



<http://dx.doi.org/10.16926/eat.2022.11.08>

Krystyna MOCZIA

<https://orcid.org/0000-0002-8125-9940>

Institute of Pedagogy, Faculty of Social Sciences, University of Silesia, Katowice

e-mail: krystyna.moczia@us.edu.pl

Marta NIEMIEC

<https://orcid.org/0000-0002-1366-9542>

Institute of Pedagogy, Faculty of Social Sciences, University of Silesia, Katowice

e-mail: marta.niemiec@us.edu.pl

Alone with the Pandemic. Maintaining the status quo among the MOPS wards who run private households

How to cite [jak cytować]: Moczia, K., Niemiec, M. (2022). Alone with the Pandemic. Maintaining the status quo among the MOPS wards who run private households. *Edukacyjna Analiza Transakcyjna*, 11, 135–153.

Abstract

Caused by the SARS-CoV-2 virus, the COVID-19 pandemic can already be considered one of the more difficult situations that societies had to face over the last two years. This article presents a quantitative analysis of the assessment and experience of the pandemic period from the perspective of those adult wards of the Municipal Social Welfare Centres (MOPS, the abbreviation derived from the institution's Polish name) in Katowice and Częstochowa who run independent households. The text closes with a discussion in which the authors attempt to summarise and interpret research results with regard to the assumptions of Transactional Analysis (TA). What inspired the authors to undertake their own research presented here were the research results obtained as part of a project carried out by a team of scholars established to study the determinants of life and work during the COVID-19 pandemic; the research team was formed at the Institute of Pedagogy, Faculty of Social Sciences, University of Silesia in Katowice, and the authors of the present study were its members. In late 2020 and early 2021, the team conducted research on "Challenges, contexts and determinants in the life and work of MOPS wards and staff during the COVID-19 pandemic". The findings obtained by the team in the course of their research were

presented in two reports titled: *Social Welfare During the COVID-19 Pandemic. A Report on Research Conducted in the City of Katowice* and *Social Welfare During the COVID-19 Pandemic. A Report on Research Conducted in the city of Częstochowa*. The present study provides an in-depth quantitative insight and further details regarding the aforementioned research results developed within the framework of these reports.

Keywords: status quo, lone living, running a private household, MOPS beneficiaries, COVID-19 pandemic.

In March 2020, a coronavirus pandemic engulfed the world, causing unprecedented consequences. Four billion people locked in their homes, sealed borders, deserted cities. The world stood still in fear of the worst, voluntarily incurring unimaginable costs that it had not previously been prepared to bear under any circumstances. The worst had not come, or perhaps it had no right to come (Michniewicz, 2020, p. 7).

Introduction – private household management, lone living/ self-sufficiency – clarification and systemization of concepts

A private household is formed by a group of people living together and supporting one another. Two-person households as well as more numerous ones can be formed within or outside one's family. The person who provides all the means of subsistence for their household or their most substantial part is called the head of private household. Single people form one-person households (<https://stat.gov.pl/metainformacje/slownik-pojec/pojecia-stosowane-w-statystyce-publicznej/103,pojecie.html>, 2022).

The status of a person living alone is referred to with a number of equivalents, which, however, are not literally synonymous with one another. In social sciences the terms used to denote a single person's lifestyle are: one-person household, singlehood, old bachelor/old maid, unmarried person, single person (Żurek, 2003, pp. 123–136).

Lone living can be caused by three main reasons, i.e.:

1. A lifestyle to which a person has been, as it were, condemned, due to the occurrence of certain specific circumstances, such as the death of family members, divorce, emigration, illness or unemployment.
2. The consequence of earlier choices, when – instead of starting a family or getting married – a person chose other forms of activity, e.g. found the path to self-fulfilment in their professional or political career. Failure to make the decision to marry at the “right moment” results in a lack of suitable candidates for a spouse.
3. A lifestyle in which self-reliance has become a conscious choice. The accompanying motives are quite diverse and include the desire to become independent. This motive is most common among young people, who additionally associate it with the desire to break out of parental guardianship. An-

other is the conviction that only by running a one-person household can a higher standard of living be achieved, both in material and social terms. Finally, lone living may be chosen because of previous traumatic family experiences, resulting in a rejection of the institution of marriage and family (Żurek, 2003).

When it comes to the first group of causes underlying lone living, it refers mainly to those among beneficiaries of welfare support who are indigent, often chronically ill or disabled, abandoned by relatives as a result of being widowed, orphaned, separated from their life partner (emigration, stay in a penitentiary institution or in an institution for the chronically ill). They are also people who, due to their old age, are to a certain extent disabled and therefore have a reduced degree of independence in carrying out activities essential to everyday life (Paplicki, Susło, Drobniak, Sobieszczkańska, 2019, p. 146).

The second group may include people who are called “single parents”. Synonyms for lone parenthood and single parents are used interchangeably in the literature on the subject. These are usually terms such as: “parent without a partner”, “single parent” (“single mother” or “single father”), “lone parent” or “monoparent” (Włodarczyk, 2021, pp. 3–17).

It can only be assumed that among the women benefiting from MOPS support there are few housewives who belong to an elite group (i.e. wealthy, well-educated, working women); much more often they belong to the qualitatively worst group (indigent, unqualified women with no financial means to support themselves) (Żurek, 2003).

