Bildungsprojekt Europa

Overcoming Social Distancing

Ulrike Kurth (ed.)

Medien-Verlag

REIHE BILDUNGSPROJEKT EUROPA

Band 14

Ulrike Kurth (ed.)

REIHE BILDUNGSPROJEKT EUROPA

Band 14

OVERCOMING SOCIAL DISTANCING

MEDIEN-VERLAG

Bildung und Europa

OVERCOMING SOCIAL DISTANCING

MEDIEN-VERLAG
Bielefeld

**Kofinanziert von der
Europäischen Union**

CC0 1.0

CC0 1.0 Universal

CONTENT

Data collection

Authors

Dace Medne

In the twenties of the 21st century, the world surprised itself with the fact that overnight the concepts of *Social Distance, Inner Isolation* and *Resilience* simultaneously turned into profound reality all over the world. This situation brought to light two facts: that the world is highly interconnected and highly vulnerable. While the pandemic introduced social distancing as a public health measure, its ripple effects went beyond the physical world hitting the most vulnerable ones: the emotional and mental. Therefore, another effect - *Inner Isolation* - appeared almost at the same time, and many found that they were separated not only from other people, but also from themselves, from those parts of themselves that could be accessed only through communication with other people. This project during its operation in different countries delved into people's experiences of *Social Distance, Inner Isolation* and *Resilience* from a scientific and compassionate perspective, offering case studies, research findings and personal stories that revealed how isolation affects people on many levels and that people find ways to overcome it no matter what. Therefore, the greatest contribution of the authors of this book is to illuminate the experience by providing stories that portray humanity. Using compelling case studies, empirical research, art, and reflection, strategies are offered to promote resilience in the face of *Social Distance* and *Inner Isolation.* The common journey of search and discovery in the project emphasizes the power of vulnerability and community, as well as unlocking the potential of each person, which promotes empathy and understanding in a world that is becoming increasingly complex and unpredictable.

While reading the book, I invite you to join the authors, exploring the complex field of *Social Distance* and *Inner Isolation,* discovering the power of resilience that resides in each of us. In this book authors not only question to understand the challenges that people face, but also illuminate the paths to healing, togetherness and restoration.

At a time when distance has become an everyday occurrence, this book is a tribute to the powerful, resilient capacity of humans to reconnect with others and with themselves.

Liepaja, November 2024

Ema Mihálikov / Tereza Siroká

In Europe Week 2023, Ema Mihálikov and Tereza Siroká from Bratislava, SK, depict the turmoil that many people have experienced during the coronavirus pandemic in impressive scenes.

Especially for young people, for whom contact with friends means a lot, it was a paralysing and sad situation not to be able to maintain friendly contact as usual.

The two students have used impressive images to show this dilemma and the strain that friendships have had to endure.

GECO

**One mask,
two masks?**

**Where am I staying?
Your girlfriend???**

**A protective
suit too???**

During the pandemic, encounters between friends were put to great tests.
It was about questions like:

➢ Have you been vaccinated?
➢ Are you wearing a face mask?
➢ Do you have sanitiser with you?
➢ Are you keeping a distance of 2 metres?

NO! That's enough!

Wrapped up – like in a cocoon!

The students present in an excellent way how distance,
isolation distance, isolation, defence and loneliness creep in.
Until you finally despair all alone and without contact!

But friendship is stronger and loneliness is broken up!

Distance and isolation can make people sad, depressed and ill. We need YOU to feel accepted!

This form of introduction to the project volume was chosen instead of a foreword. The texts and diary excerpts presented here show the upheavals during the pandemic with an intensity similar to that of the scene pictures, but also the solutions that were developed to make the impossible possible, to break down isolation and to prevent people from falling into complete despair. We hope that the texts will contribute to reflection and a changed assessment of the phase.
In this way, we can improve the conditions for the future.

Ulrike Kurth
Social distance, inner isolation and resilience -
GeCo - an Erasmus+ Project

The measures that have been taken throughout Europe and the rest of the world since March 2020 as a result of the coronavirus pandemic have had a wide range of effects on people. Various regulations (lockdown, home office, contact ban, cancellation of cultural events, tourism, sports, etc.) have led to different reactions among the population. Everywhere people endeavored to develop strategies to find alternatives as creatively as possible in this situation of blockades, bans and closures.

Even during this phase, surveys were carried out parallel to the various restrictions to find out how people were coping with the imposed restrictions, how they were coming to terms with the unfamiliar situation and in which situations they needed help and support from outside. The situation was unpredictable and no one could fall back on learned behavioral patterns (see Benoy 2020: p. 23[1]). The difference to other illnesses was also made clear by the fact that the coronavirus not only had an impact on people's own health, but on society as a whole.

The containment measures were primarily aimed at limiting or reducing direct contact as much as possible in order to prevent the spread of the virus. However, this had an impact on the human psyche. Humans are social beings, and contact with others triggers positive feelings in the human brain such as connectedness, happiness and security. If this contact is restricted, negative effects on the psyche become apparent, including an increased feeling of stress. In stressful situations, people show different reactions and develop symptoms and ailments that can be manifold (see Benoy 2020: p. 24[2]).

The terms "social distancing" and "resilience" have often been used in Germany during this phase. Both terms are not precisely defined, and closer research reveals a variety of definitions that differ considerably. Keep a certain distance between individuals originally has had a positive connotation, namely the distance to others that ensures an acceptable distance for the individual that is perceived as pleasant. Originally, these were culturally dependent, varying distances that people allow in their dealings with others or that they defend

---

[1] Benoy, C. (2020): Psychologische Auswirkungen der COVID-19-Pandemie und der einhergehenden Maßnahmen – ein Überblick. P. 23, URL: https://medien.ubitweb.de/pdfzentrale/978/317/039/_1_9783170393967.pdf. (checked 04.07.2021).
[2] ibid. P. 24

against others. ("Proxemics": see E.T. Hall, 1966[3]). These free spaces are called distance zones and serve to protect people's privacy. However, the official obligation to maintain in a social distance (do not be in the same room, do not eat together with more than five people, only occupy every second row and every second chair at public events), the distances that had to be observed during the pandemic, led to a negative connotation. Keeping distance was no longer perceived as a free and protected space, but as an empty zone in which loneliness and isolation threatened.

The same applies to the concept of resilience, which has appeared repeatedly in educational and psychological literature since around 2004, but without really being precisely defined in terms of content. "With the definition of resilience, a bundling or a justification of a category that is difficult to grasp and oscillates between chance and strategy, product and process, will and ought, characteristic and ability or person and system is sought."[4][Translation by the author] Reiter notes that the term resilience is not clearly defined and in her explanations she also states that there are also contradictory interpretations: "Like many scientific constructs of modern times, it is poly-referential, interactive, multivalent, transdisciplinary, multidimensional and socially divergent, and therefore difficult to grasp."[5][Translation by the author] This may be one reason why the debate during and after the pandemic has been inconsistent. Some called for resilient people to master crises, others attested that resilient people are better suited to mastering crises than others, but the factors by which resilience is inherent in people, which factors promote this resilience and by which people are strengthened are still being discussed inconsistently.

In the meantime, however, the assumption that people's resilience must be continuously promoted seems to be gaining ground in education and psychology, which means that small crises must be overcome again and again in order to continue living stronger with the experience of having mastered them. Erikson's stage model[6] is also based on these assumptions and describes eight stages that must be endured and overcome in the course of a person's life. Erikson also assumes that the next stage of development can only be reached if the crisis of the previous stage has been successfully overcome.

---

[3] E. T. Hall (1966), The Hidden Dimension. Garden City, New York

[4] Krystyna Reiter, Resilienz im Diskurs der Bildungswissenschaft und Frühpädagogik, Dissertation an der PH Karlsruhe, veröffentlicht im Internet, Abgabe 01.09.2022, P. 15, (checked: 10.12.2023)
https://phka.bsz-bw.de/frontdoor/deliver/index/docId/364/file/Dissertation_KrystynaReiter_2022.pdf

[5] ibid. P. 16

[6] Erik H Erikson, (1993) [1950]: Childhood and Society. New York, NY: W. W. Norton & Company.

In 2010, Ursula Nuber developed the model of the >seven pillars<[7] that characterises resilience. Since then, this model has often been adopted, modified and applied to the field of coaching in particular. However, this is a very specialised form of training that cannot be applied to human development. Coaching is a special form of training in which everyday situations are reduced and in which special, selected aspects are focused on. It is therefore only an extract of our everyday experiences and cannot be generalised. Nuber says that "those who are able to reflect on their competences and use them in times of crisis not only combat excessive despair, but also have the chance to emerge stronger from the crisis"[8] [Translation by the author]. This assumes that people already have competences - or experience - that can be activated in a specific crisis scenario. She supplements this assumption with the counter-image: "Non-resilient people are often misled by their shortcuts. (...) This means: they personalise, they generalise, they catastrophise. Those who use these three thinking styles automatically believe that they themselves have caused the problem, that it will last and is unchangeable, and that other areas of their lives will also be affected. They judge the crisis they have fallen into as a personal failure, believe that it is due to their lack of ability and that they will continue to be plagued by bad luck in the future."[9] [Translation by the author]

Six European partners have joined forces to avoid such false categorisations and to understand the need to keep distance not as a punishment but as protection and resilience not as the result of successful coaching but as strength and resilience through life experience. Reiter makes it clear how important it is to identify viable impulses for action in this context and to make clear what possibilities, but also what limits we experience in our actions when she says: "With regard to the factual thrust of resilience, educational science is exemplary in ensuring that, above all, those questions are continued that defy false optimism, euphoric reductionism or >excused< politics and nevertheless consider resilience to be scientifically useful, far from universal magic practices. This consolidates a view of resilience that does not imply any expectations, picks up on good impulses for action and reveals itself in the conscious desire to become effective. Inscribed in disciplinary educational debates, resilience thematises the processes of relating to oneself and the world within the limits of what is possible and desirable."[10] [Translation by the author]

---

[7] The seven pillars that U. Nuber names for the development of resilience are: Optimism, acceptance, solution-orientation, leaving the role of victim, taking responsibility, network-orientation, planning for the future

[8] Ursula Nuber (2011). Leben mit einer dicken Haut, in: Psychologie heute, volume 7, P. 2

[9] ibid. P. 3

[10] Krystyna Reiter, Resilienz im Diskurs der Bildungswissenschaft und Frühpädagogik, ibid., P. 326

Partner organisations from Germany, Finland, Ireland, Latvia, Lithuania and Slovakia coordinated their efforts and came to the decision to engage with citizens' reactions to measures during the pandemic as part of an Erasmus+ project. The organisations cover a broad spectrum in the field of education: from art and music schools (SK) to family work (IR), civic engagement (FI) and universities (LV, LT). As an educational and cultural association, the coordinating organisation in Germany forms a link between these partners. In spring 2022, the Westfälisches Forum für Kultur und Bildung e.V. submitted an application for funding for a learning partnership aimed at analysing the consequences of contact bans and crisis experiences using selected examples. Successful - but also unsuccessful - solutions are to be collected, presented, analysed and commented on. The application was approved in summer 2022 and project work started in 10/22.

About the project idea:

It is a fact that the lockdown has forced people all over the world to interrupt their routines and find new ways to structure their everyday lives and work. Isolation at home had consequences: fewer social contacts, loss of individual freedom, loss of daily routines and possible psychological consequences such as increased stress or depression. Isolation highlighted a number of stressors, such as not knowing the duration of isolation, fear of infection, inadequate care, too little information and boredom (cf. Brooks et al. 2020). Our project work therefore relates not only to teaching and learning processes, because they forcefully interwined themselves with teaching and learning due to a collapse of private and work spaces

The solution strategies that were developed produced different results. There were solutions that worked and could replace learning, work or public gatherings in presence for a limited time, but there were also suggestions and attempts that did not really help to overcome the restrictions and were more likely to increase the frustration or boredom that had arisen in this situation of regimentation.

Taking these aspects into account, the project partners have set themselves the following tasks for their joint work:

➢ To compile a list of the strategies used during the lockdown
➢ To analyse how these solution strategies have proven their worth
➢ To initiate a reflection on which measures were effective and which were not

- ➢ To reduce some proposed solutions to small sketches, short scenes that depict concrete situations
- ➢ To stage these scenes
- ➢ To prepare a presentation (stage / video)
- ➢ To try out a joint production that should work like a kaleidoscope - and, if possible, result in a small theatre play / or a video performance
- ➢ To provoke a critical discussion as to why some solutions were appropriate and others rather inappropriate.

The first step was to look back and the second is now to look ahead. The partners were to present small scenes to each other, thereby realising one *priority* of the 2022 call[11]: "*Shared values - civic engagement and participation*". By comparing and critically analysing the solutions that had been developed, the aim was to identify shortcomings or even better options for solutions. One intention was to steer the individual's commitment in new directions, because new food for thought can change one's own attitude and activity. At the same time, the aim is to *"improve the skills of teachers and other adult education staff"* (another priority)*,* as the members of the partner team are the ones who jointly develop the project goals.

In line with the team concept, not only lecturers from different educational fields are involved, but also learners from all institutions, thus expanding the circle of those actively involved in the project work and additionally *"creating and promoting learning opportunities"* (the third priority considered) that reach adult learners in all age groups. Due to the composition of the partner organisations, an intercultural and intergenerational approach was implemented. The work is intended to promote awareness and reflection for everyone and thus serve to review specific patterns of behavior in exceptional situations.

The work in this project therefore makes a concrete contribution to preventing and coping with disasters. If we are more practised in dealing with exceptional situations, with distance and social isolation, then we can better develop ways of taking precautions and maintaining a - reasonably - normal life. This is closely linked to our physical and mental health and our general well-being. The design of the scenes should be understood as an anticipation.

---

[11] The EU Commission's annual calls for project applications identify specific priorities that must be taken into account when submitting applications.

Project work

The last two years have shown how important social contacts and contact persons are in many everyday situations. We live in a communicative society in which much more personal contact is maintained than we probably realised before. And our living situations have changed: where there used to be extended families or grandparents living in a household with children and grandchildren (multi-generational homes), there are now isolated living situations: Grandparents in a home, grandchildren in single flats and parents in a flat. As a result, social isolation (contact ban or contact restrictions) was felt much more intensely than expected. In addition, there is no doubt that the support previously provided by multi-generational households has now been placed more in institutional hands (e.g. care facilities or kindergartens) - which were particularly strained to fulfil their tasks as part of the measures - and were often completely overwhelmed.

Cultural and sporting events were put on hold and loneliness and depression were the order of the day. Parties, graduations, academic successes, family gatherings - everything was cancelled. BUT people became inventive. There were various solutions, ideas and formats with which people tried to cope with this new situation. It was this colorful bouquet of ideas, for example, that motivated the partner team to launch the GeCo project. There were various approaches as to how meetings and events in culture and sport could be continued - at least in a small, reduced format.

In the project, such solutions are collected, analysed and reflected upon in order to create small sketches from them in a reduced version. These sketches (possibly as a video) are presented to all team members and then it is discussed which solutions seem successful and which are problematic.

After a phase of criticism, the focus should be on modification, change and better design, the scenes are added together and put together to form a kaleidoscope of European >overcomes<. There is the option of performing live on stage as well as making small videotapes. The transnational approach takes into account the different prior knowledge, the different ideas for solutions and the creative potential of the partners.

The application was formulated when the Russia-Ukraine war began and the effects of the pandemic were just becoming clear in the form of late effects. The motivation to work transnationally under such conditions was felt more intensely by the partners during these days than in 25 years of previous project work.

At the time of the application, we were certain that the cooperation would lead to mutual support, but also to a better mutual understanding of the specific situations in the partner regions. The living situations are different: for Ireland and Finland, it can be said that partner organisations from sparsely populated, socio-economically difficult regions are involved. For the partners from the Baltic states, we can say that they are universities that are working very hard to compete internationally. The institution in Bratislava is a relatively small music and art school, but has achieved an outstanding position thanks to its individual expertise. The expertise in the field of >stage and video< is a unique selling point and is extremely important for the planned project work.

It is important for the project work to have all of these partners in the team, as this enables analysis and reflection from the west of the EU to the east and north-east. In order to develop a kaleidoscope of different solutions, we need examples from different European regions, taking into account different cultural practices and needs. A transnational comparison is important in order to not only take a nationally limited look at the situation over the past few months, but to make a cross-border contribution to ensuring that people are better equipped to deal with limited contact and distance learning and working situations in the future. The pandemic has particularly highlighted the relevance of transnational cooperation, for example in relation to neighbouring countries, where measures of varying degrees of rigour have prevailed in some cases, which has caused additional irritation and uncertainty. It is important for all those involved to analyse their own reactions to the challenges in the institutions.

This project idea has been implemented step by step since October '22. The first results have been uploaded to the project website (geco.westfaelisches-forum.de) and this publication also demonstrates how intensively the topic is being worked on.

Apart from the intention to use the results in the future for better preparation and for scenarios that equip people with patterns of action in order to have possible solution models at their disposal when needed, the project work also has a current benefit for the work in the partner institutions. For example, the University of Liepaja trains teachers and social workers, for whom case studies are an important part of their studies. They can analyse the scenes and check which elements are important for solution strategies, what is successful and what is less successful. They should stimulate reflection for the group and reflect back to the team what can be seen from the scenes.

The Vytautas-Magnus-University, Kaunas, supports the work, particularly in the area of language. Here, translations are produced, subtitles are created and linguistic subtleties are worked out. The students can also analyse and isolate analyses of the language level and the phrases that are used. Language comparison is of great interest here. This area of work enables a linguistic mastery of exceptional situations and it is not a matter of course, especially in a foreign language, that exceptional situations can be adequately summarised linguistically.

The partners in Bratislava have experience with the content of theatre plays as well as the technical requirements for stage work and video recordings. This partner is particularly important because there is great potential in the assessment of productions through competition experience, which is used as a corrective; at the same time, adolescents and young people are involved here who deal with their own problems retrospectively, but who can also familiarise themselves with scenarios in other countries through encounters with the partners.

The first year of project work has now been completed. Examples have been collected and analysed, and short sketches have been designed and filmed. In addition, various research approaches were pursued. At the beginning of the project, a questionnaire was used in the coordinating institution to gather experiences and feedback on the corona phase in the individual institutions. At the University of Liepaja, a study on the behaviour of blind people in the lockdown phase was carried out as part of the social work course.

At the beginning of the second year of the project, after the review of the first year, the focus is now on the future. In this work phase, the step is taken from collecting and processing to transferring to models that can be used for future solution strategies. The experiments that are carried out with the small scenes in each centre help to maintain and develop awareness of the topic. In this phase, it is important to find an appropriate form of implementation - and the rules of theatre pedagogy say: it may be exaggerated, but not exaggerated, the presentation must be striking, but not overwhelming, the dialogues must be simple, but clear. All of this must be taken into account in this phase, because the development of the scenes is the prerequisite for the remaining work phases.

At a first meeting at the beginning of the second year of the project, the idea was developed to combine the various small videos that had already been created into a large picture sheet with corresponding commentaries, as this seemed to be a way of showing the very different everyday situations that had

been documented side by side on an equal footing. There are sequences from schools, universities, sport, work with the elderly, cultural work and the supply situation in structurally weak regions. In order not to juxtapose these different fields of work in an unconnected manner, a bracket is to be created, which is formed by a moderation of the different areas.

After just one year of working together, we can already state that the results are diverse and that problems in the pandemic are being addressed in different ways. In the working group, all employees had to realise how quickly various measures, regulations and bans were forgotten. Quite often, calendar entries were used to check again when something had happened. All the partners in the team were amazed at how quickly "normal operations" resumed after this exceptional situation, although it should not be forgotten that many people still suffer from impairments that are subsumed under >long Covid<.

"Overall, many people need the concept of future resilience as a >doomsday antidote< for a self-effective and independent production of their >world in their heads< in order to be able to actively shape their future creatively, with a >switched-on prefrontal cortex< and resourceful self-efficacy - for themselves and their fellow human beings"[12] [Translation by the author].

References

Benoy, C. (2020): Psychologische Auswirkungen der COVID-19-Pandemie und der einhergehenden Maßnahmen – ein Überblick. URL: https://medien.ubitweb.de/pdfzentrale/978/317/039/ pdf. (checked: 04.07.2021).

Besser-Siegmund, C., Siegmund, H., Siegmund, L., Hartmann-Wolff, E. (2023), Zukunfts-Resilienz: Stark werden in Krisenzeiten, Junfermann Verlag Paderborn

Brooks, S.K./ Webster, R.K./ Smith, L.E./ Woodland, L./ Wessely, S./ Greenberg, N. & Rubin, G.J. (2020): The psychological impact of quarantine and how to reduce it: rapid review of the evidence. URL: https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930460-8. (checked: 20.05.2021).

Erikson, Erik, H. (1993) [1950]: Childhood and Society. New York, NY: W. W. Norton & Company.

Hall, E. T. (1966), The Hidden Dimension. Garden City, New York

Nuber, U., (2011) Leben mit einer dicken Haut, in: Psychologie heute, volume 7

---

[12] Cora Besser-Siegmund, Harry Siegmund, Lola Siegmund, Elke Hartmann-Wolff (2023) Zukunfts-Resilienz: Stark werden in Krisenzeiten, Junfermann Verlag Paderborn, P. 15

Krystyna Reiter, (2022), Resilienz im Diskurs der Bildungswissenschaft und Frühpädagogik, Dissertation an der PH Karlsruhe, veröffentlicht im Internet, Abgabe 01.09.2022, (checked: 10.12.2023).

URL: https://phka.bsz-bw.de/frontdoor/deliver/index/docId/364/file/Dissertation_KrystynaReiter_2022.pdf

Ročāne Maija / Striguna Santa
Social exclusion: causes, effects and solutions

Introduction

The United Nations Educational, Scientific and Cultural Organisation (UNESCO) study "Reimagining our futures together: a new social contract for education" (2021) highlights that the Covid-19 pandemic has demonstrated both our fragility and the need for interconnectedness as well as the need for urgent action to work together to ensure that every child, young person and adult has the opportunity to reach the potential of a sustainable collective future (UNESCO, 2021).

The choice of the research topic was prompted by the consequences of the social distancing caused by the measures of the Covid-19 pandemic. One of the causes was- the number of people who did not want to socialise increased even after the pandemic, choosing to tend to social isolation through reducing communication significantly (Kindren, Bates, 2023). It should be acknowledged that it was after the pandemic that society began to pay particular attention to the aspect of socialising that had been taken for granted before the pandemic. Nowadays, it is not uncommon for a person to 'withdraw into themselves', cutting off all or minimal contact with society (Elbay, Kurtulmus, Arpacıoğlu, Karadere, 2020). Of course, not all such cases can be associated with the consequences of the Covid-19 pandemic. Social exclusion, which can be a consequence of social isolation, self-isolation or forced isolation, increases anger and irritability. Notably, particularly high rates of anger and hostility have been observed amongst physically isolated individuals during quarantine (Hossain, Tasnim, Sultana, Faizah, Mazumder, Zou, McKyer, Ahmed, Ma, 2020).

Social distancing is most often associated with physical distance, e.g the necessity to maintain it during the Covid-19 pandemic, furthermore avoiding contact with a person or group of people can be a cause of social exclusion as well. Often, it is the observance of physical distance that becomes a contributing factor to social exclusion, which in some cases contributes to the individual's own reluctance to contact others. The set of limiting factors of the Covid-19 virus is clearly one of the factors that has contributed to social isolation and thus social exclusion. Social isolation as a concept has been explicitly analysed in the scientific literature in the context of the pandemic, highlighting strategies to promote public mental health (Hossain, Sultana, Purohit, 2020). In-depth study and analysis of the scientific literature confirms

that it has been addressed already before the pandemic, in multiple contexts, highlighting the multidimensional nature of the concept. Humans are social beings and it is social connectedness that is crucial for the development, health and well-being of the individual and society as a whole. It must be admitted that the impact of social exclusion on human health has been little researched, but such research is essential; the consequences of social exclusion can be serious health problems which can affect both mental and physical health, e.g. anxiety, depression, cardiovascular disease, memory loss, etc. (Watanabe, Qin, Chen, Wu, Yu, Zhang, Li, Cao, Davies, Shi, & Liang, 2023, 38).

However, it must be recognised that the limitations of the Covid-19 virus, mainly stay-at-home, is not the only factor contributing to social isolation and social exclusion. Social exclusion has different dimensions: labour market exclusion, economic exclusion, cultural exclusion, isolation, spatial exclusion and institutional exclusion (Kronauer, 1998). The study focuses more on the dimension of isolation. It is important to recognise that the dimensions of exclusion are closely interlinked and interrelated that one individual may experience different manifestations of social exclusion, and that one dimension of exclusion may become the basis for another. The aim of the study was to analyse and describe the causes and consequences of social exclusion and to develop recommendations to reduce the presence of social exclusion in society. The research questions were: 1. How does social isolation affect social exclusion? 2. What are the consequences of social exclusion? 3. In which everyday situations can the manifestations of social exclusion be observed most often in the context of different social groups? 4. How can the presence of social exclusion in society be reduced?

The research methods used in the study were: general-theoretical (analysis of scientific literature) and empirical: empirical (survey, data processing and analysis methods (quantitative, graphical representation of data, data analysis, data selection, concentration, simplification, rephrasing, abstraction, thematic analysis) and qualitative research method - content analysis. The research objectives were: 1. To analyse the theoretical literature on aspects of social exclusion, social distance and social isolation. 2. To conduct a survey on aspects of social exclusion. 3. Formulate conclusions. 4. Develop recommendations to reduce the presence of social exclusion in society 5. Participate in the Erasmus+ project "GeCo - against COVID - overcoming social distance".

The analysis of theoretical sources reveales the need for further research on social exclusion, e.g. on the impact of social exclusion on human health as well as the factors contributing to social exclusion. They are: changing environment,

globalisation processes, changes in the nature of the labour market in the modern technological era, welfare and social policies, contemporary social phenomena, individual circumstances, etc.

Theoretical aspects of social exclusion

As early as the fourth century BC, Aristotle argued that "man is a social being!". This statement has been relevant to humanity throughout the ages. There are also people who voluntarily choose to isolate themselves. For example, the followers of the subculture hikkikomori (Japanese for "refusal to socialise"). In the context of the global lockdown on the Covid-19 pandemic, when online communication was the most common form of communication and face-to-face communication was not possible, complaints of social isolation and deteriorating mental health as a result increased. Most people have had experiences at some point in their lives where they have felt excluded by others. Almost without exception, the consequences of social exclusion for individuals and groups are negative, as one of the most basic human needs is the need to belong to a social group (Baumeister & Leary, 1995).

