



COVID-19 PSYCHOLOGICAL EFFECTS ON TWO DISTINCT VULNERABLE GROUPS: A QUALITATIVE RESEARCH ON PARENTS WITH SMALL CHILDREN AND CHRONICALLY ILL PEOPLE IN BULGARIA

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Abstract: *This article outlines the major psychological effects and responses that the COVID-19 pandemic evoked in two important, vulnerable groups within the Bulgarian society: parents with young children up to 12 years of age and people struggling with chronic illness(es). The experiences of 30 study participants, were captured via interviews, conducted between March 2020 - January 2022. They uncover the psychological implications COVID-19 had on subjects and confirmed consistency with studies conducted in other countries around the globe. The main negative effects for the group of parents included 1/ stress, 2/ anxiety, and 3/ mood swings. The positive, on the other hand, involved 1/ improved and/or strengthened relationships, and 2/ mobilization of psychological resources. Similarly, the negative psychological effects for those, suffering from a chronic illness, were: 1/ increased levels of stress, 2/ heightened anxiety, and 3/ an acute sense of vulnerability, among others. The positive entailed 1/ elevated focus on personal sense of meaning and 2/ feelings of closeness with family members. The findings from an exploratory, qualitative study, using semi-structured, calendar interviews are shared, together with recommendations on future crisis management.*

Keywords: COVID-19; psychological effects; vulnerable groups; crisis management.

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INTRODUCTION

In the field of psychology, the term „psychological effect“ refers to the broad array of impacts that a particular situation, event, or experience has on people’s thoughts, emotions, behaviors, and overall mental health (Özsungur, 2022). Such effects can be deemed as positive or negative and could vary in intensity as well as duration, depending on the individual and the specific circumstances. The terms “psychological effect”, “psychological impact” and “psychological consequences” are often used interchangeably in the literature (DHS Risk Lexicon, 2010; Gellman & Turner, 2013; Kaya, 2022).

On the negative side of the spectrum of psychological effects, we often see examples such as mood shifts, feelings of stress and/or anxiety, changes in cognitive functions (such as memory or attention), changes in behavior (such as avoidance, substance abuse, or others), and the same can also manifest through physical symptoms (e.g. headaches or fatigue) (Taylor, 2021). On the positive, we observe increased motivation, a good level of adaptability to various circumstances, good levels of cognitive functioning, emotional control, and others (Hossain et al, 2020; Taylor, 2021).

A wide range of factors can be linked to having psychological effects on us. Traumatic experiences, stressful situations, lack of or the existence of social support, environmental factors, and even genetics, all play a role in the way our thoughts and emotions are influenced (Hossain et al., 2020).

This article focuses specifically on the COVID-19 pandemic as a significant factor-event, having psychological effects on many. In particular, we turn our attention towards two groups within Bulgarian society, which are important and particularly vulnerable in a health crisis. Those are 1/ parents with little children under 12 y.o.a.; 2/chronically ill citizens.

What made us focus on those vulnerable groups?

Due to the unprecedented crisis management measures associated with COVID-19, including various mobility restrictions, the implementation of remote learning, and temporary suspension of certain medical consultations, families with infants and young children encounter specific challenges related to caregiving and adaptation in this new situation. The forced integration of professional and parental roles, arising from the necessity to work in a hybrid work mode, was an additional stressor for parents. Even before the emergence of

the COVID-19 health crisis, publications indicated that during a viral epidemic, the presence of children in households increases the risk of experiencing distress (Taylor et al., 2008). In line with these conclusions, Stark and colleagues’ (2020) review of the topic noted that pandemic-specific stressors diminish the impact of existing protective factors. In addition to the stress of safeguarding the family’s physical health, the stay-at-home measures and public health recommendations for distancing have reduced access to a range of support systems for parents and children. Increased demands on the former resulted in heightened levels of stress (Stark et al., 2020). Those findings, coupled with the systematic analysis of Prime, Wade, and Browne (2020), that summarizes a wide range of risks that threaten family systems, have distinguished this particular key group of our society as vulnerable and important to address.

The second group, observed in this article, is of those, suffering from chronic illness(es). On one side, the presence of certain health conditions can contribute to a more severe progression of the COVID-19 infection itself (Budu et al., 2021; World Health Organization, 2020) which is a distinctive vulnerability aspect in this segment of our society. On the other, the information flow around COVID-19 itself has been identified as having the power to cause much more negative psychological effects among individuals in this vulnerable group (Budu et al., 2020) than any other. Simultaneously, the lockdown measures and social distancing imposed to limit the spread of COVID-19, have significantly impacted and altered the daily lives of all with psychological implications specifically prominent for the chronically ill. The shifts in physical active-ness, change in dietary patterns, as well as access to specific products, services, medications and even hospitals (Chan et al., 2021; Nacheva, Panchelieva, Bakalova, 2023), has impacted both the physical and the psychological condition of those, who need to adhere to specific routines in order to maintain and manage their health effectively or even ensure their survival. This is why, the chronically ill require special attention and have been included as an important group in our society.

The articles present the findings from interviews with representatives of both groups, providing an overview of the main psychological effects COVID-19 had on them - comparing and drawing upon their experiences. We conclude by offering pointers to policymakers and crisis management organizations that can support and help better in the future.

PSYCHOLOGICAL EFFECTS OF COVID-19

In the context of COVID-19, it is worth noting that prolonged exposure to stress can have negative effects on the psyche, such as depression, and anxiety (Hammen, 2005) and vulnerable groups are especially prone to experiencing those effects (Kubo et.al., 2021). It can also harm cognitive processes, making it more difficult to regulate emotions and adaptively react to stressogenic factors, such as the pandemic itself. This can lead to heightened negative emotion and an increased risk of psychological disorders (Shields et.al., 2019) as well as to a decline in physical well-being. Shields and Moon completed a literary review of more than 300 studies on the stress effects over cognitive function and concluded that chronic stress (accumulated stress over time or long periods of stress) could damage memory and executive functions of the brain. Also, they found out that stress leads to maladaptive coping strategies such as avoidance (Shields et.al., 2019).

What's more, looking at the psychological effects of previous health crises, like the epidemics of MERS, Ebola, and SARS, we observe quite consistent experiences of stress. People have reported lower levels of concentration, anxiety, sleep disorders, depression, and an overall decline in the quality of their lives (Kubo et.al., 2021, Charles et. al. 2021, Lee et al. 2018). Furthermore, quarantined individuals reported increased post-traumatic stress symptoms and anger (Charles et. al. 2021).

The Pandemic's negative effects on mental health include anxiety, depression, and stress to name a few (Wang et.al., 2020; Rajkumar et.al. 2020). Fear of infection, social isolation, financial concerns, and uncertainty about the future are all factors that may contribute to stress at the time of a health crisis (Wang et.al., 2020; Nacheva, Panchelieva and Bakalova, 2023). Apart from the direct threat imposed by the virus, a study found that secondary factors like unpredictability, uncertainty, misinformation, and social isolation add up to stress formation by creating a fear response (see Kubo et.al., 2021).

On January 30, 2020, WHO declared COVID-19 a "public health emergency of international concern". In early March of the same year, it was declared a "global pandemic disease" (WHO, 2020). Even though our collective focus was heavily on the health aspect of managing the crisis, COVID-19 carried implications not only for our physical well-being. It also created a ripple effect and shocked the global economy, and the financial sectors across countries, and even sparked worldwide political disruptions (Takes, I., 2020; Kanu, I., 2020).

In other words, the pandemic caused stress to a variety of life areas and across different social groups. Due to this, the psychological effects that this event had on people can safely be described as multi-layered and complex in character (Haleem, Javaid & Vaishya, 2020). The pandemic's broad impact means that the individual experiences it created varied vastly, depending on the angle through which people were impacted. By reviewing the existing scientific literature, published since January 2020, a few main areas, impacted by COVID-19, can be outlined as pillars, determining the psychological state of individuals. Authors such as Haleem, Javaid & Vaishya, (2020) adopt categorisations such as 1) Healthcare, 2) Economics, and 3) Social Life. This article further elaborates and adds important, separate areas and experiences while keeping the structure easily digestible. We've identified five main life areas, impacted by COVID-19, that affect people's psychological states. Those are:

1. Health & wellbeing

Referring to the perception of the general threat posed by COVID-19 on collective health and the fear of becoming ill. This factor captures subjective and objective assessments of one's health condition during the pandemic as well as the attitude toward vaccines and anti-spread measures.

(BMJ 2022; 377; Iadecola, Anrather, & Kamel, 2020; etc.)

2. Economic and financial state

Referring to the actual as well as perceived financial stability and occupational security (including aspects such as business continuity, job security, career development, salary state, promotion opportunities, etc.)

(Donthu & Gustafsson, 2020; Gursoy & Chi, 2020, Ceylan, Ozkan & Mulazimogullari, 2020, Jackson, 2021, etc.)

3. Social interactions

Referring to the health (perceived and actual) of social connections and interactions in one's life as well as the (perceived and actual) dependability on others.

(Douglas, M. et al., 2020; Pietromonaco & Overall, 2022, etc.)

4. Technological disruption

Referring to the introduction of new ways of connecting, working, and/ or accessing things (e.g. remote working, online learning, phone access to doctors, etc.) and the need to change, upskill, and adapt to the introduced requirements. (Shenoy, Mahendra, & Vijay, 2020; Al-Marouf, et al., 2020; Hodder, 2020, etc.)