Referring to the third group of reasons for lone living among MOPS beneficiaries, it can be surmised that previous life experiences have most likely had a negative impact on the image of sharing a life with another person.

In the context of maintaining the status quo among MOPS wards, addressed by the researchers in the present paper, it is important to discuss which factors may influence the wards to such an extent that they adopt an attitude of reluctance to change. Tyszka (2010, pp. 268–269) focuses in particular on the fear of the unknown, which may preclude one from a rational assessment of how likely it is that positive consequences of actions taken will occur. The aforementioned author also singles out reasons for overcoming reluctance to change, such as – among others – the search for diversity or the pursuit of perfection. Research by Samuelson and Zeckhauser proves that aversion to change can also be stronger than personal preference (Samuelson, Zeckhauser, 1988, pp. 7–59). In their study, Madrian and Shea (2001, pp. 1149–1187) pointed out existing differences in individuals’ attitudes towards change (propensity towards change). The authors observed a prevailing attitude of reluctance to change the status quo amongst the respondents, whether it was a result of their activity or lack thereof. Furthermore, their research revealed both positive and negative effects of the status quo effect on decision-making.

Method, research area, test group

As already indicated at the beginning of this article, the research presented herein constitutes an in-depth part of a larger empirical project carried out by researchers from the Institute of Pedagogy at the University of Silesia in Katowice.¹ The research used a diagnostic survey method and a statistical analysis method. For this purpose, a research tool was developed in the form of a survey questionnaire. An intentional (purposeful) selection of the test group was applied, in which running a private household was taken as the basic criterion. The research was conducted among the beneficiaries of Municipal Social Centres (MOPS) in the cities of Katowice and Częstochowa at the turn of 2020.

Description of the data and demographic characteristics of the test group:

A total of 135 respondents took part in the survey. In the end, the results were analysed for 58 respondents who answered the minimum of 50% of questions in the questionnaires provided and declared that they were running private households. The remaining questionnaires ($n = 33$) were treated as lacking too many responses or not meeting the mentioned inclusion criterion, i.e. running a private household.

Of the 58 people surveyed, all provided their age, gender, education background, information on the number of children, place of residence and information on professional activity. The age structure of the analysed group is shown in Table 1.

Table 1
The age structure of the test group

Age group	Number of respondents	% of the group
18–24	9	16%
25–30	6	10%
31–40	15	26%
41–50	15	26%
51–60	9	16%
61–70	4	7%

Source: own research.

The analysed group consisted mainly of women ($n = 38$; 66%) and to a lesser extent of men ($n = 20$; 34%), mainly in the age range between 31–60 years.

¹ See Majewska-Kafarowska, Widawska, Nieduziak, Michalski, Moczia, Niemiec, Dobosz, Gierczyk, Kitińska-Król, Szafrńska (2021a) as well as Majewska-Kafarowska, Widawska, Nieduziak, Michalski, Moczia, Niemiec, Dobosz, Gierczyk, Kitińska-Król, Szafrńska (2021b).

The structure of the group in terms of professional activity is shown in Figure 1.

Activity

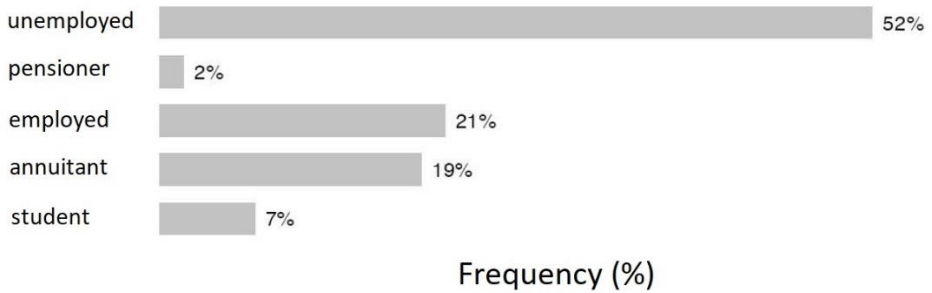


Figure 1

The structure of the group in terms of professional activity

Source: own research.

The majority of respondents declared being unemployed ($n = 30$; 52%). Less frequently, respondents described themselves as employed ($n = 12$; 21%) or receiving an annuity ($n = 11$; 19%). Pensioners ($n = 1$; 2%) and students ($n = 4$; 7%) constituted a minority in the test group.

The structure of educational attainment in the study group is shown in Figure 2.

Educational attainment

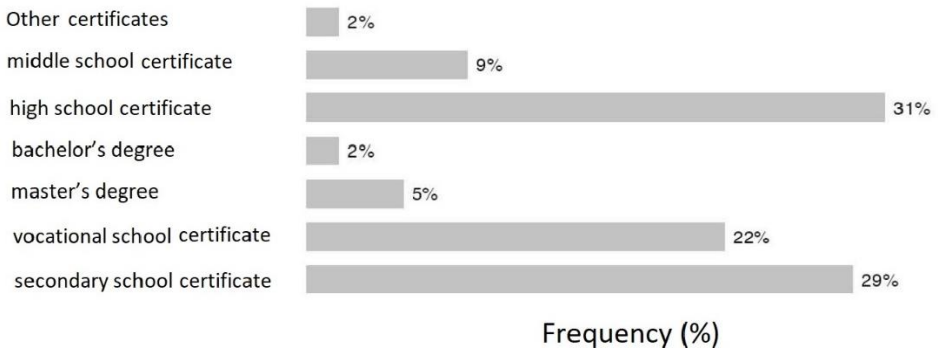


Figure 2

The structure of test group in terms of educational attainment

Source: own research.