Social exclusion is a broad concept based on people's inability to integrate into society, whether because of poverty, lack of education, unemployment, discrimination or other factors. A socially excluded person is unable to exercise their rights and opportunities because of barriers that prevent them from doing so, e.g., social stigma, emotional and physical abuse, etc. Social exclusion can result in difficulties in accessing sufficient income, services and goods that are essential for full functioning in society, and support in different life situations. René Lenoir was the first to highlight the concept of social exclusion in 1974, stressing that one in ten French people was outside the country's economic and social development. While the concept of social exclusion was initially analysed in the context of social cleavages, in the 21st century it has been linked to the development of globalisation processes, changes in the nature of work, employment, welfare state social policies, contemporary social phenomena and individual circumstances. Social exclusion can arise due to specific socio-economic factors, such as poverty and unemployment, discrimination and cultural aspects, etc. (Institute of Philosophy and Sociology, Baltic International Centre for Economic Policy Studies, Institute for Sociological Studies, 2007).

Kronauer (1998) has identified dimensions of social exclusion: labour market exclusion, economic exclusion, cultural exclusion (non-acceptance of other values and behavioural patterns), isolation (restriction of social contacts and relationships), spatial exclusion (such as living in a particular neighbourhood)

and institutional exclusion (such as lack of access to education or services). The dimensions of exclusion can be closely interlinked and the same individual may experience different dimensions of social exclusion.

Poverty and unemployment are important contributing factors to social exclusion, but social isolation has become particularly acute today (Gallie, 2004). Physical distance is one of the most important causes of social exclusion. However, Wolff, Martarelli, Schüler, Bieleke (2020) stress that looking at social exclusion only in terms of social isolation and social distance can lead to a superficial view of the negative consequences of social exclusion. It is important to assess different psychological aspects, such as the difficulty of accepting change and changing one's daily habits. Magee & Smith stress that social exclusion can be the result of power and emotional abuse. Hodgetts & Stolte (2014), in defining the concept of social exclusion, point out that it refers mainly to social bonds that involve shared beliefs, interests and values, such as experiencing a sense of familiarity (closeness and proximity) or unfamiliarity (distance and difference) between oneself and people belonging to different social, ethnic, occupational, religious groups, etc. Bottero (2004), on the other hand, in the context of social exclusion, emphasises the gap between rich and poor, while recognising that exclusion is fostered by social stratification as well as socio-economic factors, such as living in a particular neighbourhood that is both socially and economically disadvantaged (Bottero, 2004). At the same time, however, it should be recognised that social exclusion is not just a static component of cognitive acceptance, as people always have the possibility to change their connections and social relations with certain groups in different contexts.

The Bogard Social Exclusion Scale, which measures the level of belonging and contact with people from different social, racial or ethnic groups, is often used in research on the phenomenon of social exclusion, describing different individuals' interpersonal relationships, levels of dislike or liking, exclusion or indifference (Bogardus, 1933). For example, a question (rate on a 5-point scale): 'To what extent are you willing to communicate with a member of a particular race, religion, social group, etc.? This way, data on existing prejudices, stereotypes can be analysed, where it is possible to trace and infer the most discriminated people. The groups of the population most often exposed to social exclusion in are: pensioners (especially women and single pensioners); - pre-pensioners; - large families of children and single parents; - children; - disabled persons and persons with reduced functioning; - unemployed (especially long-term unemployed); - homeless; - roma; - prisoners and persons released from prison; - victims of human trafficking; -

persons addicted to psychoactive substances (alcohol, drugs, toxic or other intoxicating substances); - persons with insufficient, low or inappropriate knowledge and skills for the labour market; - persons in need" (Ministry of Welfare, 2020).

Riesman, in his book The Lonely Crowd (2001), points out that social exclusion is an unexplored term, but that the most important aspect of social exclusion is the individual's own sense of exclusion, lack of communication and even complete exclusion from society. He points out that social exclusion is largely a cultural phenomenon, as living apart is a feature of the affluent middle class - for example, private homes are surrounded by fences, and socialising even among neighbours is often minimised. Riesman (2001) highlights that the most common causes of social exclusion are: - mental health problems; - particular personal characteristics; - voluntary or involuntary isolation; - excessive access to and use of technology; - economic factors; - ethnic factors (Riesman, 2001, 3-6).

Theoretical research highlights that, although the impact of social exclusion on health has been little studied, its consequences can be individual and varied, such as indifference to social processes; lack of self-regulation of emotions; an inability to accept others, which can sometimes manifest itself in emotional and even physical violence (Liberman, Sagristano, Trope, 2002); and serious health problems that can affect both mental and physical health, such as anxiety, depression, cardiovascular disease, memory loss, etc. (Watanabe, Qin, Chen, Wu, Yu, Zhang, Li, Cao, Davies, Shi, Liang, 2023, 38). Psychological aspects, such as difficulties in accepting change and changing one's daily routines, are becoming relevant (Magee & Smith). Anderson, Keltner, & John, 2003 and Magee & Smith, 2013 highlight that voluntary or involuntary isolation can become a cause of social exclusion. Emphasising that the consequences of social exclusion are mainly manifested in a lack of trust and communication.

Nowadays, social exclusion can be a trigger for a variety of serious mental illnesses (Levina, 2017). In turn, mental health problems only worsen alienation or make reintegration into society or rehabilitation more difficult. Other research has provided evidence that people in isolation may experience psychological distress in the form of anxiety, anger, confusion and post-traumatic stress symptoms (Brooks, Webster, Smith, Woodland, Wessely, Greenberg, Rubin, 2020). According to a survey by the NGO YoungMinds (2020), 83% of young people believe that their mental health deteriorated during COVID-19 and that one of the reasons for this was the need to

implement social isolation: 28.5% of respondents had stress, 33.3% anxiety and 46.92% depression ranging from mild to very severe (YoungMinds, 2020).

The consequences of social exclusion depend on particular social group. For children and young people, the most commonly observed consequences are: - difficulties in reading, writing and mathematical skills, as well as basic skills; - early school leaving; - early entry into the labour market; - unemployment; - substance abuse; - problems with law enforcement; - poor physical and, in particular, mental health (Bynner, 1999). These consequences can also be manifested in children whose parents suffer from social exclusion (Bynner, 1999).

Theoretical perspectives on the consequences of social exclusion suggest that although the desire to socialise is a basic human need, people can have experiences in which they have felt excluded by others. The consequences of social exclusion for individuals and groups are almost always negative. The consequences of social exclusion can be indifference to social processes, lack of self-regulation of emotions, inability to accept others, which can sometimes manifest as serious health problems that can affect both mental and physical health, such as anxiety, depression, cardiovascular disease, memory loss, reduced self-efficacy in work and learning environments, etc. The consequences of social exclusion can differ for different social groups. They can have a very negative impact on a person's quality of life. People who suffer from social exclusion of family members can experience negative consequences.

Empirical findings

The survay (N=477) has been carried out within the research. Social exclusion was experienced by 160 out of 477 respondents. Although all social groups in the survey have experienced social exclusion, teachers (n=159) (62 teacher respondents (39% of teacher respondents)) and students (n=72) (24 student respondents (33% of student respondents)) have experienced social exclusion the most among the survey respondents, slightly fewer (31% of parent respondents) parents (n=209) have experienced social exclusion. 3 respondents who chose the answer option "other" (n=12) have experienced social exclusion. The least likely to have experienced social exclusion were schoolchildren (n=25) - 6 schoolchildren respondents said they had experienced social exclusion.

The most prevalent factors in teachers' answers about situations in which they have experienced social exclusion are the impact of the use of smart devices on

communication; COVID-19 containment measures including the lack of communication, respondents' own reluctance to communicate with others. Examples of teachers' answers were: "I do not communicate outside working hours because I do not want to" (Reluctance to communicate); "Feeling and being alone" (Lack of communication); "Covid time and consequences" (Context of COVID-19 restrictive measures); "Sitting on the phone" in my presence" (Impact of the use of smart devices on communication). Some respondents have similarly highlighted isolation in the work environment. Teachers' responses highlight the role of isolation in the working environment as a factor contributing to social exclusion.

The most frequent answers given by students about situations in which they have experienced social exclusion are changes in life or changes of environment, e.g., the beginning of their studies, as well as the impact of the COVID-19 virus on their daily life, for example: 'Situations when I have to seek contact with people I do not know'; 'Change of environment and worse' (Change); 'During studies, no time for socialising. The environment, interests and therefore the circle of friends changed"; "When going to study after high school, with other classmates"(Change of environment when going to study); "When finances remain less.... When there are finances there are friends!"(Economic exclusion); "During the Covid-19 pandemic, when most of the communication was during distance, it was not allowed to leave home"(Context of the COVID-19 restrictive measures).

Parents' answers about situations in which they have experienced social exclusion most often mention the impact of social media, digital tools and the COVID-19 virus on their daily lives, but isolation is also a recurring theme - while on parental leave. Parents' answers highlight that they have experienced social exclusion "when their children are ill for long periods of time. Then we try to go out less in public so as not to get a new virus until immunity is established" (impact of COVID-19 on daily life); " People correspond formally, they don't want to meet. People are preoccupied with their egos and their lives." (The impact of social media on real life); "I don't like big companies and strangers. I prefer to spend time at home rather than outside" (Self-isolation); "Yes, when the 3rd child was born. I seemed to be left all alone, with no opportunity to socialise"; "When my first child was born I lost contact with my previous friends. The circle of contacts narrowed down to a minimum". (Isolation while on parental leave); "Evening time in the family - instead of talking, everyone sits on smart devices and does not know how to find interesting topics for conversation"; "Digitisation replaces real communication

with remote communication, as a result of which we become estranged from our loved ones" (Impact of the use of smart devices on communication).

The respondent who identifies herself as a "Childless woman" says: "I noticed it when the pandemic restrictions were lifted and I thought that now life would go back to the way it was with events and socialising, having coffee together, going shopping with my friends... In the meantime, people have developed other habits. To avoid sitting at home alone, I often attend events I want to attend alone, I don't ask anymore if anyone else wants to come, because 90% didn't want to", thus highlighting the impact of COVID-19 on the respondent's life.

From 2022 Liepaja University is a cooperation partner in the Erasmus+ project "GeCo - against COVID - overcoming social distance". The project is focused on the analysis of diverse approaches to mitigate the effects of problems caused by social distance. The project involved researchers from Latvia, Germany, Finland, Ireland, Lithuania and Slovakia. Latvia is represented by the faculty of Pedagogy and Social Work of Liepaja University and students and teachers of Liepaja Oskars Kalpaka Secondary School. The project was initiated and coordinated by the visiting professor of the University of Liepaja, PhD Ulrike Kurth (Germany). The project included systematisation of findings and development of empirical research on the experiences of diverse social groups, attitudes towards social distance.

Answering the research question "How does social distancing and isolation affect social exclusion?", it can be concluded that social exclusion can be a consequence of social isolation, self-isolation or forced isolation. It is the observance of physical distance that can be a contributing factor to social exclusion, which in some cases contributes to the individual's own reluctance to contact others. Social exclusion has different dimensions: labour market exclusion, economic exclusion, cultural exclusion, isolation, spatial exclusion and institutional exclusion. They are closely interlinked and one individual may experience different forms of social exclusion, or one dimension of exclusion may become the basis for another. Social isolation can thus become the basis for different dimensions of social exclusion.

In the context of social exclusion, it is important to assess various psychological aspects, such as individual difficulties in accepting change and changing their daily habits, specific personal characteristics, and mental health problems. The most common causes of social exclusion are voluntary or involuntary isolation; poverty; mental health problems; difficulties in accepting change and changing daily routines; lack of shared beliefs, interests and values; social stratification;

socially and economically disadvantaged environment; specific personal characteristics; and overuse of technology.

In today's changing environment, the set of factors contributing to social exclusion is changing, including developments in globalisation processes, changes in the nature of the labour market in today's technological age, welfare state and social policies, contemporary social phenomena, individual circumstances, etc.

Answering the research question "What are the consequences of social exclusion?", it can be concluded that the consequences of social exclusion differ for different social groups. They can have a very negative impact on a person's quality of life. People who suffer from social exclusion can experience negative consequences as family members. The consequences of social exclusion are: indifference to social processes, lack of self-regulation of emotions, inability to accept others, which can sometimes manifest itself emotionally, serious health problems that can affect both mental and physical health, such as anxiety, depression, cardiovascular disease, memory loss, reduced self-efficacy at work and in learning environments, etc.

References

1.   Baumeister, R.F. & Leary, M.R. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117, 497–529.
2.   Bogardus, E. S. (1933). A social distance scale. Sociology & Social Research, 17, 265–271.
3.   Bottero, W. (2004). Class Identities and the Identity of Class. Sociology, vol. 38 no. 5, 985-1003. doi: 10.1177/0038038504047182
4.   Bynner, J. (1999). RISKS AND OUTCOMES OF SOCIAL EXCLUSION INSIGHTS FROM LONGITUDINAL DATA By: John Bynner Institute of Education University of London: OECD
5.   Corsten, M. (1999). The time of generations. Time & Society. 249-72.
6.   Elbay, R., Y., Kurtulmus, A., Arpacıoğlu, S. Karadere, E. (2020). Depression, anxiety, stress levels of physicians and associated factors in Covid-19 pandemics. Psychiatry Research. DOI: 10.1016/j.psychres.2020.113130
7.   Emory S. Bogardus: "Social Distance and Its Origins." (1925) Skatīts: (09.01.2024) Pieejams: https://brocku.ca/MeadProject/Bogardus/Bogardus_1925b.html
8.   Gallie, D. (2004). Resisting Marginalisation. University of Oxford.
9.   Geske, A., Grīnfelds, A. (2006). Izglītības pētniecība. Rīga: LU Akadēmiskais apgāds

10. Hossain, M., Tasnim, S., Sultana, A., Faizah, F., Mazumder H., Zou, L., McKyer, L.,L., Ahmed, H.,U., Ma, P. (2020). Epidemiology of mental health problems in COVID-19: a review. PubMed Disclaimer. / DOI: 10.12688/f1000research.24457.

11. Howard, R. (1995). Human Rights and the Search for Community. Volume 32, Journal of peace Research. Issue 1 https://doi.org/10.1177/0022343395032001001

12. Kindren, R., Bates, G.,W. (2023). The Influence of the COVID-19 Pandemic on Social Anxiety: A Systematic Review. Int J Environ Res Public Health. Doi: 10.3390/ijerph20032362

13. Labklājības ministrija. (2020). Situācijas raksturojums. https://www.lm.gov.lv/lv/situacijasraksturojums-0?utm_source=https%3A%2F%2Fwww.google.lv%2F

14. 15. Liberman N., Sagristano M., Trope Y. (2002). The effect of temporal distance on level of mental construal. Journal of Experimental Social Psychology, 38, 523–534.

15. LU Filozofijas un socioloģijas institūts, Baltic International Centre for Economic Policy Studies, Socioloģisko pētījumu institūts. (2007). BEZDARBA UN SOCIĀLĀS ATSTUMTĪBAS IEMESLI UN ILGUMS. Latvijas Republikas Labklājības ministrija.

16. Magee, J. C., & Smith, P. K. (2013). The Social Distance Theory of Power. Personality and Social Psychology Review, 17(2), 158-186. Pieejams: https://doi.org/10.1177/1088868312472732

17. R. Elbay u.c: "Depression, anxiety, stress levels of physicians and associated factors in Covid19 pandemics." (2020) Skatīts: (07.10.2023) Pieejams: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7255248/

18. Rawal, N. (2008). Social Inclusion and Exclusion: A Review. Dhaulagiri Journal of Sociology and Anthropology, 2, 161–180.

19. Reuben Kindred and Glen W. Bates: "The Influence of the COVID-19 Pandemic on Social Anxiety: A Systematic Review" (2023) Skatīts: (07.10.2023) Pieejams: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9915904/

20. Riesman, D. (2001). The Lonely Crowd: A Study of the Changing American Character. Yale University Press. 2nd Edition 25

21. Sabina Yeasmin, Hossain: Corrigendum to "Impact of COVID-19 pandemic on the mental health of children in Bangladesh: A cross-sectional study" (2020), Skatīts: (07.10.2023) Pieejams: https://www.sciencedirect.com/science/article/pii/S0190740920309488

22. Taylor & Francis, Ltd.,: "The Sociological Quarterly" (2013) Skatīts: (23.11.2023)

23. UNESCO. (2021). Reimagining our futures together a new social contract for education. Paris: UNESCO. Pieejams: https://unesdoc.unesco.org/ark:/48223/pf0000379707

24. Watanabe, S., Qin, Z., Chen,Y., Wu, J., Yu, X., Zhang, K., Li, L., Cao, F., Davies, D.,l., Shi, H., Liang, J.(2023). Impacts of Social Distancing and a Potential Remedy: A Randomized Doubleblind Placebo-controlled Study. INTERNATIONAL JOURNAL of BIOMEDICAL SCIENCE. Pp 37-45.

25. Wolff, W., Martarelli, C., S, Schüler, J, Bieleke, M. (2020). High Boredom Proneness and Low Trait Self-Control Impair Adherence to Social Distancing Guidelines

during the COVID-19 Pandemic. Int. J. Environ. Res. Public Health 2020, 17, 5420. Pieejams: https://doi.org/10.3390/ijerph17155420

26.   YoungMinds. (2020). "The impact of COVID-19 pandemic on mental health & wellbeing among home-quarantined Bangladeshi students: A cross-sectional pilot study", (2020) Skatīts: (09.01.2024) Pieejams:

https://www.sciencedirect.com/science/article/pii/S016503272032588X#bib0034

Ulrike Kurth / Melina Weßling
The importance of resilience

In March 2020, the global coronavirus pandemic also led to changes in many areas of life in Europe. In order to contain the spread of infection, regulations were drawn up to largely restrict contact with other people. These ranged from masks to contact restrictions to prevent more than five people from meeting in one household. Restaurants, theatres, cinemas and pubs were temporarily closed and purchases could only be made under strict conditions. This meant considerable stress for many people, as their normal habits were disrupted overnight. They could no longer go to work as usual (home office) they could no longer meet their family and friends (contact restrictions), they could no longer pursue their entertainment and leisure activities (temporary closures) and they suddenly found themselves at home all day with all other family members (partners, children), with everyone actually claiming access to their home laptop. Due to this increased stress level, 'resilience' became the focus of interest for scientists and therapists. The number of cases of domestic violence increased significantly, as did the number of requests for help.

Resilience research has played a key role in various sub-disciplines of psychology for years. Due to the pandemic (although it could also be triggered by something else => financial crisis, terrorist threat, war) and the associated changes in almost all areas of human life, the ability to cope well with change has become even more relevant than it already was in a fast-moving and dynamic society.

Resilience generally describes human resistance to stressful life circumstances. As an opposite term to vulnerability, resilience is described as psychological robustness, resistance or invulnerability (Gabriel, 2005). People with a high level of resilience are therefore able to quickly and acutely deal with unknown situations and issues and then return to a state of relaxation. According to Stork et al., resilience enables 'to successfully overcome crises and emerge stronger from them through the flexible use of personal resources' (Stork, Heimes, Aatz, & Boll, 2020, p. 5). An influence on the subjective experience of stress is therefore obvious. To date, resilience has often been understood in the literature as a personal stable resource, which is also reflected in previous instruments for measuring resilience (Henninger, 2016, p. 158) (Pangallo, Zibarras, Lewis, & Flaxman, 2014). However, more recent contributions also underline the

effectiveness of resilience as situationally changeable behaviour that can be learned through various training courses (Soucek, Schlett, Ziegler & Pauls, 2015). Resilience can also be understood as an integrative construct that encompasses both stable, personal resources and unstable, learnable behavioural patterns. These two parts of resilience have different degrees of influence on the subjective experience of stress. It would therefore be interesting to investigate whether resilient behaviour is more strongly influenced by a resilient personality or by resilient patterns.

Country	Age Group	Phenomena	Area
Germany	18 – 30 Years	Loneliness Insecurity Loss of contact Gaps in the range	Meetings with friends Sports training Cinema / restaurant / club Learning together
Finland	50 – 80 Years	Loneliness Fears Conspiracy theories Lack of prospects	Rifts in family and friend groups due to vaccination discussions Lack of contact
Ireland	50 – 80 Years	Loneliness Supply problems Restriction of mobility Helplessness	Problems in a structurally weak area, lack of logistics, no shopping assistance for the elderly
Latvia	12 – 35 Years	Loneliness Helplessness Conspiracy theories Boredom	Lack of social contacts, unsettling fake news, Problems in the family environment
Lithuania	12 – 30 Years	Loneliness Fears Lack of prospects Boredom	Lack of social contacts, Uncertainty, no clear statements about duration, resentment
Slovakia	12 – 25 Years	Loneliness Domestic violence Helplessness Lack of contact persons	Pronounced isolation, explosive family situation, contradictory information

Previous research in this area rarely differentiates between resilience as a personal resource and resilient behavioural patterns. There are already some studies on the influence of resilience on the experience of stress, but these results relate exclusively to the experience of stress in the German work context, which is due to the fact that no comprehensive social stress situation such as a pandemic has yet had to be dealt with.

In times of a global pandemic, it makes sense to conduct research beyond national borders and strive for results that can be generalised for several countries. During the project phase, we found that comparable phenomena occurred in the participating countries:

A similar picture emerges in the various countries. Above all, the isolation, the lack of social contact and the uncertainty caused by contradictory information, fake news and conspiracy theories was great. When it came to conspiracy theories in particular, the special situation had to be taken into account, as the opportunity to discuss different views with others was virtually non-existent; everyone researched individually on the internet, where all kinds of information was circulating. All with a claim to validity. Those who were sitting at home alone, already irritated by the exceptional situation, were particularly susceptible to 'whispers' of all kinds. The manipulation that was made possible by this has not yet been analysed. There were overlaps between different groups: Vaccination opponents, corona deniers, government critics, opponents of conventional medicine and a whole host of charlatans who were riding one or all of these waves.

It is worth noting another aspect that characterises this phase: People donated to various measures and countermeasures, they wanted to support activists or make their opposition to the restrictions visible. A lot of money disappeared into dubious channels during this period, which will probably never be fully clarified. However, there is extensive research and reporting literature on crime during this phase, and Palmowski presents comprehensive statistics on crime during this phase and on changes compared to previous years.[13] The Federal

---

[13] For example, the number of cases of subsidy fraud registered by the police rose from 318 in 2019 to 7,585 in 2020 (BKA, 2020a; BKA, 2021b; BKA, 2021a). This could be due, among other things, to fraud offences involving coronavirus emergency aid (for possible case structures, see Hoven/Hahn, 2020). The number of police-registered offences under the Infection Protection Act increased from 61 in 2019 to 6,779 cases in 2020, which is also a significant increase (BKA, 2020a; BKA, 2021b; BKA, 2021a). The increase in registered offences involving the internet (+8.7%) was also greater than in previous years. This is possibly due to more opportunities to commit cybercrime, as economic and everyday activities increasingly took place digitally as

Criminal Police Office (BKA) makes a clear statement on politically motivated crime.[14] As early as March 2020, a working group was set up to record the criminal impact of the regulations to contain the pandemic. The report from the Federal Criminal Police Office cited here is from 2021.

There are also figures on domestic violence, which has also increased, although offences such as burglaries, shoplifting, pickpocketing and traffic offences have decreased because there has been little or no opportunity to take action in these areas due to the lockdown.

These quotes show that the regulations during the pandemic certainly had an impact on everyday life. The project partners recorded these effects in the short videos during the work phases. These short videos show how loneliness, conspiracy theories or vaccination scepticism, for example, have affected social groups.

During the course of the project, it became clear that the effects were more subtle in many areas than had been assumed at the start of the project. It became clear that social contacts could not be replaced by Zoom meetings and that the special situation for elderly people in structurally weak areas was really critical. These aspects are also taken up again in the diary notes from the corona phase, so that individual confirmations of the general statements can also be found.

The importance of a stable personality, a clear personal standpoint and resilience can be seen in all the modules. People who are stable and at peace with themselves are less likely to be unsettled. Groups that are stable beyond their primary interest in sport, language and art and that are able to react flexibly

---

a result of the coronavirus pandemic (BKA, 2021a; BKA, 2020b). cf: Nina Palmowski, CORONA EFFECTS IN STATISTICS ON CRIMINAL OFFENCES, p. 2,
Reference: https://www.destatis.de/DE/Methoden/WISTA-Wirtschaft-und-Statistik/2022/04/corona-effekte-statistiken-zu-strafsachen-042022.pdf?__blob=publicationFile
[14] The protests against the government measures to contain the pandemic should be mentioned primarily here.
whose participants can be described as a heterogeneous 'mixed scene'. This scene is united by a general criticism of the coronavirus protection measures and, at least in part, a anti-state to anti-government stance. A leading role in this continues to be played by the 'Querdenken' movement initiated by the civil democratic spectrum, which quickly spread nationwide. In 2020, it appeared with a plethora of regional offshoots by organising numerous meeting registrations. Due to the lockdown, which recently lasted several weeks of lockdown, the number of protests fell sharply or increasingly took the form of motorcades organised in the form of car parades. Federal Criminal Police Office, Management report, Effects of COVID-19 on the crime situation in Germany, as at 15/06/21, p. 5
Reference: file:///C:/Users/ulrik/Downloads/covidAuswirkungen.pdf

were able to 'survive' better than those units that stopped meeting and disbanded at the first disturbances.

Based on the material developed, a training course has been designed to show concrete examples in which resilience helps to master the situation. This course lasts three days and is based on information, examples, role plays and exercises to build resilience. The course could only be tested in parts during the project period - for example, the 'role play' aspect was trained in a workshop at the University of Liepaja in September 2023. The exercise was called 'Comfort on Stage' and the participants practised supporting each other and learning to perceive each other's condition. The participants found these exercises to be unreservedly helpful.

Photos from the workshop:

References

Bundeskriminalamt (2021), Managementfassung, Auswirkungen von COVID-19 auf die Kriminalitätslage in Deutschland, Stand: 15.06.21, Fundstelle: file:///C:/Users/ulrik/Downloads/covidAuswirkungen.pdf

Gabriel, T. (2005). Resilienz - Kritik und Perspektiven. *Zeitschrift für Pädagogoik 51*, S. 207-217.