5. Governance & crisis management

Refers to the perceptions around the crisis management process, information flows, and uncertainty management. It captures the general levels of trust towards government(s), official figures, and institutions. (Caggiano, Castelnuovo & Kima, 2020; Douglas, M. et al., 2020).

Vulnerable groups: Overview

Within the context of a health crisis and the implications it carries, it is of utmost importance to turn our attention to those people within societies belonging to a “vulnerable group”. The dictionary definition of the term “vulnerable” is as simple as “someone who is weak or easily hurt physically or emotionally” – Oxford Dictionary. From a purely psychological standpoint, “vulnerable” refers to the susceptibility to emotional or physical harm or to being at risk (Stellar, Anderson & Gatchpazian, 2020). For the purposes of this research, we adopt the same view that a vulnerable group would include individuals that are at a higher risk of harm both psychologically and physically.

“High-risk” or “vulnerable groups” were put at the forefront of government agendas across countries and continents. At the peak of the pandemic questions such as “How do we protect our ‘high-risk’ patient populations?” was the focus for medical staff (Vishnevetsky & Levy, 2020). Doctors and nurses were working on what was labelled by institutions and media as “the front line of COVID-19” (Neuenhoff, M, 2020) and as another “at risk” group. In addition to those, there were many others identified, including but not limited to teachers, minorities, children, parents, the elderly, refugees, those who are socioeconomically disadvantaged, disabled, underinsured, from rural communities, incarcerated, facing domestic violence, and living with specific conditions (e.g., severe mental illness) (Kuy et al., 2020).

Twenty-six (26%) percent of households in the country have a child, living in it, according to Sofia Global and Eurostat (2019) and an increasing number of people are being diagnosed with chronic illnesses (European Commission, State of Health in the EU, 2021). These trends and statistics highlight the need to understand well the needs and experiences of such vulnerable groups in a crisis environment in order to be able to effectively support the normal continuation of their lives and contribution to society. It is important to note here that the use of terminology such as “vulnerable group” has to be used with caution from a psychological perspective and when attempting to truly ensure the well-being of a

particular group. Vishnevetsky & Levy (2020) point out the fact that many people have not considered themselves as vulnerable and such messaging should be targeted and specific to avoid any additional and unnecessary stress.

PSYCHOLOGICAL RESPONSES TO COVID-19

The way people responded to the COVID-19 pandemic varies significantly based on the type of reaction and the outcome it leads to. Research reports the formation of both negative and positive ways of adapting to the situation. For example, a study completed in Denmark sought to investigate the prevalence of mental health symptoms during the COVID-19 pandemic and their association with specific reactions to the pandemic itself. The results show that those who reacted by rumination, worrying, and catastrophizing the events experienced higher levels of anxiety and depression. Rumination involves excessive, continuous, and counterproductive thinking about negative events, while catastrophizing includes imagining the worst possible outcomes, often hyperbolized (Vindegaard and Benros, 2020).

On the other hand, people who focused on looking for solutions, positively reframing the situation, using humour, actively seeking social support, and acceptance, experienced less anxiety, lower levels of stress, and fewer occurrences of depressive feelings (Wang et al. 2020). Similar findings were shared by other researches across countries (e.g. Ogueji et.al., 2022).

A quantitative study of 50 respondents in the UK, one of the countries that experienced coronavirus the hardest, revealed more than a few positive coping strategies such as socializing with loved ones, exercising at home, focusing on work or learning, engaging in a healthier diet, and also practising spiritual activities like meditation self-care and self-appreciation (Ogueji et.al., 2022). The same study reports seeking social support as the most frequently used coping strategy. This includes activities like reaching out to a close circle of individuals for emotional support, using social media to stay connected with others, and joining online support groups. This underlines the importance of online social channels for building resilience in times of crisis. Looking at offline activities, engaging in sports was also used as a positive coping strategy in the UK during COVID-19. Respondents reported going out for walks, running, and doing exercise at home.

The latter study presented in this article contributes to the understanding of psychological effects by

identifying specific stressors and reactions that are typical for vulnerable groups in Bulgaria.

METHODOLOGY

The broad impact that COVID-19 had on a variety of life areas discussed above propelled qualitative research that can uncover in depth the experiences of the chosen vulnerable groups. Semi-structured calendar interviews were conducted with subjects across the two segments. The calendar grid design is based on the Life History Calendar method, developed to improve the quality of retrospective data collection by creating visual anchors that help the respondents remember the correct timing and sequencing of events (see Kang et.al. 2017). The calendar grid used in this research includes a time-based matrix that allows events or transitions from multiple domains to be included by cross-domain associations with notable life events (COVID-19 waves and lockdowns) that help respondents' recall performance (ibid).

The participants were asked to navigate across the matrix in discussing various facets of their personal and professional lives. They shared thoughts feelings and beliefs about the state of their family dynamics, personal development, health, hobbies, and more, during the pandemic. In total, there were ten (10) main topic areas discussed in each interview conversation. That allowed us to capture a well-rounded spectrum of psychological effects - both negative and positive ones. Table 1 in Appendix 1 served as a backbone for our interviews and subsequent content analysis.

The calendar interviews explored the experiences, thoughts, feelings, and behaviours of thirty (30) participants. The research matrix captured a period between March 2020 and January 2022 segmented into 10 time periods - The Beginning of 2020 (January - February 2020); I Wave of Morbidity - State of Emergency 2020 (March 13 – May 13, 2020); Summer of 2020 (June - October 2020); II Wave of morbidity 2020 (November - December 2020); The beginning of 2021 (January - February 2021); III Wave of Morbidity (March – April 2021); Summer 2021 (May - August 2021); IV Wave of Morbidity (September 2021 - December 2021); Near future; Distant future.

Two even groups of fifteen people (15) confidentially walked us through major life areas such as the family environment, their occupation, social interactions, perceptions of COVID-19, and the measures against its distribution. Participants were encouraged to share anything outside the research protocol that they considered relevant and person-

ally significant in relation to the pandemic and its effects.

The methodology allowed an in-depth sharing from the respondents which helped us identify additional themes, sub-themes or notable experiences. In other words, the structured calendar approach, traditionally viewed as “top-down” based on predefined themes, incorporates a bottom-up, exploratory potential that allowed us to capture nuances in the two groups.

RESEARCH FINDINGS

Group 1: Parents with young children (age 12 or below):

Overview

The sudden and for some nations - unexpected lockdown left parents living with their children unprepared for effective adaptation to the new circumstances. Abrupt lack of access to alternative caregivers placed a significant responsibility on the parents' shoulders at all times and spilt into other areas of their lives. Remote education increased the engagement required from parents in the day-to-day schooling process. Parents' role was critical in developing and promoting new learning experiences for their children (Wang et al., 2020). The lockdown measures resulted in families needing to look after not only the studying of their offspring but also after taking care of the house, of their spouse, of preparing food, while working full-time, and last but not least of taking care of themselves. The circumstances significantly increased the risk of experiencing stress and negative emotions in parents, with a potential cascading effect on children's well-being (see Spinelli et.al., 2020).

An Italian survey of 854 parents, of which 797 were mothers with children between 2- to 14-years-old, examines the associations between the environment, the family, and COVID-19-related factors on parents' stress and children's psychological problems. The research demonstrated that the stress experienced by the parents is subjective, generated by their evaluation of how difficult it is for them to take care of their children during the lockdown (Spinelli et.al., 2020). The characteristics of the home (size, rooms, etc.) didn't correlate with parents' and children's psychological symptoms. Parents who found taking care of usual family tasks (like studying with their children or finding personal space) more difficult during the lockdown reported being more stressed (Spinelli et.al., 2020). The authors also showed that parents' stress has a mediating role in the emotional problems of their children.

Another study in the US (N = 645 respondents) collected daily survey responses (N = 8222 person-days) from hourly service workers with young children (aged 2–7). A subsample completed a one-time survey about the effects of the crisis fielded in the spring of 2020 (N = 561). They showed that parents' and children's well-being in the post-crisis period was strongly associated with the economic and health difficulties that the parents went through during the pandemic (Gassman-Pines et al., 2020). The same study reveals negative effects in terms of parents' working routines. Work disruptions increased by 35%, job losses were reported in 60% of the families which was accompanied by income declines, and 45% of families experienced increased caregiving burden (Gassman-Pines et al., 2020). The family difficulties during the early stage of the pandemic caused negative effects on both parents and children with those hardships being associated with bad parental mood (Gassman-Pines et al., 2020).

The cascading economical effects of the coronavirus were proven to be a major stressor for parents in another US study. Almost a third of parents with children under 18 y.o.a. declared their mental health worsened since March 2020 and 14% of the sample claimed that their children's behaviour worsened as well (Patrick et al., 2020). The parallel effect of the deterioration of parents' mental health and children's behaviour was present in 10% of the cases which refers to the mediation effect of parents' stress on a child's well-being (Spinelli et al., 2020, Patrick et al., 2020).

