OPEN ACCESS

GAVIN PUBLISHERS

Review Article

Ressentiment in the Treatment of Young People during COVID-19 and What We Should Really be Concerned About

Mark Smith[1*], Sebastian Monteux[2], Jane Fenton[3]

[1]Professor of Social Work, University of Dundee, Scotland

[2]Lecturer in Mental Health Nursing, Abertay University, Dundee, Scotland

[3]Professor of Social Work Education, University of Dundee, Scotland

*Corresponding author: Mark Smith, Professor of Social Work, University of Dundee, Scotland.

Abstract

This article applies the sociological concept of moral panic to analyse how young people fared during and following COVID-19 restrictions. It does so from a primarily Scottish perspective, although our argument is likely to resonate more widely. As in many episodes of moral panic, COVID-19 saw young people become a focus for social control, denied normal adolescent experiences and burdened with the guilt of potentially killing off their grandparents' generation. The panic has outlasted COVID-19 restrictions and has shifted from initial demonization to an ostensibly humanitarian concern for young people's mental health. It is argued that both responses, imposing draconian restrictions and subsequent assumptions of an explosion of mental health difficulties, have been amplified beyond what the evidence supports, and function as mechanisms of social control. The psychological and moralizing nature of reactions are considered through the Nietzschean concept of ressentiment, which Jock Young [1] brought to the moral panic literature. While claims about the immediate and ongoing effects of COVID-19 are overstated, there are, nevertheless, reasons to be concerned about young people. These predate COVID-19 and can be rooted in longer-term trends towards adolescence being seen, not as a time of experimentation but as one of vulnerability, with the result that it has become a diminished life-stage.

Introduction

In this article, we bring a sociological lens, specifically that of moral panic theory, to consider how young people were responded to during the COVID-19 Pandemic. Our focus and most of the examples we draw upon are from Scotland, but our argument is likely to resonate more broadly, especially, we suspect, in developed economies. The particular strand of moral panic theory we apply, that of ressentiment, is novel but offers suggestive insights into how adult responses to young people during the Pandemic were moralising, disproportionate to any risk to, or posed by, young people and ultimately very unhelpful, but in ways that are not straightforward.

We begin by offering some background to the idea of moral panic. The term was brought to the sociological and public imagination in Stanley Cohen's book, Folk Devils and Moral Panics, first published in 1972. He introduces the term as follows:

'Societies appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. … Sometimes the panic passes over and is forgotten, except in folklore or collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way society conceives of itself' [2].

In another classic study of moral panics, Policing the Crisis, [3] Stuart Hall and his colleagues emphasise the consensual nature of moral panics; they succeed because we all 'buy into' their definition of the problem:

'When the official reaction to a person, groups of persons or series of events is out of all proportion to the actual threat offered, when "experts" in the form of police chiefs, the judiciary, politicians and editors perceive the threat in all but identical terms, and appear to talk "with one voice" of rates, diagnoses, prognoses and solutions, when the media representations universally stress "sudden and dramatic" increases (in numbers involved or events) and "novelty" above and beyond that which a sober, realistic appraisal could sustain, then we believe it is appropriate to speak of the beginnings of a moral panic' [3].

Young people are rarely far from the crosshairs of moral panic. Cohen's [2] popularizing of the term came out of his sociological study of the skirmishes between young mods and rockers on English beaches during the 1960s and young people have been central to episodes of panic ever since. So, it is little surprise that they became cast as folk devils during the COVID-19 era. Responses to youth during the Pandemic reflect two key features of the moral panic literature [4] - initial demonization, subsequently recast as humanitarian concern, in this case, for young people's mental health.

In this article, we consider how young people were demonized during COVID-19, the restrictions placed upon them and adult reactions to the (surprisingly few and mostly low level) instances where young people did flout restrictions. Despite evidence to the contrary, young people were cast as drinking too much, taking drugs and having sex and as a result of this close social contact, causing spiraling COVID-19 cases. We explore this reaction through the Nietzschean idea of ressentiment as introduced to the moral panic literature by Jock Young [1]. We go on to suggest that the subsequent humanitarian aspect of this moral panic response, reflects what one might call pathology amplification. An article in the Guardian newspaper [5] talks of COVID-19 policies "scarring" young people for life and of a "lost generation". We will link this to the idea of concept creep [4], where ideas of what might be considered pathological become expanded and arguably adaptive adolescent responses to the COVID-19 situation were placed within a narrow biomedical frame and labelled as mental health problems.