Henninger, M. (2016). Resilienz. In D. F. (Hrsg.), *Psychologie der Werte - Von Achtsamkeit bis Zivilcourage - Basiswissen aus Psychologie und Philosophie* (S. 157-164). München: Springer.

Palmowski, Nina (2022), Corona-Effekte bei Statistiken zu Strafsachen,

Fundstelle: https://www.destatis.de/DE/Methoden/WISTA-Wirtschaft-und-Satistik/2022/04/corona-effekte-statistiken-zu-strafsachen-042022.pdf?blob=publicationFile

Pangallo, A., Zibarras, L., Lewis, R., & Flaxman, P. (2014). Resilience trough the lens of interactionism: A systematic review. *Psychological Assessment 27 (1)*, 1-20.

Soucek, R., Schlett, C., Ziegler , M., & Pauls, N. (Dezember 2015). Entwicklung eines Fragebogens zur Erfassung resilienten Verhaltens bei der Arbeit/ Development of a questionnaire for the assessment of resilient behaviour in the workplace. *Wirtschaftspsychologie*, S. 13-22.

Stork, W., Heimes, S., Aatz, H., & Boll, J. (2020). Achtsamkeit und Resilienz in der Hochschullehre: Zur Wirksamkeit stressreduzierender und resilienzfördernder Maßnahmen im Studium - Ergebnis und Erkenntnisse im Zusammenhang mit der Studie RODS II an der Hochschule Darmstadt. *ZNWU Discussion Paper, No. 4*. Darmstadt: ZBW - Leibniz-Informationszentzrum Wirtschaft.

Darina Výbohová

How can a pandemic transform education?
Activities of the MPC in the period of Covid-19

MPC (Methodology and Pedagogy Centre) is the organization of the Ministry of Education, Science, Research and Sport of the Slovak Republic (MoE). Supports the Professional Development of Teachers in 9 regional offices, offers training programmes and attestation for teachers, provides specialized seminars, conferences and consulting and advisory activities, implements projects funded by the EU at national and international level.

At the time of the anti-pandemic measures, which limited direct contact and the implementation of face-to-face education, one of the communication channels with teachers was the professional journal Pedagogical Views. The introductory text was actually a kind of diary of events, activities and the response of the teacher training institution to the current situation.

1. PART - APRIL

There has been a long-standing debate in Slovakia about teacher training. Its necessity, importance, forms, quality, credits and motivation of teachers themselves to work on themselves in the sense of professional development. Today, when the Koraona virus pandemic has significantly changed the conditions of everyday life and education, **we are experiencing the necessary professional development, so to speak in a live broadcast - online**. Literally.

Both students and teachers have moved to the relative safety of the home environment behind computers and phones and are trying to adjust the teaching process. In the very first few weeks, we found that adjusting the educational process that we had been taught to do in a school setting to a completely different environment was not easy or even fully feasible. The basic challenge for teachers and school directors was and still is to master the skills of technical support and to set up communication channels with pupils and their parents.

First, we leveraged available digital resources, apps and programs to deliver content. Incidentally, more skilled colleagues have ventured into online learning. We inundated pupils and their parents with homework. But we are gradually discovering that it is neither practical nor beneficial, in the long run of such a teaching method, to just deliver the material digitally, refer pupils to literature, resources and turn the tasks over to parents. It shows how important it is to manage home-based learning from the principal level but also other levels of management. At the level of subject committees, methodological associations and learning areas, it is necessary and useful to integrate assignments and to formulate joint educational objectives (e.g. for a week) across several subjects in a year group or class.

In these conditions, the role and responsibility of the class teacher comes to the fore, who should be able to work closely with colleagues who teach in his/her class. To coordinate and, if necessary, regulate the volume and frequency of assignments and outputs within his/her class. Provide information to parents, sensing their suggestions and problems. To communicate them to colleagues and school management and to be cooperative in solving problems that arise. Every teacher is confronted with the need to personalize instruction, taking into account the conditions and background of the individual student. Changing the conditions of teaching concerns the whole spectrum of professional competences of teaching and professional staff. In all categories, sub-categories. And it affects all management and specialist activities.

In the sense of the proverb "Everything bad is good for something good", this situation is a challenge for the real strengthening of teacher professionalism in all three areas of professional standards. Coping with the current situation requires us to increase the level of competences focused on pupil cognition, on processes aimed at pupil development and competences related to the role of the teacher and to our own self-improvement through learning from experience and from the experience of colleagues, through creative activity and reflection on our own practice as well as through training from the offer of domestic or foreign providers.

For this reason, the articles in this special issue of our magazine focus on selected topics and changes, ...

2.   PART - MAY

The measures against the spread of the coronavirus introduced since March 2020 have affected all areas of our lives. Information on the development of the pandemic fills almost the entire media space. Education in schools and educational establishments has been interrupted and has been transferred to the home environment We have been looking for and are looking for ways to adapt to the situation on a daily basis. It would seem that previously such important topics for discussion as **the findings of the State School Inspection, the results of the PISA measurement and the report on the 2030 Agenda** have lost their relevance and dealing with the suggestions and recommendations arising from them is not currently relevant.

But the opposite is true. It is the turning upside down of the entire education process that has exposed its weaknesses in full light and confirmed the statement in the Agenda 2030 Report that there have been no fundamental changes in the education system in terms of changing it to remove rigidity and strengthen its ability to respond flexibly to the presence and evolution of global megatrends. We should therefore think about how to capitalise on the educational opportunity that, paradoxically, the pandemic has created for us. To take up the challenge for a significant rethinking not only of the form, but above all of the content of education.

At the outset, the most important thing was to provide education in a form other than face-to-face. Which requires teachers to make active and, above all, interactive use of new media, audiovisual content and full-fledged audiovisual aids in the processes of education and training. At the same time, there has been much discussion about the amount of curriculum, what is core curriculum and what is essential for and also the time that children and their parents alike have to spend on home learning. When integration of content area learning, coordination of individual teachers' practices, project assignments, and exploratory activities in the home environment proved meaningful.

Released tasks from the international PISA testing could also have been a suitable inspiration. We are currently tackling the question of whether, if at all,

and how, to assess what pupils have learned. But we should not forget to assess the extent to which we have enabled them to acquire the knowledge and skills that are essential for their future full participation in society. In other words, we have put into practice the professional competences we already possess. We may even have improved them, and we may have gained new knowledge and competences. We have carried out our own professional development, which is also addressed in the broader context of the 2030 Agenda report on the achievements of the national priorities for its implementation.

In the chapter on Education for a dignified life, it recalls, among other things, the need to improve the quality of education and to strengthen the social status of teachers in the context of international comparisons and global megatrends. It is futile to think that the teaching profession's esteem and status will be enhanced by someone who is asked to do so by some regulation, proclamation or law. We can only change our status, esteem and respect for the profession we practice by honouring our own professionalism, respecting the demands placed on us in the profession and embracing the challenges.

Challenge inspires, motivates and leads to discovering our potential, using it and acquiring new competences. Yes, a challenge can be threatening and hide risks. But we can also eliminate these in the future by preparing today for the next challenge. We hope that the articles in 2nd issue of the journal dedicated to coping with the covid period in schools ...

3.   PART - JUNE

This year's **"hooray for the holidays"** was different than in years past. It was different because the whole school year2019/2020 was also completely different. After ten years, the continuing education system for teaching and professional staff was changed by a new law to a professional development system. And we had to learn new terms and procedures in addition to new concepts. And to make matters worse, at the beginning of March came not only the expected spring, but also an unexpected pandemic. The situation created by the rapid spread of the COVID-19 virus has shown the need for flexibility on the part of teachers and the need for professional competences that will enable them to cope with specific challenges in the future and to face the various challenges and threats that affect school education. From pandemic

diseases to extremist violence, to climate uncertainty as well as rapid technological change.
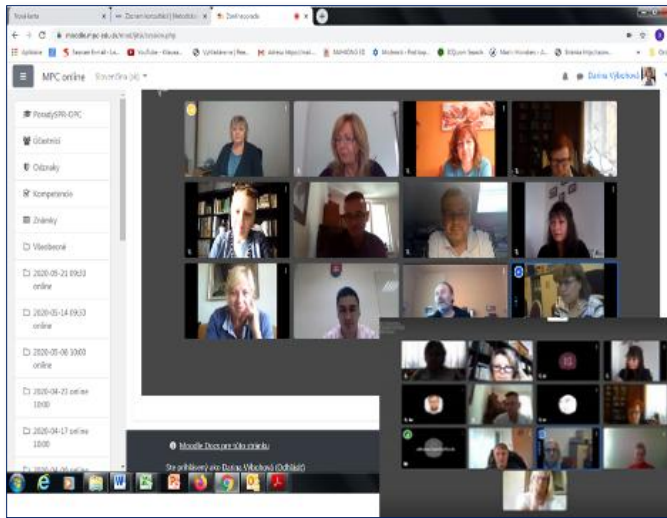
The Methodological and Pedagogical Centre, after discontinuing the face-to-face form of education, moved the educational activities to the online space. By redesigning its website, it has created new opportunities for online learning and guidance in the form of webinars, teacher forums and consultations for teaching and professional staff (TAs and TAs). This new form of training was more organisationally demanding compared to face-to-face training. Expert assistance was required not only by those interested in online education, but also by lecturers who had not yet worked in an online environment and had only basic IT skills. In doing so, it was necessary to implement and complete continuous education in accredited educational programmes of functional education, functional innovation education, update education and specialisation education in the period from March to the beginning of June in accordance with the transitional provisions of Act No. 138/2019 Coll. on pedagogical employees and professional employees and on amendment and supplementation of certain acts, as amended. A total of 902 PZ and OZ participated in these training programmes. In order to respond to the needs of teachers, we have started to offer webinars mainly focused on topical issues:

- professional development, portfolio, certification,
- how to educate in times of school closures,
- digital support for home learning,
- issues of assessment and grading of distance learners,
- assessment of pupils with special educational needs,
- the content of education for the first level of primary schools with VJM during special school interruption,
- the content of SJSL education for the second level of primary school with VJM during the extraordinary interruption of teaching,
- the education of pupils from the MRC who do not have access to the Internet,
- cooperative learning and active pupil learning.

The interest was high right from the start and a total of 89 webinars were held, attended by 1.131 people. As with all training events conducted in a face-to-face format, after the webinars were completed, we asked the participants by questionnaires to express their opinion about the event they had attended.

Participants positively evaluated the interesting, stimulating, inspiring and useful topics, appreciated the practical demonstrations and themes. Offering webinars eliminated regional differences in MPC offerings and strengthened networking across the country. However, critical comments and the identification of areas for improvement are also important for us to improve the quality of the offer of technical and methodological assistance.

In addition to the positive feedback, participants also named the fact that they felt there was limited opportunity to meet each other and communicate verbally, and that they lacked social interaction. They felt insecure and uncomfortable when learning online without adequate technical support, quality of local internet signal. They perceived the self-study tasks, the amount of information conveyed and the short time span of the activities as a burden.

It is also to eliminate these negatives that we offer Consultations for individuals and groups, provided by professional development teachers according to the topic focus and timeline available at https://mpc-edu.sk/individualne-konzultacie. The changes in educational conditions and social interactions that we have experienced in the context of measures to counter the spread of coronavirus have been an opportunity to recognise the importance of the skills that teachers and learners alike need in this unpredictable world.

These are, for example, informed decision making, creative problem solving and, above all, adaptability. It is essential that their development, both within school education and as part of professional development, remains a priority for our education systems even after the acute threat of a pandemic has passed, thereby increasing the likelihood of successfully adapting to changing conditions for the implementation of the educational process for whatever reasons in the future. Sharing, reflecting and evaluating current experience is a prerequisite for making the best of this challenging period.

Also on the MPC website, we have created Teacher Online Forums, which provide a space for online discussion by focus area. A list of Teacher Online Forums is available at https://mpc-edu.sk/ucitelske-fora. Right from the beginning of the transition to homeschooling, advice, inspiration, created

support materials, tips and tricks from teachers for teachers have been popping up on the internet and various social networking sites. We have focused on selecting and creating methodological materials, teaching resources and methodological inspirations authored by professional development teachers or created in collaboration with trainers and trainees.

Outputs from national and international MPC projects are also available. All materials are freely available at: https://mpc-edu.sk/publikacie_vsetky and https://mpc-edu.sk/kratke-metodicke-inspiracie It was a good help in this exposed period. But now that the stress has subsided and we can relax a bit, it is also time to reflect, describe our teaching experience and present it in the professional press, publications and professional forums.

Analyse the findings and propose solutions, preventive measures for the development of professional competences for teachers at the school, subject committee, methodological association or educational area level. Recording, sharing and evaluating pedagogical experiences is the essence of professional growth of pedagogical and professional school staff.

Teachers' examples, records and observations on specific aspects of the educational process should be a starting point and a source of ideas, for example, when developing the content of refresher education programmes in the next school year. One of the areas of professional competence that should be discussed and improved is the area of cooperation and coordination in the integration of educational content within the educational areas, contextual teaching and the development of functional literacy.

Using a variety of resources and locations (including the home environment) for exploration and learning. For the summer months, we have prepared a summer offer of webinars and professional articles for those who plan to use this period not only for relaxation, but also to prepare for the new school year and to develop their professional skills.

In the third issue of our magazine, we offer its readers a total of 15 articles. The mainstays are devoted to literacy, continuing the theme we introduced in Issue 2/2020.

4.   PART - SEPTEMBER

The new school year has begun. Summer is still fading into warm sunny days and maybe a nice Indian summer awaits us. However, the return to school is in many ways reminiscent of a winter march through an avalanche-prone area in a heavy snowfall. Except that we are wading through high snow because the demands placed on the quality of education are ever higher. Schools and educational establishments are expected to create the conditions for their pupils to acquire a wide range of knowledge, skills and personal qualities for their future careers.

We work with class and school teams, which are made up of pupils from diverse family and cultural backgrounds. Their assumptions, knowledge base and competences are not the same. At any given moment, the conditions and environment in which the educational process is carried out may change dramatically again. Figuratively speaking, an avalanche of information tasks, obligations and expectations that we should fulfil will hit us. And in this case, as in the case of avalanche danger, the recommendation *"preparation is the key"* is also valid.

This means keeping track of the current situation, knowing the risks and how to avoid them, making sure you have the necessary equipment and fitness. By analogy, this means that the teacher should be prepared to flexibly adapt his/her approach to the preparation, implementation and evaluation of the educational process, along with a greater emphasis on the learner's proactivity and taking responsibility for his/her own learning in the changed conditions. Another useful piece of advice says: *"When hit by an avalanche, even if it is difficult, it is important to remain calm. A simple principle applies. The higher you are, the better chance you have of survival. Therefore, try to "swim" in the avalanche and always be on top of it".*

This does not mean that directors have it easiest. Rather, interpreting this advice in the context of school education encourages keeping perspective and focusing on the essentials. This is especially so when setting educational goals, designing

assignments and learning activities, for example, including for learning in the home environment. It might also be useful to apply the advice *"...it is advisable to hike in larger groups as it increases the chances of someone getting out of an avalanche and calling for help. If you go alone, the risk of someone finding you in an avalanche is very small."* Effective teamwork, mutual learning and cooperation with parents of pupils and children are key not only during the anti-pandemic period. Sharing experiences is an important element of cooperation.

…

The content of this issue of Pedagogical Views has the ambition to address the reader with a selection of current topics and to motivate him/her to a deeper analysis of selected aspects of his/her own educational activity in order to relieve his/her possible professional uncertainty and to increase the level of his/her professional competences in the form of self-education, adequately to the requirements and conditions.

While it is true that theoretical practices advise us how to behave and recommend best practices, there can always be a situation that is specific and catches us by surprise. In such a case, another rule of avalanche behaviour is probably useful: *"Don't shout. It will only exhaust you, you're wasting your already precious oxygen, and no one is likely to hear your voice anyway. Only start shouting when you can hear the rescuers."* Loosely paraphrased for a school setting, "Don't get upset that something caught you off guard, don't blame everyone around you, it will only distract you from the root of the problem. Take your problem to a place where they can help you manage the situation so that it doesn't catch you by surprise next time. The topics, information and ideas in the following articles are also offered as a helping hand, along with our autumn offering of training and professional events.

Foto: Pixabay, zdroj: https://www.interez.sk/ako-prezit-ak-vas-zasiahne-lavina/

Darina Výbohová

Architecture and urbanism - how new concepts can help people make friends

During a project meeting in Bratislava our group visited two interesting places, buildings in Bratislava, which with a **modern concept also contribute to overcoming social separation and contribute to interaction and community building.**

Behavioural Architecture and Urbanism

Psychologists Leon Festinger and Stanley Schachter and sociologist Kurt Back have studied how friendships are formed. It was not surprising to find that physical space is the foundation. The likelihood of friendships forming is based on brief, even passive, contact, for example on the way home, by meeting in a corridor, on the stairs or in an elevator. Simply people, neighbours who meet on a day-to-day basis, tend to become friends sooner or later. They called their discovery the propinquity effect and incidentally the basic research was conducted in the Westgate Apartments on the MIT campus in Massachusetts.

First we visited the GREEN ROOF GARDEN of the recently completed new building of the Mlynské nivy bus station.

The green roof at Nové Nivy could serve as a demonstration of what is possible in urban heights. Playgrounds for children, sports fields, but also a place for barbecues or community vegetable growing. All this is in harmony with the diverse greenery and is unique not only in Slovakia, but also in the Czech Republic. The concept focuses on coming together, community development, being outdoors and living space. Greenery, according to research, eliminates stress, which boosts efficiency at work. In addition to this social and aesthetic function, its contribution in mitigating the negative impacts of climate change is particularly important.

What we found on the green roof of the Nivas:

The rooftop is designed as an active recreation area, with 134 larger trees and dozens of plants on the publicly accessible rooftop. Active athletes will find a 550-metre-long running track, two workout areas, a barbecue area or community garden, as well as a number of benches and rest areas with USB chargers. Families with children can enjoy the unique solar system-themed playground.

The second stop of the project group was in the **SKY PARK BY ZAHA HADID** project area

The Sky Park project attracted the attention of experts and the general public in the preparation phase not only with the renowned name of the architectural design studio, which was Zaha hadid, but also with its impressive concept and generous amount of greenery in the new city park, which will be dominated by a preserved national cultural monument.

PLEASANT URBAN ENVIRONMENT FOR ALL

Around the towers will be a city park with a total area of more than 30 thousand m2, which will make it one of the largest parks in Bratislava, such as Medická or Grasalkovičova zahrada. The new Bratislava park will be really interestingly designed. It will consist of micro-gardens in combination with large green areas and places for sitting, meeting, easily accessible for passers-by. Several small stepped spaces have been created, allowing for example open-air performances directly under the balconies of the residential towers, as it was done during the lock-down period. The dominant feature of the park is a rare industrial artefact Jurkovič's heating plant, which is a tribute to one of the greats of Slovak architecture, Dušan Jurkovič. After complete reconstruction, it provides a unique community atmosphere and public space for social events.

Tribute to the queen of curves in memoriam

Zaha Hadid did not live to see the completion of her work, as she left us prematurely on 31 March 2016, but she will leave a unique memory in our metropolis. Zaha was undoubtedly one of the most influential women of the 21st century. Typical of her work, she played with curves and geometric shapes in her futuristic objects that defy conventional ideas of buildings.
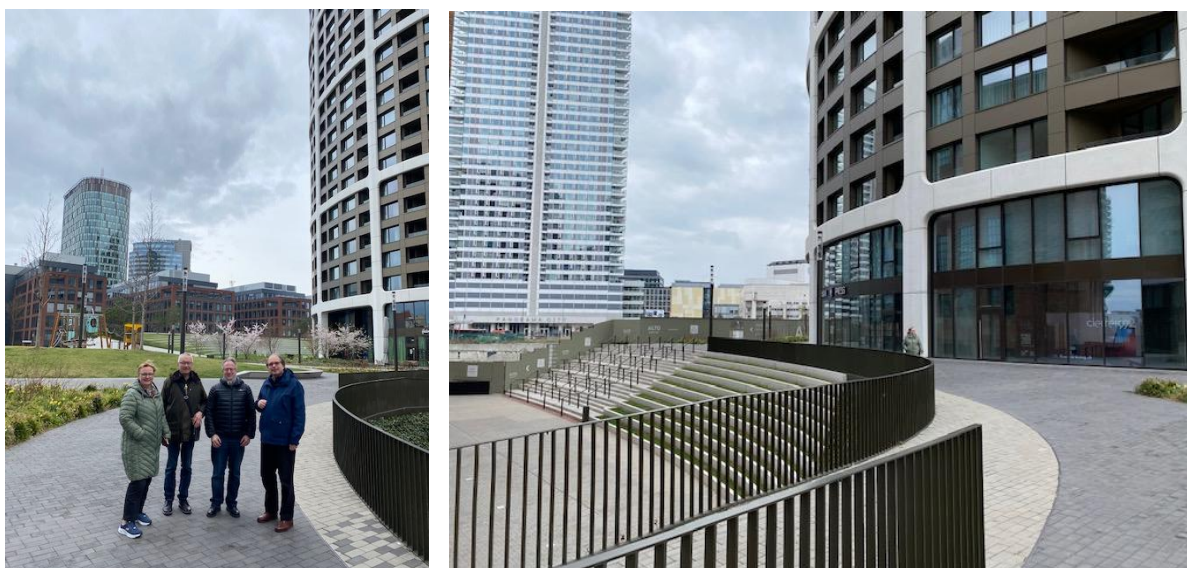
During her lifetime, she was responsible for major projects such as the Italian National Museum of 21st Century Art in Rome, the Olympic Swimming Stadium in London, the Rosenthal Center for Contemporary Art in Cincinnati, USA, and the Guangzhou Opera House in China. But it has also had a profound impact on the world of design and fashion. She has collaborated with names such as Nadja Swarovski, Donna Karan and Karl Lagerfeld, who called her the "Coco Chanel" of the 21st century.

References

Office Now 4: Socializácia mení prostredie. Kancelária slúži na spoločenské stretnutia - TOP TRENDY Sky Park od Zahy Hadid – svetová architektúra v centre Bratislavy | Novostavby.sk

Komplex Nivy osviežuje zelená strecha s outdoor aktivitami (trend.sk)

Zelená strecha na streche Nív, uprostred Bratislavy | Nivy Expert Branislav Siklienka o zelených strechách: Ochladzujú mestá, zadržiavajú vodu a výrazne zmierňujú dôsledky klimatickej zmeny - (novenivy.sk)

Zanda Manfelde, Ilze Brūna, Ieva Jansone
Social exclusion of blind persons during the Covid-19 pandemic in Liepāja

Introduction

The COVID-19 pandemic, which began at the end of 2019 and continued on an ever-widening scale around the world, has caused profound changes in public life. The spread of this virus has affected all aspects of life - health care, economy, social interaction and emotional well-being (Villeruša, 2020). Unwanted social exclusion and injustice have widened during the pandemic. The restrictive measures and the inability to carry out daily activities have affected various population groups, including people with disabilities, the poor and people from less privileged communities. Thus, the pandemic has increased social inequality and revealed existing systemic problems (Oborenko, 2022).

Blindness is a condition in which individuals have no or significantly reduced visual function. This can affect an individual's ability to perceive visual information and perform daily activities that rely on vision. Because of this physical limitation, blind persons often face many challenges that affect their daily life and social participation (Saldābola, 2014).

One of the most significant problems faced by blind people is social exclusion. Social exclusion refers to a situation where individuals or groups are excluded from society or limited in their opportunities to participate in social life. It can manifest itself in different ways in relation to blindness (Dobelniece, 2022).

Research object: social integration of blind people.

Research topic: marginalization and social isolation experienced by blind people during the Covid-19 pandemic.

Research objective: to investigate the exclusion and social isolation of blind persons during the Covid-19 pandemic, focusing on their impact on their quality of life and well-being.

Research hypothesis: During the Covid-19 pandemic, blind people did not face increased exclusion and social isolation, which did not negatively affect their emotional well-being, social communication and quality of life, it was confirmed.

Research tasks:

1. To explore theoretical sources of scientific literature on the concept of exclusion of blind people, the concept of Covid-19, studies on how the Covid-19 pandemic affected exclusion in different groups of society.

2. Develop a research methodology that includes an interview with a blind person to obtain information about their experiences, limitations, social integration and emotional well-being during the Covid-19 pandemic.

3. Analyze and interpret data, perform qualitative data analysis in order to evaluate the experience and exclusion of blind people during the pandemic. Identify the main factors contributing to exclusion, as well as their impact on their social integration and emotional state.

4. Collect and analyze the data obtained in the study, perform data processing, draw conclusions.

Research base: Society of the Blind in Liepāja.

Research participant: Māris Ceirulis, Chairman of the Board of the Liepāja Society for the Blind.

Theoretical basis of the research: SS Senjana, V. Rogas- Vailzas, I. Ozolas, E. Apines, M. Gori, S. Dobelnieces, K. Druvaskalnas etc. authors' theoretical insights.

Research methods:

1. Theoretical research methods – research and analysis of scientific literature.

2. Empirical research methods – interview, analysis of scientific literature, compilation of results, data analysis and interpretation.

1. Public attitudes and stereotypes about blind people

Blindness is a condition in which a person's eyes are unable to perceive visual information or distinguish objects in the environment. Blindness can be caused by a variety of factors, including eye disease, trauma, heredity, or other health problems. Blindness can be complete, when a person does not perceive any

visual information, or partial, when a person is able to perceive some objects or light signals (Bļugers, 1984).

Visually impaired people are people who were once sighted but have lost their sight for various reasons, such as eye disease, trauma, or other factors. Loss of vision can be complete or partial, depending on the cause and conditions that cause it (Bļugers, 1984).

Society's attitudes and stereotypes about blind people are a complex and sometimes controversial topic. Although there are many who treat blind people with respect and understanding, there are also people who are influenced by stereotypes accepted by society, as a result of which blind people face discrimination and limited opportunities (Babik & Gardner, 2021).

One of the common stereotypes about blind people is that they are completely dependent on others and cannot be independent. This stereotype is misleading because the blind man's lack of sight did not affect his ability to be independent or successful. Although blind people are dependent on their fellow humans, many of them have developed their skills to the point of self-sufficiency. Most blind people learn to adapt and develop alternative skills, such as using special techniques and technology, to help them overcome everyday challenges (Blindness, Myths and Facts, (n.d.).

