ideological resources to frame the pandemic as a serious social crisis requiring collective action.

METHODS AND DATA

The analysis of the experiences of the COVID-19 pandemic in a context of the crisis of care as well as various ways in which the pandemic shock was managed by Polish and American workers was based on two datasets in which the autobiographical narrative interviews played a key role (Schütze, 2008). The peculiarity of this method is the collection of complete life histories, starting with an open question ("Please tell me your life story from the moment you wish to start until the present moment"), followed by additional narrative questions and problem--centred questions.

The first dataset comprises biographical narrative interviews that I and the project team I led collected in Poland in 2021–23. The present article makes use of 12 interviews with nurses, paramedics, and non-medical staff; and 10 interviews in nursing homes with carers, social workers, and maintenance workers. Most of the participants were women (16 cases), all Polish and nine were trade union members. They were recruited through personal contacts, management and trade unions[1].

The second study, conducted in the USA in 2024, involved 14 interviews in hospitals with nurses and technical staff, seven in nursing homes with nurses, aides and maintenance staff and five in home care, primarily located in Buffalo, New York State. Participants were predominantly female (25 cases) and ethnically diverse (15 White, 11 Black). They were primarily recruited through three local trade unions. This resulted in an overrepresentation of unionised workers in the US sample (21 cases), a factor that must be considered when interpreting the results.

In both countries, the interviewees were informed that the aim of the study was to understand their experiences of the pandemic in the context of their life stories. While some of the participants reacted with surprise to our request, most were willing to share their experiences and emphasised how exceptional the COVID-19 period was. However, the memories of the pandemic, which were often emotional, emerged more frequently when additional questions were asked at the end of the interview rather than in its introductory narrative.

Our positionality as researchers mattered in particular in the case of our fieldwork in the US with a sample much more diverse in terms of ethnicity and education. Although skin colour, education and our university affiliation could have created a sense of distance, our Polish origin, imperfect English and curiosity about the details of the participants' lives and work evoked understanding, curiosity and, in most cases, a willingness to share experiences.

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[1] In the case of the COV-WORK project, interviews were carried out by the research team including: Adam Mrozowicki, Jacek Burski, Aleksandra Drabina-Różewicz, Mateusz Karolak, Alicja Palęcka, Szymon Pilch. I conducted half of the interviews in the USA on my own and the other half with Jacek Burski.

The interviews were transcribed in their original languages (Polish and English) and anonymised, in line with the terms set out in the written consent forms signed by the participants. All analyses were performed on the original language transcripts. Selected cases in the Polish and US sample were analysed collectively by the COV-WORK project team and our US collaborators, Ian Greer and Michelle Chen, using Schütze's sequential analysis tools. It was during this process that the category of "normalisation of the pandemic crisis" emerged. It reflected the impression of the project team that most interviewees retrospectively played down the significance of the pandemic in the introductory narrative (Mrozowicki et al., 2025a). In order to systematically explore conditions and variants of the normalisation, all interviews were next analysed using thematic coding (Gibbs, 2007).

During the coding process, particular attention was paid, firstly, to how the first months of the pandemic were represented within entire life histories as shared, often very painful and traumatic experiences that could not be completely "normalised" (or "tamed"). These shared memories of the pandemic are discussed in the first analytical section. Secondly, I analysed the mechanisms by which it was retrospectively normalised in relation to biographical resources, such as resourcefulness, professional and care ethos and supportive relationships at work. It led to the development of a typology of the biographical normalisation mechanisms which is presented in the last part of the paper.

