



MIROŚLAW KALINOWSKI

The John Paul II Catholic University
of Lublin, Poland

ORCID iD: 0000-0002-4611-3380

**THE IMPORTANCE OF CATHOLIC
SOCIAL COEXISTENCE RULES FOR
THE EFFECTIVENESS OF PROVIDED
AND RECEIVED SUPPORT**

ABSTRACT

This article consists of four parts. The first part presents issues concerned with the human need for social support. The presented analysis of the issue is based on experiences of living during the COVID-19 pandemic. The second part presents the characteristics of provided and received social support. Finally, the third part presents Catholic social coexistence rules as norms which can shape a personalistic social order. Additionally, this final section provides the practical implications of implementing two principles – love and subsidiarity – in order to increase the effectiveness of provided and received support. The last part consists of the final conclusions referring to the possibility of applying the Catholic principles of social coexistence in building assistance-providing relationships.

The article attempts to answer questions on the importance of the principles of social coexistence for interpersonal support, both to help other people and to receive support from the social environment. In this context, two research questions can be posed. Are the principles of social coexistence essential for providing help to another human being? Are the rules of social coexistence important for people receiving support from others? The method used to answer the research questions was analyzing the literature on the subject, which included a review of research on the severity of mental difficulties caused by the COVID-19 pandemic's living conditions as a factor justifying the increased need for interpersonal help, the functions that provide support to people in difficult life situations based on the example of long-term stress caused by the pandemic, the importance of Catholic principles of social coexistence for the effectiveness of the support provided and received, and final conclusions as an attempt to answer the research questions.

KEYWORDS: *catholic social coexistence rules, social support, COVID-19*

1. THE PREVALENCE OF MENTAL DIFFICULTIES AS A FACTOR SUBSTANTIATING THE INCREASED NEED FOR SUPPORT ON THE BASIS OF EXPERIENCES FROM THE COVID-19 PANDEMIC

In January 2020, the World Health Organization announced that the outbreak caused by the Coronavirus posed a public health threat of international concern. In March 2020, the WHO issued a statement that the COVID-19

disease had reached the scale of a pandemic (World Health Organization 2020a). This global health crisis quickly turned into a social, political, and economic crisis, posing a problem not only for the governments who wanted to contain the virus but also revealed the helplessness of experts, despite their theoretical knowledge and experience. The COVID-19 disease is a global problem that begs for a redefinition of the current modes of action, including procedures in the field of support at the individual, local, and global levels (Krawczyk-Wasilewska 2020, Kalinowski, Szot 2020).

The Justification for Providing Assistance to Recipients of Multidimensional Support During the COVID-19 Pandemic. Groups which require specific/diverse support during the pandemic include (Heitzman 2020; Torales et al. 2020):

- the infected and the hospitalized sick,
- the infected and non-hospitalized sick,
- the asymptomatic or oligosymptomatic infected (carriers),
- the family members of the sick (COVID-19),
- people subject to a collective quarantine,
- people subject to a home quarantine,
- people suffering from other somatic diseases (groups at risk),
- people hospitalized due to other diseases,
- nursing homes residents,
- people over the age of 60,
- single people,
- people in need of constant home care,
- disabled people,
- homeless people,
- addicts unable to exist independently, or those with such a heavily limited ability (the intellectually disabled),
- mentally ill people,
- culturally and linguistically diverse immigrants,
- children and adolescents,
- people deprived of liberty (arrested),
- and others.

Experts express the view that each of the communities mentioned above represents different needs and indicates the symptoms of their experienced difficulties in different ways. Therefore, each of these groups should be offered adequately matched support (Heitzman 2020).

An important justification for multidimensional support measures during the pandemic is the rise in mental difficulties experienced by the general population, regardless of the country in which the research was conducted. The most common psychological effects associated with experiencing the pandemic include the following symptoms: general anxiety (associated not only with the risk of being infected with the virus or infection itself), depression, and post-traumatic stress disorder (PTSD). The results of meta-analyses, based on a review of world literature, show the following trends in the prevalence of negative psychological reactions to the COVID-19 pandemic in the general population: symptoms of anxiety and depression (16–28%), and the experiencing of stress (8%). After the outbreak of the epidemic in China, for example, the intensification of PTSD depending on the population ranged from 4% to 41% (e.g., in the population of adolescents and young adults, the intensification of PTSD was 14%), while experiences of depression increased by 7%. The high-risk factors for mental health disorders during the COVID-19 pandemic include in particular: personal experiences of the negative effects of the situation (e.g., becoming infected, job loss, loss of income, being subject to quarantine, stigmatization), previous mental problems (preceding the pandemic), being of the female gender, young age, low economic status, single person status, a high intensity of interpersonal conflicts, preferring destructive stress coping mechanisms, a low level of social relations, perception of low quality in one's own life, lack of understanding of socio-cultural norms and/or a lack of a feeling of being settled (e.g., in migrants), staying isolated at home, caring for dependent family members (e.g., seniors, disabled people), and insufficient increase in social support (Babicki & Mastalerz-Migas 2020; Chwaszcz et al. 2020; Cullen et al. 2020; Gambin et al. 2020; Khan et al. 2020; Liang et al. 2020; Krawczyk-Wasilewska 2020; Mowbray 2020; Rajkumar 2020; Sokół-Szawłowska 2021; Shigemura et al. 2020; Talevi et al. 2020; Vindegaard and Benros 2020).