Neither the assumptions of deviancy, nor the claimed explosion of mental health difficulties as a result of COVID-19 are borne out by the data, which is far more nuanced [6,7]. However, it's not that there's nothing there. Our understandings of adolescence are being re-shaped. While we may have moved on from the assumption of adolescence as an inevitable time of storm and stress, there are, nevertheless, rituals of initiation that have come to signify young people's assertion of identities beyond those of their families and of their growth to more independent young adulthood. In recent decades, these signifiers might be seen in activities and events such as clubbing, school proms, foreign holidays at the end of school, learning to drive and, for many, embarking on university life away from home and for those at the other end of the university experience, graduation ceremonies, all of which were strictly curtailed during COVID-19. In general, the compliance or lack of any sustained resistance that characterized responses to COVID-19 [8] might themselves be suggestive of adolescence becoming a diminished life-stage in which the kind of experimentation and risk taking through which young people grow up has been overtaken by an assumption of their vulnerability. Labelling young people as vulnerable is not a neutral act but is also a mechanism of social control [9]. We come on to develop some of these points but first, we recap on some of the experiences of young people during COVID-19.

The experiences of young people during COVID-19

Despite attempts by public health officials and the media to identify outliers who they claim were victims of COVID-19, apart from those in very specific clinical risk groups, children and young people were not at high risk from the pandemic [10,11]. Nevertheless, COVID-19, globally, impacted their lives and daily experiences - 99% of the world's 2.36 billion children lived in a country that imposed pandemic-related restrictions, and more than half experienced some form of lockdown measures [12]. But this was, predominantly, an adult panic, albeit one that some young people bought into. The fact that some did not was met with resentment.

In 2020, with fears of a 'second wave' of COVID-19 cases rising, the English Health Secretary, Matt Hancock, claimed that young people's fecklessness and selfishness was responsible for sustaining the virus and putting lives at risk (BBC News, 2020[13]). In the UK, 49% of adults thought that young people were selfish during the pandemic by ignoring restrictions on their freedoms because they did not see themselves to be at risk-while only 31% felt that most young people had been selfless in following the rules [14,15].

There are myriad instances of political and public health responses to young people during COVID-19, and we focus here on a couple of illustrative examples. Scotland, under former First Minister Nicola Sturgeon, positioned itself as taking COVID-19 more seriously than England, where Prime Minister, Boris Johnston, gave the impression of never being fully signed up to restrictions. The Scottish Government response involved greater measures of social control than those in England, such as maintaining young people within "bubbles" of those in their immediate living situations, closing nightclubs or demanding that those

who enter them were double vaccinated [16]. Students returning to halls of residence or classes at the start of a new term were told by Sturgeon they were not allowed to go to parties, pubs or restaurants, following a wave of virus outbreaks at universities across the country. Universities and colleges were instructed to adhere to COVID safety measures amid reports that these were being flouted by students. At points where the virus seemed to be receding, Scotland's further and higher education coronavirus advisory sub-group, whose members included public health figures who made names and academic profiles on the back of COVID-19, emerged to ramp up concern. The group noted increasing reports of students not following requirements regarding the use of face coverings and one-way systems. In Edinburgh, police were called to break up student parties at one of the University's largest halls of residence, confirming that they had been alerted to the breaches by "informants". Officers had broken up a number of small parties involving five to seven students "clearly not from the same household", referring to the aforementioned "bubbles" [17].

One might argue whether or not this was a proportionate medical response, but it was certainly a deeply moralized one, which sought to curtail what were claimed to be deviant behaviors. What, perhaps, we witnessed was the resentment of adults envious of the things they were preventing young people from doing and it is this idea of resentment, or ressentiment, that we now turn to.

Putting the moral into moral panic

Chas Critcher (2016), in his overview of the state of play with regards to moral panic studies, identified possible directions of travel for future work, two of which were moral regulation and a focus on the psychological aspects of panics. Jock Young, perhaps best among moral panic theorists addresses the moralizing (and related psychological) aspects of reaction to perceived threat [4] and it is to his work that we turn to provide an analytic frame for this article. Broadly, Young [1] locates the propensity for moral panic in psychological responses to structural changes in society. He contrasts the modernist belief in social progress, which lasted until the mid-1970s, with the insecurity, what he calls the "vertigo", of late modernity [18]. Fast forward, the period prior to COVID-19 saw a new set of insecurities, with populist revolt against technocratic elites, which also saw the elites respond through authoritarian measures. This cultural backdrop of schism and insecurity rendered society susceptible to the COVID-19 narrative that emerged in 2020, represented as a threat of biblical proportions. Transgressors or even questioners against the technocratic orthodoxies of the global world order were not just misguided but cast as morally culpable. The juxtaposition of good and evil, right and wrong was stark, and symbolized in ostentatious displays of both civic righteousness and righteous anger [19], expressed in behaviors such as mask wearing, social distancing and, in the UK, clapping for the National Health Service. The

German philosopher, Friedrich Nietzsche (1844 - 1900), captured the coming together of the psychological and the moralizing dynamics that became so evident during COVID-19 in his concept of *ressentiment*, and it is to this that we now turn.