Most of the respondents declared they had primary school certificates ($n = 18$; 31%), secondary education certificates ($n = 17$; 29%) or vocational edu-

cation certificates ($n = 13$; 22%). A minority among the respondents graduated from a middle school ($n = 5$; 9%), a university with a bachelor's degree ($n = 1$; 2%) a master's degree ($n = 3$; 5%) or a different educational background than the options listed ($n = 1$; 2%).

More than half of the respondents declared having children ($n = 32$; 55%), while the rest declared they were childless ($n = 26$; 45%). Similarly, half of the respondents declared Częstochowa as the place of their residence ($n = 32$; 55%), while the rest declared that they lived in Katowice ($n = 26$; 45%).

The main research objective was to determine whether and in what manner the timing of the COVID-19 pandemic influenced changes in daily functioning, activities and decisions among those MOPS beneficiaries who were single and running a private household at the time. The research problem outlined above was further delineated through the following questions:

1. What changes did respondents experience during the COVID-19 pandemic?
2. Did the respondents experience a change during the pandemic in terms of their contacts with different people, such as neighbours, friends, immediate and distant family, co-workers, people who also receive support from MOPS?
3. During the first and second lockdowns caused by the pandemic, did the respondents change the amount of time spent on different types of daily activities?
4. Which leisure activities among the respondents carried out before the pandemic disappeared, were reduced, and which were taken up or continued during the pandemic?
5. How do respondents assess the impact of the pandemic on different areas of their functioning?
6. Which of the services offered by MOPS during the pandemic were most important to the respondents?
7. Did the respondents' needs change during the COVID-19 pandemic in terms of the support they expected from MOPS?

Maintaining the status quo among the surveyed MOPS beneficiaries during the COVID-19 pandemic – an analysis of the collected research material

In relation to the changes that the respondents experienced during the pandemic, the means and standard deviations of the responses ticked by respondents for each category were calculated. The results of the analysis are presented in Table 2.

Table 2
Changes experienced by the respondents during the pandemic – means and standard deviations

Category	M	SD
Increased burden of household duties	2.79	1.53
Unfavourable change in daily routine	3.26	1.45
Feeling of helplessness	2.95	1.5
Increased number of conflict situations with household members	2.62	1.41
Need for additional support for the child/children in their learning process	2.67	1.67
Being overburdened with caring for family members	2.4	1.61
Feeling of uncertainty about the future	3.76	1.45
Feeling tired of the media hype about COVID-19	4.17	1.26
Feeling lonely	3.09	1.58
Limiting contact with friends	3.67	1.54
Feeling more tired	3.41	1.56
Fear of losing/not finding a job	2.16	1.56
Fear of losing financial stability	3.4	1.73
Deterioration of physical health	2.83	1.42
Deterioration of mental health	3.24	1.44
Fear of contracting the virus	3.55	1.57
Withdrawal from social life	3.29	1.54

Annotation: M – means; SD – standard deviations

Source: own research.

To the greatest extent, the respondents reported an increase in terms of exhaustion with the media hype about COVID-19. They rated the other elements as average in intensity. They were least bothered by the fear of losing their job/not finding a job.

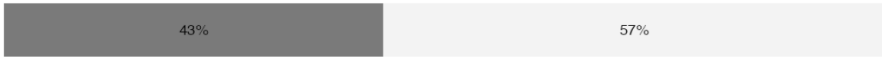
The respondents were asked about the frequency of contact with other people, namely neighbours, friends, distant family, household members and co-workers or potential employers.

With regard to changes in the frequency of contact with different people, the respondents' answers are shown in Figure 3.

From the analysis of the data, it can be concluded that the frequency of contacts did not change in the case of contacts with neighbours (32 people) and household members (35 people), i.e. people associated with the place of residence. The time for professional contacts (work and job seeking) did not change either. Contacts with distant family (26 people), with other MOPS support recipients (26 people) and with friends (18 people) were reduced, which can be as-

sumed to be in line with the recommendation to maintain a distance of social isolation and/or home quarantine.

Neighbours



Friends



Distant relatives



Household members



Coworkers and potential



Other MOPS beneficiaries



Frequency (%)

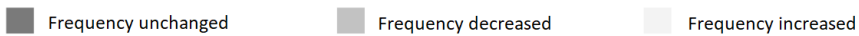


Figure 3

Changes in frequency of contact with different people – percentage results for a group of 58 respondents

Source: own research.

MOPS beneficiaries who run a private household were asked the question: how did the amount of time spent on the listed daily activities change during the pandemic? Frequency of occurrence was calculated for the individual answers given by the respondents. The results are presented in Figure 4.