Concerning the issue of difficulties in providing support to those in need during the COVID-19 pandemic, it is important to highlight the prevalence

of social isolation. This phenomenon is understood as an objective physical separation from other people. Social isolation is sometimes equated with interpersonal exclusion due to the presence of such elements as a declining network of social support resources, a low level of social contacts, constrained social mobility, not enough offers from facilities specializing in environmental integration, and meeting the needs of people in isolation. A lack of contact with others contributes both: to experiencing mental difficulties and to the reduction of the possibility of obtaining help from other people and/or institutions as well – with this being mainly due to the shrinking of supportive social networks (Kosowski & Mróz 2020; Krawczyk-Wasilewska 2020; Szarota 2020).

The Justification for Providing Assistance to Entities Delivering Multidimensional Support During the COVID-19 Pandemic. The specific groups that deliver specialist assistance during the pandemic include (Heitzman 2020; Torales et al. 2020):

- health services,
- militarized services (police, army, border guards, city guards),
- municipal and state services, functioning continuously and carrying out the tasks of maintaining the basic functions of the state (supply, transport, communication, energy),
- entities performing informational tasks (media),
- sanitary services,
- volunteers,
- entities managing the systems of health protection, sanitary protection, and state and local government organization,
- and others.

The services of most countries were surprised by the scale of the epidemic (Krawczyk-Wasilewska 2020). Not only did the pandemic itself cause this, but also the need to plan and implement short-term and long-term interventions of an organizational, informational, and medical nature. These had to encompass not only the population at large, but also the various groups that require specific aid procedures. (Heitzman 2020; Torales et al. 2020).

Research results show that the communities that are particularly responsible for providing multidimensional support during the pandemic are among the high-risk groups in terms of experiencing the negative effects of the pandemic – especially those who directly care for the sick and/or quarantined (e.g., doctors, nurses, paramedics, social workers, family assistants). The multidimensional effects of overload in the groups mentioned include, among others, the symptoms of: post-traumatic stress disorder (PTSD), anxiety, depression, a feeling of stigmatization (especially in people who have direct contact with the infected), and a preference for avoidance behavior (including frequent use of alcohol) (Cullen et al. 2020; Khan et al. 2020; Talevi et al. 2020; Torales et al. 2020; Vindegaard and Benros 2020; Niewiadomska et al. 2022). For example, based on research conducted in China on a representative group of health care workers who had direct contact with sick people, symptoms of the following disorders were present: depression: 50.4%, anxiety: 44.6%, insomnia: 34%, stress: 71.5% (Lai et al. 2020; Niewiadomska et al. 2022).

The difficulties experienced by people obligated to provide professional help during the pandemic are also evidenced by the growing negative attitudes within this group towards the beneficiaries and/or colleagues of this same profession. Literature concerned with aid services provided during the COVID-19 pandemic lists significant sources of the quality decrease of such support, these include (Glac & Zdebska 2020; Krawczyk-Wasilewska 2020; Mańkowska 2020; Ozga et al. Al. 2020): a) no clear legal provisions for the fulfillment of extended obligations; b) information chaos; c) indolence on the part of decision-makers; d) the behavior of superiors, dominated by decision-making instability, pushing for the performance of more tasks without additional pay and/or sufficient protection of employees' health, lack of respect in the manner of dealing with subordinates; e) overload with duties – due to, insufficient number of staff, sick leaves – among others; f) overdeveloped bureaucracy; g) performance of work in conditions endangering the safety of employees (e.g., lack of personal protective equipment, disinfectants); h) insufficient pay in relation to the work performed; i) negative mental experiences – including fear of becoming infected; anxiety, uncertainty, lack of a feeling of safety, chronic stress, the feeling that leading entities have lost interest and/or abandoned the people (e.g., state administration), and experiencing stigmatization as potential virus carriers.

2. THE SIGNIFICANCE OF SOCIAL SUPPORT

In emergency situations, the provision and reception of social support is of significant importance. Social support can be described as a type of interpersonal process through which an individual or a whole community contributes to facilitating other individuals or groups of people in meeting their needs (physical, psychological, and spiritual), in achieving their objectives, and/or in overcoming their difficulties through the mobilization of resources that are of an internal and/or external nature for supported individuals, all the while maintaining the autonomy of these same individuals. This support becomes available to the individual as a result of the existence of both formal and informal relationships – e.g., to family members, relatives, friends, neighbors, acquaintances, and members of self-help groups. The institutional framework for the provision of support in a particular community is established by local institutions (particularly custodial, medical, recreational, cultural, and educational) as well as by the professionals responsible for providing support services (e.g., social workers, community care workers, family physicians, home nurses, family assistants, and physical activity instructors). There are numerous different forms of support – e.g. instrumental support (which includes providing actual help while performing certain tasks), emotional support (which is expressed by displaying sympathy, love, trust, and care), informational support (which involves providing advice or information that facilitates the solving of a problem), integrative support (which contributes to an individual's sense of belonging), and evaluative/assessment support (thanks to its manifestations, the acceptance and/or significance of a given individual in a certain community is confirmed). The provision of resources through social support sources (e.g., emotional, informational, or material) is particularly significant when an individual is not capable of resolving problems that have occurred and/or accomplishing intended objectives by themselves. Therefore, it is important for actually provided support to be appropriate to the expectations of its recipients (Kacperczyk 2006; Błędowski et al. 2016; Szatur-Jaworska & Błędowski 2016; Sarzała 2016; Kalinowski 2018a; Olender-Jermacz 2020; Chwaszcz et al. 2020; Niewiadomska 2022; Niewiadomska, Jurek 2022).