Nietzsche's morality

Nietzsche sought to surface the motives that underlie normative systems of morality, such as religion and Kantian ethics. Viewing morality instead in terms of the will to power, he substitutes conventional frameworks of good and evil [20] with his idea of master and slave moralities. He embraces the idea of a master or "higher" morality of self-reliant, independent-minded men (sic), with aspirations and an instinct to stamp their mark on civilization. Such ambition was counterposed by what he calls the slave or herd morality, exemplified by the conventionally good and expressed in claims towards kindness, sympathy, and obedience to the rules and an assumption of self-deprivation and altruism. The "Just be kind" motif of the COVID-19 period might be thought to exemplify such a morality [21].

Nietzsche railed against slave morality for two main reasons. Firstly, for what he saw as its self-deception as being better than any other morality. Yet it was misandrist and, small-minded and incapable of achieving anything great or creative. The slave moralist, he observed, makes a virtue out of suffering. The end result is nihilism because the slave morality is unable to move beyond mediocrity and as such holds back human achievement and advancement. Herd morality was perceived by Nietzsche as the "danger of dangers" because of its ability to seduce those anxious and fearful in the face of uncertainty [22]. Lying down to COVID-19, perceiving it as an existential threat to humanity would, to Nietzsche, have been seen as the triumph of slave morality.

Nietzsche's second complaint about slave morality is that less-than-admirable traits lurk beneath its veneer of kindness. Foremost among these is envy. The slave envies the success and the strength of the master. The instinct of the slave moralist is to look with anger and hostility on those who have more than they do, or who are happier than they are. They desire to negate the happiness in others because it is out of their own reach; their morality is expressed through criticizing and demanding that everyone should be as miserable as they are. The resultant vengeful sentiment is internalized in a pent-up hatred that cannot be directly expressed, but is turned into what Nietzsche, using the French term, calls *ressentiment*. The primary psychic expression of *ressentiment* is envy and a desire for vengeance. This becomes a collective characteristic of the herd, fueled by a communal feeling of power and under the pretext of calls for equality (one might recall another COVID-19 motif, "we're all in this together"). This collective slave identity attempts to bring down to its own level of mediocrity

those who express a less fearful outlook.

Jock Young on ressentiment

Young [1], has applied Nietzsche's concept of *ressentiment* to moral panic theory. He introduces Ranulf's [23] development of Nietzsche's work through the idea of moral indignation. Ranulf uses the term *ressentiment* to express the impulse to condemn what one secretly craves, that which is subject to restraint and restriction, but which other people seem to have access to; there is fascination here as well as condemnation and fear - the demons at once repel but they also attract. The lines drawn between good and evil, right and wrong are not as clear as they are presented to be, for the desires and passions of the two groups are similar [24].

This gets to the nub of the matter. Might it be that those who seek to condemn are in fact drawn to the object of their condemnation? Why do young people who flout the rules get away with it? – and what might they be getting up to by continuing to party anyway? An obvious answer to what they might be getting up to, with or without evidence one way or the other, is sex, which was subject to strict regulation during COVID-19 [25]. Sex is never far from the surface during episodes of moral panic, even if it is not the ostensible focus of concern [26] work on drug taking, for instance). In the context of COVID-19, access, or lack of access, to sex was a flashpoint for transgressions - witness the (understandable given its clear hypocrisy) opprobrium heaped on Professor Neil Ferguson, whose work on pandemic modelling was used to justify the UK's lockdown policies, for his illicit continuing contact with his lover [27]. Folk devils flagrantly exacerbate the discontent of the panickers [1].

Humanitarianism: the other side of moral panic

While one manifestation of moral indignation may be demonization, anger and resentment, another, as Young [1] suggests, may be what might appear to be its opposite - humanitarianism. Indeed, one might go a step further and suggest that humanitarian claims may be a cloak to neutralize moral discomfort over thorny social issues. Might it be that there is an inchoate and unacknowledged realization that young people were hard done by during COVID-19? But instead of acknowledging this, the focus has turned to concern for their mental health.

