



Človek a spoločnosť

[Individual and Society]

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Editoriál

Editorial Comment

Editoriál

Existencia ľudstva sa od jeho počiatkov tiahne ruka v ruke s fenoménom chudoby. Vnímanie chudoby ako sociálneho javu sa v priebehu rokov menilo. Premeny vnímania tohto fenoménu je možné vidieť od Akvinského poňatia chudoby ako stavu daného Bohom, cez Juanom Luisom Vivesom vypracovaný systém komunitnej starostlivosti o chudobných spočívajúcej v zriadení chudobincov a poskytnutí práce (*De subventione pauperum*), až po reformy sociálnej starostlivosti a teórie o populácii, chudobe a jedle britského ekonóma Thomasa Roberta Malathusa. Ten odmietal všetky opatrenia podporujúce rast chudoby. V 20. storočí boli vytvorené mnohé koncepcie štátnej sociálnej politiky, ktoré sa v súčasnom 21. storočí znovu a znovu inovujú a vyvíjajú.

Napriek modifikáciám vnímania a vysporiadavania sa s chudobou v minulosti bol tento jav takmer stabilne chápaný ako stav, v ktorom jedincovi chýbajú prostriedky na uspokojovanie potrieb. Dôsledky tohto strádania je možné badať tak v individuálnej, ako i spoločenskej rovine. Chudoba je však mnohokrát označovaná ako relatívna. Jej relatívna podstata nespočíva len v nejednotnosti exaktného vymedzenia, ale i v jej subjektívnej podstate súvisiacej so zamýšľaním sa, čo vlastne človek k plnohodnotnému životu naozaj potrebuje.

V súčasnosti keď prežívame druhú vlnu pandémie a očakávame tretiu ostáva stále nevyhľadnou obavou otázka, aké to všetko bude mať následky? Už dnes mnohí stratili prácu, nie sú schopní platiť účty a vízia zamestnania sa je v nedohľadne. Čo je však horšie, táto chudoba prináša aj citové a sociálne ochudobnenie, čo je dôsledkom izolácie ľudí, najmä seniorov. Kým strata finančných prostriedkov môže viesť k zvýšenej aktivite ľudí v snahe vyrovnať finančné straty, sociálne a spoločenské ochudobnenie vedie takmer vždy k rezignácii a strate chuti do života. Všetky tieto okolnosti nás priamo ovplyvňujú a prinášajú tak zdravotné, ako sociálne a celospoločenské zmeny a následky.

Prvé číslo roku 2021 ponúka aktuálne témy začínajúc výskumom objektívnej a subjektívnej chudoby a končiac problematikou koronakrízy u slovenských seniorov.

[Jaroslava Babjáková](#), [Samar Issmailová](#) a [Peter Babinčák](#) v prvom príspevku poukazujú na *Vnímané príčiny chudoby v kontexte objektívnej chudoby, subjektívnej chudoby a vybraných sociodemografických premenných*. Autori mali ambíciu zistiť existenciu štatisticky významných rozdielov v individualistických, štruktúrnych a fatalistických vnímaných príčinách chudoby medzi objektívne chudobnými a objektívne nechudobnými ako aj medzi subjektívne chudobnými a subjektívne nechudobnými. Okrem toho chceli identifikovať prediktory individualistického, štruktúrneho a fatalistického vnímania príčin chudoby. Výsledky ich skúmania dokázali, že existujú štatisticky významné rozdiely v štruktúrnych ako aj vo fatalistických vnímaných príčinách chudoby medzi objektívne nechudobnými

a objektívne chudobnými ako aj medzi subjektívne nechudobnými a subjektívne chudobnými, pričom objektívne chudobní a tiež subjektívne chudobní preferovali štruktúrne a fatalistické vnímanie príčin chudoby viac než objektívne nechudobní a subjektívne nechudobní.

Problematikou zdrojov stresu a stratégie ich zvládania v období koronakrízy u slovenských seniorov sa zaoberala [Bibiána Kováčová Holevová](#). Jej cieľom bolo preskúmať konkrétne zdroje stresu a stratégie zvládania počas prvej vlny pandémie u rizikovej skupiny obyvateľstva, u seniorov. Prostredníctvom metódy snehovej gule sa online výskumu zúčastnilo 607 seniorov nad 62 rokov z celého Slovenska. Autorka dospela k záveru, že najčastejšími zdrojmi stresu boli pre seniorov sociálna izolácia, rôzne obmedzenia, neistota či obava o blízkych. Najčastejšími stratégiami zvládania boli práca, koníčky, sociálny kontakt či sledovanie televízie. Zistenia B. Kováčovej Holevovej poukazujú na to, že je potrebné vnímať stresovú skúsenosť každého jednotlivca/seniora ako jedinečnú. To môže byť neskôr užitočné pre seniorov i kompetentných v rámci intervenčných aktivít.

Téme stresu a úzkosti seniorov bol venovaný i príspevok [Miroslavy Köverovej](#) a [Beáty Ráčzovej](#) s názvom *Psychosociálne aspekty vnímania a prežívania seniorov počas prvej vlny pandémie COVID-19 na Slovensku*. Ich štúdia je súčasťou rozsiahlejšieho výskumu, ktorý bol zameraný na analýzu psychologických aspektov vnímania a prežívania situácie v súvislosti so šírením ochorenia COVID-19 počas prvej vlny pandémie u seniorov ako rizikovej skupiny obyvateľstva. Cieľom autoriek bolo okrem iného zistiť, ako seniori na Slovensku vnímali a prežívali nástup pandémie a identifikovať rozdiely v negatívnom emocionálnom prežívaní seniorov podľa demografických ukazovateľov. Výsledky ich výskumu dokazujú, že seniori počas prvej vlny pandémie koronavírusu vykazovali nízku úroveň vnímaného stresu, strednú úroveň situačnej úzkosti a rovnako strednú úroveň obáv z nákazy. Seniori vykazovali v priemere skôr spokojnosť s vlastným zdravotným stavom, nižšiu mieru bezmocnosti a vyššiu mieru schopnosti zvládnuť situáciu spojenú s pandemiou. Podľa zistení autoriek výsledky analýz preukázali iba prítomnosť rodových rozdielov v miere aktuálnej úzkosti a v miere obáv z nákazy – ženy vykazovali vyššiu situačnú úzkosť a väčšie obavy z nákazy ako muži.

Číslo, ako obyčajne, dopĺňajú recenzie a správy z konferencií, ktoré sa vzhľadom na epidemiologickú situáciu, konali vo virtuálnom priestore.

Mária Ďurkovská, Lucia Heldáková

Editorial

The perception of poverty as a social issue has changed throughout the years. The changes in perception of this phenomenon are possible to trace back from Akvinsky, who considered poverty as a state given by God; then Juan Luis Vives, who argued for a system of communal care for the poor, whereby they were able to live in the poorhouses and work was offered to them (*De subventionem pauperum*); to the proposed reforms of social care and theories about population, poverty and food advocated by the British economist Thomas Malthus, who rejected all measures which supported the growth of poverty. Lots of concepts of state social politics were created in 20th century, which are now – in 21st century – again and again developed.

Despite changes over time in its perception and management, poverty is generally understood as a state when an individual is missing the means for fulfilling his or her needs. The consequences of this hardship can be observed both at an individual as well as a societal level. Poverty is often perceived as relative in character, and, while lacking the consistency of an exact definition, is concerned in its subjective nature associated with reflections on what people actually need to lead a full life.

Currently, while we experience the second wave of the Covid pandemic (and we expect a third one) there is still an unanswered concern for what the consequences will be. Already many people have lost their jobs and have acute financial problems. Increasing poverty is bringing an emotional and social toll due to social isolation, particularly for the elderly. Whereas the loss of financial means could lead to higher activity in order to balance financial loss, a reduction in social and civil activity almost always leads to resignation and demoralisation in people. All these circumstances affect us and bring health, social and society-wide changes and consequences.

The first issue of 2021 begins with research on objective and subjective poverty and ends with the crisis associated with COVID-19 concerning Slovak seniors.

Jaroslava Babjáková, Samar Issmailová and Peter Babinčák in the first contribution focus on, *Perceived causes of poverty in the context of objective poverty, subjective poverty and selected sociodemographic variables*. The authors aimed to, firstly, determine whether there are statistically significant differences in the individualistic, structural, and fatalistic perceived causes of poverty between the objectively poor and objectively non-poor, as well as between the subjectively poor and subjectively non-poor. Secondly, they wanted to identify the predictors of the individualistic, structural, and fatalistic perceived causes of poverty. The results of their research showed that there were statistically significant differences found in the structural as well as fatalistic perceived causes of poverty between the objectively poor and

objectively non-poor, as well as between the subjectively poor and subjectively non-poor. The objectively poor and subjectively poor were found to have higher scores in both the structural and fatalistic perceived causes of poverty in comparison with the objectively non-poor and subjectively non-poor.

Bibiána Kováčová Holevová dealt with the issue of *Sources of stress and coping strategies during the coronavirus crisis across the Slovak elderly*. The aim of her study was to examine specific sources of stress and coping strategies during the first wave of pandemic among a risk group of the population; the elderly. The snowball sampling approach was used. An online survey involved 607 seniors over the age of 62, from all over Slovakia, who responded to the open-ended questions about perceived sources of stress and coping strategies. The author found that the most reported sources of stress were social isolation, restrictions, uncertainty and concern for family/friends. The most commonly reported coping strategies were work, hobbies, (digital) social contact and watching television. The findings of B. Kováčová Holevová emphasize the need to perceive the stress experience of each individual/elderly as unique, and can be useful as for seniors, so for those in intervention activities.

Miroslava Köverová's and Beáta Ráczová's contribution was also devoted to the topic of stress and anxiety in seniors, entitled *Psychosocial aspects of perception and emotional experience of older adults during the first wave of the COVID-19 pandemic in Slovakia*. Their study is a part of research focused on the analysis of the psychosocial aspects of the perception and emotional experience of older Slovak adults as a risk group during the first wave of the COVID-19 pandemic. The aim of the authors was to examine how older adults in Slovakia perceived and experienced the first wave of the COVID-19 pandemic and to identify differences in negative emotional experience in older adults according to demographic characteristics. The results of their research prove that older adults experienced low levels of perceived stress, moderate levels of anxiety, and moderate levels of concern during the first wave of the COVID-19 pandemic. They reported moderate satisfaction with health, low levels of powerlessness, and high levels of perceived ability to deal with the situation of the pandemic. According to the findings of the authors, the results of the analyses showed only gender differences in anxiety and concern – women reported higher levels of anxiety and concern than men.

In this issue, as usual, you can find reviews and reports from two conferences which were organized in a virtual space due to the exceptional epidemiological situation.

Mária Ďurkovská, Lucia Heldáková



Štúdie

Original Articles

PERCEIVED CAUSES OF POVERTY IN THE CONTEXT OF OBJECTIVE POVERTY, SUBJECTIVE POVERTY AND SELECTED SOCIODEMOGRAPHIC VARIABLES

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Abstract:

Background: Previous research on the perceived causes of poverty has been carried out in the field of sociology (Strapcová, 2005) as well as social psychology (Nasser & Abouchdid, 2001). This research has looked at individuals' perceptions of the causes of poverty and the effect of various sociodemographic variables such as social class (Kluegel & Smith, 1981), income (Lever & Trejo, 2004), subjective assessment of one's economic situation (Strapcová, 2005), gender (Bullock, 1999), age (Niemelä, 2008), education (Hunt, 1996) and employment (Strapcová, 2005). The majority of these studies have been conducted on people who have not directly experienced poverty such as university students (Cozzarelli et al., 2001), middle-class people (Kluegel & Smith, 1981) and social workers (Bullock, 2004). Therefore, there have only been a few studies done on how poor people perceive the causes of poverty (Bullock, 1999; Davids & Gouws, 2013; Morçöl, 1997).

Research goal: The present study has two objectives. The first one was to determine whether there are statistically significant differences in the individualistic, structural and fatalistic perceived causes of poverty between the objectively poor and objectively non-poor as well as between the subjectively poor and subjectively non-poor. Secondly, it was to identify the predictors of the individualistic, structural and fatalistic perceived causes of poverty among selected variables including gender, age, marital status, employment status, education, objective poverty and subjective poverty.

It was hypothesized that the objectively poor would prefer less individualistic and more structural as well as fatalistic perceived causes of poverty in comparison with the objectively non-poor. It was also hypothesized that the subjectively poor in comparison with the subjectively non-poor would prefer less individualistic and more structural as well as fatalistic perceived causes of poverty. In addition, it was assumed that sociodemographic variables such as objective poverty, subjective poverty, gender, age, marital status, employment status and education would be significant predictors of the structural, fatalistic and individualistic perceived causes of poverty. In particular, it was hypothesized that objective poverty, subjective poverty, gender, and age would be confirmed as positive predictors of structural and fatalistic perceived causes of poverty while marital status, employment status and education would be confirmed as negative predictors. Within the individualistic perceived causes of poverty, it was hypothesized that marital status, employment status and education would be significant positive predictors while objective poverty, subjective poverty, gender and age would be significant negative predictors.

Method: The research sample consisted of 150 respondents (77 men and 73 women) aged between 19 and 64 years old ($M = 36.67$; $SD = 13.23$). In terms of education, 17 participants stated that primary school had been their highest level of education, 31 participants stated that they had left secondary school without A level exam, 46

participants had left with A level exam and 56 participants had a university degree (15 of them had a Bachelor's degree, 39 participants had a Master's and 2 participants had a PhD). In terms of marital status, 73 participants were single, 8 cohabitated, 49 were married, 13 were divorced and 7 widowed. With regards to employment status, 79 participants were full-time employed, 11 worked part-time, 27 were unemployed, 7 were retired, 6 were on sick/disability leave invalid retirees and 20 respondents reported their employment status as "other" (9 of them were self-employed, 9 were students and 2 were on maternity leave). The data were dichotomized into groups according to age (19-25, 26-45, and 46-64 years old), according to relationship status (those not in a relationship and those who are), groups with lower and higher educational attainment and groups of non-working and working participants.

For the data collection, occasional sampling was conducted in seven charitable organizations in the regions of Prešov, Košice, and Banská Bystrica in Slovakia. In addition, voluntary response sampling was used through an online survey.

In order to assess the perceived causes of poverty, the Attributions for Poverty questionnaire (Bullock et al., 2003) was used. The subjective assessment of poverty was measured by the question "In your economic situation, is it possible to make ends meet?" (Nygård et al., 2017). The equivalent disposable household income of each respondent was calculated as an indicator of objective poverty. The research data were analysed in the statistical program IBM SPSS Statistics. Both a Welch t-test and Mann-Whitney U test were used to verify the first goal of the study. For the second goal, a multiple hierarchical linear regression analysis stepwise method was used.

Results: There were statistically significant differences found in the structural as well as fatalistic perceived causes of poverty between the objectively poor and objectively non-poor as well as between the subjectively poor and subjectively non-poor. The objectively poor and subjectively poor were found to have higher scores in both the structural and fatalistic perceived causes of poverty in comparison with the objectively non-poor and subjectively non-poor. There were no statistically significant differences found between the objectively poor and objectively non-poor nor between the subjectively poor and subjectively non-poor in the individualistic perceived causes of poverty. The results of the regression analysis showed that when the 9 predictors were inputted in three blocks (1. gender, age-3 groups, marital status, 2. education, employment status, 3. objective poverty, subjective poverty), none of them appeared to be significant in terms of the individualistic perceived causes of poverty. For the structural as well as fatalistic perceived causes of poverty only one of the input predictors was shown to be positively significant. Subjective poverty was found to explain 4.2% of the variance in structural and 8.3% in the fatalistic perceived causes of poverty.

Conclusion: The findings provide insight into the widely up to now unexplored issue of perceived causes of poverty in Slovakia. Future research on the perceived causes of poverty among the poor could focus on self-assignment of the participant to either the group of the poor or non-poor, distinguish between one's own poverty and the poverty of others and include other variables such as ethnicity, religion, belief in a just world as well as life satisfaction.

Key words: Perceived causes of poverty. Poverty. Objective poverty. Subjective poverty.

Introduction

Poverty is an interdisciplinary phenomenon (Želinský, 2014), that has been studied in the fields of economics (Dalton et al., 2016), sociology (Kreidl, 2000) and psychology throughout the world (Ryon & Gleason, 2013) and even in Slovakia (Adamkovič, 2019; Mikulášková & Adamkovič, 2018). In the EU-27, 16.8% of people were found to be below the at-risk-of-poverty line in 2018 (Eurostat, 2020). According to the EU SILC 2018, 12.2% of the population in Slovakia live below the poverty line, defined as having an income which is 60% or below the median of the nationally equivalent disposable income (Vlačuha & Kováčová, 2019). Measuring poverty based on its objective indicators such as the at-risk-of-poverty line in a given country, has been used in various studies (Adamkovič, 2019; Mikulášková & Adamkovič, 2018; Morçöl, 1997). In contrast to the objective approach, the subjective concept of poverty is based on an individual being best able to assess the urgency of his needs and hierarchize the order of his satisfaction in a given social reference framework (Adamkovič et al., 2020).

One of the main topics in poverty research is looking at the perceived causes of poverty (Džuka et al., 2017). Research on this topic has been conducted in different countries such as: the USA (Bullock, 1999), Australia (Feather, 1974), Turkey (Morçöl, 1997), Lebanon (Nasser &

Abouchedid, 2001), India (Nasser et al., 2005), Finland (Niemelä, 2011), South Africa (Davids & Gouws, 2013), China (Shek, 2004) and Slovakia (Strapcová, 2005). However, it is important to highlight that the terminology used is not consistent within different studies (Babjaková et al., 2019). The perceived causes of poverty, or “attributions for poverty“ as Bullock call them, represent individuals' beliefs about the causes of poverty (H.E. Bullock, personal communication, March 29, 2020) and relate to causal attribution theory (Heider, in Nasser & Abouchedid, 2001). Feagin (in Nasser & Abouchedid, 2001) mapped out the internality and externality of the causes of poverty along with three groups: the individualistic, structural, and fatalistic perceived causes of poverty. According to Feagin (in Nasser & Abouchedid, 2001), the individualistic perceived causes of poverty place the responsibility for poverty primarily on the poor themselves. The reasons for poverty are their laziness, lack of will, bad morals and incorrect lifestyle. The structural perceived causes of poverty explain poverty as a consequence of the structures of society, inequalities in the labour market, the requirement of certificates as well as low wages. The fatalistic perceived causes of poverty ascribe poverty to uncontrollable factors that cannot be prevented, such as illness, bad luck and destiny (Feagin, in Nasser & Abouchedid, 2001).