The exemplification of the principles concerning social support – both in terms of providing as well as receiving help – during the COVID-19 pandemic are directives from the World Health Organization (WHO) addressed to the general population, thus focused particularly on caregivers responsible for the care of dependent individuals (World Health Organization 2020a; World Health Organization 2020b):

1. Protect yourself and be supportive to others. Assisting others in their time of need can benefit both the person receiving support and the helper. Working together as one community can help to create solidarity in addressing COVID-19 together.
2. Honor carers and healthcare workers who support people affected with COVID-19 in your community. Acknowledge the role they play in saving lives and keeping your loved ones safe.
3. Individuals who are receiving social support – for example, when they are suffering from illness – should: a) activate their personal social connections to receive help when it is necessary, b) get information in advance about where and how they can receive practical support when it is necessary, c) learn some simple physical exercises that can be performed every day at home during the time they are in quarantine or in isolation to maintain mobility and minimize boredom, d) continue (to the maximum extent possible) to perform everyday activities on a regular basis according to the previous daily schedule or establish new everyday activities and daily schedules suitable for the new circumstances, e) provide support for others through mutual support, caring for neighbors, and, if it is safe to do so, providing supervision for children of health care workers who are continuously present at hospitals for the purpose of fighting COVID-19, f) maintain frequent communication with family members and acquaintances (e.g., by using the telephone or other methods of communication).
4. Individuals who are in isolation should continue to carry out everyday activities, undertake some healthy activities (for purposes such as relaxation and stress reduction), and check for updated information and practical instructions at particular points throughout the day (preferably communicated by appropriate authorities) as well as maintain

a network of social connections – including those taking place through the use of e-mail, various social media, audio-video conferencing, and telephone services.

5. Caregivers for children should encourage children to come up with positive ways of expressing feelings, such as fear or sadness. Parents should remain close to their children. If it is necessary to separate a child from their primary carer, it is essential to ensure providing an appropriate level of care. Carers should maintain familiar routines in daily life as much as possible, or create new routines, especially if children must stay at home. It is important to provide engaging age-appropriate activities for children, including activities for their learning. It is important to encourage children to continue to play and socialize with their peers.
6. The caregivers of adult individuals should provide practical and emotional support through informal networks of contacts (families) and health care professionals (particularly in situations when the adults that are taken care of are experiencing symptoms of anger, stress, agitation, and/or withdrawal). Instructions addressed to people that are taken care of need to be communicated in a clear, concise, respectful, and patient way. It may also be helpful for information to be displayed in writing or pictures. It is important that entire families and other supporting networks are involved in providing support.

An important aspect of helping operations involves providing support to individuals who themselves are providing professional help to others. Based on the experience of the course of the COVID-19 pandemic, recommendations have been made in source literature for the long-term support of professionals who are dealing with numerous challenges and chronic stress. A further postulate implies that organizational security should, in the short term, establish clearly defined procedures that indicate a) specific solutions for particular situations, b) the ways to coordinate activities undertaken by different professionals, c) the scope of influence of various support systems. The suggestion presented here is grounded in the fact that a state of psychological stability cannot be achieved among those responsible for providing multiple forms of support without making

organizational arrangements. Disorganization and lack of guidelines during emergencies only intensify the feelings of insecurity, anxiety, incompetence, and/or helplessness among those individuals responsible for professionally supporting other people. Also, a postulate has been made for the protection of professionals who provide diverse support services to be treated as a component of great importance to public health interventions in the battle against the epidemic (Heitzman 2020; Ozga et. al. 2020; Niewiadomska 2022; Niewiadomska, Jurek 2022).

As a reflection of the postulates formulated in literature on the subject, two significant directives were addressed by the World Health Organization to health care professionals during the time of the COVID-19 pandemic. First of all, it was highlighted that during the crisis triggered by the pandemic that pressure from surroundings and the high intensity of stress as well as the feelings accompanying it should be considered to be normal phenomena. The occurrence of these types of phenomena, however, does not necessarily mean that the people responsible for health care services are incompetent and/or are not performing their jobs correctly. Second of all, the World Health Organization indicates the necessity that health care professionals take proper care of their own physical health, psychological health, and good overall psychosocial functioning (World Health Organization 2020a).

When summarizing questions which concern the importance of support, one should conclude that this kind of process may occur because a person: 1) establishes interpersonal relationships based on emotional and intellectual bonds, 2) functions in the framework of social networks/groups of different sizes in which the process of exchanging resources takes place, 3) is a member of a greater community that is constituted by formal and informal social groups and institutions. At the same time, both support provided as well as support received must not only consist of the satisfaction of immediate needs but should also include personal support in experienced difficulties. This approach is preferred in the work of the assistance method, i.e., in accompanying people so that they become confident that they are not alone in their problems (Kalinowski, 2018b; Krasiejko 2020). The characteristics of personal support will be discussed in the next part of this article, in the context of principles developed on the grounds of Catholic social teaching.