Claims making regarding adolescent mental health

COVID-19 surfaced the usual cast of claims-makers and moral entrepreneurs among the press and children's charities. From the beginning, headlines about the mental health of children and young people projected a range of alarming short-term and longer-term consequences of the pandemic. For example, repeated headlines suggested that we faced a "lost generation" [28,29] and that COVID-19 lockdowns could be "catastrophic" [30]. Even after the pandemic was over, headlines continued to warn that the

"debilitating effects of pandemic linger on for Britain's young … in relation to mental health and suffering" [31] and that lockdowns have caused a "global mental health crisis in children" [32].

Charities and children's services, too, spread this alarmist narrative. The charity "Mind" [33], for example, warned of a "second pandemic" and claimed "more people in mental health crisis than ever recorded". A moral dimension was expressed in the imperative that "As a society, we must not fail them over the coming months" [34]. Perhaps as a reaction to such claims, referrals to Child and Adolescent Mental Health Services (CAMHS) increased sharply following the pandemic [35]. More recently, though, doubts have surfaced as to the validity of such alarmist claims, with subsequent media reports suggesting that the "mental-health crisis from the COVID pandemic was minimal" [36] and "most people's mental health has been resilient despite pandemic" [37]. A BMJ review [38] analyzed 137 studies and found that although some groups such as university students and those belonging to certain minority groups had experienced an overall worsening in mental health symptoms, such as depression, at a population level, there had been a high level of resilience during COVID-19. Findings from a large systematic review examining the impact of COVID-19 on the mental health of children and young people worldwide were mixed with no clear pattern emerging that could be solely attributed to the pandemic [12].

In Scotland, one of the most important studies to track the mental health of young adults aged 18 and over is the *Scottish COVID-19 Mental Health Tracker Study: Wave 5 Report* which collected data between Spring 2020 and Summer 2021 [39]. A summary of the findings across the five waves suggests that the majority of mental health claims made in respect of COVID-19 seem to be directly as a result of lockdown measures - 79% believed that their mental health would improve once most restrictions were lifted (p4).

Perhaps not surprisingly, research found that the pandemic impacted people unequally, exacerbating existing inequalities and disproportionately affecting children and young people (BMJ, 2022). Ball et al., [40] found that not only had mental health prescriptions increased by 59% over the study period but that boys had received double the prescriptions of girls, and the rate of prescribing in the most deprived areas was double that of the least deprived areas. These results are consistent with the increasing trend, both nationally and internationally, for increasing numbers of young people being treated, and medicated for mental health complaints. The evidence is that this increase has accelerated since the onset of the pandemic [41,42]. Again, it might not come as a surprise that poorer families are disproportionately medicated, as they were likely more affected by lockdown restrictions due to cramped housing conditions. A study into the mental health impact of the COVID-19 pandemic in children and young people with pre-existing mental health and neurodevelopmental conditions

[43] found *no significant change in internalising or externalising symptoms* during the pandemic, concluding that the impact of the pandemic was heterogenous and complex. So, overall, the picture is a mixed one; while lockdown did understandably and adversely affect many young people, the assumption of the scale of mental health crisis being reported is equivocal and some of the difficulties that are identified may just reflect the increased medicalization of normal, and under the circumstances entirely understandable, adolescent angst in response to the restrictions. Thus, it is appropriate to question whether children's mental health is really getting worse in the ways portrayed, or whether there may be something else going on while our attention is drawn to COVID-19. Winter and Lavis [44] suggest that the complexities of the psychological impact of COVID-19 needs to consider young people's pre-existing social worlds, and it is to these that we now turn.

But it's not that there's nothing there … disciplining young people

While we are skeptical regarding the proportionality of both demonizing and humanitarian responses to COVID-19, there is no doubt that there is something going on regarding the place of adolescents in society, which should be of concern. A feature of the moral panic literature [45] is that it draws attention to what we are not looking at when our gaze is drawn to a particular episode of panic. We come on to suggest that what is there and what we should be concerned about are the longer-term trends towards the psychologization and medicalization of young people, which render them vulnerable and needing therapy rather than resilient.

The something that is going on is that the crisis attributed to COVID-19, is not new. The *Guardian* [46], for example, ran with the headline "Our children really are facing a mental health crisis". Indeed, ten years earlier, the *Guardian* [47] had reported on some of the first academic studies that began to highlight "worrying trends" in child and adolescent mental health with the headline, "Today's youth: anxious, depressed, anti-social". Referrals to CAMHS had already significantly increased pre pandemic and analysis of mental health trends from as far back as 1995 highlighted increasing rates of mental health conditions for those aged 4-24 years across all regions of the UK [48].