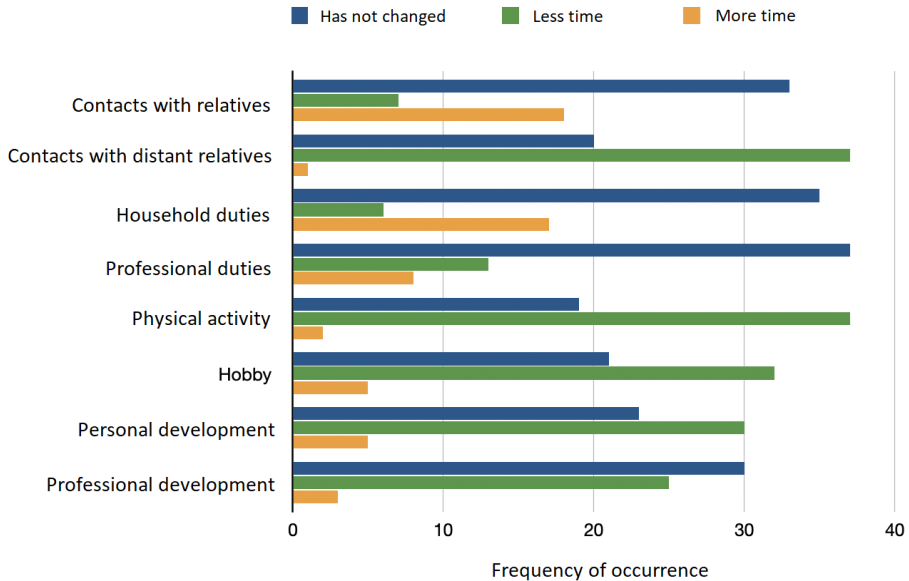


Figure 4

Changes in the amount of time spent on daily activities – frequency of occurrence for a group of 58 respondents

Source: own research.

The analysis indicated that 57% of the respondents ($n = 33$) said that the amount of time spent on contacts with household members had not changed, 12% said it had decreased ($n = 7$) and 31% said it had increased. With regard to contact with distant family, 34% of the respondents ($n = 20$) answered that the amount of time spent on this contact had not changed, 64% said it had decreased ($n = 37$) and only 2% said it had increased ($n = 1$).

Regarding household duties, 60% of the respondents ($n = 35$) said that the amount of time spent on these activities had not changed, 10% said it had decreased ($n = 6$) and 29% said it had increased ($n = 17$). With regard to work duties, 64% of the respondents ($n = 37$) said that the amount of time spent on these duties had not changed, 22% said it had decreased ($n = 13$) and 14% said it had increased ($n = 8$).

Concerning physical activity, 33% of the respondents ($n = 19$) stated that the amount of time spent on this type of activity did not change, 64% that it had decreased ($n = 37$) and only 3% that it had increased ($n = 2$). Regarding the pursuit of hobbies, 36% of the respondents ($n = 21$) said that the amount of time spent on hobbies had not changed, 55% said it had decreased ($n = 32$) and only 9% said it had increased ($n = 5$).

When it comes to personal development, 40% of the respondents ($n = 23$) said that the amount of time spent on personal development had not changed, 52% said it had decreased ($n = 30$) and only 9% said it had increased ($n = 5$). In contrast, with regard to professional development, 52% of the respondents ($n = 30$) said that the amount of time spent on professional development had not changed, 43% said it had decreased ($n = 25$) and only 5% said it had increased ($n = 3$).

In order to find out which leisure activities that had been carried out before the pandemic disappeared, were curtailed and which were commenced or continued during the pandemic, frequencies and percentages were calculated for the answers given by the respondents. The results are presented in Table 3.

Table 3

Implemented, limited, initiated and discontinued forms of spending time – frequency of responses

Category	Continuation	Curtailement	Commencement	Discontinuation
Sports activities outside of home ($n = 42$)	12 (29%)	13 (31%)	1 (2%)	16 (38%)
Physical exercise at home ($n = 32$)	10 (31%)	4 (13%)	10 (31%)	8 (25%)
Participation in cultural events ($n = 42$)	4 (10%)	10 (24%)	1 (2%)	27 (64%)
Social activity ($n = 34$)	7 (21%)	12 (35%)	0	15 (44%)
Reading ($n = 40$)	23 (57%)	5 (13%)	6 (15%)	6 (15%)
Working on an allotment ($n = 18$)	8 (44%)	2 (11%)	3 (17%)	5 (28%)
Growing pot plants at home ($n = 36$)	27 (75%)	1 (3%)	5 (14%)	3 (8%)
Cooking and baking ($n = 54$)	46 (85%)	2 (4%)	6 (11%)	0
Manual work ($n = 39$)	28 (72%)	3 (8%)	6 (15%)	2 (5%)
Crafts ($n = 25$)	17 (68%)	1 (4%)	4 (16%)	3 (12%)
Watching TV ($n = 52$)	40 (77%)	9 (17%)	3 (6%)	0
Internet surfing ($n = 48$)	41 (85%)	3 (6%)	4 (8%)	0

Source: own research.

Sports activities outside of home, participation in cultural events and social activity were among the most frequently discontinued leisure activities. The re-

spondents most often continued or commenced physical exercise at home, and leisure activities such as reading, working on the allotment, growing potted plants at home, cooking and baking, manual work and crafts, watching TV and surfing the Internet were also the most frequently continued leisure activities.