Previous research has examined the perceived causes of poverty in the context of various sociodemographic factors such as social class (Hunt, 1996; Nasser, 2007), income (Lever & Trejo, 2004), subjective assessment of one's economic situation (Strapcová, 2005), gender (Bullock, 1999; Cozzarelli et al., 2001; Hunt, 1996), age (Niemelä, 2008; Norcia & Rissotto, 2015), education (Hunt, 1996; Niemelä, 2008; Norcia et al., 2012) and employment (Strapcová, 2005).

In terms of social class, Feagin (in Morçöl, 1997) found that upper-class participants were more inclined towards the individualistic perceived causes of poverty than the structural ones. This was found to be the opposite for those in the lower class (Feagin, in Morçöl, 1997). In contrast, Nasser and Abouchedid (2001) found that students from higher socioeconomic status were more inclined towards structural perceptions of the causes of poverty in comparison with students from lower socioeconomic status. Furthermore, Kluegel and Smith (1981) found that middle-class people were more inclined towards individualistic perceived causes of poverty. According to Hunt (1996), people belonging to a socially close group to the upper class such as the middle class have an emotional tendency to emphasize their differences from the poor (in order to preserve their social identity and self-esteem) by preferring the individualistic perceived causes of poverty.

Regarding income, it has been found that individuals who have low income were more inclined towards the externally perceived causes of poverty (Lever & Trejo, 2004). According to Norcia et al. (2010), low-income people tend to attribute the causes of failure-related events (in this case poverty) to factors that go beyond their control. Lachman and Weaver (1998) support this claim with the fact that low-income people have an external locus of control and believe in fate and the influence of external factors rather than in their own abilities.

Research concerning the impact of the subjective assessment of one's economic situation on the perceived causes of poverty found that people who perceived themselves as poor were more inclined to believe that poverty would arise from external factors (Norcia et al., 2010). At the same time, they were less inclined towards the internally perceived causes of poverty, unlike those who did not perceive themselves as poor (Norcia et al., 2010).

In terms of gender, Bullock (1999) and Niemelä (2008) found that men more than women were more inclined towards the individualistic perceived causes of poverty. On the other hand,

Cozzarelli et al. (2001) as well as Hunt (1996) found that women preferred the structural perceived causes of poverty more than men. According to Norcia et al. (2010) women tend to perceive poverty beyond the control of the individual.

With regards to age, Niemelä (2008), Norcia and Rissotto (2015) as well as Strapcová (2005), found that younger participants were more inclined towards the internal causes of poverty and older ones to the external causes.

In terms of education, Hunt (1996) and Niemelä (2008) found a negative correlation between the individualistic perceived causes of poverty and the level of education. In contrast, Norcia et al. (2012) found that higher levels of education were associated with higher internal and lower external perceived causes of poverty.

In the context of employment, Strapcová (2005) found that unemployed people as individuals with real experience of being excluded from the labour market were more inclined to believe that poverty is a consequence of injustice in society.

Both Shek (2004) and Yakışık et al. (2017) have criticized the main area of research on the perceived causes of poverty as it has been predominantly carried out on people who have not directly experienced poverty, e.g., university students (Cozzarelli et al., 2001; Nasser, 2007; Nasser & Abouchedid, 2001), middle-class people (Kluegel & Smith, 1981) and social workers (Bullock, 2004). To the best of our knowledge, there have only been six studies that have looked at a sample of poor people and examined their perceptions on the causes of poverty (Bullock, 1999; Bullock & Limbert, 2003; Davids & Gouws, 2013; Landmane & Renge, 2010; Morçöl, 1997; Shek, 2004). Morçöl (1997) examined the perceived causes of poverty among the poor and non-poor in Turkey (the poverty line was used as an indicator of poverty). He found statistically significant differences between both groups in the structural and fatalistic perceived causes of poverty. In particular, he found that poor people, in contrast to the non-poor, were more inclined towards the structural as well as fatalistic perceived causes of poverty. Income was shown to be a significant negative predictor of the fatalistic perceived causes of poverty. Gender, age and education were also confirmed to be negative predictors of the individualistic as well as fatalistic perceived causes of poverty (Morçöl, 1997). Moreover, Bullock (1999) did not find differences in the individualistic perceived causes of poverty between the poor and the non-poor (middle-class participants). At the same time, she found that the structural and fatalistic perceived causes of poverty were preferred more by the poor (Bullock, 1999). Davids and Gouws (2013) found that poor people preferred the structural and fatalistic more and were less inclined towards the individualistic perceived causes of poverty in comparison to the non-poor. Davids and Gouws (2013) have argued that the circumstances in which poor people live have an effect on their perceptions of the causes of poverty. According to Nasser (2007), individuals who are distant from the state of poverty (observers) attribute the causes of poverty to a lack of ability or effort whereas, people who have direct experience with poverty (actors) are more inclined to externalize blame on the system or fate (structural and fatalistic causes). Furthermore, Shek (2004) found that the perception of the causes of poverty in terms of fate and external factors over which a person has no control negatively correlated with the subjective well-being of the poor.

To summarize, previous research on the perceived causes of poverty has been predominantly carried out abroad and focused on examining the perceived causes of poverty in the context of sociodemographic variables (Bullock, 1999; Niemelä, 2008; Norcia & Rissotto, 2015). Moreover, there have only been a few studies which have sampled poor respondents (Bullock,

1999; Bullock & Limbert, 2003; Davids & Gouws, 2013; Landmane & Renge, 2010; Morçöl, 1997; Shek, 2004).

Research goal

The present study has two aims. The first aim was to determine whether there are statistically significant differences in the individualistic, structural and fatalistic perceived causes of poverty between the objectively poor and objectively non-poor as well as between the subjectively poor and subjectively non-poor. Secondly, it was to identify the predictors of the individualistic, structural and fatalistic perceived causes of poverty among variables selected according to previous research such as gender, age, marital status, employment status, education, objective poverty and subjective poverty.

It was hypothesized that the objectively poor would prefer less individualistic and more structural as well as fatalistic perceived causes of poverty in comparison with the objectively non-poor. It was also hypothesized that the subjectively poor in comparison with the subjectively non-poor would prefer less individualistic and more structural as well as fatalistic perceived causes of poverty. In addition, it was assumed that sociodemographic variables such as objective poverty, subjective poverty, gender, age, marital status, employment status and education would be significant predictors of the structural, fatalistic and individualistic perceived causes of poverty. In particular, it was hypothesized that objective poverty, subjective poverty, gender, and age would be confirmed as positive predictors of structural and fatalistic perceived causes of poverty while marital status, employment status and education would be confirmed as negative predictors. Within the individualistic perceived causes of poverty, it was hypothesized that marital status, employment status and education would be significant positive predictors while objective poverty, subjective poverty, gender and age would be significant negative predictors.

Method

Research sample

The research sample consisted of 150 respondents (77 men and 73 women) aged between 19 and 64 years old ($M = 36.67$; $SD = 13.23$). In terms of education, 17 participants stated that primary school had been their highest level of education, 31 participants stated that they had left secondary school without A level exam 46 participants had left with A level exam and 56 participants had a university degree (15 of them had a Bachelor's degree, 39 participants had a Master's and 2 participants had a PhD). In terms of marital status, 73 participants were single, 8 cohabitated, 49 were married, 13 were divorced and 7 widowed. With regards to employment status, 79 participants were full-time employed, 11 worked part-time, 27 were unemployed, 7 were retired, 6 were on sick/ disability leave invalid retirees and 20 respondents reported their employment status as "other" (9 of them were self-employed, 9 were students and 2 were on maternity leave).

For the regression analysis, the variables were dichotomized, or dummies were created. Gender was coded as a binary variable (0 = men, 1 = women). For the age variable, dummies were created for the age categories 19-25, 26-45, and 46-64. Marital status was dichotomized into those who are not in a relationship (0 = single, divorced, widowed) and those who are in a relationship (1 = married or cohabiting). Education was dichotomized into 0 = lower education (primary, secondary without A level exam and secondary with A level exam and 1 =

higher education (all levels of higher education/university). Employment status was also dichotomized into 0 = non-working (unemployed, retired, invalids, students, on maternity leave) and 1 = working (full-time employed, part-time workers, self-employed).

Measures

The first part of the questionnaire consisted of questions concerning gender, age, the highest level of education, marital and employment status, subjective and objective poverty as well as questions about the composition of the household by age.

Subjective poverty was measured by one question: “In your economic situation, is it possible to make ends meet?” (Nygård et al., 2017). Respondents were presented with 4 response categories (1 = without difficulty, 2 = with some difficulty, 3 = difficult, 4 = very difficult). People with responses 2, 3 or 4 were considered subjectively poor while people with response 1 were categorised as subjectively non-poor (Nygård et al., 2017).

The equivalised disposable household income of each respondent was calculated as an indicator of objective poverty. According to Vlačuha and Kováčová (2019), equivalised disposable household income represents the disposable household income divided by the equivalised household size. In order to calculate the equivalised household size, the OECD-modified equivalence scale was used (Hagenaars et al., 1994). The OECD formula assigns a value of 1 to the household head, 0.5 to each additional adult member aged 14 and over and 0.3 to each child below 14. For example, for a household which consists of 2 adults and 2 children below 14, its equivalised household size will be $1 + 0,5 + 0,3 + 0,3 = 2,1$. If the household's income is 1700 €, then the equivalised disposable household income will be computed as $1700 \text{ €} / 2,1 \cong 810 \text{ €}$. The calculated income is then compared to the at-risk-of poverty threshold (60% of the national median equivalised disposable income), which is set by the Statistical Office of Slovak Republic and expressed as 373 € (Vlačuha & Kováčová, 2019). Respondents belonging to households with an equivalent disposable income below 373 € were considered objectively poor.

In order to look at the perceived causes of poverty, the Attributions for Poverty questionnaire (Bullock et al., 2003) was used. The questionnaire consists of 42 items, 35 of them were translated using the back translation method and are used in research in Slovakia (Mikulášková et al., 2017), while the other 7 were translated by a professional translator whose mother tongue is Slovak. At the recommendation of the author of the questionnaire, two items were modified. The modified items were then sent and approved by the author. The questionnaire consists of three subscales: individualistic perceived causes of poverty (17 items), structural perceived causes of poverty (17 items) and fatalistic perceived causes of poverty (8 items). The respondents used a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) in order to rate their level of agreement with each item. The items were used to calculate the mean individualistic, structural, and fatalistic scores for each participant (Bullock et al., 2003). The reliability of the questionnaire was verified by using Cronbach's alpha coefficient. The obtained alpha coefficients for each subscale were .79 (individualistic), .85 (structural) and .74 (fatalistic perceived causes of poverty).

Procedure

The data were collected in March and April 2020 using occasional as well as self-selection sampling. The participants came from 7 charities operating in the regions of Prešov, Košice, and Banská Bystrica in Slovakia. Data collection was conducted in person either by the

researcher or a person, who was working there and received detailed instructions via e-mail. Due to COVID-19, personal visits to these organizations were prohibited, and therefore data collection was also conducted online. From the 92 questionnaires that were sent to the organizations, 51 questionnaires (55.4%) were sent back. Two participants were excluded from the analysis because of their incomplete answers. Data was obtained from 101 participants from an online questionnaire.

Statistical analysis

The data were analysed using the statistical program SPSS Statistics 23.0. Table 1 shows the descriptive statistics of the perceived causes of poverty.

Table 1

Descriptive analysis of the perceived causes of poverty (N = 150)

Variable	Min.	Max.	M	SD
Individualistic perceived causes of poverty	1.65	6.59	4.85	0.80
Structural perceived causes of poverty	2.18	6.76	4.72	0.93
Fatalistic perceived causes of poverty	2.00	7.00	4.56	1.05

Note: Min. = minimum, Max. = maximum, M = mean, SD = standard deviation.

In order to verify the first goal of this study, both a Welch t-test and Mann-Whitney U test were used. From the 150 respondents, 16 did not answer the question regarding household income. Thus, the hypothesis concerning objective poverty was verified on a research sample of N = 134, while the hypothesis concerning subjective poverty was verified on a research sample of N = 150.

In order to verify the second goal of this study, a multiple hierarchical linear regression analysis stepwise method was used. The predictors were added into the analyses in three blocks (1. gender, age-three categories as dummies, marital status-dichotomized; 2. education and employment status-dichotomized variables; 3. objective poverty, subjective poverty-dichotomized variables). In the research sample with 134 respondents (N = 134), the conditions of multicollinearity and Durbin-Watson test were verified and had suitable values. In terms of identifying the outliers, there were two cases of outliers for the individualistic perceived causes of poverty scale and one for the structural and fatalistic perceived causes of poverty scales. While the Mahalanobis and Cook's distance values met the criterion, the standardized residual values did not meet the criterion according to Field (2009) and these respondents were thus excluded from the research sample. The deletion of outliers from a research sample is usually practical according to Howitt and Cramer (2011). Therefore, the analyses of the multiple hierarchical linear regression analysis were conducted on a research sample of N = 132 (individualistic perceived causes of poverty) and N = 133 (structural and fatalistic perceived causes of poverty). The correlation coefficients of N = 132 and N = 133 did not indicate a strong relationship between the examined variables ($r > .90$) (Tabachnick & Fidell, 2013).

Results

In order to verify the differences in the perceived causes of poverty between the objectively poor (n = 45) and the objectively non-poor (n = 89), a Mann-Whitney U test was used. The

selection of this method was based on the fact, that all three variables: individualistic, structural, and fatalistic perceived causes of poverty were not normally distributed in either group.

The Mann-Whitney U test showed that the objectively poor and objectively non-poor differ significantly in the structural ($Z = -2.606$, $p = .009$) as well as fatalistic ($Z = -3.350$, $p = .001$) perceived causes of poverty. The objectively poor achieved higher scores (MRank = 79.79, SD = 1.14) in the structural perceived causes of poverty in comparison with the objectively non-poor (MRank = 61.29; SD = .83). The same was found in the fatalistic perceived causes of poverty, where the objectively poor achieved higher scores (MRank = 83.29, SD = 1.15) than the objectively non-poor (MRank = 59.52, SD = .97). There were no statistically significant differences found between the objectively poor and the objectively non-poor in the individualistic perceived causes of poverty ($Z = -1.023$, $p = .306$).

In order to verify the differences between the subjectively poor ($n = 87$) and the subjectively non-poor ($n = 63$) in the individualistic and fatalistic perceived causes of poverty, a Welch t-test was used. For the structural perceived causes of poverty, a Mann-Whitney U test was used. The selection of methods was based on the fact that the individualistic and fatalistic perceived causes of poverty were normally distributed in both groups while the structural perceived causes of poverty variable was not.

The Welch t-test showed that the subjectively poor and the subjectively non-poor significantly differed in the fatalistic perceived causes of poverty ($t = 3.078$, $p = .003$). The subjectively poor achieved higher scores ($M = 4.77$, $SD = 1.05$) in comparison with the subjectively non-poor ($M = 4.25$, $SD = .98$). In the context of the structural perceived causes of poverty, there were statistically significant differences found between the subjectively poor and subjectively non-poor ($Z = -3.196$, $p = .001$), with the subjectively poor achieving higher scores (MRank = 85.14, SD = .98) in comparison to the subjectively non-poor (MRank = 62.18, SD = .82). Within the individualistic perceived causes of poverty, there were no statistically significant differences found between the subjectively poor and the subjectively non-poor ($t = .69$, $p = .491$).

There were 3 separate multiple hierarchical linear regression analysis used to identify the predictors of the three types of perceived causes of poverty.

With regards to individualistic perceived causes of poverty none of nine input predictors was identified as significant.

Regarding the structural perceived causes of poverty in the sample of $N = 133$, one significant predictor was identified. Indeed, subjective poverty was found to explain 4.2% of variance of the structural perceived causes of poverty. The subjectively poor were more inclined towards the structural perceived causes of poverty ($b = .383$) (Table 2).

Table 2

Regression model of gender, age 19-25_other, age 26-45_other, age 46-64_other, marital status, education, employment status, objective poverty and subjective poverty as predictors and structural perceived causes of poverty as criterion $p < .05$ ($N = 133$)

Predictor	R	R ² -change	b	t	p
Structural perceived causes of poverty ($F_{\text{total}} (1.131) = 5.697$; $p < .018$)					
Subjective poverty	.204	.042*	.383	2.387	.018
(Constant)			4.547		

Note: $N = 133$ – research sample without outliers, * $p \leq .05$; ** $p < .01$; *** $p < .001$, structural perceived causes of poverty is an interval variable, where a high value indicates a strong rate of the construct and a low value indicates a low rate of the construct, gender: 0=men, 1=women, age: 19-25_other: 0=19-25, 1=other, 26-45_other: 0=26-45, 1=other, 46-64_other: 0=46-64, 1=other, education: 0=lower education, 1=higher education, employment status: 1= working, 0=non-working, marital status: 0=single, divorced or widowed, 1=married or cohabiting, objective poverty: 0=objectively non-poor, 1=objectively poor, subjective poverty: 0=subjectively non-poor, 1=subjectively poor.

In terms of the fatalistic perceived causes of poverty, one significant predictor was identified in the sample of $N = 133$. Subjective poverty was found to explain 8.3% of variance of the fatalistic perceived causes of poverty. The subjectively poor were more inclined towards the fatalistic perceived causes of poverty ($b = .606$) (Table 3).

Table 3

Regression model of gender, age 19-25_other, age 26-45_other, age 46-64_other, marital status, education, employment status, objective poverty and subjective poverty as predictors and fatalistic perceived causes of poverty as a criterion $p < .05$ ($N = 133$)

Predictor	R	R ² -change	b	t	p
Fatalistic perceived causes of poverty ($F_{\text{total}} (1.131) = 11.874$; $p < .001$)					
Subjective poverty	.288	.083***	.606	3.446	.001
(Constant)			4.299		

Note: $N = 133$ – research sample without outliers, * $p \leq .05$; ** $p < .01$; *** $p < .001$, fatalistic perceived causes of poverty is an interval variable, where a high value indicates a strong rate of the construct and a low value indicates a low rate of the construct, gender: 0=men, 1=women, age: 19-25_other: 0=19-25, 1=other, 26-45_other: 0=26-45, 1=other, 46-64_other: 0=46-64, 1=other, education: 0=lower education, 1=higher education, employment status: 1= working, 0=non-working, marital status: 0=single, divorced or widowed, 1=married or cohabiting, objective poverty: 0=objectively non-poor, 1=objectively poor, subjective poverty: 0=subjectively non-poor, 1=subjectively poor.