3. THE IMPORTANCE OF CATHOLIC SOCIAL COEXISTENCE RULES FOR THE EFFECTIVENESS OF PROVIDED AND RECEIVED SUPPORT

Catholic social teaching identifies two basic inclinations in human collectives – giving and taking. The inclination to take originates from the fact that social life is a crucial element of becoming truly human and a person's development. There are many goods and values that an individual cannot attain without the help of others. The existence of various communities reflects this insufficiency and the need to complement each other, which leads people to work together towards comprehensive development and to produce the values, which are necessary for life. The nature of a community, and its scope of socialization, is determined by the extent to which it meets human needs. This is due to the fact that the human individual is the ultimate subject and goal of social life. On the other hand, the tendency to give results from the fact that a human, as a social being, feels not only the need to *take*, but also the want to involve himself with others and make sacrifices for them. Without meeting these needs, the development of an individual is impossible, because individuals exist not only for themselves but also for others (Piwowski 1993; Borutka et al. 2004; Kalinowski 2007; Skorowski 2016).

As a consequence of taking and giving the creation and exchange of material and spiritual values takes place, and these constitute the common good. Humans are the creators and recipients of these values, and so they create them through cooperation and use them to improve and develop. Shared values have a personal nature, which means they are oriented towards the human individual. This can be expressed as follows: shared values encompass all those conditions of social life that, at a certain cultural level, enable a human's full development. It is in people, as members of a community, that the meaning of shared values is fully captured. The bonds of a community come to the foreground especially in difficult situations – in moments of tragedy, suffering, or failure. Humans, by involving themselves for the sake of others, in securing their neighbors' goods and values, have their own share in these goods and values through the awareness that these are also their own personal goods. This gives rise to an attitude of openness to others, whose foundation

is a sense of community and awareness of the common good, which is at the same time the good of each of us, thus motivating us to personally act for its sake. Pope John Paul II emphasized the importance of the personalistic order within a community in his statement: *one cannot exist within a society without the sense of community, involvement, and belonging, which should arise from held values, sympathy, and responsibility for one another* (Jan Paweł II, 1986). At the same time, a community is never a goal in and of itself but rather serves its members. This is determined by the fact that only humans are independent personal beings. Whereas each community is distinguished by the fact that its actions are determined by human needs. It is the satisfaction of these needs that shapes the multitude, the character, and scope of a community's activities. This way, protection of the subjectivity of each human is combined with attention to properly use support from the community in which the individual functions (Strzeszewski 2003; Czuma 1993; Majka 1993; Piwowarski 1993; Skorowski 2014; Nagórny 1998; Borutka et al. 2004). Increasing the effectiveness of social support — e.g., during crises — can serve to implement the directives of the two principles described in Catholic social teaching – social love and subsidiarity.

Increasing the Effectiveness of Social Support as a Result of Implementing the Principle of Social Love. One might ask: what should be done to fulfill the directives coming from the principle of social love? The general answer is that this norm dictates the transformation of social relations and structures in the direction of giving them a more human nature, that is, it determines both the way humans function in collective life and their specific actions towards human communities. Therefore, love can be considered a social principle if it determines the direction of community activities. When implementing this norm, a person must take into account the social processes that limit the freedom of this endeavor, and they must also create structures that allow for the development of ad hoc activities (Strzeszewski 2003; Skorowski 2014).

The realization of the presented norm translates into various social attitudes in specific life situations. Sometimes this will be in the form of solidarity understood as the cherishing of the shared common good. At other times, it will manifest in the dedication of time or service to fellow human beings,

and, under different circumstances, it will be reflected in the ability to cooperate. One of its most important manifestations is the building of unity and reconciliation between people, social groups, and countries through mutual forgiveness, especially when, in a name of alleged injustice, others are repeatedly destroyed, killed, deprived of freedom, or stripped of their elementary rights (Strzeszewski 2003; Skorowski 2014; Nagórny 1998).

Concerning the Church's social teaching, it can be said that the implementation of the principle of social love performs three important functions: 1) the adopting of an attitude of mercy, 2) the affirmation of the community, 3) the building of the civilization of love.

Re 1) The attitude of mercy. Showing mercy in the context of social love gives it a new dimension, making it not only the external gestures of aid but also a necessary norm in interpersonal relations. This spiritual act between the one who is showing mercy, and the one who is receiving it, is a shared experience that leads to the creation of a spiritual bond which unites both parties. Thanks to merciful love, we find experience and understand our dignity and value in our fellow human beings. This attitude shows very clearly the affirmation of other persons through kindness, brotherhood, subsidiarity, service, caring, and responsibility, i.e., acts of availability and selflessness for the benefit of another person. Availability means being able to give oneself over to another human. It is expressed through the constant readiness to be at the other's side and to offer one's life to them. Selflessness, however, is the result of a situation in which love is not limited only to its general conception, but when it is expressed through specific acts of service for the sake of one's fellow human being, particularly someone who find themselves in serious need (Czuma 1993; Majka 1993; Bartoszek 2000; Borutka et al. 2004; Kalinowski 2007; Nakielski 2012).