The medicalization of children and adolescents has become a characteristic of Western society, so much so that "it becomes rare to find a 'normal' child or teenager" [49]. Haslam [4] uses the term concept creep to describe the gradual expansion of the meaning of harm-related concepts. He argues that several psychological concepts relating to harm have undergone a process of semantic inflation in two directions; horizontally by referring to increasingly new phenomena and vertically by coming to refer to less extreme phenomena. Haslam argued that concept creep in the context of psychological harm "runs the risk of pathologizing everyday experiences and encouraging a sense of virtuous but impotent victimhood" [4].

Timini and Timini [50] develop this argument, claiming that media and professional bodies do not make clear what is meant when they use terms like mental "health", "disorder", "problem" or "illness" and these are open to wildly differing interpretations because of their inescapable subjectivity. Foulkes and Andrews [51] describe this as a 'prevalence inflation hypothesis', which suggests that mental health awareness efforts might unintentionally contribute to the rise of identified mental health problems among children and young people; the more those in the mental health professions talk about there being a crisis in the mental health of the young, the more we notice it, and the more we talk about it. Media then reports this, calls it a scandal, so government responds with more funding, which further fuels this epidemic. Young people, their parents and teachers are exposed to this assumption of mental health problems, so they start noticing emotions and behaviors in a new way, having been sensitized to their existence and the importance of early intervention [50]. The same authors argue that a reinforcing loop of "moral panic" has developed where the problem effectively inflates itself.

This dynamic is more cultural than medical. Long before the arrival of COVID-19, academics and researchers were raising concerns about the younger generation, iGen [52] or, more commonly, Gen Z [53]. Born from 1995 onwards, this generation is different from previous generations in several ways, not least because of significant delays to the behavioral markers of maturity: dating, leaving home, getting a job, having sex, using alcohol etc [52]. Whilst this, on the surface, might not appear negative, it may be linked to the lack of unsupervised play this generation experienced as children, and consequent risk aversion and/or perception of danger, which leads to calls for their protection [53]. Thus, in 2012/13 when Gen Z began arriving on university campuses, an explosion of "safetyism" measures were demanded by students, for example, "trigger warnings", "safe spaces", and protection from speakers who might cause "harm" by articulating ideas some students did not agree with. This fixation with an idea of safety might explain why so many young people bought into the COVID-19 restrictions.

Lukianoff and Haidt [53] suggest that exaggerations of perceived harm and attendant calls for safety measures are examples of cognitive distortions, the kind of negative thought patterns seen in people with poor mental health, including anxiety and depression. The authors speculate that by affirming and giving credence to these thought distortions, universities and society more broadly reinforce rather than tackle negative patterns of thought and their resultant mental health consequences.

While Lukianoff and Haidt make a persuasive case for the connection between Gen Z's "safetyism" demands and poor mental health, they do so based on stories of academic unrest and examples of student behavior, not on empirical evidence. Celniker et al. [54] went on to test their claims through a research study involving 786 students from a large public university in the US. They found that the students overwhelmingly supported trigger warnings (94.3%) and that "safetyism" beliefs (for example, "emotional pain is as dangerous as physical pain" p. 4) were significantly correlated with cognitive distortions. Cognitive distortion scores were significantly correlated with support for trigger warnings and the belief that words cause harm. The authors state that their findings offer empirical support for Lukianoff and Haidt's claims. Others support the case that broadening harm concepts such as trauma can undermine resilience [55].

So, is Generation Z suffering from poorer mental health that might be feeding the cycle of safetyism and negative thinking? Well, in the UK, five times the number of first year undergraduate students declared a mental health problem in 2015/16 compared to 2007/8 [56]. Whilst in 2009/10 male and female students were equally likely to report mental health problems, by 2015/16 female students were more likely to disclose these (1.4% male, 2.5% female). Whilst a factor here might be a broadening of criteria in terms of identification and diagnosis, the fact that student suicide increased by 79% between 2007 and 2015/16 suggests something more concerning going on. Student dropout rates also increased 210% between 2009/10 and 2014/15 [56].