Discussion

One of the research goals was to determine whether there are statistically significant differences in the individualistic, structural and fatalistic perceived causes of poverty between the objectively poor and objectively non-poor, as well as between the subjectively poor and subjectively non-poor. The aim of this paper was also to identify the predictors of the individualistic, structural and fatalistic perceived causes of poverty. The set research goals respond to the fact that psychological research in Slovakia has not yet looked at this topic in depth. Rather, psychological research on the perceived causes of poverty has predominantly been conducted abroad (e.g., Bullock, 1999; Cozzarelli et al., 2001), and even then, only a few studies have looked at samples of poor participants (e.g., Shek, 2004; Morçöl, 1997). In terms of verifying the differences between the objectively poor and objectively non-poor as well as between the subjectively poor and subjectively non-poor in all three types of perceived causes of poverty, differences were only found in the structural and fatalistic perceived causes of poverty. Indeed, both the objectively poor and subjectively poor scored higher in the structural as well as fatalistic perceived causes of poverty. However, there were no statistically significant differences found between the compared groups in the individualistic perceived causes of poverty. In terms of the second goal, none of the tested predictors prevailed as being significant in the case of the individualistic perceived causes of poverty. For the structural and fatalistic perceived causes of poverty, only subjective poverty was confirmed to be a positive predictor.

In verifying the differences between the objectively poor and objectively non-poor in the perceived causes of poverty, differences in the structural as well as fatalistic causes were confirmed. This was in line with the assumption that the objectively poor would prefer structural and fatalistic perceived causes of poverty more than the objectively non-poor. The current findings are consistent with previous research. According to Norcia et al. (2010), people who belong to a low-income bracket (e.g., the poor) and face the perception of „failure“, tend to attribute it to factors that go beyond their control (structural and fatalistic). Reutter et al. (2006) have argued that the preference of fatalistic perception of poverty by the poor indicates their low personal control and low self-efficacy as well as their pessimism and resignation. Within the individualistic perceived causes of poverty, no statistically significant differences were found between the objectively poor and objectively non-poor. The current results contrast with the findings of Davids and Gouws (2013) although this can be explained by using different poverty indicators. They also conflict with the findings of Reutter et al. (2006) in which poor respondents were more inclined towards the individualistic perception of poverty (specifically laziness) in comparison with the non-poor. Their interviews revealed that some poor people (especially those not receiving welfare) viewed other poor people who were on welfare as cheaters or abusers of the social benefits system (Reutter et al., 2006). The discrepancy with the current results can be explained by the fact that being on welfare was not explored in this current study and could possibly affect the results. On the other hand, the present results were consistent with the results of Morçöla (1997) and Bullock (1999). According to Bullock (1999), members of subordinate groups may adopt negative beliefs towards members of their group (other poor people) in order to distance themselves from the low status of the group to which they belong and thus protect their social identity and self-esteem. Kluegel and Smith (1986) have called this tendency the “fear of equality”. It can be assumed that it is this distancing from the group of the poor that has contributed to failing to show differences between the poor and the non-poor in the individualistic perceived causes of poverty. On the other hand, while attributing the causes of poverty to structural and fatalistic causes (outside the individual), poor respondents may not have perceived themselves being the cause of poverty and therefore they did not need to distance themselves from the poor.

In terms of the differences between the subjectively poor and subjectively non-poor in all three types of perceived causes of poverty, there were differences in the structural as well as fatalistic perceived causes of poverty with higher scores found in those variables among the subjectively poor. However, in contrast to the original assumption, no differences were found between the compared groups in the individualistic perceived causes of poverty. The current findings contrast with the results of Norcia et al. (2010) who found that people who considered themselves to be poor were less inclined to think that poverty is caused by the poor themselves. The discrepancy between the current results and the results of Norcia et al. (2010) can be explained by using a different method in measuring subjective poverty. In the study of Norcia et al. (2010), poor respondents classified themselves as poor while in the present research respondents chose one of 4 answers (no difficulties, with some difficulties, difficult or very difficult). Based on their answers, they were categorized as subjectively poor or subjectively non-poor. It can be assumed that there were respondents among the subjectively poor who despite having financial problems did not perceive themselves as poor. Based on this, using a direct question in which respondents categorize themselves as poor or non-poor should be verified in future research. On the other hand, differences in both the structural as well as fatalistic perceived causes of poverty have been demonstrated. The subjectively poor achieved higher scores in the structural and fatalistic perceived causes of poverty compared to the subjectively non-poor. This is in line with the original assumption of the study. The subjectively poor in the current research were more inclined to view the causes of poverty outside the individual in comparison with the non-poor. In particular, unfortunate circumstances, fate and other external factors over which the poor have no control. The current results are consistent with the findings of Norcia et al. (2010) in which people who perceive themselves as poor were more inclined to see the causes of poverty outside of themselves (external factors). According to Norcia et al. (2010), the ego-defensive attribution of the causes of poverty in the poor may serve a defensive function, shifting the responsibility of one's own failures to misfortune or other people and allowing them to protect their self-esteem.

With regards to the selected predictors, including gender, age, marital status, employment status, education, objective poverty and subjective poverty, only subjective poverty was shown to be a positive predictor of the structural and fatalistic perceived causes of poverty. In terms of the individualistic perceived causes of poverty, no significant predictors were found which contradicts previous research (Davids & Gouws, 2013; Norcia et al., 2010; Strapcová, 2005), where poverty (whether subjective or objective) was identified as a significant predictor of the individualistic perceived causes of poverty. A possible explanation for our results may be that the poor in our sample did not identify themselves strongly with the group of the poor, and thus they had no reason to protect the poor and not to blame them for their poverty (Landmane & Renge, 2010). According to Landmane and Renge (2010), identification with the poor plays an important role in shaping the perceived causes of poverty. On the other hand, a person can identify himself with a group to which, according to objective indicators, he does not belong (Landmane & Renge, 2010). Another possible explanation may be that the respondents in the present research were asked to make attributions for general poverty and not their own. In this regard, Mickelson and Hazlett (2014) have criticized previous research on the perceived causes of general poverty from the perspective of the poor and discussed the importance of distinguishing between perceiving the causes of one's own poverty and perceiving the causes of other's poverty. Seccombe et al. (1998) conducted a qualitative study in which they found that poor women on welfare perceived the causes of their own poverty in terms of external factors (social system or fate) but perceived the causes of other women's poverty in terms of internal factors (e.g., laziness, drug addiction, lack of human capital and other personal deficits). While objective poverty has not emerged in the present research to be a significant predictor

for either structural or fatalistic perceived causes of poverty, subjective poverty has. This is consistent with Adamkovič et al. (2020), where different operationalizations of poverty lead to different results with respect to the same variable (in this case it was structural and fatalistic perceived causes of poverty).

None of the other variables that were included in the analysis (gender, age, marital status, employment status or education) were significant predictors of the perceived causes of poverty. The current results were inconsistent with previous research which confirmed the effect of gender (Bullock, 1999; Morçöl, 1997; Norcia et al., 2010), age (Cozzarelli et al., 2001; Morçöl, 1997), employment (Strapcová, 2005) and education (Hunt, 1996; Strapcová, 2005) on the perceived causes of poverty. On the other hand, the present results are in line with Davids and Gouws (2013) where education, age, employment and gender were found to have no effect on any of the three types of perceived causes of poverty. The explanation for the present results in terms of age may be the slight disproportion in the age distribution of the sample. This may have caused the older generation to be under-represented in comparison to the younger. In the case of education and employment, this may be due to the unequal representation of respondents with higher and lower education as well as the unequal representation of working and non-working participants.

The current results could also have been affected by other unexamined variables such as ethnicity. According to Cozzarelli et al. (2001) and Hunt (1996), people from ethnic and racial minorities often suffer from discrimination and are more inclined to structural perceived causes of poverty in comparison with the white/dominant race. Other factors that may have also affected the results could be life satisfaction (Mikulášková et al., 2017), belief in a just world (Harper et al., 1990) as well as religion (Norcia & Rissotto, 2013). As such, these should be verified in future research.

The several limitations of this study should also be noted. Firstly, using two methods in the sample selection as well as the inconsistent administration of the questionnaires may have affected the results. In terms of methods, the main limitation is related to the poorly clarified question that was used to measure objective poverty: “What is your household monthly income after taxes?” According to Mareš (1999), directly asking respondents about their household income could be a problem as they usually underestimate it by forgetting to include things such as scholarships or family allowances. As such, some respondents in the current study may not have included all forms of household income. Another limitation of the study could also have been the question which measured subjective poverty. It is assumed that using a direct question where respondents categorize themselves as subjectively poor or subjectively non-poor would be much more appropriate.

The current study has examined the perceived causes of poverty from the perspective of the poor (objectively and subjectively) and the non-poor (objectively and subjectively). Therefore, it provides an insight into the widely and not yet explored topic of perceived causes of poverty in Slovakia. This study has included subjective poverty in addition to the objective indicator of poverty (objective poverty) in contrast to the majority of studies that have been conducted on this topic.

For future research, the following is recommended. Firstly, when categorising respondents as poor or non-poor, using a question by which respondents assign themselves into one of the two groups is recommended. Secondly, it is necessary to distinguish between one's own poverty and the poverty of others. In particular, there should be a focus on how the poor perceive the causes of their own poverty and how they perceive the causes of others' poverty. Thirdly, other

variables should be included in the analysis, such as ethnicity, religion, belief in a just world as well as satisfaction with life.

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SOURCES OF STRESS, AND COPING STRATEGIES OF SLOVAK ELDERLY IN THE FIRST WAVE OF THE CORONAVIRUS CRISIS

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Abstract:

The COVID-19 pandemic is often associated with the phrase coronavirus crisis. A crisis can be defined by three characteristics: a specific, unexpected event that creates a high level of uncertainty, and involves a (perceived) threat to important goals (Seeger et al., 1998). A crisis experienced at the individual level may be linked with the concept of stress (Doka, 2013; Eastham et al., 1970; Elmer et al., 2020; Hickman & Knouse, 2020). The transactional theory of stress and coping defines the experience of stress based on the interaction between a person and the environment. The impact of a particular stressor depends on, firstly, the extent to which the individual evaluates it as stressful and, secondly, the extent to which the individual copes with it or the extent to which he or she will be able to involve resources to combat stress (Lazarus & Folkman, 1984).

The aim of this research is to examine more deeply how the "coronavirus crisis" manifested itself at an individual level in the most vulnerable groups of the population, the elderly (Public Health Authority of the Slovak Republic, 2020; Centers for Disease Control and Prevention, 2020), during the first wave of the disease in Slovakia. In particular, the aim is to examine which specific stressors are perceived as stressful (which are sources of stress) and which coping strategies are preferred by the elderly, as well as how these sources of stress and coping strategies relate to the demographic characteristics of the elderly (both in gender and age). Using the snowball method, 607 people over the age of 62 from all over Slovakia participated in the online research. They answered open-ended questions about perceived stressors and coping strategies and also completed the Perceived Stress Scale (Cohen et al., 1983) and the Anxiety Measurement Questionnaire (Spielberger et al., 1983). Subsequently, a combination of qualitative and quantitative approaches was used. Through the content analysis of the answers to the open-ended questions, 11 categories of stress sources and 22 categories of coping strategies, with different levels of prevalence, were identified. The most common sources of stress (with a prevalence of about 25% to 10%) for the elderly were social isolation, various measures and restrictions, uncertainty, fear for loved ones, but also the "other" stressors, which were only minimally or indirectly related to the current pandemic situation (e. g. domestic stress). To a lesser extent (with a prevalence below 10%), the elderly perceived as stressful various media information (information about infection numbers and the COVID 19 disease, ambiguity, or confusion over this information, and the behavior of politicians), concern for themselves, the irresponsible behavior of others, and going shopping. For almost 10% of the elderly, nothing was stressful. The most common coping strategies (with a prevalence of approximately 50% to 15%) were various forms of work (most often in the garden and/or in household), hobbies, social contact, and distracting activities (most often, watching television, less often, listening to music or playing various games) or physical exercise (most often, walking outside, less often, doing exercises). To a lesser extent reported (with a prevalence below 15%) were compliance with the measures, focusing on (caring for) others (either as direct care for loved ones or pets, and/or sewing face masks for others), focusing on themselves (either as learning something new and/or taking care of physical health or relaxing), then also searching for information (to a lesser extent, avoiding it), their faith, and, to a minimum extent, the regime of the day, optimism or "other" strategies were presented. Only less than 2% of elderly did not state any strategy.

Women more often reported social isolation as stressful, men reported a lack of clarity and confusion in media information about the disease, and the behavior of politicians. Women reported quantitatively more coping strategies that helped them cope with the current coronavirus situation, and more often reported 9 strategies compared to men (hobbies; housework; social contact; distraction by watching TV or/and listening to music or playing games; exercise; learning something new, sewing face masks for others and their faith). Men reported more often only compliance with the measures. Age was less relevant to potential differences. For the older elderly, only the behavior of politicians as a source of stress, watching TV, and searching for information about the disease were more often reported as coping strategies when compared to the younger elderly.

Although the overall levels of perceived stress and anxiety were rather low in the elderly, by comparing the relevance of the different categories of stressors and coping strategies to them, it was found that 2 stressors (uncertainty and self-esteem) were related to higher perceived stress and anxiety. A further 3 coping strategies (care for physical health and relaxing, care for pets and sewing face masks for others) were related to less perceived stress and 5 coping strategies (the same as in the previous case together with hobbies and walks) were related to less anxiety. One's faith as a coping strategy related to higher anxiety. The findings point to the need to perceive the stress experience of each elderly person as unique. Research findings can be useful for the elderly themselves, but also for those who work with elderly and/or implement interventions.

Key words: Elderly. COVID-19. Crisis. Stress. Coping. Anxiety.

Introduction

At the beginning of 2020, with the onset of the coronavirus pandemic, the concept of coronavirus crisis began to appear. The concept of the crisis occurs in many areas. According to Seeger et al. (1998), it can be defined by three characteristics: relating to a specific, unexpected, and non-routine event (s); which creates a high level of uncertainty; and concerns a (perceived) threat to important goals. The spread of the coronavirus and the introduction of various measures to prevent it, have disrupted (both in the world and in Slovakia) the daily „certainties" of people. Relatively predictable daily functioning has changed. People had to "abandon" what they knew and start looking for alternative ways of living and behaving. The coronavirus pandemic thus reflected all aspects related to the crisis, which was reflected in the consistent use of the words coronavirus crisis.

As well as socially, the crisis is experienced mainly at the individual level for people. According to Lanceley (2003), at the personnel level, crises are initiated by a wide range of situations that change an individual's life. These crises are often associated with the concept of stress (Doka, 2013; Eastham et al., 1970; Elmer et al., 2020; Hickman & Knouse, 2020). An important theoretical framework for stress is provided by the Transactional Theory of Stress and Coping, which defines the experience of stress based on the interaction between a person and the environment. The impact of a stressor depends on 1, the extent to which the individual evaluates it as stressful and 2, how the individual copes with it or to what extent he/she is able to involve resources to combat stress (Lazarus & Folkman, 1984). Despite different coping strategies, individuals undergoing crisis and stress are not equally successful in adapting to a given situation, so different ways of coping can be different in effect.

A specific group of people for whom the coronavirus, resp. COVID-19 disease, has serious consequences, are the elderly. Due to this, they are considered the most endangered group of the population (Public Health Authority of the Slovak Republic, 2020; Centers for Disease Control and Prevention, 2020). Their (potentially) experienced stress can result not only from various anti-epidemic measures that have changed their lives to varying degrees (e. g. forced isolation, social distance), but also from the fact that elderly people are aware (for example from intensive media information) of worse health consequences (or more serious complications) caused by COVID-19, compared to other groups of the population.

Nevertheless, research findings have shown some contrary findings; for example, at the time of the peak of the first wave of the pandemic in Spain, differences in the level of acute stress or anxiety between the older elderly and a group under 60, were not confirmed. According to the authors, a possible explanation for this unexpected result is probably a better ability of the elderly to cope with a pandemic situation (due, in part, to life experience), but this needs to be further explored (García-Fernández et al., 2020). Even in the initial stages of the first wave of the pandemic, there was no evidence of strong stress or anxiety; for example, in China, just over 8% of respondents declared moderate to severe stress and about a third (28.8%) reported moderate to severe anxiety (Wang et al., 2020). Low perceived stress has also been found in over-60 Americans (Whitehead & Torossian, 2020).

Thus, research has suggested that, despite expectations, stress and anxiety have not been disproportionately high (especially amongst the elderly) at the time of the first wave of the COVID -19 pandemic. The aim of this research is, therefore, to examine more deeply how the "coronavirus crisis" manifested itself at an individual/personal level in the most at-risk population group - the elderly - during the first wave of this disease in Slovakia; knowing that the specific sources of stress and coping strategies can be helpful in understanding their severity and importance in the lives of the elderly. Their relevance to the level of stress and anxiety can provide an initial insight into how the elderly evaluate some stressors, how effectively they cope with the stress or what potential threat they face.

The presented research is part of broader nationwide research entitled "Psychological aspects of coronavirus perception in the elderly", which focused on the analysis of various psychological aspects of perception, and the experience of the situation related to the spread of COVID-19 in specifically at-risk populations.

Research objectives

The aims of the following research are to examine what the elderly consider to be stressful in connection with the coronavirus pandemic, and what coping strategies they prefer in adjusting to this situation. The specific goal is to examine how the individual sources of stress and coping strategies relate to the demographic characteristics of the elderly (by gender, age), but also to the psychological aspects, such as the degree of stress and anxiety.

In connection with these goals, we have identified the following research questions:

RQ1: What are the categories of the greatest stressors for the elderly, and how prevalently are they reported?

- RQ1a: Will there be differences between groups of elderly for whom a certain category of stressor is and is not a source of stress by gender and age?

- RQ1b: Will there be differences between groups of elderly for whom a certain category of stressor is and is not a source of stress in experiencing stress and anxiety?

RQ2: What categories of coping strategies are there? And how prevalent will they be reported by the elderly?

- RQ2a: Will there be differences by gender and age between groups of elderly who state and who do not state a certain coping strategy as helpful?

- RQ2b: Will there be differences in experiencing stress and anxiety between groups of elderly who state and who do not state a certain coping strategy as helpful?