Re 2) Affirmation of the community. Social love, concerning various communities, is based on the affirmation thereof since communities constitute communities of people. The crucial function of communities relates to the fact that a human leaves the world of their personal matters, and they involve themselves in the problems of the community. Belonging to and acting for the benefit of the community lead to the creation of a special bond between a community's members, which is itself an interpersonal brotherhood, a motivating

sensitivity to the needs of others, coexistence, a unity of goals, and cooperation in their implementation (Majka 1993; Bartoszek 2000; Skorowski 2000).

Re 3) Building the civilization of love. The meaning of the principle of social love in shaping a new vision of humanity is derived from several premises. Firstly, it allows one to free themselves from selfishness and the desire to obtain only for oneself, all for the benefit of the community's common good. Secondly, it creates a readiness to help, enables people to serve, and makes sacrifices for the benefit of oneself and that of their community. Thirdly, it constitutes a unifying force as it awakes compassion, mitigates opposites, and facilitates forgiveness. Fourthly, brotherly interpersonal relationships are typically targeted at the establishment of larger communities, leading up to the establishment of widespread brotherhood among individuals (Nagórny 1998; Hoffner 1999).

Strengthening of the Effectiveness of Social Support as a Consequence of the Implementation of the Principles of Subsidiarity. In Catholic social doctrine, the principle of subsidiarity has been defined as the norm which shapes the entitlements of the individual in relationship to the community, and a smaller community in relationship with a larger community, with this depending on the fact that a larger community provides complementary support to smaller communities, and that all larger and smaller communities provide complementary support to the human being. The principle presented above is grounded in the tendency of life in a community, which is characterized as *taking* because of the primacy of the human individual in relationship with the community and the prioritization of smaller groups of people ahead of the larger groups. As such, the principle of subsidiarity formulates responsibilities *from on high* and entitlements *from below* in all kinds of manifestations and forms of life in the community (Strzeszewski 2003; Piwowarski 1993; Borutka et al. 2004; Kalinowski 2007; Nakielski 2012; Ferreira Fernandes 2021).

The principle of subsidiarity ought to be implemented in its two aspects: the negative and the positive. The negative aspect of the principle consists in respect for the initiative, freedom of action, competence, and responsibility of individuals in relationship with a community, as well as smaller communities in relationship with larger communities. In the negative perspective of the principle

under analysis, this support can consequently and paradoxically be associated with a lack thereof. It is the individual who is responsible for their own lot, and larger communities are not permitted to take the initiative away from smaller communities because this is a violation of the rights of smaller communities to exist and develop within a society. Therefore, the important postulate can be derived from the principle of subsidiarity that all human communities should maintain themselves within the boundaries of their own activities and not interfere with the scopes of other communities, as any interference into the autonomy of an individual or the eligibility of smaller communities by larger ones would prevent them from accomplishing their natural tasks and is therefore a violation of natural law (Strzeszewski 2003; Piwowarski 1993; Nakielski 2012; Ferreira Fernandes 2021).

The positive aspect, on the other hand, consists in providing support wherever it is necessary. Nevertheless, this does not have to be permanent support, but is rather emergency support which enables an individual or a group of people who are unable to accomplish their goals by themselves to continue accomplishing particular tasks independently after they have received necessary support. Because of the subsidiarity component of the described support, the social teaching of the Catholic Church refers to it as *help for self-help*. Relatedly, the operations carried out by larger and better-organized communities should complementarily provide support to smaller and less well-organized communities, whereas all communities – larger and smaller – are established only for the support of the performance of the individual subsidiarily in the process of their development, with this being because neither any other individual nor any community can accomplish the tasks of the individual. It is important to accentuate the fact that humans create social life not so that communities strip them of their autonomy and initiatives, but so that communities can provide them with complementary support concerning the objectives which individuals want to accomplish in life. This is why every community that brings people together implements shared values in its own autonomous scope of activities. From the positive perspective, the principle of subsidiarity postulates that all communities should accomplish their own tasks through common welfare. The better they accomplish these tasks, the more the common welfare of these communities will increase, which – in

turn – will contribute to a greater perfection of human individuals as members of these communities. Another benefit will also be the development of the common welfare of a society, and together with it an authentic social order and purpose (Piwowarski 1993; Ferreira Fernandes 2021).

The principle of subsidiarity is considered to be a fundamentally natural legal norm, which is of significance for different aspects of the functioning of human communities as the consequence of the fulfillment of the three following functions (Piwowarski 1992): 1) the respecting of autonomy (the guarantee and protective function), 2) multidimensional support (the supportive function), 3) the formation of social behavior (the pedagogical function).

Ad 1) Respecting autonomy. The guarantee and protective functions emerge when highlighting the accomplishment of one's own goals and consequently the responsibility for one's own development from the *bottom-up*. A community is not permitted to take away *their own tasks* from the human individual, just as the larger community is not permitted to take tasks away from any smaller community. By the means of this, the norm of subsidiarity provides a guarantee of the autonomy of the lives of individuals and small communities as well as protects them from the enslaving and enforcing system of major social frameworks. On the foundations of the analyzed norm, a postulate was formulated that provides for the service of public authorities and consists, among other activities, in awakening social initiatives, responsibility for other individuals, in coordinating the performance of individuals and communities, as well as in maintaining the performance thereof within the boundaries of clearly determined competences. Serving others, which violates the rights of individuals and smaller groups of people when considering autonomy, is a totalitarian activity, which eventually results in the trampling of the dignity and rights of human beings (Piwowarski 1992; Nagórny 1998; Hoffner 1999).