As regards the functioning of the respondents during the pandemic, their responses are shown in Figure 5.

Functioning in the pandemic

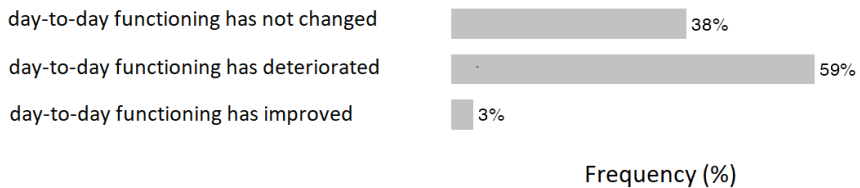


Figure 5

Functioning of respondents during the pandemic – percentage results for a group of 100 respondents (the number of respondents who did not provide a response: 2)

Source: own research.

The respondents indicated that their daily functioning had not changed ($n = 22$; 38%) or had worsened ($n = 34$; 59%). Only 3% ($n = 2$) of respondents indicated that their daily functioning had improved.

The MOPS wards also responded to the question of how the pandemic had affected different areas of their functioning. The frequencies of the answers given by the subjects were checked. The results of the analysis are shown in

Table 4

Impact of the pandemic on different areas of functioning – an analysis of frequency of responses (results for a group of 58 people)

Category	Major deterioration	Slight deterioration	No change	Slight improvement	Major improvement
Household income level	8 (14%)	15 (26%)	30 (52%)	5 (9%)	0
Subjective assessment of economic security	12 (21%)	17 (29%)	24 (41%)	5 (9%)	0
Physical health	11 (19%)	22 (38%)	25 (43%)	0	0
Capacity for purchasing food	4 (7%)	24 (41%)	30 (52%)	0	0
Mental well-being	18 (31%)	24 (41%)	15 (26%)	1 (2%)	0

Table 4 (cont.)

Category	Major deterioration	Slight deterioration	No change	Slight improvement	Major improvement
Willingness to act independently	7 (12%)	12 (21%)	36 (62%)	2 (3%)	1 (2%)
Contact with immediate family	12 (21%)	14 (24%)	28 (48%)	3 (5%)	1 (2%)
Contact with distant relatives	25 (43%)	11 (19%)	20 (34%)	2 (3%)	0
Contact with MOPS personnel/staff	8 (14%)	16 (28%)	26 (45%)	4 (7%)	4 (7%)
Access to professional medical services	33 (57%)	11 (19%)	13 (22%)	1 (2%)	0
Access to benefits (permanent, periodic, targeted)	4 (7%)	1 (2%)	48 (83%)	5 (9%)	0
Access to professional welfare services	6 (10%)	8 (14%)	39 (67%)	4 (7%)	1 (2%)
Conditions of employment (if applicable)	14 (24%)	6 (10%)	38 (66%)	0	0
Access to information about the MOPS work	7 (12%)	8 (14%)	38 (66%)	4 (7%)	1 (2%)
Ways of spending time	22 (38%)	10 (17%)	22 (38%)	3 (5%)	1 (2%)
Taking care of other family members	7 (12%)	4 (7%)	44 (76%)	2 (3%)	1 (2%)

Source: own research.

As shown in Table 4, the MOPS wards surveyed most often declared no impact of the pandemic on various areas of their functioning and activity. They declared major deterioration mainly in the case of contact with distant relatives (43% of the respondents) and minor deterioration in their ability to purchase food and in their mental well-being (24 responses out of 58 respondents).

In order to see how the implementation of the services offered to people receiving the MOPS support was assessed during the pandemic, means and standard deviations were calculated for the responses given by the respondents. The results are presented in Table 5.

Among the ones selected, services such as contact with a social worker and a monetary allowance to purchase a meal or food were rated highest.

The means, medians and standard deviations of the results were then calculated to see to what extent respondents needed the MOPS support in meeting

their selected needs before and during the pandemic. In turn, using the Wilcoxon test, respondents' needs before and during the pandemic were compared to see if they had changed. The result of the analysis is presented in Table 6.

Table 5
Evaluation of the implementation of the services offered to people receiving MOPS support during the pandemic – means and standard deviations

Category	M	SD
E-services (n = 33)	3.67	1.36
Emergency shopping service (n = 21)	3.05	1.40
Legal aid by phone or on-line (n = 33)	3.64	1.45
Psychological support by phone or on-line (n = 30)	3.43	1.48
Solidarity allowance (n = 20)	3.20	1.61
Monetary benefit for the purchase of a meal or food (n = 39)	3.79	1.47
Contact with a social worker (n = 55)	4.13	1.04
Educational support (n = 33)	3.55	1.37

Annotation: M – means; SD – standard deviations.

Source: own research.