Method

Research sample

The research sample consisted of 607 people of retirement age (70.67% women), aged 62 to 93 ($M = 68.97$; $SD = 4.76$; men were slightly older ($M_{men} = 70.34$; $SD = 5.48$) compared to women ($M_{women} = 68.41$; $SD = 4.31$); $F = 21.324$, $p < .01$), from all regions of Slovakia and with different socio-demographic characteristics. They were most often married (60.5%), then widowed (18%); then divorced (14.3%) and the least elderly were single (7.2%). Almost a third lived alone (30.6%), while the majority lived with someone in the same household. The majority were retired (84.3%), while the remainder were retired and still working. The sample was obtained by using the snowball method through sharing an online questionnaire, and by contacting various organizations, such as the Union of Pensioners of Slovakia or universities of the third age from various Slovak universities. Data collection took place during the first wave of the COVID-19 pandemic and at the time of the introduction of the first anti-epidemic measures in Slovakia, between March and May 2020. The participation of the sample in the research was voluntary and anonymous.

Research tools

The test battery presented to the participants as part of the nationwide research “Psychological aspects of coronavirus perception in the elderly” was focused on various variables. In the following text, we will describe only those that were relevant to this research.

At the beginning, after giving their consent, the respondents were asked questions which focused on the following socio-demographic data: gender, age, marital status, information on whether they live with someone in the same household and whether they are fully retired or have an employment.

They were then asked to answer 2 open (qualitative) questions:

- "Write down what is most difficult for you in this situation, and what is the biggest source of stress for you now?"
- "Write down what exactly you are doing, and what is helping you to cope with the current situation regarding coronavirus?"

The following measures were used to obtain information on stress and anxiety levels:

- A scale of perceived stress (PSS; Cohen et al., 1983; Slovak adaptation Ráčzová et al., 2018). A 4-item form of PSS was used in the elderly to assess the level of perceived stress. Due to the need for an adequate quantity of items in the test battery resulting from the cognitive capacities of the elderly, the following questions were selected from the original 10-item form of PSS: How often in the last month have you: 1. felt unable to control things that are important for you in life? 2. felt confident in your ability to handle your personal problems? (reverse scored) 3. felt that things were going the way you wanted them to? (reverse scored) 4. felt that the difficulties were so great that you can no longer overcome them? A 5-point scale (1 = never; 5 = always) was used to indicate the frequency of sensations during the past week, with a higher score indicating a higher level of perceived stress. The internal consistency of the scale was adequate (the value of Cronbach's α was 0.77).
- A questionnaire for measuring anxiety and anxiety, specifically for sensing anxiety as a condition (STAI, Spielberger et al., 1983; Slovak adaptation Müllner et al., 1980). The scale consisted of 20 items. A 4-point scale (1 = almost never; 4 = almost always) was used to indicate

the frequency of feelings experienced recently by the elderly in relation to the pandemic situation. A higher score meant a higher degree of anxiety. The internal consistency of the scale was optimal (the value of Cronbach's α was 0.93).

Data processing

In the research, qualitative analyzes of responses related to sources of stress and coping strategies were combined with a quantitative evaluation of the experience of stress and anxiety, and also demographic characteristics.

- Qualitative analysis

The answers of the elderly concerning open-ended questions identifying sources of stress and preferred coping strategies were categorized through content analysis.

- Quantitative analysis

Statistical analysis of the data was processed through SPSS Statistics 25. To identify differences in perceived stress, anxiety, and age according to the presence versus absence of a certain stressor and a certain coping strategy and also by gender, one-way ANOVA and, in the case of a low number of the elderly in any of the groups ($N < 30$), a nonparametric Mann-Whitney U test, was used. To test for differences in the presence vs. absence of a certain stressor and a certain coping strategy according to gender, Chi-square was used. Relationships among interval variables (stress, anxiety, quantity of stressors, quantity of coping strategies, and also age) were identified using Pearson's correlation coefficient.

Results

Descriptive analyzes

The arithmetic means of perceived stress ($M = 2.11$, $SD = .64$) and anxiety ($M = 1.98$, $SD = .47$) were low in the Slovak elderly during the first wave of the pandemic. However, the relationship between them was significant and strong. Perceived stress was weakly but significantly positively correlated to the number of reported stressors and negatively to the number of reported coping strategies. Anxiety also correlated to the number of stressors positively, and even a little stronger than perceived stress. A negative correlation of anxiety with the number of coping strategies did not reach a level of statistical significance (see Table 1).

The age of the elderly was weakly but significantly correlated with the number of stressors ($r = .10$, $p < .05$). Women experienced anxiety a little more intensely than men. ($M_{men} = 1.9$, $SD = .47$; $M_{women} = 2.01$, $SD = .47$; $F(1) = 6.855$, $p < .01$).

Table 1

Correlations for Study Variables

	Stress (PSS)	Anxiety (STAI)	Number of stressors
1. Stress (PSS)	-		
2. Anxiety (STAI)	.72**	-	
3. Number of stressors	.17**	.23**	-
4. Number of coping strategies	-.10*	-.07	.14**

Note. $p < .10$; * $p < .05$; ** $p < .01$

What is a source of stress for the elderly?

607 elderly people provided a total of 734 responses regarding sources of stress. 9.4% of them gave no stress sources, 70.9% stated one, 16.8% two and 2.3% three. Their answers were classified into the following categories through content analysis.

In the group of the elderly who stated a certain source(s) of stress, social isolation was most frequently reported, in 25.5% of cases.

"Do not meet family, daughter, granddaughter, son-in-law";

"Lack of social contacts";

"I miss contact with my family and people";

"...And it is extremely difficult for me to limit my contact with the only granddaughter who has been with me at any time since her early childhood, and I was a grandmother "on a nail" (always available for childcare in case of illness, work duties of parents, during the holidays, etc.)."

The second most common were various anti-epidemic measures or physical restrictions, in 22.2% of cases.

"Travel ban ...";

"The most difficult thing for me is that I cannot organize my time and life according to my own will and the needs of me and my family, but according to a government regulation";

"I have to sit at home, limited in going out, I've always gone on trips."

The third most common answer was uncertainty, especially uncertainty about the future, in 13.5% of cases.

"Uncertainty about how the whole coronavirus case will turn out. I try not to panic";

"The biggest source of stress so far, I see uncertainty, especially in the future, for the younger generation";

"Uncertainty about how the situation will develop ..."

Concerns about loved ones followed, in 12.3% of cases.

"Concern about the elderly in the family";

"... I fear for my children and grandchildren, lest they become ill";

"My husband is seriously ill he belongs to the most risky group"

Although "OTHER" responses were indirectly related to the coronavirus pandemic, they were also a source of stress for the elderly, in 9.9% of cases.

"Death of 5-year younger wife";

"Living with a partner";

"The son I live with got fired from work, he has no income and can't be hired anywhere now."

The media information was also stressful (together this occurred in 15% of cases), specifically concerning either the information about the spreading disease and newly infected people (in 6.6% of cases), its poor quality or how confusing it was (in 3.1% of cases) or the behavior of politicians (in 6.4% of cases).

"I am stressed by the new information and increase in people infected with the coronavirus";

"Various information about the possibility of spreading COVID-19 talked about droplet infection, now also virus on objects, dust particles, etc.";

"Chaotic behavior of Government";

"Statements by government politicians."

Self - concerns occurred in 6.7% of cases.

"Probably getting into a situation of possible infection";

"I'm afraid I catch the coronavirus";

Irresponsible behavior of other people was a source of stress in 3.8% of cases.

"I am very upset by the arrogance of people who do not respect orders and anti - epidemic measures, but sometimes it has to be so that the situation improves. Especially young people think it's a modern game or something. People have forgotten to be humble, patient and adaptable. Older people still criticize everything and are not satisfied with anything. "

And for a minimum of elderly (1.8%), shopping was a source of stress.

"Go shopping for groceries."

Men and women did not differ in the quantity of stressors ($F(1) = 2.531, p = .112$). Women significantly more often reported as stressful: social isolation (36.1% women, 14.6% men, $X^2(1, N = 155) = 15.82, p < .01$), men the behavior of politicians (3.3% women, 14%, men, $X^2(1, N = 39) = 24.32, p < .01$) and poor media information (1.9% women, 6.2% men, $X^2(1, N = 19) = 7.72, p < .01$). For those whom the behavior of politicians was a source of stress were also significantly older ($M = 70.85, SD = 4.60; F(1) = 6.498, p < .05$) than for those who did not ($M = 68.84, SD = 4.75$).

The elderly for whom uncertainty and/or self-concern were a source of stress had significantly higher perceived stress and anxiety scores (see Table 2). The perception of irresponsible behavior of others was related to a lower level of stress, but only at the level of approaching statistical significance ($p = .06$)

Table 2

Descriptive Statistics and Differences in Perceived Stress and Anxiety by Source of Stress

Stressor		n	Stress (PSS) M(SD)	F(1)	Effect Size (Cohen's d)	Anxiety (STAI) M(SD)	F(1)	Effect Size (Cohen's d)
Uncertainty	Yes	82	2.30(.64)	8.618**	-.35	2.14(.49)	11.749**	-.41
	No	55	2.08(.63)			1.95(.46)		
Self-concern	Yes	41	2.37(.72)	7.455**	-.44	2.15(.49)	6.185*	-.40
	No	56	2.09(.63)			1.96(.47)		
			Median (Mean rank)	U				
Irresponsibility of others	Yes	23	2.00(237.83)	5194	.43	-	-	-
	No	58	2.00(306.61)			-	-	-

Note. * $p < .05$; ** $p < .01$

What helps the elderly to cope with the current coronavirus situation?

607 elderly presented a total of 1,474 coping strategies. 1.8% of the elderly no strategies, 1 strategy was reported by 30.5%, 2 strategies by 25.7%, three strategies by 21.1%, four and more by 20.8% of the elderly (6 elderly people stated up to 7 strategies). Their answers were classified into the following categories through content analysis.

The most common response was WORK (in 52.6% of cases). This category took various forms. The most frequent answer was work in the garden (28.5%), then ordinary housework (27.3%), specific work related to housework (e. g. sorting personal things - photos, clothes, documents...), for which there had not been time till now (5.8%) and finally unspecified work or employment (4.4%).

"... work in the garden as long as my health permits";

"I cook, bake, clean..."

"I'm putting the apartment in order," disposing of "unnecessary things";

"A big cleaning, which I didn't pay attention to in the past - sorting different documents...";

"If necessary, I help at work as an external employee, which sufficiently fills me..."

The second most common response was "hobbies" such as reading, crossword puzzles, sudoku, handicrafts or unspecified hobbies (in 40.7% of cases).

"I read and solve crossword puzzles, solve sudoku ...";

"I do handicrafts ...";

"... in my free time I devote myself to my interests - I read, I take care of flowers on the balcony, I solve crossword puzzles ... in short, I'm not bored, so far."

The third most common response was "contacting other people or loved ones" (in 25.7% of cases).

"... telephone connection with family and friends";

"Telephoning with loved ones";

"... social networks, mobile communication."

The fourth was DISTRACTION (in 25.4% of cases), either through watching television (19.9%) or through having fun e.g. listening to music, playing games ... (9.4%)

"Television, internet ...";

"... I play scrabble over the computer";

"I dance to songs at home";

"... playing board games ..."

MOVEMENT helps 22% of the elderly, especially either as an exercise (indoor or outdoor, 8.2%) or as walks outside (16%).

"... exercise in the apartment ...";

"... stationary bicycle exercise, breathing exercises, ...";

"... also a walk to a nearby wood";

ORIENTATION ON OTHERS occurred in 15.3%, especially as care of others or loved ones (6.4%), as care of pet(s) (3.6%) or as sewing of face masks for others (5.9%).

"... care for loved ones - husband and son with disability and care for two dogs ...";

"... I help my neighbor and friend with shopping, I bring them medicine";

"... I walk the dog and devote myself to it.";

"... I take care of pets...";

"... I sew face masks for friends and family..."

"I sewed face masks for the village and also for those I saw that did not wear them ..."

Compliance to the measures helps 10.4% of elderly.

"I follow the measures; I don't go out ...";

"In my opinion, I am staying in a sterile environment without the presence of a dangerous virus";

"I disinfect the most important areas in the elevator, if necessary, I wash the floor on the stairs more often. Wearing masks is a matter of course."

SELF - ORIENTATION occurred in 10.2% of cases, especially either as the form of learning something new (7.2%) or as relaxing and physical health care (3.5%).

"... I study English ...";

"I research and study various things on the Internet ...";

"I eat healthy ... I get enough rest and relaxation";

"I rest, I take vitamins and I eat healthily."

5.9% of elderly searched the information about the current pandemic situation (1.8% did not search for it).

"(In my opinion), I have searched for scientific information on the Internet";

"I always try to be informed about everything that is happening. It's quite demanding because there is a lot of information that is often contradictory, but it helps me to keep the right view of the situation";

("I decided not to watch TV/news all the time ...");

"... I limit the regular monitoring of the airtime of "disaster gargoyles...").

Faith helps 5.6% of elderly.

"I am praying.";

"... worship via TV Lux (religious TV)";

"I follow religious programs in the media more ..."

Compliance to the regime (1.8%), optimism (1.6%), and "other" coping strategies (3%) occurred only minimally.

"I structure my time and its use...";

"I try to think positively...";

"I try to stay in a good mood and optimism...";

"I do not allow the situation to escalate...";

"Anti-depressants (lexaurin, xanax) help me to get through nights and slowly also days."

Men and women differed in the quantity of coping strategies. Women reported significantly more coping strategies that help them with the coronavirus situation than men ($M_{men} = 1.80$, $SD = .99$; $M_{women} = 2.70$, $SD = 1.53$; $F(1) = 51.714$, $p < .01$). Women significantly more often than men reported the following coping strategies: 1. hobbies (48% women, 23% men, $X^2(1, N = 247) = 32.54$, $p < .01$), 2. housework (31.7% women, 16.9% men, $X^2(1, N = 166) = 13.96$, $p < .01$), 3. social contact (29.4% women, 16.9% men, $X^2(1, N = 156) = 10.33$, $p < .01$), 4. TV watching (23.8% women, 10.7% men, $X^2(1, N = 121) = 13.53$, $p < .01$), 5. fun and games (11.2% women, 5.1% men, $X^2(1, N = 57) = 5.56$, $p < .05$), 6. exercise (9.8% women, 4.5% men, $X^2(1, N = 50) = 4.67$, $p < .05$), 7. learning something new (8.9% women, 3.4% men, $X^2(1, N = 44) = 5.63$, $p < .05$), 8. sewing face masks for others (8.2% women, 0.6% men, $X^2(1, N = 36) = 13.01$, $p < .01$), 9. faith (6.8% women, 2.8% men, $X^2(1, N = 34) = 3.71$, $p = .05$). Men significantly more often reported compliance to the measures (14.6% men, 8.6% women, $X^2(1, N = 63) = 4.84$, $p < .05$).

Those elderly who reported that watching TV ($M_{yes} = 69.94$, $SD = 5.36$; $M_{no} = 68.73$, $SD = 4.58$; $F(1) = 6.302$, $p < .05$) and searching for the information ($M_{yes} = 71.22$, $SD = 5.43$; $M_{no} = 68.83$, $SD = 4.69$; $F(1) = 8.634$, $p < .01$) help them to cope with the pandemic situation were older ones.

The elderly whose strategies related to ORIENTATION TO THEMSELVES or OTHERS, but especially those who 1. cared for their physical health and relaxed, 2. cared for the pet(s) and/or 3. sewed a face masks for others, had a lower level of perceived stress. The elderly whose strategies were the same, as in the previous case (1. health care and relaxing, 2. pet and 3. sewing face masks), but also those who 4. engaged in a hobby and/or 5. went for walks outside, were less anxious. On the other hand, the elderly with faith as coping strategy, experienced greater anxiety (see Table 3).

Table 3

Descriptive Statistics and Differences in Perceived Stress and Anxiety by Coping Strategy

Coping strategy		n	Stress (PSS) M(SD)	F(1)	Effect Size (Cohen's d)	Anxiety(STAI) M(SD)	F(1)	Effect Size (Cohen's d)
Hobby	Yes	247				1.93(.46)		
	No	360	-		-	2.01(.48)	4.630*	.18
Walks outside	Yes	97				1.86(.43)		
	No	510	-		-	1.99(.48)	6.659*	.29
Faith	Yes	34				2.14(.52)		
	No	573	-		-	1.97(.47)	4.066*	-.36
Sewing face masks	Yes	36	1.85(.50)			1.77(.40)		
	No	571	2.13(.64)	6.253*	.43	1.99(.47)	6.969**	.45
			Median (Mean Rank)	U		Median (Mean Rank)	U	
Pet(s)	Yes	22	1.75(219.98)			1.55(210.50)		
	No	585	2.00(307.16)	4586.5*	.48	1.95(307.52)	4378*	.50
Relaxing and healthcare	Yes	21	2.00(225.38)			1.85(222.50)		
	No	586	2.00(306.82)	4502*	.53	1.95(306.92)	4441,5*	.57

Note. * $p < .05$, ** $p < .01$

Discussion

Due to the fact that the coronavirus pandemic is often associated with the term coronavirus crisis, in this research we focused on examining the crisis at the individual/personal level in the most vulnerable population group, the elderly (Public Health Authority of the Slovak Republic, 2020; Centers for Disease Control and Prevention, 2020). These personal crises are often associated with stress (Doka, 2013; Eastham et al., 1970; Elmer et al., 2020; Hickman & Knouse, 2020). However, stress is a consequence of the evaluation of the individual that the potential stressor is threatening, and how it is managed or the ability to engage resources to combat stress (Lazarus & Folkman, 1984). The aim of the research was therefore to examine what specifically was a source of stress for the Slovak elderly at the time of the first wave of the pandemic and which coping strategies helped them to adjust with the coronavirus situation. We also examine whether the sources of stress and coping strategies reported by the elderly relate to their demographic characteristics (gender, age) and the perceived stress and anxiety.

From the perspective of quantitative data, we found that the perceived stress and anxiety in the elderly was low. These findings are consistent with other research that has also not shown a

high level of stress or anxiety during the first wave of a pandemic, neither at the baseline (e.g., Wang et al., 2020; Whitehead & Torossian, 2020) nor at its peak. (e. g. García-Fernández et al., 2020). An explanation can be offered by the answers of the elderly to open (qualitative) questions concerning sources of stress and coping strategies. It is quite positive that the elderly reported half as many sources of stress (a total of 11 categories were identified) than coping strategies (a total of 22 categories were identified, so one elderly reported an average of 1.12 ($SD = .58$) stressors and 2.43 ($SD = 1.45$) coping strategies). The quantity of the stressors had a weak positive correlation to the perceived stress or anxiety, while the quantity of the coping strategies, was negative, but much weaker, so their quality will probably be more relevant to the perceived stress and anxiety. For example, Whitehead and Torossian (2020) point out that coronavirus pandemic stressors are largely beyond the control of the individual. It is therefore effective to use strategies focused on emotions, which in the case of such stressors, are more associated with greater psychological well-being.