Ad 2) Multidimensional support. On the one hand, the principle of subsidiarity protects the autonomy of the life of an individual and the life of the community, but on the other hand – the principle is connected with interventional *top-down* support. Support by a larger community of people can be undertaken for two primary reasons. First of all, this concerns in a situation where particular individuals or smaller communities are not capable of accomplishing the tasks that have been assigned to them. Second of all, this

concerns activities that can only be undertaken by larger social organizations, because the establishment of larger systems is a consequence of the fact that neither the individual nor the small community is self-sufficient. In other circumstances, there should not be a situation where the fundamental right of pursuing one's own objectives is taken away. Stronger communities are, on the one hand, obliged to learn about the problems bothering people in a given environment, and on the other – should support the weaker by stimulating, supporting, and coordinating their activities with the activities of other groups to achieve the common good (Piwowarski 1992; Hoffner 1999; Zwoliński 2000; Ferreira Fernandes 2021).

Ad 3) Forming social behavior. A highly significant aspect of the principle of subsidiarity is its pedagogical function, which should be marked in all those branches of the functioning of communities of people where attributes such as independence, initiative, individual activity, responsibility, and democratization are important. The principle of subsidiarity also calls for the establishment of the attitudes of a pluralistic society aimed at the common welfare. The attitudes concerning shared values should not only be formed *top-down* but, at the same time, should also be formed *bottom-up*. This indicates that the authentic beliefs and valuation judgments of the members of a given society, which demonstrate their responsibility towards common welfare, should influence the order and management of life within a community (Piwowarski 1992; Hoffner 1999; Kalinowski 2007).

4. CONCLUSIONS

The review of the literature on the subject clearly shows that, by nature, man builds interpersonal relationships, but only a few of them are supportive. At the same time, a review of research from the pandemic period justifies the conclusion that, on the one hand, in traumatic situations present a high demand for support, and on the other, there are too few manifestations in terms of its provision. Therefore, considering the Catholic principles of social coexistence may contribute to an increase in the effectiveness of social support, both from the perspective of the giver and recipient of various forms of assistance.

First, social support will be more effective when it is subordinated to the principle of merciful love, including its various forms such as providing information, raising someone's spirit, enhancing self-esteem, instructing and / or donating financial resources, which will serve another person. It is thanks to merciful love that social support will be selected in terms of kindness, brotherhood, service and caretaking.

Second, the effectiveness of aid relations will be greater when supporting activities are subordinated to the principle of subsidiarity. Taking into account this rule means that helpers should respect the freedom of action of those whom they help. At the same time, they will provide help to people who really need it. In this context, the attitude of availability is of great importance, because it is expressed primarily in readiness to serve other people.

Third, the increase in the effectiveness of the provided and received support should also result from maintaining a balance between building a civilization of love (strengthening one's readiness to provide help and make sacrifices for the benefit of others) and respect for other people's autonomy (including their independence, initiative and responsibility).

REFERENCES

- Babicki, M., & Mastalerz-Migas, A. (2020). Występowanie zaburzeń lękowych wśród Polaków w dobie pandemii COVID-19 [The occurrence of anxiety disorders among Poles during the COVID-19 pandemic]. *Psychiatria Polska* 188: 1–13. doi: 10.12740/PP/OnlineFirst/126230.
- Bartoszek, A. (2000). *Człowiek w obliczu cierpienia i umierania. Moralne aspekty opieki paliatywnej*. Księgarnia św. Jacka.
- Błądowski, P., Szatur-Jaworska, B., Szweda-Lewandowska, Z. & Zrałek M. (2016). Model wsparcia społecznego osób starszych w środowisku zamieszkania. Wsparcie społeczne i jego uwarunkowania. in: B. Szatur-Jaworska and P. Błądowski (ed). *System wsparcia osób starszych w środowisku zamieszkania – przegląd sytuacji, propozycja modelu. Raport Rzecznika Praw Obywatelskich*. Biuro Rzecznika Praw Obywatelskich, 13–46.
- Borutka, T., Mazur, J. & Zwoliński A. (2004). *Katolicka nauka społeczna*. Wydawnictwo Paulinianum.
- Cullen, W., Gulati, G. & Brendan, K. (2020). Mental Health in the COVID-19 Pandemic. *QJM: An International Journal of Medicine* 113(5), 311–312. doi: 10.1093/qjmed/hcaa110.
- Chwaszcz, J., Palacz-Chrisidis, P., Wiechetek, M., Bartczuk, R., Niewiadomska, I., Wośko, P. & Sławska, P. (2020). Quality of Life and its Factors in the COVID19 Pandemic Situation Results of Stage 1 Studies During the Pandemic Growth Period. doi.10.31234 /osf.io /ryv8g.
- Czuma, Ł. (1993). *Katolicka nauka społeczna*. Wydawnictwo Stronnictwo Chrześcijańskiej Demokracji.
- Gambin, M., Sękowski, M., Woźniak-Prus, M., Cudo, A., Hansen, K., Gorgol, J., Huflejt-Łukasik, M., Kmita, G., Kubicka, K., Łyś, A., Maison, D., Oleksy, T. & Wnuk, A. (2020). *Uwarunkowania objawów depresji i lęku uogólnionego u dorosłych Polaków w trakcie epidemii Covid-19 – raport z pierwszej fali badania podłużnego*. <http://psych.uw.edu.pl/2020/05/27/raport>.
- Glac, W. & Zdebska, E. (2020). Sytuacja pracowników domów pomocy społecznej w okresie epidemii koronawirusa SARS-CoV-2 (COVID-19) w Polsce. *Praca Socjalna* 2(35): 129–142. doi: 10.5604/01.3001.0014.1493.
- Heitzman, J. (2020). Wpływ pandemii COVID-19 na zdrowie psychiczne [Impact of COVID-19 pandemic on mental health]. *Psychiatria Polska* 54 (2), 187–198. doi: 10.12740/PP/120373.
- Hoffner, J. (1999). *Chrześcijańska nauka społeczna*. Wydawnictwo Akademii Teologii Katolickiej.
- Jan Paweł II. (1986). *Orędzie na XX Światowy Dzień Pokoju. Rozwój i solidarność: dwie drogi wiodące do pokoju* (8.12.1986). OR 7 (11-12), 4–5.