"IT WAS A WAR ZONE": THE FIRST MONTHS OF THE PANDEMIC IN THE LIFE HISTORIES OF WORKERS

Despite claims about the predictability of global pandemics, its onset was perceived by informants as a sudden and difficult-to-predict crisis that was hard to manage due to structural and institutional factors, such as shortages of personal protective equipment (PPE), procedural chaos, and insufficient information regarding possible treatments. Interestingly, narratives about the onset of the crisis were usually more dramatic in the US sample than in Poland, in particular in the stories of unionised US nurses despite the longer time gap between the interviews and the outbreak. Both Polish and American narrators compared the first

months of the pandemic to war, "a mission in Afghanistan" (Elżbieta, nurse, Poland), "a bomb-less war zone" (Kate, nurse, USA). However, participants in the Polish study as well as non-unionised and more precarious care workers in the US generally narrated less about the outbreak of the virus in the in the main or introductory narrative in response to an initial question about their life history.

Besides a very dramatic course of the pandemic in Upstate New York (Avgar et al., 2020), the factors related to the discourse of essential work adopted by the US healthcare unions, to which most interviewees belonged, may have been more important in making the pandemic more salient in workers' narratives. It was used to highlight the connection between the pandemic and other care and societal crises and to emphasise the importance of a care ethos for union struggles in the sector as the fight for the public good. While some interviewees, such as Kate (a nurse), stressed that they "didn't want to be called heroes", others referred to the motivational power of the discourse on essential work in both coming to work ("doing it like it is our mission", Valeria, a nurse) and fighting for better conditions. For example, Laura, a home care worker, explained her idea for a spontaneous strike, saying, "We can show companies that we are essential workers and that they need us."

Both in the Polish and American interviews, the first phase of the pandemic crisis was defined as a traumatic event, and thus normalised only to a limited extent, in particular in two cases. Firstly, when it amplified the potential for biographical trajectories of suffering reflecting the experience of losing control over one's life and being overwhelmed by external circumstances (Schütze, 2008). Secondly, when it created new opportunities for action in extraordinary circumstances. This first process is evident in the story of Rosa, a US social justice activist, registered nurse and trade unionist. She told us how the pandemic overlapped with and compounded other challenges in her life (including those related to trade union activism, i.e. "labour stuff"), leading her to change her priorities to focus on family and education, reflecting an intense biographical work:

> Rosa: *Because in 2020, ok, pandemic happened, I had the baby in 2021, so pandemic happened, got pregnant like, right in the beginning of the pandemic. Had the baby in 2021. I got really burnt out on labour stuff* […] *So I started Graduate School this past summer, to go back for my psychiatric NP* [nurse practitioner].

> *And like right now, yeah, my life is mostly defined by really taking care of my children…* [nurse, hospital, USA]

The second scenario, in which the public health crisis presented an opportunity to devise new strategies, is exemplified by the life stories of Polish and US participants who joined trade union organising campaigns during the pandemic and developed solidaristic strategies. They recall the pandemic as an important turning point that intensified their commitment to unions. An example is the narrative of Bożena, a cook in a Polish nursing home:

> Bożena: [During COVID] *I let myself be persuaded to do a video* [about working conditions — AM], *mm, and an interview too, which was leaked online* [laughter] *and the director called me in and demanded that the video be removed, saying that I had damaged the good name of the nursing home, the county office and so on in the video, um. And, well, I got protection from the trade unions, I became a representative. And that's how it goes, no?* […] *This pandemic gave us this feeling that despite everything in extreme situations we are stronger together*. [a cook, nursing home, Poland]

In the case of Bożena, who participated in workers' protests against the inadequate preparation of her nursing home in the face of the pandemic, collective involvement functioned not only as a means to protect her against dismissal, but also as a mechanism that enabled her to overcome the biographical trajectory of suffering associated with gendered family violence on which she focuses in her off-the-cuff autobiographical narrative. Even though she does not mention the period of the pandemic in the first part of the interview, she does recall it in detail later on, describing it as an opportunity to engage in activism, combining collective goals with individual empowerment: "It is also a good way to fill a void in [my] personal life". In this way, the macro-crisis becomes a driver of biographical change, even if her personal story is largely "decoupled" from a bigger historical context.