In terms of content, the most common sources of stress for the elderly were social isolation from other people (relatives, family, and friends, 25.5%, and to a greater extent in women) and various anti-epidemic measures or physical restrictions (restrictions on movement, regulations, 22.2%). Thus, it has been shown that what should protect the elderly from infection is also what is most often perceived by them as a source(s) of stress. It is important to emphasize this, because by not compensating for these negative aspects of anti-epidemic measures, and in the long-term, further negative consequences for physical and mental health can be expected (see, e.g., Sepúlveda-Loyola et al., 2020). Other authors also point out that with persistent lockdown, social distancing, and limited community activity, the elderly are at greater risk of anxiety, depression, and cognitive decline, which may compromise their ability to return to normal daily life (Chen, 2020). Experiencing a situation with 2 negative effects on life, namely the absence of loved ones and restrictions versus worrying about one's own health (self - concern) may not be easy. Nevertheless, twice as often as a source of stress in the elderly was fears for loved ones (12.3%) compared with themselves (6.7%). However, self-concern, together with another stressor - uncertainty (13.5%), were significantly more related to the perceived stress and anxiety. However, it is positive that only about a fifth of the elderly reported the stressors that were significantly related to greater perceived stress and anxiety. For other sources of stress, no significant differences occurred (except for the irresponsible behavior of others, which we will describe later). On the other hand, uncertainty as a source of stress was reported by the elderly as the third most common. Together with changes in the lives of the elderly (implicitly present, for example, within the categories of social isolation or physical restriction), uncertainty is identified as an essential sign of crisis (Seeger et al., 1998), which, if experienced at an individual level, can be related to stress (Doka, 2013; Eastham et al., 1970; Elmer et al., 2020; Hickman & Knouse, 2020). This was also confirmed by our findings (as mentioned above, uncertainty as a source of stress was significantly correlated to the perceived stress and anxiety). However, while in the case of stressors resulting from anti-epidemic measures (social isolation and physical restriction) the possibilities of their elimination are limited, in the case of uncertainty it is possible to reduce or eliminate this stressor (for example with providing appropriate information or interventions - by competent people - that support some predictability, etc.). This may be largely related to the media, which (also due to the greater absence of social contacts) play the role of an information source. However, our findings showed that the intensity of information about infected people and COVID - 19 (6.6%), their ambiguity or confusion (3.5%), and also the behavior of politicians seen through media (6.4%), are also sources of stress for the elderly (the last two stressors mainly in men and the last one also in the older ones). The media should improve on the quality and amount of information they are giving to the public, and, specifically here, the elderly. On the other hand, the elimination of this source of stress is mostly (compared to the others reported) in the hands of

the elderly themselves (e. g. just turn off the TV/internet or do not read the newspapers ...). Finally, the least reported sources of stress were irresponsible behavior by other people (3.8%, unexpectedly related to experiencing less perceived stress) and shopping (1.8%). In addition to the above sources of stress, it is important to note that among the most frequently reported stressors (in fifth place) there was also the category "other" (9.9%). These were situations that were either indirectly or not at all related to the coronavirus pandemic (e. g. domestic stress). Given the relevance of this category in the lives of the elderly (despite the pandemic that can directly threaten them, these "other" situations were subjectively perceived as considerable sources of stress), it is important to pay attention to them. Finally, for almost one-tenth of the elderly (9.4%), nothing stressful was reported.

Comparable research conducted in American elderly people (Whitehead & Torossian, 2020) showed that stressors such as uncertainty, fears for loved ones, behavior of politicians, information about people and COVID - 19 disease, self-concern or irresponsible behavior of other people were (spontaneously) reported comparably frequently by Slovak and American elderly people. Social isolation and physical restrictions, which were reported by the Slovak elderly twice as often, and shopping, which was reported up to four times more often by the American elderly, had a different prevalence. The economic consequences of the pandemic, boredom, lack of motivation, and adaptation to change or work as sources of stress experienced by the American elderly, in contrast, did not occur at all in the Slovak ones. These differences may be related to different cultures. However, it is important to point out that, as in our research, for the American elderly, self - concern was significantly related to perceiving more stress. Comparable findings also related to uncertainty as a source of stress, which related to the perceived stress and anxiety in the Slovak elderly and negative emotions in the American elderly. Concerns about loved ones, behavior of politicians, and information about the infected or COVID - 19 were related to negative emotions (but only) in the American elderly. Also among the general public of Chinese respondents, concerns about loved ones was shown to be related to perceiving more stress, and on the other hand, up-to-date and accurate information was related to lower perceived stress and anxiety (Wang et al., 2020). In our research, these (potential) sources of stress were not presented to the elderly (as in the case of the above research), which resulted in a lower number of groups of respondents for whom these stressors were relevant (which were spontaneously reported). Nevertheless, we did not find that these categories related to the perceived stress or anxiety in the Slovak elderly.

The coping strategies reported by the elderly were more numerous and diverse than sources of stress, and women reported them significantly more than men. Work most often helps the elderly, more than half (52.3%) of the elderly reported it in various forms (housework, work in a garden...). However, a more effective strategy seems to be to pursue a hobby which was reported by the elderly as the second most helpful coping strategy (40.7%, but more often reported by women) because it related to lower anxiety. The third most frequently reported coping strategy was social contact (25.5%, which was also more often reported by women). Although social support can be an important form of assistance to an individual going through a crisis, or in stress (Nursing Best Practice Guideline, 2002; Stein & Smith, 2015), in our research, this strategy did not significantly relate to either (lower) perceived stress or anxiety. On the other hand, many family members can themselves be a source of stress for the elderly, which was partly demonstrated in the category of "other" in reported sources of stress. A widespread strategy was also through distraction, through watching TV (19.9%, which was more often reported by women and by the older respondents) or having fun with music or various games (9.4%, also more often reported by women). Nor were these strategies relevant in any way to perceived stress or anxiety. In the first five preferred strategies, there was also movement, but not especially exercise (8%, which was more often reported by women), while

walking outside (16%), related to a lower level of anxiety. Orientation to others, but especially not direct care of someone (6.4%), but care of a pet (3.6%) or sewing face masks for others (5.9%, which were more often reported by women) and self-concern, but especially not learning something new (7.2%, which was more often reported by women), but relaxing and health care (3.5%), were also related to lower levels of anxiety and also (as the only ones among others), were related to lower perceived stress. In the context of other strategies - compliance with measures and searching for information about the current pandemic situation - other research has shown that their implementation may be relevant to a lower level of stress and anxiety (Wang et al., 2020). In our research, these strategies were reported less frequently (searching for information was reported by 5.9% of the elderly (more often reported by older ones) and compliance with measures was reported by 10.4% of the elderly (more often reported by men) and did not relate to perceived stress or anxiety. Faith (5.6%, more often reported by women) was the only coping strategy that related to higher anxiety in the elderly. The least preferred strategies included regime (1.8%), optimism (1.6%) and "other" strategies (3%). It is clear that the prevalence of coping strategies that related to (lower) perceived stress has not been very high in the elderly (sewing face masks for others, pet care and relaxing and health care were reported only by about a tenth of the elderly) and this should be paid more attention to. The prevalence of strategies related to (less) anxiety was higher (at least one of the strategies of hobbies, walking outside, sewing face masks, pet care, relaxing and health care was reported by 56.2% of the elderly).

Even in American elderly, strategies such as pet care or exercise and self-care were relevant to a lower level of stress; and walking outside was relevant to positive emotions. However, contrary to our findings, faith was related to a lower level of stress and negative emotions in American elderly (Whitehead & Torossian, 2020). This fact may be due to different religious coping strategies (see Pargament et al., 2000), which are related to different effects - e. g. positive forms are associated with acceptance or optimism, while negative forms are associated with anxiety (Ano & Vasconcelles, 2005). However, we did not distinguish them in this research. In forthcoming research, the specificities of this coping strategy would be better taken into account.

It is also necessary to point to the ambiguous validity of the findings in that some source of stress or coping strategy is or is not related to the perceived stress or anxiety, because these findings may be influenced by the overall constellation of other facts. In our research (as in real life) there were no "pure categories" and the elderly differed in the quantity and quality of responses regarding stressors and coping strategies. Subjective perception of sources of stress and preferred coping strategies are naturally given by the possibilities and abilities of the elderly and are influenced by many other factors. That means, on the one hand, the elderly differ naturally in the extent to which the pandemic and the different measures or restrictions have affected their usual way of life (especially in a negative way). On the other hand, they also differ in the subjective evaluation of how stressful these facts are for them, and how they cope with this potentially stressful situation, and other associations, such as, with their personality and (un)satisfied needs, health condition, material conditions or social environment that surrounds them (or not), as well as with experiences or (perceived) alternatives available to them, etc. All these create a wide range of different combinations given by the environment (with potential stressors) and a unique evaluation and adjustment for individual elderly person. Nevertheless, the findings of this research can contribute to knowledge about that diversity of perceptions of stressors, and especially about the diversity of using coping strategies by the elderly, and to some extent contribute to the reflection on their possible connections.

This research has also certain limitations. First of all, it is a fact that in many cases it is not possible to say whether certain sources of stress, but especially coping strategies, are the cause

or consequence of the stress or the anxiety. From this point of view, another type of research (e. g. longitudinal) would need to be carried out. Another is the fact that some groups of elderly that reported a certain stressor or coping strategy were relatively small, and this limits the possibility of generalizing the findings, and so would need to be verified by further research. The limitation of the research is also the sample of respondents, which was obtained especially amongst those elderly who were more active in the online space. The elderly who do not use the Internet or the elderly from social service homes or other facilities were not included in the research, and their experience and adjustment to the "coronavirus crisis" should also be examined.

Conclusion

The Coronavirus crisis, subjectively experienced at the individual level of the elderly, was characterised by a rather low level of perceived stress and anxiety. Through a qualitative analysis of responses to stress sources and coping strategies, combined with a quantitative comparison, this research provided a deeper picture of how Slovak the elderly experienced the first weeks (the first wave) of the COVID-19 pandemic. The most common sources of stress were social isolation and various physical restrictions. However, other stressors have had a negative effect, namely uncertainty and self-concern, which have been associated with greater perceived stress and anxiety. Other reported stressors were concerns about loved ones and stressors indirectly related to the pandemic (e. g. domestic stress, to which more attention should be paid). However, with similar prevalence than these stressors, elderly also reported that nothing had stressed them. The media were also a source of stress for the elderly. Coping strategies have been reported (more often by women) to a more diverse and numerous extent. Most often, the elderly preferred work, but caring for themselves or a pet, and sewing face masks for others was related to less perceived stress, and similarly hobbies or walks related to less anxiety. Technology-mediated social contact, distraction through television or entertainment, and compliance with measures were also reported more frequently. The elderly also copes with the pandemic situation through exercise, learning something new, caring for others or searching for current information about the pandemic situation. However, none of these strategies were relevant to perceived stress or anxiety in any way. Faith was the only coping strategy that related to more anxiety. However, its occurrence was quite low. Finally, the findings of this research can be useful for the elderly and those who work with the elderly and/or implement different interventions.

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PSYCHOSOCIAL ASPECTS OF PERCEPTION AND EMOTIONAL EXPERIENCE OF OLDER ADULTS DURING THE FIRST WAVE OF THE COVID-19 PANDEMIC IN SLOVAKIA

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Abstract:

The older population is considered one of those with the highest risk of severe coronavirus infection (Public Health Authority of the Slovak Republic, 2020). This study is a part of research focused on the analysis of the psychosocial aspects of the perception and emotional experience of older Slovak adults as a risk group during the first wave of the COVID-19 pandemic.

Objectives: The first aim of this research was to examine how older adults in Slovakia perceived and experienced the first wave of the COVID-19 pandemic. We were focused on their negative emotional experience – the levels of perceived stress, anxiety and concern (regarding a fear of COVID-19 infection). The second aim was to identify differences in negative emotional experience in older adults according to demographic characteristics. The final aim was to analyze the demographic and psychological characteristics of those groups of older adults who reported extremely low and extremely high levels of negative emotional experience (perceived stress, anxiety, or concern). **Method:** The research was conducted online during the first wave of the COVID-19 pandemic. The participants were 607 adults from Slovakia; 429 women and 178 men aged 61-93 ($M = 68.97$; $SD = 4.76$). They completed a State-Trait Anxiety Inventory, State version (Spielberger et al., 1983), a Perceived Stress Scale (Cohen et al., 1983), and the authors' scales focused on the assessment of the levels of fear of COVID-19 infection (concern), satisfaction with health, powerlessness, ability to deal with the situation of pandemic, loneliness, social isolation, and perceived danger of COVID-19 for themselves, their families and friends and people in Slovakia. Jamovi 1.6.15 and IBM SPSS Statistics 25 software (t-test, Pearson and Spearman correlation coefficients, one-way ANOVA, Chi-square) were used for data analysis.

Results: Descriptive analyses showed that older adults experienced low levels of perceived stress, moderate levels of anxiety, and moderate levels of concern during the first wave of the COVID-19 pandemic. They reported moderate satisfaction with health, low levels of powerlessness, high levels of perceived ability to deal with the situation of the pandemic, moderate levels of loneliness and social isolation, and moderate to high levels of perceived danger of COVID-19 for themselves, their families and friends and people in Slovakia. The second step of the analyses was focused on the differences in perceived stress, anxiety, and concern according to demographic characteristics (gender, employment status, marital status, and household composition). Between-group analyses showed only gender differences in anxiety and concern – women reported higher levels of anxiety and concern than men. The third step of the analyses was focused on the comparison of the demographic and psychological characteristics between the groups of older adults who experienced extremely low and extremely high levels of negative emotions during the pandemic. Two groups were observed only in the case of concern: group 1 with older adults reporting an extremely low fear of COVID-19 infection ($n = 51$) and group 2 with older adults reporting an extremely high fear of COVID-19 infection ($n = 40$). Regarding the demographic characteristics, the two groups of older adults differed significantly only in gender – more women than men experienced an extremely high concern that they would be infected with coronavirus. Age distribution was equivalent across both groups – the

mean age of older adults in group 1 and group 2 was 69.49 and 69.90 years, respectively. The two groups were also comprised of similar numbers of older adults who were single, married, divorced, or widowed and those who lived alone, with a spouse, with a spouse and children, or with children and family. However, significant differences between the two groups were found in psychological characteristics – older adults with extremely high concern reported low satisfaction with health, high powerlessness, low ability to deal with the situation of the pandemic, high loneliness and social isolation, and high perceived danger of COVID-19 for themselves, their families and friends and people in Slovakia.

Limits and conclusions: One of the limitations of the research is that no data were obtained from older adults who were clients of social service facilities; mainly due to restrictions and measures existing at the time of data collection. The research sample consisted only of older adults who lived in their home environment and communicated via social networks. Online skills could have enabled them to search for information about the pandemic or to stay in contact with other people. All this could have positively affected their perception and emotional experience during the first wave of the COVID-19 pandemic, in contrast to the clients of the social service facilities. Despite this limitation, the research study has brought important findings. It showed that older adults did not experience the first wave of the pandemic only negatively and uncovered a risk group of older adults which was at increased risk of negative psychological effects (concern) during the COVID-19 pandemic. The identification of people who are most vulnerable in the elderly population is a key element for providing specific and effective psychological or social assistance.

Key words: Older adults. COVID-19. Anxiety. Stress. Loneliness. Powerlessness. Fear of infection.

Introduction

In Slovakia, the first case of COVID-19 was confirmed on 6th March 2020 (Public Health Authority of the Slovak Republic, 2020). Immediately, the first measures against the spread of the new coronavirus were imposed by the Slovak government. On 12th March 2020, a state of emergency was declared and remains in place (Ministry of Interior of the Slovak Republic, 2020). During the first wave of the COVID-19 pandemic, strict preventive measures imposed not only in Slovakia, but also in other countries, included home isolation, social distancing, increased hand hygiene and wearing face masks (Public Health Authority of the Slovak Republic, 2020a).

The elderly population has been one of the most endangered groups during the COVID-19 pandemic, as older people belong to those with the highest risk of severe coronavirus infection (Centers for Disease Control and Prevention; CDC, 2020; Public Health Authority of the Slovak Republic, 2020a). The results of foreign studies have provided evidence that an increased level of loneliness amongst older adults is one of the consequences of imposed preventive measures (Teater et al., 2020; Palgi et al., 2020). Research studies conducted during the COVID-19 pandemic amongst older adults were primarily focused on the quality of life, mental health, and their relationship to loneliness (Bidzan-Bluma et al., 2020; Carriedo et al., 2020; García-Portilla et al., 2020; Grossman et al., 2021; Robb et al., 2020). The results have shown that loneliness, social isolation and health concerns during the COVID-19 pandemic are significantly associated with emotional problems, anxiety, depression and sleep disorders amongst older adults (García-Portilla et al., 2020; Grossman et al. 2021; Robb et al., 2020).

Regarding social isolation, it has been confirmed that people generally suffer more from feelings of anxiety, sadness (Sepúlveda-Loyola et al., 2020), hopelessness or helplessness (Fouk et al., 2020). In addition, anxiety is considered one of the most common mental health problems amongst older adults (Khademi et al., 2020). Studies have shown that older adults are more prone to anxiety, mainly due to the fact that they are confronted with many problems and deficits associated with increasing age; including decreased activity and mobility, loss of friends (Victor et al., 2000), reduced physical independence, and chronic illness (Stubbs et al., 2016).

The perception of health status, especially its subjective evaluation, plays an important role in mental well-being of older adults (Kačmárová, 2013). As mentioned above, older people can experience more anxiety and stress during the pandemic (Meng et al., 2020), mainly due to their legitimate concerns about the risk of infection and perceived health threat when confronted with the information about the unfavorable prognosis of COVID-19 in the elderly population (Li et al., 2020). According to Halvorsrud et al. (2010), the quality of life of older adults and their mental well-being are directly related to satisfaction with health and conditions in which older people live. Momtaz et al. (2011) add gender as an important predictor of well-being, with women being more prone to experiencing negative emotions.