Table 6
Needs for the MOPS support in meeting selected demands before and during the pandemic – means and standard deviations

Category	Period	M	Me	SD	W	p	rbs
Purchase and delivery of basic foodstuffs (n = 19)	Before	2.16	1.00	1.57	7.00	0.262	-0,50
	During	2.47	2.00	1.54			
Purchase and delivery of hygiene products (n = 18)	Before	2.06	1.00	1.55	4.00	0.850	-0.20
	During	2.17	1.00	1.54			
Purchase and delivery of medicines (n = 17)	Before	2.06	1.00	1.60	3.50	0.710	-0.30
	During	2.29	1.00	1.72			
Purchase and delivery of clothing (n = 15)	Before	2.20	1.00	1.66	2.50	0.999	-0.17
	During	2.33	1.00	1.80			
Provision of materials necessary for remote education (n = 12)	Before	2.00	1.00	1.60	2.50	0.999	-0.17
	During	2.17	1.00	1.80			
Provision of personal protective equipment (n = 16)	Before	1.88	1.00	1.63	5.00	0.289	-0.52
	During	2.50	1.50	1.75			

Table 6 (cont.)

Category	Period	M	Me	SD	W	p	rbs
Obtaining reliable information about the pandemic in Poland (n = 21)	Before	2.95	3.00	1.83	2.50	0.999	-0.17
	During	3.10	4.00	1.79			
Receiving emotional support (n = 25)	Before	3.08	3.00	1.78	6.50	0.892	-0.13
	During	3.12	3.00	1.74			
Financial security (n = 33)	Before	3.18	3.00	1.70	9.00	0.443	-0.36
	During	3.33	4.00	1.59			
Protection from loss of job (n = 15)	Before	2.33	1.00	1.76	9.50	0.916	-0.10
	During	2.40	2.00	11.50			
Arranging a medical, nursing visit (n = 22)	Before	2.86	2.00	1.86	12.00	0.279	0.60
	During	2.50	1.00	1.82			

Annotation: M – means; Me – medians; SD – standard deviations; W – Wilcoxon test statistic; p – test probability level; rbs – rank-order correlation (effect size). Information on how many respondents answered the question (n) is given in brackets next to the name of the category.

Source: own research.

The analysis indicated that there was no statistically significant change in any of the demands listed.

Discussion of the research findings in the context of the Transactional Analysis assumptions

According to the creator of Transactional Analysis, Eric Berne, lonely people can structure time in two ways: either through activity or through fantasy (Berne, 2006, p. 12). Structuring time refers to the way people fill their time by building relationships with other people. Depending on the increasing intensity of contact, forms such as withdrawal, ritual, entertainment and procedures are distinguished (Jagiela, 2006).²

Withdrawal involves a lack of response to transactional stimuli and a physical or psychological distancing from the environment. It is usually a reaction to excess or destructive stimuli that the individual is unable to process.

Ritual is one form of structuring time in the form of superficial and conventional behaviour which has been previously recognised as appropriate.

Entertainment involves spending time in a way that affirms one's role, position in life or enables one to receive positive support.

² Cf. E. Berne, who distinguishes: 1) Rituals, 2) Pastimes, 3) Games, 4) Intimacy, 5) Activities.

Procedures are task-oriented, so they should not be equated with, for example, casual conversation, as is the case with entertainment.

While referring to conclusions drawn in the research carried out in the 1930s and 1950s, Berne states that every long-term isolation (e.g. in a single-person cell) may lead to a deficit of stimuli for the human brain: “[...] stimulus-hunger has the same relationship to survival of the human organism as food-hunger. Indeed, not only biologically but also psychologically and socially, stimulus-hunger in many ways parallels the hunger for food” (Berne, 2006, p. 8; Berne, 1973, p. 4)³; thus, the effects of sensory deprivation can also be felt by adults.

Relating the aforesaid to the term “strokes”, one can point out that malnutrition can also be understood as the lack or insufficiency of reinforcements received, not only as hugs, friendly patting on the shoulder, but also the presence of another person (Jagięła, 2012, p. 27). The meaning of the term “stroking” can be extended to include any attempt to draw attention to the presence of another person. A comparison of the stroke economy with the use of a food diet is made by Giles Barrow in his article on pastoral care and educational transactional analysis. He points to the constant “malnutrition”, so to speak, of some people who are hungry for reinforcement in the form of the aforementioned signs of recognition. He also writes that, for example, it is not uncommon for students at school to receive negative conditional strokes that are synonymous with “bad food” (e.g. low-value, toxic, fatty or low-calorie food). They are inclined to regard them as normal because they do not, in their view, deserve anything else. Simply put: they would rather eat anything than not eat at all and remain hungry. This is a common reason why pupils behave inappropriately, only for the teacher to notice their presence (Jagięła, 2012, p. 27).

According to Eric Berne: “An exchange of strokes constitutes a transaction, which is the unit of social intercourse” (Berne, 2006, p. 9; Berne, 1973, p. 5). It can be assumed that the time of isolation caused by COVID19 contributed to the malnutrition of part of the population.