In a qualitative study conducted in Bulgaria during the first weeks of the state of emergency among 200 mothers of children in the age group 0-4 years Paunova-Markova (2020) found a wide range of perceived threats related to the new virus, most of which relate to the consequences of the restrictive measures (the impossibility of children going out, the isolation of children, combining work from home and childcare). These findings in the early stage of the pandemic coincide with the consequences recorded in the present study. An interesting nuance is that, according to Paunova - Markova, the perceived threat of the disease is greater than the perceived threats related to the measures and their consequences, but all reported difficulties stem from the measures to contain the pandemic (Paunova-Markova, 2020). This is understandable given the newness of the situation and the scant information about the virus at the time. The typical caretaker in Bulgaria is considered to be the mother. That's why it's not surprising that the aforementioned research

focuses specifically on women, and that women in Bulgaria experienced more stress than men, during the early stages of the pandemic (Hristova, A., Karastoyanov G., 2021).

Findings

The group of parents with children under 12 y.o.a. consists of 15 respondents (11 women and 4 men) and includes an array of cases - pregnant women, women going through in-vitro procedures, parents with 1-4 children, parents with twins, families living in an apartment in the capital and families living in a suburban house.

A thematic analysis of the transcribed interviews revealed the clustering of both positive and negative psychological effects during the pandemic. The themes that stood out with a larger conjunction of subtopics were "Occupation", "Family/ Home environment", "Health (perceptions on physical & psychological condition)" and "Health (perception of measures against COVID-19)".

The topics that provoked the least answers from this group's respondents were "Residency", "Education/ Qualifications", and "Personal Development" showing little to no change prior to and post-COVID-19.

Theme One: Residency

The group of parents with children reported one positive and one negative result of the lockdown respectively moving from an urban to a rural area and postponing moving/buying a new apartment because of the COVID-19 economic and workforce complications. A respondent experienced positive effects of calmness:

Woman, 35 y.o., summer of 2021

"It was very pleasant and cozy actually because it is a completely different type of living."

Theme Two: Occupation

"Occupation" was one of the most response-provoking topics. It gathered an equal number of positive and negative impacts from the respondents. More flexibility at work, more free time and a better combination of a home office and pregnancy/parenthood were the most frequently repeated positive consequences. Less stress, better focus, and creating personal boundaries were among the positive effects reported by the parents. We propose a sample of illustrative responses endorsing these effects:

Woman, 42, 4th COVID-19 Wave

"...it has made it so easy for me that I can work within my own limits if I want early in the morning,

late in the evening so that I can combine work with personal life."

An example for increased free time and lessened stress:

Woman, 41, 4th COVID-19 Wave

"...we didn't have the stress of the logistics, the stress of the traffic, not traveling 1 hour..."

Two respondents shared they achieved a better work-life balance:

Woman, 42, 4th COVID-19 Wave

"...then I finished maternity with the third child and I actually went back to a home office which for me was a huge advantage because I very smoothly merged motherhood with work..."

Woman, 33, *The Beginning of 2021*

"...I can both do my work and balance with the children..."

On the negative spectrum, the conjunction of answers falls under combining home office and parenthood, difficult onboarding of new employees, merging personal and work boundaries and difficult communication with co-workers. Example responses support the abovementioned statement.

A respondent referring to their experience trying to work from home during the lockdown:

Woman, 36, 4th COVID-19 Wave

"I tried, but it's impossible for me. I hear them, I have no chance to work from home."

An example of a respondent merging their personal and professional boundaries during the lockdown:

Woman, 33, 3rd COVID-19 Wave

"...you can forget yourself and sit at the computer in the morning at 8 o'clock and leave and finish only after 8 p.m."

An example of difficulties in communication with co-workers:

Woman, 36, 4th COVID-19 Wave

"It was very strange to me how they talk through Zoom, it sucks, but it is really strange. It is disgusting. I present various things and there is grave silence on the other side."

It's worth noticing that combination of work and parenting and adhering to personal boundaries was pointed out both as having positive and negative consequences.

Theme Three: Family/ Home Environment

The positive outcomes in this section are more than a few. The most frequently mentioned were bringing the family together, more family time, and improved family relations. The positive psychological effects were again less stress and calmness. A sample of interviewees' answers advocates for that:

Woman, 41, 4th COVID-19 Wave

"I didn't think I was that type of family person, but it was actually very cozy and comfortable for me to be together all the time...we consolidated and even had a baby in the meantime"

Woman, 42, 4th COVID-19 Wave

"...we devoted ourselves more to individual pursuits. Because I didn't have any big commitments - we played board games, and watched videos."

On the contrary, the negative results were mainly related to the difficult learning process of children and coexisting with others in a common space. The first mentioned subtopic sparked a detailed list of complaints stemming from the learning activities and organization of the remote learning process on the one hand and isolation and difficult digital adaptation of the child on the other. For example:

Woman, 42, 4th COVID-19 Wave

"They didn't have it (online lessons) for almost a month and the teachers couldn't create any profiles, the children sat and stared at a dot..."

An example of reactions related to the frustration of the new online learning process:

Woman, 36, 4th COVID-19 Wave

"We fought more because instead of experiencing conflicts with his classmates, he took them home. ... I was not angry with the child himself because he does not understand, but with the insane demands. Everyone with their crazy homework and work, somehow I didn't feel any attempt on the part of the teachers to be understanding towards the situation."

Negative effects in this area were more diverse, including the inability of the children to go out, lack of adaptation of new pupils, inability to visit a sick relative, and missing precious family moments. The negative psychological effects observed in those events were higher perceived stress for the mother, traumatic symptoms of the children who started 1st grade remotely, and suicidal threats from a teenager. Fractions of respondents' thoughts reveal that:

Woman, 41, 4th COVID-19 Wave

"The eldest daughter, the 12-year-old, we consulted with psychologists and I even took her to a

psychiatrist this spring because as the pregnancy progressed, her jealousy increased. She made demonstrative attempts to kill herself.”

A respondent shares the experience of her little son:

Woman, 35, The Summer of 2021

“...and it was very traumatic for him to have to cut contact abruptly. And he still has a hard time adapting to school, he still has a hard time understanding what this school is, he still has resistance and says: „I want to be in kindergarten“, says: „I hate this Coronavirus, he took away my friends“;”

Theme Four: Health (perceptions on physical & psychological condition)

This segment has a pronounced disproportion of positive and negative consequences. The positives, expectedly, were just a few including social support, less sick time because of the isolation, more time among nature and a perceived immunity guarantee after healing from the COVID-19 infection. For instance:

Woman, 42, 4th COVID-19 Wave

“...my closest ones who went through the virus asked me how I was absolutely every day, both morning and evening when they understood I got sick ... and somehow it helped me a lot to know that it's not just me...”

The main clusters on the negative side include contact with an infected family member, fear of infection of close ones, stress related to medicines deficit, lack of capacity of health and emergency health services, fear of loss of a family member, and fear caused by news in media. Examples say:

Woman, 33, 3rd COVID-19 Wave

“...my husband is sick with Covid at home and I just got pregnant, it was just “a great combination”, it was very worrying...”;

A respondent shares about their mood swings:

Woman, 33, 3rd COVID-19 Wave

“...every day you wake up and you don't know, today you're fine and the next day you wake up and you're in a different state... the state changes very quickly and I know not whether it was from fear or not...”

Respondents shared their feelings related to the health tribulations urging the COVID-19 outbreak:

Woman, 33, 3rd COVID-19 Wave

“So now even just speaking about it, I feel it was shock and horror what I felt then, maybe I didn't

think about it so much then, and now that I'm back and I feel myself starting to shake.”

A respondent referring to the lack of medicines, related to pregnancy in the pharmacies:

Woman, 33, 3rd COVID-19 Wave

“The feeling was of some total impasse...”

Feelings reported to the medical deficit during the pandemic outbreak:

Woman, 33, 3rd COVID-19 Wave

“...he has to start returning patients because there is nowhere for them to be accommodated and there is some kind of crisis, the staff is not enough, there are no beds for the Covid patients, and accordingly I was very worried.”

Those cases demonstrated negative effects like increased stress, worry and fear for a prolonged period of time, mood swings, sadness, and feeling of impasse.

Theme Five and Six: Health (perception of measures against COVID-19 and perception and attitude towards the vaccines)

The section regarding the measures perception again shows an established curve towards negative effects and consequences. The resentment goes towards several major subtopics - media and social hysteria, critique towards the measures accepted by the government, and conspiracy beliefs towards the pandemics. For instance:

Woman, 33, 3rd COVID-19 Wave

“...after that, I already stopped watching any news and any information related to this because I don't know, I feel like they are already planting it on us on purpose.”

An example of disagreement with the anti-covid measures:

Woman, 33, 3rd COVID-19 Wave

“We should be taking care of the elderly, and when I entered (the store) there were mostly pensioners, but because there is a school next to the supermarket, in reality, the two supposedly most risky groups had gathered in the store.”

A respondent shares their feeling related to getting used to the anti-covid measures:

Woman, 41, 4th COVID-19 Wave

“It's a lot of stress, it's already stressful, at least at first until we get into rhythm...”

In contrast, the topic of vaccine perception was well balanced with positives towards appraisal of the

creation of the anti-COVID-19 vaccines. The negative sides were related to uncertainty because of the big debate for and against vaccination and the unknown side effects.

Theme Seven: Education/ Qualifications

The lockdown was shown to bring solely positive consequences in the field of education for the group of parents with children. They reported taking this opportunity to increase their qualification and/or take advantage of the free online courses. An interviewee stated:

Man, 39, The Summer of 2021

"I just had the time, and somehow the motivation, that it's like I'm in a prep year..."