Another common stereotype is that blind people are weaker or less able to perform various activities or work in certain professions. In fact, blindness in itself does not limit a person's abilities or skills. Blind people are able to successfully work, study, take care of themselves and contribute in various industries and professions. Although they may need additional access to information or adjustments in the work environment, this does not affect their potential or skills (Fraser, Beeman, Southall & Wittich, 2019).

Society's attitude towards blind people can depend on the level of education, culture and experience. Sometimes it stems from a lack of understanding and ignorance of the causes and effects of blindness. It is important to educate society about blindness, promote empathy and understanding that blindness is not an obstacle to a full life or cooperation (Silverman, 2017).

In order to change these stereotypes and improve the attitude towards blind people, it is necessary to carry out a wide dissemination of information, and to give more opportunities to blind people to participate in various social

activities, to get education, thereby promoting employment. Public support is also essential to promote equal opportunities and prevent discrimination, which could affect the quality of life and well-being of blind people (Misāne, 2017).

The main goal is to create an inclusive society where blind people are respected and involved in all areas of life, where they are provided with adequate opportunities and resources to realize their potential and participate in public life without restrictions or discrimination.

1.1   Society's attitude towards blind people is affected by Covid-19

Social exclusion and distancing are related but distinct concepts that describe people's withdrawal from society. Social exclusion is social isolation or rejection that leads to loneliness and feelings of worthlessness. Distancing is purposeful provision of physical distance to prevent the spread of diseases (Dobelniece, 2022).

The Covid-19 pandemic has affected society's attitude towards blindness, sometimes promoting positive changes, but also creating new problems and challenges.

The pandemic and the restrictions that come with it have brought about changes in people's daily lives and interactions. Blind people often rely on relatives, friends or community support to carry out their daily activities. Restrictive measures such as isolation significantly affected their daily peer support, which created additional difficulties and inequalities (Covid-19 containment measures, 2023).

In addition, the introduction of remote learning and working arrangements during the pandemic created an even wider gap between society and blind people. Employers often did not support the possibility of adapting the work environment for remote work due to the provision of necessary assistive devices for blind people (Latisheva, 2021).

It is important to address this issue and ensure that an adequate support system for blind people is maintained in the event of a repeat pandemic. This includes access to information, health care, social support, education, as well as adapted work opportunities that would help maintain contact with the surrounding community. Also, various information campaigns about blind people and their needs can help reduce stereotypes in society and increase awareness of blindness (Parker, & Alfaro, 2021).

In general, the Covid-19 pandemic has created both positive and negative public attitudes towards blindness. In order to promote public awareness of blindness, it is necessary to continue public education to prevent inequality, discrimination, and create empathy for blindness and its challenges.

1.2 Stereotypes and perceptions of blindness under the influence of Covid-19

Blindness has been highlighted, which can be both positive and negative, and reflect different perceptions and understanding of society. Some of the positive perceptions accepted in society include a respectful attitude towards blindness. For example, blind people may be greatly appreciated by society for their ability to adapt and show perseverance in the face of change and adversity. There is also admiration for their ability to use alternative methods and technology to help them overcome challenges. These positive perceptions promote public support and understanding of the lives of blind people (Stevens, 2003).

However, the majority are negative stereotypes and perceptions that cause problems and promote discrimination in society. Most people believe that blindness is a sign of failure and a manifestation of human limitations. Such perceptions and stereotypes in society only lead to a lack of compassion and contribute to the marginalization of blind people. For example, one of the most characteristic stereotypes accepted in society is that blind people are completely dependent on the help of other people. Such stereotypes create barriers and reluctance to participate in public life among blind people (Ulldemolins, Lansingh, Valencia, Carter & Eckert, 2012).

In addition, the pandemic and related restrictions affected access to support resources and assistance for blind people, resulting in excessive reticence or isolation among blind people. There was also a prevailing perception in society that blind people were more at risk and less protected against the spread of the virus. In addition, the support system introduced during the pandemic was not accessible or adapted to blind people, causing them additional difficulties and inequality in society (Gori, Bertonati, Mazzoni, Freddi, Amadeo, 2022).

By using the information provided to the community and improving the support system, we can develop understanding and respect that would eventually create a more accepting, supportive society.

Negative perceptions and stereotypes about blind people accepted in society during the pandemic had a strong impact on this group of society and created unnecessary restrictions for them, as well as reinforced the already existing exclusion in society.

Another common stereotype is that blind people do not feel changes in their environment. This stereotype is based on the assumption that blind people do not matter in the changes of the surrounding environment, they do not feel social distancing or other restrictions anyway. However, this is a very wrong idea because due to blindness, people, like the rest of society, experience changes in their daily lives and are exposed to the risk associated with the spread of a pandemic (Gori, et al., 2022).

Another common stereotype is that blind people are intellectually limited. This is a completely unfounded stereotype, because blindness does not refer to a lack of cognitive abilities. Blindness does not affect a person - they are still able to actively participate in various social events, function in the work environment, and receive education. During the pandemic, it would have been important to avoid such stereotypes to ensure that people with blindness are considered as full participants in society (Gori, Bertonati, Mazzoni, Freddi, Amadeo 2022).

Stereotypes and perceptions of blindness during the pandemic created unnecessary barriers and contributed to the social exclusion of blind people. It would be important to provide information about the restrictions of the pandemic to blind persons, as well as to provide appropriate support so that they can fully participate in public life.

2.   Covid-19: definition and characteristics

On December 31, 2019, an outbreak of pneumonia caused by an unknown infection was identified in the city of Wuhan, China. On January 7, 2020, the cause of the pneumonia outbreak was identified - a new coronavirus that originated from bats, overcoming the species barrier and gaining the ability to spread between people. Later, the disease caused by the new coronavirus was named Covid-19. Within a month, the Covid-19 epidemic spread to other parts of China and cases were reported in several countries around the world. On January 30, 2020, the World Health Organization announced that the outbreak of Covid-19 is an international public health emergency (Druvaskalns, 2020).

Covid-19, or coronavirus disease 2019, is an acute viral infection caused by the subtle coronavirus SARS-CoV-2. It is one of the major public health threats that has spread worldwide, causing health problems and death in many countries (SPKC, 2022).

Covid-19 has had a huge impact on society. Health care systems were overwhelmed and the number of deaths from the disease increased worldwide. Various restrictive measures, such as social distancing, travel restrictions and country closures, were put in place to reduce the spread of the virus (SPKC, 2022).

Vaccination has become an essential tool in the fight against the pandemic. Various vaccines have been developed and widely distributed around the world to provide protection against the virus and reduce the severity of the disease (Kīvīte-Urtāne, 2021).

The Covid-19 pandemic has also had economic consequences, leading to job losses, business closures and economic instability. In addition, it has affected social life, travel restrictions and caused many people an emotional burden due to isolation (Covid-19 impact on the economy: €100 billion support to save jobs, 2020).

Generally speaking, the Covid-19 pandemic has caused dramatic changes in everyday life and emphasized the need for mutual solidarity, observance of precautionary measures and scientific research development in order to reduce the impact of the disease and restore normal life (Roga - Vailza, Ozola, Apine, 2021).

Key aspects that characterize Covid-19:

1.   At-risk groups: The elderly and people with chronic health problems, such as heart disease, diabetes or lung disease, are at greater risk of developing a more severe form of Covid-19, or even dying from it. However, the virus can also affect young and healthy people;

2.   Symptoms: The most common symptoms are fever, cough and shortness of breath. Other signs - fatigue, muscle pain, headache, cold, sore throat, loss of smell or taste. Symptoms can be mild or severe, depending on the patient's age and existing health problems;

3.   Course of illness: Most people who contract Covid-19 have mild to moderate symptoms that resemble the flu or a cold. However, patients,

especially seniors with pre-existing health problems, can develop a more severe form of the disease, which includes pneumonia and can even lead to death;

4. Transmission: SARS-CoV-2 spreads from person to person primarily through the respiratory tract, through contact with an infected person or contact with infected surfaces. Its spread is rapid;

5. Restrictive measures: To reduce the spread of the virus, countries have implemented various restrictive measures, such as social distancing, travel restrictions, leaving residence without reason, wearing masks and hand hygiene. These measures have helped to limit the spread of the virus in many countries;

6. Vaccination: Vaccination has proven to be an effective tool in the fight against Covid-19. Various vaccines have been developed and used around the world to reduce the symptoms caused by the disease and reduce its spread. Vaccination is recommended for all who can, it helps to protect both the individual and society as a whole;

7. Impact on society: Covid-19 has had a wide impact on society. It has led to overburdened healthcare systems, economic crisis, job losses and social isolation. It has also highlighted the need for global cooperation and improved preparation for possible future pandemics (Information on Covid-19, 2023).

In summary, Covid-19 is a severe viral infection that has caused a worldwide pandemic. To limit its spread, it is important to follow preventive measures and get vaccinated. Covid-19 is a serious public health threat that requires universal responsibility and mutual support to mitigate its effects and achieve a global recovery.

3. Promotion of social integration of blind persons

Promoting social integration is a broad and important concept that refers to the process by which people from different social groups and with different life experiences are brought together and involved in community life, creating mutual connections, respect and understanding. This topic is extremely relevant in today's society, where globalization, migration and various social, economic and political processes create new challenges and opportunities for social integration (Roga, Vailza, Ozola, Apine, 2021).

Promoting social inclusion is an important means of ensuring equality, justice and opportunities for all individuals, regardless of their social origin, ethnicity, gender, religious beliefs or physical or mental abilities. It aims to create a society in which individuals can fully participate, be active participants and feel accepted (Rawal, 2008).

Promoting social integration starts with understanding and respecting diversity. It includes education and information about different cultures, religions and ways of life, promoting awareness and eliminating stereotypes. This can be achieved through both education and mass media participation.

In addition, the promotion of social integration also includes employment equality. This means that equal opportunities in education, labor market and career development must be ensured for all individuals, regardless of their social situation or place of residence. This may require appropriate policy measures, such as employment programs, training and the provision of social services (Rawal, 2008).

Promoting social inclusion also includes human rights, security and social justice. Its purpose is to prevent discrimination and inequality in society by promoting equal opportunities and rights for all individuals. Society's understanding of equality and justice may require legal regulation (Howard, 1995).

Promoting social integration is a complex and multifaceted process that requires both individual and collective efforts. As a result, society becomes more diverse, but at the same time stronger and richer in opportunities. It promotes both individual and community development, creating an open, inclusive and respectful society (Howard, 1995).

Promoting the social integration of blind people is an essential aspect of modern society, where it is important to ensure equal opportunities for all, regardless of their physical or mental abilities. Blindness is a condition that creates challenges for a person in everyday life, however, with appropriate support and resources, blind people can actively participate in public life, improving their personality and engaging in various social activities (Senjam, 2020).

Promoting social integration of blind people includes several aspects. First, it is essential to ensure access to education and training. This means that there must be specially adapted curricula that take into account the needs of blind

people. Also, available materials and technologies that provide support in the learning process should be provided. In addition, it is important to promote the availability of information by providing information dissemination methods such as Braille, audio and computer aids (Senjam, 2020).

The second important aspect is informing the public and promoting awareness about blindness. This includes education about the causes of blindness and limitations of abilities, thus not contributing to the formation of stereotypes and negative assumptions in society (Khan, Abbas & Khan, 2023).

Third, accessibility of the environment is essential for blind people to move freely and participate in social activities. This means that public places such as streets, public transport, shopping malls and cultural institutions should provide suitable signage, tactile guides, barriers and other adaptations that facilitate the movement of blind people (Khan, Abbas, Khan, 2023).

Promoting the social integration of blind persons requires mutual cooperation with representatives of various sectors, such as educational institutions, social care services, employers and public institutions. In addition, involvement is also required on the part of blind people themselves, such as membership of associations, organizations and support groups that provide joint activities and mutual support.

3.1 The role of blind support organizations during the Covid-19 pandemic

Blind people's support organizations made a significant contribution during the pandemic by providing help, support and resources to this specific group of society. Given the limitations of blindness or visual impairment, these organizations have been necessary to ensure their needs and well-being (Senjam, 2020).

One of the main tasks of such organizations during the pandemic was to provide practical help and resources. Due to isolation, this included delivery services to provide food, medicine and essential hygiene items to blind individuals. Organizations also provided information and resources on safety measures related to the pandemic to help blind people stay healthy and safe (Senjam, 2020).

In addition, another important task of organizations was to provide emotional support to blind persons. The pandemic and isolation measures caused psychological stress and feelings of isolation. In this context, organizations

provided emotional support by offering telephone or online counseling, remote group discussions or emotional support sessions. It helped blind people to maintain communication, understand their emotions and get the necessary support (Senjam, 2020).

The blind also played a role in providing information and education. They provided updated information on the spread of Covid-19, safety measures and specific needs. They also included education on how to comply with health restrictions - remote work, social distancing and hygiene requirements (Khan, Abbas, Khan, 2023).

The organizations played an important role in promoting access to digital technologies and tools to support blind people. Although the pandemic created many restrictions, digital technology became an essential tool in communication, doing work and receiving services. Organizations provided assistance to blind people by providing digital training, technical support, and customized programs or devices that enabled them to be active participants in the digital environment (Khan, Abbas, Khan, 2023).

In general, support organizations for blind people were essential during the pandemic. The activities of organizations were very important to ensure the needs of blind people, reduce social exclusion and promote their well-being during and after the pandemic (Khan, Abbas, Khan, 2023).

3.2 The role of community support for blind people during the Covid-19 pandemic

The pandemic that hit the countries of the world created significant challenges for everyone, but certainly one of the most vulnerable groups is blind people. During the difficult time of the pandemic, community support became an integral role in helping blind people survive and adapt to the limitations of the pandemic (Senjam, 2020).

Some examples of community support. Please note that these examples are general and may vary depending on the country or region where support is provided:

1. Volunteers: provided support to blind people even during the pandemic. Although Covid-19 restrictions and social distancing rules limited face-to-face contact, many volunteers organized assistance remotely or carried out safe activities to help blind people cope with the challenges of the

pandemic;

2. Family members, friends and neighbors: were able to support by offering their help, providing emotional and physical support to relatives and neighbors who lost their sight during the pandemic. They helped with shopping, food delivery, visits to doctors and specialists or simply providing social contact and communication;

3. Local businesses: A small number of local businesses provided support by offering special services or offers to blind people. For example, cafes and grocery stores organized special ordering and delivery services to provide basic meals and necessary food products;

4. Teachers and educational institutions: adapted the teaching process to support blind pupils or students. This included the provision of tailored learning materials, individual support and technical assistance to ensure equal educational opportunity;

5. Medics: Provided essential assistance to blind individuals by providing health care, testing and vaccination for Covid-19. Their activities focused on accessible, high-quality and safe health care for blind people;

6. Social workers and psychologists: offered psychological support, counseling and support to blind people (Senjam, 2020).

In general, both individually and organized, various groups and professionals did essential work to support blind people during the pandemic, providing them with the help they needed and alleviating the difficulties they faced. Such an example of showing solidarity and cooperation is very important and motivating.

4. Interview

The aim of the empirical study: to investigate the marginalization and social isolation of blind persons during the Covid-19 pandemic in Liepāja, focusing on their impact on their quality of life and well-being.

The tasks of the empirical study:

1. To explore theoretical sources of scientific literature on the concept of exclusion of blind people, the concept of Covid-19, studies on how the Covid-19 pandemic affected exclusion in different groups of society.

2. Develop a research methodology that includes interviewing a blind person to obtain information about their experiences, limitations, social integration and emotional well-being during the Covid-19 pandemic.

3. Analyze the obtained data, perform qualitative data analysis to evaluate the experience and exclusion of blind people during the pandemic. Identify the main factors contributing to exclusion, as well as their impact on their social integration and emotional state.

Time of empirical research:

From this year From May 25 to June 8, interview data obtained and analyzed during the research were collected.

Empirical research methods:

1. Theoretical research methods – research and analysis of scientific literature.

2. Empirical research methods – interview, analysis of scientific literature, compilation of interview results, data analysis.

Empirical research base: Liepāja Society for the Blind.

Participant of the empirical study: Māris Ceirulis, Chairman of the Board of the Blind Society of Liepāja.

4.1 Description of the empirical study

Date: June 25, 2023.

Time: 11:00 am.

City: Liepaja.

Place: Society of the Blind in Liepāja.

Address: Ganību street 197/205.

Interviewee: Māris Ceirulis, chairman of the board of Liepāja Blind Association.

Interviewers: Zanda Manfelde , Ilze Brūna, Ieva Jansone.

The research was conducted on an unstructured (open), personal and individual interview with the interviewee.

The interview is based on and is based on three main questions, which provide an

opportunity for the Chairman of the Board of the Blind Society of Liepāja, Māris

Ceirulis, to tell his opinion about the social exclusion and isolation of blind people

during the Covid-19 pandemic in Liepāja, without creating any restrictions and obstacles for him, as well as the prescribed interview during the period of time to

create the free structure of the interview.

Question no. 1

Interviewers: How did blind people experience social exclusion and isolation during the COVD-19 pandemic in Liepāja?

Maris Ceirulis: *The pandemic was a difficult time for everyone, a confusing time for everyone. The blind persons divided into two fronts, those who tried to perceive everything with logic and calmness and the other part who were overcome by panic. The influence of mass media (TV, radio, internet) created a kind of chaos, especially since many were scared with various punishments and sanctions (dismissal, fines) and it created even more anxiety among people. People had a choice and everyone chooses, there were those who stubbornly resisted the pressure created by the society and those who protected themselves and their loved ones and were guided by the standards set and adopted by the state. I myself chose this time of the pandemic to continue working, I felt that people needed support and I provided it. Happened interpersonally communication both closely and remotely. Many conversations took place over the phone and much was discussed and prayed in the church (Christian Mission of Soul Care), which is also located in the same building. I believe that the social exclusion of a blind person was felt less strongly, because the daily life of a blind person is based on a kind of social isolation and stereotypes. Blind people are more adaptable to change.*

Question no. 2

Interviewers: What support was provided to blind persons during the Covid-19 pandemic in Liepāja?

Maris Ceirulis: *If we talk about support, then I cannot please you. Not much support was given. NVA provided financial support for the purchase of disinfectants and face masks for each employee, a total of 7 official employees of the association were purchased. I myself maintained continuous contact with the municipality (Social Services and Liepāja City Council), which also allowed me to support the blind persons and not only until the last moment, as well as my parishioners and colleagues and clients in the "Garden of Soul Refreshment".*

I must admit that I used masks and disinfectants very rarely during this period, especially masks. I was guided more by the situation and I can say that the regulations of the Minister's cabinet (Epidemiological safety measures to limit the spread of the Covid-19 infection) also provided that in certain cases and situations persons with certain diagnoses and the disabilities could not wear masks, especially since in this case blind persons have difficulty moving in society and we do not always know or will be informed about the existing place and space. There were persons who very insistently emphasized and used the use of these protective means and there were persons who used them only in very necessary cases. Although public places (shops, schools, etc.) were not adapted for blind people and everyone had to make do as a teacher.

It must be said that a lot of support was provided by the public, in which voluntary companions and assistants were brought up to date, although municipal and state social services and regulations provide for companions and assistants for blind persons (Rules on assistant, companion and care services for persons with disabilities), many people came to the rescue from the outside. Neighbors, friends, work colleagues. The pandemic took a lot from people, but it also gave something in return. Peer support. People were protected and this reduced stereotypes and allowed for interpersonal interaction.

I can also mention the participation of the church as one of the most important supports. It was an important and integral part of my and other people's daily life. It strengthened and gave me motivation to move forward.

Question no. 3

Interviewers: How did social exclusion and isolation affect blind people during the post-pandemic period?

Maris Ceirulis: *Now that the pandemic has subsided, everything can be judged from the outside, people are starting to return to their usual rhythm. There are still people in our society who are cautious and feel the post-pandemic consequences, but I must say that the blind people I meet day by day have adapted faster than people without visual impairment. I think it is related to the fact that each of our days is related to adaptation and a kind of social exclusion and isolation to which we have to adapt. Some more and others less. I will say that the impact on social exclusion and isolation during the post-pandemic period is not very noticeable. There are people who lost their jobs during the pandemic, but most have either found other jobs or created other sources of income. I myself lost one of my jobs of 20 years just because I refused to get vaccinated, but God had other plans for me and I trust that.*

4.2 Research results

The results obtained during the research were collected and data analysis was carried out. Based on an unstructured (open), personal and individual interview with the interviewee, we can be guided by the answers to the three questions, which allowed us to evaluate and confirm the proposed research hypothesis. Māris Ceirulis, chairman of the board of Liepāja Blind Society, as an interviewee, could evaluate the social exclusion and isolation of blind persons as the chairman of this society, who has contact with both blind persons and their families and fellow human beings.

The first question evaluated the feelings of blind people during the Covid-19 pandemic in Liepāja, where it can be concluded that blind people, depending on the influence of society, were divided into two groups - those who felt disturbed, isolated and rejected by the chaos, as well as those who were able to adapt and be rational. The media both alarmed and informed blind people. The choice had to be made individually for each person. According to Māras Ceirulis, blind people adapted more easily to the changes that affected the world health and welfare system, this is because blind people adapt every day, breaking stereotypes and overcoming social exclusion and isolation in their own way.

The second question brought up the types of support for blind persons during the Covid-19 pandemic in Liepāja. Financial support was provided for the purchase of disinfectants and face masks sponsored by the NVA and the calculation was based on the number of employees. Cooperation and communication between the municipality and the Society of the Blind of Liepāja took place mostly remotely. No additional aids were issued for blind persons, which would have been desirable (booklets in braille, helpline, other technical services). Also, public places were not adapted for blind persons, so that persons could disinfect their hands and use face masks according to the epidemiological safety requirements. There was a lot of support from the public on the issue of companions and assistants, where people were much more supportive of blind people. Friends, colleagues and other volunteers helped to provide not only moral support, but also help with daily activities such as visits to shops, banks, pharmacies and other types of activities. It brought people closer together and prevented not only blind persons, but also persons without visual impairments from becoming socially excluded and from seeking comfort in isolation. The support and prayers of the church, which gave comfort and support to many people during the pandemic, should also be mentioned as an important point of the interview. People turned to faith and spiritual values.

The third question focused on social exclusion and isolation in the post-pandemic period for blind persons. It can be concluded that Māris Ceirulis, as the Chairman of the Board of the Liepāja Association of the Blind, has observed that blind persons are more resistant, especially that blind persons have to experience social exclusion and isolation much more often than people who do not have visual impairments, which are unfortunately based on stereotypes and prejudices. Although the time of the pandemic affected blind persons both financially and socially (job loss, death, etc.), blind persons were able to adapt much more successfully back to public and social life.

4.2.1. Other studies

In several parts of the world, research was conducted on the social exclusion of blind people during the Covid-19 pandemic. In May 2020 in the United Kingdom, the Royal National Institute for the Blind (Royal National Institute of Blind People) conducted the following study

(How the lockdown is affecting blind and partially sighted people), who emphasized that social distancing is almost impossible for many blind and

partially sighted people. Due to the poor awareness and poor adaptation of public places to deaf persons during the Covid-19 pandemic, many people felt social exclusion and isolated themselves from society (Gori, Bertonati, Mazzoni, Freddi & Amadeo, 2022).

Also in Italy, a study (The impact of COVID-19 on the everyday life of blind and sighted individuals) conducted by the Italian Institute of Technology (Italian Institute of Technology) on the impact of the Covid-19 pandemic on the daily lives of blind and sighted people, the results showed that changes in habits and isolation during the period of the Covid-19 pandemic had different effects on sighted and blind people and that tailored interventions are needed to help blind people in their daily activities (RNIB, 2020).

In Germany, the Institute of Anthropomatics and Robotics, the Karlsruhe Institute of Technology and the Visually Impaired Training Center (Institute for Anthropomatics and Robotics, Karlsruhe Institute of Technology and Study Centre for the Visually Impaired) conducted research (Helping the Blind to Get through COVID-19: Social Distancing Assistant Using Real-Time Semantic Segmentation on RGB-D Video), which helped to adapt and overcome social exclusion for blind persons during the Covid-19 pandemic using the latest technology as an assistant (glasses system with an RGB-D camera that combines stereo matching and pattern projection for dense depth assessment). The research resulted in positive feedback from blind people (Martinez, Yang, Constantinescu, Stiefelhagen, 2020).

In Hungary, Faculty of Special Education, Eotvos Department of Education and Rehabilitation of Lorand University - For persons with visual impairments (Faculty of Special Needs Education, Department of Education and Rehabilitation of Individual With Visual Impairment, Eotvos Lorand University) conducted a study on social exclusion and measures that affected the daily life of blind and partially sighted persons during the Covid-19 pandemic in Hungary (Experiences of individual with blindness or visual impairment during the COVID-19 pandemic lockdown in Hungary). The answers and results provided by the respondents indicated the negative impact of the Covid-19 pandemic both in terms of purchasing essential goods and access to remote studies and work (Gombas, Csakvari, 2021).

Conclusions

1. Blindness does not limit people's abilities, but stereotypes and societal attitudes can create limitations.

2. Covid-19 has caused a global pandemic, causing severe health problems, economic instability and social isolation. To limit its spread and mitigate the consequences, it is essential to follow preventive measures and get vaccinated, ensuring global responsibility and mutual support for all countries.

3. Promoting the social integration of blind people requires the involvement of support organizations and society. During the Covid-19 period, the support of support organizations and society has significantly contributed to the inclusion of blind people. Shared support is a crucial factor for integration and prosperity.

4. During the Covid-19 pandemic, blind people in Liepāja were divided into two groups. The first, which succumbed to public and media pressure, and the second, which perceived the existing situation rationally.

5. The possibility of support for blind persons from the municipality was small, but the support and help of fellow citizens, the Liepāja Blind Society and the parish was greater and left a positive, noticeable impression on the lives of blind persons.

6. Blind people adapted faster during the post-pandemic period than people without visual impairment, because the everyday life of blind people is based on inclusion and adaptation, as well as on overcoming stereotypes and prejudices.

7. The research hypothesis that during the Covid-19 pandemic blind persons did not face increased exclusion and social isolation, which did not negatively affect their emotional well-being, social communication and quality of life, was confirmed.