More recent research reveals an increase to 4.5% of full-time students who report a mental health condition [57]. However, as this trend was apparent before COVID-19, it cannot be attributed to the pandemic. So, what is going on in respect of adolescent mental health? Rausch and Haidt [58] examined the data for mental health problems in Gen Z in all five of the Anglosphere countries (USA, Canada, UK, Australia and New Zealand) and found that, beginning in 2010, there were very substantial increases in anxiety, depression and hospital admissions for self-harm, with these problems being much higher for young women. The fact that the increases are replicated across different countries makes it unlikely that any country-specific event or problem was the cause. The authors suggest that the underlying cause might well be the move to smartphone usage and the beginning of huge numbers of girls scrolling through edited photographs of other girls and encouraging social comparisons and performance. This theory is congruent with the Celniker et al's [54] findings that girls/young women are suffering most from mental health problems that lead to negative thought patterns and cognitive distortions which, in turn, lead to the perception of harm in words, ideas and ordinary emotional discomfort. The same authors found that anxiety and depression scores were correlated with being liberal, as well as female. Haidt

[59] came up with similar findings in the 2020 Pew Research mental health data in the USA, which found that young, female liberals were most at risk from these problems. Haidt speculates that the nature of the messages liberal girls were receiving might be a factor. He suggests that female identity activists, originally on Tumblr but spilling out onto Twitter, embraced their new identities of fragility and trauma in response to macho posturing by groups of young men from the opposite end of the political spectrum. As those young men began to say increasingly outrageous things the young women began to view words as violence – increasing their own fragility - and to demand cancellation. Empirical study is required to investigate Haidt's claims, which Etchells, [60] critiques as being overly simplistic to the extent that they themselves constitute a moral panic! Whichever way the evidence eventually falls, what is clear is that the "mental health epidemic" being laid at the door of COVID-19 is far more complex, pre-dates the pandemic itself and is rooted in wider cultural shifts in society, which see adolescents as vulnerable [42].

It anything, COVID-19, merely intensified the scope of, surveillance, discipline and general social control, subjecting young people to what Foucault [61] might describe as a monitoring gaze of their movements, activities, bodies and minds. This gaze, by and large, produced obedient citizens among young people who were prepared to comply with social norms, not simply under threat of punishment, but because many came to internalize the dominant beliefs and values that were foisted upon them. The worrying thing is that young people rarely rebelled against the direct and insidious restrictions they encountered, but many bought into them, governing themselves. There is some emerging evidence that it was those who most obediently followed the social controls during 'lockdown' rules that are now struggling the most with their mental health, reporting higher levels of stress, anxiety and depression and struggling with the absence of the very rules that acted to control their lives [62].

Conclusion

This article has sought to examine the treatment of young people during COVID-19 through a moral panic lens. In the event, this proved to be a simple task, for so many of the features of moral panic stared us in the face, suggesting that the concept still has traction, not least in offering a sociological analysis as a counterpoint to the public health perspectives that have dominated discussion of COVID-19. We suggest that our analysis offers insights into how responses to the pandemic elicited societal responses on several levels, including politicians, the media and the forces of law and order. The particular feature of moral panic that we homed in on was the Nietzschean idea of ressentiment, which saw (many) adults projecting not just their own anxieties, but more centrally, their envy regarding what they were denied (or more accurately, denied themselves of) onto young people. It was

a petty, regressive and moralized reaction, disproportionate to the scale of the threat posed by the vast majority of young people. But perhaps even more worrying was the second phase of the moral panic response-the humanitarian one, which recast the adolescent as vulnerable, rendering them amenable to powerful disciplining forces [9]. We have suggested that claims of both deviance and vulnerability have been overstated. However, longer-term effects of COVID-19 on young people may yet continue to manifest after the immediate consequences of social isolation and loneliness have receded but when young people look back and realize that they have been denied their right in adolescence to grow up, to take risks and to make the kind of mistakes that are important to healthy adulthood, their resentment might well be justified. More broadly, responses to the COVID-19 pandemic confront academics with their duty to demonstrate an intellectual skepticism and to consider the collateral damage caused by failing to sufficiently interrogate claims that are made. They need, as Young (2011) suggests, to banish unreason, to evaluate the truth claims underlying various scares and to identify any disproportionality in them. This calls for "an attitude of knowing disbelief, an urbane refusal to be taken in or carried away" ([63-69] p. 21). We have a duty, as academics, but also as citizens, to interrogate the basis of claims and to consider whose interests it might serve to promulgate them. In essence, there is a need to question the monopoly of the truth (or the 'science') claimed by those in positions of power and authority. The kind of authority that was evident during COVID-19 evinced and demanded a Nietzschean slave morality. Those young people who "flouted" authority, on the other hand, who acted as adolescents should, demonstrated the kind of master morality that ought to be a feature of that developmental stage. Ironically, perhaps, these seem to be the ones who were least affected by the pandemic.

References

1. Young J (2009) Moral panic: its origins in resistance, ressentiment and the translation of fantasy into reality. The British Journal of Criminology 49: 4-16.