However, only one respondent shared an experience or took action in the direction of improving qualification.

Theme Eight: Sport & Hobbies

The answers in this section, again, show that the outcomes of the crisis situation were both positive and negative depending on the place of residence and motivation of the individuals. For example, people reported both preserving their exercise intensity and ceasing sports activities. Likewise, some of the parents declared more time for hobbies and terminated the sports activities of their children. Those cases are evident in the examples:

Woman, 41, 4th COVID-19 Wave

"I used to go to Zumba online"

Woman, 35, The Summer of 2021

"...on one side is the river, on the other side is the mountain, and we were constantly, almost daily going on some kind of walks, just to compensate for the lack of any sports activities."

In terms of their children's hobbies, a respondent shared:

Woman, 41, 4th COVID-19 Wave

"...now they have more time for things they like, not what we make them do."

Inconveniences related to visiting sports halls turned out to be a deal breaker for one of the respondents:

Man, 39, The Summer of 2021

"...and going to the gym dressed in a special way with gloves and „Disinfect yourself“ and „Wear a mask and such“ is even more unrealistic, so I stopped that, otherwise honestly I want to go back and squash and go to the gym and I miss that a lot."

Theme Nine: Social Life

The answers manifest reduction and obstruction of maintaining social relations during the period of the pandemic both because of the legal restrictions and because of the perceived risk of infection. The feeling of loneliness was reported by parents and mentioned as a negative consequence of their small children not being able to socialize with other children. The respondents shared:

Man, 39, 4th COVID-19 Wave

"...the moment when you can't get together with relatives and friends and you can't go to cultural events, 100% it has an impact."

Woman, 41, 4th COVID-19 Wave

"But the children lack that connection with their classmates, to interact with children on a daily basis..."

Woman, 42, 4th COVID-19 Wave

"But maybe it would at least somewhat resolve this, the emotional issue. Because it turns out to be very lonely at one point."

On the positive side, a number of respondents managed to preserve their social interactions without reporting incompleteness in their quality. For instance:

Woman, 33, 3rd COVID-19 Wave

"...we went out, only a little at first we were aware of the whole situation, then we went out and gathered with a normal number of people, we didn't have any huge gatherings, but in general we didn't deprive the children of contact with other children."

Theme Ten: Personal Development and Additional Observations

The topic of personal development gave no traction reactions to the group of parents with young children. In addition, there were mentions of getting wiser because of the pandemic crisis, mobilizing psychical powers, and appraisal of digital innovations that came in handy in that period.

Group 2: Chronically ill

Overview:

Chronically ill people are a particularly vulnerable group in our society in the context of any health crisis, including that of COVID-19. The risks and challenges can significantly affect their daily lives and could even pose a survival threat (Panchalieva et al., 2023; Saquib et al, 2020). The widely used anti-spread measures such as lockdowns and social distancing have the potential to directly affect physical

activity, diet and/or access to certain foods, and our access to various products and services (Chan et al., 2021), important for anyone's day-to-day functioning but particularly for those suffering with a life-altering condition. For the chronically ill, interruptions in life patterns and routines play a major role in the quality of their lives as well as in the management of their illness.

There is significant evidence that people with chronic diseases may be not only at a higher risk of infection and complications during the pandemic, but also at a high risk of experiencing various stress symptoms (e.g. Goyal et al., 2020). Undoubtedly, the pandemic caused increasing levels of anxiety and the experience of depressive states among diverse groups of people globally (Addis, Nega & Miretu, 2021). A study conducted in Italy found that individuals, living with a chronic disease, such as hypertension, diabetes, and heart disease, reported higher levels of distress in relation to the global health crisis than individuals without these conditions (Mazza et al., 2020). Other studies and papers such as those from Goyal and colleagues (2020), Banerjee and Rai (2020), and more, confirmed and echoed the same findings. Citizens, living with a chronic condition were more likely to experience COVID-19-related stress and anxiety, and this was associated with overall poorer mental health outcomes (Goyal et al., 2020) and are more prone to stress, anxiety, and depression, due to overall concerns about their health (Banerjee & Rai, 2020).

When we refer to the vulnerable group of chronically ill, we consider anyone who suffers from a diagnosed physical condition that requires ongoing medical attention or limits daily activity, or both (Center for Disease Control and Prevention, 2022). Typically, chronic diseases are not curable but can be treated (Luou, K., 2019).

Stepping on this definition of "chronically ill" we have gathered a sample of subjects who met the criteria of the definition. It is imperative to note and acknowledge that the term "chronically ill" encompasses an incredible variety of conditions. From Type 1 diabetes and high blood pressure to cancer diagnosis and immune diseases (e.g. Lupus), the differences in the symptoms, treatments, and experiences are drastically different. This is why, in reporting the findings further in this article, we will distinguish, where necessary between the diseases.

Fifteen subjects with chronic illness were interviewed in an online format. Their gender distribution was 4 men vs 11 women. The conversations with each participant lasted approximately an hour and were recorded for subsequent content analysis.

Identically to group 1, all information shared was anonymous and used for the purposes of this study alone.

Findings:

All participants in this study group, without a single exception, shared one main psychological effect of the pandemic and that was the heightened level of stress and anxiety. Fifteen out of fifteen spoke openly about the impact that this has had on their lives and overall well-being. The comments pointed to the influence and negative contribution of the news and media, the lack of consistent information, and the health concerns in the presence of a chronic condition. Examples of their statements include:

„Overall we followed the trends in the media. That feeling of stress and imminent danger definitively had an impact on us” - Woman, 62 (referring to the period 1-3rd waves);

“I was very anxious and uncertain. If I got infected that will be the end for me.” - Woman, 32 (referring to 2nd wave) “There have always been flu and pandemics but never before have we had so many statistics that stress you out; - Woman, 42 (3rd wave)

Panic, yes, because we didn't know much about it” Man, 27, (3referring to 1st wave);

Coping with these stressors and experiences varied between the two ends of the chronic illness spectrum. On one side, individuals, suffering from severe illnesses such as cancer or auto-immune diseases reported higher levels of proactiveness, level-headedness, and emotional control. They placed their trust in medicine, institutions, and doctors, and evaluated the situation logically, searching for varied information sources and specialised opinions. In addition, they also looked for new ways to entertain themselves and keep connected to others.

“I think that the hardships I experienced before COVID made me have a more sober view of the situation.” Woman, 44

“I wanted to get vaccinated but with my condition (cancer diagnosis) I was unable to, but overall I believe that the vaccines are good from the very beginning“; Woman, 67

“It was very good that we received specialised pamphlets that told us we are within a vulnerable group and should get vaccinated with priority” - Woman, 32, auto-immune disease

“I was very understanding and tolerant towards the people who are not in the same boat as me (don't have a terminal or severe chronic illness). They

didn't have the same needs to protect themselves as vigorously" - Woman, 67, cancer patient

"I developed many new hobbies (such as enrolling into online craft classes, etc.)" This discipline that I am used to, absolutely every day I go out for a walk in the park and if the park was closed I would walk around the neighborhood, for a minimum of an hour and a half - two. It is very important..." - Woman, 42, spine conditions

The above were the answers from people who suffer from cancer, auto-immune diseases, significantly painful spine conditions, and others.

In contrast to their attitude and emotional control, individuals who didn't suffer from a similar condition but had a treatable illness perceived the situation differently. One of the respondents purposefully sought to be admitted into a psychiatric institution for a short period of time to ameliorate their emotional and psychological state. Another reported an intentional drastic change in their social circle, ending many relationships in order to find a better balance. In other words, their actions could be interpreted as more spontaneous and emotionally (Hughes et. al, 2020) driven, seeking access to a quicker solution.

"I was admitted to the psychiatric clinic on my own accord. It was an interesting experience. I met a lot of interesting people. I needed that as I couldn't find a way out of my negative and distressing thoughts. That's where I started seeing the benefits of therapy too." - Man, 27, treatable chronic illness

"I don't regret cutting contact with a lot of people that did not contribute to my life. I started meeting with new people, not with the old ones" - Man, 46, treatable chronic illness

The stress, anxiety, and fears, provoked by the pandemic were a fact across all interviewed individuals. The above statements point out the fact that those that have been living with a severe chronic condition are exhibiting a stronger internal locus of control than those that have faced more manageable conditions. In other words, the experience of dealing with adversity in the past assisted the adaptation and stress management in the present (Macedo et al., 2014).

Findings across the 10 life areas

Residency

Across the ten (10) life areas explored during the interviews, the subjects shared significant ex-

periences across all except for the theme "residency". Some people have moved away from the big city and/or closer to family while others remained where they were prior to the pandemic. However, in all cases, we did not uncover any major psychological impact, resulting from those transitions or lack of them. In a few of the cases, travelling between cities was on a regular basis, in an effort to accommodate all the different needs that people had during the pandemic (e.g. meeting family members, travelling for work, or introducing change in their life). In other words, it was a means to an end rather than a factor perceived as significantly important by the chronically ill.