Mental well-being of older adults is also associated with employment status; although the results of the research studies are inconsistent. According to Staudinger et al. (2019), employment status is a significant predictor of mental well-being, although Jang et al. (2009) or Nikolova and Graham (2014) have not provided evidence of this relationship. A Swedish study (Hellström et al., 2004) on the impact of socio-demographic variables on well-being of older adults has shown that the risk of loneliness, a depressed mood and overall reduced quality of life in this group is associated with older age, health difficulties and living alone, while single-living, older women with deteriorating health were identified as the riskiest group.

The COVID-19 pandemic has brought unexpected changes to everyday life not only among older adults who are at increased risk of being infected with coronavirus, but also among other age groups (Bidzan-Bluma et al., 2020; Teater et al., 2020). In Slovakia, however, only limited research attention was paid to the impact of the pandemic on older adults compared to other countries. The current research was therefore focused on the analysis of psychological aspects of perception and emotional experience among older adults during the first wave of the COVID-19 in Slovakia. The first goal was to examine how older people perceived and experienced the first wave of the COVID-19 pandemic in Slovakia. In particular, we were interested in the level of their negative emotional experience – perceived stress, anxiety, and fear of COVID-19 infection. The second objective was to identify the differences in perceived stress, anxiety, and fear of COVID-19 infection according to demographic characteristics of older adults. The last aim of this study was to analyze the demographic and psychological characteristics of the groups of older adults who reported extremely low and extremely high levels of perceived stress, anxiety, and fear of COVID-19 infection.

Method

Participants and procedure

In this research, 655 adults from Slovakia participated. Both purposive and snowball sampling methods were used. However, the participants had to meet one of the two criteria: be retired or at least 62 years old. The research was conducted online from 31st March 2020 to 2nd May 2020 during the first wave of the COVID-19 pandemic, immediately after the strict preventive measures were imposed by the Slovak government. An online survey was distributed via e-mail or social networks. The participation was voluntary and anonymous.

Out of a total number of 655 filled online forms, there were 48 with missing data, and thus were excluded from further analyses. Consequently, the research sample included 607 retired older adults; 429 women (70.7 %) and 178 men, aged 61-93 years ($M = 68.97$; $SD = 4.76$).

According to the place of residence, the most participants lived in the Bratislava region (24.4 %; $n = 148$) and in West Slovakia regions (Trenčín region = 7.9 %; $n = 48$; Trnava region = 4.4 %; $n = 27$; Nitra region = 3.3 %; $n = 20$); followed by older adults from Central Slovakia regions (Žilina region = 7.9 %; $n = 4$; Banská Bystrica region = 1.6 %; $n = 10$) and East

Slovakia regions (Košice region = 5.8 %; $n = 35$; Prešov region = 1.8 %; $n = 11$). 42.8 % of participants did not report this information.

Among the participants, 512 older adults were completely retired (84.3 %) and 95 were retired but working. The participants were married (60.5 %; $n = 367$), widowed (18 %; $n = 109$), divorced (14.3 %; $n = 87$) or single (7.2 %; $n = 44$). They lived either with a spouse (54.7 %; $n = 332$), alone (30.6 %; $n = 186$), or together with their children and spouse or family (14.7 %; $n = 89$).

Instruments

The participants confirmed an informed content with the research study and then continued with an online survey. They first answered the questions about demographic characteristics: gender, age, region (place of residence), marital status (single, married, widowed, divorced), employment status (completely retired or retired but working) and household composition (living alone, with a spouse, with a spouse and children, with children and family); and then answered an online set of the following questionnaires and scales:

Firstly, the State-Trait Anxiety Inventory, State version (Spielberger et al., 1983; Slovak adaptation Müllner et al., 1980). This inventory was used to assess the level of anxiety during the first wave of the COVID-19 pandemic. A 4-point scale was used to indicate the frequency of positive and negative feelings towards the coronavirus disease situation (1 = almost never; 4 = almost always; 20 items). A high total score indicated a high level of anxiety. In this study, the Cronbach α estimate of the scale was 0.928.

Secondly, the Perceived Stress Scale (PSS; Cohen et al., 1983; Slovak adaptation Ráčzová et al., 2018). A short 4-item form of PSS was used to assess the level of perceived stress in older adults. They reported the frequency of stress-related feelings and thoughts on a 5-point scale (1 = never; 5 = always). A high total score indicated a high level of perceived stress. The internal consistency estimate of the scale (Cronbach α) was 0.767 in this research study.

Scales (the authors' single questions) focused on the assessment of the:

- level of concern – fear of COVID-19 infection (*“To what extent are you concerned that you will be infected with coronavirus?”*; 1 = not at all; 6 = very much),
- level of satisfaction with health (*“To what extent are you satisfied with your current health?”*; 1 = very dissatisfied; 6 = very satisfied),
- level of perceived danger of COVID-19 for a) themselves, b) their families and friends, and c) people in Slovakia (*“How dangerous do you think COVID-19 is for: a) you personally, b) your family and friends, c) people in Slovakia?”*; 1 = not at all dangerous, 6 = very dangerous),
- level of powerlessness during the last week (*“How often have you felt powerless in the last week?”*; 1 = never; 6 = always),
- level of loneliness during the last week (*“In the last week, I have missed the company of other people.”*; 1 = never; 6 = always),
- level of social isolation during the last week (*“In the last week, I have felt isolated from others.”*; 1 = never; 6 = always) and
- level of perceived ability to deal with the situation of the pandemic (*“I am sure that I can deal with the coronavirus pandemic situation.”*; 1 = not at all; 6 = absolutely).

To assess various psychological characteristics among older adults, clearly formulated and easily understandable single questions have previously been used in research studies during the COVID-19 pandemic (Bidzan-Bluma et al., 2020; Robb et al., 2020). Bidzan-Bluma et al. (2020) or Bhattacharjee (2012) argue that single questions can be used if it is impossible to

include the whole scales in the research study. In the current study, single questions were preferred to whole scales especially with regard to possible health impairment in the age group of older adults (e.g. limited vitality, strength, alertness) which can negatively affect their ability to understand the questions or answer time-consuming questionnaires (Quinn, 2010).

Prior to the start of the data collection, the online survey was completed by several older adults in order to ensure the highest possible comprehension of the questions. At the end of the online questionnaire, the participants could provide feedback on the survey (e.g. whether something in the questionnaire was not clear or whether they had problems with any other thing). No complaint was received in this regard.

Statistical analyses

Jamovi 1.6.15 and IBM SPSS Statistics 25 were used to analyze the data. T-tests were used to identify differences in perceived stress, anxiety, and fear of COVID-19 infection according to gender and employment status (completely retired or retired and working).

One-way ANOVA was used to analyze the differences in perceived stress, anxiety, and fear of COVID-19 infection according to marital status (single, married, widowed, or divorced) and household composition (living alone, with a spouse, with a spouse and children, or with children and family).

Pearson and Spearman correlation coefficients were used to identify the relationships of perceived stress, anxiety, and fear of COVID-19 infection with age.

Chi-square was used to test the differences in demographic characteristics (gender, marital status, and household composition) and selected psychological characteristics (satisfaction with health, level of perceived danger of COVID-19, level of powerlessness, level of loneliness and social isolation, and level of perceived ability to deal with the pandemic situation) between two groups of older adults, who reported extremely low and extremely high scores in the level of concern that they would be infected with coronavirus (those who were not at all concerned and those who were very much concerned that they would be infected with coronavirus). This comparison was not conducted between the groups with extremely low and extremely high scores in perceived stress and anxiety, because in both variables only extremely low scores were observed.

Results

Mean levels of tested psychological characteristics

During the first wave of the COVID-19 pandemic, older adults reported low levels of perceived stress ($M = 2.11$; $SD = 0.63$) and moderate levels of anxiety ($M = 1.97$; $SD = 0.47$) and concern/fear of COVID-19 infection ($M = 3.23$; $SD = 1.32$). They also reported moderate satisfaction with health ($M = 4.15$; $SD = 1.19$), low levels of powerlessness ($M = 2.23$; $SD = 1.25$), high levels of perceived ability to deal with the situation of the pandemic ($M = 4.86$; $SD = 1.06$), moderate levels of loneliness ($M = 3.57$; $SD = 1.42$) and social isolation ($M = 3.18$; $SD = 1.52$) and moderate to high levels of perceived danger of COVID-19 for themselves ($M = 3.94$; $SD = 1.48$), their families and friends ($M = 3.98$; $SD = 1.39$) and people in Slovakia ($M = 4.23$; $SD = 1.24$). The results of the descriptive analyses are summarized in Table 1.

Table 1
Descriptive characteristics of tested psychological variables

	Me	M	SD	Min.	Max.	Scale
Anxiety	1.95	1.97	0.47	1	3.25	1-4
Perceived stress	2.00	2.11	0.63	1	4.50	1-5
Fear of COVID-19 infection	3.00	3.23	1.32	1	6	1-6
Satisfaction with health	4.00	4.15	1.19	1	6	1-6
Powerlessness	2.00	2.23	1.25	1	6	1-6
Ability to deal with the situation of the pandemic	5.00	4.86	1.06	1	6	1-6
Loneliness	3.00	3.57	1.42	1	6	1-6
Social isolation	3.00	3.18	1.52	1	6	1-6
Perceived danger of COVID-19 for older adults	4.00	3.94	1.48	1	6	1-6
Perceived danger of COVID-19 for family and friends	4.00	3.98	1.39	1	6	1-6
Perceived danger of COVID-19 for people in Slovakia	4.00	4.23	1.24	1	6	1-6

Differences in perceived stress, anxiety and concern according to demographic characteristics

The analyses of the differences in perceived stress, anxiety, and fear of COVID-19 infection according to demographic characteristics (gender, employment status, marital status, and household composition) identified only gender differences in anxiety ($t_{(605)} = -2.61$; $p = .009$) and fear of COVID-19 infection ($t_{(605)} = -2.67$; $p = .008$). Women reported higher levels of anxiety ($M = 2.01$; $SD = 0.46$) and fear of COVID-19 infection ($M = 3.33$; $SD = 1.32$) than men ($M = 1.90$; $SD = 0.47$ and $M = 3.01$; $SD = 1.29$, respectively). No differences in perceived stress, anxiety, and fear of COVID-19 infection were identified according to employment status, marital status, and household composition (Table 2, Table 3).

Table 2
Differences (t-tests) in perceived stress, anxiety, and fear of COVID-19 infection among older adults according to gender and employment status

	Perceived stress			Anxiety			Fear of COVID-19 infection		
	M (SD)	t (p)	d	M (SD)	t (p)	d	M (SD)	t (p)	d
Gender									
Men	2.07 (0.63)	-0.83 (.404)	-.074	1.90 (0.47)	-2.61 (.009)	-.233	3.01 (1.29)	-2.67 (.008)	-.238
Women	2.12 (0.64)			2.01 (0.46)			3.33 (1.32)		
Employment status									
Completely retired	2.12 (0.65)	0.92 (.358)	.093	1.97 (0.46)	-0.08 (.934)	-.009	3.27 (1.34)	1.52 (.130)	.157
Retired and working	2.06 (0.56)			1.98 (0.51)			3.06 (1.20)		

Table 3

Differences (one-way ANOVA) in perceived stress, anxiety, and fear of COVID-19 infection among older adults according to the marital status and household composition

	Perceived stress				Anxiety				Fear of COVID-19 infection			
	M	SD	F	p	M	SD	F	p	M	SD	F	p
Marital status												
Single	2.04	0.52			1.94	0.46			3.11	1.06		
Married	2.13	0.61	0.41	.743	1.98	0.45	0.60	.612	3.22	1.33	0.29	.828
Divorced	2.08	0.70			1.93	0.51			3.26	1.40		
Widowed	2.08	0.68			2.01	0.49			3.32	1.35		
I live												
Alone	2.11	0.69			1.99	0.47			3.24	1.31		
With a spouse	2.11	0.62	0.42	.735	1.95	0.44	2.34	.072	3.19	1.33	0.77	.510
With children/family	2.05	0.56			1.99	0.57			3.46	1.40		
With a spouse/children	2.22	0.57			2.21	0.46			3.12	1.03		

Associations of age with perceived stress, anxiety and concern

According to the large age range of the participants, analyses of the relationships of age with perceived stress, anxiety, and fear of COVID-19 infection were included. No significant relationships were found ($r_{(605)} = .019$; $p = .639$ with state of anxiety; $r_{(605)} = .005$; $p = .899$ with perceived stress; $r_{(605)} = .012$; $p = .766$ with fear of COVID-19 infection). Regardless of their age, older adults experienced comparable levels of perceived stress, anxiety, and fear of COVID-19 infection.

Demographic and psychological characteristics of older adults with extremely low and extremely high concern

Further analyses revealed that none of the participants reported the highest levels of perceived stress (i.e. average total score = 5.00) and anxiety (i.e. average total score = 4.00). The highest reported average total scores in perceived stress were 4.50 (two participants) and 4.00 (two participants), while the average total scores of the other participants in perceived stress were 3.75 and less. Similar results were observed for anxiety; only 10 participants had an average total score higher than 3.00 and the highest reported score was 3.25 (one participant). However, in case of fear of COVID-19 infection, two extreme groups similar in size were identified: older adults who reported extremely low fear of COVID-19 infection (group 1; $n = 51$; indicated scale answer 1.00 = not at all concerned) and older adults who reported extremely high fear of COVID-19 infection (group 2; $n = 40$; indicated scale answers 6.00 = very much concerned). Finally, the demographic and psychological characteristics of the two groups were compared to identify older adults, who were prone to feel the highest levels of negative emotions (concern) during the first wave of the COVID-19 pandemic. The results are reported in Tables 4 – 6.

Table 4

A comparison of older adults with an extremely low and extremely high fear of COVID-19 infection in demographic characteristics

		n		χ^2	p	Cramer's V
		Group 1	Group 2			
Gender	Men	20	8	3.88	.049	.207
	Women	31	32			
Marital status	Single	2	0	2.61	.455	.169
	Married	32	22			
	Divorced	8	8			
	Widowed	9	10			
I live	Alone	14	15	2.20	.531	.156
	With a spouse	30	19			
	With children/family	6	6			
	With a spouse/children	1	0			

Group 1 = older adults with extremely low fear of COVID-19 infection ($n = 51$)

Group 2 = older adults with extremely high fear of COVID-19 infection ($n = 40$)

There was a relationship between gender and fear of COVID-19 infection ($\chi^2_{(1, 91)} = 3.88$; $p = .049$); more women than men reported the highest concern that they would be infected with the new coronavirus. There were 31 women and 20 men in group 1; whereas four times more women than men were in group 2 (80 %; $n = 32$ and 20 %, $n = 8$, respectively). The groups did not differ significantly in age ($t_{(89)} = -.41$; $p = .683$); the average age of older adults was 69.49 in group 1 and 69.90 in group 2. There were no significant differences between the two groups in the marital status of older adults ($\chi^2_{(3, 91)} = 2.61$; $p = .455$) and household composition ($\chi^2_{(3, 91)} = 2.20$; $p = .531$). Groups 1 and 2 were thus comprised of similar numbers of older adults who were married, widowed, divorced, or single and lived alone, with a spouse, with a spouse and children, or with children and family (Table 4).

Older adults in group 1 and group 2 significantly differed in psychological characteristics: satisfaction with health ($\chi^2_{(5, 91)} = 16.91$; $p = .005$), powerlessness ($\chi^2_{(5, 91)} = 36.40$; $p < .001$), perceived ability to deal with the situation of the pandemic ($\chi^2_{(4, 91)} = 16.65$; $p = .002$), loneliness ($\chi^2_{(5, 91)} = 13.19$; $p = .022$), social isolation ($\chi^2_{(5, 91)} = 21.10$; $p = .001$) and perceived danger of COVID-19 for themselves ($\chi^2_{(5, 91)} = 66.91$; $p < .001$), for their families and friends ($\chi^2_{(5, 91)} = 54.77$; $p < .001$) and for people in Slovakia ($\chi^2_{(5, 91)} = 35.07$; $p < .001$). The results are reported in Tables 5 and 6.

Group 1 was mainly comprised of older adults who were very satisfied (35.2 %; $n = 18$) and satisfied (35.2 %; $n = 18$) with their health. Older adults in group 2 were less satisfied with their health; 14 (35 %) were satisfied, followed by 12 (30 %) who were rather dissatisfied.

Older adults in group 1 mostly reported that they never felt powerless (74.5 %; $n = 38$) and were absolutely sure that they could deal with the situation of coronavirus pandemic (68.6 %; $n = 35$). In group 2, the same answers to the questions about perceived powerlessness and ability to deal with the situation of the pandemic were reported only by 22.5 % ($n = 9$) and 27.5 % ($n = 11$) older adults, respectively.

Older adults in group 2 felt more lonely; they mostly reported that they often missed the company of other people (37.5 %; $n = 15$) and often felt isolated from others (42.5 %; $n = 17$). In contrast, older adults in group 1 mostly reported that they never missed the company of other people (35.2 %; $n = 18$) and never felt isolated from others (45 %; $n = 23$).