NORMALISATION OF THE COVID-19 PANDEMIC (AND OTHER CRISES)

So far, the article has presented workers' memories of the pandemic, reflecting their experiences at the time, whether these were included in the first parts or were mentioned later in interviews. The subsequent analysis

focused on how narrators retrospectively made sense of these experiences through biographical work, helping them to "tame" (normalise) them. The analysis revealed four types of biographical normalisation of the pandemic in workers' life histories: precarious, resourceful, professional and relational. It also explored how these types are interconnected with biographical resources and experiences of other crises (a "polycrisis"), in particular the experience of precarity and intersecting inequalities. It should be noted that the types are not exclusive and are often combined in one life history. Moreover, ex-post normalisation does not preclude an initially dramatic presentation of the onset of the pandemic and how study participants' coped (or did not cope) with it.

Precarious normalisation

For some participants, normality was almost synonymous with chronic precariousness, understood as vulnerability to existential risks (Butler, 2009). This was particularly evident in the case of interviews with lower paid, precarious health care workers both in Poland and USA. For instance, Theresa, a Black personal care assistant, narrated about the pandemic as just one moment in a chain of crises in her life:

> Theresa: *I kept getting stuck. I had, the reliefs wouldn't show up, the babysitters went, gas got cut off. Life was just lifing… At that point, when the pandemic was, we were only at $15.00 an hour…* […] *sometimes I might feel depressed, sometimes I might have anxiety attacks, but I got to pick myself back up and keep moving because there's no one to help me* [home care worker, USA]

In the US sample, precariousness was further exacerbated by the experiences of structural racism and exclusion reported by all Black workers. Theresa mentioned racism in relation to both work and everyday life in her own, underprivileged, predominantly Black neighbourhood ("They [Caucasian community — AM] got speed humps. We got potholes"). Other experiences of chronic and structural crises mentioned by narrators in both Polish and American samples included poverty, drug and alcohol addiction, family violence, incarceration, uneven and incomplete education (often due to early pregnancy and single motherhood), mental health challenges. This mechanism was labelled

"precarious normalisation" to highlight the way in which the pandemic has become embedded within other chronic crises.

"Precarious normalisation" does not signify acceptance of the crisis; rather, it is based on the redefinition of the crisis as an unchangeable and constant aspect of a biography to which individuals must adapt to move on and get by. This type, recurring particularly strongly in interviews with Black care workers in the US, reflects their precarisation underpinned by structural racism[2] (e.g., Nadasen, 2023; Winant, 2021). Yet precarious normalisation also appeared in some Polish interviews. One example is Dominika, a nurse, who introduced the story of the pandemic through her husband's experience of contracting COVID and her son's mental illness, which both put the salience of the health care crisis into perspective and relate it to her ongoing efforts to maintain precarious balance in her life:

> Dominika: *I used my connections and arranged a nursing home for P.* [my son] […] *I am very… it took a huge weight off my shoulders* […] *In the meantime, my husband has retired, and last year he got COVID* […] *And that's how it's been for a year now. When necessary, I treat him, I am his home doctor, I also got him through COVID* […] *And I am his doctor, his saviour* [nurse, nursing home, Poland]

In a few cases, feelings of being overwhelmed by uncontrollable events dominated the entire life story. More commonly, however, earlier crises were seen as valuable resources for handling later challenges, as in Dominika's case, where family crises shaped her care dispositions.

Resourceful normalisation

"Resourceful normalisation" resembles the precarious one in that it also focuses on the tacit knowledge and skills accumulated in and outside of work in order to manage various social and existential crises. However, it involves a more proactive approach to dealing with crises in which they are seen as challenges to be met rather than processes that have to be endured and adapted to. Resourcefulness manifested itself both as collective innovation by workers in the workplace and as an individual, family- or community-centred pattern outside of work.

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[2] It was no coincidence that almost all of the lower-paid employees in the US sample were Black.