Occupation

Occupation on the other hand was a factor that played a significant role in the pandemic context. Despite the fact that most respondents (11/ 15) continued to have financial and occupational stability, the change in the way business was conducted, affected their psychological balance across the board. Respondents needed to upskill technologically to perform their usual duties. This caused discomfort and stress on a daily basis to various extents. Some noticed that elements of their main job characteristic were no longer there which shifted significantly the entire occupational experience, in turn requiring additional adaptation. For a number of respondents (3/15), the pandemic was also a period of changing employers and going through a job-hunt process. Finally, for some, it meant the loss of work opportunities or a drastic change in the volumes. For this last group the stressful experience was highlighted and at the forefront of their concerns. Overall, the focus on one's occupation was strong across the board and it was a source of additional challenges, regardless of the character of those.

"I felt stressed because of the way our entire day-to-day way of working changed. We had to completely transition into online teaching and it was extremely challenging to both learn quickly how to do things technologically and also how to keep the students engaged in the process." - Woman, 62

"Our line of work involves a lot of travelling in general. The travelling drastically reduced, because of our clients as well as our colleagues' fears of infection. We stopped getting together." - Man, 54

"It was a crisis moment for me at work. Despite the difficult market environment during the pandemic, I had to leave because if I didn't do it now, I thought I would not do it for a number of years afterwards and I'll just lose time." - Woman, 42

"I realised that the pandemic could negatively impact our work because the loss of communication and contact would inevitably show in the bottom line results at some point." - Man, 46

"We did some bits and pieces of work and they gave us some money just so we don't die from hunger."; "The firm didn't receive any financial help and it didn't have anything to pay its bills with. It closed and bankrupted." - Woman, 52

"Our employer abused the situation to their advantage solely and forced us all to take mandatory, prolonged vacations. They were not advised to do that by any institution. It was not needed or recommended." - Man, 54

Overall, the above statements uncover the emphasis that each participant placed on this aspect of their lives. Despite the challenges and negative effects, it is important to notice that within this same theme, there were also positive effects such as "less time commuting" which was perceived as an opportunity to spend more time with the family or simply made the daily experience better for some. Additionally, for some participants, remote working meant that they could spend more time with their family:

"My job involved a lot of driving and commuting before. In theory, I was leaving on time but by the time I got home, I was so tired. Now, I can spend more time with my children and I get a lot of pleasure from playing with them." - Man, 46

"Oh, great, now I won't lose time commuting." - Man, 46

Family/ Home Environment & Social Life

Continuing on the family theme, we asked participants what was the overall dynamic at home and how they felt during the pandemic in this respect. One of the main revelations, directly linked to the 'Social Life', was that for the chronically ill, social distancing combined with worrying about direct contact that carries infection risk, was a major stressor and had a significant impact on their mental state. It is reasonable to argue that the questions about relationships and contacts were the ones that caused the most emotional responses and in-depth answers. Unlike the group of parents with children, the home environment for the chronically ill was perceived as the "safe space" where they could find solace when unwell. The presence of others meant that they feel supported and secure should the need arise. The need to socially isolate, however, was a cause of internal conflict and significant anxiety. On

one hand, proactively embracing social distancing meant that they are protecting their health and ensuring controlled levels of risk of infection. On the other, it these same preventative steps meant that they could not rely on the psychological help of friends and/or family members as previously. The balancing act between the two was a challenge that many of the chronically ill struggle with. Some reported depressive states and panic attacks. Others spoke about the sadness of not being able to see their children/grandchildren/ friends. The sense of loneliness and vulnerability was heightened. In one of the cases, the pandemic even resulted in postponing family planning and pregnancy, due to complications of the pandemic.

"I was completely alone." (Woman, 80); "He just took the responsible decision to move out and live with his brother and his girlfriend because I was high-risk." (Woman, 32); "I haven't seen my daughter at all. We couldn't even celebrate the birthdays of my grandchildren." (Woman, 74);

"We were making attempts and all of a sudden they prohibited the in-vitro in March when the first lockdown happened and accordingly everything afterwards was connected to the attempts of getting pregnant and how we stop or continue..." (Woman, 39)

What's more, the health concerns about their relatives and loved ones were an additional stress factor. Instead of worrying only about their own condition, a status quo in the context of a chronically ill person, there was an added psychological pressure in regard to others.

"I was very worried about my husband too because I was exposed to students on a daily basis and that posed a significant risk for him as well." (Woman, 62); "Perhaps I feel more stressed and worried now because I am thinking about the children and grandchildren. I don't want them to catch it." (Woman, 67)

On the flip side of all those experiences, there were a few minor yet positive perceptions within the Home/Family and Social Life areas. One was that the pandemic and subsequent lockdowns had helped the family budget by reducing spending. Those that remained living with people around them also reported an improved closeness (4/15). Part of this experience was due to the creativity and novelty that they needed to introduce into their day-to-day lives.

"I didn't buy anything for myself the whole time. I only went to a shop for what was needed and went out as quick as possible. That helped the budget." (Woman, 32)

"The thing that every working family dreams of - we got." - in reference to more time spent together. (Man, 46)

"We spent more time with my girlfriend and that was positive" (Man, 27); *"I had a need to be around my family more and that made us closer to one another."* (Man, 27); *"I found a much close contact with my family."* (Man, 46)

"It (the pandemic) forced us to be innovative. We went back to the games from our childhood that we'd forgotten."; *"To switch off from the electronic devices we started playing a lot of logical games in order to do something interesting."* (Man, 46)

Health (perceptions of physical & psychological condition)

Overall, the subjective perception of physical and psychological conditions for each participant could be summarised by one word, and that would be "stressed". As mentioned earlier and in line with the findings across the group of parents with young children, the experience of anxiety, uncertainty, and fear was present and reported by all participants in this qualitative study. Due to the sample size and variations of chronic conditions, it was unwise to force extract conclusions on what stays at the root of these states. However, what we'd like to present is a thematic list of factors, shared by the subjects interviewed.

For those that suffer from severe chronic illness, the 1/ isolation from people (be it family members, friends, partners, or coworkers) was a significant cause of negative feelings. Due to the anti-spread measure, the interviewees reported depressive states and suffering from panic attacks during the lockdowns. The sense of vulnerability contributed to increased levels of fear. Physical symptoms such as insomnia, and reduced memory were part of the overall health condition.

1) Isolation/ social distancing - caused feelings of vulnerability and increased fear for one's physical well-being.

Additionally, 9 of the 15 participants spoke about the reduced physical activity that put strain on their wellbeing as well.

2) Isolation/ social distancing - resulting in reduced physical activity

"I only went to the shop and back. If it wasn't for the pandemic, I would have definitely moved

more." (Woman, 67) *"I feel extremely uncomfortable (not being able to exercise)..."* (Woman, 42); *"I can't go to the swimming pool or anything."* (Man, 46); *"I didn't move much at all. I only went to work and that was it."* (Woman, 62); *"I really missed doing sports."* (Woman, 42); *"I used to go to a dancing school but now there is the requirement to wear a mask while dancing and also having a certificate."* (Man, 26); *"I even exercised at home. I put on some videos and was jumping around, but at some point, I just didn't have it in me to continue ...I exhausted every idea out there and just stopped."* (Woman, 32); *"I gained weight and that made me feel terrible"* (Woman, 62)

3) Worsening of the chronic condition and/or COVID-19 infection

Linked to the reduced physical activity and as a continuation, half of the participants reported worsening in their chronic illness. Some of the cases reported a direct link to the actual infection from SARS2 COVID-19. Six out of the 15 participants shared the difficulty during the illness and the admission into a hospital that had a significant psychological effect too.

"(I had) higher levels of sugars in my blood stream, higher blood pressure, disrupted sleep because of the lack of physical activity as well. The doctors prescribed me medication for hypertonia." (Man, 26); *"The stress and the constant changes around us affected negatively my neck."* (Man, 51); *"I was advised (by doctors) to move and exercise more but I couldn't even go to a swimming pool."* (Man, 46); *"My lupus became very active in a certain period. It wasn't under control which made the whole COVID-19 situation even worse for me."* (Woman, 32);

"The scariest part was that I decided to keep completed, full social distancing for 10 days straight. Not a single contact and in that exact time I got infected with COVID-19" (Woman, 67);

"The doctors weren't even wearing masks" (Woman, 78);

4) Mental health deterioration - anxiety, depressions, OCD, avoidance, etc..

Finally, due to multiple and interlinked reasons such as lack of consistent information from authorities and experts, scary statistics on death tolls, fear for their own health or that of loved ones, lockdowns and more, the interviewed individuals shared their sentiment that overall mental health deteriorated during the pandemic. They extended this observa-

tion to other people as well. Regardless of whether or not the others were suffering from a chronic illness, they have experienced the same.

“The anxiety was just pilling up... I think I can say it was just a period of a few weeks or more that I was in a depression”(Woman, 32); *“People are already with a very shaken mental health and a lot of people are getting worse. Those that didn’t have mental health problems now do.”*(Woman, 67); *“It was very depressing in the office. We were constantly washing our hands, wearing masks, being extra cautious...”*(Woman, 44)

Eight (8) out of the fifteen (15) participants shared that they were reluctant to visit their doctors for regular checkups due to fear of infection.

“I am going to the doctor more and more infrequently.”(Man, 54); *“If I am to wait for my GP in a line I will have to wait for hours and this is not a good idea at the moment”*(Woman, 44); *“I have to go, yes, minimum once a year, but since the beginning of the pandemic I haven’t been (to his doctor)”*(Man, 26); *“I thought it’s just not right to go and visit a neurologist and this time”*(Woman, 39); *“I go with heightened cautiousness for my regular visits”* (Woman, 32);

Health (perception of measures against COVID-19 & perception and attitude towards the vaccines)

Closely linked to the topic of how people perceived their own physical and psychological health during the pandemic is how they perceived the measures against the spread of the infection. One of the main findings here was that there is significant divide between the two outlined subgroups with chronic illnesses.