References

1. Babik, I., & Gardner, E. S. (2021). *Factors Affecting the Perception of Disability: A Developmental Perspective.* Pieejams: https://www.frontiersin.org/articles/10.3389/fpsyg.2021.702166/full

2. *Blindness Myths and Facts*. (2022). Pieejams https://www.cnib.ca/en/sight-loss-info/blindness/blindness-myths-and-facts?region=on

3. Bļugers, A. (1984). *Populārā medicīnas enciklopēdija*. Rīga: Galvenā enciklopēdiju redakcija.

4. *Covid-19 ietekme uz ekonomiku: 100 miljardu eiro atbalsts darba vietu saglabāšanai.* (2020) Pieejams:https://www.europarl.europa.eu/news/lv/headlines/society/20200416STO77205/covi

5. Eiropas Parlaments.(2020). *Covid-19 ietekme uz ekonomiku: 100 miljardu eiro atbalsts darba vietu saglabāšanai.* Pieejams: https://www.europarl.europa.eu/news/lv/headlines/society/20200416STO77205/covid-19-ietekme-uz-ekonomiku-100-miljardi-eiro-darba-vietu-saglabasanai

6. Covid-19. *Covid-19 izplatības ierobežošanas pasākumi*. (2023). Pieejams https://covid19.gov.lv/atbalsts-sabiedribai/ka-drosi-rikoties/covid-19-izplatibas-ierobezosanas-pasakumi

7. Dobelniece, S. (2022). *Sociālā atstumtība*. Pieejams https://enciklopedija.lv/skirklis/2650

8. Druvaskalns, K. (2020). *COVID-19 definīcija un raksturojums*. Pieejams https://www.vugd.gov.lv/sites/vugd/files/kvpsinf_300320_lv_covid-19_final1.pdf

9. Fraser, S., Beeman, I., Southall, K., Wittich, W. (2019). *Stereotyping as a barrier to the social participation of older adults with low vision: a qualitative focus group study.* Pieejams: https://bmjopen.bmj.com/content/9/9/e029940

10. Gombaz,J.,Csakvari,J. (2021). *Experiences of individuals with blindness or visual impairment during the COVID-19 pandemic lockdown in Hungary.* Pieejams: https://journals.sagepub.com/doi/full/10.1177/0264619621990695

11. Gori, M., Bertonati, G., Mazzoni, E., Freddi, E., Amadeo, M. B. (2022). *The impact of COVID-19 on the everyday life of blind and sighted individuals.* Pieejams: https://www.frontiersin.org/articles/10.3389/fpsyg.2022.897098/full

12. Howard, R. E. (1995). *Human Rights and the Search for Community*. Pieejams: https://journals.sagepub.com/doi/10.1177/0022343395032001001

13. Labklājības ministrija. *Informācija par Covid-19*. (2023). Pieejams: https://www.lm.gov.lv/lv/informacija-par-covid-19

14. Khan, H. M., Abbas, K., Khan, H. N. (2023). *Investigating the impact of COVID-19 on individuals with visual impairment.* Pieejams: https://journals.sagepub.com/doi/full/10.1177/02646196231158919

15. Ķīvīte-Urtāne, A. (2021). *Aktuālākie pētījumi par vakcināciju pret COVID-19, slimības gaitu, ārstēšanu un pacientu rehabilitāciju*. Pieejams: https://www.vmnvd.gov.lv/lv/media/13588/download

16. Latiševa, M. (2021). *Pandēmija ļauj vairāk strādāt no mājām, bet ne cilvēkiem ar

īpašām vajadzībām. Pieejams: https://www.lsm.lv/raksts/zinas/latvija/pandemija-lauj-vairak-stradat-no-majam-bet-ne-cilvekiem-ar-ipasam-vajadzibam.a422686/

17. Liepājas Neredzīgo biedrība. (2019). *Noslēdzas sociālās iekļaušanas projekts.* Pieejams: https://www.redzigaismu.lv/lv/lasitvairak/nosledzas-socialas-ieklausanas-projekts

18. Martinez, M., Young, K., Constantinescu,A., Stiefelhagen,R. (2020). *Helping the Blind to Get through COVID-19: Social Distancing Assistant Using Real-Time Semantic Segmentation on RGB-D Video.* Pieejams: https://www.mdpi.com/1424-8220/20/18/5202

19. Ministra kabineta noteikumi. (2021). *Epidemioloģiskās drošības pasākumi Covid-19 infekcijas izplatības ierobežošanai.*Pieejams: https://likumi.lv/ta/id/326513-epidemiologiskas-drosibas-pasakumi-covid-19-infekcijas-izplatibas-ierobezosanai

20. Ministra kabineta noteikumi.(2021.) *Noteikumi par asistenta, pavadoņa un aprūpes pakalpojumu personām ar invaliditāti.* Pieejams: https://likumi.lv/ta/id/323301-noteikumi-par-asistenta-pavadona-un-aprupes-pakalpojumu-personam-ar-invaliditati

21. Misāne, G. (2017). *Sabiedrības izpratnes un informētības paaugstināšanas pasākumu stratēģija pretdiskriminācijas un dažādības veicināšanai.* Pieejams: https://www.sif.gov.lv/lv/media/112/download

22. Oborenko, Z. (2022). *Cilvēku ar invaliditāti nodarbinātību ietekmējošo faktoru analīze Latvijā.* Pieejams: https://llufb.llu.lv/dissertation-summary/labour-employment/Zaiga_Oborenko_prom_darba_kopsavilkums2022_LLU_ESAF.pdf

23. Parker, M., Alfaro, P. (2021). *Education during the Covid-19 pandemic: access, inclusion and psychosocial support.* Pieejams: https://www.cepal.org/sites/default/files/events/files/education_during_the_covid-19_pandemic.pdf

24. Rawal, N. (2008). *Social inclusion and exclusion: A review.* Pieejams: https://www.nepjol.info/index.php/DSAJ/article/view/1362

25. Roga-Vailza, V., Ozola, I., Apine, E. (Red.). (2021). *Sociālais darbs ar gadījumu. Teorija praksē.* Rīga: Latvijas Republikas Labklājības ministrija.

26. Royal National Institute of Blind People.(2020). *How the lockdown is affecting blind and partially sighted people.* Pieejams: https://www.rnib.org.uk/living-with-sight-loss/independent-living/the-effect-of-lockdown-and-social-distancing/

27. Saldābola, S. (2014). *Muzeju vērtību pieejamība neredzīgajiem un vājredzīgajiem latvijas nacionālajā mākslas muzejā.* Pieejams: https://academia.lndb.lv/ftp/134/saldbola_sintija_20091911.pdf

28. Senjam S. S. (2020). *Impact of COVID-19 pandemic on people living with visual disability.* Pieejams: https://pubmed.ncbi.nlm.nih.gov/32587166/

29. Silverman, A. M. (2017). *The Perils of Playing Blind: Problems with Blindness Simulation and a Better Way to Teach about Blindness.* Pieejams: https://nfb.org/sites/default/files/images/nfb/publications/bm/bm17/bm1706/bm170603.htm

30. SPKC. (2022). *Covid-19 pandēmijas ietekme uz sabiedrības veselības pamatrādītājiem.* Pieejams: https://www.spkc.gov.lv/lv/media/18066/download?attachment

31.   SPKC. (2022). *Par Covid-19*. Pieejams: https://covid19.gov.lv/covid-19/par-covid-19

32.   Stevens S. (2003). *Assisting the blind and visually impaired: guidelines for eye health workers and other helpers.* Pieejams: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1705868/

33.   Ulldemolins, A. R., Lansingh, V. C., Valencia, L. G., Carter, M. J., Eckert, K. A. (2012). *Social inequalities in blindness and visual impairment: a review of social determinants.* Pieejams: https://pubmed.ncbi.nlm.nih.gov/22944744/

34.   Villeruša, A. (2020). *Covid-19 pandēmijas ietekme uz veselības aprūpes sistēmu Latvijā: pieredze un nākotnes risinājumi*. Pieejams: https://www.vm.gov.lv/lv/media/6489/download

Mario Di Santo
A comparison between the effects of interacting with an Unfamiliar Dog and a Human Friend on Stress Recovery

Introduction

Stress is a complex phenomenon of everyday life which affects human health in many ways (Crosswell & Lockwood, 2020). Therefore, examining ways to counterbalance potential risks have been examined. Among these, *social support* (APA, n.d.; Cohen et al., 2000; Uchino, 2006) seems to be one phenomenon which is capable of attenuating the burden of present stressors, assisting stress recovery after stressful experiences or protecting individuals against future stresses.

Although social support is usually provided by a fellow individual — be it a close friend or a family member — literature suggests that its beneficial effects can not only be provided by other humans, but by companion animals as well (Allen, 2003; Herzog, 2011; McNicholas et al., 2005). Besides pets being capable of providing social support similar to close human friends or family members - which seems reasonable, given that many people regard their pets as such (Allen, 2003; Herzog, 2011; McNicholas et al., 2005) — there is also evidence for it to even surpass human social support in terms of stress attenuation (Allen et al., 1991; Polheber & Matchock, 2014). Research within this area has put its focus on dogs, their presence during or before a stress-inducing task and its effects on the human stress response (Wells, 2007).

The *Trier Social Stress* Test (Allen et al., 2017; Kirschbaum et al., 1993), also abbreviated as "the TSST", seems to be the task of choice when it comes to stress induction. It usually consists of a short presentation and a mental arithmetic task (i.e., subtraction of a prime number from a starting point) in front of an interview panel which is instructed to appear as unresponsive as possible towards participants. Participants are not informed about the mental arithmetic part of the TSST protocol beforehand to include a feeling of uncontrollability and more reliably induce a stress response. In addition, the mental arithmetic task can be altered to further enhance the stress response (e.g., by having to start anew when committing an error). The TSST takes roughly 15 minutes to perform and it appears to be a well-validated, reliable

and ethically justifiable procedure to induce stress in individuals within the context of stress research.

Also, corresponding research (Allen et al., 1991; Kertes et al., 2017; Polheber & Matchok, 2014) has focused on the *stress attenuation effect* and/or a *stress buffering effect* of social support figures (i.e., the reduction of the human stress response due to the presence of a support figure *during* or *before* a stressor). In contrast, there seems to be less literature about a potential *stress recovery effect* of social support (i.e., a stronger or faster recovery to an individual's baseline stress level due to a support figure being present *after* the experience of a stressor), not to mention the comparison of pet- and human-induced stress recovery.

Considering all of the above, this thesis has three main goals. First, the current state of knowledge will be described (i.e., an overview of the impact of stress on human health, the relevance of social support as a countermeasure to stress and how social support provided by companion animals is capable of substituting or even exceeding human social support).

Second, to discuss potential standardization issues concerning different group conditions used in research designs which compare the effects of social support elicited by dogs and humans on participants' stress response.

Third, a proposal of a study design shall be made with which pet-induced stress recovery and its comparison to human-induced stress recovery could be examined in future research.

How Stress affects Body and Mind
According to a review paper by Yaribeygi et al. (2017), stressors seem to influence the human body and mind via multiple pathways and a distinction between the following affected systems has been made: the central nervous system (CNS), the immune system, the gastrointestinal system and the endocrine system. Naturally, as these systems are intertwined with each other, structural and functional changes (e.g., due to stress) in one of them can cause alterations within the others. However, each of these systems poses a certain specificity when it comes to how it reacts to stressors which extends to the

potential health risks arising from an overstimulation, be it due to intense acute stress or prolonged chronic stress.

As stressors usually activate the sympathetic nervous system, related physiological reactions such as the activation of the hypothalamic-pituitary-adrenal axis, an increase in heart rate and blood pressure as well as other actions take place. A short overview of relevant reactions within affected systems and potential health risks linked to them shall be given in the following sections.

Stress and Brain Function

Considering the effects of stressors on the CNS, two brain areas have received the most attention: the hippocampus and the amygdala (Asalgoo et al., 2015; Yaribeygi et al., 2017). While the hippocampus appears to play the major role in terms of overall memory function, the amygdala seems to be especially relevant for the emotional aspect of memory formation.

In their review, Yaribeygi et al. (2017) note that, depending on the intensity and the duration of a stressor as well as an individual's disposition (i.e., chronic or strong acute stress and non-average reactivity), different structural changes can take place within the brain — such as reduced number and function of dendritic branches or general atrophy of hippocampal tissue. Such profound changes can cause severe consequences in respective functionality. Aside from an impairment of different aspects of memory and overall mental processing, acute or chronic stress can also disturb pathways for mood regulation and learning (Yaribeygi et al., 2017).

Stress and Immune Function

While an organism's immune system protects it against disease and damage alike, its downregulation in order for a mandatory fight-or-flight response can be evolutionary adaptive. While such a response only lasts for a short period of time, literature indicates that even a short-term stress response can already inhibit immune system functioning (Morey et al., 2015). Furthermore, prolonged immune system inhibition might cause a long-term disruption (Morey et al., 2015; Yaribeygi et al., 2017). Potential health risks regarding acute and chronic immune inhibition are an increase in inflammation, likelihood of disease and overall mortality (Morey et al., 2015; Yaribeygi et al., 2017).

Stress and the Cardiovascular System

Upon being triggered along the cascade of physiological stress responses, the cardiovascular system's reaction mainly consists of an increase in blood pressure and heart rate (Yaribeygi et al., 2017) and an overstimulation of these responses can have deleterious effects on health (Esch et al., 2002; Yaribeygi et al., 2017). Among these are endothelial dysfunction within blood vessels, hypertension and myocardial infarction (Esch et al., 2002; Yaribeygi et al., 2017). Also, not only the likelihood of developing cardiovascular diseases seems to be affected by stress, the overall progression of these or related diseases appear to be as well (Esch et al., 2002).

Stress and the Gastrointestinal Tract

In general, stress seems to affect the gastrointestinal tract mainly in terms of appetite, bowel movement, digestion and gastrointestinal inflammation (Yaribeygi et al., 2017). Studies suggest a link between stress and chronic gastrointestinal diseases such as irritable bowel syndrome and Crohn's disease (Collins, 2001; Yaribeygi et al., 2017).

The Phenomenon of Social Support

Given the diverse risks stress can pose to human health, examining ways to counterbalance its potentially harmful effects stands to reason. One such way appears to be existent in the form of *social support* (APA, n.d.; Cohen et al. 2000; House et al., 1988; Roy, 2011; Uchino, 2006).

Social support can be defined as the positive effects of a support figure on an individual, its health and well-being (APA, n.d.). According to Cohen et al. (2000), among these are access to knowledge or services an individual cannot provide on its own (e.g., medical advice), beneficial behavioral influence on an individual considering medical adherence or useful aspects of appraisal in a specific situation (e.g., reduction of how strongly a negative stimulus is perceived). Additionally, Roy (2011) has mentioned other functional aspects of social support, (i.e., the sense of being part of a community, valued and emotionally cared for).

Naturally, as social networks are highly complex (Roy, 2011), an intricate social network is not guaranteed to have a beneficial effect on an individual's overall

health and well-being. For example, more close relationships could also pose a bigger likelihood of negative life events, an increased chance of attending to medically unadvised behavior or the provision of wrong information (Cohen et al., 2000; Roy, 2011).

Furthermore, reviews indicate methodological issues regarding the definition of social support as a phenomenon and its operationalisation which might have contributed to controversial findings regarding its health promoting and stress reducing properties (Cohen et al., 2000; Roy, 2011). However, even if social support is a highly complex phenomenon and scientific literature has shown equivocal findings, studies regarding its health protecting effects should not be neglected and will receive further attention within the next paragraphs (House et al., 1988; Uchino, 2006).

Social Support, Stress and Health

Given its theoretical relevance for an individual's everyday life, the notion to check for the link between support and health appears logical. Within their review, House et al. (1988) have taken a look at different studies which have engaged in tackling this topic in the context of different countries and cultures. And indeed: There appears to be a clear correlation between social support and human health.

More precisely, evidence for an inverse correlation between the level of social integration (i.e., the density and quality of an individual's social network) and overall mortality has been indicated, meaning that the less socially integrated a person seems to be, the bigger the mortality risk. House et al. (1988) even deduced that, due to this, low levels of social integration might even be regarded as a risk factor considering an individual's health.

To get a more precise insight into the correlation between social support and mortality, it might be reasonable to look for evidence linking social support to the deleterious health effects of stress on diverse physiological systems. Fortunately, such research has been committed and Uchino (2006) has provided a corresponding review which appears to further strengthen the significance of social support for human health. The most compelling evidence refers to the connection between social support and the cardiovascular system, especially regarding the progression of cardiovascular diseases and the impact of stress on patients. That is, the higher their level of social integration, the slower their

disease progression and the lower the impact of stress on them. Although the number of studies connecting neuroendocrine and immune functioning to social support appears to be smaller, according to Uchino (2006), there still appears to be evidence linking social support to relevant stress hormones such as cortisol. In fact, he states that especially studies which have included the measurement of salivary cortisol have been able to provide the aforementioned evidence. Thus, despite the methodological issues mentioned earlier, it can be concluded that there appears to be a correlation between the quality and quantity of social support and the short- and long-term impact of stress on an individual which probably affects its health as well.

The Relevance of Companion Animals

Even though there is scientific evidence for how our social network is capable of providing us with resources to deal with stressors and reduce their immediate and long-term impact, getting access to these benefits might prove to be difficult for some individuals. For example, it has been observed that the diagnosis of severe illness can cause the withdrawal of close friends and family members due to the emotional strain it puts on them (Uchino, 2006). Considering this, the question arises whether there is a blind spot of sorts regarding the accessibility to social support.

And indeed, while research indicates that social support is usually provided by friends and family, it might be reasonable to remind ourselves that these do not have to be human necessarily: Companion animals are an important part of many households and, when asked, individuals claim their emotional relevance as close family members and friends (Allen, 2003; McNicholas et al., 2005). Furthermore, there appears to be evidence for the ability of pets to provide social support similar to humans (Allen, 2003; Herzog, 2011; Wells, 2007) or to elicit even better effects (Allen et al., 1991; Kertes et al., 2017; Polheber & Matchock, 2014).

Social Support: Humans vs. Dogs

While it might be intuitive that pets are capable of alleviating stress and providing health benefits, the possibility of companion animals to be more successful in reducing stress than close human friends may not. Despite seeming counterintuitive at first, the phenomenon of *evaluation apprehension* (APA, n.d.) delivers a reasonable explanation for why having a good friend

present during a stressful event could enhance a stress response instead of ameliorating it. *Evaluation apprehension* means the inhibition of an individual's performance in the face of being judged by others due to the risk of a potential negative evaluation (i.e., performing a stressful task becomes even more stressful simply because it is evaluated by others, causing the task to be more difficult). This inhibition can be enhanced even further if said evaluation rises in personal relevance, for example when one is not only judged by strangers but also by a close friend. If a close friend is seen as non-judgmental, however, this effect seems to cease (Allen, 2003). When it comes to pets, though, expecting them to be perceived as non-judgmental by nature makes sense. Thus, in the face of stressful situations where *evaluation apprehension* plays a part, pets could have a natural advantage over human friends when it comes to the amelioration of stress responses.

Also, although many pet owners subjectively attest to the beneficial nature of pet ownership regardless of whichever pet they own (e.g., from dogs to spiders), according to the main body of scientific literature, researching the effects of dog ownership on human health has been the main focus. Within the next sections, two corresponding studies shall receive further attention.

Dogs, Friends and Stress Responses in Women — Allen et al. (1991)
One of the earlier studies on the comparison of social support elicited by dogs and humans has been performed by Allen et al. (1991). Within this study, two distinct hypotheses have been examined.

First, the authors have hypothesized that, with regards to *evaluation apprehension*, participants' performance and stress reactivity during a stressor (i.e., a mental arithmetic task) is affected by the presence and nature of a support figure (i.e., their dog, a close female friend or no support at all). They expected participants to perform worse and exhibit a stronger stress reaction when accompanied by close friends compared to when with their dogs or alone. Second, and complementary to the first hypothesis, the researchers expected participants who had their dogs present during the mental arithmetic task to exhibit a weaker stress response than participants who had been with their friends or alone.

Methodically, Allen et al. (1991) examined a sample of 45 female dog owners (ranging from 27 to 55 years of age), first within a laboratory and afterwards within a field setting (i.e., the participants' homes). During the laboratory sessions, participants' stress reactivity in a mental arithmetic task was measured via changes in *skin conductance*, *systolic and diastolic blood pressure* as well as *heart rate* and without assigning individual participants to a specific support condition (which has happened later on before the field experiment). The laboratory part has taken place in order to get a baseline measurement of stress reactivity and to allow for conclusions together with the field experiment regarding differences in stress reactivity and attesting them to specific support conditions.

After arrival at the facility, participants' consent has been obtained and a health survey has been performed in order to control for potential confounding aspects (i.e., diseases, disorders or intake of medication). Then, participants have been equipped with the necessary devices to record the physical stress correlates mentioned above, have received an instruction for the mental arithmetic task and have been asked to relax for five minutes during which a baseline of individual stress level has been assessed. The two-minute mental arithmetic task (i.e., serial subtraction by 7 with increasing difficulty) has been performed after the relaxation period. A second relaxation period of five minutes has taken place, measuring devices have been removed and arrangements have been discussed for the second part of the study: the field experiment.

During the field experiment at participants' homes, they have performed the same task and with the same measures being taken, but randomly assigned to one of three support conditions: close female friend, their dog or alone with the experimenter. Human friends have been assigned to support their friends however they see fit while being seated roughly one meter apart from them. Dogs within the dog condition have been allowed to freely move and interact with their owners during the experiment.

The results have confirmed both hypotheses: Participants' stress reactivity has changed significantly in comparison to their baseline reactivity with regards to the assigned support condition. Within the presence of their close friends, participants have shown a stronger physiological stress response and have committed more errors during the task than participants in the other two

conditions. Furthermore, participants within the dog condition have exhibited a significantly weaker stress response than participants in the other two conditions.

This study has, therefore, shown that the nature of a present support figure (i.e., in this case a familiar dog or a close friend) affects the acute stress response in female dog owners. Confirming the theoretical effects of *evaluation apprehension* on individuals mentioned above, the *stress attenuation effect* of dogs (i.e., the partial inhibition of a stress response due to the presence of a dog) has been shown, whereas the presence of close friends has even caused the opposite. Another study that has found similar effects with slightly different methods shall be looked into in the next section.

An Unfamiliar Dog, Cortisol and Heart Rate — Polheber & Matchock, 2014

Polheber & Matchock (2014) have conducted a study to assess how the presence of a human friend, an unfamiliar dog or no support figure affects participants' stress response. However, different methods in terms of stress measures taken, stress task used and overall frame of support conditions have been applied when compared to the study done by Allen et al. (1991).

First of all, it seems noteworthy that the sample of 48 participants has included both sexes (26 males, 22 females ranging from 18 to 20 years of age) and that the experiment has taken place in a laboratory setting only due to the stress task used. The question whether or not the inclusion of one or both sexes and different age groups might be relevant shall be discussed later on when a research proposal is being made. However, it shall be noted that, in the case of the study by Polheber and Matchock (2014), it seems that the differences in sex and age have not affected the results in terms of stress reactivity.

The stress task of choice has consisted of the *Trier Social Stress Test* (Kirschbaum et al., 1993). Same as with the mental arithmetic task mentioned before, the stressor has been embedded in between a baseline measurement part before the actual stressor and a cooldown period afterwards. However, different to Allen et al. (1991), these periods have lasted roughly 30 minutes while the stress task has taken 10 minutes in total due to the extended protocol of the TSST.

Also, in terms of measures used, the authors have included the *Form Y* of the *State-Trait Anxiety Inventory* (Spielberger et al., 1983) as a subjective measure to complement the use of physiological stress measures. Furthermore, they have used the *Pet Attitude Scale* (Templer et al., 1981) for participant inclusion and their physiological stress measures have consisted of salivary cortisol and heart rate. Cortisol has been assessed before the TSST, seven minutes after the stressor and 30 minutes after the stressor and, lastly, a mean heart rate has been computed for the three phases (i.e., before, during and after the stressor) respectively.

Last but not least, while there have been three similar support conditions used in the present study, two key differences in comparison to the study by Allen et al. (1991) have taken place. For one, participants have already spent the baseline measurement part during the relaxation period before the TSST in a room together with their respective support figure, meaning they spent their baseline period with a friend, a dog or alone respectively. Regarding the dog condition, another alteration has taken place. Namely, not all participants have had to be dog owners and all of them have been accompanied by an *unfamiliar dog* (i.e., a 7 year old therapy-trained golden retriever named *"Jazz"*). However, similar to the aforementioned study (Allen et al., 1991), participants have performed the TSST in the presence of their assigned support figure as well. The notion of asking human support figures to act as they see fit in order to support their friends has been applied here as well.

Concerning hypotheses, Polheber and Matchock (2014) have postulated participants' heart rate during the TSST to predict their salivary cortisol levels during the cooldown phase, which they have been able to confirm. Also, the authors have hypothesized a *stress attenuation effect* regarding participants within the dog condition in comparison to the other two conditions which they have confirmed as well.

While this study seems to give further confirmation of the findings reported by Allen et al. (1991), it is noteworthy to point out their methodological similarities and differences, how they might influence conclusions or reveal potential knowledge gaps. Considering the latter, the studies performed by Allen et al. (1991) and Polheber and Matchock (2014) have focused on the aspect of *stress attenuation* as they have mainly aimed to reveal how the nature

of a present support figure affects a participant's acute stress response. However, an argument can be made that Polheber and Matchock (2014) have actually mixed the aspects of *stress attenuation* and *stress buffering* within their support condition as *Jazz* and participants' respective friends have been present before *and* during the stress task. In consequence, this could raise questions about whether or not the effects which have been observed can be attributed to stress buffering, stress attenuation or the combination of these two aspects. On another note, considering the study by Allen et al. (1991), one could argue that, while the different support conditions have been standardized in terms of support presence (i.e., a participant's respective support figure has been present only during the stress task), standardization as well as results could have been confounded by the fact of bringing participant's own dogs into the study instead of resorting to an unfamiliar dog. Arguments like these have inspired the following research proposal which takes up the aforementioned studies (Allen et al., 1991; Polheber & Matchock, 2014) and tries to make use of their promising aspects (e.g., used measures, dog condition) while slightly adjusting the potential methodical issues discussed above (e.g., standardization).