Both in the Polish and American interviews, resourcefulness at work was usually combined with relational resources, including social ties among co-workers which were mobilised to solve ongoing organisational problems during the pandemic (Drozdowski et al., 2022; Wiedner et al., 2020). As recalled by Antoni, a caregiver in a nursing home in Poland, "It was just total chaos. If it weren't for the employees, the medical carers who got organised, […] I don't know what would have happened there." In a limited number of Polish interviews, individualistic resourcefulness represented an overall biographical logic of the life history in and beyond work. An illustrative case is that of Tomek, a 36-year-old paramedic who recalls how he managed to improve an oxygen system in a hospital:

> Tomek: *One day I got a phone call from one of my friends here at one of the county hospitals, uh, near W, that he was ordered to organise a COVID ward* […] *And, er, the basic shortcoming of this ward was that there was no oxygen system there. But what are, er, good people and friendly contacts for? A gentleman arrived who set up air-conditioning installations on a daily basis. He came with a cruelly long drill bit and drilled through the ceiling of the ward above, and there was already oxygen downstairs.* […] *Yyy, so we just played it out cheaply.* [paramedic, hospital, Poland]

Tomek's narrative shows how organizational problems in the Polish hospitals were solved even without the necessary resources by using habitual ways of dealing with crises: "friendly contacts" and bottom-up innovation. Resourceful normalisation is not only the flip side of the malfunctioning crisis management system in Polish healthcare. It can also be interpreted as a cultural disposition reflecting the historical weakness of the state and other formal institutions, and their estrangement from the day-to-day problems of citizens. It can be argued that both factors have made Poles accustomed to recurring crises and convinced of the necessity to cope with them by their own means [cf. Mrozowicki et al. 2025a).

Collective resourcefulness of migrant and minority care workers in the US was also emphasised in her research by Nadasen (2023), who discussed their self-organisation, mutual help and collective care projects as responses to the failure of the state to provide services. Several US workers emphasised the importance of collective self-organisation in coping with crises, both within unions and within various community

groups. For instance, Claire, a Black carer at a nursing home who has been involved in a local motorcycle club for years emphasised the relevance of her club's "community service" as a way of "giving back to the community of our children and elderly". Yet, a very limited number of our study participants referred to bottom-up resourcefulness during the pandemic at their workplaces. Beyond the specificity of our unionised US sample, the limited bottom-up innovation may also be explained by the particularities of the American healthcare system, which is dominated by private corporations. In such a system, worker-driven experimentation during a crisis might be less tolerated, as it is associated with significant financial and legal risks in the event of workers' mistakes.

Professional normalisation

Professional normalisation involves making sense of the crisis in relation to a value system that inscribes it into "normality" of the caring professions. Ex-post attempts at professional normalisation were present in both the American and Polish interview collections. It was based on the reference to: (1) professional skills to deal with emergency situations and, in particular, infectious diseases; (2) the ethos of care, which was conceptualised as everyday moral practices informed by a sense of attentiveness, responsibility, competence, and responsiveness to another person and its needs (Tronto, 1993).

Care professionals, in particular nurses, spoke at length about their efforts to gain the most up-to-date knowledge and insights into how to treat infected patients when asked about it. References to professional skills were more prevalent in interviews with nurses and paramedics. By contrast, the ethos of care was evident across all job titles and, in particular, in women's narratives, reflecting the interconnections of paid and unpaid caring roles in their biographies.

In the context of the pandemic, narrators highlighted their sense of responsibility to their patients, despite the fear, extreme work intensification, and emotional tensions associated with daily experiences of death and loss. In most of the cases, ex-post normalising argumentative commentaries contrasted with the dramatic memories of the first days of the pandemic. Danuta, a Polish nurse and trade union activist, recalled

"the fear at the beginning", but then played down the significance of the pandemic, referring to her sense of duty and devotion.