Those that suffer from severe conditions such as cancer, auto-immune diseases or significant spine problems were all supportive of and confident in the measures proposed and enforced. They placed significant trust in medical staff, institutions (governments, hospitals, NGOs) and scientists. Comfort and security were drawn from official sources, such as the World Health Organisation and doctors. Respectively, the attitude towards the vaccines was positive. Even in the cases where the chronic illness was not allowing for the administration of a jab, the individuals were happy to go through the procedure if they could. In other words, their previous and continuous experiences enabled them to lean on their memories of positive and overall helpful interactions.

“We followed the measures strictly. There is a rule, it needs to be followed” (Man, 46); *“I was one of these people who stayed at home and went out only went out grocery shopping once a week, and believed that this is what was right.”*(Woman, 44); *“I have had a conversation with one nurse that said “we have stats on Lupus” and just this sentence from her “we have data on it” made me feel more comfortable.”* (Woman, 32)

“I am extremely pleased with the doctors, the staff, the food (in the hospital they were placed)”(Woman, 67); *“There are some good doctors out there. My GP was treating me over the phone and she was really good”* (Woman, 39)

“The vaccines are working very well.” (Woman, 42); *“If those people, whose job is precisely this - to research and analyse the situation - if they tell us that this is the best way forward, I believe in that.”* (Woman, 32); *“Even though my immune system is working just fine, I am also in support of the vaccines”* (Woman, 67); *“even before the vaccines arrive in Bulgaria, I wished to get vaccinated”* (Woman, 62); *“Because I am vaccinated I don’t experience any restraints”* (Man, 51)

Slightly different was the attitude towards the measures and the vaccines of those who suffered from chronic conditions such as high blood pressure, Hashimoto, diabetes and others. Many of them expressed significant concerns and/or lack of support for the measures as well as the vaccines.

“There was confusion and disinformation which contributed to finding it hard to understand what measures we needed to follow.” (Woman, 62); *“now looking it through the distance of time, I think the measures were too severe”* (Woman, 39); *“(the measures) they are a little bit inadequate. You can’t even rest on the beach. We needed to wear masks all the time, suffocating, perspiration...”* (Woman, 44); *“I think I was twice as worried (about COVID-19) than a healthy person and still, I was understanding that the measures weren’t right.”* (Woman, 45);

“The so called “vaccines” don’t have the qualities of a vaccine. Those are some temporarily working medications that can only perhaps reduce the severity of how one goes through the illness, but cannot prevent the infection” (Man, 54); *“Even WHO admitted that the booster doses do not work”* (Woman, 54);

“I am not fully against but I think they were too forcefully pushed down on us. I need a bit more freedom.” (Woman, 45); *“Mandatory vaccination - I completely disagree with that.”* (Man, 51);

“Given that I have health problems already, I am not sure I will risk getting vaccinated” (Woman, 74); “In general it (the vaccine) shouldn’t have any side effects in relation to my health condition, but they just use the term “vaccine” - this is not a vaccine” (Man, 65); “I have read a lot about it and there is no concrete evidence yet” (Woman, 45)

Education/ Qualifications, Sports & Hobbies

Some of the participants in this group (four out of fifteen) pursued further formal qualifications or degrees and/or completed courses and exams that they have been putting off. Others embarked on a self-study journey through online seminars and informal courses. Two out of the fifteen interviewed consider the period as “transformative” in terms of their own understanding of themselves and what truly matters in life.

“I watched a lot of things online - both in relation to my work as well as outside of that” (Man, 46); “I got time to read about something new and learn a new language” (Woman, 39); “I completed my exams that I had missed before” (Woman, 44); “I had a lot of time to reflex on my life and what I want to do with it. Despite it being uncomfortable and unpleasant, I think it was transformative.” (Woman, 32);

Similarly, and in terms of new hobbies or activities, the participants reported increased focus on old interests or learning about new activities. This attitude was again more prevalent in people who suffer from more severe chronic conditions than in those that live with treatable ones (diabetes, Hashimoto, high blood pressure, etc.). The sense of agency, as well as pure entertainment, was gained through:

“I started working with beads” (Woman, 32); “I had more time for my passion of drawing on large canvas” (Woman, 42); “We started playing games from our childhood” (Man, 46); “I started reading a lot more and we exchanged books with my mother. She started reading more too.” (Woman, 42)

Other/ Additional Observations

Finally, we opened the floor to all participants in the study to share their own thoughts of what was most significant for them during the pandemic. Overall, they all used this opportunity to talk about and to reinforce the sense of vulnerability that they experienced during this period. In particular, the feeling

of being manipulated, experimented with, and exposed to targeted fear-inducing campaigns came to the forefront.

Another important point, shared by the majority of this group was around the idea that one needs to rely predominantly on themselves and their immediate family, friends, and neighbours. That further emphasised the lack of trust in governments and global leaders. A pessimistic outlook about the future of our society was an after-effect.

“In reality, I couldn’t rely on anything else but the help of my husband and the immediate family.” (Woman, 67); “I haven’t become an introvert but definitely become more of a pessimist” (Man, 51); “This pandemic just shows that nothing is impossible and there are no moral or law boundaries anymore” (Woman, 62); “this pandemic was something outside of the natural. It gave me the sense of an experiment” (Man, 62);

“I realised that we are very easily manipulated and vulnerable” (Woman, 62); “I followed the facts and the information even with this I was swayed in two opposite directions at all times because they manipulated us” (Woman, 62); “I was very knowledgeable about viruses before this pandemic. I am extremely puzzled how in 21st century this virus cannot be stopped for more than 2-3 years now. That remains mystery to me.” (Man, 54);

“I felt extremely unwell because of this forceful limitation of my freedom” (Woman, 44); “The economic and financial implications have a negative impact on everything, including out family” (Man, 54).

Conclusion

The psychological effects on these two vulnerable groups within our society were varied and yet shared common characteristics, regardless of the underlying aspect that exposed them to a higher risk of psychological or physical harm during a crisis. The experience of high levels of stress, anxiety and depressive symptoms, was observed across all interviewed subjects. This was coupled with a shared feeling of loneliness and detachment from a larger social group, supportive network, and/or family.

The topics that generated the least content from the group 1 (parents with children under 12 y.o.a.) were “Residency”, “Education/ Qualifications”, and “Personal Development”. The same was true for the group 2 (chronically ill).

In the first case, this is perhaps an expected outcome, taking into account that this particular stage

of a child's development requires focused attention and significant amount of time, and effort exerted for their successful growth (Young et al., 1998; Russell et al., 2021). As a consequence, parents placed great emphasis on three priority points: 1) How they experienced and managed work-life balance during the lockdown; 2) how they managed the increased responsibility of taking care of their children at home; and 3) how they experienced and preserved the health of their families.

It's worth noticing that stress related to economic downfall wasn't very visible among group 1 answers. We hypothesise that this may be due to the fact that the parents planned for having babies and had time to prepare and ensure financial income which led to comparative high fiscal security.

Their self-reported accounts reveal that the negative effects cover more than just stress and loneliness, but also refer to mood swings, traumatic symptoms of sadness, suicidal thoughts, and feelings of impasse (Kubo et.al., 2021, Charles et. al. 2021, Lee et al. 2018). The sources of those feelings included the inability of the children to go out, lack of adaptation of new pupils, inability to visit a sick relative, and missing precious family moments. Health issues and health concerns were reported to be related to contact with an infected family member, fear of infection or loss of family members, a deficit of medicines, and lack of capacity for health and emergency health services. (Wang et.al., 2020, Kubo et.al., 2021)

The interviews revealed positive coping strategies that the parents developed like family togetherness, more family time, and improved family relations, creating personal boundaries (Ogueji et.al., 2022). The positive psychological effects included less stress, calmness, and better focus.

It's worth noticing that combination of work and parenting and adhering to personal boundaries was pointed out both as having positive and negative consequences. This makes us believe that personal resources and individual characteristics are among the factors responsible for the different outcomes.

In regards to the chronically ill group, in addition to the psychological effects of stress and loneliness, the respondents placed most emphasis on the following main points: 1) how they experienced and dealt with the double-edged sword of internal conflict that on one side required them to isolate in order to protect their health, while on the other, reinforced their feelings of vulnerability. A second point that was emphasised was around the conspirative theories and mistrust in the vaccines. More than a half of the respondents pointed out that they consider

the vaccines to not possess the characteristics of a "normal" jab and others posed the questions about why this particular pandemic continued for so long in comparison to other outbursts.

One of the main findings within this vulnerable group is that the type of chronic disease with which one is living determines to a large extent the overall perceptions and experiences that they will have. People who suffer from a life-threatening condition are much more likely to have cultivated stronger mental resilience that supports their emotional control during a crisis, while others are less prepared to face the serious challenges that a global pandemic poses.