Table 5

A comparison of older adults with extremely low and extremely high fear of COVID-19 infection in psychological characteristics

		n		χ^2	p	Cramer's V
		Group 1	Group 2			
Satisfaction with health	Very dissatisfied	3	1	16.91	.005	.431
	2	1	3			
	3	6	12			
	4	5	8			
	5	18	14			
	Very satisfied	18	2			
Powerlessness <i>(How often have you felt powerless in the last week?)</i>	Never	38	9	36.40	<.001	.632
	2	8	3			
	3	4	15			
	4	0	6			
	5	1	5			
	Always	0	2			
Perceived ability to deal with the situation of the pandemic <i>(I am sure that I can deal with the coronavirus pandemic situation.)</i>	Not at all	0	0	16.65	.002	.428
	2	1	2			
	3	2	4			
	4	2	8			
	5	11	15			
	Absolutely	35	11			
Loneliness <i>(In the last week, I have missed the company of other people.)</i>	Never	18	2	13.19	.022	.381
	2	3	3			
	3	9	8			
	4	4	4			
	5	13	15			
	Always	4	8			
Social isolation <i>(In the last week, I have felt isolated from others.)</i>	Never	23	3	21.10	.001	.482
	2	5	3			
	3	7	7			
	4	7	5			
	5	8	17			
	Always	1	5			

Group 1 = older adults with extremely low fear of COVID-19 infection ($n = 51$)

Group 2 = older adults with extremely high fear of COVID-19 infection ($n = 40$)

Table 6

A comparison of older adults with extremely low and extremely high fear of COVID-19 infection in perceived danger of COVID-19

		n		χ^2	p	Cramer's V
		Group 1	Group 2			
Perceived danger of COVID-19 for older adults <i>(How dangerous do you think COVID-19 is for you personally?)</i>	Not at all dangerous	25	0	66.91	<.001	.858
	2	12	0			
	3	4	0			
	4	4	2			
	5	2	2			
	Very dangerous	4	36			
Perceived danger of COVID-19 for family and friends <i>(How dangerous do you think COVID-19 is for your family and friends?)</i>	Not at all dangerous	13	0	54.77	<.001	.776
	2	16	0			
	3	10	2			
	4	4	3			
	5	4	4			
	Very dangerous	4	31			
Perceived danger of COVID-19 for people in Slovakia <i>(How dangerous do you think COVID-19 is for people in Slovakia?)</i>	Not at all dangerous	3	0	35.07	<.001	.621
	2	10	0			
	3	15	2			
	4	5	3			
	5	9	5			
	Very dangerous	9	30			

Group 1 = older adults with extremely low fear of COVID-19 infection ($n = 51$)

Group 2 = older adults with extremely high fear of COVID-19 infection ($n = 40$)

In group 1, an increase in perceived danger of COVID-19 was observed to be related to an increase in social distance (Table 6); most older adults in this group reported that COVID-19 was not at all dangerous for themselves (49 %; $n = 25$), 25.49 % ($n = 13$) reported that it was not at all dangerous for their families and friends, and only 5.88 % ($n = 3$) reported that COVID-19 was not at all dangerous for people in Slovakia. Older adults with extremely low fear of COVID-19 infection seemed to perceive the danger of COVID-19 as rather distant, unrelated to themselves, more related to their families and friends, and most related to people in Slovakia.

In group 2, however, generalized beliefs about a very high danger of COVID-19 were observed; at least 75 % of older adults in this group reported that COVID-19 was very dangerous not only for themselves (90%; $n = 36$), but also for their families and friends (77.5 %; $n = 31$), and even for people in Slovakia (75%; $n = 30$). Older adults with an extremely high fear of COVID-19 infection thus believed that it was most dangerous for themselves, but they also perceived it as very dangerous for anyone else – their families, friends, and other people in Slovakia.

Discussion

The main aim of this study was to clarify how older adults perceived and experienced the first wave of the COVID-19 pandemic in Slovakia. It was focused on the negative emotional experience of older adults in this period (perceived stress, anxiety, and fear of COVID-19 infection) and its demographic and psychological determinants. The results showed that the first wave of the COVID-19 pandemic did not have solely a significant negative impact on the emotional experience of older adults, although a high risk of severe health and psychological effects of COVID-19 infection for this group was generally communicated (CDC, 2020; Public Health Authority of the Slovak Republic, 2020a). We found that older adults experienced low levels of stress and moderate levels of anxiety and concern during the first wave of the COVID-19 pandemic in Slovakia. These quite favorable outcomes are in line with the findings of a Czech study (Winkler et al., 2020) which reported no significant deterioration in mental health in people over the age of 65 at the beginning of the pandemic. On the contrary, there was a significant deterioration especially in younger people in the age group of 18 to 25 years (Winkler et al., 2020). Large studies conducted in spring 2020 during the first wave of the COVID-19 pandemic obtained similar results and reported that older people, even though they faced various threats during the COVID-19 pandemic, showed higher emotional well-being (Bruine de Bruin, 2021) and lower levels of stress (Kowal et al., 2020) compared to younger people. A study from China, where the first cases of COVID-19 infection occurred, did not actually find any association between age and stress levels in the Chinese sample (Wang et al., 2020). In this context, Chen (2020) considers the role of resilience in older adults. Robb et al. (2020) argue that especially healthier older people show higher resilience and better ability to adapt. One of the explanations for our results can also be the fact stated by Palgi et al. (2020). According to the authors, older adults usually express low reactivity to stress, have more effective emotional regulation, more experience with loneliness and health-threatening situations. As a result, older adults could be less sensitive to the pandemic (Palgi et al., 2020). The results of our research study, which was conducted online, suggest that the availability of modern communication technologies together with the ability of older adults to use them could have also contributed to the higher resilience of older people and helped them cope with stress. During the first wave of the pandemic in Slovakia, computer and online skills could have had a protective effect in relation to potential prolonged loneliness and social isolation, to which older adults may have faced after the implementation of the first strict preventive measures. This is supported by the results of the study by Douglas et al. (2020), which showed that an increase in social isolation was related to the low ability to use online communication tools. According to these benefits of online communication skills, Ibarra et al. (2020) recommend making modern communication technologies easily accessible to older people in the future, for example by training focused on computer literacy and skills, or by making new technologies more user-friendly for older people. Better computer and online skills could thus reduce the negative effects of social isolation and compensate for the lack of social contact in this group. Chen (2020) states that the experience with the COVID-19 pandemic is likely to lead to a comprehensive reassessment of the role of resilience as an important part of the well-being of older adults in the process of healthy aging.

The second aim of this research study was to identify the differences in negative emotional experience (perceived stress, anxiety, and fear of COVID-19 infection) according to demographic characteristics of older adults. Our data provided support only for gender differences in the negative emotional experience during the first wave of the COVID-19 pandemic. Women reported higher concern and higher levels of anxiety than men. This is in line with the results of foreign research studies (Robb et al., 2020; Koloski et al., 2008), which

brought evidence that women, unlike men, suffered from increased risk of anxiety and depression with increasing psychological stress. However, research data (Koloski et al., 2008) also suggest that with age, symptoms of anxiety and depression become less pronounced and may vary in degree.

The analyses did not reveal any differences in the level of negative emotional experience in older adults according to their marital status (married, single, widowed, divorced), employment status (completely retired, retired and working) and household composition (living alone, with a spouse, with a spouse and children, with children and family). Neither age played a significant role in relationship to perceived stress, anxiety, and fear of COVID-19 infection, although the age range in our sample was 32 years. These results are in contrast with the findings of research studies which showed that age and marital status (Bennett, 2005), income (Momtaz et al., 2011), and work status (Staudinger et al., 2019) were significant predictors of psychological well-being in older adults. However, Jang et al. (2009) or Nikolova and Graham (2014) state that the employment status of older adults does not predict their well-being, which is in line with our findings. In general, the relationship between socio-demographic variables and well-being seems to be ambiguous (Taylor, 2019). The inconsistencies of the research findings in this area can be caused by differences in the social and cultural characteristics of the participants across research studies (Ingersoll-Dayton et al., 2004).

The last aim of this research study was to compare the demographic and psychological characteristics of older adults who reported extremely low and extremely high levels of negative emotional experience. From among perceived stress, anxiety, and concern, both extremely low and extremely high scores were observed in the case of concern. We were, therefore, focused only on the comparison of older adults with an extremely low and extremely high fear of COVID-19 infection. Among demographic characteristics, gender was the only significant factor: more women than men reported extremely high concern. More differences between the two groups of older adults were identified in psychological characteristics: older adults with extremely high concern were less satisfied with their health, they felt more lonely and isolated from others, they experienced higher powerlessness, more of them admitted that they could not deal with the situation of the pandemic and they perceived COVID-19 infection as very dangerous not only for themselves, but also for their families and friends and for people in Slovakia. In this regard, Briguglio et al. (2020) state that in older people, health problems together with increased fear of infection can lead to an increase in perceived stress and affect mental health and well-being. Reizer et al. (2020) point out that although fear is a natural protective reaction to a threat, when prolonged, it can cause chronic stress and mental health problems. For instance, the pandemic, which has led to a number of restrictions and frequently changing measures, has been shown to cause several negative psychological reactions across different populations worldwide (Harper et al., 2020; Trzebiński et al., 2020). In this context, we consider it essential to identify which groups of the population (not only older people) are at increased risk experiencing stress-related negative psychological effects at the highest levels.

Limits, benefits of the research and recommendations for practice

One of the limitations of this research is the fact that restrictions and preventive measures existing at the time of data collection did not allow for us to obtain data from older adults who were clients of social service facilities. Thus, the research sample consisted only of older adults who lived in their own households and were also able to communicate via social networks, which could help them not only to have a better access to information about the whole situation of the pandemic, but also to keep in touch with other people or to search for new social contacts. This could have a positive effect on their perception and emotional experience during the first

wave of the pandemic, in comparison with the clients of the social service facilities. Second, family members or other persons could help older adults to complete the questionnaire which could have affected the answers. Despite the limitations, the authors perceive the benefits of the presented research, since the results showed that not all older adults experienced the first wave of the COVID-19 pandemic negatively in terms of perceived stress, anxiety, and concern. We were also able to identify the group of older adults, which was at increased risk of negative psychological effects during the pandemic (concern). Women tended to experience extremely high concern more than men. Older adults who perceived COVID-19 as very dangerous for themselves, their families, friends, and people in Slovakia, reported low satisfaction with health, high loneliness and social isolation, high powerlessness, and low ability to deal with the situation of the pandemic were also at increased risk of experiencing extremely high fear of COVID-19 infection.

The identification of older adults who are most vulnerable to negative psychological effects is particularly important in the context of specific and effective psychological or social support. The COVID-19 pandemic has been a stressful situation, but this study showed that older people perceived and experienced it in different ways and intensities. Older people reported not only negative emotions in this situation and some of them had their own coping resources and did not need professional help. However, older adults who are at increased risk from stress-related negative psychological effects would benefit from professional support. Professional psychological interventions could include alleviation of fear, anxiety, or concern (e.g., with the use of CBT techniques) (Frost et al., 2020), eliminating loneliness and social isolation (e.g., via social support and more frequent mobile or online communication) (Lozupone et al., 2020), increasing confidence in one's own ability to cope with difficult situations, or training in effective coping strategies (what I can do in this situation, what I can influence, what will/will not be helpful) (Chen, 2020).

We consider it necessary to obtain data from older adults who are clients of social service facilities, because their perceptions and emotional experience during the COVID-19 pandemic could have been different in comparison with older adults living in their own households. We also recommend an individual data collection among older adults in future research, since personal contact and assistance from the researcher can help to eliminate the negative effect of disruptive or undesirable factors on answers, and to better understand the perceptions of older adults.

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Recenzie a anotácie

Reviews and Annotations

Ramet, Sabrina P. (Ed.) *Interwar East Central Europe, 1918-1941. The Failure of Democracy-building, the Fate of Minorities*. London: Routledge, 2020. 360 pp. ISBN 978-0367135706

This book edited by Sabrina P. Ramet (Professor Emerita of Political Science at the Norwegian University of Science and Technology (NTNU), in Trondheim, Norway) focuses on a topic which has in recent years been “reborn” in European historiography. The interwar period seems crucial in the development of the east-central European countries during WW II and its aftermath – which resonates still today. The authors have chosen to elaborate on in detail Poland, Czechoslovakia, Hungary, Yugoslavia, Romania, Bulgaria, and Albania. The monograph focuses especially on the failure to establish and stabilize democratic regimes, as well as on the fate of ethnic and religious minorities (which were the key factors leading up to WW II.). The topics covering changes over the period of review include land reforms, Church–state relations, culture, and the political systems.

In the preface, the editor answers the important question as to why another book is needed on interwar Europe, and analyses earlier volumes on interwar East Central Europe – Hugh Seton-Watson’s *Eastern Europe between the Wars, 1918–1941* (Cambridge University Press, 1945); C. A. Macartney and A. W. Palmer’s *Independent Eastern Europe: A History* (Macmillan/St. Martin’s Press, 1962); Joseph Rothschild’s *East Central Europe between the Two World Wars* (University of Washington Press, 1974); Edward D. Wynot’s *Cauldron of Conflict: Eastern Europe, 1918–1945* (Harlan Davidson, 1999); and Ivan Berend’s *Decades of Crisis: Central and Eastern Europe before World War II* (University of California Press, 2001).

The first chapter is an introduction written by Sabrina P. Ramet which at the very beginning poses 2 key questions: „*How far back in time should we trace the origins of the failure? And What were the primary causes of failure?*“. Readers may find not only questions, but also answers in the next part of the chapter (more for the second one). The author describes the complicated journey of each state towards a unitary entity, many had a convoluted character, for example in Poland: „*.../during 1918 – 1919, there were as many as six currencies in circulation in Poland: German marks, Austrian crowns, Russian rubles, Polish marks, “occupation marks” issued by the German High Command in the east, and varieties of Russian currency. Until 1920, a tariff barrier remained in place between former Prussian Poland and the rest of Poland, and one even needed a passport to travel from Warsaw to Poznan’. Four legal systems functioned in the emergent Polish state*“. Although the author refers to his research question, the text more resembles a short piece tracing historical development (although there are some interesting facts, such as, „Table 1.3, Coups in interwar East Central Europe“). The concluding part of the introduction is devoted to the cases of Romania and Czechoslovakia, with the conclusion summarizing why democracy in East central Europe states failed, and what the fate of minorities in the interwar period was. The reader may ascertain only general findings, with not much new brought to the topic.

The second chapter is on *the Polish Second Republic, The geopolitics of failure* by M. B. B. Biskupski (a Polish-American historian and political scientist who since 2002 has been the Endowed Chair in Polish and Polish-American Studies at Central Connecticut State University) describes why The Second Polish Republic was doomed. The author presents the history of interwar Poland in a very objective and unbiased way: „*The Second Republic was the worst possible solution to the country’s intrinsic difficulties. It was too small to be safe in international affairs, but had too many minorities to be stable and democratic.*“ (It may be added that this was not only the case of Poland.) The author oscillates in the text between two concepts; Piłsudski’s federalism and Dmowski’s national “incorporation”, and shows their roles in crucial moments of Polish policy: „*what Piłsudski saw as Poland’s historic moment to regain the lost commonwealth, Dmowski’s nationalists feared would involve acquiring a huge minority population*“. He describes in detail the obstacles and problems which accompanied the creation of a re-emerging Poland (Danzig, Silesia etc.), the Polish – Bolshevik war, the building of a new Poland, and the “sanacja.” regime. Biskupski has no problem pointing out the opportunistic policy of the western powers, for example, in July 1920 Polish leaders met with leaders of France and Great Britain, at a Spa in Belgium to discuss possible aid in stopping the Red Army. Poland had enormous problem with minorities mainly, as the author states, because: „*Germans were the most anti-Polish minority in the Second Republic, even the Ukrainians had proponents of cooperation with the Poles.*“ Ukrainian nationalism also presented a serious threat and led to the events in Wołyń’ (Volhynia) during the Second World War. The author does not avoid the question of the Polish Jews and describes their position in detail, while Ruthenians are also noted, representing 1,219,647 citizens of Poland, although, as such, Ruthenian nationality is still disputed. Biskupski states that Poland failed in solving the minorities’ problems, in that: „*Aggressive nationalism increased among the minority population in the face of clumsy and often aggressive Polish efforts at assimilation.*“

The third chapter, *Interwar Czechoslovakia – A National State for a Multi-ethnic Population*, is co-written by Sabrina P. Ramet and Carol Skalnik Leff (Associate Professor of Political Science at the University of Illinois, Urban-Champaign, Illinois). The authors begins by alluding to the differences between Czech and Slovak perceptions of the interwar Czechoslovak republic (including its character, which has been frequently overvalued). There follows a sub-heading, “*Czechoslovakia as a militant democracy*“ – although what exactly militant democracy means in the context of inter-war Czechoslovakia (apart from Miroslav Mareš definition) is very questionable. The next heading „*The Czechs in power*“ again is somewhat dubious – there were, in fact, prominent figures of Slovak political elites like V. Šrobár, M. Hodža, and from an economic point of view we cannot omit Germans and Jews. The authors could also have discussed the question how the Little Entente affected the failure of Czechoslovak democracy – for example, in the Czechoslovak press we could find the praising of the establishment in Yugoslavia of the January 6 Dictatorship of Alexander I. in a democratic Czechoslovakia.¹ Such ties with Romania and Yugoslavia were very important in imagining the complex picture of interwar Czechoslovakia. Through the whole text we may

¹ The article appeared in *Slovenský denník*, Vol. XII., No. 290, Tuesday 17. 12. 1929, Bratislava.

feel the influence of older Western and Czechoslovak exile historiography, but the authors could have used more recent titles from Slovak and Czech historiography.

Chapter four, written by Béla Bodó (Professor of History at the University of Bonn, Germany) is dedicated to *Interwar Hungary /Democratization and the fate of minorities/*. The author starts with a survey on how the world and Europe was transformed by World War I., the emergence of new states, and the failures of several minorities to achieve their goals. He states that: „*The majority of Croats, Slovenes, Slovaks, Bosniaks, and Ruthenians failed to identify with the new states in which they found themselves.*“ This statement is only partially true since from the beginning even Croats were enthusiastic about the creation of the Kingdom of Serbs, Croats and Slovenes; while Ruthenians in Transcarpathia who belonged to Czechoslovakia were highly satisfied with their new statehood, and some Slovaks were „hostile“ against a common state with the Czechs² - which also differed greatly between the 1920s and 1930s in Slovak political discourse. I am not quite sure whether, as the author wrote: „*The founders of the Wilsonian New Order recognized the harmful effects of modern nationalism*“ ... if it was so true, would they have imprisoned, for example, great numbers of Germans in Poland and Czechoslovakia? However, the main aim of the chapter is „*the fate of ethnic minorities in interwar Hungary from a regional perspective*“, and while B. Bódó mentions Ruthenia, one may feel confused by what he means by using this term. Does he mean Carpathian Ruthenia? – since the term Ruthenia was used in the middle and early-modern period as one of several designations for East Slavic regions. The author states: „*In all three states, Hungarians faced economic, cultural, and political discrimination in the interwar period.*“, and while we may accept some kind of discrimination, in the case of Czechoslovakia we cannot agree with political and cultural oppression. Hungarians established many organizations throughout Czechoslovakia (for example: Szlovenszkói Magyar Kultúregyesület), and in Košice we may mention Kazinczy Társaság and many others.³ In Czechoslovakia, Hungarian political parties existed which had their deputies in a national assembly and senate – Országos Keresztényszocialista Párt, Magyar Nemzeti Párt, Egyesült Magyar Párt.⁴ However, in 1920 141, 910 Slovaks lived in Hungary⁵, and they did not have their representatives in parliament. After elaborating on the position of Hungarians mainly in Czechoslovakia, Romania and

² In 1929 elections Slovaks autonomist Hlinka's Slovak People's Party won 403,680 votes, but The Republican Party of Farmers and Peasants, Communist party and Social democracy gained more than 500,000 votes. BAHNA, Miloslav – KRIVÝ, Vladimír. Ako volili národnosti a konfesie v parlamentných voľbách roku 1929 na Slovensku. Možnosti nových metód ekologickej inferencie. In *Historický časopis*, 2016, Vol. 64, No. 1, pp. 57-85. Online: http://www.sociologia.sav.sk/uploaded/HC_1_2016_Bahna_Krivy_tab8.pdf

³ SZEGHY-GAYER, Veronika. *Felvidékből Szlovenszkó Magyar értelmiségi útkeresések Eperjesen és Kassán a két világháború között*. Bratislava: Kalligram, 2016, pp. 143-155.