- Kacperczyk, A. (2006). *Wsparcie społeczne w instytucjach opieki paliatywnej i hospicyjnej*. Wydawnictwo Uniwersytetu Łódzkiego.
- Kalinowski, M. (2007). *Wspólnoty nadziei. Realizacja zasad współżycia społecznego w ruchu hospicyjnym*. Wydawnictwo Katolickiego Uniwersytetu Lubelskiego.
- Kalinowski, M. (2018a). Jak wspierać działalność placówek hospicyjnych w Polsce. Ku zasadzie pomocniczości. *Zeszyty Naukowe Caritas* 6, 59–69.
- Kalinowski, M. (2018b). *Supporting the Family Faced with Illness or Death*. in: J. Goleń, R. Kamiński & G. Pyżlak. (ed.), *Catholic Family Ministry. The Scientific Reflection and the Practical Ministry of the Church*. Wydawnictwo Katolickiego Uniwersytetu Lubelskiego.
- Kalinowski, M. & Szot, L. (2020). H5 Model Concerning Refugee Family Trauma and Recovery and its Application in Social Work Practice – Towards Improved Refugee Family Assistance. Theoretical and Practical Considerations. *Roczniki Teologiczne* 67(1), 35–51. doi: 10.18290/rt20671-4
- Khan, K., Mamun, M., Griffiths, M. & Ullah, I. (2020). The Mental Health Impact of the COVID-19 Pandemic Across Different Cohorts. *International Journal of Mental Health and Addiction* 9, 1–7.
- Kosowski, P. & Mróz, J. (2020). Ocena komunikacji a poczucie samotności i satysfakcji z życia w czasie pandemii [Assessment of Communication and the Sense of Loneliness and Life Satisfaction During the Pandemic]. *Kwartalnik Naukowy Fides et Ratio* 2 (42): 214–226. doi: 10.34766/fetr.v42i2.284
- Krasiejko, I. (2020). Wsparcie rodzin z dziećmi w okresie pandemii – zadania i organizacja pracy asystentów rodziny. *Praca Socjalna* 2 (35): 117–128. doi: 0.5604/01.3001.0014.1492
- Krawczyk-Wasilewska, V. (2020). Etnografie czasu zarazy. *Lud* 104: 155–184. doi: 10.12775/lud104.2020.07.
- Lai, J., Ma, S., Wang, Y. Cai, Z., Hu, J., Wei, N. et al. (2020). Factors Associated with Mental Health Outcomes Among Healthcare Workers Exposed to the Coronavirus Disease 2019. *JAMA Network Open* 3(3): e203976. doi:10.1001/jamanetworkopen.2020.3976.
- Liang, L., Ren, H., Ruilin Yueyang C., Qin, Z., Li, C. & Mei, S. (2020). The Effect of COVID-19 on Youth Mental Health. *Psychiatric Quarterly* 91, 841–852. doi: 10.1007/s11126-020-09744-3.
- Mańkowska, B. (2020). Pomoc społeczna w czasie pandemii COVID-19 – pierwsze komentarze z frontu praktyk. *Praca Socjalna* 2 (35), 72–83. doi: 10.5604/01.3001.0014.1489
- Majka, J. (1993). *Etyka społeczna i polityczna*. Wydawnictwo Ośrodka Dokumentacji i Studiów Społecznych.
- Mowbray, H. (2020). In Beijing, Coronavirus 2019-nCoV Has Created a Siege Mentality. *British Medical Journal*, 368. doi: 10.1136/bmj.m516.