In conclusion, the pandemic had undeniable negative psychological impact on the two vulnerable groups that we took into account and consider significantly important for the Bulgarian society. Nevertheless, the present research also confirms the renowned thought of Martin Luther King, Jr. "Every crisis has both its dangers and its opportunities. Each can spell either salvation or doom." this holds true. All interviewed subjects proactively searched for new meanings, new activities, new ways of living, new friends and much more. Those were used not only as coping mechanisms but as platforms for reflection and personal growth. Through those in-depth, personal interviews we observed the capacity of people to adapt quickly and draw positives from any situation.

The one thing that shines through all qualitative data gathered, and which we consider relevant for policymakers and governments, is that "vulnerable groups" rely heavily on their social groups and close circle of people. Their very existence is at times dependent on the presence of someone who can help. In a crisis management situation, this means that cutting off access to this source of support will almost automatically result in poorer mental and physical help. Strategic integration programs in disruptive times and a clear stream of information that is uniquely targeted and specific to their needs are imperative.

REFERENCES

1. **Aday, L.** (2003). *At risk in America: The health and health care needs of vulnerable populations in the United States* (2nd ed.). Josey-Bass.
2. **Addis, S. G., Nega, A. D. & Miretu, D. G.** (2021). Psychological impact of COVID-19 pandemic on chronic disease patients in Dessie town government and private hospitals, Northeast Ethiopia. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 15(1), 129-135.

3. **Al-Marouf, R. S., Salloum, S. A., Hassanien, A. E. & Shaalan, K.** (2020). Fear from COVID-19 and technology adoption: the impact of Google Meet during Coronavirus pandemic. *Interactive Learning Environments*, 1-16.
4. **Budu, M. O., Rugel, E. J., Nocos, R., Teo, K., Rangarajan, S., Lear, S. A.** Psychological Impact of COVID-19 on People with Pre-Existing Chronic Disease. *Int. J. Environ. Res. Public Health* 2021, 18, 5972. <https://doi.org/10.3390/ijerph18115972>
5. **Banerjee, D. & Rai, M.** (2020). Social isolation in COVID-19: The impact of loneliness. *International Journal of Social Psychiatry*, 66(6), 525-527.
6. **BMJ** 2022; Public health impact of COVID-19 vaccines in the US: observational study; 377 doi: <https://doi.org/10.1136/bmj-2021-069317> (Published 27 April 2022).
7. **Caggiano, G., Castelnuovo, E., & Kima, R.** (2020). The global effects of COVID-19-induced uncertainty. *Economics Letters*, 194, 109392.
8. **Ceylan, R. F., Ozkan, B. & Mulazimogullari, E.** (2020). Historical evidence for economic effects of COVID-19. *The European Journal of Health Economics*, 21, 817-823.
9. **Charles N., Strong S., Burns L., Bullerjahn M., Serafine K.,** (2021) Increased mood disorder symptoms, perceived stress, and alcohol use among college students during the COVID-19 pandemic. *Psychiatry Research* 296 113706. <https://doi.org/10.1016/j.psychres.2021.113706>
10. **Chan, L., Chaudhary, K., Saha, A., Chauhan, K., Vaid, A., Zhao, S., ... & Nadkarni, G. N.** (2021). AKI in hospitalized patients with COVID-19. *Journal of the American Society of Nephrology*, 32(1), 151-160.
11. **Chan A., Ho J., Li J., Tam H. and Tang P.** (2021), Impacts of COVID-19 Pandemic on Psychological Well-Being of Older Chronic Kidney Disease Patients. *Front. Med.* 8:666973. <https://doi.org/10.3389/fmed.2021.666973>
12. **Crotty, M.** (1998). *The foundations of social research: Meaning and perspective in the research process.* Sage.
13. **Delaunay, C. D., Augusto, A. & Santos, M.** (2020). Invisible vulnerabilities: Ethical practical, and methodological dilemmas in conducting qualitative research on the interaction with IVF embryos. *Societies*, 10(1), Article 7, 1-15. <https://doi.org/10.3390/soc10010007>
14. **DHS Risk Lexicon, U.S. Department of Homeland Security,** (2010) Edition. September 2010. Accessed: 07/04/2023: <https://iadcllexicon.org/psychological-consequence/>
15. **Donthu, N. & Gustafsson, A.** (2020). Effects of COVID-19 on business and research. *Journal of business research*, 117, 284-289.
16. **Gassman-Pines, A., Ananat, E. O. & Fitz-Henley, J.** (2020). COVID-19 and parent-child psychological well-being. *Pediatrics*, 146(4), e2020007294. <https://doi.org/10.1542/peds.2020-007294>
17. **Gellman, M. D., Turner, J. R.** (2013). Psychological and Social Effects. In: Gellman, M.D., Turner, J.R. (eds) (2013), *Encyclopedia of Behavioral Medicine.* Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1005-9_101368
18. **Douglas, M., Katikireddi, S. V., Taulbut, M., McKee, M. McCartney, G.** (2020), Mitigating the wider health effects of COVID-19 pandemic response; *BMJ* 2020; 369 doi: <https://doi.org/10.1136/bmj.m1557> (Published 27 April 2020).
19. **Goyal, K., Chauhan, P., Chhikara, K., Gupta, P. & Singh, M. P.** (2020). Fear of COVID 2019: First suicidal case in India! *Asian Journal of Psychiatry*, 49, 101989.
20. **Gursoy, D. & Chi, C. G.** (2020). Effects of COVID-19 pandemic on hospitality industry: review of the current situations and a research agenda. *Journal of Hospitality Marketing & Management*, 29(5).
21. **Haleem, A., Javaid, M., Vaishya, R.** (2020), Effects of COVID-19 pandemic in daily life. *Curr Med Res Pract.* Mar-Apr;10(2):78-79. doi: 10.1016/j.cmrp.2020.03.011. Epub 2020 Apr 3. PMID: 32292804; PMCID: PMC7147210. 527-529.
22. **Hammen, C.** (2005). Stress and depression. *Annual Review of Clinical Psychology*, 1, 293-319.
23. **Hristova, A., Karastoyanov, G.** (2021). Stress and coping strategies with it during the first wave of COVID-19 in Bulgaria. *Psychological Research*, Volume 24, Number 1, 5-22. ISSN 1311-4700 (Print); ISSN 2367-9174 (Online), (in Bulgarian).
24. **Hodder, A.** (2020). New Technology, Work and employment in the era of COVID-19: reflecting on legacies of research. *New technology, work and employment*, 35(3), 262-275.
25. **Hossain, M. M., Tasnim, S., Sultana, A., Faizah, F., Mazumder, H., Zou, L., ... & Ma, P.** (2020). Epidemiology of mental health problems in COVID-19: a review. *F1000Research*, 9.
26. **Hughes, D. J., Kratsiotis, I. K., Niven, K. & Holman, D.** (2020). Personality traits and emotion regulation: A targeted review and recommendations. *Emotion*, 20(1), 63.
27. **Iadecola, C., Anrather, J. & Kamel, H.** (2020). Effects of COVID-19 on the nervous system. *Cell*, 183(1), 16-27.
28. **Jackson, J. K.** (2021). *Global economic effects of COVID-19.* Congressional Research Service.
29. **Joëls, M., Pu, Z., Wiegert, O., Oitzl, M. S. & Krugers, H. J.** (2006). Learning under stress: how does it work? *Trends in cognitive sciences*, 10(4), 152-158.
30. **Kang T., Kruttschnitt C., Goodman P.** (2017). Multi-Method Synergy: Using the Life History Calendar and Life as a Film for Retrospective Narratives. *The Howard Journal*, ISSN 2059-1098, pp. 1-22.
31. **Kanu, I. A.** (2020). COVID-19 and the economy: an African perspective. *Journal of African Studies and Sustainable Development*, 3(2).
32. **Kaya, Z. T.** (2022). The Psychological and Behavioral Responses to the COVID-19 Pandemic and the