The COVID-19 pandemic, which has been “accompanying” societies for two years now, certainly constituted a new, difficult situation at the time of its outbreak, forcing changes to the existing lifestyles, restricting people’s functioning in many areas. We have all been “affected” by it. Numerous empirical studies concerning the course of COVID-19 pandemic which have already been published, point to a variety of its negative consequences, including remote learning

³ Cf. Spitzer, 2016, where the scholar claims that Facebook is to the need for social contact what popcorn is to the need for food: a huge mass actually offers little and only pretends to satisfy the need, offering mostly air and empty calories. Consuming this mass gives rise to an even greater need, which remains unfulfilled. And, by analogy, just as eating only popcorn can make one physically ill (due to deficiencies), with intensive use of Facebook, the soul becomes sick. Anxiety, stress, envy, jealousy emerge and an addiction develops.

or isolation for children and young people. How did single adult beneficiaries of welfare support experience the early and later stages of the pandemic? What was their perspective of this difficult situation? Did the pandemic cause significant changes in their daily functioning, behaviour, decisions made? Did new activities, needs, expectations emerge? Did the “lone pandemic” situation provide an impetus for change? Or was the pre-pandemic state maintained among the research subjects? These questions, among others, were addressed by the present study. From the analysis carried out, it can be concluded that the people surveyed – most of whom turned out to be women aged 30–60, mainly with primary and secondary educational background, unemployed, with children and benefiting from the support offered by MOPS – maintained the pre-pandemic status quo also during the COVID-19 pandemic.

Apart from being tired of the media hype about COVID-19, the respondents did not declare any significant changes in their activities and actions. Although almost 60% of the respondents’ answers referred to a daily deterioration in functioning, which mainly concerned mental well-being or the ability to buy food, the respondents mostly continued their activities such as – among others, reading, cooking, watching TV, surfing the Internet, exercising, etc. as forms of spending their pastime. Neither did they generally change the amount of time spent on daily activities, such as household duties, hobbies, physical activity and personal development. According to the respondents, contacts with the immediate family and/or household members improved; hence, it should be understood that it mainly concerned children. The analysis of the data also shows that the frequency of contacts with others has not changed either in the case of contacts with neighbours or household members, i.e. people associated with the place of residence. Time spent on professional contacts (both at work and while searching for work) also appeared to be the same as before the pandemic. What was limited were contacts with distant family, with other MOPS support beneficiaries, friends, sports activities outside of home, participation in cultural events and social activities, which can be assumed to be in line with the recommendation to maintain social distance. There was also no change in the respondents’ needs for expected/increased support by the MOPS staff compared to before the pandemic. They found monetary benefits to buy meals or food as well as contact with a welfare worker to be the most significant in meeting their needs during the lockdowns. They were also least bothered by the fear of losing their jobs/failing to find work, which may be explained by the fact that most of them had also been unemployed before the pandemic. The conducted analysis therefore encourages attempts to formulate conclusions, albeit cautious ones (due to the small size of the test group), regarding the possible reasons for maintaining the status quo among the surveyed MOPS wards during the COVID-19 pandemic. These conclusions can be considered in the context of the positive and

negative determinants. The negative ones would have to be traced back to the socio-economic status of the respondents, the necessity or dependence on the support and assistance offered by welfare services, which the emergence of the COVID-19 pandemic did not change. On the other hand, the maintenance of the status quo, in the harsh pandemic reality that forced isolation, may have allowed singles who run a private household and got “accustomed” to loneliness in pre-pandemic times, to better adapt to the conditions that the pandemic forced. This is therefore an area for further research exploration.

References

- Berne, E. (1987). *W co grają ludzie? Psychologia stosunków międzyludzkich* [Games People Play: The Psychology of Human Relationships]. Warszawa: PWN.
- Berne, E. (1987). *Games People Play. The Psychology of Human Relationships*. London – New York: Penguin Books Ltd.
- Czurychta, M. (2020). “Status quo” w podejmowaniu decyzji finansowych [Status quo bias in financial decision making]. *Przegląd Prawno-Ekonomiczny*, 3, 67–80; <http://dx.doi.org/10.31743/ppe.9755>.
- Giles, M. (2007). Transactional Analysis, Pastoral Care and Education. *Pastoral Care*, March, 21–25.
- Goveas, J.S. et al. (2021). Associations between changes in loneliness and social connections, and mental health during the COVID-19 Pandemic: The Women’s Health Initiative. *The Journals of Gerontology: Series A*, 12, 1–41; <http://dx.doi.org/10.1093/gerona/glab371>.
- Jagięła, J. (2012). *Edukacyjna Analiza Transakcyjna w kilku odstonach* [Educational Transactional Analysis in Several Guises]. Częstochowa: Wydawnictwo AJD.
- Madrian, B., Shea, D. (2001). The power of suggestion: Inertia in 401(k) participation and savings behaviour. *Quarterly Journal of Economics*, 116, 1149–1187; <http://dx.doi.org/10.3386/w7682>.
- Majewska-Kafarowska, A., Widawska, E., Nieduziak, E., Michalski, Ł., Moczka, K., Niemiec, M., Dobosz, D., Gierczyk, M., Kitlińska-Król M., Szafrńska, A. (2021a). *Pomoc społeczna w trakcie pandemii COVID-19. Raport z badań przeprowadzonych na terenie miasta Częstochowa* [Social Welfare During the COVID-19 Pandemic. A Report on Research Conducted in the City of Częstochowa]. Katowice – Kraków: Wydawnictwo AT.
- Majewska-Kafarowska, A., Widawska, E., Nieduziak, E., Michalski, Ł., Moczka, K., Niemiec, M., Dobosz, D., Gierczyk, M., Kitlińska-Król M., Szafrńska, A. (2021b). *Pomoc społeczna w trakcie pandemii COVID-19. Raport z badań*

przeprowadzonych na terenie miasta Katowice [Social Welfare During the COVID-19 Pandemic. A Report on Research Conducted in the City of Katowice]. Katowice – Kraków: Wydawnictwo AT.