> Danuta: *Somehow, I don't get the impression that it was something special. Well different are the realities for nursing. Nurses worked in the Warsaw Uprising, nurses worked during the war, and they go, after all, and to Ukraine, help. Such is our profession, well* [nurse, hospital, Poland]

The interviews with American care workers also document the tension between professional ethos and the sense of helplessness as a result of immense emotional strain experienced at the height of the pandemic. This tension is reflected in the narrative of Liz, a nurse from Buffalo, which also reveals how care ethos was reinforced by religious discourse (a phenomenon also observed in other cases in the US).

> Liz: *I mean, we just basically went into work and we understood that we just had to do the best we could with what we had and pray that some of them* [patients — AM] *would make it out* […] [nurse, hospital, USA]

Workers' biographical resources, including professional skills and ethical dispositions, helped them to makes sense of this exogenous shock biographically and redefine it as an emergency for which they, as care workers, were expected to be prepared. However, as many care workers observed, the pandemic constantly tested such "professional feeling rules" (cf. Pulignano et al., 2024) by creating an overwhelming situation that could only be normalised to a limited extent and retrospectively.

Relational normalisation

The last type, relational normalisation, refers to relying on supportive social relationships in the workplace and beyond to mitigate the shocks caused by the pandemic. Workplace relationality, rooted in the daily interactions with co-workers, clients, patients and family members, was seen as an important biographical resource which helped narrators to endure the chronic crises and exogeneous shocks by making them more bearable.

Workplace social networks substituted (more often in the Polish data) or co-existed (more typically in the US data) with support granted by trade unions and replaced largely missing professional psychological support from employers. As stated by Ula, a social worker in a nursing home in

Poland, "we sat in the social room for coffee, tea then we simply spoke about it [emotional strains — AM]". Similar statement can be found in the narrative of Kate, a registered nurse in Buffalo, who drew on her earlier experiences of working in intensive care unit (ICU) to develop her way of emotional coping with the pandemic.

> Kate: [In the ICU] *you have your, your team to depend on. You have two minutes to respond to any emergency in general, right? Nothing has to be done like a flick of the switch, so just count on yourself and count on your, your team. So* [realising — AM] *that helped. And the connections that I would make would be with the* [patients'] *families* […] *My friend Elena is also an ICU nurse and she was working at S-Hospital, another hospital system in the ICU, and we would call each other as well every night.* […] *we just talked about sweet things like that and… and tried to comfort each other.* [nurse, hospital, USA]

It is important to mention that emphasis on relational resources does not mean that the biographical relevance of the pandemic is diminished. Instead, the challenges to social relations at work arising from the fear of contracting the virus, the limitations on face-to-face contact, forced isolation, and deep social divisions related to anti-COVID vaccination mandates tend to be highlighted and mentioned as requiring additional effort to maintain connections.

While most of the supportive relationships recalled in the interviews were informal, a peculiar type of institutionalised relationality was present in the US hospital interviews. This was related to the sense of union influence on crisis management at work. As recalled by a nurse and union leader, Tom, "If management was taking certain actions that were not in conjunction with what we believed was the safest way, then we would fight back and we would negotiate to have that changed". Negotiated anti--crisis solutions were largely absent from the Polish care facilities in which our study participants worked. Therefore, their "relational normalisation" remains mostly based on informal mutual support.

CONCLUSIONS

The aim of this article was to improve our understanding of how care workers cope with the ongoing effects of the pandemic and how these effects become normalised in their biographies. Normalisation was

defined as the various ways in which a macro-social crisis was managed and retrospectively "tamed" in an individual's life story, in relation to biographical resources such as professional skills, social relationships at work and beyond, and learned dispositions to endure or overcome various biographical challenges and social shocks.