An Unfamiliar Dog and Stress Recovery — A Research Proposal
Although evidence has been found for *stress attenuation* (Allen et al., 1991; Polheber & Matchock, 2014), its assessment can potentially be confounded by *evaluation apprehension effects* and the fact that dogs could, by nature, be regarded as less evaluative than humans. Given this limitation, the examination of the other two aspects of social support which have been mentioned within the introductory section of this paper comes to mind: *stress buffering* and *stress recovery*. And despite pets potentially being able to induce both of these effects, animal-induced *stress recovery* seems to have received a lesser number of studies dedicated to it. Aside from this, the assessment of potential *stress buffering effects* comes with methodological difficulties. In order for these effects to take place, participants have to spend the period *before* a stress task in their randomly assigned support condition. However, if there happen to be significant group differences during as well as after the stress task, clearly attributing these to the different support conditions before the stressor is difficult.

In contrast to this, conclusions regarding potential *stress recovery effects* could be drawn with more ease. Participants would undergo the baseline period and

the stress task *alone* and only spend the *cooldown phase* in the presence of a support figure. Significant group differences in stress measures taken during this phase could then be attributed to the difference in support conditions more clearly, given the standardization of baseline period and stress task.

Therefore, this research proposal will pick up the aspect of *stress recovery* as its main focus and include an unfamiliar dog for the *dog condition* for further standardization.

Given the fact that dog-provided stress recovery has received nearly no scientific examination so far, it is unclear if the presence of an unfamiliar dog affects a participant's stress recovery better than the presence of a human friend or vice versa. Interacting with a good friend after a stressor could cause a better stress recovery than being with an unfamiliar dog due to a friend knowing how to comfort their counterpart. On the other hand, talking to a friend right after a stress task could cause an individual to relive just experienced stress and/or feel evaluated (i.e., evaluation apprehension). Therefore, the research question will be as follows: Does the presence of an unfamiliar dog affect a participant's stress recovery after a stressor differently than the presence of a human friend? Given this research question, the following hypothesis can be articulated: An unfamiliar dog affects an individual's stress recovery after the Trier Social Stress Test differently than the presence of a human friend.

Participants

According to *GPower* (ANCOVA: Fixed effects, main effects and interactions, Effect size f = 0.25, α = 0.05, Power = 0.95, Numerator df = 2, Number of groups = 3, Number of covariates= 2), a sample of 251 participants is suggested for this study. These participants should meet certain inclusion criteria considering sex, age, Pet Attitude Scale score (see below) and overall health condition while also being asked about giving their informed consent before being screened for their inclusion.

It is suggested to use a sample consisting of only one sex due to sex differences in stress reactivity (Allen et al., 2017) while also considering age differences in stress reactivity (Bale & Epperson, 2015). As female individuals experience more stress reactivity changes over the course of their lifespan and hormonal contraceptives might have even further influence, it appears to be more advised

to have a male only sample. As male stress reactivity is also influenced by age, the age of included participants should range from 18 to 35 years.

Furthermore, the different support conditions should be taken into account when considering individual inclusion. Participants should have access to a good friend who would be willing to partake in the study (given an individual is randomly assigned to the human friend condition). The friend of choice does not have to meet specific inclusion criteria such as age or sex. Also, as participants who are randomly assigned to the *dog condition* will be confronted with an unfamiliar dog, it is relevant to exclude individuals with respective phobias, allergies etc. and the *Pet Attitude Scale* (Templer et al., 1981) will be used for screening. Individuals who score below the 50th percentile of this scale should, therefore, be excluded.

Lastly, individuals will fill out a short health survey before inclusion to scan for conditions, disorders or medications which might influence their stress reactivity.

Materials
Support Condition
Individuals who meet inclusion criteria will be randomly assigned to one of three support conditions: *human*, *dog* and *no support*. Participants will spend the *cooldown phase* which will take place after the *stress task* (see below) in the presence of their assigned support figure.

Participants within the *human* support condition will be asked to bring a good friend to the scheduled date of the study. The friend in question does not have to meet any specific inclusion criteria. Within the *dog condition*, assigned participants will spend the cooldown phase in the presence of an *unfamiliar therapy dog* while, lastly, participants in the *no support* condition will spend their cooldown phase alone and thus act as the control group of this study.

Due to this design, the *only difference among groups* is the *type of support figure* present during the *cooldown phase*. This allows for clearer conclusions to be drawn considering potential *stress recovery effects* (see above).

Pet Attitude Scale (Templer et al., 1981)

The Pet Attitude Scale (PAS) is a self-report questionnaire which assesses an individual's attitude towards companion animals in terms of love and interaction as well as the joy of pet ownership. It consists of 18 items which are answered on a 7-point Likert scale. As an unfamiliar dog is an integral part of this study design, the PAS will be used for participant in- or exclusion. Following Polheber and Matchock (2014), the 50th percentile will resemble the cut-off value and participants who score below will not be included.

Trier Social Stress Test (Kirschbaum et al., 1993)

The Trier Social Stress Test (TSST) is a reliable and ethically justifiable stress task which is commonly used within the context of stress research and consists of two phases: an oral presentation and a mental arithmetic task. For this study design, the TSST will take place right after the *baseline period* (see below) and consist of a five-minute *preparation time* before the *oral presentation*, the actual five-minute *presentation* itself and a five-minute *mental arithmetic task* at the end, lasting 15 minutes at maximum.

Although participants will already have received mandatory information about the TSST at the beginning of the study, a more thorough instruction will be given before the task itself. Participants will be instructed to give a speech for a fictional job interview in front of a panel with the goal of convincing the panel that they are the best candidate for the job. The stress task will be held in a different room from where the participants will have spent the *baseline period* and contain a large table with two mix-gendered lab coat-wearing panel members behind it, a camera placed next to the panel, a small table with a chair in front of the panel where participants will be seated, facing the panel, and equipped with a sheet of paper as well as a pen for taking notes. Furthermore, and in accordance with the TSST protocol, the panel members will be instructed to be as unresponsive towards participants as possible while also following a provided script. All participants will be confronted with the same panel members.

Before the actual presentation, participants will be led to the room where the panel will be awaiting them, asked to take a seat and prepare for the interview however they see fit. Furthermore, they will be instructed that the presentation will be videotaped and that the panel will inform them before turning on the

camera. After the preparation time is over, participants will be asked to turn down eventual notes while also being informed that the recording will be started (albeit, no recordings will be made).

After the presentation, the camera will be seemingly turned off and the second part of the TSST procedure will commence: the mental arithmetic task. The panel will inform participants that they will have to mentally perform a serial subtraction task (i.e., serial subtraction of 17 starting from 2023) with the goal of reaching 0 without error. The panel will follow a script for this part as well.

State-Trait Anxiety Inventory — Form Y (Spielberger et al., 1983)

The State-Trait Anxiety Inventory (STAI) self-evaluation questionnaire assesses an individual's *state anxiety* (i.e., the subjective feeling of anxiety in a given moment) and *trait anxiety* (i.e., an individual's baseline anxiety level related to personality) whilst also differentiating between these two aspects. Participants will fill out the *Form Y* of the STAI — consisting of two 20-item scales with a 4-point Likert format — once at the end of each of the three phases of the procedure (i.e., at the end of the *baseline period*, right after the *stress task* and at the end of the *cooldown phase*) to provide a subjective stress measure.

Heart Rate

Heart rate is one of the most commonly used non-invasive measures to assess an individual's stress response (Allen et al., 2017; Crosswell & Lockwood, 2020; 2017; Polheber & Matchock, 2014) and will be used within this study design to provide one of two physical stress measures.

After arriving at the scheduled study date, participants will be equipped with a heart rate transmitter as well as a corresponding receiver in order to measure their heart rate during the procedure and to compute an *average* for *each of the three phases*, meaning computing an average heart rate for every 30 minutes of the experiment. Referring to Polheber and Matchock (2014), the Garmin wireless heart rate transmitter and the corresponding Garmin 305 Forerunner receiver (Garmin Ltd., Olathe, KS, USA) will be used.

Salivary Cortisol

Within the context of stress research, the inclusion of multiple physical correlates of stress is usually advised (Crosswell & Lockwood, 2020) and executed (Allen et al., 1991; Polheber & Matchock, 2014). Among those,

salivary cortisol resembles another non-invasive physical stress correlate, making it a suitable second physical stress measure for this study.

During the whole experiment, salivary cortisol will be assessed at *three time points*. The first sample will be taken at the *end of the baseline period*, 30 minutes after beginning the study. The second sample will be taken *10 minutes after the end of the stress task*, meaning 55 minutes after the start of the experiment. The third and final sample will be assessed at the *end of the cooldown phase*, thus 90 minutes after beginning the study.

Procedure

Following the screening phase, participants who have met inclusion criteria will be randomly assigned to one of the three conditions and invited to attend the study within a laboratory facility on a second date where the main study will take place. After arrival on the second date, chosen friends and corresponding participants will be separated. All participants will be informed about the procedure and the duration of each phase, albeit being told only necessary information considering the TSST in order to not affect their stress reaction to the stress task. Furthermore, they will be equipped with the Garmin wireless heart rate transmitter and the corresponding Garmin 305 Forerunner receiver (Garmin Ltd., Olathe, KS, USA) after which the baseline period will start.

Baseline Period

For this phase, participants will be asked to wait in a separate room. This phase will last for 30 minutes. All participants will spend this phase alone. At the end of this period, individuals will be asked to fill out the *Form Y* of the *State-Trait Anxiety Inventory* (STAI: Spielberger et al., 1983). Furthermore, the first salivary cortisol sample will be taken at the end of the baseline period.

Stress Task

Now, the first part of the TSST protocol will start and participants will be asked to take place in a different room where the job interview will commence. Individuals will then be guided to a room where the interview panel will be waiting and asked to prepare for the presentation. When the preparation time is over, participants will be asked by a panel member to put their notes facedown, a camera will seemingly be turned on and participants will be asked to start

their five-minute presentation (participants will not be recorded but left under the impression). According to the TSST protocol, the panel members will be instructed to react to participants in a specific way (e.g., informing participants that they have more time left should they stop talking or to ask them certain questions) all while staying as unresponsive as possible.

When the interview is over, the seemingly recording camera will be turned off and the second part of the TSST protocol will begin which will consist of a five-minute mental arithmetic task. Participants will be asked to perform a serial subtraction by 17, starting from 2023, with the goal of reaching 0 without making an error. The panel members will be instructed to interrupt participants when errors occur and ask them to start anew. The mental arithmetic task will end after five minutes or if a participant is able to reach 0 without errors. At the end of the TSST, participants will be guided to a third room and the *stress task* will be over.

Cooldown Phase

Right after arrival at the third room, individuals will be asked to fill out the STAI questionnaire a second time, the randomly assigned support conditions will take effect and the *cooldown phase* will begin, meaning that a human friend, an unfamiliar dog or no support figure will enter the room (according to the assigned support condition) and participants will spend the cooldown phase seated next to their respective support figure or alone. Participants in the *friend condition* will be reunited with their chosen friend and allowed to freely talk and interact with them, albeit abstaining from physical activity and/or smartphone use. The ones assigned to the *dog condition* will be introduced to an unfamiliar therapy dog which they are allowed to pet, give treats and talk to while abstaining from other physical activity and/or smartphone use. Individuals in the *no support condition* will be asked to wait for the duration of the cooldown phase while abstaining from physical activity and/or smartphone use.

10 minutes into the cooldown phase (i.e., 10 minutes after the TSST will have ended), a second saliva sample will be taken. The cooldown phase will last for 30 minutes, at the end of which the third STAI score and saliva sample will be taken, participants will be debriefed, compensated (e.g., € 15.00) and dismissed.

Data Analysis

As the sample will be divided into three groups, differing only in the type of support received during the *cooldown phase* of the experiment, the *support type* (i.e., human friend, unfamiliar dog or no support) will be the independent variable.

Furthermore, *stress recovery* will resemble the dependent variable and will be assessed via the *post-cooldown phase stress scores* (i.e., the third STAI, heart rate and salivary cortisol scores) whilst also controlling for *baseline and peak stress scores* via adding them as *covariates* in order to prevent participants with above or below average stress reactivity to produce confounding effects.

Thus, a one-way design will be applied and data will be analyzed via One-Way ANCOVA. If the statistical test is significant and due to the undirected nature of the hypothesis mentioned (see above), post-hoc t-tests will be performed to see which of the groups significantly differ from the others. This study's hypothesis would receive confirmation if the *dog condition* significantly differs from the *human condition* and both of those significantly differ from the *no support condition* (i.e., the control group).

Discussion

The study proposal at hand is intended to test a non-directional hypothesis which has received little to no attention in corresponding literature: namely if the presence of an unfamiliar dog affects a participant's stress recovery after a stress task differently than the presence of a human friend does. Filling this knowledge gap could add to the current body of research concerning social support, how it is elicited by humans and animals alike, how it affects stress depending on its provision and, therefore, human health as well.

Still, this proposal poses certain limitations. First, the inclusion of only male participants within a relatively narrow age range might make sense from an internal validity perspective, however, this certainly reduces external validity of potential results because drawing conclusions for the broader population appears to be questionable. Furthermore, including only two biomarkers of stress (i.e., cortisol and heart rate), although scientifically relevant ones (Crosswell & Lockwood, 2020), only sheds light on two narrow aspects of the

human stress response which consists of many aspects. In any case, it seems reasonable and promising to wish for future research within this field to include many and diverse aspects of the human stress response in order to infer conclusions within a broader context and to answer vastly different questions (see www.stressmeasurements.org).

Despite its limitations, the proposed study might complement what is already being known on pet-provided social support. The phenomena of stress and social support certainly are of everyday relevance for human life and getting to know more about how they interact with one another can come a long way in regards to human health and well-being.

References

Allen, K. M., Blascovich, J., Tomaka, J., & Kelsey, R. M. (1991). Presence of Human Friends and Pet Dogs as Moderators of Autonomic Responses to Stress in Women. *Journal of Personality and Social Psychology*, *61*(4), 582–589. doi: https://doi.org/10.1037/0022-3514.61.4.582

Allen, K. (2003). Are Pets a Healthy Pleasure? The Influence of Pets on Blood Pressure. *Current Directions in Psychological Science: a Journal of the American Psychological Society*, *12*(6), 236–239. doi: https://doi.org/10.1046/j.0963-7214.2003.01269.x

Allen, A. P., Kennedy, P. J., Dockray, S., Cryan, J. F., Dinan, T. G., & Clarke, G. (2017). The Trier Social Stress Test: Principles and practice. *Neurobiology of Stress*, *6*(C), 113–126. doi: https://doi.org/10.1016/j.ynstr.2016.11.001

American Psychological Association. (n.d.). Evaluation Apprehension. In *APA dictionary of psychology*. Retrieved January 14, 2024, from https://dictionary.apa.org/evaluation-apprehension

American Psychological Association. (n.d.). Social Support. In *APA dictionary of psychology*. Retrieved January 14, 2024, from https://dictionary.apa.org/social-support

Asalgoo, S., Jahromi, G. P., Meftahi, G. H., & Sahraei, H. (2015). Posttraumatic Stress Disorder (PTSD): Mechanisms and Possible Treatments. *Neurophysiology (New York)*, *47*(6), 482–489. doi: https://doi.org/10.1007/s11062-016-9559-9

Bale, T. L., & Epperson, C. N. (2015). Sex differences and stress across the lifespan. *Nature Neuroscience*, *18*(10), 1413–1420. doi: https://doi.org/10.1038/nn.4112

Cohen, S., Gottlieb, B. H., Underwood, L. G. (2000). Social Relationships and Health. In Cohen, S. (Ed.), *Social support measurement and intervention: a guide for health and social scientists; a project of the Fetzer Institute* (pp. 3–25). Oxford [u.a.]: Oxford Univ. Press.

Collins, S. M. (2001). Stress and the Gastrointestinal Tract IV. Modulation of intestinal inflammation by stress: basic mechanisms and clinical relevance. *American Journal of Physiology: Gastrointestinal and Liver Physiology*, *280*(3), G315–G318. doi: https://doi.org/10.1152/ajpgi.2001.280.3.g315

Crosswell, A. D., & Lockwood, K. G. (2020). Best practices for stress measurement: How to measure psychological stress in health research. *Health Psychology Open*, *7*(2), 2055102920933072–2055102920933072. doi: https://doi.org/10.1177/2055102920933072

Esch, T., Stefano, G. B., Fricchione, G. L., & Benson, H. (2002). Stress in cardiovascular diseases. *Med. Sci. Monit*, *8*, 101.

Herzog, H. (2011). The Impact of Pets on Human Health and Psychological Well-Being: Fact, Fiction, or Hypothesis? *Current Directions in Psychological Science: a Journal   of the American Psychological Society*, *20*(4), 236–239. doi: https://doi.org/10.1177/0963721411415220

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, *241*(4865), 540-545.

Kertes, D. A., Liu, J., Hall, N. J., Hadad, N. A., Wynne, C. D. L., & Bhatt, S. S. (2017). Effect of Pet Dogs on Children's Perceived Stress and Cortisol Stress Response. *Social Development (Oxford, England)*, *26*(2), 382–401. doi: https://doi.org/10.1111/sode.12203

Kirschbaum, C., Pirke, K. M., & Hellhammer, D. H. (1993). The Trier Social Stress Test—A tool for investigating psychobiological stress responses in the laboratory setting. Neuropsychobiology, 28, 76–81.

McNicholas, J., Gilbey, A., Rennie, A., Ahmedzai, S., Dono, J.-A., & Ormerod, E. (2005). Pet ownership and human health: a brief review of evidence and issues. *BMJ*, *331*(7527), 1252–1254. doi: https://doi.org/10.1136/bmj.331.7527.1252

Morey, J. N., Boggero, I. A., Scott, A. B., & Segerstrom, S. C. (2015). Current Directions in Stress and Human Immune Function. *Current Opinion in Psychology*, *5*, 13–17. doi: https://doi.org/10.1016/j.copsyc.2015.03.007

Polheber, J. P., & Matchock, R. L. (2014). The presence of a dog attenuates cortisol and heart rate in the Trier Social Stress Test compared to human friends. *Journal of Behavioral Medicine*, *37*(5), 860–867. doi: https://doi.org/10.1007/s10865-013-9546-1

Roy, R. (2011). Social Support and Health: An Overview. In Roy, R. (Ed.), *Social support, health, and illness: a complicated relationship* (pp. 3–24). Toronto [Ont.]: University of Toronto Press.

Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). Manual for the State-Trait Anxiety Inventory. STAI (Form Y): Consulting Psychologists Press Inc.

Templer, D. I., Salter, C. A., Dickey, S., Baldwin, R., & Veleber, D. M. (1981). The Construction of a Pet Attitude Scale. *The Psychological Record*, *31*(3), 343–348. doi: https://doi.org/10.1007/BF03394747

Uchino, B. N. (2006). Social support and health: a review of physiological processes potentially underlying links to disease outcomes. *Journal of behavioral medicine*, *29*, 377-387.

Wells, D. L. (2007). Domestic dogs and human health: An overview. *British Journal of Health Psychology*, *12*(1), 145–156. doi: https://doi.org/10.1348/135910706X103284

Yaribeygi, H., Panahi, Y., Sahraei, H., Johnston, T. P., & Sahebkar, A. (2017). The impact of stress on body function: A review. *EXCLI Journal*, *16*, 1057–1072. doi: https://doi.org/10.17179/excli2017-480

Serhii Andrushko
Dear diary

Today marks another day in this confusing labyrinth that has become my life during this quarantine. As I sit here, trying to make sense of it all, I feel the weight of uncertainty pressing down on me. The world feels like it's spinning out of control, and I'm trapped in this small town, disconnected from the life I once knew. Everything seems like a mess. On top of that, the whole situation outside is unstable, and the news makes it all even more confusing.

Studying online has been the epitome of chaos. The transition to virtual classes has been shocking, to say the least. I miss the interaction with classmates and the ability to approach a teacher after a lecture for clarification. Instead, I'm confined within the walls of my home, trying to absorb lectures through a screen while battling distractions that seem to multiply by the minute. At home, with family buzzing around, concentrating on classes is impossible.

Living in a town of 8.000 people feels both comforting and isolating. Although a few childhood friends are around, we must maintain distance, especially considering my old grandmother's fragile health. I must be very careful and take all the safety measures to take care of her health first. It turns my world into a small bubble, almost completely detached from the outside.

I miss hanging out with my classmates and other students. No socializing, no real student life. It isn't as fun to watch funny videos on the internet about student life because I don't have one. Chernivtsi, where I am studying, is the first city in Ukraine where an outbreak of coronavirus was recorded, so it is not surprising that we are the first to go into quarantine...

I feel as if I am losing my student years not only as a young man who wants adventure and new friends, but also as a student who wants to study. Online learning isn't a piece of cake either. Everything is chaotic, no one knows exactly how long it would last and how to adapt to it. At home, with family around, staying focused during classes is a real challenge. I found myself stuck in a whirlwind of online classes that were far from ideal. The educational system's attempt at online teaching often feels like a mismatched puzzle, with teachers struggling to bridge the gap between traditional methods and this new virtual reality. Some teachers think just throwing tons of textbook pages online is good enough, ignoring the essence of real classroom engagement. It makes me wonder if it'd even help in my future career.

I feel like I'm losing out big time, both in my personal life and in my studies. These were supposed to be the years of awesome growth, trying new things, and figuring out my future. But here I am, kinda lost at sea, just trying to get through this crazy time without knowing when it'll all end.

Yours, Serhii

Georg Austen
Church and Caritas

The images that reached us from Rome on a cold and wet evening in March 2020 were impressive and touching. Pope Francis prayed in St Peter's Square for an end to the coronavirus pandemic and for comfort and healing for humanity so wounded by the crisis. The square, where tens of thousands of believers normally gather with the Holy Father to celebrate the faith together, was dark, empty and silent. The darkness, emptiness and 'deafening' silence of this evening moved me deeply and made it clear once again that the coronavirus pandemic was an enormous challenge for all areas of society and the Church, especially for the diaspora. The often great physical distance was exacerbated by the contact restrictions, cancelled events and projects. Everywhere it was difficult, often impossible, to personally accompany relatives who were seriously ill or dying in their final days. Many social, children's and youth organisations throughout Germany were also hit hard, including many that have been supported by the Bonifatiuswerk for several years and were dependent on quick and unbureaucratic help. The Bonifatiuswerk responded immediately and provided emergency aid to support its project partners.

At the same time, we at the Bonifatiuswerk have asked ourselves in view of the corona crisis: How can we connect people now, when First Communion and Confirmation celebrations are cancelled or church services are celebrated in a different form on Sundays? How can we strengthen people? How can we support them and the local pastoral work? We have developed various materials and formats for this purpose, many of which have been gratefully received by parishes and communities in Germany and beyond.

The corona crisis has forced us to rethink and take different paths. To this day, I am very grateful for the great commitment in the parishes and social charitable institutions to counteract isolation and make Christian charity tangible. For many people, faith was and is relevant to their existence - we must not lose sight of this, even after the coronavirus crisis. Solidarity, compassion and cohesion are needed, especially in times of multiple crises, which we are also experiencing today.

As sad and painful as many of the ups and downs in the coronavirus era have been, the numerous creative initiatives that I have seen in the months and years of the crisis have also been encouraging and hope-giving: For example, a BONI

bus, which normally takes people to church services, became a broadcast van for a Sunday service from the parish garden, and the faithful were at least able to join in the service online. Or I also think of the 'Clubhaus am Trauerberg' project in Brandenburg, where emergency care was offered for children whose parents also needed care due to their work in hospitals, surgeries and grocery shops. Or I remember the Lazarus services in Stralsund, which offered a telephone hotline for people who were isolated or felt lonely.

In our Catholic areas, the sense of care and entitlement has been and is being severely tested - not only by corona, but also by the increasing shortage of pastoral staff and believers. People in faith-based areas are suddenly realising that their own initiative and creativity are also important if, for example, it is not possible to hold services in person or only on a small scale.

Life in the (faith) diaspora costs more energy, but it also gives strength. Cohesion and solidarity can even grow in isolation. Less often means more in the diaspora. However, I don't want to glorify the diaspora - it is a way of giving shape to faith, with all its difficulties, but also opportunities. We have also learnt this once again during the corona crisis

Philipp Förster
Worries!

It started for me with the news: cases of a new form of lung disease were reported in Wuhan, China. It was getting closer. Everywhere. The state responded with strict lockdown rules. Cultural events, school activities - all social life was shut down. Social distancing was a new term we had to learn.

This phase coincided with my A-level exams and the start of my studies. I moved to Braunschweig to study German and Performing Arts to become a grammar school teacher.

Instead of being in the lecture theatre or at university parties, we found ourselves in front of our laptops trying to find our way around virtual spaces. Sometimes it felt like we were characters in a science fiction film - unfortunately without the spaceships. The Performing Arts degree programme, which focused heavily on theatrical practices in the Bachelor's degree, suffered greatly from being restricted to virtual spaces.

Instead of stages, we stood in our private rooms and tried out reaching an audience via cameras and microphones. Later, meetings in small groups with masks became possible. This also severely restricted our work. Even today, I can still feel the social distance between my fellow students in my study year at university today. We are not as well networked and integrated as other cohorts before or after us. Studying alone or in small groups became and remained the norm.

Nevertheless, I am grateful for many things. I am grateful for the extensive solidarity in our society - exceptions were isolated cases. I am also grateful for the support from the state, be it emergency financial aid or solidarity semesters. Nevertheless, I would gladly do without the experiences of the pandemic.

Perhaps the closest thing I can compare it to is the experience of a funeral: Grief over what you have lost; appreciation for what is there and fear of what is to come. The fear of the future in particular is still very present. Especially because corona wasn't or isn't the only crisis. I live in the awareness that I don't know whether I'm making the right decisions and I can't manage to let go of these thoughts. But I am working on it.

Mary Kate Folan
Meals on wheels

The COVID-19 pandemic had a huge impact on vulnerable populations, particularly the elderly & those with underlying health conditions who were at higher risk from the virus. As the pandemic spread and lockdown measures were brought in, there was an increased need to support these populations, many of whom were in isolated regions at home and unable to access food and essential supplies. Many of these individuals relied on community services for meals, which became more challenging due to lockdowns and social distancing measures.