2. Cohen S (2002) Folk devils and moral panics.

3. Hall S, Critcher C, Jefferson T, Clarke J, Roberts B (1978) Policing the Crisis. Mugging, the State, and Law and Order, London: Macmillan.

4. Haslam N (2016) Concept creep: Psychology's expanding concepts of harm and pathology. Psychological Inquiry 27: 1-17.

5. The Guardian (2020) 'Scarred for Life: Sage experts warn of impact of COVID policies in the young.

6. Anthony R, Moore G, Page N, Ollerhead C, Parker J, et al. (2023) Trends in adolescent emotional problems in Wales between 2013 and 2019: the contribution of peer relationships. J Child Psychol Psychiatry 65 :887-898.

7. Blanchflower DG, Bryson A, Xu X (2024) The Declining Mental Health Of The Young And The Global Disappearance Of The Hump Shape In Age In Unhappiness (No. w32337). National Bureau of Economic Research.

8. Williams SN, Armitage CA, Tampe T, Dienes KD (2023) Public views of COVID-19 in the UK (PVCOVID): Final report. Swansea: Swansea University.

9. Brown K (2015) Vulnerability and Young People: Care and Social Control in Policy and Practice.

10. Bertran M, Amin-Chowdhury Z, Davies HG, Allen H, Clare T, et al. (2022) COVID-19 deaths in children and young people in England, March 2020 to December 2021: An active prospective national surveillance study. PLoS Med 19: e1004118.

11. Scottish Government (2022) Coronavirus (COVID-19) – Children, Schools, Early Learning and Childcare Settings: Evidence Summary.

12. Newlove Delgado T, Russell AE, Mathews F, Cross L, Bryant E, et al. (2023) Annual Research Review: The impact of COVID 19 on psychopathology in children and young people worldwide: systematic review of studies with pre and within pandemic data. Journal of Child Psychology and Psychiatry 64: 611-640.

13. BBC (2020) Coronavirus: Young people breaking rules risk 'second wave'.

14. New Scientist (2021) COVID cohorts: pandemic impacts and attitudes across the generations.

15. Mockett R (2023) What about the Children?: How the UK's decision-makers considered children and young people during the COVID-19 pandemic.

16. Insider (2022) Scottish Hospitality feels there as a 'vendetta' of COVID restrictions.

17. BBC (2020) Police break up parties at Edinburgh student halls.

18. Young J (2007) The Vertigo of Late Modernity.

19. Peng K, Zheng Y, Qiu Y, Li Q (2023) Rage of righteousness: Anger's role in promoting debunking effects during the COVID-19 pandemic. Computers in Human Behavior 148: 107896.

20. Nietzsche F (1998) Beyond Good and Evil M Faber Trans Oxford World's Classics.

21. Lipley N (2020) Remembering to be kind during the COVID-19 pandemic. Mental Health Practice 23.

22. Nietzsche F (1968) On the genealogy of morals WA Kaufmann Trans Vintage Books.

23. Ranulf S (1938) Moral Indignation and Middle Class Psychology: A Sociological Study. Levin & Munksgaard.

24. Young J (2003) Merton with Energy, Katz with Structure: The Sociology of Vindictiveness and the Criminology of Transgression Jock Young. Theoretical Criminology 7.

25. BBC (2021) Sex and COVID: What are the rules?

26. Young J (1971) The Drugtakers. Paladin.

27. Evening Standard (2020) Who is Professor Neil Ferguson and how did he breach lockdown?

28. Holyrood Magazine (2020) Scotland Facing 'lost generation' of young people unable to access mental health support.

29. Daily Record (2021) 'Lost generation' fears over lack of kids' mental health help.

30. inews (2020) Impacts of coronavirus could be 'catastrophic for generation lockdown' charity warns.

31. The Guardian (2023) 'Debilitating' effects of pandemic linger on for Britain's young.

32. Daily Mail (2022) COVID lockdowns have caused a 'global mental health crisis' in children due to 'deep impact of school closures', WHO admits.

33. Mind (2020) Mind warns of 'second pandemic' as it reveals more people in mental health crisis than ever recorded and helpline calls soar.

34. Young Minds (2021) Coronavirus: Impact on young people with mental health needs.

35. Public Health Scotland (2023) Child and Adolescent Mental Health Services (CAMHS) waiting times.

36. BBC (2023)Mental-health crisis from COVID pandemic was minimal – study.

37. Business Insider (2023) Most people's mental health has been resilient despite the pandemic, according to an analysis of 137 studies.

38. Sun Y, Wu Y, Fan S, Dal Santo T, Li L, et al. (2023) Comparison of mental health symptoms before and during the COVID-19 pandemic: evidence from a systematic review and meta-analysis of 134 cohorts. National Library of Medicine BMJ 380.