While precarious, professional and relational normalisation emerged in both collections, resourcefulness in addressing workplace problems during the pandemic was more prominent in the interviews conducted in Poland. I attributed this difference to the lasting cultural disposition in Polish society to "take matters into one's own hands" in the face of inadequate support from formal institutions (Nowak, 1979; Mrozowicki et al. 2025a) as well as to the features of corporate healthcare institutions in the US. However, as reflected in the studies on marginalised and intersectionally excluded groups in the care sector in the US (cf. Nadasen, 2023; Winant, 2021), mutual help and self-organisation of workers can also be explained in terms of socially shaped, habitual responses to limited state support and services as well as structural discrimination.

The research confirms that the chronic experience of crisis (Vigh, 2008) might facilitate the normalisation of exogeneous shocks, even if the latter has its clear limits reflected in the contrasts between the dramatic narrations about the first months of the pandemic and attempts at its retrospective taming in narrators' argumentative commentaries. Procedures of biographical analysis (Schütze, 2008) enables us to detect such gaps and cracks in the ex-post normalisation.

Overall, the pandemic crisis emerged as a more consistent central theme in the life histories of American unionised nurses as compared to other, more precarious care workers in the US and the majority of the Polish narrators. I emphasised the significance of the union's "essential work" discourse in shaping the biographical experiences of union activists in the USA. It confirms the importance of political and ideological framing in establishing connections between personal life histories and their macro-social frameworks (Czyżewski, 2016; Kaźmierska & Waniek 2020).

The article also argued that there are there are bodily, emotional, and material limits to normalisation practices related to the impossibility of providing adequate care during pandemic in the context of the lasting

care crisis (Dowling, 2022; Fraser, 2017). Further biographical research should continue to explore the mechanisms and limits of the ex-post normalisation of recurring social shocks from a comparative perspective.

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Abstract

This article analyses how care workers, employed in the care sector in Poland and the USA, coped with their experiences of the COVID-19 pandemic in their life histories and whether and how they retrospectively normalised it (i.e. "tamed" it by the use of various biographical resources). The article considers four meanings of normalisation: the return to normality, the invisibility of chronic crises, the

institutionalisation of innovations, and the biographical "taming" of the crises. The analysis draws on 48 biographical interviews with care workers in Poland and in New York State, USA, conducted in 2021–2024. The empirical section discusses the biographical and social contexts of the normalisation of the COVID-19 pandemic in both interview collections and proposes a typology of biographical normalisation mechanisms, including precarious, resourceful, professional, and relational types.

keywords: biographies, care, crisis, normalisation, Poland, USA

KRYZYS (NIE)ZWYCZAJNY: PANDEMIA COVID-19 W DOŚWIADCZENIACH BIOGRAFICZNYCH POLSKICH I AMERYKAŃSKICH PRACOWNIC I PRACOWNIKÓW OPIEKI

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Abstrakt

W artykule poddano analizie sposoby, w jakie pracownice i pracownicy zatrudnieni w branży opiekuńczej w Polsce i Stanach Zjednoczonych radzili sobie z doświadczeniem związanym z pandemią COVID-19 w swoich historiach życia oraz czy i w jaki sposób je retrospektywnie znormalizowali (tj. „oswoili" je, wykorzystując różne zasoby biograficzne). Omówione zostały cztery znaczenia normalizacji jako powrotu do normalności, niewidoczności chronicznych kryzysów, instytucjonalizacji innowacji i biograficznego oswajania kryzysów. Analiza opiera się na 48 wywiadach biograficznych z pracującymi w opiece w Polsce i stanie Nowy Jork zebranych w latach 2021–2024. W części empirycznej przedyskutowano biograficzne i społeczne konteksty normalizacji pandemii COVID-19 w obu kolekcjach wywiadów i zaproponowano typologię mechanizmów normalizacji biograficznej obejmującą typy prekaryjny, zaradny, profesjonalny i relacyjny.

słowa kluczowe: biografie, opieka, kryzys, normalizacja, Polska, Stany Zjednoczone Ameryki