- Ways to Cope With Them. In *Handbook of Research on Interdisciplinary Perspectives on the Threats and Impacts of Pandemics* (pp. 385-410). IGI Global.
33. **Kubo T., Sugawara D., Masuyama A.** (2021) The effect of ego-resiliency and COVID-19-related stress on mental health among the Japanese population. *Personality and Individual Differences* 175 110702. <https://doi.org/10.1016/j.paid.2021.110702>
 34. **Kuy, S., Tsai, R., Bhatt, J., Chu, Q. D., Gandhi, P., Gupta, R., ... & Correa, R.** (2020). Focusing on vulnerable populations during COVID-19. *Academic Medicine*, 95(11), e2-e3.
 35. **Lee, S. M., Kang, W. S., Cho, A. R. & Kim, T.** (2018). Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients. *Comprehensive Psychiatry*, 87, 123-127. <https://doi.org/10.1016/j.comppsy.2018.10.003>
 36. **Lincoln, Y. S. & Guba, E. G.** (2013). *The constructivist credo*. Left Coast Press.
 37. **Louvardi, M., Pelekasis, P., Chrousos, G. & Daviri, C.** (2020). Mental health in chronic disease patients during the COVID-19 quarantine in Greece. *Palliative & Supportive Care*, 18(4), 394-399. doi:10.1017/S1478951520000528
 38. **Luou, Elaine, K.** (2019), *What is a chronic illness*, Healthline article, reviewed by Holland K. Accessed at: <https://www.healthline.com/health/chronically-ill>
 39. **Macedo, T., Wilhelm, L., Gonçalves, R., Coutinho, E. S. F., Vilete, L., Figueira, I. & Ventura, P.** (2014). Building resilience for future adversity: a systematic review of interventions in non-clinical samples of adults. *BMC psychiatry*, 14, 1-8.
 40. **Mazza, M. G., De Lorenzo, R., Conte, C., Poletti, S., Vai, B., Bollettini, I., ... & Benedetti, F.** (2020). Anxiety and depression in COVID-19 survivors: Role of inflammatory and clinical predictors. *Brain, Behavior, and Immunity*, 89, 594-600.
 41. **McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M. & Kessler, R. C.** (2012). Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication II: Associations with persistence of DSM-IV disorders. *Archives of General Psychiatry*, 69(12), 1143-1153.
 42. **National Center for Chronic Diseases Prevention and Health Promotion (NCCDPHP)**, Article "About Chronic Diseases", Accessed at: <https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States>.
 43. **Nacheva, I., Panchelieva, T., Bakalova, D.** (2023). Emotional Experiences of Vulnerable Groups during COVID-19: A Qualitative Study among Parents, Jobless and Chronically Ill People, *European Journal of Psychology Open* (in press /accepted for publication: 14.06.2023)
 44. **NEUENHOFF, MICHAEL, MARINE CORPS LANCE CPL.** (2020), Nurses Work Tirelessly on the Front Lines of COVID-19, US Department of Defense, Marine Corps Air Station Cherry Point. Accessed on 10/04/2023 at: <https://www.defense.gov/News/Feature-Stories/Story/Article/2344699/nurses-work-tirelessly-on-the-front-lines-of-COVID-19/>
 45. **Ogueji, I. A., Okoloba, M. M. & Demoko Ceccaldi, B. M.** Coping strategies of individuals in the United Kingdom during the COVID-19 pandemic. *Curr Psychol* 41, 7493–7499 (2022). <https://doi.org/10.1007/s12144-020-01318-7>.
 46. **Özşungur, Fahri,** (2022), *Handbook of Research on Digital Violence and Discrimination Studies*, Mersin University, Turkey. DOI: 10.4018/978-1-7998-9187-1
 47. **Panchelieva, T., Bakalova, D., Nacheva, I., Dolmova, V.** (2023). THE COVID-19 CRISIS: SPECIFICITY OF EXPERIENCES AMONG PEOPLE WITH CHRONIC ILLNESSES. Conference Proceedings: INTERNATIONAL SCIENTIFIC CONFERENCE "TRENDS AND STRATEGIES FOR THE RECOVERY OF THE ECONOMIC AND SOCIAL SYSTEM AFTER THE COVID-19 PANDEMIC" (in press)
 48. **Panchelieva, T., Nacheva, I., Bakalova, D.** (2023). Socio-economic Aspects of the Crisis Caused by COVID-19: Effects of the Change in the Work Regime. *Economic Alternatives*, 2023(3), University of National and World Economy (in press)
 49. **Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M. & Davis, M. M.** (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*, 146(4), e2020016824. <https://doi.org/10.1542/peds.2020-016824>
 50. **Paunova-Markova, E.** (2020). Perceived threats and difficulties of mothers of young children during a state of emergency in a COVID-19 pandemic. *Psychological Research*, Volume 23, Number 3, 2020, 330-354. ISSN 1311-4700 (Print); ISSN 2367-4563.
 51. **Pietromonaco, P. R. & Overall, N. C.** (2022). Implications of social isolation, separation, and loss during the COVID-19 pandemic for couples' relationships. *Current opinion in psychology*, 43, 189-194.
 52. **Prime, H., Wade, M. & Browne, D. T.** (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*. <http://dx.doi.org/10.1037/amp0000660>
 53. **Rajkumar, R. P.** (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066. <https://doi.org/10.1016/j.ajp.2020.102066>
 54. **Rodgers, B.** (2009). Qualitative research for nursing practice. In M. A. Mateo & K. T. Kirchoff (Eds.), *Research for advanced practice nurses: From evidence to practice* (pp.129-154). Springer.
 55. **Russell, B. S., Hutchison, M., Tambling, R., Tomkunas, A. J. & Horton, A. L.** (2020). Initial challenges of caregiving during COVID-19: Caregiver burden, mental health, and the parent-child relation-

- ship. *Child Psychiatry & Human Development*, 51, 671-682.
56. **Saquib Mulla, D., Shaju, S., Bathija, S. & Poothulil, N.** (2020). Prevalence of anxiety and fear in living with COVID-19 virus from the perspective of practicing dentists: A short study. *Int J Appl Dent Sci*, 6(3), 19-22.
57. **Spinelli, M., Lionetti, F., Pastore, M. & Fasolo, M.** (2020). Parents' stress and children's psychological problems in families facing the COVID-19 outbreak in Italy. *Frontiers in Psychology*, 11, 1713. <https://doi.org/10.3389/fpsyg.2020.01713>
58. **Shenoy, V., Mahendra, S. & Vijay, N.** (2020). COVID 19 lockdown technology adaption, teaching, learning, students engagement and faculty experience. *Mukt Shabd Journal*, 9(4), 698-702.
59. **Shields, G. S. & Moons, W. G.** (2019). Slowing down under stress: Impaired cognitive and emotional control under stress and implications for coping. *Current Directions in Psychological Science*, 28(2), 152-158.
60. **Stark, A. M., White, A. E., Rotter, N. S. & Basu, A.** (2020). Shifting from survival to supporting resilience in children and families in the COVID-19 pandemic: Lessons for informing US mental health priorities. *Psychological Trauma: Theory, Research, Practice, and Policy*. <http://dx.doi.org/10.1037/tra0000781>
61. **Stellar, J. E., Anderson, C. L. & Gatchpazian, A.** (2020). Profiles in empathy: Different empathic responses to emotional and physical suffering. *Journal of Experimental Psychology: General*, 149(7), 1398.
62. **Takes, I.** (2020). Mitigating the COVID economic crisis: act fast and do whatever.
63. **Taylor, S.** (2021). COVID stress syndrome: Clinical and nosological considerations. *Current psychiatry reports*, 23, 1-7.
64. **Taylor, M. R., Agho, K. E., Stevens, G. J. & Raphael, B.** (2008). Factors influencing psychological distress during a disease epidemic: Data from Australia's first outbreak of equine influenza. *BMC Public Health*, 8(1), 347. <https://doi.org/10.1186/1471-2458-8-347>
65. **Vishnevetsky, A. & Levy, M.** (2020). Rethinking high-risk groups in COVID-19. *Multiple sclerosis and related disorders*, 42.
66. **Vindegaard, N. & Benros, M. E.** (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, behavior, and immunity*, 89, 531-542. doi: 10.1016/j.bbi.2020.05.048
67. **Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S. & Ho, R. C.** (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, 17(5), 1729.
68. **Webber-Ritchey, K. J., Simonovich, S. D. & Spurlark, R. S.** (2021). COVID-19: Qualitative research with vulnerable populations. *Nursing Science Quarterly*, 34(1), 13-19.
69. **WHO** (2020), "Coronavirus disease 2019 (COVID-19) Situation" Accessed on 07/04/2023 from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-COVID-19.pdf?sfvrsn=1ba62e57_10
70. **WHO.** (2020). Disability considerations during the COVID-19 outbreak. Retrieved from <https://www.who.int/who-documents-detail/disability-considerations-during-the-COVID-19-outbreak>
71. **Young, K. T., Davis, K., Schoen, C., & Parker, S.** (1998). Listening to parents: a national survey of parents with young children. *Archives of Pediatrics & Adolescent Medicine*, 152(3), 255-262.

APPENDIX 1

Table 1: Factors and areas of psychological effects, explored in interviews

Life Area	Questions included
1. Residency	“Where did you live during the pandemic?”; “Have you changed residency/ location during the pandemic?”; “What was your main place of residency?”, etc.
2. Occupation	“Tell me more about your occupation/job during the pandemic?”/ “How was your work during the pandemic?”
3. Family/ Home environment	“Who did you live with during the pandemic?”/ “How was the family dynamic during this time?”/ What was the effect of the pandemic on your family life?”, etc.
4. Health (perceptions on physical & psychological condition)	“How was your health during the COVID-19?”/ “How about your mental health?”/ “Tell me more about your holistic health during this period?”, etc.
5. Health (perception of measures against COVID-19)	“What is your opinion about the measure for anti-spreading in Bulgaria?”; “What do you think about the measures against COVID-19?”
6. Health (perception and attitude towards the vaccines)	“What do you think about the COVID-19 vaccines?”/ “Have you been vaccinated?”, etc.
7. Education/ Qualifications	“Have you been interested or able to start or continue an educational course/ degree/ diploma?”/ “Reflecting back on the pandemic period so far, have you been able to continue learning or to obtain a new qualification or skill?”, etc.
8. Sport & Hobbies	“Have you had the opportunity to practice any hobbies or to exercise?”/ “What was your life like in terms of practicing any hobbies?”, etc.
9. Social life	“Tell me more about your social life - what happened during the pandemic for you?”, etc.
10. Personal Development	“What do you think about your personal development in the period of the pandemic?” / “How do you feel about your personal growth and development during this time?”/ etc.
11. Other	“Is there anything else that you’d like to share with us in relation to COVID-19?”/ “Was there anything else that was really important in regards to COVID-19 but I didn’t ask you about it?”, etc.

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