⁴ ĎURKOVSKÁ, Mária. Maďarské a nemecké politické strany predmnichovského Československa (Názorové rozdiely v politike Karpatonemeckej a Spišskonemeckej strany a v ich vzťahu voči maďarským politickým stranám). In *Človek a spoločnosť [Individual and Society]*, 2008, Vol. 11, No. 4, pp. 1-9. <http://www.clovekaspolocnost.sk/sk/rocnik-11-rok-2008/4/studie-a-clanky/madarske-a-nemecke-politicke-strany-predmnichovskeho-ceskoslovenska-nazorove-rozdiely-v-politike-karpatonemeckej-a-spisskonemeckej-strany-a-v-ich-vztahu-voci-madarskym-politickym-stranam/>

⁵ EILER, Ferenc. Magyarország nemzetiségpolitikája a két világháború között (1918 – 1938). In *Kisebbségkutatás*, 2018, Vol. 21, No.2, pp. 40-67.

Yugoslavia, the author moves his attention onto minorities in Hungary itself – Germans (551,211 or 6.9% of the population) and Jews (473,000 or 5.9% of the population). It may be quite interesting for readers to know what happened in the fall and winter of 1919, when right-wing paramilitary units and enraged mobs murdered between 1,500 and 3,000 Jews and staged more than 60 pogroms. Similarly, it is noted that, as after the Second World War, the end of the first one meant no end to the violence. The author also focuses on the electoral system in Hungary in the 1920s which had: „*become one of the most undemocratic countries in Europe.*“ The last sub-chapter is called *Democratization and minority policy under the shadow of fascism* and this part maps the turbulent period of Hungarian history, and provides the reader with a closer look at this topic. In conclusion, the author highlights some remarkable facts about interwar Hungary and while, yes, in many way it was a unique country from a European and central-European perspective, he does not avoid the Trianon grievances and states that: „*the surviving minorities, such as Jews and Germans, were treated in more or less the same manner as the neighbors treated Hungarians in Yugoslavia, Czechoslovakia, and Romania*“. So does he mean more or less? This kind of statement is quite below academic writing since he compares three different countries with different political systems (Yugoslavia and Romania were quite similar, but not the same) and laws.

Roland Clark (Senior Lecturer in Modern European History at the University of Liverpool, UK) has enriched the book with his chapter *Interwar Romania: Enshrining ethnic privilege*. The chapter opens by looking at the Battle of Mărășești (1917) which presents one of the crucial Romanian myths from the First World War. In the part *Universal male suffrage*, the author in a very comprehensive and sensitive way reflects the building of democracy in Romania during the interwar period, and also the very closely connected phenomenon of elections, political parties and woman's rights. The author combines the development of the Romanian state with several important factors, such as regional differences, the economy and the national question. Clark highlights an interesting fact which had not been typical only for Romania (similarities may be observed in Yugoslavia and Czechoslovakia) that: „*...nation-building in the new provinces was that ethnic Romanians from the Old Kingdom were now in control of the state. Not everyone was enthusiastic about this idea. Bucharest elites saw nation-building projects as ways to raise the level of civilization in the new territories, but Transylvanians perceived this “levelling” as a distinct step down.*“ The author covers another important factor of policy in interwar Romania; religion. The Romanian Orthodox Church was considered as the only official Church in the country: „*The state must not be allowed to become multi-confessional...*“. Apart from the attempts of the Romanian Orthodox Church to dominate, Clark mentions a problem which was not only Romanian but in which every country from the region of central and eastern Europe had to face – anti-Semitism: „*Large numbers of priests joined right-wing and fascist political parties, and senior Church figures attacked Jews in their sermons and writings*“. From my point of view, a very interesting part is where the author reveals the so called “Skoda Affair” which was connected to a Czech armaments company that was contracted to produce weapons for the Romanian army. The sub-chapter *Ethnic cleansing* alludes to the unfortunate era of Romanian history; the extermination, mass killings and pogroms of Jews

mainly in Bessarabia, Transnistria and northern Bukovina. The conclusion outlines 7 points in which the author very sensitively and objectively defines why democracy in Romania failed. Christian Promitzer, who is currently Assistant Professor at the Department for the History of South-eastern Europe (University of Graz) writes a chapter called *Interwar Bulgaria. Populism, authoritarianism, and ethnic minorities*. The beginning of the chapter is devoted to the Bulgarian road to WWI. After chronologising the events during the interwar period, the author puts the focus on each ideological aspect of interwar Bulgarian policy (from both the left and right wings). The author tries to see the problem of „Bulgarian“ fascism in its whole complexity, not just from a methodological point of view but also from a historical perspective as he compares it to other European and mainly eastern European countries. This chapter is very coherent, and provides a clear message to the reader. The author highlights as one of the crucial aspects of Bulgarian history of this period the problem of refugees (250 000 up to 1929 and then from between 300 000 to 500 000).

Stipica Grgić (Assistant Professor at the Department of History, at the University of Zagreb's Department for Croatian Studies) contributes the chapter – *The kingdom of diversity and paternalism: The Kingdom of Serbs, Croats, and Slovenes/Yugoslavia, 1918–1941*. The author focuses on the creation of the Kingdom of Serbs, Croats and Slovenes at the beginning but he omits Corfu and the Niš Declaration, and it seems that the kingdom was created hastily in 1918 without the previous cooperation between Serbian and other Yugoslav elites. The opening looks at the problems of the newly-created country (the national question, education, health, industry etc.). In the sub-chapter called *The political panopticon of the parliamentary period (1919 – 1928)*, the author evaluates in basic terms the most powerful political parties in Yugoslavia during this era. As seen from the text, the situation in Yugoslavia was very complicated, which created the basis for the change which had to come. King Aleksandar abolished the Vidovdan Constitution, dissolved parliament, and formed a government headed by General Petar Živković, Grgić touches on one of the core problems of the state after establishment of Kingdom of Yugoslavia – failed yugoslavism...: „*The dictatorship tried to construct a unified nation primarily by a reliance on the army, police, and educational and cultural bodies, such as the Sokol youth gymnastic movement, at the same time overhauling the curriculum in the elementary schools and suppressing the traditional names of Yugoslavia's regions – Serbia, Croatia, Slovenia*“. As we now can see, this created more space for conflicts. This chapter presents a solid basis for the history of Yugoslavia during the interwar period. The reader may find the subchapter *Economic and demographic problems* more interesting by giving greater insight into the topic.

Interwar Albania is the chapter written by Bernd J. Fischer – Professor Emeritus of History at Indiana University/Purdue University, Indiana. The author states at the beginning: „*The Peace of Paris, which ended the war, left Albania truncated with fully half of its population in the newly constructed Kingdom of the Serbs, Croats, and Slovenes*“. In Albania approximately 800000 Albanians lived and in Yugoslavia 439 657 (according to table 7.1, the Population of Yugoslavia by ethnicity in Yugoslavia). However, I believe that the Albanian nation consisted of around 1 200 000 people so half of a nation should be around 600 000, therefore his

estimation may seem quite ambiguous. Later, the author describes the difficult road of Albanians from the war and the rise of a new political figure Ahmet Zogu. This part is very readable, and it is full of interesting information concerning the topic. I would suggest that the author could divide the text into subchapters as the previous authors did. Moreover, this chapter lacks any other aspects of „democracy failure“ as provided by the previous authors as social, economic, foreign etc. It is simply the rise of Ahmet Zogu's to power (and descriptions of his political steps and evaluation of his policies) and it does not cover the whole interwar period. The ninth and final chapter of the book by Robert Bideleux is devoted to the peasantry and peasant parties in East Central Europe, which the author sees as „*the most distinctive, interesting, and constructive political and social movements that gradually expanded and “matured” in most parts of East Central Europe*“. This chapter is really inspiring because the author has chosen one particular aspect and follows it in a detailed way (with many important dates, tables from 9.1 to 9.16). The part “*The Green Rising*”: *the rise of East Central European peasant parties, 1900s – 1930s* evaluates political parties which grew from the peasantry, as such. This chapter provides the most inspiring part of the book from my point of view. Finally, Stefano Bianchini contributes to the book with some thoughts in *Afterwords*. The book is untypical for a collective monograph of such type – each chapter has a different methodology and quality. From an overall point of view, it may fulfil its goal and explain to the reader why democracy failed in each country of the region, but on a different level and via different aspects, it may be confusing, sometimes. Although as whole the book may serve those interested in the interwar period as a basic survey, one must take into account the different approach of each author, and what may be applicable to Hungary may not be to Albania. I would appreciate an effort by the authors to shine more light on the period of our European history so crucial for the whole 20th and 21st centuries.

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**Grežo, Matúš, et al. *Kríza dôvery, teória a výskum. [Crisis of trust, theory and research]*
Bratislava: Iris, 2020, 206 pp. ISBN 978-80-8200-069-9.**

The scientific monograph consists of three coherent parts, the common denominator of which is the broad-based notion of a crisis of trust. The first part is aimed at defining trust, its types, forms and aspects with regard to the typology of trust and with regard to trust as belief, intent and behavior. In the first part, the authors also deal with institutional trust and its various aspects. The second part of the scientific monograph discusses predictors of trust, namely focusing on the field of social identity and stereotyping, predictors of an individual tendency to trust. The last part of the scientific monograph is related to trust in Slovakia.

The editor of the monograph emphasizes the need to seek answers to questions about increasing trust in specific contexts. The author's collective of books consists of researchers and staff from the SAV who describe the individual areas of trust engagingly and professionally.

The first part of the scientific monograph deals with the basic typology of trust, namely the definition of knowledge based trust, the description of partisanship and expectations, and the particular trust itself is described against various objects of trust. Space is also devoted to generalized trust, where the author discusses whether generalized trust is congenital or acquired. The basic definition of key constructs allows the reader to understand the specific areas of the scientific monograph more easily. As part of the forming of trust, the chapter focuses on defining the concepts of trust, and understanding trust as a specific construct of trust. It also addresses the predictors of credibility and the most well-known models in the process of shaping trust. Trustworthiness convictions and predictors of trustworthiness are part of the introductory chapter with regard to trustworthy behavior. Institutional trust is linked to interpersonal trust. Attention is also paid to the positive and negative aspects of institutional trust; its positive impacts, and the low and the high level of institutional trust. The first part presents a comprehensive view of defining key constructs in regard to partisan and generalized trust and credibility as a specific construct of trust.

The second part deals with defining the accuracy of trust and its related concepts; the accuracy in determining credibility. The degree of accuracy and the factors acting on accuracy are also associated with accuracy in determining credibility. The author also discusses the accuracy of trust and their direct connection. It also deals with the specifics; the focus and sources of information when considering perspective, and the accuracy of trust. Trust is also associated with social identity within the second part of the scientific monograph, namely the author discusses trust and membership in social groups. It looks at the social identity and homogeneity of the group. The theory of social categorization and stereotyping is part of the second part with regard to individual differences, the need for structure as a predictor of social categorization and stereotyping. In the second part of scientific monograph, the author deals with the definition of the conception of trust within the constructs of trust. The propensity for trust is based on socioeconomic, ethnic, cultural, and demographic factors. Attention is also focused on the trusting personality in relation to the Big-five and HEXACO personality models; while personality traits and trusting behaviors are also defined. At the end of the second part, a theoretical model of trust examination is proposed.

The third part is devoted to trust in Slovakia, which analyze the available data of international surveys (European Social Survey, Eurobarometer). The introduction describes methods and key constructs, which are institutional trust, satisfaction, attitudes to migration, political participation, and the perception of democratic principles. As part of the results, the authors deal with the level of social and institutional trust in Slovakia in the context of the countries of Europe. They ascertain if the level of social trust changes at a time of undermined institutional trust in Slovakia, and how institutional trust relates to the perception of democratic principles in Slovakia. Attention is also paid to differences between people with varying degrees of institutional trust, attitudes towards migrants and political engagement. The conclusion of the third part of the scientific monograph is devoted to satisfaction and trust in national institutions, attitudes towards migrants, trust in national institutions and political participation in national institutions.

The benefit of the publication is in explaining how interpersonal trust is shaped, and why some people are more trusting than others. It discusses the differences between the perceived credibility of another person, the intention to trust them and trusting behavior. It answers questions about why people tend to trust themselves and support foreigners and, finally, what happens to society in the long term if they do not trust leaders and institutions.

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Správy

Reports

Conference report of the 9th International Conference „InPACT 2021“, April 24 – 26, 2021, online

The International Psychological Applications Conference and Trends (InPACT) 2021 was organized by the World Institute for Advanced Research and Science (W.I.A.R.S.). The conference was conducted online because of the ongoing Coronavirus (COVID 19) pandemic. The conference took place from 24th to 26th April 2021, and was the ninth year of the conference since it began in 2013. The goal of the conference was to facilitate a worldwide connection between psychologists, researchers and lecturers, from a wide range of academic fields, who are interested in exploring and giving their contribution on psychological issues.

117 submissions from more than 40 countries all over the world were accepted for presentation. The conference program included six main categories that covered: Clinical Psychology, Educational Psychology, Social Psychology, Cognitive and Experimental Psychology and Psychoanalysis and Psychoanalytical Psychotherapy. The conference program was divided into two categories: live presentations via Zoom, and pre-recorded presentations which were available on the YouTube channel. It is possible to find them here: <http://inpact-psychologyconference.org/virtual-presentations/>.

The conference also included two keynote presentations: one by Prof. Dr. Sara Tai (Senior Lecturer in Clinical Psychology & Consultant Clinical Psychologist, School of Health Sciences, CeNTrUM, Division of Psychology and Mental Health, The University of Manchester, UK) about new directions for working people experiencing psychosis, and one by Dr. Caroline Hickman (Lecturer in Social Work and Climate Psychology, Department of Social & Policy Sciences, University of Bath, and practicing Psychotherapist & Board Member of the Climate Psychology Alliance, UK.) about a psychological exploration of climate anxiety, grief, hope and despair. This was followed by a Special Talk by Prof. Dr. Michael Wang (Emeritus Professor of Clinical Psychology, University of Leicester; Chair, Association of Clinical Psychologists, UK.) about frontline healthcare staff support in the United Kingdom and the role of clinical psychology.

All information about InPACT 2021 can be found on the conference site: <http://inpact-psychologyconference.org/>. The full text of the papers accepted for presentation at the InPACT 2021 were published in the current volume of the book “Psychological Applications and Trends”, edited by Prof. Clara Pracana and Prof. Michael Wang. It can be found on the site of the conference.

We very much hope that we will meet in person at next year's conference.

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Conference Report “Psalms”, March 19th 2021, online

The online conference on the Psalms was organised on March 19th 2021 by the Theological Faculty of Trnava University within the framework of the APVV Project: A Commentary on the Psalms II and III.

The following presents: a) the main scope of the project, b) the current state of the project, and c) contributions to the conference.

a) The book of Psalms is one of the most popular readings for Christians and Jews alike, because it helps a believer to communicate their thoughts and feelings to God, especially in the most extreme moments of life. Therefore, a good understanding of a certain psalm improves one’s quality of life, especially in one’s spiritual, psychological, and emotional aspects. Furthermore, because of their poetic and intimate character psalms are attractive for non-religious people.

The project consists of producing a critical commentary on the Book of Psalms. It includes the translations of the psalms from Hebrew and Greek (Septuagint), philological and text-critical notes to each translation, a modern, critical commentary, a rabbinic commentary, a patristic commentary, and a commentary of classical spirituality on individual verses and expressions; analyses of the form, the genre, and the structure of each psalm, and its theological, liturgical, and pastoral application.

As the Psalms are the product of the Ancient Near East culture, the readers will also be introduced to the basic concepts of this culture, its thinking, its society, the behavior, and the way personal and community crises were handled in the Ancient Near East society – much of which still applies today. This may be helpful when facing contemporary problems in global society, and the problems that Slovakia as a member of the EU is exposed to as well.

b) The project is running for its the third year. Three main Monographs to the Psalms (Psalm 119, Psalm 101-118 and Psalm 120-150) have been produced, with some accompanying Monographs and several Articles. The first application resulting from the Project is a special broadcast on Radio Devín: Nad Slovom/Above the Word, where the collaborators of the Project were invited to discuss their experiences on this work.

c) The conference papers represent a variety of themes reflecting the interdisciplinary nature of the research team. M. Varšo presented an overview of the outstanding work in the Psalms 1–50, especially the new approach to an interpretation based on the intertextual reading of the poems from a canonical perspective. Also stressed, were the special relationships, the main topics, and the theologies unfolded in the first 50 psalms of the Psalter. J. Pigula focused on the interpretation of the Psalm in the first centuries of Christianity showing how the first Christian theologians – byzantine intellectuals – developed different techniques of the exposition in accordance with the literary instruments typical not just for the Judaeo-rabbinical, but also for Greek and Roman literary traditions, as they disregarded the classical education of that time. P. Vilhan focused on the death and afterlife in the Psalms of Korah explaining the biblical mode for approaching death. He confronted it through his personal experience in recently assisting dying patients in hospital. He proposed that the Commentary on the Psalms should have a chapter on this topic. B. Hroboň presented a special case of the Psalm from the Book of the prophet Habakuk. Since the text is not a part of the Book of the Psalms, it presents a special case of the prophetic psalmody. His paper was an output of the prepared Commentary to the

Book of Habakuk in the Vega project running in CSPA SAS and TFTU of Trnava University between 2018 – 2020. I. Mod'oroši with his contribution: The Bible as the main interpretations source of J. A. Comenius reasoning, promoted the lesser-known merits of this person from modern history on the use of biblical axioms in the educative solutions of his well-known works.

The conference was open also to the public in the first part of the presentations. The second section was reserved just to the members of the team. They were informed about the state of the project, and the outcomes in the last year. A plan was proposed for the following year with binding instructions for each member of the team pertaining to the terms and duties.

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