- Niewiadomska, I. (2022). *Mechanizmy generujące wielowymiarowe wsparcie rodzicielskie w warunkach stresu wywołanego przez pandemię COVID-19. Analiza zależności wynikających z poszerzonego modelu dopasowania zasobów Stevana Hobfolla*. Wydawnictwo Adam Marszałek.
- Niewiadomska, I., Jurek, K. (2022). Mechanizmy regulujące wsparcie psychologiczno-pedagogiczne w czasie pandemii COVID-19. Analiza zależności wynikających z zasad teorii zachowania zasobów Stevana Hobfolla. Toruń: Wydawnictwo Adam Marszałek.
- Niewiadomska, I., Jurek, K., Chwaszcz, J., Korzyńska-Piętas, M., Peciakowski, T. (2022). PTSD as a Moderator of the Relationship Between the Distribution of Personal Resources and Spiritual Change Among Participants of Hostilities in Ukraine. *Journal of Religions of Health*. <https://doi.org/10.1007/s10943-022-01547-z>
- Nagórny, J. (1998). *Posłannictwo chrześcijan w świecie*. Redakcja Wydawnictw Katolickiego
- Nakielski, T. (2012). Zasady życia społecznego według katolickiej nauki społecznej. *Forum Politolologiczne* 14, 257-273.
- Olender-Jermacz, B. (2020). Doświadczanie przez rodzinę wsparcia społecznego podczas izolacji domowej spowodowanej chorobą COVID-19 [Family Experience of Social Support During Home Isolation Due to the COVID-19 Disease]. *Kwartalnik Naukowy Fides et Ratio* 2(42): 206-213. doi: 10.34766/fetr.v42i2.307.
- Ozga, D., Krupa, S., Mędrzycka-Dąbrowska, W., Knap, M. & Witt, P. (2020). List do Redakcji. Wsparcie psychologiczne zapewniane przez krajowe stowarzyszenia pielęgniarskie w wypadku pandemii. Doświadczenia polskich pielęgniarek na OIT [Letter to the Editor. Psychological Support Provided by National Nursing Associations in the Pandemic. Polish ICU Nursing Experiences]. *Psychiatria Polska* 54(6): 1269-1272. doi: 10.12740/PP/127936.
- Piowarski, W. (1992). Kwestia społeczna w nauczaniu Jana Pawła II. in I. Dec (ed.), *Osoba, Kościół, społeczeństwo*. Wydawnictwo Papieskiego Fakultetu Teologicznego, 333-342.
- Piowarski, W. (1993). *ABC Katolickiej Nauki Społecznej*. Pelplińskie Wydawnictwo Diecezjalne.
- Rajkumar, R. (2020). COVID-19 and Mental Health: A Review of the Existing Literature. *Asian Journal of Psychiatry* 52. doi: 10.1016/j.ajp.2020.102066
- Sarzała, D. (2016). Rodzina osoby przebywającej w izolacji więziennej jako środowisko wsparcia społecznego. *Kwartalnik Naukowy Fides et Ratio* 4 (28), 278-293. <https://www.stowarzyszeniefidesetratio.pl/Presentations0/2016-18Sarzała.pdf>.
- Skorowski, H. (2000). *Naród i państwo w nauczaniu społecznym Kościoła*. Wydawnictwo Societas.
- Sokół-Szawłowska, M. (2021). Wpływ kwarantanny na zdrowie psychiczne podczas pandemii COVID-19 [The Mental Health Impact of the Quarantine During the COVID-19 Pandemic]. *Psychiatria* 18 (1), 57-62. doi: 10.5603/PSYCH.a2020.0046

- Strzeszewski, Cz. (2003). Miłość jako zasada życia społeczno-politycznego. in: W. Słomka (ed.), *Miłość w postawie ludzkiej. Homo meditans 13*. Wydawnictwo Towarzystwa Naukowego Katolickiego Uniwersytetu Lubelskiego, 279–289.
- Szarota, Z. (2020). Indywidualne strategie adaptacyjne osób starszych w czasach pandemii COVID-19 [Individual Resistance Strategies of Older People During the COVID-19 Pandemic]. *Exlibris Social Gerontology Journal* 19 (2), 13–31. doi: 10.24917/27199045.192.1
- Szatur-Jaworska, B. & Błędowski, P. (2016). Wprowadzenie. in: B. Szatur-Jaworska and P. Błędowski (ed.), *System wsparcia osób starszych w środowisku zamieszkania – przegląd sytuacji, propozycja modelu. Raport Rzecznika Praw Obywatelskich*. Wydawnictwo Biura Rzecznika Praw Obywatelskich, 7–11.
- Talevi, D., Socci, V., Carai, M., Carnaghi, G., Faleri, S., Trebbi, E., et al. (2020). Mental Health Outcomes of the CoViD-19 Pandemic. *Rivista di Psichiatria* 55 (3), 137–144. doi: 10.1708/3382.33569.
- Torales, J., O’Higgins, M., Castaldelli-Maia, J. & Ventriglio, A. (2020). The Outbreak of the COVID-19 Coronavirus and its Impact on Global Mental Health. *International Journal of Social Psychiatry* 66(4), 317–320. doi: 10.1177/0020764020915212.
- Vindegard, N., & Benros, M. (2020). The COVID-19 Pandemic and Mental Health Consequences: A Systematic Review of the Current Evidence. *Brain, Behavior, and Immunity* 89, 531–542. doi: 10.1016/j.bbi.2020.05.048.
- World Health Organization. 2020a. Zdrowie psychiczne i funkcjonowanie psychospołeczne podczas pandemii COVID-19. World Health Organization Regional Office for Europe.
- World Health Organization. 2020b. *Wsparcie w samodzielnej rehabilitacji po przebyciu choroby związanej z COVID-19*. World Health Organization Regional Office for Europe.
- Zwoliński, A. (2000). *Zbiorowy obowiązek. Zarys katolickiej nauki społecznej*. Wydawnictwo KSM.