Michniewicz, T. (2020). *Chwilowa anomalia. O chorobach współistniejących naszego świata* [A Temporary Anomaly. On the Comorbidities of Our World]. Kraków: Wydawnictwo Otwarte.

Miller, E.D. (2020). Loneliness in the Era of COVID-19. *Frontiers in Psychology*, 11, 1–3; <http://dx.doi.org/10.3389/fpsyg.2020.02219>.

Paplicki, M., Susło, R., Drobnik, J., Sobieszkańska, M. (2019). Osoby starsze jako osoby niepełnosprawne [The elderly as the disabled]. In: J. Blicharz, T. Kocowski, M. Paplicki (eds.), *Spółdzielnie socjalne oraz organizacje pozarządowe wsparciem dla zagrożonych wykluczeniem* [Social Cooperatives and NGOs Support for Those at Risk of Exclusion] (pp. 145–158). Prace Naukowe Wydziału Prawa, Administracji i Ekonomii Uniwersytetu Wrocławskiego. Series: e-Monografie Nr 151. Wrocław.

Samuelson, W., Zeckhauser, R. (1988). Status quo bias in decision making. *Journal of Risk and Uncertainty*, 1, 7–59; <http://dx.doi.org/10.1007/BF00055564>.

Spitzer, M. (2016). *Cyberchoroby. Jak cyfrowe życie rujnuje nasze zdrowie* [Cybersickness. How digital reality ruins our life]. Gdańsk: Wydawnictwo Dobra Literatura.

Tyszka, T. (2010). *Decyzje. Perspektywa psychologiczna i ekonomiczna* [Decisions. Psychological and Economic Perspectives]. Warszawa: Wydawnictwo Naukowe Scholar.

Włodarczyk, E. (2021). Samotne macierzyństwo w różnych odsłonach [Various aspects of single motherhood]. *Problemy Opiekuńczo-Wychowawcze*, 1, 3–17; <http://dx.doi.org/10.5604/01.3001.0014.6895>.

Żurek, A. (2003). Osoby samotne życiowo jako zjawisko społeczne [Singlehood as a social problem]. *Blaski i Cienie Życia Rodzinnego. Roczniki Socjologii Rodziny*, 15, 123–136.

<https://stat.gov.pl/metainformacje/slownik-pojec/pojecia-stosowane-w-statystyce-publicznej/103,pojecie.html> [Accessed 25.05.2022].

Sam na sam pandemią. Utrzymanie *status quo* wśród podopiecznych MOPS prowadzących samodzielne gospodarstwo domowe

Streszczenie

Pandemię COVID-19 wywołaną wirusem SARS-CoV-2 można już dziś uznać za jedną z trudniejszych sytuacji, z jakimi przyszło się zmagać społeczeństwu na przestrzeni ostatnich dwóch lat. W prezentowanym artykule przedstawiono ilościową analizę oceny i doświadczeń okresu pande-

mii z perspektywy osób dorosłych, prowadzących samodzielne gospodarstwo domowe, podopiecznych Miejskich Ośrodków Pomocy Społecznej w Katowicach oraz w Częstochowie. W badaniach własnych wykorzystano metodę sondażu diagnostycznego z zastosowaniem kwestionariusza ankiety. Główne cele analizy skoncentrowano wokół kwestii związanej z utrzymaniem *status quo* wśród „samotnych” beneficjentów w okresie trwania pandemii COVID-19, przede wszystkim czasu dwóch pierwszych lockdownów. Tekst zamyka dyskusja, w której autorki dokonują próby podsumowania i interpretacji wyników badań w kontekście założeń analizy transakcyjnej. Inspiracją do podjęcia prezentowanych tu badań własnych stanowiły wyniki, jakie uzyskano w ramach projektu badawczego, realizowanego przez powołany w Instytucie Pedagogiki na Wydziale Nauk Społecznych Uniwersytetu Śląskiego w Katowicach zespół badawczy ds. badań i uwarunkowań życia i pracy w czasie pandemii COVID-19, którego autorki niniejszego opracowania były członkami. Zespół na przełomie 2020 oraz 2021 roku prowadził badania dotyczące „Wyzwań, kontekstów i uwarunkowań życia podopiecznych oraz pracy pracowników MOPS w czasie pandemii COVID-19”. Uzyskane przez zespół w wyniku przeprowadzonych badań wnioski zostały przedstawione w dwóch raportach: *Pomoc społeczna w trakcie pandemii COVID-19. Raport z badań przeprowadzonych na terenie miasta Katowice* oraz *Pomoc społeczna w trakcie pandemii COVID-19. Raport z badań przeprowadzonych na terenie miasta Częstochowa*. Niniejsze badania stanowią ilościowe pogłębienie i uszczegółowienie rezultatów badawczych opracowanych w ramach wspomnianych raportów.

Słowa kluczowe: *status quo*, samotność życiowa, samodzielne prowadzenie gospodarstwa domowego, beneficjenci MOPS, pandemia COVID-19.