39. Scottish Government (2022) Scottish COVID-19 Mental Health Tracker Study Wave 5 Report.

40. Ball WP, Black C, Gordon S, Ostrovska B, Paranjothy S, et al. (2023) Inequalities in children's mental health care: analysis of routinely collected data on prescribing and referrals to secondary care. BMC psychiatry 23: 1-18.

41. Ball WP (2022) Child and Adolescent Mental Health Service (CAMHS) Referrals Open Data for Scotland.

42. Montero-Marin J, Hinze V, Mansfield K, Slaghekke Y, Blakemore SJ, et al. (2023) Young people's mental health changes, risk, and resilience during the COVID-19 pandemic. JAMA Network Open 6: e2335016-e2335016.

43. Ching BC, Downs J, Zhang S, Abdul Cader H, Penhallow J, et al. (2025) Research Review: The impact of the COVID☐19 pandemic on the mental health of children and young people with pre☐existing mental health and neurodevelopmental conditions–a systematic review and meta☐analysis of longitudinal studies. Journal of Child Psychology and Psychiatry.

44. Winter R, Lavis A (2022) The impact of COVID-19 on young people's mental health in the UK: key insights from social media using online ethnography. Int J Environ Res Public Health 19: 352.

45. Goode E, Ben Yehuda N (2011) Grounding and Defending the Sociology of Moral Panic. In S. P. Hier (Ed.), Moral Panic and the Politics of Anxiety 20-36 Routledge.

46. The Guardian (2014) Our children really are facing a mental health crisis.

47. The Guardian (2004) Today's youth: anxious, depressed, anti-social.

48. Pitchforth J, Fahy K, Ford T, Wolpert M, Viner RM, et al. (2019) Mental health and well-being trends among children and young people in the UK, 1995-2014: analysis of repeated cross-sectional national health surveys. Psychol Med 49: 1275-1285.

49. Freitas FFP, Azevedo LJC (2022) Medicalizing children and adolescents. Estudos de Sociologia Araraquara 27.

50. Timimi S, Timimi Z (2022) The dangers of mental health promotion in schools. Journal of Philosophy of Education 56: 12-21.

51. Foulkes L, Andrews JL (2023) Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis. New Ideas in Psychology 69: 101010.

52. Williams A, J. M. Twenge (2017) iGen: Why Today's Super-Connected Kids Are Growing up Less Rebellious, More Tolerant, Less Happy- and Completely Unprepared for Adulthood. Atria Paperback.

53. Lukianoff G, Haidt J (2018) The Coddling of the American Mind: How Good Intentions and Bad ideas Are Setting Up a Generation for Failure. Penguin.

54. Celniker JB, Ringel MM, Nelson K, Ditto PH (2022) Correlates of "Coddling": Cognitive distortions predict safetyism-inspired beliefs, belief that words can harm, and trigger warning endorsement in college students. Personality and Individual Differences 185.

55. Jones PJ, McNally RJ (2021) Does broadening one's concept of trauma undermine resilience? Psychol Trauma 14: 131-139.

56. Institute for Public Policy Research (2017) Not by degrees. Improving students' mental health in UK universities.

57. Office for Students (2023) Insight: Meeting the mental health needs of students. OfS.

58. Rausch Z, Haidt J (2023) The Teen Mental Illness Epidemic is International, Part 1: The Anglosphere.

59. Haidt J (2023) Why the Mental Health of Liberal Girls Sank First and Fastest: Evidence for Lukianoff's reverse CBT hypothesis.

60. Etchells PJ (2024) Unlocked: the real science of screen time (and how to spend it better). Piatkus.

61. Foucault M (1975) Discipline and Punish: the birth of the prison. Allen Lane.

62. Bangor University (2023) Mental Health Costs of Lockdown Compliance Still Being Felt, Research shows.

63. Garland D (2008) On the Concept of Moral Panic. Crime Media Culture 4: 9-30.

64. Cree VE, Clapton G, Smith M (2015) Revisiting moral panics. Policy Press.

65. Evening Standard (2022) 13,000 school exclusions due to breach of COVID rules, figures show.

66. Piper H (2014) Touch, Fear and Child Protection: Immoral Panic and Immoral Crusade. Power and Education 6: 229-240.

67. Stanley-Hall G (1904) Adolescence, Its Psychology and its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education.

68. The Herald (2022) COVID: Universities told to act as "students flout rules".

69. Young J (1999) The Exclusive Society: Social Exclusion, Crime and Difference in Late Modernity. Sage Publications.