In response, the Muintearas Meals on Wheels began during the first Covid Lockdown to provide a service to the older community or those unable to leave their homes to do the essentials like shopping or collecting medicines. a community service providing healthy cooked meals to people who are unable to prepare meals for themselves due to age, disability, or other reasons, in this isolated region of the Connemara Gaeltacht. This service provided (and still provides) much more than just a meal; it offers companionship, a safety net, and peace of mind for both the people receiving help and their families. A valuable service that helps vulnerable individuals maintain their independence & opportunity for social interaction. The staff often checks in on customers, providing not only a meal but a friendly visit, which can combat feelings of isolation and loneliness.

After Covid the shopping part ended as people once again could leave their homes but the meals on wheels beacame a legacy of this time due how important this service became to the local community.

How it works:

The menu is posted on Facebook every morning but those who dont have access to broadband or wifi are called by Dara every morning to be told what's on the menu, who then returns to the kitchen with that days orders. Orders are accepted between 9.30am and 12.00pm and delivered between the hours of 12-2pm. Staff deliver the meals directly to the person's homes, covering a radius of approximately 30km each day. There is a variety of meal options to cater to different needs or preferences.

The Meals on Wheels service was originally part-funded by local grants, which ended after the pandemic and is now fully funded by Muintearas alone. Overall, the COVID-19 pandemic highlighted the crucial role that Meals on Wheels programs play in supporting vulnerable populations, and it led to the growth and adaptation of these programs to meet the increased demand for meal delivery services.

Augustė Glumbakaitė
Reflective review

The year 2020 is marked in everyone's memory. It marked a new chapter in history defined by the shadow of diseases. In 2020, the world came to a brief standstill. Quarantine rules tied people to their homes, compelling them to work and study remotely, perform daily tasks in the same environment, with limited opportunities to step outside for fresh air, just to prevent the monotony of staying in the same room every day.

I was no exception. When the COVID-19 pandemic began, I was in the 11th grade. As a physically active person, I participated in the cheerleading team, enjoyed going to the gym and swimming pool. I looked forward to new classes and after-school activities. However, one day, while sitting in chemistry class, a school social worker suddenly came and announced an unexpected "vacation" for two weeks, promising an improvement in the current situation. Those two weeks eventually became a year, altering my mental well-being and physical appearance.

The entire quarantine period had a profound impact on my physical health. All my hobbies involved sitting, resulting in negligible physical activity. A typical day consisted of waking up just before classes, sitting at my desk for 45 minutes. After each class, during longer breaks, I would find time to wash my face and grab a snack. Depending on the day and my emotions, I would change out of my pajamas into more decent clothes. After classes, I delved into my homework, often neglecting the fact that I hadn't eaten all day. Even when I did eat after finishing my homework, my low physical activity meant I didn't always feel hunger. My focus was always on grades, studies, and hobbies like reading books and learning about different countries. That's how I lost 10 kilograms in a year during the quarantine period.

Unfortunately, my weight-related stress did not end with the pandemic. Following that, I experienced a series of indirect bullying from friends and family. To this day, I continue to receive comments like, "Wow, you're so skinny, go grab something to eat!" or "Are you on a diet?" The pandemic not only affected my physical health but also had a significant impact on my mental well-being. The extended period of isolation made me realize how often we

rush through life, doing numerous things all at once, instead of pausing to appreciate what we have.

Kimmo Karttunen

The Covid-19 pandemic from the viewpoint of a Finnish hairdresser

I don't think I'll ever forget the big press conference held by our then Prime Minister, Mrs Sanna Marin, and other ministers on Monday afternoon, the 16th of March, 2020. I listened to it on the radio. The Prime Minister announced that a total corona lockdown would start on March 18. Schools, libraries, swimming pools, cinemas, theatres, restaurants and the like would be closed down, and people were to stay indoors and avoid contact with anyone other than their immediate family members.

I slowly began to realize how the pandemic and these new regulations would affect my small hairdresser's salon. I am the owner and the sole employee of the salon. Most of my customers are regulars, men and women, but every day I get a couple of customers from the street, too. My salon is located in the very centre of Joensuu, a small city in eastern, central Finland.

My fears that the first few weeks would be quiet turned out to be true. Nobody wanted to take the risk of being infected by the disease. Everybody was shocked by the strong orders to stay home, order food deliveries from supermarkets and not to visit close relatives in old people's homes. And to keep a distance of two metres. Moreover, distance working was the new norm, but not possible in my trade.

I became painfully aware of the seriousness of the situation when I opened my mobile bank app and paid the rent of the salon, my monthly advance tax and the electricity bill. Luckily, I had some savings but they would be soon gone as customers were simply afraid of phoning me for an appointment and entering my salon.

The first customer, one who had been coming regularly for more than 20 years, called me and made an appointment. We decided not to wear masks because it is hard to cut the hair on the temples and sides with those strings of the mask going round the customer's ears. Besides, the mask caused me an acute feeling of suffocation, which got very serious over the next several months, probably aided by the strong-smelling cleaning agents which I used to disinfect the salon after every single customer.

Without masks we could talk freely and comfortably while I was cutting and shaping his hair. He was aware that I had had scarcely any customers in the past

couple of weeks, so when paying for my work, he simply handed me 200 euros saying that he wanted to pay for that day's haircut and also for the next five haircuts. That friendly gesture brought tears into my eyes. There still was some goodness in the world!

I would have been in financial difficulties with so few customers, mostly men, who came in approximately once a month to have a haircut. Luckily my gentleman friend was able and willing to pay many of my bills until, towards the end of the year, I began to receive regular financial support from the state. It was not much but I am thankful for it anyway.

A very important person for me has always been my sister, who lives in Helsinki. We had long conversations over the phone about our respective situations. My elder brother, who lives near Joensuu, used to come to me for a chat and a haircut before the pandemic. Our relationship suffered in the corona months as he and his wife were strongly of the opinion that corona was just a flu and the vaccinations given by the health care were useless, and probably even contained vicious microchips paid for by Bill Gates. For him, wearing a mask was simply an indication that you were a weakling and a slave of the state. We did not talk to each other practically at all until the pandemic was over. Getting back to normal, free chatting was difficult because you feared that your brother would start ranting about the many conspiracy theories which he had kept advocating only a few months earlier.

The corona months, years actually, were for me a difficult time mentally, physically and financially. I am so happy that the pandemic is over now.

The text is based on an interview of my hairdresser in April 2024

Ulrike Kurth
Family

Diary entry 04.11.2020

Our first grandchild was born today! A girl. What a joy! Mum and baby are healthy and the father is also very happy and content. Unfortunately, we can only talk on the phone. We are not allowed to go to the clinic because there are special conditions at the moment due to the corona pandemic. Only mum and dad are allowed in - after mandatory tests. Visits are unthinkable.

So, we can't hold our grandchild in our arms, can only congratulate our daughter by phone - how good that you can make a video call - and hope that all three of them get home as quickly as possible. As everything went well, it probably won't take too long.

Diary entry 10.11.2020

The little girl has been at home for three days now - and as the family lives right next door to us, we can also see the little mouse. This is not a matter of course, because at the moment we are not allowed to visit other households and people who are not vaccinated, such as the other grandparents, are not allowed to visit at all.

Diary entry 15.12.2020

Our little mouse is now almost six weeks old, but the conditions are strange: apart from her parents, us - grandma and grandpa - and the doctor, she hasn't seen anyone yet. The strict lockdown is in place everywhere and no one goes anywhere to visit or would take the child shopping. You are allowed to go shopping because you have to, but there are a lot of rules to follow and of course nobody takes a baby with them.

Diary entry 06.02.2021

What a crazy time. Today our daughter had to go to the clinic for a follow-up check-up and I offered to go into town with her to take our little mouse for a walk. No sooner said than done! With a mask. What a strange impression the child must have of her surroundings. She's allowed out of the house and is taken for a walk in the pram, but she can only see her grandma's eyes because the lower half of her face is covered by a mask. That's pretty spooky!

Diary entry 31.07 2021

Our little girl was baptised today. After nine months - but it wasn't possible much earlier because there were restrictions that prevented it. At times, only five people from two households were allowed to come together. But we were ten people from five households (at least), plus the priest and the person being baptised. So, none of that worked. And all the planning and considerations had to be postponed again and again. Now it has finally worked out, with a coffee at the young parents' house. Going to a restaurant or coffee shop would still have been difficult. Although it is now permitted again - subject to conditions such as social distancing, face masks and vaccination certificates - the regulations are changed at short intervals, making medium-term planning impossible.

These are really strange times we are living in. And the number of people that our granddaughter has met so far and that she has actually seen (without a mask or a minimum distance of two metres) is very limited.

***

Diary entry 16.03.2024

Our second grandchild was baptised today. What a different situation. We were able to visit the little boy and his mum in the clinic on his very first day of life. Father and big sister were able to come and go as they pleased without any tests and baptism preparations could take place without any strange restrictions.

How limited was our life for almost 24 months? And whether all these regulations really prevented infection is still not clear. Everyone agrees that vulnerable groups needed special protection, but whether all public life really had to be paralysed is not clear.

It therefore seems all the more important to learn from this experience, because a pandemic that requires special measures could break out again at any time and we should have learnt from the experiences of 2020 - 2024.

Nick Oakley
Friday 13 March 2020 - the beginning of an uncertain time

I still remember this day well. On 13 March, the performance of the black theatre (school theatre at Westfalen-Kolleg Paderborn) with the title "Finsterworld" was to take place. Friday the 13th as a bad omen? This was true for me and many others. We had been rehearsing for a whole year. We had played our dress rehearsal the day before and it was a complete success.

The excitement grew before the premiere of the play we had put so much time, love, sacrifice and passion into. At the dress rehearsal, there were already the first doubts as to whether we would be able to perform the next day as we had imagined due to the coronavirus. Many possible alternatives were discussed, precautions were taken and alternative options were considered. We didn't want to give up our hard work and our beloved theatre piece and were determined to share it with others.

Unfortunately, the inevitable came true and disillusionment set in when we were told by our director.

"We have to put the play on ice for an indefinite period of time!"

What I didn't realise at the time was that we would never perform the play.

And so began a long period of uncertainty, social isolation and collective egotism.

The uncertainty as to whether the theatre performance we had rehearsed for so long would ever take place, the uncertainty as to how the upcoming A-level exams would go and whether they would even be feasible, as well as the uncertainty about our upcoming studies. Then there was the social isolation from friends, family and leisure activities and the collective selfishness of hoarding pasta, toilet paper and other everyday necessities.

The society we live in and social interaction were put to the test. And well, it didn't go really smoothly. But who can blame us.

The school-leaving exams were then held under strict protective measures and the applicable corona rules. After months of isolation, it was definitely not a pleasant experience to take exams with masks on in the heat of the premises that would decide our future careers. But somehow it worked. The Abitur was passed. Graduating from Westfalen-Kolleg Paderborn, where I had one of my best times, was overshadowed by the coronavirus.

Unfortunately, the uncertainty didn't stop there. Corona was spreading around the world and studying psychology was just around the corner. A new chapter, a new opportunity, a new city, new experiences and lots of new contacts. It was very exciting and scary at the same time.

I moved to Braunschweig at the end of October 2020 to start my psychology degree in the hope that the coronavirus would soon subside. My hopes were not realised, I spent some of the loneliest moments of my online studies in a city where I knew no one but one person.

Thank goodness a good friend I had met at Westfalen-Kolleg and with whom I had performed in theatre had moved into the same hall of residence to study in Braunschweig. I don't know what effect this time would have had on me if I had been completely alone....

Sean O` Coistealbha
Life of a CEO in a community development organisation during the Covid 19 pandemic

The pandemic impacted on every aspect of life both personal and professional in rural and urban areas and created many challenges. In many instances it proved to be unchartered territory for both citizens and the State. The first consideration for me, as a CEO of an organisation dealing with human resource development in the Irish language or Gaelic speaking regions of Ireland, with a staff of 140, was to decide which staff would become essential workers in our main and regional offices.

Ten staff members were chosen to act as front-line staff in our Galway and Donegal offices. These staff were responsible for delivering food, groceries and medication to elderly and vulnerable people in the community. Our restaurant remained open with staff in the kitchen and a transport crew who delivered cooked meals to the elderly people in the local area. We worked with health care workers and providers so that we would be a link between them and their clients. We maintained a core staff in our administrative office to co- ordinate all aspects of these essential services.

We also remained in communication with the staff who were working from home or remotely. This ensured that we were able to provide and develop our childcare, education, training and Irish language services to young people by using Zoom.

We produced short videos / films based on folklore, history, mythology and stories which were available on our website and could be viewed by parents and children in their homes to provide learning opportunities and continue with their education. We extended this model to our Childcare sector and although it was not ideal it provided a means of keeping in contact with the children. Funding was provided by the government which allowed us to develop an online presence. We were also able to develop new innovative programs for young people which helped them to develop skills such as resilience in those challenging times.

The pandemic created serious challenges to our organisation, but it also increased our resilience and overall strength. We are proud that we were able to provide important services to the elderly in our community. This effort improved teamwork and communication within our organisation. We developed strong ties and working relationships with government departments

and agencies because of our willingness to take on new tasks and responsibilities.

There is a strong sense of co-operation and community in rural areas along the West of Ireland in which our organisation works. This sense of community is further enhanced by the Gaelic language which is spoken in this region. The word for resilience in Gaelic is '*teach aniar*', which literally means '*coming from the west*'. We "*came from the West*" and became a stronger organisation during this crisis as a result of the support we gave and received from the community.

Linda Rozentāle-Roze

**How Covid and social distancing affected the work of the
Liepāja Museum**

We know from historical sources that there were different pandemics at different times in the past, but until recently, we had only read about them in history books, and although the most serious pandemics in history, as well as their effects were described most vividly, it seemed that we would never be affected by such an experience directly.

However, 2019 came along, followed by the year 2020, and we were indeed being forced to face the effects of a pandemic, the consequences of which we still feel today.

Obviously, the pandemic drastically changed everyone's lives worldwide, and for many it turned their daily routine "upside down".

There are scores of stories on how restrictions, including social distancing, affected people's private and professional lives. I want to share with you my story which is about the impact the pandemic had on museum life.

Here are my three most vivid memories:

No. 1

One of the most recognized painters in Latvia, Līga Ķempe, who was born in Liepāja, had finished setting up her solo exhibition in the large exhibition hall of the Liepāja Museum. Invitations to the opening ceremony of the exhibition had been sent out, when, just on the day before the opening event was planned, a complete lockdown of the country was announced, which meant a complete ban on all gatherings. Consequently, the Liepāja Museum was closed to visitors. Both, the artist, and the museum, as well as the guests invited were very disappointed, but they kept hoping that the museums would be reopened soon ... meanwhile the exhibits of Kempe's collection remained standing in darkness, in silence, and nobody saw them because the restrictions were only lifted when the end of the exhibition had come and the next artist was already waiting to set up ... Sadly, Līga Ķempe's paintings were removed from the walls in the hall, without being seen by a wider public, except the museum personnel.

No. 2

The restoration process of the new branch of the Liepāja Museum – the 17th to 19th Century Interior Museum "Madame Hoyer's Guest House" – had just been

completed and work had begun on the arrangement of the museum's expositions. We mainly planned to look for objects from the collection of the Liepāja Museum and there was the further idea to get exhibits from other museums in Latvia, but it turned out that there were only few objects available and not all of them corresponded to the concept of the new museum. The decision was made to start searching for objects in Europe, primarily in the Netherlands, since the original owners of the building were of Dutch origin and the exposition on the first floor of the building is dedicated to a historical retrospective, which depicts the original use of the building – it was a 17th Century guesthouse.

Originally, there was a chance to go on "a shopping tour" to the Netherlands and Belgium, but all too soon the pandemic started, which restricted any movements across borders, imposing quarantine on people upon arrival at their foreign destination and upon returning home. The museum, of course, could not afford such a waste of time, so we decided to make long-distance purchases from European auction houses and private collectors, and that was when "the story of trust" began. The museum had to be confident that the item being purchased was exactly of the period expected and in such a state of preservation that it could be put on display in the museum. It must be said that, for the most part, the transactions were successful, though sometimes there were disappointments.

When receiving another shipment from abroad, it felt like opening Christ mas presents because it was as if we knew what it was going to be (as we had put it on Santa's wish list), but it came still as a surprise - what quality the item we had received would be like and whether it was exactly what we were looking for. We have learned that nowadays you can improve photos quite well by *Photoshop* and other photo editing programs and thus make things look more beautiful in a photo than they look in real life. But in general, the result was quite good. You can make sure of this by visiting the museum. Welcome!

No. 3

The third memory I want to share with you is about our Museum Education Classes, which is a very popular activity. In Latvia, a state-supported program called "the School Bag" has been implemented, which allows schoolchildren to attend concerts, theatre performances and other cultural events, as well as free classes in museums. Many schools take advantage of this opportunity, and the Liepāja Museum had booked several hundred lessons for the entire school year.

However, during the lockdown, the museum was closed to visitors. What to do? How to deal with the situation?

The Liepāja Museum staff organized a "brainstorm" and the idea of the museum developing some kind of distance-learning educational programs was born. Of course, it was not without challenges because not everything can be shown through a *PowerPoint* presentation, … and a museum educator standing in front of a computer on a *Zoom* platform would be quite boring ... and above all we realized that the museum does not have any professional video equipment ... so we looked for the best mobile phones with the best video cameras among our museum staff and … created a new role as video operator ... and – the result was good, young people liked it and the goal was achieved! For schools that are far from Liepāja and cannot come to the museum, we can now offer one of the distance-learning programs prepared during the lockdown.

I hope that we will not have to face such challenges again!

Clara Spenner
Long Covid - the invisible disease

Hi there, my name is Clara, I'm 18 years old and passed my A-levels this year. Sounds easy, but it wasn't a walk in the park...

For those who are not familiar with the topic of long-haul covid or post-vac syndrome, here is a short explanation: Long-haul covid is a disease following a covid infection. Post-vac syndrome, on the other hand, is a reaction to the covid jab. Both diseases can massively impact and change the lives of those affected. Heart problems, shortness of breath, difficulty concentrating, memory loss, joint pain and exhaustion (fatigue) are just some of the symptoms that millions of people suffer from. But what exactly is this illness and how does it affect everyday life?

My story begins in January 2022, when I got my third covid jab for maximum protection against the virus. Shortly afterwards, I became very ill. I initially thought that it was covid as most of my classmates also had it at the time. However, all PCR tests came back negative, as well as the antibody test in my blood that I had done a few weeks later.

Once recovered, I went back to school. At first, I was quite careful during PE so as not to get myocarditis. We started doing athletics at the beginning of March. I always loved doing sports and used to be a middle-distance runner. Therefore, I was very worried when I had difficulties breathing after just the warmup. The breathlessness got from bad to worse, and I had severe chest pain as well as a violent cough.

This was the beginning of my medical odyssey: Cardiologists found some fluid around my heart, pneumologists helplessly observed how my pulmonary function and lung capacity deteriorated at every appointment. I was prescribed three different inhalers, which worsened my health condition so much that I was no longer able to walk up the stairs in my house. GPs prescribed autohemotherapy and all kinds of capsules, which also didn't help. I had breathing therapy to enlarge my lung capacity and many other procedures and treatments. All the medical experts I saw were at a loss, some even tried to persuade me that it was all "in my head". Even after X-rays and scans of my lungs, no doctor could explain my breathlessness - it was as if the disease was invisible.

I got covid for the first time in September 2022. I've never been as ill as during those two weeks. I had every symptom imaginable: nausea, dizziness, chills,

fever, aches and pains everywhere, etc. I didn't even have the strength to go to the toilet on my own. Two weeks after my recovery, I realised that I was constantly exhausted and couldn't focus at all. These symptoms then developed into brain fog and chronique fatigue. The fatigue severely restricted my school attendance. I was able to only attend lessons a couple of days a week. On top of that, my immune system completely collapsed, and I was very ill every fortnight.

I missed more and more exams and lessons and was totally overwhelmed. After the Christmas holidays, I decided to take a break from school because I simply couldn't cope physically and mentally. My condition went downhill over the next two months. My mum even had to help me get out of bed every day because, no matter how long I slept, I was too exhausted to get up on my own. I then started oxygen therapy and osteopathy. The latter helped to improve my energy levels, as did a microcurrent device called Arc4health.

After thinking long and hard about whether I should go back to school at all, I decided to not give up and instead to try to pass my A-levels together with my friends the following year. I worked out my own timetable with the school, which included three to five lessons max a day. In the end, however, I only made it to school three times a week at most, with a sickness absence of 60%. The school arranged for me to not be graded until May so that I would have enough time to catch up. This meant that I had just six weeks until the end of the school year to get the 40 grades required to pass year 11.

During this time, I also started neurofeedback sessions to alleviate my brain fog. Thanks to my doctor, I was allocated 40% more time in each exam. This was quite helpful, but I still had to get grades in subjects that I hadn't attended for a good 6 months. I constantly had oral exams to pass, even on the last day of school when the whole class had already broken up.

In the new school year, I had to skip the school trip to study for a maths exam and two other exams remaining from the first half of year 11. Shortly afterwards, I got covid again, but thankfully it wasn't as bad as the year before. This time though, covid affected my digestive system. I suddenly became lactose intolerant. From that time onwards, every time I had an (even mild) infection, I could tolerate dairy less and less.

In mid-November, I finally had passed all the exams for the whole of year 11. The A-levels were getting closer, and I had to try to attend school as much as possible. I managed to miss only three exams in the whole of year 12, had a full

class schedule (8-ish hours a day) and went to school four times a week. What an improvement!

To support my immune system, I started doing weekly IV drips. I was able to focus more, had less word finding difficulties and an overall better memory. It was still all quite stressful, but my condition improved, my sickness absence was down to 40% and I found it easier to keep up in some of the subjects.

On June 28th, I officially passed my A-levels (Abitur). I was so relieved and happy to have made it despite all the odds! 10 days later, I went on our school trip to Corfu. I was quite nervous as I was unsure whether I would be able to join in the fun without pushing myself too much and getting a dreaded "crash".

Two days before the end of the holiday, I became seriously ill (I couldn't go to the toilet without holding on to the walls, that's how weak I felt). I had a high fever, felt dizzy and slept almost all the time. A local GP put me on antibiotics which enabled me to get on the flight home. Once I had recovered, I noticed that I constantly felt sick after eating and that my stomach was very bloated after each meal.

My condition gradually worsened over the summer holidays until I had to live on rice and baby food. This meant that I was basically starving for three weeks because I couldn't eat big quantities and because the baby food didn't provide me with enough calories. The gastroenterologist that I saw found nothing that would explain my condition. After three weeks, I finally got better thanks to acupuncture, a careful balanced diet and a special gut treatment. Unfortunately, I now can't eat dairy and gluten on top of that. If I accidentally do, I suffer from severe symptoms and pain.

Today, long covid still affects my day-to-day life. However, I have learnt to deal with everything and know what to do when I have symptoms. I also still need to plan at least two 'days off' every week to lie down and rest. My long covid journey is far from over, but I have learnt a lot about myself and have already come such a long way.

Brigitte Suerbaum-Renner
When the lift lost its laughter

"The average size of a lift in Germany is 2.03 square metres. […] The minimum distance of 1.5 meters is theoretically possible, but it can get tight when getting in and out." …[16]

The lift in the underground car park, which takes people up or down 4 floors, is 2.35 square metres in size. According to the metal sign inside, its maximum load is 13 people or 1000 kg. When the two of us and our little dog are standing in the lift, it is full, especially since we usually have a shopping trolley with us for visiting the popular farmer's market. As soon as the lift stops on its way up or down to pick up more people the following conversation develops:

He: *May we join you?*

You: *Of course, you are welcome. There is still room for many!*

He: *Really? Well.*

We move, two more people get in, you point to the metal sign. Everyone looks at it in disbelief and starts to talk about the gap between reality and theory, by now the lift has arrived at the next floor. The door opens automatically.

You: *Just come in. We'll manage!*

She: *Are you sure? It seems quite crowded.*

You: *The sign up there says 13 people.*

He: *We are still calculating. But I'm confident that the lift will carry us all.*

She (entering with two more people): *We'll make ourselves very thin. As thin as possible. You know, I really must go on a diet. And we're truly grateful to you.*

In the meantime 7 people have squeezed together on 2.35 square metres, the lady is assured that a diet is not necessary for the lift community, shopping bags, handbags, bouquets of flowers and our trolley somehow find room in the gaps, our little dog has settled on 0.09 square metres at the exit door of the lift, it is praised by everyone for this; someone has only just discovered it and promises the little dog a treat when he gets out, children who happen to be

---

[16] https://www.presseportal.de/pm/145854/4733309 [03.10.2024]

travelling in the lift say *"cute!"* and compare it to their own dog, their parents chime in, dog owners get on with each other immediately. Everyone agrees that the little dog does not have to be counted towards the maximum load (*"How much does it weigh?" – "5 kilos"*). We debate whether and how we could possibly take more people with us – after all, 13 people are permitted. Remarks about the time of year and the weather crop up regularly. If someone expresses concern about too much frost or heat, you console them with one of your favourite sayings (although you are not from Cologne, just a lover and good imitator of its typical dialect): „*Et hätt noch immer jot jejange"(Still, it has always gone well)*

The lift stops, the door opens, the little dog gets out purposefully: *"The little one is in a hurry" – "No wonder! Imagine its perspective!", "It needs to find a tree!", "Watch out, let nobody kick the little dog!", Where is its treat?", "Oh!* (searching the pockets of his jacket, facing downwards) *Next time. Definitely. "…*, some laugh and console the little dog while everyone somehow sorts themselves out when leaving the lift one after the other. It is crowded, people nod in a friendly manner, wish each other a nice morning, day, or evening. Sometimes the lift conversation takes you and some people a little further on the way out of the arcade to the market before strangers greet each other a last time and go their separate ways.

Nobody is bad-tempered on the trip in the lift, some limit themselves to a few words (*"Thank you." "Good day." "I'll get out soon, don't worry."*) or make appreciative gestures (frowning, shaking their heads, laughing, huffing, sucking in their stomach, folding their arms, aligning bags in front of their own bodies, standing motionless with a pleading look at the others, all of that while registering the lift's metal sign).

I have experienced this countless times, even your increasing dementia has not put a damper on your joy of life on those occasions. Using the lift remained entertaining.

That was then.

***

Today there was a carefully laminated paper sign at the lift: *Masks required*

In the past weeks and months, we have stopped taking the lift at all, I have refrained from going to the farmer's market out of concern about the necessary distance, which you would not want to or could not keep; the shops were closed. Even on walks through the forest I tried to lead you quickly and at a great

distance around other people so that you did not get involved in conversations that were now unwanted or even not allowed, due to the lack of 2 metres distance. Remarks about the little dog, the weather and the appropriate type of clothing, the visible and invisible animal population of the forest, the huge trees, the old and modern techniques of felling wood …, they remained few. All the while I was moved by the thought that you, for many reasons, belong to the so-called vulnerable groups of people. You found this behaviour very strange and had no understanding at all for it.

Now we are vaccinated, there are fixed rules (about the obligation to wear masks, about minimum distances inside and outside, maximum numbers of people at gatherings, considering the location, the occasion, the family relationships of people while meticulously counting adults and children …).

The two of us, accompanied by the little dog, return to the underground car park in our own car. That is allowed. Before getting out of the car you unwillingly and awkwardly put on the FFP2 mask at my request and a pointed look at the new sign. We only use the lift when it is empty and then I hope that no one wants to get in on its way up.

The lift appears, it stops, the door opens automatically, I stop you from getting in because there are already two people in the place, which has not grown bigger in the past weeks and months. The door closes. I prevent you from taking off your mask. You argue with me. We cannot use the stairs because of your heart condition, and, anyway, it's difficult with the little dog and the shopping trolley. The lift stops again, this time it is empty, we get in and I hope that we will stay alone. That doesn't always work out. Somebody gets in, after briefly hesitating and then following your inviting hand gesture. Fortunately, he is wearing a proper mask. You try to start the usual conversation through the masks, the person opposite looks irritated and seldom responds. I hold my breath, try to keep as much distance as possible between you and the other, the little dog stands on its 0.09 square metres at the exit, it is ignored, everyone is busy with themselves and their mask (pressing it tighter to their nose, tugging at the ear loops, trying to adjust their glasses over it, lifting it from their chin …). People's faces have become narrow strips between the wire-enforced border of their masks and their hairline (or hat, depending on the season), their expressions cannot be read. The lift stops, the little dog gets out first, we all quickly leave the confined space, you sometimes wish the other person a nice day through your mask, rarely do you get an answer.

We get the market visit over as quickly as possible, the way back in the lift for just the two of us and the little dog is logistically easier to organise. I'll wait

with you until we are the only ones standing in front of the opening door at the top. On our way down in the lift there is no one now who will join us even though they want to go up when the door opens automatically in front of them (*"Down, you say? That's fine. I like going by lift." "Goes down first? No problem!"*). Any remarks about the ridiculous metal sign with its 13 persons or 1000 kg are no longer relevant because there is no one else with you except me and the little dog. And I know the sign.

At some point the carefully laminated paper sign "*Masks required*" disappeared.

The doors of the lift open and close automatically, people get in and out, nobody misses the masks, everyone moves together, standing close (*"Oh, look! There is a little dog! What breed is it?", "Can it actually bark?"*). But the old intimate contact is missing, most people (unconsciously?) try to keep a little distance. You no longer talk to the others in the lift, even though the metal sign has not changed: 13 people or 1000 kilos. You look at me and, after a while, you usually ask me: *"Where are we going?"* – *"To the market."* Then the lift arrives at the top and everyone gets out. Sometimes someone gives us a quick nod of greeting before walking away. You ask me with a frown: *"Where are we going now?"* I answer: *"To the market."*

My lift has not recovered its laughter.

Owen Swaine
The life of a lawyer during the Covid-19 Lockdown

The COVID-19 pandemic brought unprecedented challenges and restrictions that transformed daily life. During the lockdown, people's movements were severely restricted, prohibiting social interactions, visiting loved ones in hospitals or nursing homes, and even attending work in many cases. Only essential workers, such as the police and emergency services, were permitted to travel to work. Among these essential workers were lawyers, who continued their critical roles despite the daunting circumstances.

Adaptation and Resilience in the Legal Profession

Crisis often reveals the resilience and adaptability of individuals and society. The pandemic was no different. Legal contracts, which often contain provisions for significant financial penalties for delays, did not anticipate the global disruption caused by the lockdown. Initially, lawyers braced for a surge of legal disputes as businesses and individuals faced unprecedented challenges. However, contrary to these expectations, many issues were resolved through mediation and common sense rather than court battles. This period highlighted the legal profession's capacity for pragmatism and cooperation in the face of a crisis.

The Pandemic's Impact on Legal Work

My firm remained busy throughout the COVID-19 lockdown, assisting clients who saw the period as an opportunity to restructure their companies. This restructuring required comprehensive legal advice on various issues, including employment, company liquidations, and the duties of directors. Beyond advisory roles, attending court on behalf of clients was a significant part of our responsibilities. Despite the restrictions, the courts continued to operate, albeit with stringent measures in place. Only a limited number of people were allowed in the courtroom at any one time, and wearing face masks was mandatory. The pandemic also led to numerous adjournments as people contracted COVID-19 or used it as a reason to delay hearings. Even judges were not immune, with some cases postponed indefinitely due to judges contracting the virus.

The Experience of Traveling for Court

Traveling to local courts was relatively straightforward, but long-distance travel for court appearances presented unique challenges. The roads were eerily quiet, a stark contrast to the usual hustle and bustle, resulting in shorter travel times. However, staying in hotels felt like imprisonment. Hotel receptions were

shielded by glass screens, and staff wore masks. With restaurants and bars closed, and everything in rooms placed in plastic bags, the experience was isolating. Breakfast was the only meal provided, and the city, particularly Dublin during my stay, felt deserted, almost apocalyptic.

Innovations and Collaboration in the Legal System

The pandemic's impact on the legal profession necessitated a collaborative effort between court services, legal practitioners, and the judiciary to keep the system functioning. One significant innovation was the introduction of remote hearings for certain cases, a first for the legal system. Zoom meetings became a daily occurrence, fundamentally changing how legal professionals conducted their work.

Reflecting on the Pandemic's Legacy

The devastating impact of COVID-19 on society cannot be overstated. However, as a society, we managed the crisis and emerged on the other side, sometimes with accelerated innovation and new work practices. The pandemic forced the legal profession to adapt rapidly, demonstrating its resilience and capacity for innovation. While the challenges were significant, the crisis also highlighted the best aspects of human nature—cooperation, pragmatism, and the drive to overcome adversity.

In conclusion, the life of a lawyer during the COVID-19 lockdown was a blend of unprecedented challenges and remarkable adaptability. The pandemic underscored the essential role of legal professionals and showcased their ability to innovate and collaborate under pressure. As society continues to recover and evolve, the lessons learned during this period will undoubtedly shape the future of the legal profession.

Helena Tanskanen
My diary about my father

Year 2020:

14.03.2020 The corona pandemic has now also reached Finland!

30.03.2020 Corona is always the number one topic.

My father is no longer allowed to go dancing! It was his favourite hobby. Older people should protect themselves from infection. That means it's better not to leave the house to avoid contact. My brother and I provide him with food and medication. However, the day before yesterday he went shopping himself, without authorisation. He thinks he needs to get out for a change.

08.04.2020 A short walk with dad, then coffee outside in the sun. I sit a little way away from him - just in case...

I've sewn a face mask for him. If he really wants to go shopping, he should go early in the morning when there's not much going on.

And so it goes on. Dad is suffering! He wants to go out to see people. Unfortunately, he hardly has any friends left. Many are no longer alive or the few he still has stay at home for fear of catching coronavirus. He goes out for walks less and less. That's annoying!

***

Year 2021:

The year is over. Actually, a bleak year for dad. He lounges more and more within his four walls. He goes for a walk when he's lured out. It's amazing that his strides are still long and his posture is good.

March 2021 Dad complains that his legs are no longer as strong. He has little desire to go out. After reminders, he finally does it. He now uses walking sticks for safety.

14.12.2021 Dad fell and was taken to hospital by ambulance.

***

Year 2022:

01.02.2022 The corona isolation is over!

06.02.2022 Discharged from hospital. He can move around the house with a walking frame.

March 2022 Dad's legs have become weak. He will never be able to dance again. He also suffers from loneliness.

Lonely. Lonely. Lonely....

***

Year 2023:

25.03.2023 Dad has strong signs of dementia. He forgets things.

25.12.2023 Dad forgets to take his medication or takes it at the wrong times. He feels that life is joyless. He already wants to die.

***

Year 2024:

Summer 2024 His legs are like 'macaroni', so weak, he says. I still manage to get him to go for a short walk. The dementia is advanced. His short-term memory is gone.

He used to be very fit before corona. He used to go dancing twice a week. He was a good dancer. Now he walks a few hundred metres once a day. Before corona, he enjoyed socialising with people. After corona isolation, he no longer had contact with people. Only one friend visited him once a week. In the meantime, even that has become less frequent. There are only us children that he gets to see more often, the grandchildren too rarely. The isolation continues for him. He often says that life is over for him now...

Mario Di Santo / Samy Benmbarek
Project start questionnaire

Social Distancing Questionaire

Status quo of the partners at the start of the project

At the beginning of the project, all partners received a questionnaire to record how the partners in the various countries perceive the situation. Some important results are briefly presented on the following pages:

Particularly affected areas and people

Particularly affected
Areas and People

- Age Groups:
  - Pupils & Students
  - Elderly
- Areas:
  - Nursing Homes
  - Schools
  - People affected by risk factors
    (bad health conditions and/or living alone)
- Minorities
  - Ethnic Groups
  - People with a diverse sexual orientation
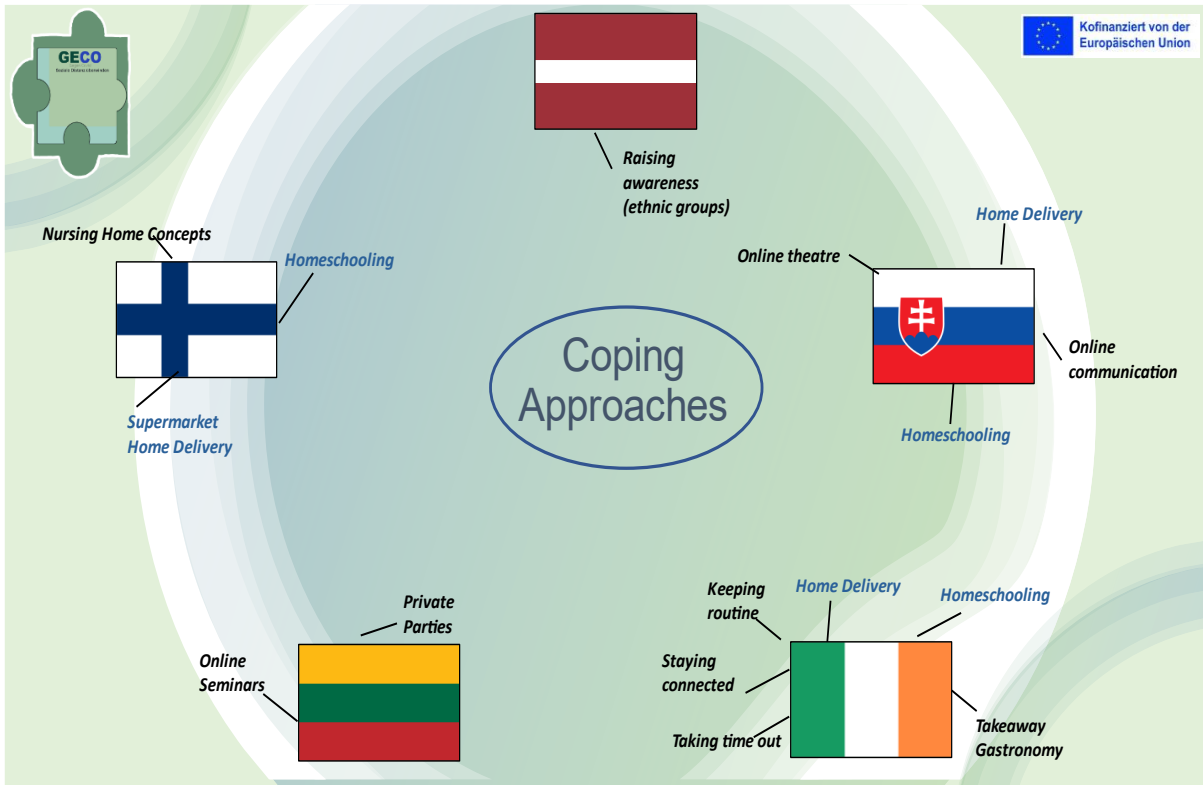
Coping Approaches

- **Remote Infrastructure:**
  - **Home Delivery Services**
  - **Homeschooling**
  - **Video Calls**
  - **Social Media**
- **Individual Coping:**
  - **Private Parties**
  - **New Routines**
  - **Private Projects**
  - **Time-Outs**
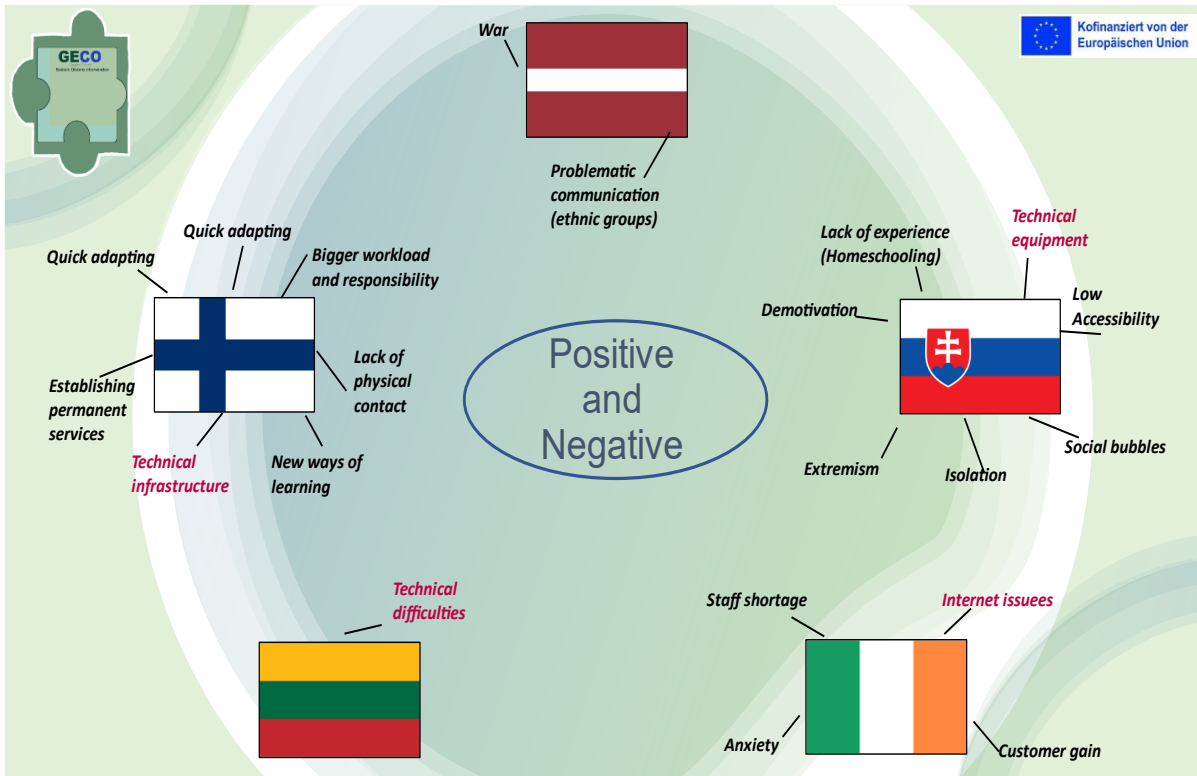
Positive and Negative
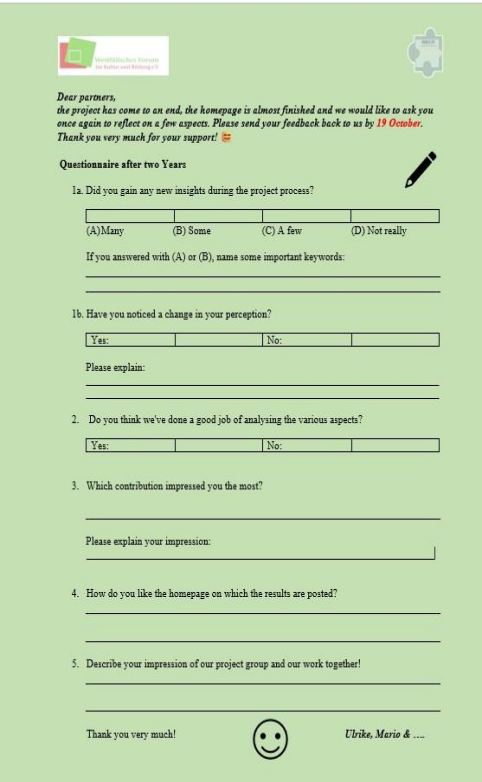
Ulrike Kurth
Evaluation data

Evaluation after two Years

At the end of the project, the coordinators were asked how they rated the work, the results and the presentation on the homepage.

The coordinators from all seven organisations gave their feedback. Accordingly, a total of seven responses were received.

1a.   Did you gain any new insights during the project process?

many   some   a few   not really

1a.   Additional keywords

The following aspects were mentioned in explanation:

➢ wide variety of examples
➢ very different groups
➢ new insights
➢ improved management skills
➢ the pressure of suffering on young people
➢ fatal consequences for the elderly
➢ rapid technical reactions
➢ cultural differences in solution strategies
➢ innovative ideas
➢ self-perception
➢ reflection
➢ social distancing not only during the pandemic
➢ Loneliness is not age-dependent
➢ need for help

1b. Have you noticed a change
in your perception?

Yes:
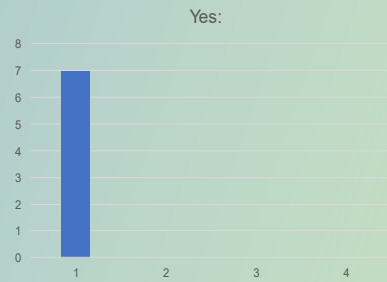
Everybody answered with „YES", N = 7

1b. Additional keywords

The following aspects were mentioned in explanation :

➤ broadening horizons
➤ similar problems => different solutions
➤ new perspectives (3x)
➤ new information (4x)
➤ better attention needed for children and disabled people
➤ need for support for young people
➤ prevent loneliness

N = 7

Quote: 'Finding the truth can be very difficult!'

2.   Do you think we've done a good job of analysing the various aspects?

Yes:
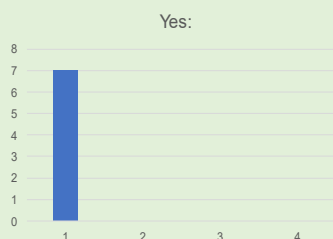
Everybody answered with „YES"

---

3.   Which contribution impressed you the most?

Summary of the answers: a wide range is covered here, but there are also an astonishing number of similarities!

➢ the diary entries are touching
➢ very personal and private impressions have been captured (3x)
➢ it has been possible to portray personal feelings and solutions
➢ the material can be used well for further learning processes
➢ the Slovakian scenes are impressive (5x)
➢ the Finnish scenes are impressive (3x)
➢ the statements are credible
➢ an unhealthy acute environment becomes clear
➢ many people live in toxic relationships

4. How do you like the homepage on
which the results are posted?

This question was also answered in a differentiated manner:

impressive dynamic inviting clear
interesting user differentiated
clear friendly
diverse appealing

GECO
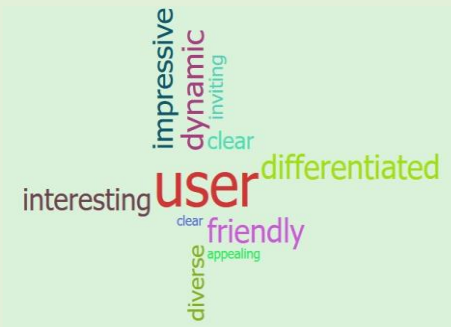
Additional Remarks

In addition to the judgemental adjectives, there were
also comments on the possible use of the site:

➢ The material can be used well for learning processes

➢ The examples can be used in a variety of ways

➢ The project results can be used not only in the
school/university context, but also as an information tool
for public relations work

GECO

5. Describe your impression of our project group and our work together!

These answers have made it clear why it was possible to show differentiated results and well-done video examples on the homepage: the project group worked well!

➢ The atmosphere was good and very pleasant.
➢ I feel it was a great success.
➢ We were a good team (4x).
➢ Different backgrounds were brought in (3x).
➢ Some of the results were eye-opening,
➢ The work was well organised (3x),
➢ The work plan was clearly structured and was well adhered to (3x).
➢ The discussions at the meetings were very intensive.
➢ The co-operation was good and conflict-free.
➢ The structure was constructive and goal-orientated.
➢ Mutual support was a matter of course.

Conclusion :

Ulrike Kurth
Remarks on the project work and the homepage

This Erasmus+ project was applied for in spring 2022, when the pandemic wave in Europe was gradually subsiding again. The rules in the COVID phase have had a lasting impact on life and work (lockdown, home office, contact ban, cancellation of culture, tourism, sport, etc.). These measures can be described as significant cuts to everyday life. Strategies have been developed everywhere to deal with this situation. This phase was to be reflected on transnationally in the project work and the respective solution strategies were to be evaluated. It seemed important to take a critical look at whether the strategies were appropriate, half-hearted, inappropriate, etc.

A review and analysis of the status quo should clarify what consequences the enforced social distancing has had for the various areas of life. An intercultural and intergenerational approach was implemented with a very mixed group of partners (in terms of age and institutions). The guiding aspect of the project work was to describe ways in which 'social distance can be overcome'. The working hypothesis was: 'If we are more practised in dealing with exceptional situations, with distance and social isolation, we can develop better ways of taking precautions in order to be able to lead a - more or less - normal life in times of crisis. This is closely linked to our physical and mental health and our general well-being.

Various activities were planned for the joint work in the project group:

➤ We wanted to compare the approaches in our respective regions - from the west of Ireland to Finland, the Baltic states and Slovakia, which makes such an exchange interesting.
➤ We wanted to learn from each other how they dealt with difficult situations and constructively solved problems caused by contact bans.
➤ We wanted to research the background in order to better analyse 'social distancing', 'isolation' and 'resilience'.
➤ We wanted to create scenes that show examples of situations in which solutions worked or failed.
➤ We wanted to compile material that could be used for learning processes and that could be passed on in a course, for example, to enable other interested parties to review and analyse this remarkable phase of life.

- ➢ We also wanted to encourage the partner organisations to present their own measures and reflect on them together as a team.
- ➢ We wanted to compile a publication that would contain the materials from the homepage as a print version.

As part of the joint work, the partners in all the centres created short video scenes that recreate various everyday situations during the pandemic. It was important to show problems, disputes and solutions. Some suboptimal solutions are also recorded (see homepage).

Two longer videos were created with the entire team, one showing the work process, the start-up phase and the reflection and the other recording an award ceremony at which the best videos were honoured. In this way, it was possible to play some of the videos in short excerpts and to identify the focal points of the individual partner organisations through the text of the awards (see homepage).

In a further step, diary entries were collected that reflect or comment on situations during the COVID phase from 14 different perspectives. People between the ages of 18 and 76 have had their say and very different, private impressions are told.

During the project work, two student theses (term papers /BA theses) were written, which are printed here. It was only in the final phase of the project that we decided to produce this publication because we realised that we had collected interesting material that we wanted to make available to a wider readership.

In addition to this publication, the collection of all materials, including the videos and some Power Point presentations that are not suitable for printing, can be found on the detailed homepage. All content is presented in German and English: geco.westfaelisches-forum.de

In the final questionnaire, the coordinators of the centres repeatedly pointed out that the work in the team had been very harmonious and conflict-free and that they had enjoyed the gradual expansion of the content. This is reflected in the diversity of the results. This Erasmus+ project was characterised by a great momentum of its own and an unshakeable confidence that 'we would get there'. Looking back, it has to be said that some of the video scenes were really not easy and that there was no 'rehearsal' for the video scenes of the whole group,

but that the scenes that can be seen on the homepage were recorded without further practice. All the scenes were recorded in English - without a script, just a sketch - and there were only two native speakers (IR) in the team. Knowing these conditions, it is fair to say that the project group achieved good results.

All participants in this project are pleased when the results are noted with attention, interest and also with a certain learning effect.

Authors

Andrushko, Serhii, Student, Vytauto Didziojo Universitetas, Kaunas, LT

Austen, Georg, Msgr., General Secretary and CEO Bonifatiuswerk, Paderborn, DE

Benmbarek, Samy, MA, Psychologist, Gütersloh, DE

Brūna, Ilze, Student, RTU Liepaja Academy, LV

Di Santo, Mario, Student, Vienna University, AT

Folan, Mary Kate, MA, Muintearas, Leitir Moir, IR

Förster, Philipp, Student, Braunschweig University, DE

Glumbakaitė, Augustė, Student, Vytauto Didziojo Universitetas, Kaunas, LT

Jansone, Ieva, Student, RTU Liepaja Academy, LV

Karttunen, Kimmo, Member of the Finnish-German Association, Joensuu, FI

Kurth, Ulrike, Dr. Dr. h.c., CEO Westfälisches Forum für Kultur und Bildung e.V., DE

Manfelde, Zanda, Student, RTU Liepaja Academy, LV

Medne, Dace, Prof. Dr., certified psychologist, Director of Liepaja Academy of Riga Technical University, LV

Mihálikov, Ema, Student, ZUŠ Jána Albrechta, Bratislava, SK

O` Coistealbha, Sean, MA, former CEO Muintearas, Leitir Moir, IR

Oakley, Nick, Student, Braunschweig University, DE

Ročāne, Maija, Dr., Professor, RTU Liepaja Academy, LV

Rozentale-Roze, Linda, MA, External Relations Coordinator Liepāja Museum, LV

Siroká, Tereza, Student, ZUŠ Jána Albrechta, Bratislava, SK

Spenner, Clara, A-level Student 2024, München, DE

Suerbaum-Renner, Brigitte, StD i. R., Paderborn, DE

Swaine, Owen, MA, Solicitor, Galway, IR

Tanskanen, Helena, Joensuu, FI

Výbohová, Darina, Dr., Freelance consultant, Zvolen, SK

Weßling, Melina, MA, Psychologist, Gütersloh, DE

REIHE: BILDUNGSPROJEKT EUROPA
Bisher in dieser Reihe erschienen: