Gramotnost, pregramotnost a vzdělávání

Odborný recenzovaný časopis zaměřený na problematiku čtenářské, matematické, informační a přírodovědecké gramotnosti a pregramotnosti

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Univerzita Karlova, Pedagogická fakulta
Praha, 2022

Current Challenges and Trends

Dear readers,

We are pleased to present the third issue of the sixth volume, which focuses on University Counseling – Current Challenges and Trends. We traditionally publish the third issue of the journal in English. Counselling for university students is now a part of everyday university activities. The aim of the monothematic issue is a reflection of the college counselling practice, which could support further development in this area. The issue aims to support all vulnerable groups of college students. Those with special needs (registered or confidential), students with socio-economic disadvantages, and students in acute difficulties and life crises. Counselling services are also available for university staff to assist in dealing with at-risk students, guide personal and professional growth, and resolve problem situations.

In this issue, the reader will find seven contributions (three research studies, one methodological study, one theoretical study, and two reports).

The first contribution, "Possibilities of using the GQ-ASC questionnaire for the screening of autism spectrum disorders in female university students" by Hana Sotaková, focuses on the possibilities of using the GQ-ASC questionnaire for screening of autism spectrum disorders in adult women. The research is conducted on the cases of 10 female students and compares its results with the diagnostic tool ADOS 2 and an anamnestic interview.

The second text by the author Markéta Švamberk Šauerová "A project for the support of the well-being of university students" based on an analysis of stress susceptibility of students from various fields of study presents a peer project aimed at promoting student well-being. The author focuses on salutoprotective resources applicable in the university environment in various situations. Students gain specific recommendations to prevent those typical stressors for that particular target group. The project is based on the principle of peer interaction with university students studying to be wellness specialists and is significantly linked to real-life practice.

The third text by author Jana Kočí focuses on health and well-being tips for distance learning university students. The research presents the possibilities of active support of the health and well-being of students of Czech universities

and colleges over distance learning, as particular institutions, in its entirety, beyond a circumscribed focus on student academics to a systematic development of academic well-being of all students. The research results represent methodological recommendations aiming to actively support the health and well-being of university students over distance learning.

The fourth text by Matyáš Müller and Lukáš Pánek "Searching for inner resources: An experimental biosynthetic group for Charles University students", presents an experience of running an experiential group based on the method of Biosynthesis, realized both online and in person from 2020 to 2022 (7 courses with a total of 68 participants) for students and employees of Charles University. The conclusion of a research paper shows the benefits of using the biosynthetic group for students with and without specific needs, as well as for staff, while the benefit for Ukrainian students is questionable.

Fifth text – theoretical study by the author Katarína Mária Vadíková discusses "University Counseling in Slovakia and ethics". The study reviews the findings of several research projects about the state of the school system in Slovakia and the postmodernity of academic life. Conclusions confirm that ethics is a helping profession and a benefit for students, academics, advisors, and the entire institution and its projects at home and abroad because freedom needs limits, so counselling needs ethics to be ensured wisely, humanely, and efficiently.

Two reports follow. The first report, "The prevention of academic failure and the promotion of a healthy lifestyle and well-being in students of the third faculty of medicine of Charles University in the pandemic", by authors Dagmar Schneidrová and Tereza Kopřivová Herotová informs about the findings of foreign and Czech studies on the impact of social isolation caused by coronavirus pandemic restrictions on lifestyle, well-being and mental health of university students in relevance to counselling. The authors describe counselling strategies based on the principles of health promotion applied when supporting students' healthy lifestyles. The authors see the main goal in communication and spreading information about counselling services among students.

The second report, "Well-being support for university students and academics through the MBCT-L course" by the authors Eva Šírová, Markéta Niederlová focuses on Mindfulness-based programs (MBPs), which are an increasingly popular approach to improving people's mental health. Conclusions of the investigation of the MBCT-L method show that it promotes changes in the well-being of university students and academics and reduces the level of perceived stress.

We appreciate your interest and hope that the presented articles are beneficial

for you. If you are interested in contributing a theoretical, methodological, overview study or report or review to other issues of our journal, do not hesitate to contact our editorial board via the contact email gramotnost@pedf.cuni.cz.

Anna Kucharská, Monika
Kadrnožková, Klára Špačková
editors

Possibilities of Using the GQ-ASC Questionnaire For the Screen-ing of Autism Spectrum Disorders in Female University Students

Hana Sotáková

Abstract: In recent years, the number of university students with ASD has increased and the distribution of students in individual study programs has changed. There are also more female students with ASD who, due to the mild manifestation of the disorder, did not need support or were not even diagnosed until now. The article focuses on the possibilities of using the GQ-ASC questionnaire for screening of autism spectrum disorder in adult women. It shows its administration on the cases of 6 female students and compares its results with the diagnostic tool ADOS 2 and anamnestic interview. Last but not least, we also discuss the possible risks of interpreting the results due to the variability of female students with ASD.

Key words: Autism spectrum disorder, Female university students, GQ-ASC, Counseling centres

Introduction and Theoretical Framework

Girls and women appear to be a specific group in terms of autism spectrum disorder (ASD) diagnosis. This is due to the fact that they are able to compensate for the manifestations of the disorder to a large extent, where they try to "mask or camouflage" them in social contact, i.e. they behave in a learned or observed manner so as not to differ significantly from the majority of society. One may even say that they "pretend to be normal" in social situations, which, according to experts, leads to late diagnosis or even no diagnosis at all (cf. e.g. Thorová, 2016; Šporclová, 2018 or Bargiela, Stewart & Mandy, 2016). In fact, diagnostic criteria do not sufficiently take this into account and detect rather more severe manifestations of ASD. Although it has long been reported that ASD occurs more frequently in boys, roughly at a ratio of 4:1 (e.g., Hrdlička & Komárek, 2004), experts now believe that this may be a flawed

conclusion. This may be related to the fact that some women have not been diagnosed with autism in the past due to their ability to compensate and mask the manifestations of the disorder (Lai et al., 2017; Hull & Mandy, 2019). Current research suggests that the difference in the prevalence of ASD between males and females may be lower, for example Kim reports a prevalence ratio of ASD in males and females of only 2.5:1 (Kim et al., 2011).

New findings suggest that the social typology of individuals with ASD should be considered during the diagnostic process. Traditional divisions of social types were introduced by Lorna Wing who distinguished between **an aloof type, a passive type and an active-but-odd type** based on manifestations in social behavior (Wing, 1993; see also Sotáková & Šporclová, 2020). In order to include the specificities of girls and women, a new division based on the ability to adapt in social situations has been proposed (Attwood & Garnett in Grandin et al., 2019):

- **Introvert** (minimizes and avoids social involvement but this usually does not cause feelings of loneliness; in Wing's typology it would correspond to the lonely and passive types)
- **Intrusive Extrovert** (active in social behavior but due to deficits in core areas the activity is not adequate, the individual is unable to read and interpret social situations appropriately, therefore appears intrusive, pushy and demanding in social contact; we could associate the given type with the active-but-odd type according to Wing)
- **Masking Extrovert** (individuals who perceive their social difficulties and compensate for them by observing, analyzing and imitating the behavior of their peers; for this type, there is no clear direct connection with Wing's division, these women and girls tend to be diagnosed later, as they mask the manifestations of PAS)

As is evident, this division emphasizes masking or camouflaging the manifestations of autism spectrum disorder, which has not yet been reflected on further in the diagnostic criteria. As we have already mentioned above, this has led to a situation where women were diagnosed late or not diagnosed at all. This approach was further developed by Hull and colleagues when they examined masking in their study. They arrived at the following stages of masking ASD manifestations (Hull et al., 2017):

- **Compensation** (learning and imitating social behavior by observing peers or watching television shows, developing a "social personality," possibly compensating through excellence in a particular area or forming social relationships based on stereotypical interest)
- **Masking** (typically create a neuroty-

pical personality by imitating others, creating a social mask)
- **Assimilation** (trying to look "normal," targeted suppression of autism symptoms, acceptance of a "social mentor")

Both approaches show that girls and women with ASD often try to conform to society as much as possible in their social behavior and are able to adopt social patterns. Thus, the presence of ASD may not be evident at all in normal social interactions. Therefore, it is important to include tools in the diagnostic process that aim to identify these manifestations.

The issues described above are also reflected in situations at university counseling centers, where we are increasingly encountering students who have not yet been diagnosed, are currently undergoing the diagnostic process or have only been diagnosed in recent years. Clients arrive at the centers with various requests, for example, to receive a study support assessment, to resolve personal issues, problems related to their studies or even to request a diagnosis of autism spectrum disorders. According to the current legislation, it is impossible for the counseling staff of the centers to make a definitive diagnosis (only a clinical psychologist or psychiatrist can do this). However, they often find themselves in a situation where they need to determine the level of risk of ASD in female students so that they are able to refer them to the appropriate clinical workplace and also help set up support during the diagnostic process, which can take up to a year in the Czech Republic. In these cases, it can be difficult to distinguish whether these are personality traits or whether the declared behavioral deficits are related to another type of neurodevelopmental disorder (according to the DSM 5, for example, specific learning disorder, ADHD, etc.) or whether they are in fact contected to mental problems. We therefore believe that the inclusion of screening tools in the practice of counseling centers is essential.

We have been systematically dealing with the issue of ASD at the Academic Counseling Center under the Faculty of Education at Charles University for a long time now and we also provide ASD screening for students. Based on the request of each student, a diagnostic interview (detailed anamnestic interview) is conducted with the client, supplemented by a screening questionnaire and in some cases we also use the standardized ADOS 2 (Module 4) diagnostic tool. Typically, we have used the Autism Spectrum Quotient screening questionnaire, also known as the AQ test, which was developed for diagnostic purposes by Baron-Cohen (2001). However, as more and more female students with suspected ASD whose symptoms were not so evident in their daily interactions, while they struggled with problems in social interaction in eve-

Figure 1. Sample GQ-ASC questionnaire (see Appendix 1 for complete questionnaire)

Socialising				
14. I socialise quite well for a while, but subsequently feel exhausted	**1**	**2**	**3**	**4**
15. I often have a facial 'mask' that hides my social confusion	**1**	**2**	**3**	**4**
16. I have intense emotions	**1**	**2**	**3**	**4**
17. I apologise when I make a social error	**1**	**2**	**3**	**4**
Interests				
18. When I was 5-12 years old, I preferred to play with girls' toys	**4**	**3**	**2**	**1**
19. When I was 5-12 years old, I preferred to play with boys' toys	**1**	**2**	**3**	**4**
20. My interests were advanced for my age (e.g. opera)	**1**	**2**	**3**	**4**
21. I am talented in music	**1**	**2**	**3**	**4**
TOTAL SCORE:				

ryday life, starting coming to our clinic, we decided to use the GQ-ASC questionnaire for adult females (Brown et al., 2020). Our main motivation was to find a screening tool that would be effective and useful for college counselors.

GQ-ASC Questionnaire

The questionnaire is based on a screening tool originally developed by Tony Attwood and his colleagues (Attwood, Garnett, & Rynkiewicz, 2011). In this version, it was aimed at girls between the ages of 5 and 19 in two forms (one test for girls 5–12 years old and one for girls 13–19 years old). It contained 54 items for younger girls and 58 items for older girls, all items were evaluated using the Lickert scale (strongly disagree – mostly disagree – mostly agree – strongly agree). It subsequently underwent several modifications and we use the version of the questionnaire for adult women developed by Brown (Brown et al., 2020) in 2020. The questionnaire was validated on a sample of 672 women (350 women with ASD and 322 women without ASD).

Individual items were modified to match the specificities of adult women. Furthermore, items with low predictive ability were eliminated and finally, the items were organized into five categories (imagination and play; camouflage; sensory perception; social behavior and interests). The final version of the questionnaire contains 21 items and based on the aforementioned research, a cut-off score of 57 was set, which was used to identify 80 % of women with ASD (Brown et al., 2020). The questionnaire is designed as a self-assessment screening, so that even clients themselves can use it. The scoring process is very simple where the final score is obtained by simply adding up the scores given for each response.

In 2022, a pilot study on the psychometric characteristics of the GQ-ASC questionnaire was conducted in the Czech Republic and involved 142 respondents (Aldabaghová, 2022). The questionnaire was translated and the items were adapted to be easily comprehensible in the Czech language. Additionally, items were modified to include a variant for both men and women. The sample included 70 individuals with ASD (48 females and 22 males) and 72 control group respondents without ASD (60 females and 12 males). The results of the survey in the Czech population showed that even in the sample studied, the identification of ASD based on the questionnaire was around 80% (specifically 83.3%) in women. Thus, it can be said that the study shows similar psychometric characteristics of the questionnaire in Czech respondents as the original Brown study.

Experiences with Using the Questionnaire in Practice on Female University Students – Case Studies

In the present article, we draw on our experience of using the GQ-ASC questionnaire with female university students to determine the level of risk for autism spectrum disorder. For this reason, we purposely included the questionnaire in the years 2021–2022 in the diagnosis of female students who have already received an ASD diagnosis from a clinical psychologist or psychiatrist[1]; they were in the middle of the diagnostic process or they requested ASD screening at our counseling center and were subsequently referred for clinical diagnostics. We also worked with the ADOS 2 diagnostic tool to verify the presence of ASD symptoms. Our intention is to demonstrate the applicability of the screening questionnaire in practice and to highlight possible complicating factors that may

[1] The ASD diagnosis was not confirmed until adolescence or adulthood in all students.

lead to approximately 20 % of clients with ASD (see psychometric characteristics of the questionnaire above) being overlooked. We describe how additional information can be obtained so as not to bias the results of the GQ-ASC questionnaire. Thus, in the following section, we present the cases of six female students, we show how they scored on the GQ-ASC questionnaire, the ADOS 2 test and we supplement this with information obtained from the diagnostic interview. Our aim is to show how the GQ-ASC questionnaire can be used effectively in counseling practice and what needs to be considered or added when interpreting the results of the questionnaire.

For the purposes of our work, the questionnaire was used in the original version published by Brown (2020) and was only translated into Czech by the author of this article. It did not differ significantly when compared to the translation in Aldabaghová's (2022) pilot study but it did not include female and male polarity in some items (as in the original). This proved to be a factor for items 6, 7 and 8 (see Appendix 1) for some clients that may have influenced the screening results. However, due to the fact that the screening was administered during a counseling session where it was possible to clarify these facts during the interview with the client or the client could ask questions as she answered, there was no bias in the results of the questionnaire. The Czech version of the questionnaire according to Aldabaghová (2022) is sufficiently validated for use in our environment, so we did not aspire to create our own version. Below we present brief records of our work with the clients, highlighting their characteristics important for the interpretation of the screening.

As already mentioned, for the purposes of the study, we also included an anamnestic interview and the diagnostic tool ADOS 2. The anamnestic interview was focused on the manifestations of specifics in behavior associated with ASD during childhood and adolescence. It covered the following areas:

- early childhood (deviations in psychomotor development, speech development)
- preschool age (adaptation in preschool, specific interests, specifics in sensory perception, interaction with peers)
- school age (adjustment to school, peer relationships, academic skills, interests)
- adolescence (relationships with peers, differences in experience, psychological difficulties, partner relationships, friendship)

The last method used was ADOS 2, created directly for the diagnotics of ASD. We were interested in how the results of this method, considered the "gold standard", would correspond to the result of the screening. Module 4 of this test

Table 1. Sample of students included in the study

	Age	Program	Prior ASD diagnosis	GQ-ASC score	ADOS 2 total score
Student 1	21	Bc.	YES	54	9
Student 2	24	PhD	NO	62	7
Student 3	52	Bc.	NO	47	2
Student 4	20	Bc.	YES	63	8
Student 5	19	Bc.	NO	62	9
Student 6	23	Mgr.	NO	71	11

intended for adolescents and adults is also largely based on interview and observation of specific manifestations in communication and social interaction. Unlike the anamnestic interview is more focused on current manifestations and plans for the future. Therefore it is often supplemented with an anamnesis obtained directly from the adult respondent, from his/her parents or close people.

Student 1 (21 years old)

The student sought the services of our counseling center because she requested to be classified as a student with special educational needs due to a recent diagnosis of ASD. She had already completed one year of study at another university where she was unable to adapt, so she stopped attending school after a few months and dropped out during the second semester. As part of the study support assessment (see Kucharská et al., 2021 for more details), an anamnestic interview was conducted and the GQ-ASC as well as the ADOS 2 were administered. In social contact, the student gave a quiet impression, answering questions appropriately without any noticeable specific behavioral manifestations, although she made eye contact solely when answering a question.

The **anamnestic interview** revealed that differences in social interaction were already evident at preschool age when she avoided her peers and did not participate in their games because she did not understand them. She described her peers as noisy. Later on in her education, she always had one friend with whom she could "talk at school" but outside school she did not seek their company and she pursued her own hobbies (astronomy and archaeology). She also had problems with the teachers who often used double entendres and irony in their speech often deviating from the

topic being taught. In such subjects, she often "switched off" and was unable to answer the teacher's questions. However, she did not have major problems with learning and completing the subject matter, using textbooks or information from the Internet, and was mostly described by teachers as unproblematic or occasionally inattentive. The transition to university was challenging for the student as there was no clear structure, she had difficulty coping with the large number of students in the classrooms or the fact that she did not have a designated seat in the lecture hall. This was further complicated by states of sensory overload; she often had to leave a lecture because she was uncomfortable in the seat that was left for her, she was bothered by artificial lighting or the increased presence of unexpected sounds (the shuffling of chairs, the sound of an object falling on the floor, etc.).

In the **GQ-ASC questionnaire, the student scored 54 points**, which is below the cut-off for pronouncing a risk of ASD. She scored particularly low on the questions related to camouflage/masking (items 6–9) and on items focused on social interaction (15 and 17). In terms of her social type – **introvert** (see above) – she did not use camouflage, did not observe or imitate women in social settings. She found social situations so challenging and overwhelming that she avoided them rather than trying to navigate them using compensatory mechanisms. On the **ADOS 2 test**, the results were consistent with the autism spectrum. In the area of communication, the student scored 4, with differences evident particularly in gestures and sustaining conversation where she was very passive. In social interaction, she was within 5 points. Eye contact, quality of social reactivity and extent of reciprocal social interaction were taken into account.

Student 2 (24 years old)

The PhD student had not been diagnosed with ASD prior to her arrival at the Academic Counseling Center and visited the center on the recommendation of her family and because she was aware of behavioral problems that made it difficult for her to interact socially. She spoke of people treating her as "stupid" in social interactions, feeling that she did not understand them as she was often unresponsive, for example. The problem is not that she doesn't understand but often it is not clear whether she should respond or she doesn't know how to respond, in such situations she remains silent (the behavior mentioned directly refers to item 12 in the questionnaire). During the diagnostic encounter she was mostly quiet, eye contact could be characterized as avoidant.

The **anamnestic interview** revealed that her mother tongue is not Czech (at present she communicates exclusively in

Czech, with the exception of her parents, with whom she uses her mother tongue in a simple, general form), she has lived in the Czech Republic with her family since she was about three years old and she is the youngest of three sisters. She is very close with the middle sister. She has never sought out the company of her peers and does not understand them. She "survived" kindergarten, at that time she did not speak Czech well, so she just followed the others. Since primary school, she did a sport competitively, in which she was technically skilled. She was interested in the mechanisms of how she could improve but she was criticized for not joining the team and failing to show emotions. She hardly had any friendships, she remembered one friend from school with whom she was able to communicate she did not understand why she should interact with him outside of school as they had nothing in common apart from school. Academically, she had never had problems, her results were above average. Her closest person was her middle sister who always explained social situations she didn't understand ("She would take me with her when she went out with her friends, I would sit there but I often didn't understand what they were talking about. My sister always explained it to me at home afterwards, why they were acting like that and stuff.") She currently lives alone in an apartment, is perfectly happy with her situation, feels pressure from her mother to find a boyfriend, get married. She would like to understand why this is so important for the people around her as she herself does not feel lonely. She fills her life with her studies, while she earns extra money by coaching children. In her spare time she plays sports (she started running, although she won't make the national team anymore, she wants to see how far she can go), reads articles in academic journals, watches TV.

The student **scored 62 on the GQ-ASC questionnaire**. She scored low on items related to interests. Her focus for her sport was not reflected in the questionnaire but in describing what was important to her in sport, we can observe some specifics – focus on the individuality of the sport, following her sister was a motivation for the sport, then found her own goal in technical improvement, zero interaction with others in the club, problems with coaches when asked to express emotions. There were also lower scores for camouflage, where again we can relate the results to the **introverted social type**. Also the results of the **ADOS 2 test** showed the presence of autism spectrum disorder. In the area of communication, the student scored a 2, with differences particularly evident in sustaining a conversation. Social interaction was scored at 5 points. Eye contact and quality of social reactivity were taken into account. It was evident in several areas that the student is aware of her

deficits and has learned patterns of behavior, which she uses.

Student 3 (52 years old)

This client requested an ASD screening based on studying online materials about autism spectrum disorders. The second reason was that she had met several people with ASD with whom she got along and felt she had a connection. During the encounter, there were no specific manifestations in communication or behavior. The student appeared thoughtful, actively showed emotions and described her feelings.

During the **anamnestic interview**, the student kept coming back to her family. She was the youngest of three children born to a single mother; her siblings had a different father. Her mother was an artist who had problems with the communist regime. Her mother's lifestyle often led to difficulties in caring for the children and her grandmother's siblings helped with childcare. At the age of 10, the student was placed in the foster care of relatives by the court after both siblings left the family. She used to visit her mother, feeling remorseful that she was actually happier with her relatives. In the student's words, she liked school and always had enough friends ("People always trusted me, confided in me, I was always accepted.").

In the **GQ-ASC questionnaire, the student scored 47 points**, which is below the cut-off for pronouncing a risk of ASD. She scored low on most of the items, with the highest scores on items 1–3, 5, 16, 17 and 21. As is evident, these are items that do not refer to the specifics of ASD but rather to the specifics of female clients or are neutral (e.g., item 21 – "I have a musical talent"). In contrast, she scored low in the areas of camouflage, sensory perception or social behavior, which does not confirm the presence of ASD. The **ADOS 2 test** also did not confirm the presence of ASD. In the area of communication, the student scored 1 point due to the low representation of gestures in any form. In the area of social behavior, she scored 1 on the extent of reciprocal interaction, otherwise no specific differences were noted. For example, she differed significantly from the other students in the task "Telling a story based on a book" where she not only described the events (as most of the other students did) but also commented richly, expressed emotions over the pictures and included the thought processes and emotions of the characters in the story ("Haha, well the gentleman was wondering if he had gone mad this morning, luckily there was a report on TV about a mystery, so he realized he must have been one of the victims...")

Student 4 (20 years old)

The student was diagnosed with ASD at the age of 18. Prior to this, she had been

struggling with mental problems based on anxiety disorder, which she said were associated with feelings of otherness, not being accepted by a peer group and problems in social interaction. At the same time, she was struggling with sensory hypersensitivity to light and unexpected sounds. During the meeting, the student wore sunglasses because of the artificial lighting and brought along a stuffed toy, which she said calmed her down (she put it in her backpack about halfway through the session). She communicated adequately, eye contact was distorted by the sunglasses and could not be assessed. She appeared shy but actively described difficult situations ("I can talk to teachers and arrange what I need. But I have to know the teacher a little bit first, and I can only do that if we are alone together and I know he or she will listen to me.").

During the **anamnestic interview**, she stated that she had been experiencing adaptation problems since kindergarten ("I cried for a long time in kindergarten, I didn't want to eat there or play with toys because they were different from what I was used to."). Adaptation problems also occurred in primary school, and she usually became "friends" with someone, typically had one friend, and then the situation improved. In adolescence, she struggled with feelings of otherness, wanting to fit in with her peers but not understanding them. She stated that at the end of primary school she had two friends but only went to secondary school with one of them ("Sometimes it was a problem that I was somewhere with one and not the other, the other one was angry about that. The fact that only two of us went to secondary school solved that. But by sophomore year we stopped being friends anyway."). In secondary school, she saw the school psychologist and became close with her. She trusted adults more than her peers because her peers were unpredictable. Problems with hypersensitivity to light and certain sounds (e.g. blowing one's nose) also worsened in adolescence. She experienced anxiety and panic attacks, which was the primary basis of her first diagnosis.

The student scored **63 on the GQ-ASC questionnaire**. Specific manifestations were present in all the areas studied, thus she scored high in all areas. However, she often used the rather agree/rather disagree option, and mostly avoided the extreme values of strongly agree/strongly disagree. For item 11, she made sure it counted, even though she had already overcome it. She described major problems in childhood (e.g. washing her hair) and said she had mastered this in adolescence (she has a routine). Socially, the student could be classified as a masked extrovert; she was active in social interactions but was already conspicuous in her appearance at first encounter, using an object (a stuffed toy) to calm herself. **The ADOS 2** test confirmed the

presence of autism spectrum disorder. In the area of communication, the student scored 3 points, with differences evident mainly in sustained conversation and gestures. Social interaction was scored at 5 points. She scored in the areas of social reactivity, reciprocal interaction and examiner directed expression. Eye contact could not be fully assessed because of her sunglasses, however, given her facial expression, we believe she would have scored here as well.

Student 5 (19 years old)

The student sought out the services of the counseling center on her own for a study support assessment. Her diagnostic process was still ongoing, and ASD was suspected by the psychiatrist she was seeing for gender identity issues (suspected transsexuality). This was later not confirmed, however, some issues in accepting the female gender role persist. She had just started university, which meant moving to a new city, living in a dormitory and a completely new way of learning. She exhibited major adaptation problems from loss of privacy and (living in a dorm in a single room but with shared kitchen and common room) and high levels of stress caused by the large number of social interactions she was engaging in throughout each day.

She gave a calm impression during the social interaction, asking questions if she did not understand something. For some questions in the anamnestic interview, she stated that she had to think about her answer. She was reserved in terms of reciprocal interactions. For questions focused on experiencing social situations and the emotions associated with it, she reported that it was too difficult a question, that she could not recall the feelings of a given situation since it happened long ago. After some time (about 25 minutes), a slight tension became noticeable, with the response that it was difficult to answer now being repeated more often. After the meeting, the student sent an email to add to some of these responses.

The **anamnestic interview** revealed that the student's family is very important to her, especially her parents. She is the youngest of three siblings, where they tolerate each other and like each other but basically do not communicate (currently both older siblings have been living away from home for several years). Home is the base where the student was used to "shaking off" the stress of daily demands (school). Since childhood, she showed differences in social behavior, never seeking the company of peers, she had no friends (did not need them). Her family and other families within the parish she and her parents attend are an important group for her. There she follows the activities of others, is rather passive but has no major problems getting involved. In her social behavior and communication, she says she often has

problems with not clearly understanding the content or substance of communication, and is bothered when people make contact with her for no reason ("I was sitting in a lecture and a student sitting in front of me turned around and asked if I had already signed the attendance sheet, even though the attendance form had been sent by the lecturer from back.") and unexpectedly ("In seminars, they call on us in no clear order and want us to respond immediately to a question on a topic we are discussing for the first time!").

In the **GQ-ASC questionnaire, the student scored 62**, but only after items 6–8 were rescored. She reached 53 points when the test was scored initially. This was related to the fact that she more or less negated the answers related to female imitation in her first answers. It was only after the administration was completed that she asked whether observing and imitating others could apply to both women and men. She explained that she had primarily observed men to see if she was closer to them than to women. She has more difficulty understanding women's social behavior. After being reassured that this can also apply to men, she changed her answers, which led to an increase in her score. Here, we can infer that problems in accepting gender identity and gender roles have led her to not identify with women. One could also discuss here Baron-Cohen's E-S (empathy-systematization) theory, i.e., the "extremely masculine brain" theory in individuals with ASD (Baron-Cohen, 2002) or the influence of the social type (Attwood & Garnett in Grandin et al., 2019). We could say this client was an introvert type but there is an emerging ability to camouflage in familiar social settings. The student scored a 9 on the ADOS 2 test. The resulting communication score was 4 points, and specifics were evident in all areas observed except for the stereotypical use of words. Social interaction was scored at 5 points. Specifics were present in almost all areas but the student is able to meet the demands of daily life independently and responsibly. She finds social interaction difficult to understand and exhausting, and there is little reciprocity in social interaction, although for a limited period of time the student can function adequately in social interactions.

Student 6 (23 years old)

The student came on the recommendation of the university's officer for students with special educational needs. She was managing her studies fine academically speaking but she was experiencing non-specific "seizures" (tremors, paralysis, inability to react) during lectures and seminars and a psychiatrist diagnosed her with an anxiety disorder. In her own words, the student perceived her surroundings during such states but was unable to react. Faculty members often

did not know how to handle these situations; the duration varied from a few minutes to an hour. In face-to-face contact, there was a clear avoidance of eye contact and her speech was monotone.

During the **anamnestic interview**, the student reported that she had experienced social contact difficulties since childhood but her parents were not willing to admit any problems ("My parents told me that I was smart and we were doing well, so I had to manage everything, and so I did"). She respects her parents but prefers to do as she is told, not seeing them as a support unit. She herself spoke of a certain mask she used. The seizures started to occur in high school; an interesting fact was that they only occurred at school and the parents were never present during the episodes. The situation recurred at university, very often with lecturers whose lectures the student liked. Most often the attacks manifested themselves before the end of the lecture, which caused organizational problems.

The student scored **71 on the GQ-ASC questionnaire**. When answering some of the items, she seemed surprised at how consistent this was with her experience ("I totally agree, this is what I've always tried to do," she said for item 7). She scored highly on the items and there was no area that was significantly different. The student only stated that she had no musical talent. **The ADOS 2** score was the highest of the students observed – the student scored 11 points. The communication score was 4, and we arrived at a score of 7 in social interaction. In communication, the student responded to questions but did not initiate the communication herself, she hardly used gestures and was passive in the conversation. Eye contact was unusual, facial expressions were not directed at the examiner and there were deficits in reflecting on the emotional states of others, although she stated, "My parents tell me that I annoy other people, that others find my attacks bothersome." She repeated this several times. The quality of social reactivity and reciprocal interaction was reduced.

Discussion

We summarize the results of our study conducted on six female university students below. For all of them, we included the GQ-ASC questionnaire in the autism spectrum disorder screening. We supplemented it with an anamnestic interview and the ADOS 2 test to analyze the results of the questionnaire and to observe areas that may affect the interpretation of the questionnaire. All students underwent the same procedure, with two of them already having been diagnosed with ASD disorder by a clinical psychologist or psychiatrist, while two others received this diagnosis after the study support assessment was carried out. One student chose not to undergo clinical diagnosis at this time, even though she was considered to

be at high risk for the presence of ASD (Student 2). In the last student, none of the diagnostic tools used indicated the presence of ASD and the differences in functioning and social behavior could be explained by the family situation in childhood and adolescence, which could have had an impact on personality development, therefore a clinical examination was not recommended.

We recognize that our study has major limitations. We worked with a small number of respondents, not all female students were clinically verified as having suspected ASD (students 2 and 3). We used an unverified translation of the English original. Although we cannot generalize the results of the study, its conclusions bring interesting findings applicable to counseling practice. Studies by Brown and Aldabagh (Brown, 2020; Aldabagh, 2022) show that there is no doubt about the relatively high reliability of the GQ-ASC questionnaires in women with ASD (see above).

From the data presented above, we can see that the GQ-ASC questionnaire corresponded to the results of the ADOS 2 test in most of the female students; its authors also declared that they based the questionnaire on the parameters of this test (Attwood, Garnett & Rynkiewicz, 2011). The ADOS 2 confirmed the presence of ASD in only one female student (Student 1), although the GQ-ASC questionnaire score did not indicate the presence of the disorder. We believe that this may have been due to the social type, which we identified in the student as an introvert type (Attwood & Garnett in Grandin et al., 2019). Another student (Student 2) with similar manifestations in social behavior (disinterest in social contact, shunning others) also scored lower on the camouflage/masking domain. It is the reduced need for social contact that leads to the fact that they may not develop the need to imitate the behavior of others, to "mask normality." Student 5, who had long-standing gender identity issues, also scored low in this area. It was important to her that there was a male polarity in the items, so she adjusted her answers, making sure that she could imitate men in items 6, 7 and 8. Therefore we would recommend to modify items 6, 7 and 8 to be neutral, e. g. "I avidly observe other people socializing" instead of "I avidly observe other female socializing". Moreover, she was also the introvert social type, although she manifests as a masking extrovert in her social environment. On the other hand, for student 6, it turned out that camouflage was an important compensatory mechanism for her. She used it to regulate her emotions. She learned this in her family where ASD symptoms were not tolerated. This led to meltdowns in an environment where she felt safe (mostly school) and the screening process was one of the first opportunities to talk about it.

We consider the data obtained from

the anamnestic interviews to be important. They can significantly contribute to the interpretation of the screening results, explain the specifics of the clients or help the counselor to distinguish specific behavioral manifestations based on autism spectrum disorder from those associated with other problems, environmental influences, etc. The anamnestic interview also allows one to track symptoms over the course of an individual's development, which can be crucial in distinguishing ASD from, for example, mental health problems. Indeed, the manifestations of ASD must be present since childhood, even if they differ in degree and in their demonstration in the client's behavior (Thorová, 2016). In our sample, it was important how clients talked about friendships from childhood. For most of them, relationships with peers were challenging, they did not have many friends and three of them (Students 1, 2 and 5) did not seek social interaction at all. In contrast, Student 3, who did not meet the criteria for ASD, spoke of having abundant social relationships, friends confiding in her and discussing personal problems with her. Thus, understanding and involvement in social situations during development may be another indicator that we can use in determining risk for ASD. Last but not least, the anamnestic interview may provide information that we would not have found from the questionnaire alone, while it could bias the results of the questionnaire. For Student 5, this information included problems in gender role acceptance and uncertainty in gender identity development; for Student 1, it was a description of the need for repetitive patterns (always the same seat in the classroom) or problems coping with situations with large numbers of people.

The aim of our report was to show the potential use of the GQ-ASC questionnaire in counseling practice. Although the questionnaire was originally constructed mainly for self-diagnosis of ASD, we believe that it can be used by psychologists and counselors for basic screening for the presence of ASD. Studies by Brown (2020), as well as a pilot study by Aldabaghová (2022) in the Czech Republic show relatively good psychometric properties of the questionnaire. According to both authors, it is able to capture more than 80% of adolescent girls and women with autism spectrum disorder and their scores are significantly higher than those of women from the neurotypical population or men with ASD. It follows that the questionnaire is well suited specifically for the identification of women with ASD. Using the cases of clients from the Academic Counseling Centre under the Faculty of Education at Charles University, we attempted to show that it can be beneficial for the accuracy of interpretation of the questionnaire results if the questionnaire is used during a learning support assessment. This is because clients may not fully understand

some of the items or may require clarification in items relating to the past, as Aldabaghová (2022) also points out. If we supplement the screening results with the anamnestic interview, we may also detect clients who would have scored lower than the cut off score during the self-diagnostic interview. In addition, we may detect ASD symptomatology already in childhood, which can provide support for the potential risk of occurrence. The simplicity of administration and evaluation of the questionnaire is certainly an advantage for counseling work, as a screening it can be well used to determine the risk of ASD in female students even without previous experience with this developmental disorder. Based on it, counselors can also determine the basic specifics of female students (way of communication, involvement in social interaction) and set basic support measures that will help them successfully meet the demands of their studies. The GQ-ASC screening, with its focus on the specifics of adult women with ASD, effectively identifies the compensatory mechanisms that prevent these clients from being diagnosed. These can then be used to support the client or they can be identified as hindering the further development of social and communication skills in turn helping us to seek other, more effective approaches.

Appendix 1

GQ-ASC: Adult Women

GQ-ASC: Adult Women

This screening questionnaire is designed to identify behaviours and abilities in cisgender and trans women that are associated with autism.

INSTRUCTIONS: *Here is a list of questions and statements. Please read each question and statement very carefully, and rate how strongly you agree or disagree with it by circling your answer.*

	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Imagination and play				
1. I enjoy fantasy worlds	4	3	2	1
2. I am interested in fiction	4	3	2	1
3. When I was 5-12 years old, I played as imaginatively as other girls	4	3	2	1
4. When I was 5-12 years old, I had imaginary friends or imaginary animals	4	3	2	1
5. When I was 5-12 years old, I created my own complex 'set ups' with toys	4	3	2	1
Camouflaging				
6. I copy or 'clone' myself on other females	1	2	3	4
7. I avidly observe other females socialising	1	2	3	4
8. I am attracted to females with strong personalities who tell me what to do	1	2	3	4
9. I adopt a different persona in different situations	1	2	3	4
Sensory Sensitivities				
10. I am attached to certain objects or toys (e.g. favourite toy, pillow, piece of cloth) which I carry, touch, or rub to calm myself	1	2	3	4
11. I expressed distress during grooming (e.g. I fought or cried during fingernail cutting, haircutting, combing) or when I am touched (e.g. someone touches my feet)	1	2	3	4
12. Some social situations make me mute	1	2	3	4

13. I am distressed by certain smells or I avoid certain tastes that are a typical part of a diet	1	2	3	4
Socialising				
14. I socialise quite well for a while, but subsequently feel exhausted	1	2	3	4
15. I often have a facial 'mask' that hides my social confusion	1	2	3	4
16. I have intense emotions	1	2	3	4
17. I apologise when I make a social error	1	2	3	4
Interests				
18. When I was 5-12 years old, I preferred to play with girls' toys	4	3	2	1
19. When I was 5-12 years old, I preferred to play with boys' toys	1	2	3	4
20. My interests were advanced for my age (e.g. opera)	1	2	3	4
21. I am talented in music	1	2	3	4
TOTAL SCORE:				

SCORING: Sum all response values to calculate the total score.

A total score of **57 or higher** indicates a high level of autistic traits; sensitive to 80% of cases.

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PhDr. Hana Sotáková, Ph.D.
Pedagogická fakulta, Katedra psychologie, Akademická poradna
Univerzita Karlova
hana.sotakova@pedf.cuni.cz

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A Project for the Support of the Well-being of University Students Based on an Analysis of the Stress Susceptibility of Students from Various Fields of Study

Markéta Švamberk Šauerová

Abstract : The goal of this paper is to present a peer project aimed at promoting student well-being. It is based on an analysis of the susceptibility to stress of students from different study fields (Tošnerová, Tošner, 2002) and published results of international authors – e.g. Reddy, Menon, Thattil (2018), Böke, Mills, Mettler, Heath (2019). The project focuses on salutoprotective resources applicable in the university environment in various situations (e.g. in the prevention of academic failure, development of selected life competences, with an emphasis on the promotion of self-efficacy, etc.); it is then modified in practice with regard to the specifics of particular students (from a particular field of study) so that based on the given survey, students receive specific recommendations aimed at preventing those stressors that are typical for that particular target group. The project is based on the principle of the peer interaction of university students studying to be wellness specialists and is significantly linked to real-life practice.

Key words: susceptibility to stress, well-being, university students, healthy lifestyle, peer program

Introduction

With growing interest in the quality of life as an important component of human health in counterbalancing the increase in stress, not only in society but also in our personal lives, the frequency of the use of the term well-being is increasing.

Kebza and Šolcová (2005) suggest that personal well-being is „an assessment of the quality of life as a whole.“ Levin and Chatters (1998) state that personal well-being is often seen as a component of

quality of life. According to these authors, quality of life consists of two dimensions – namely, subjective and objective personal well-being. Subjective personal well-being consists of psychological personal well-being (life satisfaction, happiness, mood, positive and negative affectivity, etc.), self-esteem, self-acceptance, and personal coping. The term objective personal well-being can be understood as, for example, the overall health of the individual, socioeconomic status, etc. (Hošek & Švamberk Šauerová, 2020).

Nowadays, certain constructs are seen as part of personal well-being, whereas in the past, they served to express it. The most common constructs used to express personal well-being are „long-term positive and negative emotional states, happiness, life satisfaction in important areas of life, as well as self-esteem and self-worth" (Diener et al., 1999).

Kebza and Šolcová (2003) conclude that when experts talk about the concept of well-being, they agree that it is „a long-term emotional state in which an individual's satisfaction with his or her life is reflected." At the same time, they agree that personal well-being should be measured through its cognitive components (life satisfaction, morale) and emotional components (positive, negative emotions) and that it is a construct consistent across different situations and stable over time.

Two basic theoretical approaches can be used to define personal well-being. One approach is tied to the concept of subjective well-being (SWB), which is „defined in terms of life satisfaction and the balance of positive and negative emotional states," while the other approach is concerned with the concept of psychological well-being (PWB), which is „defined in terms of a person's engagement with the existential challenges and issues of life." The key concepts here are satisfaction with oneself and one's life, life purpose, personal growth, etc. (Hřebíčková, Blatný & Jelínek, 2010). Although the theoretical approaches mentioned above are based on different theoretical standpoints, they have the same goal of expressing the degree of experienced personal well-being (Baumgartner, 2009).

Dimensions of personal well-being

Carol Ryff presents the concept of psychological well-being. According to her, „a person achieves personal well-being when he or she is able to optimally fulfill a total of six domains of mental life" (Ryff, Keyes, & Lee, 1995). In this concept, we speak of the so-called multidimensional model of well-being.

The six core dimensions of personal well-being in this multidimensional model include the following (Ryff, Keyes, & Lee, 1995):

- Self-acceptance
- Positive relations with others

- Autonomy
- Environmental mastery
- Purpose in life
- Personal growth

Levin and Chatters (1998) describe well-being in a similar manner but they distinguish only four components that comprise the subjective sense of personal wellbeing – they conceptualize them more broadly. They are:

1. Psychological well-being made up of various emotional and cognitive dimensions
2. Self-esteem
3. Self-efficacy
4. Personal control, mastery

Diener (2009) includes positive emotions, life satisfaction and happiness in the sense of personal well-being.

Relevant research discusses a number of variables that can be incorporated into several categories, which are: demographic factors, social relationships, personality dispositions and the discrepancy/conformity between personal expectations and reality (Blatný, 2010; Šolcová & Kebza, 2004; Hošek & Švamberk Šauerová, 2020).

Susceptibility to stress, i.e. the personality disposition of the individual, is also an essential factor affecting personal well-being (comp. Hosseini, Zahrakar, Davarnia & Shakarami, 2016). This factor is the primary focus of the project on promoting well-being among university students, while other factors are also considered – see the text below on the causes of stress among university students.

Stress

Stress represents a burden or strain and, in the broadest sense of the word, includes the designation for challenging life situations. In 1950, H. Seley (1979) characterized stress as a physiological response of the body that manifests itself through the general adaptation syndrome. The human body maintains homeostasis (i.e., stability of the internal environment) and the body responds to changes in conditions through regulatory activity and adapts (cf. Švingalová, 2006). Simply put, stress can be described as a state of strain on the organism, where we feel tension in the body as well as various emotions. Stress protects our organism from danger by directly alerting us and causing our body to become alert (the fight-or-flight response) and keeps it in this state until the danger passes.

In connection with stress, we talk about the effect of stressful situations. Stressful or challenging situations occur in everyone‘s life and all individuals have to learn to cope with them. These distressing situations often affect the health of a person, however, they are a part of life itself – they are natural and indeed necessary for the formation of

personality. Each person develops coping strategies to deal with these situations – coping strategies that lead him or her to seek new courses of action and to perform better. Another possible term for the process of coping with stress or challenging life events is, for example, stress management.

The disproportionate escalation of the difficulty of a situation can become a source of undesirable states and reactions, and these situations become a frequent source of difficulty for university students. It is important to realize that stressful situations are all of a different nature and can be divided into the following groups: unreasonable tasks (the demand of the situation is higher than the capacity of the individual), problem situations (the individual is faced with a problem, for the solution of which he/she is only partially equipped in terms of ability and skill), conflicts (the essence is a dispute), frustration (progress towards a desired goal is blocked) and deprivation, when there is long-term dissatisfaction (Hošek & Švamberk Šauerová, 2000).

All of these groups can be summarized by the term „stressor." This refers to events to which an individual must adapt. Together with other adverse environmental conditions, they interfere with the mental and physical health of the individual. The difficulties a person ends up experiencing are primarily related to his or her adaptability or flexibility.

Causes of stress in university students

There are numerous causes of stress. Some are entirely individual while others have more of an institutional or societal nature. With regard to the search for different ways of mental health prevention, it is useful to be specific about the different causes of stress in university students.

Psychological causes

From a psychological perspective, personalities with a reactive or proactive life attitude are distinguished in stress research.

People with a basic reactive attitude are much more prone to stress and are characterized by the following behaviours – they feel passively exposed to events in their lives, they feel like a driver who lacks the skills to drive a car, they shift their own responsibility to other people or institutions (e.g. students blame their failures on teachers, parents or the whole school system). Proactive people are characterized by their focus on the present and the future rather than on events already experienced (comp. Pirkkalainen, Salo, Tarafdar, & Makko-

nen, 2019; Musabiq & Karimah, 2020). They take responsibility for themselves, approach problems with commitment, see them as a challenge for their development and try to influence them or solve them[1].

Students who suffer from feelings of meaninglessness and futility from their studies, who find no satisfaction in them, end up in a vicious circle while often experiencing procrastination (putting off their duties). They find their studies meaningless and have to spend much more energy than others to manage their daily duties, which is very demotivating. The consequence of this is an increase in negative reactions from the social environment (disgruntled teachers testing an „unprepared" student, parents, friends). All of these factors combined can lead to the student dropping out of university.

Physical causes

Physical causes are most often marked by unhealthy lifestyle choices and attempts to eliminate the effects of stressful situations by using inappropriate methods – for example, alcohol, excessive food consumption, drug use, smoking or other pathological behaviours.

Institutional causes

Stress is often not the result of individual or interpersonal problems but comes from deficiencies in the management and structure of social institutions and organizations. The negative impact of a university environment can be traced back to the characteristics of a specific workplace. Those most frequently mentioned are the ergonomic unsuitability of the premises, pressure to perform, insufficient connection between learning and practice as well as uninteresting teaching methods (Švamberk Šauerová, 2017).

Social causes

The school is not detached from society, so it is very intensely influenced by current social events and attitudes. Much emphasis has recently been placed on social responsibility (the so-called third mission of universities) – universities are involved in social events, university representatives participate in socially beneficial activities and there is also much importance placed on close cooperation between the tertiary sector and the commercial sector.

At the same time, however, it is necessary to consider the limits of higher

[1] To some extent, it might be interesting to analyze the prevalence of these proactive types of students at individual universities in the context of monitoring stress resilience and burnout syndrome. This investigation is something the students intend to address in their next semester project.

education in terms of flexible responses to societal needs. Accreditation procedures take an extremely long time, and programs are prepared not only according to the needs of the market but also according to the capabilities of the experts who will be involved in any given program. The content of instruction is thus not always in line with the students' ideas about learning (see above).

In relation to the increase in stress among university students, Reddy, Menon, and Thattill (2018) from India mention a lifestyle crisis and especially the influence of expectations of good student performance not only from society but also from the parents of already adult children. They draw on statistics from the National Crime Records Bureau, which show that students commit suicide due to failing exams and that in recent years, there has been up to an 80% increase in suicides in a single year (Saha, 2017). In the Czech milieu, student suicides due to pressure on performance are still rare, but even Czech universities have experienced such situations (e.g. the Faculty of Law, Charles University).

Project proposal to support the well-being of university students

The project is based on the analysis of the degree of stress susceptibility of students in the selected field of study as well as on individual searches for students with high stress susceptibility (see the results of the research survey below).

It is implemented in the form of a peer project – i.e. it is prepared by students who specialize in wellness counseling and can be implemented in collaboration with counselling departments of other universities. The starting point is an analysis of the susceptibility to stress of a particular group of students, and, taking into account the resulting values, a program „tailored" to the group and the individual is then prepared.

The results of the current survey are presented below, on the basis of which the presented well-being support program has been prepared.

Research methodology

In the introductory part of the paper, brief attention was paid to the definition of basic concepts with respect to the population of university students and the connections that can be captured between these phenomena.

The starting point of the project is the significant increase of psychosomatic and psychological problems in university students (statistics of individual counselling centres of universities, results of surveys focused on mapping psychosomatic problems in university students), high „mortality" and turnover of students after the first year of study, as well as the frequently mentioned demotivati-

on of students at academic senates, in classes, in regular evaluations – e.g. the Eu[illegible]udent survey (Fišer & Vltavská et al., 2016), Statistical Data of the Council of Universities 2016–2019, annual reports of universities.

The second and not insignificant starting point is the academic orientation of the students of the College of Physical Education and Sport PALESTRA, namely in the area of wellness, where the primary focus is on monitoring and promoting the healthy lifestyle of various target groups. If we want to prevent stress and promote the well-being and healthy lifestyle of university students, it is appropriate to consider peer tutors, who support others with similar social parameters to pursue a healthy lifestyle. Choosing appropriate strategies and learning how to use adequate tools to prevent stress are important both for the course of study itself and, subsequently, as a way to prevent stress and possible burnout syndrome in future professional life. According to international experience, it also appears that the impact of peer programs in health promotion is increasing (e.g. Bussu & Contini, 2020).

On the basis of the survey conducted, which focused on the analysis of stress susceptibility, a proposal has been prepared to expand the course Related Practice for Students in the Wellness Specialist Program, through which it would be possible to act as a tutor of healthy lifestyle support under the auspices of the individual counselling centres of the given university.

Data acquisition and processing methods

The survey was conducted using the Burnout Syndrome Inventory (Tošnerová & Tošner, 2002), which is the most suitable method for the purposes of the survey – it provides information about a given person/group on four basic levels (see the description of the data collection method below).

Basic processing was carried out using percentages, while statistical processing of the data is not necessary for the purposes of this paper.

The same procedure would then be applied in the preparation of a specific project for a specific target group, where, based on the evaluation of the data obtained, it would be possible to determine which students (of which academic discipline) show the highest susceptibility to the development of burnout syndrome. This would be carried out both through a comprehensive assessment and on the individual levels monitored: intellectual, emotional, physical and social. Given a more detailed analysis of the problem areas (areas in which students experience more severe deficiencies), it is possible to offer prevention programs for specific fields of study that are as precise as possible, including individual follow-up

care according to the interests of specific students.

Aim of the research investigation

The aim of the already implemented research investigation within the work of the Counselling Centre of the College of Physical Education and Sport PALESTRA was to analyze the degree of susceptibility to stress and the emergence of burnout syndrome among university students and subsequently to compare which field of study is associated with the highest level of risk.

The sub-objectives were also to analyze the individual levels in which stress is most strongly reflected and to assess the trend in the difference in responses between the groups.

These findings can be considered as a basic starting point for the planning of prevention projects for university students or can be used to guide the prevention and education activities of university counselling centres (e.g. Švamberk Šauerová, 2017).

Research questions

The main research questions of the survey were:

- Which students (in which field of study) are most prone to stress and burnout syndrome?
- At which level do students achieve the highest susceptibility (highest values) in general?
- Is it possible to statistically demonstrate any kind of trend in the difference between the groups studied?

To answer the first two questions, relative frequency analysis and graphical representation are used to present the data.

To assess the trend in the difference in the transformed data, a one-factor analysis of variance (ANOVA) model was used, followed by multiple comparisons with Bonferroni correction for multiplicity at a statistical significance level of P=0.05. However, the assessment of a statistically significant difference between groups is not relevant for the purposes of this paper and these results are therefore not presented here.

Target group

The target group comprised university students in different academic programs, which were divided into five basic groups:

- Biomedical orientation
- Social sciences
- Technical
- Sports
- Arts

The academic areas include various fields of study and, from a methodological point of view, it is necessary to mention that this was a deliberate selection of

Table 1. No. of students

Field of study	No. of respondents
Social sciences	356
Sport disciplines	175
Art disciplines	140
Technical disciplines	261
Biomedical disciplines	284
Total	1216

specific disciplines. The research team's aim was to include more fields of study within each academic program in the survey, nevertheless, the results cannot be considered to be comprehensive as each field of study has its own specifics. Rather, the data obtained should be regarded as a way to diagnose the level of stress and susceptibility to burnout syndrome in a given group of students in individual fields of study and to then determine what preventive measures – preventive education programs – can be implemented in individual cases.

Research design – plan, research population, organization and research methods

The survey has been conducted in a similar manner several times (the intention is to monitor the long-term susceptibility of students to stress; partial results are used for specific contributions) and the data presented here is from a survey conducted between October and December 2019, in specified target groups (fields of study), the selection of respondents was limited by the capabilities of the team that collected the data. Sample variability was ensured by assembling several research teams (five in total), each member of which was responsible for collecting data in the respective academic program – but in a different field of study and at a different university (the same academic program). This combination minimized the impact of deliberately selecting respondents from one particular university.

The data was then recorded in a spreadsheet and was graphically processed using MS Excel software.

Research population

The research population comprised a total of 1,216 respondents; Table 1 below shows the number of respondents in each academic program. The

Tab. 2. Summary of results

Field of study	Rational level	Emotional level	Physical level	Social level
Social sciences	7,841317365	8,305389222	8,398203593	7,140718563
Sport disciplines	7,405228758	7,261437908	7,633986928	6,45751634
Art disciplines	8,576271186	9,881355932	9,13559322	8,220338983
Technical disciplines	9,869747899	10,75210084	10,3907563	10,15966387
Biomedical disciplines	7,574144487	8,220532319	8,266159696	7,114068441
Total	8,232368897	8,835443038	8,768535262	7,804701627

different numbers of students are due to the capabilities of the team and the total number of students studying these fields of study; the evaluation of the results is not affected by the different numbers as it is based on an analysis of the relative frequencies of the evaluation of each personality level and the overall student status – or rather, the average value achieved by the students at each level and in total is shown.

Description of the data collection method

The standardized Tošner Burnout Syndrome Inventory (2002) was used to collect data.

Respondents rated 24 statements on a scale of 0–4, with 0-never, 1-rarely, 2-sometimes, 3-often, 4-always. As far as the individual statements are concerned, they include rational, emotional, physical and social levels. The sum of these four levels is used to determine the degree of susceptibility to stress and burnout syndrome. The maximum value of the total sum is 96, the minimum is 0. On each level, the highest value can be 24, the lowest 0.

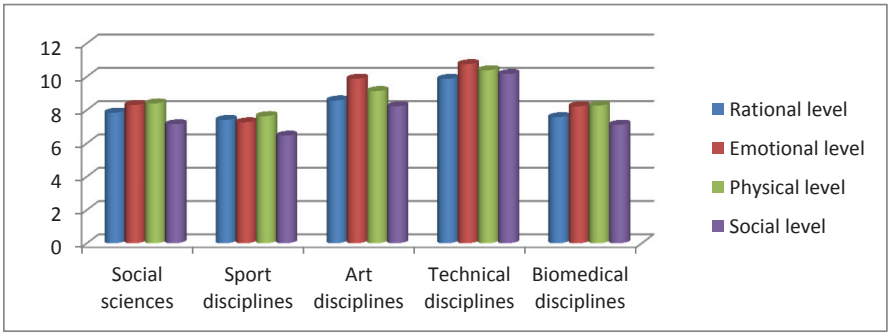
Presentation of the survey results

The data obtained is compiled in a table for the sake of clarity – for each academic program, the average value from the evaluation of this level is listed for each level (Table 2). Subsequently, the data is also displayed graphically (Figure 1).

It is clear from the data in the table that, on average, students scored low on the individual levels, yet there is a trend that should be addressed, especially in the context of individual diagnosis, by designing and offering prevention programs.

As the data shows, students were

Fig. 1. Summary of results by domain and field of study



most prone to stress in the emotional domain, while the students performed best in the social domain – this is similar to the 2017 survey.

Looking at the average values of the results by field of study, the highest values on all levels were reached by students in technical fields.

Assessment of the research questions

It can be concluded on the basis of the data obtained that overall, the respondents in the sample do not show any major pathological manifestations as a result of studying any particular field of study. If we look at which area reached higher values as compared to the others, then students in technical fields are the most prone to stress in the sample.

The group studying technology has the highest number of students showing higher levels of stress in most personality dimensions, while in the group studying social sciences, students reach higher levels of stress in only one dimension.

Students are most prone to stress in the emotional domain and they performed best in the social domain.

In the context of the data obtained, it is appropriate to consider that peer programs to support well-being should be offered primarily to technical schools and then, in relation to the typology of technical students, to prepare a tailor-made program. As already mentioned, the well-being support program would be delivered by peers from a university that specializes in well-being support programs (the College of Physical Education and Sport PALESTRA) in close collaboration with university counselling centres.

Design of a peer stress prevention program for university students

As is apparent from the results obtained, it is necessary to consider the development of a universal model of stress prevention in university students with respect to factors that can be influenced in the given program (i.e. it is not possible to influence, for example, social or institutional conditions).

A universal program must take into account the basic components of a healthy lifestyle, which include the following in particular (adapted from Žaloudíková, 2009):

- A regular daily routine
- A healthy diet
- Plenty of physical activity
- Commitment to psychological well-being
- Pursuit of well-being in interpersonal relationships
- Adequate stress management techniques

With regard to the academic discipline of the students who would implement the program as tutors, it is necessary to build the basis of the universal program on a component of physical activities and personal development techniques aimed at supporting self-efficacy, appropriate use of time management and stress management techniques (all these tools are intensively introduced to students during their studies and it is a pity that they do not use them as often as other techniques that should actually only serve as a supplement to care – e.g. various wellness beauty techniques or spa treatments). Methods that support the personal development of the client and the development of their personality traits and character seem to be much more effective in stress prevention and counselling to promote a healthy lifestyle.

Exercise should be aerobic, based on the principle of flow, thus targeting the anxiolytic, antidepressant and abreactive effects of exercise (cf. Stackeová, 2013). Exercise should be supplemented with a variety of relaxation practices and activities based on exposure to the cold, which contributes to increasing complex resistance to discomfort per se.

The following techniques are especially considered to be personal development techniques: self-monitoring, SWOT analysis, a balance wheel, analysis of work and personal activities during the day, week, month, analysis of unnecessary and necessary activities, a self-reflective diary (for more details see e.g. Švamberk Šauerová, 2018), self-empowerment.

In the context of other data found in surveys focused on the preparation of specific well-being support programs for individual academic disciplines, it is therefore advisable to purposefully modify the universal program so that the project can support those areas that seem to be crucial for the given group of students in

terms of stress. For example, for a group of technology students, this may be the support of social factors – i.e. the use of physical activities in a group, while for other groups, it may be possible to use an individual exercise program.

Example of a specific project proposal for students studying a technical discipline (from our survey):

- Weekend team-building activities
- Short-term seminars with relaxation and regeneration activities
- Weekend Stress Prevention Program (a combination of nutrition, exercise, relaxation, other ways of working with stress through reflection on the meaning of experience)
- Separate options for physical activities (e.g. the extension of exercise programs as part of the study program – e.g. self-defense, going to the gym)
- Regular outreach to technical students with the offer of participating in activities implemented by students studying wellness at the College of Physical Education and Sport PALESTRA (participation in athletics, e.g. the Gladiator Race, wellness projects, sports competitions, etc.)
- Seminars (weekend courses) on exposure to the cold
- Short-term massages
- Healthy Lifestyle (Nutrition and Movement) seminar as an elective course with credits (not part of the graduate profile, can be incorporated into the study plan by agreement), led by students with the support of professors from the College of Physical Education and Sport PALESTRA

Discussion and limits

When we evaluate the results of the survey, it must be emphasized that even though the results were obtained from more than a thousand respondents, it is necessary to continue with the survey, to reach out to other fields of study within the given academic disciplines. Similarly, it is necessary to monitor the degree of cooperation between university students and counselling centres and the degree of use of the prevention programs offered and implemented by the centres. It is also advisable to establish closer cooperation with counselling centres and to check their experience in using the prevention programs they prepare for students.

With regard to the results thus far, it is possible to wonder to what extent the observed results are influenced by the type of course of study only (e.g. stress susceptibility being high in technical fields and low in sports fields), or mainly by the type of students applying to these fields, the willingness of students to actively take care of their mental health and to participate in the programs offe-

red by university counselling centres, or finally, by a combination of all of these factors. Interesting results in this context are provided in the study by Fedorková (a dissertation focused on an analysis of the stress of students in a military school, 2022), or the study by Musabiq and Karimah (2020).

The scenario of a combination of all the factors seems to be the most probable for further research within the framework of health promotion. It is therefore advisable to consider, first of all, the preparation and implementation of specific educational and health-promoting programs for students of specific fields of study at universities with a technical focus. With regard to the type of student, technical students are generally more likely to be introverts compared to students in, for example, the humanities or sports, so it is appropriate to prepare these programs keeping in mind these personal characteristics of students, with the potential to modify them according to the needs of specific students. It may also be possible to use some of the ongoing programs of other universities aimed at preventing academic failure in the first years (e.g. the program implemented at the College of Physical Education and Sport PALESTRA; for more details see Švamberk Šauerová, 2017).

The proposed prevention project, which would be a part of the internship for students studying to be Wellness Specialists at the College of Physical Education and Sport PALESTRA, can be considered as an essential option for stress prevention. It would not only support the connection between theory and practice but would also strengthen the prestige of the field and the social responsibility of the university itself.

The main benefits of the project include:

- Practical output from the study
- Effective use of theoretical study in practice
- Strengthening of the third mission – social responsibility of the university (College of Physical Education and Sport PALESTRA)
- Visibility of the study program and its social relevance
- Health effects for students of other universities
- Strengthening of the importance of Counselling Centres in general
- Prevention of academic failure and stress reduction for all students

The following can be considered to be among the project's limitations:

- The sampling of the survey (despite the high number of respondents, not all students were involved)
- Influence of the learning environment of a particular university
- Influence of each student's personal life situation and his/her external study conditions (general analysis, not related to the respondents)

- Classification of the study fields into the main groups of the survey
- Reluctance of students from other universities to participate in the project despite the motivating factors mentioned

A limitation of this research study may be the way in which students are divided into groups of study fields. The chosen technique can also be a limit; it is older, the advantage is stress analysis in different personality levels.

Conclusion

The findings need to be considered in the context of the type of study field, the type of personality of the student and the quality of mental health care for students at individual universities. At the same time, the data must be considered as an important resource for the design and implementation of preventive mental health/well-being support programs.

The advantage of the proposed projects is that they are prepared as peer programs, which can be considered a very important factor in the implementation of the program from a social and psychological point of view – especially in the involvement of university students in these programs, reducing the risk of generational distance and, at the same time, increasing the potential of the programs through peer interaction. The programs provide a broader framework for engaging students who want to enhance their existing mechanisms of healthy adaptation to stress, who do not feel fully comfortable, are looking for ways to improve their health, and want to develop competence in appropriate coping strategies.

The survey has yielded interesting data that has a clear overlap, not only with the practice of other universities but also with the content of the Wellness Specialist curriculum, and which should be followed up with further stages of the research project aimed at expanding the data base or supplementing the use of the services provided by university counselling centres.

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doc. PhDr. Markéta Švamberk Šauerová, Ph.D.
Katedra pedagogiky a psychologie
Paletra, Vysoká škola tělesné výchovy a sportu
marketa.svamberksauerova@pedf.cuni.cz

Health and Well-being Tips for Distance Learning University Students

Jana Kočí

Abstract: According to the World Health Organization, the well-being of university students is essential for students' collective and individual ability to think, perceive emotions, cooperate with each other, earn a living and experience the joy of life. From this point of view, both the protection and restoration of mental health and the development of the student's well-being should be of fundamental interest not only to individuals, but especially to communities and societies around the world. The paper presents the possible ways to actively support the health and well-being of students during distance learning at Czech universities and colleges, as specific institutions; comprehensively, beyond a circumscribed focus on student academics (e.g. student motivation), to the systematic development of the academic well-being of all students (e.g. building up well-being through the adoption of the principles of a healthy lifestyle). The paper presents methodological recommendations that are aimed at actively supporting the health and well-being of university students during distance learning. Specific recommendations are provided for each context with reference to nine routes to well-being: positive emotions, engagement, relationships, meaning, accomplishment, physical health, environment, mindset, and economic security.

Key words: academic well-being, university student, distance learning, methodological recommendations, theory of well-being, potential, mental health, building well-being.

The new era of learning

As the disease caused by SARS-CoV-2 (COVID-19) spread across the world, many local authorities imposed "lockdowns" or "stay at home" orders. Such measures restricted university students' presence on campus, precluding contact education and thus preventing students' interaction and socialisation with other students and teachers.

Such provisions are known to be effective for protecting public health by slowing viral spread. But such provisions can also be expected to come with great costs to students' well-being (Quezada et al., 2020; Amirkhan et al., 2020; Garvis et al., 2020; Amponsah et al., 2020; Baloran

et al., 2020; Arribathi et al., 2020; Biber et al., 2020; Bolumole et al., 2020; Cahapay et al., 2020; Cleofas et al., 2020; Kibbey et al., 2020; Lui et al., 2020; Mohlman et al., 2021; Pan et al., 2020; Pascoe et al., 2020; Richardson et al., 2020 & Scotta et al., 2020).

In the last two decades, a number of medical pandemics have yielded insights into the mental health impact of these events. Based on these experiences and given the magnitude of the current pandemic, rates of mental health disorders increased. Negative mental well-being consequences have been reported, not only among the general public but among students at all levels, including university students who, due to the COVID-19 pandemic, were the first to leave in-person contact and the last to return.

The concept of traditional education has changed radically within the last decade and, considering what the emergency remote teaching during the COVID-19 pandemic has taught us, we can safely state that online and distance learning are at least part of the future of education (Adedoyin et al., 2020; Bryson et al., 2020; Carrillo et al., 2020; Donista et al., 2020; Firat et al., 2020; Firat et al., 2020; Lee et al., 2021; Majumdar et al., 2020; Murphy et al., 2020; Sangster et al.).

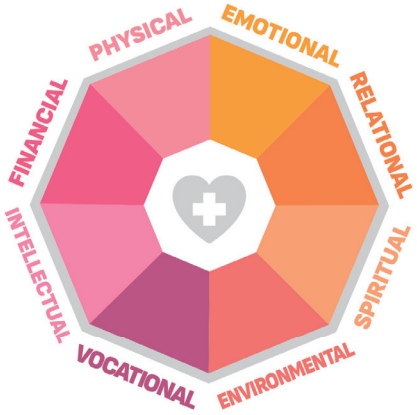
Both the COVID-19 crisis itself as well as the resulting health and mental well-being crisis are global problems that may require global solutions. Health and well-being education and mental health interventions are not only urgently needed to minimise the psychological sequelae of the COVID-19 world pandemic but we have also learned how crucial health and well-being education will be for future distance learning settings (Harvard University, 2021; Kelly-Ann et al., 2020; Rossen et al., 2020; Batchelor et al., 2020; Cage et al., 2020; Lazarevis et al., 2021; Luciano et al., 2020; Ramlo et al., 2021; Salimi et al., 2020; Shin et al., 2020; Singh et al., 2021; Wey et al., 2020 &Yusuf et al., 2020). We need to equip distance learning students, who don't have the luxury of regular face-to-face social support from other students and teachers (in contrast to contact education), in order to help them study effectively with high levels of health and well-being.

Various health and mental well-being interventions have been developed for distance learning, and research on their effectiveness is increasing. Systematic scientific research on the well-being and performance of university students offers recommendations for making online education as effective as possible.

Distance learning and overall health

One in three university students experiences mental health problems during their study. A similar percentage leaves higher education without obtaining the degree for which they enrolled (Dekker et al., 2020).

Figure 1. Multidimensionality of well-being based on Harvard & the David S. Rosenthal Center (redesigned by Kočí & Donaldson; 2021)



Not only does the first year of university come with a relatively high risk of not succeeding academically, but it also puts a lot of pressure on students. It is, in addition, a period with a higher risk of mental health-related issues and, subsequently, low levels of well-being (Hunt et al., 2010; Auerbach et al., 2018; Bruffaerts et al., 2018 & Choi et al., 2018). Mental health and well-being are related and contribute to a decline in students' academic performance (in the current studies, defined in terms of student retention, grade point average and obtained credits) (Bruffaerts et al., 2018). Research shows that university students with mental health problems are twice as likely to drop out (Kessler et al., 1995 & Hartley et al., 2010), and depression and suicidal thoughts relate to a poorer academic performance (Mortier et al., 2015; De Luca et al., 2016 & Godmen et al., 2013). Studies on stress and the coping mechanisms of university students have revealed a negative effect of stress overload and avoidance coping on college performance (Amirkan et al., 2020). Mental health and academic performance are thus very much interrelated (Dekker et al., 2020).

It has been widely accepted that well-being is a multidimensional phenomenon (Figure 1). In other words, well-being is a dynamic and fluid continuum influenced by many interconnected dimensions. The World health Organization[52] propounds three dimensions of well-being: physical well-being, mental well-being

and social well-being. Another example is the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University, which frames well-being in eight dimensions. These dimensions are: physical well-being, emotional well-being, relational well-being, spiritual well-being, environmental well-being, vocational well-being, intellectual well-being, and financial well-being (Harvard University, 2021). These above-mentioned composites provide a holistic approach to health and well-being by breaking down the abstract concepts of well-being into specific proportions. The challenge each of us experiences is finding the balance that works throughout the many seasons of our lives, especially through the years spent at university, including distance learning. Key ingredients are appreciating the eight dimensions of well-being below, and learning what works best for you while studying at home.

The well-being framework and practical tips for university students on how to actively support their mental well-being during distance learning

One of the biggest barriers to effective learning in recent years has been managing mental discomfort, and it is one of the most significant challenges we face in the modern university environment. The majority of universities worldwide are transitioning partially to a distance learning environment, following not only the recent circumstances of the pandemic but also general educational trends. Thus, the overall health of university students, including mental health management during distance learning, has become a main target for improving academic well-being.

One study[54] assessed life satisfaction and perceived stress among undergraduate university students in Barbados. The findings indicated that higher levels of perceived stress were associated with lower levels of satisfaction with life. The major predictors of students' life satisfaction were their living environment, campus facilities, and perceived stress.

Let science help you to manage your health and well-being while distance learning, dear students. Learn about the components of well-being and improve your health and performance immediately, using the tips and activities presented below!

Practical tips for strengthening well-being addressed to university students

Emotional well-being

As a key component of the well-being framework, emotional well-being involves the recognition and acceptance of all of our thoughts and feelings, whether

positive or negative. This awareness and acceptance of our emotions is necessary in cultivating balance and resilience and supports us in developing and nurturing relationships and friendships (Harvard University, 2021).

Foster your emotional well-being with these tips, based on advice from the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):

- Take time to quiet your mind and reflect on your day, including your study activities.
- Share your thoughts and feelings (including those related to your studies) with someone you trust, and listen to others' emotions too, whether it is your friend, family member, classmate or counselling psychologist.
- Take care of your body. Eat well, exercise, and sleep soundly – your emotional and physical health are interconnected, and both are very important for your ability to learn.
- Laugh! Don't take life so seriously, even though studying can be very challenging sometimes. Humour is sometimes the best medicine!
- Spend time outdoors in the fresh air before, in between or after your online classes.
- We are our own harshest critics. Be kind to yourself and do not beat yourself up for university failure or not being in line with your study group.

Potential Benefits

- A clearer mind for learning and absorbing new information.
- A better overall mood.
- Enhanced self-esteem, not only in a university environment.
- Better communication skills you can use to your advantage in your study.

Relational well-being

As a key component of the well-being framework (Figure 1), relational health focuses on establishing and maintaining meaningful relationships with yourself, individuals around you, as well as groups and communities. Relational health develops from our interactions and connections with others. Having a network grounded in supportive relationships in our life, as well as in our university environment, can help create feelings of satisfaction and security (Harvard University, 2021).

Foster your relational well-being with these tips, based on advice from the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):

- Take time to get to know yourself better, think about your beliefs, values and how they are connected to your studies.
- Join a club or organisation at your university.
- Participate in study groups actively.

- Make an effort to stay in touch with family, friends, classmates and mentors.
- Volunteer in the community when possible.
- Maintain balance between study and social time!

Potential Benefits:
- Feelings of inclusion and belonging.
- Support during times of need, in life as well as at university.
- Personal growth & confidence – becoming more comfortable with who you are.
- Increased communication skills that can be advantageous for your studies.
- Conflict management.

Intellectual well-being

As a key component of the well-being framework, intellectual well-being has nothing to do with testing your intelligence and grades but instead relates to concepts like intellectual transformation and new ways of knowing. As with your physical and emotional health, your intellect needs nourishment, too. Intellectual well-being consists of critical thinking, constructive thinking, visualisation, stimulating curiosity, problem solving, and creativity. Intellectual well-being isn't confined to the classroom, but instead requires lifelong sustainment and cultivation (Harvard University, 2021).

Foster your intellectual well-being with these tips, which are based on advice from the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):
- Take a class outside of your field or focus of study!
- Read for pleasure – don't focus only on scientific literature. Read some drama, fantasy, fiction, history book or anything you are in the mood for.
- Check out a seminar or conference on something you're unfamiliar with!
- Attend a play, museum exhibition or poetry reading.
- Debate with someone in your class (respectfully) or outside of the university.
- Try to learn another language.
- Do crossword puzzles for fun.
- Engage in research opportunities when possible.

Potential Benefits:
- Improved cognition.
- Experience of a more stimulating life.
- Development of personal values and opinions!
- Open-mindedness and respect toward different opinions.
- Clearer thinking.
- Improved concentration and memory, which can be advantageous for your studies.

Spiritual well-being

As a key component of the well-being framework (Figure 1), spiritual well-being can stem from beliefs, faith, hope, values, ethics or moral principles that provide purpose and meaning in our lives. It can be nurtured or cultivated through prayer, meditation, time in the natural world, deep listening and, very importantly, through self-reflection (Harvard University, 2021).

Foster your spiritual well-being with these tips, which are based on advice from the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):

- Keep a journal and write about your experiences from your personal and university life.
- Spend time in nature as much as possible and reflect. Enjoy your time away from screens.
- Explore meditation and mindfulness.
- Attend religious services if interested.

Potential Benefits:

- Sense of purpose and meaning in your studies and personal life.
- Resilience to university and personal life stresses.
- Clear values to live by!

Financial well-being

As a key component of the well-being framework (Figure 1), financial well-being means being mindful of your **financial decision making**. Supporting financial health can look like differentiating between **needs and wants** and living within your means, and managing short-term and long-term financial goals you set for yourself in both your personal life and in your student life (Harvard University, 2021).

Foster your financial well-being with these tips, which are based on advice from the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):

- Track and review your spending by monitoring your bank account and keeping a list of all your purchases in one week. Get creative, track your spending in notes on your phone or write it down every evening – it may be more helpful than you think.
- Start with small changes that will add up over time (i.e. making your own coffee rather than buying it at the university cafeteria, bringing snacks from home or preparing your lunch at home between online classes).
- Check what you have at home before you go shopping. Write a list of groceries you actually need and set a budget for yourself before going shopping.
- Ask yourself “do I really need this?” before an unplanned purchase.

- Start a savings account – add a small monthly automatic payment if possible or whatever is affordable as a student.
- Do not be shy to ask for student discounts!

Potential Benefits
- Achieve personal financial goals.
- Reduce debt.
- Decrease financial stress, which can be so unhealthy for students.
- Feel in control of and secure in your finances!
- Increase savings for tomorrow!

Vocational well-being

For most of us, discovering our vocation is a journey of education, decisions, experiences, and being mindful of them. As a key component of the well-being framework (Figure 1), vocational well-being consists of having an occupation that aligns with our skills and values, challenges us, lets us grow and gives us a sense of fulfilment in our everyday lives. Important components consist of goals and ambition, job satisfaction, and a feeling of meaning and purpose (Harvard University, 2021).

Foster your vocational well-being with these tips, which are based on advice from the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):

- Reflect often – where do you find joy and meaning in your life? Is it somehow related to your studies? How?
- Explore different career and/or volunteer opportunities that arise in order to explore whether you actually enjoy doing it or not!
- Keep an open mind and try many different activities at university!
- Participate in internships or research opportunities. Check what possibilities your university offers!
- Take advantage of career service resources at your university!

Potential Benefits
- Foster university/work and life balance.
- Be mindful - feel a sense of satisfaction and stimulation!
- Open doors to new opportunities, not only at university!
- Discover new skills and interests!
- Experience a feeling of worth and value mindfully. Ask yourself what activities let you experience such feelings. How are they related to your studies?

Environmental well-being

As a key component of the well-being framework (Figure 1), environmental well-being means leading a lifestyle that values the relationship between us, our community, and the environment around

us, either our personal environment or the university environment. Individual well-being is affected by the environments we live in and we, as individuals, also have a significant impact on these environments. Cultivating environmental well-being requires us to recognise our responsibility to protect the earth and promote lifestyle practices that serve to sustain the natural environment and its resources (Harvard University, 2021).

Foster your environmental well-being with these tips, which are based on the advice of the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):

- Recycle – take advantage of waste sorting bins in the university halls!
- Bike or walk when you can. Your regular physical activity will help to reduce your emissions and is also good for your cognitive performance.
- Use reusable bags and water bottles whenever you can.
- Be mindful of your water use!
- Go to the farmers' market, choose locally sourced food and support local farmers and growers!
- Turn off lights and electronics when not in use and have your classmates do so as well.
- Unplug devices when you are not working on your university preparation.
- Donate unwanted clothing.

Potential Benefits

- Reduce your carbon footprint on the earth.
- Small changes add to big changes in preserving our environment.
- Save money, which counts especially for students!
- Feel good about your practices and live as a good example for your classmates.
- Locally grown food is fresher and more nutritious.

Physical well-being

As a key component of the well-being framework (Figure 1), physical well-being is an essential component of overall well-being that directly affects not only long-term health but also how we feel from moment to moment. Important aspects of physical health include exercise, nutrition, sleep, sexual health, and making healthy decisions around substance use. Remember – fostering your physical well-being and tuning in to your body's needs not only promotes your physical health, but can benefit your emotional, intellectual and relational well-being, too (Amirkhan et al., 2020).

Foster your physical well-being with these tips, which are based on advice from the David S. Rosenthal Center for Wellness and Health Promotion at Harvard University Health Services and adapted for the lifestyle of students (Kočí & Donaldson, 2021):

Exercise

Students especially tend to sit for long hours studying and working on computers. But do your body and brain a favor and make moving your body a priority! The best way to develop and sustain a movement routine is to find something that you enjoy! Explore different types of exercise and movement practices and see what works for you (Harvard University, 2021).

Potential Benefits

- Reduce overall stress and stress related to university!
- Increase energy for living and studying.
- Maintain a healthy weight.
- Improve memory, focus & productivity, not only in studying!
- Sleep better, which leads to a better study day.
- Improve mood & self-esteem, which can be used as an advantage for many study activities!

Nutrition

Students sometimes tend to save time for learning and studying by cutting down on food preparation time. Students often eat in a rush, which mostly leads to unhealthy food choices. Your body deserves nutritious fuel to enable you to perform your best! Focus on foods that nourish your body, and approach nutrition with a mindset of satisfaction, connection, and abundance. Be mindful, and keep in mind that making healthy choices around food means discovering what works best for your body.[2] The food we eat not only affects our physical health, but also our emotional and mental health. A well-balanced diet can support successful performance in the classroom (Harvard University, 2021).

Potential Benefits

- Increase energy to study and enjoy life!
- Maintain a healthy weight.
- Improve skin, nails and prevent hair loss!
- Reduce the risk of heart disease and cancer.
- Increase productivity for your studies.
- Improve your mood & self-esteem.

Sleep

Studying and learning can really drain our energy. Recharge your body and mind with quality sleep every night! Making time for a good night's rest is a wise investment, not only for students. A pattern of seven to eight hours of sleep will keep you feeling sharp and ready to tackle a productive day (Harvard University, 2021).

Potential Benefits

- Increase energy for any university activities you need to do.

- Improve memory, focus & decision-making!
- Maintain a healthy weight.
- Improve productivity, which can be a great advantage for your studies.
- Reduce stress and help to prevent it.
- Improve your mood, which is always a good thing for students!

To see more tips please visit www.rdvs.cz.

Conclusion

Academic well-being has lately garnered increased attention as a major factor in a university student's health. Constantly increasing student mental health issues, poor academic achievement and rising dropout rates call for effective positive psychology interventions that support well-being in students' everyday lives. University students are looking for a way to improve their personal well-being, as well as their academic achievements. There has been strong evidence for a correlation between well-being and the good academic performance of university students. The evidence accumulated by Positive Psychology over the past two decades strongly supports the existence of a link between well-being and a student's academic performance and the belief that such a link could effectively be developed through interventions promoting students' well-being. PERMA+4 might be used as one framework to guide future efforts to build an evidence base for the science of Positive Psychology. It could also be used as a framework to guide educational efforts at universities, in students' healthy lifestyle consulting and in well-being coaching protocols. Building up the well-being of students is meaningful and can be very effective. Positive university education can focus on both academic learning, delivering the traditional outcomes of education, as well as on building up students' well-being.

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Jana Kočí, Ph.D.
Pedagogická fakulta, katedra pedagogiky,
Univerzita Karlova
jana.koci@pedf.cuni.cz

Searching for Inner Resources: a Biosynthetic Experiential Group for Charles University Students

Matyáš Müller, Lukáš Pánek

Abstract: We will present our experience of running an experiential group based on the method of Biosynthesis, realized both online and in person from 2020 to 2022 (seven courses with a total of 68 participants) for students and employees of Charles University. As leading the group was not intended as research, the article is formulated as a case study complemented by a qualitative analysis of data from the final anonymous evaluative questionnaire. In the introduction, we will present biosynthetic psychotherapy as an integrative psychotherapeutic school combining psychodynamic, humanistic and body psychotherapy elements. The following section describes the specific format of the group and how it differs from group therapy: creating a safe space; structure of the meetings and methods of biosynthetic groupwork (moderated discussion, body work etc.). The next part describes the target groups, the team, examples of the discussed topics. In the last part, we will present the gains and challenges that the group brought. The main benefits of the group were self-knowledge, the possibility of sharing and connecting with other participants. The participants positively evaluated the activities, discussion topics and group facilitation, but had reservations about the organization. The main challenges are reflecting on emerging group dynamics and good group composition. The biosynthetic group represents a beneficial format for students, with and without specific needs, as well as for staff, while the benefit for Ukrainian students is questionable. Our results are only preliminary in nature.

Key words: biosynthesis, support group, body work, relaxation, body psychotherapy, students with disabilities, experiential group

Introduction

Biosynthesis is a psychotherapeutic school founded by David Boadella in the 1970s and further developed by him and his students (Boadella, 1987). It has been largely influenced by the vegetotherapy of Wilhelm Reich, father of body psychotherapy, but differentiates itself in that Boadella professed a gentler approach,

focusing more on the client's own needs and pace and having more respect for their defence mechanisms rather than breaking them down forcefully (Boadella, 2017). Biosynthesis works with the body, including breathing, movement and touch, however, it cannot be confined to the category of body psychotherapy. Carefully studying the transference and counter-transference processes, it is rooted also in a more traditional psychodynamic approach (Boadella & Boadella, 2005). Boadella himself also took inspiration in some spiritual traditions and drew on humanistic and transpersonal psychology (Boadella, 1998). The contemporary form of biosynthetic psychotherapy tries to find its place within the international field of integrative psychotherapy, combining its body-therapeutic roots with knowledge from disciplines such as psychosomatic medicine, epigenetics and neuroscience (Carleto[illegible]12; Večeřová Procházkov[illegible]20). While distinguishing itself from various forms of spiritual healing, it continues to explicitly understand spirituality/religiosity as an important dimension of mental health, thus representing a holistic approach.

Biosynthetic psychotherapy is intended mainly for one-to-one psychotherapeutic interventions, and it is currently not taught for group therapy use. However, it can be applied to groupwork in a manner that is not therapeutic but rather supportive, experiential, fostering self-development, and exploring new ways of experiencing the connection of one's mind and body. This article shows our implementation of such a group with Charles University students and employees.

Methodology

This article is intended as a case study with no ambition to present itself as a rigorous qualitative or quantitative evaluation. Our intention here is not to measure the efficacy of the support group, rather to inform the professional community of the format of our groups, to share our experience and what we consider to be the gains and challenges. We collected anonymous feedback at the end of every course by means of open questions in an online questionnaire tool. The feedback was not required in any kind of way. Based on a rudimentary form of qualitative thematic analysis, we identified five major groupings in the feedback. Another source of our evaluation is our own reflection, based on observation of the process of the group. We had a debriefing discussion after every session and in this respect, the role of the third facilitator-observer, who took minimal part in the session, was crucial for our internal feedback.

The format of a biosynthetic group

Differentiation from group psychotherapy

The biosynthetic group is designed as a structured supportive group. Like group psychotherapy, it has some therapeutic effect based on the sharing of one's issues, the lowering of social isolation, support from other participants, and the possibility to speak and be heard. Unlike psychotherapy, however, in this format we do not explicitly work with group dynamics (they do appear, however, as we show later). The participants are encouraged to speak about their experience but not to interact with others in a way that would interpret their experience, give unsolicited advice etc. The format is also different from a counselling group in that it does not give any ready-made solutions. Instead, we provide a safe space where members of the group can find their own solutions.

The role of the facilitators resembles, in some ways, that of moderators or lecturers rather than therapists. We do not have the ambition to mediate participant conflicts and aim at personal growth through insight into their maladaptive patterns of interpersonal behavior. If conflicts do occur, we limit ourselves to processing them on the "here and now" level with the aim of enhancing tolerance of and appreciation for interindividual differences.

Every group session has a clear topic, which is first introduced theoretically and then experienced through biosynthetic body work. The role of the facilitators is to guide the participants safely through the experience and provide a space to reflect on it. Though we might offer some brief ideas and reflections, we do not offer detailed feedback, interpretation or dissection of the stories of individual participants. Also, not being in the role of group therapists, we can allow ourselves to practice "selective authenticity". Instead of trying to be anonymous and impenetrable as dynamic group therapy would demand from facilitators, we can share bits of our personal experience, sometimes with the aim of helping others to share their story. This approach also brings about an air of collegiality. At the same time, we must take care not to abandon our posts as guardians of group boundaries, especially regarding clients with borderline type difficulties.

What we are presenting here is certainly not the only and correct way to conduct biosynthetic experiential group work. What we are describing here are the plans, methodology and outcomes that evolved in the course of our work with seven consecutive groups.

Creating a safe space

The first step we try to take in order to

create a safe space is choosing the participants in the selection process before the group begins. We interview every applicant and then, based on previous experience, try to establish the optimal combination of participants. The selection process is largely subjective, based on the impression and consensus of two interviewers. We consider general factors such as age (students range from 18-year-old first years to 40+-year-old PhD students and we try to have groups of a similar age, although we had success with two PhD students greatly enriching a mostly first-year group), motivation, and psychiatric factors, such as the presence/remission of psychotic mental illness, possible personality disorders, ongoing PTSD symptoms, autistic spectrum disorders etc. We do not have clear exclusion criteria and we accept participants with various psychiatric and neurodevelopmental disorders. Our aim is to try and make the group as balanced as possible and avoid constellations that would limit the possible gain of other group members. Such examples would include having several participants with borderline symptoms, which could create a strong group dynamic, or having several people undergoing acute recovery from trauma, which generally requires more attention from the staff.

During the interview, we introduce a set of rules, and we go through them again at the beginning of the course, with the possibility of discussion to adapt or add to the rules. These include: 1. Confidentiality; 2. Respect for others – not judging them, not interpreting their experience, not interrupting them etc.; 3. The STOP rule – no one needs to talk or participate in body-work exercises, everything is just an offer; 4. Sharing "into the centre of the group circle" – everyone shares their own experience, not directly to someone else. We also ask if we can all address each other using our first names, which is grammatically and socially important in the Czech environment. Thus, we help the collegiality, as the participants always accept the first-name basis vote we conduct by asking them to raise their hands with eyes closed. We also make clear that the course is only providing the participants with self-experience, not with any kind of training that would enable them to practice the techniques learned there with others or teach them to others. We make sure that they also know that we are not doing group therapy, nor do we offer emergency services. If necessary, we can provide them with appropriate contact information.

As we also provide individual care to Charles University students as therapists, we try to think of rules for bringing students with whom we do therapy or counselling into the group and offering individual care to group members. The former situation occurred several times, with some benefit to the individual process and we generally do not offer indi-

vidual consultations to group members before the group has ended.

Structure of the meetings and the methods of biosynthetic groupwork

Throughout the course, we follow a set meeting structure. The meetings are two hours long, without any form of break. Members are allowed to leave the space if they need to, but are advised to stay for the whole duration if possible.

First, we sit in a circle, usually on the carpet with pillows and blankets, and welcome everyone. In the first meeting, we introduce the whole concept of the group and the rules again, we introduce ourselves and then every participant can introduce themselves as he/she wishes and say what they expect to gain from the group. At subsequent meetings, all of us say a few words about how we feel and whether we have something to say concerning the previous session. We find this step important, as we can gain important information about the current situation and can even change the programme as it is taking place in order to tailor it better, or avoid topics/exercises that could be harmful to some.

Next, there is a warm-up activity with the aim of directing the participants' attention to their bodies. This includes some basic biosynthetic techniques enhancing grounding, breathing exercises and gentle movement. We also use some simple elements from yoga, qi-gong or other forms of movement we have connected to our biosynthetic practice. These can be, for example, connected to biosynthetic concepts of life-fields, bringing together the levels of the mind, body and emotions (Lucká & Janečková 2017), or motor-fields that describe basic movement patterns, organized in pairs such as flection and extension (Boadella 2009a, 2009b; Večeřová Procházková 2020).

The third part introduces the topic of the day. The leading facilitator has a short theoretical presentation on a topic that is connected with the expected issues of students, as seen from the perspective of biosynthesis. The topics chosen range from general coping with stress, finding one's own place in the world, dealing with relationships, understanding one's own emotions, to more practical topics related to managing studying for exams, school/work-life balance, and time-management. A free discussion on this topic follows where the participants share their views and personal experience. Although no one is forced to speak at this point, we encourage members who are usually silent by asking them if they would also like to share their view. When no discussion starts, we share our own view on the subject and thus give the members, who are often not used to group sharing, an example of what they can share. At this stage, we limit interactions that turn the group sharing into a pair discussion.

In the next part, the facilitator guides the participants through the relevant experiential part, which usually includes some form of body work, but can include drawing, working with photography, writing, or working in pairs. The body work can comprise breath work, relaxation, mindfulness or somatic meditation (Večeřová Procházková, 2020), movement, like the warm-up part, but while the warm-up serves to bring attention into the body, the later part is more reflective, aiming at deeper experience related to the topic of the day. Work in pairs is sometimes introduced, which can include grounding techniques, giving support, contact, creating safe limits, someone to lean against.

After the longest part, the experiential exercise, there is a place for reflection. On some occasions, we invite the participants to draw what they experienced, but we always provide some space for verbal reflection, even though no one is forced to speak. Talking can create a sort of bridge between the mostly abstract body-emotion experience and give some meaning to it while, at the same time, confronting one's experience with the group, the outside world. This brings into play the higher functions of the personality and also lets us know if the participant remains in a somewhat dissociated state or needs our further attention.

Finally, we do the closing sharing round when everyone says how they feel at the moment and what they are taking from the meeting. We also encourage them to tell us when they know they will not be present at the next meeting as we try and keep the group consistent and discourage absence.

From the point of view of the whole course, we roughly follow the structure of the body-psychotherapy group phases suggested by Röhricht, Papadopoulos and Priebe (2013). In the first phase, we aim at creating our relationships and a safe environment, in the middle phase, we enable the participants to go deeper into their experience, and in the final phase, we concentrate on recapitulation and integration of the experiences (here we differ by not doing any evaluation of psychopathology or coping skills). The very last session has a different structure than the previous meetings and focuses mainly on the integration and proper conclusion of the whole course.

We also ran one group for Ukrainian students in the wake of the Russian invasion of Ukraine, as there are many students from Ukraine studying at Charles University. This group had a different aim and structure; it consisted of five meetings, and the main goal was to provide the students with a safe space to share their experiences and fears and to prevent traumatization. It consisted mainly of talking, some education about stress reactions connected to traumatization and small amounts of body work aimed mainly at grounding.

Running the groups

General information and the situation during the pandemic

We ran seven group courses with a total of 68 participants between 2020 and 2022. We designed the courses for face-to-face meetings but because the beginning of the first course overlapped with the resurgence of the COVID-19 pandemic, we shifted the programme online (see Gains and Challenges for further info). We started meeting face-to-face in the 2021 Autumn semester. One course usually had 12 sessions, but this changed according to the length of the university semester. The group was run under the auspices of the Carolina Centre of Charles University and was free for the participants.

Target groups and participants

The group was originally intended for special needs students but as they did not fill the course, we opened it for students without the special needs status. This status can be obtained by students with physical/mental disability to gain accommodation for their needs in their studies. As the format turned out to be successful and the public's mental health was severely impacted by the COVID-19 pandemic, we also organized two courses for Charles University employees. In the Summer of 2022, we also ran a special course for students from Ukraine, as mentioned above.

The team

Biosynthetic groups are more often seen having two facilitators and two assistants; our format had three facilitators, all paid for by the Carolina Centre: Dana Kneřová, Matyáš Müller and Lukáš Pánek. There are three roles: the main facilitator, who guides members through the whole meeting, the secondary facilitator, who does the warm-up activity; and an assistant who primarily observes the process and gives feedback in the debriefing after the meeting. If necessary, the assistant helps the other two with the facilitating or does a pair exercise with participants who do not have a partner. We used a slightly different format for the Ukrainian group, and the team was also different (Eva Hafoudhová instead of Dana Kneřová). All of us are trained in the biosynthetic psychotherapy method.

Examples of session topics

The course opens with the topic of grounding, the ability to be present in the moment, to be in connection with one's body and one's surroundings, in contrast to being in a state of dissociation, daydreaming, or engulfed by anxious expectations for the future or depressing

ruminations about the past. We introduce a grounding exercise after making sure the participants understand the concept and recall some instances when they experienced good grounding.

We continue with making a deeper connection to the body and with trying to find patterns and resources that are passed on in our family, in our culture. This is also incorporated by an imaginative exercise in which we see ourselves as deeply rooted trees, flexible in the wind.

Being centred is one of the next topics, as we explore the concept of giving attention to ourselves and to others, following our own needs and orientating towards the needs of others. We found out that it is quite normal for students, especially in their first years of study, to follow their parents' aspirations, change majors, find their own space in the world. The body work then brings more insight into locating one's centre, and the final sharing can provide new ideas and direction from that insight.

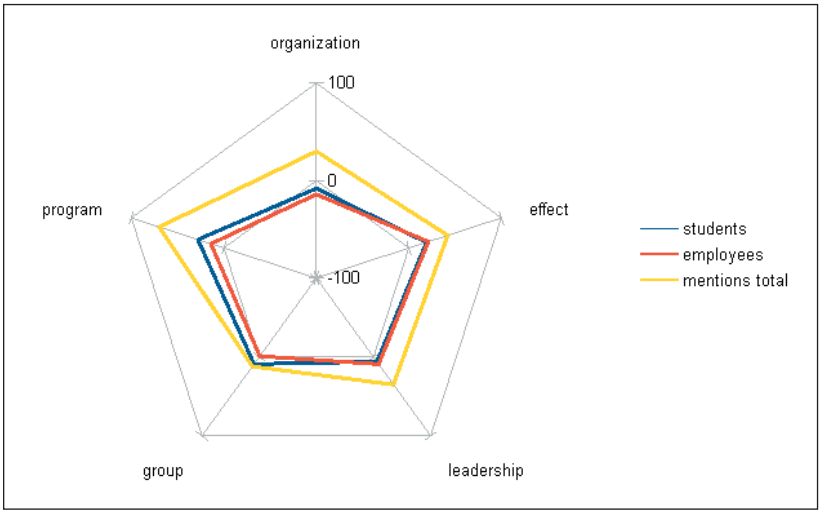
Furthering the connection with one's own needs through the body comes as an extension of the previous topics. We introduce relaxation and meditative activity with attention drawn to the body, then deepen the message from the unconscious by drawing our bodies and instructing the participants to draw what they feel their needs are into the drawn body.

As a more practical session, we introduce the topic of time management and the circadian circle. It is important to note that we do not offer any ready-made time-management solutions; instead, we offer the participants the possibility to gain insight into their organization of time based on an immersive drawing of their daily activities. Also, we connect this topic with the biosynthetic concept of pulsation (Večeřová Procházková 2020), in this case between activity and rest, thus suggesting tuning into one's natural biological rhythms. This session also breaks the descent into the unconscious, which we find helpful, as Biosynthesis is not a cathartic method and we rely on the client's ego functions to integrate the experiences. This activity also brings more grounding after the previous exploratory sessions. Adolescence is an age of experiments and finding one's limits, which is surely conducive to one's development. However, in our group, we emphasize the grounding function just as much as the discovering as it can help to integrate the discovered experience and thus prevent being overwhelmed by it.

Next, we explore the limits themselves, how we perceive our own space, be it psychological or physical, and how we define and defend these limits. Again, this is incorporated with body work and conceptualized by drawing and open discussion.

In the last 3-4 sessions, we bring the participants and their experience of self-self exploration into self-other connecti-

Figure 1. Participants' feedback analysis result



on. We usually invite them to work in pairs and employ the cognitive functions more than before. This is the part where we might work with photos (e.g. based on the ideas of PhotoTherapy (Weiser, 1999) or share strengths in pairs through completing sentences such as "I'm very successful at …".

These topics are not set in stone, and we allow ourselves some flexibility if the group requires it or when we ourselves want to try something new. Also, during the course of the seven groups, we gained more sensitivity to the group process and needs and adjusted the programme accordingly. This was mostly through slowing the pace down, giving more time for discussion and for integration, and being more open to requests from the group. We might, for example, omit the main exercise if the group discussion proves exceptionally fruitful, or conversely, do more grounding before the main exercise if the discussion seems stale due to some fear present in the group field.

Gains and challenges

Feedback from the evaluation

There were five questions in the questionnaire; "How did the group fulfil your expectations?", "How suitable was the structure, content and leadership style for you?", "Would you like to have changed something about the group and, if

so, what?" and "What did you gain from the group for your life? What meaning did the group have for you?".

The five categories formed by coding the responses were: organization, programme, group, leadership and effect. Next, we will summarize our findings and discuss the possible future adjustment of the group. We separated the responses into those from students and employees and list the individual group data in parentheses; **total (students, employees)**. The perception score was the result of subtracting the negative responses from the positive ones. We present individual category scores and total mentions per category in graph form in Figure 1.

Organization was mainly concerned with the time, place, length of the sessions, number of meetings, unclear advertising for the group, not providing study materials. This category got 30 (14, 16) mentions and was perceived negatively overall (-22 (-8, -14)). Some of these complaints about time and space are unavoidable, but we will work on setting clearer expectations in advertising and are thinking about providing the participants with study materials or paper forms that they could fill in with their own thoughts and experiences.

The **programme** was perceived in the most positive way overall and was also the most mentioned; 70 (42, 28) mentions and a score of 42 (28, 14). The most praised were the exercises, the sharing and the discussion topics. Some suggestions for improvement were: giving homework, going more in depth with the theory, giving more feedback, having more dancing or relaxation. These were so few that we will stick to the programme that was enjoyed by most and will maybe ask for requests periodically to find out if anyone's needs remain unmet.

The **group** was mentioned more by the students (12 (11, 1)) and was seen as slightly positive by the students and neutral-negative by the employees (8 (9, -1)). Our perception was in accord with the feedback, that the students usually formed a closer-knit group more readily than the two groups of employees. This might be due to age and also circumstantial difference; the employees work in an academic environment and maybe do not fluctuate so much in terms of their relationships in their middle age. More recently, we have put more emphasis on creating group cohesion and we find it easier when we have in-person meetings.

Leadership was slightly controversial; 35 (22, 13) mentions with a slightly positive score of 15 (6, 9). What was praised was our playfulness, upholding the structure, respect, and empathy, but there were complaints that we did not share more of ourselves and made mistakes in group interaction moderation, requesting that someone talked when they did not want to. Conflicts and incidents such as this do happen, although very rarely, in most groups. On the one

hand, we see it as an opportunity for us to grow, thanks to our mistakes, and also show the group that mistakes can happen and can be used progressively, while staying sensitive to the possible damage done. Over the course of the two years, we have become more comfortable with sharing more, being more open towards the group, while at the same time upholding the rules in order to continuously provide a safe environment.

The **effect** was frequently mentioned and was overwhelmingly positive; 42 (19, 23) mentions and a score of 40 (19, 21). There was only one ill effect mentioned, which we do not disclose due to sampling size and maintaining confidentiality. The positive effects were affective (good mood, feeling safe, being calmer, relaxed), cognitive (knowledge of self) and conative (self-care, having time for myself).

Reflection of the team

Based on our internal discussions with regard to challenges, we found several topics to be crucial.

Group dynamics

Though we state that we do not work explicitly with group dynamics, we are fully aware that these dynamics exist. Our intention is to temper them as much as possible through the rule of talking into the circle and for the sake of one's own experience instead of speaking to another specific participant, or telling the group "universal truths". However, in some situations, we were unable to enforce the rule effectively, and spontaneous dialogues between participants tended to arise. This occurred especially in the courses with several people with borderline or narcissistic tendencies who actively accelerated the dynamics or with participants with autistic spectrum disorders who could have difficulties understanding the concept of the group (see below). In such situations, we tried to frame these dialogues in person-centred terms, indicating that different participants may have different experiences and views.

We were not always successful in managing the dynamics in this way. In one situation, a participant was disappointed with our way of leading and was silent in the final "check-out" circle. As the silence was felt very heavily by the group and raised possible questions, we decided to ask the participant if they wanted to make at least some general comment on the situation, after which they told us about their disappointment. After the course had finished, we saw in the evaluation that this step was perceived by another participant as us not respecting the "STOP rule".

As we stated above, our intention was not to use dynamics as a tool for therapeutic or self-developmental purposes, as would be the case in group psychothera-

py. Rather, we reflected on it during the debriefing after the sessions within the team, or sometimes with our supervisor, with the intention of recognizing when we as facilitators might have been driven by phenomena emerging from the dynamics. This reflection helped us to be more grounded during the sessions and, we hope, to make the group as safe for all participants as possible.

Online vs live sessions

Sometimes, it was difficult to maintain good contact with the participants in the online sessions. Some participants did not have a safe space at home for themselves, and their relatives or roommates came into the frame, possibly hearing what was said and bringing in an element of insecurity. This was in violation of the safe and private space requirement we set for the online group.

Some participants had difficulties with the internet connection or were unable to have their camera on all the time, which was frustrating for the other participants and us as it created the impression of someone constantly leaving and reentering the shared space.

Once, a participant fell asleep during relaxation, and we were unable to wake him. After this occurrence, we introduced a new rule that it was their responsibility to take care of themselves in these situations and that the session could end with them still being asleep.

For these reasons, we would make the rules for attending the group even more explicit and state them to every applicant as a condition of joining the group in order to minimize these disturbing situations.

On the whole, however, the students were grateful for the possibility of having the sessions at least online during the quarantine when their mental health was heavily challenged, and any kind of contact and psychological help was very welcome.

Once the live sessions were possible, we realized that many things worked differently. Even though we were surprised during the online sessions that body work could be effectively included at all, it was, understandably, much more powerful in the live sessions. The rewarding feeling when things went well was also more intense. On the other hand, live sessions enabled the group dynamics to emerge with more nuance. Having said that, we can conclude that we experienced the most dismissive attitude towards us as lecturers during one online course in which one participant acted as if he wanted to take over the facilitation of the course.

The limits of diversity

Although we were open to the inclusion of students with more severe psychiatric or neurodevelopmental conditions, we have come to the conclusion that this

openness has its limits. In one group, we had two participants with autistic spectrum disorders together with someone with borderline tendencies and also somebody with narcissistic, manipulative tendencies toward us, and it was very difficult to keep this group together in a safe space. Nevertheless, we were able to work around this limitation with the help of supervision.

Successively, several people with autistic spectrum disorders took part in the group. It turned out to be difficult for them to understand the body-work exercises. It could be hypothesized that the metaphorical part of the body work (e.g., my back aches from having the world on my shoulders) was unclear or that the mind-body connection was not explored enough beforehand due to the tendency for rationalization in people with autistic spectrum disorders. Also, their interactions with other group participants were awkward at times, especially in the first sessions. On the other hand, we also had a good experience with a person who was on the autistic spectrum but was very motivated and gained a lot from the group, especially in terms of meeting others and gaining insight into some of his maladaptive behavioural patterns. On the whole, we can conclude that through acceptance of their specific interpersonal styles, we fostered tolerance for otherness and destigmatization within the group, which is much needed in Czech society due to historically low tolerance of difference under totalitarian rule.

The employees' group

We conducted one online and one live group. Generally speaking, the employees were very motivated by the work as many of them were very close to burning out due to the enormous workload, especially during the covid period. There was only one participant in the first (online) course who explicitly expressed being dissatisfied. The participant expected a more somatic approach and was disappointed by the psychological part, which he considered too "popularizing", and he had expected a more academic approach.

The Ukrainian group

The group for the Ukrainian students was not so successful. Originally, eight people applied, six came to the first meeting and the number declined steadily until no one came to the final meeting. While those who participated seemed engaged, it was clear that there was some kind of gap between them and us. Because no one completed the evaluation form, we were left to speculate on how to understand the situation. Possible explanations include: 1. They were not yet prepared to talk about the ongoing war; 2. There was a cultural gap and they were not used to talking about their inner feelings and

working with the body or were used to a different way of expressing themselves; 3. We did not recognize their needs.

Conclusion

Our main aim was to present our experience of leading a biosynthetic experiential group in the context of university students. Our original intention was not to conduct a piece of research, and thus all the conclusions presented here are of a preliminary character as they are based solely on the final feedback of the participants and our own subjective experience and reflection on it. The feedback is selective and thus subject to all kinds of biases – even though some markedly negative responses appeared, we suppose that most of such possible responses remained unexpressed. Also, as the authors of the article, we cannot be neutral as we were the facilitators of the group.

However preliminary they may be, our conclusions are that this kind of group enables the participants to make considerable gains in a relatively short time, in many cases going far beyond their expectations. Specifically, we came to the conclusion that this kind of group is profitable for students without any specific needs as well as for those with quite severe conditions, including those with (compensated) psychotic illness, borderline personality disorder, autistic spectrum disorders etc. There remain some important challenges, such as clear presentation and organization, transparent leading of the group, ensuring the safety rules, and careful reflection on the group dynamics. The question of the suitability of this group for students from Ukraine remains open – if we would like to continue offering it, we would need to change the concept considerably and adjust it to their specific needs, which would probably demand some preliminary needs assessment.

We believe that through the experiential part of the sessions and through the writing and drawing techniques, these gains can last longer. However, more rigorous methods, including a follow-up study, would be needed in order to provide evidence for such a statement. Generally, including some quantitative measurements, for example, of the health-related quality of life, might be useful to get more rigorous insight into the efficacy of this kind of group. A thorough qualitative inquiry by a neutral researcher could also bring useful insights into questions such as what elements have therapeutic and insightful effects, what accelerates the group dynamics and if there are some hidden unmet needs of the participants.

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Mgr. Lukáš Pánek
CU Point, Charles University
lukas.r.panek@gmail.com

Mgr. Matyáš Müller, Ph.D., M.Sc.
Carolina Centre, CU Point, Charles University
matyas.muller@hotmail.cz

University Counselling in Slovakia and Ethics

Katarína Mária Vadíková

Abstract: The contribution is focused on an analysis of the situation of university counselling in Slovakia in relation to ethics. It is based on the findings of several projects dedicated to the problems of counselling in the school system in Slovakia and on the postmodernity of academic life. The author anchors the terminology in dialogical personalism. The methodology consists of establishing the Gadamerian situation of dialogical understanding of interdisciplinary approaches, comparing the findings of projects with the author's practice as both an advisor and as an ethicist, and the heuristics of implementing ethics into university counselling activities. The fundamental conclusion of the research is the deduction that, just as freedom needs limits, so counselling inevitably needs ethics in order to be delivered wisely, humanely and effectively.

Key words: Slovak university counselling, postmodernity, ethics, responsibility

Introduction

It cannot be denied that ethics as such is an important part of the obligatory minimum required for most fields of university study in order to foster the idea of improving good practice in academic studies, research, and preparing for inclusion in interdisciplinary working processes. This is why it should be, and is, a part of university counselling and should serve to define codes adequate to make academic life humane and dignified. Therefore, the main aim of the paper is to confirm the need, value and importance of ethics in any type of university counselling.

The study of Ethics has again been included in the field of Philosophy in Slovakia.[1] There are only two academic institutes where this exists: the *Institute of Ethics and Bioethics at the Faculty of Arts of the University of Prešov* and the *Department of Ethics and Aesthetics at the Faculty of Arts of the Constantine the Philosopher University in Nitra*. There

[1] See: MŠVVaS SR (2019) Decree 244/2019 on the system of university study fields in the SR.

are also other independent institutes and non-profit organizations providing research, courses and counselling in ethics and bioethics in Slovakia. The Institute of Medical Ethics and Bioethics in Bratislava is the oldest (since 1992) and the best known institution focused on the problems of medical ethics and bioethics at home and abroad.

In the article, the term *university counselling* is used in a larger sense, as is obvious – it means an interdisciplinary ethical dialogue on good practice in academic life. It may be seen as a dialogic encounter[2] (Vrána, 1996, 40–42; Vadíková, 2011, 87–91) of academics in a situation of dialogic comprehension[3] (Gadamer, 2009). It serves to establish an ethical environment at university and in academic life. As such, university counselling in the field of ethics may be seen as a new challenge to think of a definition for such a new type of guidance. The topic deserves interdisciplinary academic attention and further research – the main aim of the paper is to draw its contours, so that it can be followed up in the future.

Terminology and methodology

The notion of university counselling includes all types of professional counselling provided at Slovak universities, academies and colleges e.g., career guidance and educational, psychological, social, spiritual and environmental services. It follows on from school counselling and is supported by the Slovak national school system to serve as part of the counselling connected with the comprehensive educational preparation for the profession.[4] Its principles are specified by the law and ethics of academic life. University counselling may be understood as a broad spectrum of interdisciplinary guidance to enable a good academic life. It serves mainly intra-institutionally to make an inter-institutionally academic life possible in Slovakia, in Europe, and in the world. The counselling method of enduring prevention, of wise support and of responsible understanding of the entire variability of calls to vigilance in contemporary society, continuously innovated by each university counsellor, enables the academic establishment

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2 The term *dialogic encounter* means deep inner comprehension in the relations of two dialogic persons, which may naturally become an understanding of each other without the need for many words. It belongs to the terminology of dialogical personalism. (See: Vrána, 1996, 39–43; Buber 1993)

3 Gadamer´s term *situation of dialogic comprehension* means the hermeneutic concentration of an interdisciplinary spectrum of views into the centre of knowledge of the phenomenon of common interest. (See more: Gadamer, 2009)

4 See Act 245/2008 on Upbringing and Education (School act).

of Gadamer's *situation of dialogic comprehension* worldwide. In this sense, university counselling should never descend into a mechanical search for solutions. If it did, then this would be the first step in handing over responsibility to artificial intelligence – making it inhuman.

Therefore, I plan to analyze the university counselling practice as a dialogic gift of humanity to the academic world. The terminology of *dialogical personalism* (Vrána, 2006; Vadíková, 2011) will be used to correctly capture the main problems relating to its good practice. Gadamer's hermeneutics (2009) will be heuristically used to recall all interdisciplinary approaches obviously used in academic life, and the research will be focused on the dialogical relation between a tutor and a student at any university.

To use ethics within university counselling demands the minimal requirement of respecting the human dignity of any student and any academic at any university. Ethical codes are signals to pay attention to questions of moral decision making more than just formally. Ethics serves as an instrument, as a summary of recommendations on how to remain a human being in the academic world and become a moral authority in dialogue with others. Defined as a practical philosophy[5] – ethics is a human theory (science) of what is good, based on a personal interpretation of moral law, though based carefully on good practice and a dialogic comprehension of the call for morality from the depths of one's individual conscience[6]. In the end, it is upon the actors of the dialogue to understand the requirements of their consciences and to act morally. It is a call to personal responsibility[7].

The partial aim of the article is to confirm the value of the implementation of ethics into the system of counselling. It traces the results of more than one project to enable Gadamer's hermeneutics: 1) the Slovak multidisciplinary project KEGA 008TTU-4[8] on *Transfer of personal responsibility as a modern type of evasion and its postmodern solution* (thesis: the Slovak academic world becomes postmodern, which means there is a need to take personal responsibility to fight for a revitalization of the humanization and ethicalization of the school system in Slovakia); 2) Polish research on the consequences of the so-called *Homo Sovieticus mentality in post-Soviet countries* (Kobylinski, 2010) and its analysis in the Slovak context within a comparison with

[5] See the Kantian definition of ethics as a practical philosophy (KANT, 2004).
[6] See more on moral decision-making processes explained by Guardini (1999).
[7] See more on Guardini´s (2001) heuristics of the relation between freedom and responsibility.
[8] See the main publications of the project: Vadíková, 2020a; 2020b; 2020c; 2020d; Krištof, Sámelová & Vadíková, 2021.

the mentality of "The Man of the Velvet Revolution" with regard to taking on personal responsibility (Vadíková, 2022a); 3) the MESA 10 project: *It makes sense. Education is the future*. – a piece of interdisciplinary research on the school system in Slovakia (Hall, Dráľ, Fridrichová, Hapalová, Luknáč, Miškolci & Vančíková, 2019); 4) the Euroguidance.eu project – specially dedicated to the topics of counselling within a comparative analysis of European school systems. (Beková, Grajcar, Lepeňová, Uhríková, & Zvaríková, 2014, 3–41); 5) the Eurydice project; 6) the results of my previous research on the topic, which were presented at the conference *University Counselling – Actual Challenges and Trends,* organized by the Faculty of Pedagogy at the Charles University in Prague (CR) and have already been published in its conference proceedings (Vadíková, 2022b).

Postmodernity and University Counselling in Slovakia

University counselling in Slovakia is regulated by Act *131/2002* on universities (the University Act) according to which universities are providers of university counselling. Details of the provision is implemented in Act 245/2008 on upbringing and education (the School Act). §2, par. 14 of Act *131/2002* requires that: "Each university provides applicants, students and other individuals with information and counselling services related to their studies and the possibility of applying knowledge gained from the study programs in practice."

University counselling is classified as a student right (§70/1J of the School Act). It is provided free of charge. Special attention is dedicated to students with special needs. This type of school and university counselling is also financially supported by the state. The support is included in the university´ s budget as scholarships and is valid for an academic year. That means that each university has a different budget and there is no lump sum to support students with specific needs, which may become unfair.[9] The university counselling in Slovakia for students with so-called specific needs is detailed within §100 of the School Act. It is also restated within Decree 24/2022 of MESR&S SR on Counselling and Prevention Facilities.

As results of the project MESA 10: *It makes sense. Education is the future.* (Hall et al., 2019) demonstrate, there is still much to do in the field of good practice in university counselling in Slovakia on both sides – students and academics. Its results point to unethical approaches (irresponsible, manipulative, discrimi-

[9] See: *Guidelines for creating study conditions for students with specific needs.* (MŠVVaS SR 2[illegible]) *Educational support and guidance: Guidance and counselling in higher education.* (EURYDICE[illegible]).

natory, bullying, etc.) both among the students of the study group and towards students with specific needs, as well as towards counsellors. As for the findings of the project, the emphasis is more on revitalizing the good practice of university counselling in the sense of improving manners and humanizing the academic world, or fostering politeness towards and comprehension of otherness, rather than on ethics and the transformation of thinking and values.

The situation in the academic world in Slovakia is related to a postmodern change of mentality. Based on an analysis of Slovak postmodern thinking about responsibility (KEGA 008TTU-4), the derivation of the ethical consequences of the postmodern mentality of Slovaks (Vadíková, 2022a) and an analysis of the situation in university counselling in Slovakia (Vadíková, 2022b), there is a massive trend in evading personal responsibility (the *Homo Sovieticus mentality*) and a tendency to rely on institutional guidance on the part of both students and academics. These tendencies to rely on others instead of taking responsibility for one's own life may also be seen when examining the issue of counselling. The camouflage of reality, the hyperbolization of the obvious instead of the rare, the destructuralization, the devaluation of time, the unjust or discriminatory tolerance, the obfuscation of truth, the liquidity of formerly stable university structures, hierarchy, principles, etc. – these postmodern characteristics of the destabilization of human relations[10] make the situation in counselling unclear and very hard to manage. Therefore, this article can be seen as an expression of gratitude to all Slovak university counsellors for their heroic dedication, forbearance, endurance and professionalism.

The consequences of postmodern thinking are also currently visible in the academic world, which make the situation of any university counselling nebulous. The notion of university counselling is defined by law, but in practice all kinds of popular "new trends" are syncritically (Piaček, 2014) implemented in it, which causes chaos and disharmony in defining what university counselling might be and what it is or is not in reality.

As an example, I have in mind a case of providing counselling that inappropriately mixes coaching and mentoring methods within consultancy and training, which means that the counsellor works without distinguishing between them, between the way of interpreting individual results, and the handling of obligations and responsibilities or positions in relationships. All this creates

[10] See more in Bauman's description of so-called ~liquidity mechanisms", which are destroying human relations and through them the whole of contemporary society, and are changing them into postmodern ones (Bauman 2004, 2013, 2020).

a nebulous obligation and allows the avoidance of personal responsibility. In my opinion, the recipient of the service deserves to know what to expect. Otherwise, it may be everything, but not university counselling[11].

Another interesting phenomenon of postmodern thinking in university counselling in Slovakia is the role of merging and isolation. Nowadays, the obligations, responsibilities, duties, and priorities of any university counsellor are hidden in a nebulous accumulation of roles: a university counsellor is pushed to be, for example, teacher, tutor, counsellor, scientist, manager, psychologist, and lawyer at the same time. This makes the function of the counsellor unclear, causes confusion and destroys the relationship between the counsellor and the recipient of his or her service. Mastering all the roles requires a heroic effort to find an appropriate schedule, location, and the resources to deliver services consistently, responsibly, eruditely, interdisciplinarily, and with an open mind. This is another consequence of postmodern thinking on responsibility in academic life in Slovakia. Once somebody has been delegated as a university counsellor, the complete management of this role is left to him or her; there is a lack of intra-institutional or collegial cooperation, and instead of understanding and cooperation there are excuses. In most cases, the advisor remains alone and is suspected of ulterior motives or incompetence if he or she requests the cooperation of colleagues or other institutional units (study, financial or administrative departments).

Postmodern thinking[12] isolates. It makes people uncertain in their thinking, speaking and doing – in making decisions. It paralyses them. It empties terminology. People talk, but to no one. More than ever, both students and counsellors need each other as academic partners – they need dialogue (feedback) instead of communication (information flow), mutual understanding and dignified support. Just as university counsellors are not receptacles for trauma dumping, so their clients are not guinea pigs - they are partners in solving the dilemmas of academic life.

In this context, it is necessary to emphasize the value of sociability as an academic virtue[13], the need to support *dialogic interpersonal comprehension*[14] (Vadíková, 2011, 123–125) in order to

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11 On the consequences of the deprecation of properly distinguishing between coaching, mentoring, training and counselling see more in: Vadíková [illegible].

12 On postmodern thinking see more in the philosophical explanations by Lipovetsky (1998; 1999) and Bauman (2004; 2013; 2020).

13 On the definition of sociability as a virtue see more: Vadíková (2014).

14 The term *interpersonal dialogic comprehension* means understanding deep inside the life-stories of two dialogic persons. It is a dialogic encounter that requires no communication (words), however;

avoid the tendency to communicate mechanically – in the manner of artificial intelligence.

The results of the MESA 10 project *It makes sense. Education is the future* Hall et al, (2019) confirm the need to improve academic dialogue, which means establishing Gadamer´s situation of dialogic comprehension. It is the human network of dialogic relations (Guardini, 1995, 28; 32; 111–116) - dialogic behaviour, sociability, and comprehension which may clear the fog, identify problems and demolish dilemmas. (Vadíková, 2019, 31–32.)

It must be stressed - there are still heroes – those university counsellors who do understand the needs, obligations, and responsibilities of their position at Slovak universities. In such postmodern conditions as are mentioned above, they keep fighting for the rights of students, academics and their institutions, not only at home, but also abroad. At most Slovak universities, there are various programmes dedicated to university counselling (Vadíková, 2022b). Non-profit organizations have also been invited to be deeply involved in the revitalization of university counselling in Slovakia[15].

Counselling Ethics at Slovak universities: the current situation and challenges

It may be concluded that university counselling at Slovak universities is defined and regulated by the law, organizationally supported by non-profit organizations, provided by universities and delivered by academics in Slovakia. There is currently no special ethical code for university counsellors, and, since the new accreditation of university studies, there is also no special study programme on counselling ethics at any Slovak university.[16] However, ethics is partially implemented into various study programmes as a requirement of the so-called need for good practice in university counselling. Ethics may be understood as a helping profession (Vadíková, 2018) in the sense that ethicists are professionals who are prepared to help others to make personal decisions and to understand all the possible consequences of their decisions, to show them the mechanisms of the decision-making process, to make them establish a bond with the moral law and human dignity so as to be able

it is a dialogue of consciences. The term follows up on Gadamer´s (2009) term 'situation of dialogic comprehension' and Buber's (1993) description of dialogical silence.

15 See the website of the institution ZIPCEM v SR, which records all the institutions engaged in youth-problem-solving.

16 For example, the M.A. study programme Applied Ethics - Ethical Expertise and Ethical Counselling (Constantine the Philosopher University in Nitra) and the BC. study programme Counselling Ethics (Matej Bell University, Banská Bystrica). (See: Fobel , Palovičová, Oravcová & Čierna 2012).

to decide on what is good and to take responsibility as a dialogical person in any situation[17].

Each Slovak university has its own institutional code of ethics, which is derived from all the professional ethics codes of all university faculties (study fields). Each university counsellor should be aware of all the requirements of the university´s code of ethics, should follow them, revise their application or request their revision at the university´s ethics commission. In this way, it is possible to say that the counsellor may be seen as a university´s manager of ethics.

Each counselling process is based on a decision-making process. Therefore, each counsellor should be aware of the fact that ethics does not work without verification by the personal conscience that connects it with morality. And, since there is only one moral law for all members of humanity, and it is given to the dialogic person within the framework of the only moral law of humanity in his or her conscience – it could be concluded that it is possible to recognize the truth about good in dialogue with others (Guardini, 1999). Ethics without morality and dialogue is an inhuman, mechanical theory, which in practice can only become something like an ideology or a utopia (Glasová, 2008). Dialogically based ethics can serve as an instrument for stabilizing, supporting and saving the human dignity of every person who seeks the good. Ethics is not a patent for a moral life; it is a recommendation on how to remain a moral person. All types of ethics have an author – someone who offers an interpretation of morality and recommends a way to recognize the truth about what is good. At the same time, in the depths of the inner world of each person who is deciding on the good, there can be heard the advice of his or her personal conscience – an instance of morality. If it is a just conscience (Skoblík, 1997, 91), its call is morally binding; but it is the individual, as such, who makes decisions.

According to this, every university counsellor should be aware of the ethical minimum in order to be able to provide university counselling in an ethical way. Since the counsellor is institutionally delegated, his or her status, competences and authority should be clearly known and respected, at least institutionally. Becoming a university counsellor should be an honour and should be supported within the university.

The research of Beková, Grajcar, Lepeňová, Uhríková & Zvaríková (2014, 3–41), was conducted as a follow-up to the project Euroguidance.eu – a map of guidance systems in Europe, including Slovakia. The findings of the project

[17] For more information on this idea and on the critical analysis of the decision making of a dialogical person in life situations, see Vadíková (2019).

show that the first-ever quality standard for career guidance and counselling services in Slovakia was developed by the Association for Career Guidance and Career Development in 2019. In 2020, all career guidance providers (both institutions and individuals) had the opportunity to go through the certification and mentoring process in the new quality standard to become certified career guidance providers. As the authors stressed – ethics was a normative part of the certification process.

It can be concluded that the ethics of university counselling in Slovakia has already been institutionally ensured by Managerial and Professional Ethics – by so-called Code Ethics. Every university counsellor has to be aware of all the codes and able to apply their principles. There is no specific training in counselling ethics organized for university counsellors. It is assumed they know the Codes. Each university in Slovakia has its own code of ethics, just as, most of the professions which the students are preparing for in various study programmes have specific codes of ethics. There is no separate code for the profession of a university counsellor as it is assumed that several professions are combined in one person, and therefore he or she is bound by the good practice implemented in these professions. Students of most of the humanities study the subject philosophy and ethics as a part of their curriculum, so it can be assumed that they are also taught the basics of counselling ethics.[18]

In my opinion, it would be helpful to prepare a specification of the code of ethics dedicated separately to university counselling, covering all types of counselling. Counselling ethics have already been defined within Slovak circumstances and researched by Fobels (2012) and staff at Matej Bell University. The research needs to be followed up and applied to the new postmodern way of thinking in Slovakia. Taking into account the reality of postmodern thinking about responsibility (KEGA 008TTU-4) and the crisis in the school system in Slovakia as a consequence of the Covid-19 pandemic, Slovak university counselling needs revitalization, humanization and ethicization, needs dialogue, dignity, evaluation – a deep ethical audit, interdisciplinary research, and intra- and international cooperation between academics, students, and counsellors.

University Counselling ethics can serve as an interesting preventive service – the ethicist can become a real designer of solutions to problems, and in the next stage of care can serve as a mentor. The adjective *university* specifies the range of problems in the specific university

[18] See Vadíková 2022b, the projects *Eurydice* and Euroguidance.eu: EURYDICE (2022) Educational support and guidance: Guidance and counselling in higher education: Slovakia.

location (intra) and its international cooperation service (open inter-institutionally); identifies its clients: academics, students (Slovak, foreign), media, nonprofit organizations, etc.; determines the types, methods, and ethics of counselling. The notion of university counselling implies an institution that deserves its body (Ethics Committee), law (Code of Ethics), and ethics manager to serve academics and students.

The content of the counselling in the field of ethics presents a range of problems. It can be seen as a part of any type of university counselling, since the main aim is to find not only the best, but above all the good solution to a problem. Distinguishing between ethical and moral dilemmas is the first step in such counselling. Ethical dilemmas may be broken down into subproblems using philosophical methods (Vadíková, 2018). If a problem is identified – the dilemma diminishes. The counsellor-ethicist is able to offer a spectrum of insights, and a review of possible descriptions of the situation to help to create a distance that opens up the space necessary for tackling the problem. He or she explains the different possible consequences, but it is the service user who decides on the insights and solutions. If the counsellor only communicates his or her findings (without feedback or explanation), it causes uncertainty in the service user, no stability in the decision-making process, no clarity, no solid base from which to make good decisions. The service user can become paralyzed in terms of making decisions, which leads to procrastination, an uncertain conscience, and an inability to accept personal responsibility. Very few people are aware of how subtle and responsible the work of an ethicist is...

Any professional counsellor-ethicist could provide the widest range of counselling, but it requires cooperation with other counsellor-advisors, oversight, flexibility, preparation and interdisciplinary knowledge. The main distinction between an ethicist and a counsellor is the range of possible solutions that the ethicist offers to the recipient as material for their dialogic encounter, including the consequences. The ethicist tries to avoid a situation in which his or her opinion, advice or solution could be understood as a service to be consumed without discussion. The ethicist comes into the recipient's problem in dialogue, engaging with but never deciding for him or her.

As both a university counsellor and an ethicist, I can confirm the differences mentioned above. Students also refer to the value of implementing ethics in university counselling and the need for professional help in solving ethical problems and are interested in dialogue with an ethicist in order to feel more secure and comfortable in their decision making. The frequency of interactions (dialogues and requests for dialogue) was more

intensive during the COVID-19 pandemic. The prevalence of a postmodern mindset was identified and revealed gaps in the university counselling service.

I can confirm that a counsellor-ethicist is asked for help as a moral authority by students, as a respected professional by colleagues and as an institutional representative of the code of ethics (a manager of ethics) by representatives of collaborating institutions at home and abroad. Some problems require the ability to move between these positions, depending on whether finding a solution needs a more formal or personal approach. The counsellor should recognize the appropriate method, approach, way of thinking and also the full range of institutional tools to be able to provide a complex service. He or she should also have a good sense of humour and be very well organized.

Conclusions

University counselling in Slovakia is regulated by law, provided by universities and delivered by university counsellors. It is a right of every university student. It can also be seen as a tool for preventing complications arising from misunderstandings and misinformation caused by the postmodern transformation of thinking. It is a matter of prestige for a university to be known at home and abroad as a student-friendly institution governed by law and ethics.

Ethicists can serve as professionals in all types of counselling. The expertise of ethicists may be helpful in the decision-making process in academic life. It can help to break down dilemmas into problems, prevent procrastination and any type of decision-making paralysis and offer a range of options for learning how to make free and wise decisions. Counsellors deserve codes of ethics to make their service simple and undemanding. University counsellors already use ethics intuitively in their daily practice, but this is not institutionalized. University counselling without a code of ethics is, like making decisions without the feedback of one's own conscience, a very difficult, lonely and uncertain way of recognizing what is good. That is why contemporary academic life also needs to engage ethicists as university counsellors, for just as freedom needs limits, so academic life needs ethics. Ethicists can be helpful not only to students in solving ethical problems, but also to academics or counsellors.

All university counsellors are invited to recognize the demands of ethics and responsibility and to be aware of their status as moral authorities. Since they are representatives of the university, they deserve honour and gratitude, kindness and cooperation, recognition and appreciation.

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Mgr. Katarína Mária Vadíková, PhD.
Independent researcher, ethicist, coach
vadikova@yahoo.com

The Prevention of Academic Failure and the Promotion of a Healthy Lifestyle and Well-being in Students of the Third Faculty of Medicine of Charles University during the Pandemic

Dagmar Schneidrová, Tereza Kopřivová Herotová

Abstract: Our contribution opens with the findings of foreign and Czech studies on the impact of the social isolation caused by coronavirus pandemic restrictions on the lifestyle, well-being and mental health of university students relevant to our counselling experience. The introduction of online teaching and counselling is reflected. The most common problems of students presented before and during the pandemic and managed in the course of the counselling process are summarized. We describe our counselling strategies, based on the principles of health promotion applied when supporting a healthy lifestyle in students (work-life balance, healthy sleeping, eating, physical activity regimen); cognitive behavioural strategies applied in managing study and stress-related problems like test anxiety, perfectionism, addictive substances abuse and quitting smoking or tobacco use; and Gestalt therapy strategies aimed at building the counselling relationship and increasing the awareness of the client experience. We also mention our educational activities (optional courses on stress management using cognitive behavioural and mindfulness strategies). Finally, the need for collaboration with the Study Division, the faculty contact person for students with special needs, the Centre for the Treatment of Tobacco Dependence in the Královské Vinohrady Teaching Hospital and the Carolina Counselling Centre of Charles University is stressed. The aim of communication and networking is to spread information on counselling services among students and motivate them to use those services when needed, thus contributing to the prevention of academic failure and the promotion of mental health and well-being in students.

Key words: coronavirus pandemic, medical students, online counselling, lifestyle, well-being, mental health, prevention of academic failure

Introduction

University studies usually cover the life period between 18 and 25 years, defined as "Emerging Adulthood" – a specific developmental period of transition between adolescence and early adulthood (Arnett, 2000). In this life period, most students leave the family and the direct control of their parents, get more freedom and space for their own decision making and start building new social relationships. They adapt to a new system of study – an irregular schedule of classes, lectures without a controlled presence, and optional courses – which challenges their capacity for self-management and self-control. Remote exam terms and lack of external control may result in the avoidance of classes and procrastination – postponing regular and systematic self-study. Long-term procrastination and an accumulation of study duties may result in stress, with negative emotions such as anxiety, irritation, despair and depression (Burka & Yuen, 2008).

Restrictions related to the COVID-19 pandemic, which resulted in a lockdown and distance teaching, contributed to the transitional burden defined above and particularly affected students of the first year. Social isolation significantly affected the mental and emotional health of the students. Bláha (2022, p. 11) reported an increased risk of depression (3x), anxiety (2x) and suicides (3x) in Czech young people aged 18–25 years. Similarly, Klusáček, Kudrnáčová a Soukup (2020) found a higher propensity to depression (feelings of sadness, frustration, anxiety and loneliness) in Czech students compared to the general population. A survey undertaken by a group of recent medical graduates called After Medicine (Po medině) in November and December 2021, found high levels of distress among Czech medical students (Palička et al., 2021). The sample of 2,843 medical students (28 % of all medical students in the Czech Republic) and 340 recent graduates represented eight different faculties and each of the six years of study. 95 % of respondents reported stress and 65 % excessive stress during their studies. Approximately 70 % of respondents admitted somatic problems like vomiting, diarrhoea, skin rash and insomnia in connection with excessive stress. 30 % of students reported using alcohol to reduce stress, 19 % reported using medication like antidepressants and anxiolytics and 21 % sought professional psychological help.

Caroppo et al. (2021) suggest that mental distress caused by social isolation seems to be linked not only to personality characteristics but also to several lifestyle components, such as sleep disruption, altered eating habits and reduced physical activity. Salguero-Alcañiz et al. (2021) found that the higher prevalence of depressive symptoms in Spanish young people was

associated with poorer perceived sleep quality and concluded that improving the skills involved in Emotional Intelligence might increase perceived sleep quality and thus reduce depressive symptoms, which might improve the quality of life. Emotional Intelligence is a concept that links cognition and emotion. It is defined as "the ability to perceive, assess and express emotions accurately; the ability to access and/or generate feelings that facilitate thinking; the ability to understand emotions and emotional knowledge and the ability to regulate emotions promoting emotional and intellectual growth".

Online Counselling During the Pandemic

Charles University conducted two surveys on the effectiveness of distance teaching after the first semester (summer semester 2019/20) and the second semester of distance teaching (winter semester 2020/21). The most prevalent complaints from students were about the overall difficult situation (61 %), the excessive amount of time spent in front of the computer (73 %), problems with self-discipline and time management (49 %), and the lack of personal interaction with teachers and other students (66 %). Similarly, teachers complained about missing interaction with students and colleagues (87 %), insufficient feedback and communication from students (56 %), and inactivity and passivity in students (45 %) (Wildová, 2021, in Kucharská, 2021, p. 31–32).

In accordance with restrictions imposed during the lockdown, and the initiation of distance teaching, we announced the start of online counselling via the faculty platform (meet.lf3.cuni.cz) on the faculty website (https://www.lf3.cuni.cz/3LF-308.html). A student who asked for counselling via email or telephone, received an appointment and instructions for an online meeting with an individual password. The online counselling at Charles University was coordinated by the Carolina Centre.

Table 1 compares the numbers of students who asked for counselling before the pandemic (I–VI 2019, VII–XII 2019) and during the pandemic (l–VI 2020, VII–XII 2020, I–VI 2021, VII–XII 2021). The table presents the numbers of students/counselling hours (45 min.) who were provided with study counselling and mental support (DS), and counselling on quitting smoking, tobacco use and other addictions (TK); the numbers of foreign English-speaking students (Eng) and students who were recommended a psychiatric consultation due to severe mental health problems (most often anxiety and depression). The demand for counselling dropped in the first year of the pandemic (2020), whereas it rose in the second year of the pandemic (2021) in terms of an increase in counselling hours used.

Table 1. Attendance at the Student Counselling Centre before and during the pandemic

I-VI 2019	I-VI 2020	I-VI 2021
DS 36 students / 156 hours	28 students / 117 hours ↓	35 students / 175 hours ↑
TK 5 students / 21 h	2 students / 4 hours ↓	6 students / 37 hours ↑
(6 Eng, 8 psychiatrist)	(8 Eng, 1 psychiatrist)	(13 Eng, 12 psychiatrist) ↑

VII–XII 2019	VII–XII 2020	VII–XII 2021
DS 30 students / 93 hours	17 students / 73 hours ↓	25 students / 116 hours ↑
TK 5 students / 23 hours	6 students / 27 hours	7 students / 26 hours
(9 Eng, 4 psychiatrist)	(6 Eng, 4 psychiatrist)	(6 Eng, 1 psychiatrist)

Reasons for Asking for Help in the Student Counselling Centre

The most common reasons for asking for help before the pandemic were the study problems of first-year students related to adaptation to the academic system, stress associated with complex multidisciplinary exams, social anxiety, difficulties with inclusion into the academic community and burnout. After distance teaching was introduced, students who asked for help were suffering from similar problems to those identified in the studies presented above. Students complained about insufficient contact with teachers and other students, which resulted in a lack of motivation to study, an inability to organize studying, and procrastination (esp. in first-year students). Missing online classes due to the practice of medical and nursing students in hospitals or testing centres contributed to stress about meeting the demands of the curriculum. Social isolation and online teaching with available records of lessons resulted in the avoidance of lessons, and irregular study, eating, physical activity and sleeping regimens. Consequently, students experienced anxiety, fear of failure and helplessness. In some students, mental distress resulted in using alcohol, tobacco or marihuana or spending excessive time online at the expense of study or rest.

Counselling on Study, Lifestyle and Stress

At the beginning of the counselling process, we use the Stress Management Pro-

gramme for University Students, which is available on the faculty website of the Student Counselling Centre in both Czech and English versions, in order to identify the needs and goals of the student and agree on a counselling contract. The tools included in the programme may be used in counselling in the course of a diagnostic and intervention process. The structure of the programme covers sections on Study, Lifestyle, Stress and other relevant topics (test anxiety, perfectionism, anger management, depression, etc.). Particular sections include self-evaluation questionnaires and guidelines for managing particular problems. Both the programme and the counselling strategies are based on the principles and methodology of health promotion (Kernová, 2011) that are applied when supporting students' healthy lifestyle (work-life balance, healthy sleeping, eating, physical activity regimen); cognitive behavioural strategies (Clark, 2022; Šlepecký & Praško et al. 2018) applied in managing study and stress-related problems like test anxiety, anger or perfectionism. Gestalt therapy strategies (Joyce & Sills, 2011) are suitable for building the counselling relationship, increasing the awareness of the client experience, working on emotional experience and developing emotional intelligence in the client. This applies especially to students with mental and emotional problems who might be registered at the Study Division as students with special needs and treated by a psychiatrist and/or clinical psychologist.

The short-term counselling (3 to 5 sessions once a week or a fortnight) is usually sufficient for supporting students to settle into a reasonable study regimen, combined with a regular sleeping and eating regimen and time for recreation (sports, hobbies, friends, family), preferably at the beginning of the semester. The long-term counselling (5 and more sessions according to the needs of the student) might be useful for supporting students with special needs associated with more complex study, personal or mental health problems. In the case of a severe mental health problem (e.g. panic attacks, depression, suicidal thoughts, eating disorders), we refer the student to the specialized care of a psychiatrist or clinical psychologist. Since we use an educational approach, besides the educational programme at the faculty website we refer students to other educational resources on mental health (e.g. the "Nevypusť duši" website) and offer them self-help manuals and books from the Student Counselling Centre library.

We also combine counselling and educational activities in 15-hour optional courses on stress management, applying cognitive behavioural (Clark, 2022, Šlepecký & Praško et al. 2018) and mindfulness strategies (Williams & Penman, 2014). The courses are included in the curriculum of our faculty.

Counselling on Quitting Smoking and Using Tobacco

University students, especially students of medical faculties, are considered responsible adults with an already established value system, social skills and knowledge related to a healthy lifestyle and substance use (Csémy, Hrachovinová, & Krch, 2004). However, Czech and foreign studies that have focused on the student population since the 1990s, have revealed significant contradictions between the knowledge and behaviour of students. Therefore, the authors of those studies consider this population group to be a high-risk group prone to risky behaviour, including substance use, especially alcohol and tobacco (Arnett, 2005; Balogh et al., 2018; Brożek et al., 2019; El Ansari et al., 2021; Kachlík, 2015; Syrovcová et al., 2001). Long-term procrastination and an accumulation of study duties may result in stress, with negative emotions like anxiety, irritation, despair and depression (Burka & Yuen, 2008). Some students may treat those negative emotional states with psychoactive substances, especially alcohol and tobacco. Stress, isolation and loneliness related to the COVID-19 lockdowns most probably also contributed to an increase in smokers and tobacco users. The message of the WHO World No Tobacco Day 2021 was that the health care system should use the situation of the COVID-19 pandemic to campaign for and actively promote effective forms of treatment of tobacco dependence (Králíková & Pánková, 2021).

The faculty already provides behavioural support on quitting smoking and tobacco use to students in the Student Counselling Centre at the Department of Hygiene, and pharmacological treatment is offered to students and faculty and teaching hospital staff at the Centre for Tobacco Dependence at the Department of Occupational and Travel Medicine of Charles University and the University Hospital Královské Vinohrady. Information on these services is provided during the admission process for new students at the Study Department and on the websites of the faculty and teaching hospital. Students also get relevant information during lessons on the health risks of tobacco use and guidance on early identification and intervention in tobacco users, which are part of the subject Hygiene, Epidemiology and Preventive Medicine, which is coordinated by the Department of Hygiene.

Conclusion

Health promotion and the prevention of mental health problems in students is the goal of the educational and counselling activities which have been developed at the 3rd Faculty of Medicine in the last 40 years. The Student Counselling Centre has become part of the network

of counselling services promoted by the Carolina Centre of Charles University and collaborates with the Association of University Counsellors. The increase in mental health problems, such as severe anxiety, depression and suicide related to academic stress, in the context of the coronavirus pandemic lockdowns, confronted the limited capacity of the mental health services and counselling services at universities. On top of that, lockdowns at universities restricted direct communication and collaboration within the faculty. The real challenge is to recover the communication between teachers and students in order to discuss the shortcomings of the complex curriculum at our faculty and make clear the requirements for passing credits and exams that are presented in the Study Information System (SIS) and Curriculum Database (Výuka). The latter also presents resources for study (powerpoint presentations, texts, websites). The first-year students receive orientation in the curriculum and the system of study in an intensive course at Dobronice before the first semester. Later on, they might get support from tutors/teachers, and older students who share their study experience and materials with them. Elective courses on developing study competence, stress management and a healthy lifestyle are also included in the curriculum. We consider the collaboration of the Student Counselling Centre with the Study Department, the faculty contact person for students with special needs, the Centre for the Treatment of Tobacco Dependence at the teaching hospital, and the Carolina Counselling Centre to be crucial. The aim of communication and networking is to spread the information on counselling services among students, motivate them to use those services when needed and thus contribute to the prevention of academic failure and the promotion of mental health and well-being in students.

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doc. MUDr. Dagmar Schneidrová, CSc.
Mgr. Tereza Kopřivová Herotová, Ph.D.
3. lékařská fakulta, Ústav hygieny 3. LF UK
Univerzita Karlova
dagmar.schneidrova@lf3.cuni.cz

Well-being Support for University Students and Academics Through the MBCT-L Course

Eva Šírová, Markéta Niederlová

Abstract: Background Mindfulness-based programmes (MBPs) provide an increasingly popular approach to improving mental health. Previous meta-analysis suggested that MBPs show promising effectiveness. **Objective** To evaluate if online MBCT-L (Mindfulness Behavioral Cognitive Therapy for Life) courses reduce the level of perceived stress and enhance the well-being felt by university students and academics. **Methods** A pilot questionnaire survey among 28 participants in two online MBCT-L courses aimed at determining the level of perceived stress before and after the course using a standardized PSS-10 scale (Perceived Stress Scale-10) and evaluating the course using a structured evaluation questionnaire. **Finding** The results indicate a significant shift in the majority of participants in the area of well-being and alleviation of perceived stress associated with studying or working. **Conclusions** MBCT-L supports changes in the well-being of university students and academics and reduces the level of perceived stress. Further work is required to explore how best to sustain improvements.

Key words: Well-being, Mindfulness, MBCT-L, Stress

Background

Mindfulness-based programmes (MBPs) involve systematic practice in focusing attention in a sustained and intentional way. MBPs have been shown to prevent and/or improve mental health problems in clinical and non-clinical adult samples, and MBPs for young people appear promising as a preventive intervention. MBPs seek to improve cognitive, emotional and behavioural outcomes for different groups of people. Previous meta-analysis of randomized controlled trials (RCTs) suggested that, overall, MBPs significantly improved negative behaviour, attention, executive functions, anxiety/stress and depression (Dunning et al., 2019). However, when comparing MBPs against active controls, effects were confined to anxiety/stress and depression.

Well-being is an interdisciplinary

concept that can be viewed from a philosophical, sociological, economic, and, above all, from a psychological point of view. Thanks to the broader interdisciplinary interest in this construct and several pieces of research, three components of subjective well-being have been established over the past fifty years. The first component is positive affectivity, the second, negative affectivity, and the third is life satisfaction (Andrews & Withey, 1976). The first two components refer to the emotional side of well-being. Life satisfaction then refers to the cognitive-evaluative component of well-being and is usually defined as a cognitive and global judgment that a person makes about his or her own life, which has as a reference point his or her own goals, expectations, values and interests influenced by the cultural context (e.g. Diener et al., 1985). In our research, we are also based on this subjective concept of life satisfaction and on the assumption that people are satisfied if they feel that way or if they say that they feel that way. Both the affective and cognitive components of well-being are very closely linked and are often conceptualized together.

There are many factors influencing our well-being, and most current research focuses mostly on just one of them and examines the degree of its influence on our well-being, most often from the perspective of gender, profession, age or country and culture. In our small research investigation, we focused on the stress factor and its perceived levels before and after the MBCT-L (Mindfulness-based Cognitive Therapy for Life) course (described in more detail below). Due to the small research sample, we processed the data only qualitatively and did not compare the data in any other way, not even in terms of gender, age or profession.

We understand ***stress*** in Selye's (2016) concept as a physiological and psychological response, a reaction to a stimulus or event, the so-called stressor. He defined stress as a non-specific response of the organism to any pressure or demand. According to this concept, we also work with stress in mindfulness courses and take stress as the overall response of our organism (mind and body) to any stressor we experience. A stressor can be an internal as well as an external phenomenon or event. So, even a thought or feeling can cause stress and be a stressor. In other circumstances, the same thought or feeling may be a reaction to an external stimulus and thus be stress itself.

Selye (2016) emphasized the non-specificity of the stress response and argued that the most interesting and fundamental aspect of stress is that the organism, in its efforts to adapt to any demands and pressures, reacts with a generalized physiological response, which he called the generalized adaptation syndrome. He saw it as a way for organisms to maintain good health, or life itself, despite

threats, trauma and significant changes. He saw stress as a natural part of life that cannot be avoided and that requires adaptation if the organism is to survive. Our attempts to respond to change and stress, whatever their source, can themselves lead to paralysis and disease if inappropriate or poorly regulated. The more we try to cope with stressors, the more we will be able to avoid dysregulation and prevent ourselves from causing disease or worsening our condition. And this is also the goal of mindfulness courses - to learn to adapt and cope with external and internal pressures and stressors.

We now know much more about the key roles played by the brain, nervous system, emotions, cognitive processes and various biological mechanisms that affect how we experience and cope with stress well (adaptation) or poorly (maladaptation). It turns out that we have a lot of choice in the matter. Engagement and awareness have a huge impact and protect us from the toxicity of helplessness. There is no external procedure that has a meaningful effect under extremely stressful circumstances. However, people have deep inner psychological resources that can give us a sense of commitment and influence, to a certain extent, and thus protect us from helplessness and despair, as evidenced by studies of concentration camp survivors (Kabat-Zinn, 2016).

According to Seligman (2013), whether stress occurs is not determined by the stressor itself, but by how we perceive it and how we deal with it. Sometimes even the slightest event can trigger an exaggerated emotional reaction in us, completely disproportionate to the seriousness of the problem itself. Rather, it happens in moments when we are under pressure and feel anxious and helpless. At other times, we handle not only minor inconveniences, but also significant crisis situations almost effortlessly. In such moments, we don't even realize that we are under stress. Only later does emotional and physical exhaustion set in. The amount or degree of stress we experience is determined by how we see things and how we manage them.

The transactional approach to psychological stress (Lazarus & Folkman, 1984) reminds us that we can be more resilient to stress and less susceptible to it if we build our internal resources and improve our physical and psychological health in general during periods of exhaustion. They consider regular physical exercise, meditation, sufficient sleep and the deep interconnectedness of our interpersonal relationships to be the four most important factors. In addition, relationships and family are shown to be an important factor in life satisfaction in the Czech Republic (e.g. Hamplová, 2004; Dobrovská & Vaněček, 2022). Loving and supportive family relationships, friendships, and membership in groups we care about are examples of external

resources that can help alleviate our experience of stress. Internal resources include our confidence in our own ability to handle difficulties and challenges of various kinds (self-efficacy), our view of ourselves as a person, our approach to change and beliefs about what is feasible, our religious beliefs, our level of self-efficacy relating to specific rather than general challenges, as well as our degree of stress resilience, sense of integrity and affiliative trust in people. All these qualities can be strengthened by practicing mindfulness. Therefore, in our research, we primarily focused on a comparison of the level of stress experienced before and after the MBCT-L course as one of the main measures of the effectiveness of the course, which was organized by the Hybernská Counselling Centre (HCC) at the Faculty of Arts (FA) Charles University (CU) in Prague and intended primarily for students with special needs.

Objective

The aim of this pilot questionnaire survey was to evaluate if online MBCT-L (Mindfulness Behavioral Cognitive Therapy for Life) courses reduce the level of perceived stress and enhance the well-being felt by university students and academics.

Methods

This research is designed to determine the effects of an intervention by measuring psychological variables before and after the intervention in the absence of a control group. Due to the COVID-19 pandemic, we had to implement the intervention – the MBCT-L course – online.

Study design and participants

Participants in the experiment self-enrolled in the MBCT-L programme. Participants were not approached for the purpose of the research, but all who signed up for the MBCT-L programme were offered participation in the research. It was therefore a self-selection of a sample of the population and the study therefore has the nature of a quasi-experiment. However, due to the nature of the intervention, which requires self-motivation both to start and to complete it, and the availability of probands and financial resources, the method of randomly selecting a population sample was not practically feasible in this work.

We offered the MBCT-L programme to students, academics and other university staff through the Hybernská Counselling Centre (HCC) at the Faculty of Arts (FA) Charles University (CU) via e-mail and on the website of HCC in the summer semester of 2020/2021 and in the winter semester of 2021/2022. The programme was aimed primarily at students with special needs and was implemented as part of the ESF project for universities II at CU, registration number

CZ.02.2.69/0.0/0.0/18_056/0013322, but only 5 participants met these criteria. 23 participants were without special needs. The course was offered as a mandatory elective course and students could earn 3 credits towards their studies for completing it and also a certificate on its completion if they participated in the course at least 6 times out of 8.

Participation in the course was voluntary; the participants applied themselves and were selected for the course according to Oxford Mindfulness Centre (OMC) criteria. An approximately 30-minute ***introductory online interview*** was conducted with each registered participant a week before the start of the course. The aim of this initial interview was to find out the participants' previous experiences with mindfulness, meditation or yoga courses, their expectations, medication, psychological problems, and organizational matters. The main contraindications to the MBCT-L course are current serious psychiatric illness (for example, psychotic disorders, affective disorders, cognitive disorders, substance dependence), history of suicidal intentions, recent severe psychological trauma, and also the inability to attend meetings regularly. Participants could ask anything about the course and its organization and get to know the lecturers. They were introduced to the ethical rules and aspects of the course. They were asked to fill in the informed consent and sworn statement necessary for registration within the ESF project and, anonymously, the ***Perceived Stress Scale -10 (PSS-10)*** before the start of the ***MBCT-L course***.

The OMC-recommended number of 8-16 participants in one course was observed in both of these implemented courses. 12 participants in the 2020/2021 summer semester and 16 participants in the 2021/2022 winter semester, so **28 participants** in total. 23 (82 %) respondents were women, 5 respondents (18 %) were men. The average age of the respondents was 28 years (*SD = 10.4*), median 24 years, the youngest participant was 19 years old and the oldest was 57 years old.

Nine participants were bachelor's students, 15 master's students, 2 doctoral students and 2 academic staff. 15 participants (54 %) had no problems, 8 of them (29 %) indicated psychological problems in the form of depression or anxiety, and 5 of them (18 %) indicated a higher level of stress. 13 participants (46 %) entered the course without any initial experience with mindfulness, 10 of them (36 %) had experience with meditation, 5 of them (18 %) with yoga, and 3 participants (11 %) had already completed a mindfulness course in the past and wanted to consolidate or renew their mindful practice.

Thirteen participants (46 %) signed up for the course out of curiosity and wanted to find out for themselves what mindfulness was, 6 of them (22 %) took

Table 1. Frequency of course participation (N=28)

8+1x	8x	7+1x	7x	6+1x	6x	5x	4x	3x	2x
4	8	4	3	2	1	3	1	0	2

the course for their self-development, 3 of them (11 %) because of psychological problems and stress, on the recommendation of a psychologist, 3 out of curiosity, 3 because of the community and practicing mindfulness in a group and sharing experiences, and the main motivation of one of the participants was to get credits.

The course in the winter semester of 2021/2022 also included a voluntary day of silence, which was attended by a total of 10 participants and is listed as +1 in Table 1 of the frequency of participation in the course. In the 2020/2021 summer semester, we only gave the participants instructions for the day of silence, we did not lead it, and it was up to the participants how they spent it. We do not know exactly how many participants implemented it and it is therefore not included in Table 1.

After the course, we asked the participants to again anonymously fill in the ***Perceived Stress Scale -10 (PSS-10)*** and ***online evaluation questionnaire***.

Interventions

The MBCT-L Course

The MBCT-L course is based on the MBCT (Mindfulness-Based Cognitive Therapy – MBCT) course, which is an 8-week programme created by Zindel Segal, Mark Williams and John Teasdale for people with repeated episodes of depression. The MBCT-L (Mindfulness-based Cognitive Therapy for Life) course is based on the original MBCT programme and was designed by the Mindfulness Centre at the University of Oxford to be relevant for everyone, for the general population. It is intended to be used in common, everyday settings and aims to benefit people across the spectrum of mental health and well-being (Bernard, Cullen, & Kuyken, 2020).

Mindfulness is rooted within ancient wisdom and practices, whereas cognitive behavioural methods were developed within modern psychological science. They have different perspectives, but each offers specific ways to a common end - becoming more familiar with the mind and learning to work with it more skilfully. The combination of the two approaches has great potential to alleviate suffering and enable people to flourish and live their lives more fully (Bernard, Cullen, & Kuyken, 2020, p. 5).

The MBCT-L course is thoughtfully structured and encourages the culti-

vation of understanding, skills and attitudes that can make a real difference in many areas of our lives. Learning is predominantly experiential and based on learning mindfulness in formal procedures and in everyday life. This programme offers a new way of working with the difficulties we encounter in our lives but also a different way of relating to ourselves and others - a way that includes more contentment, appreciation, wisdom and compassion (Bernard, Cullen, & Kuyken, 2020, p. 5).

Mindfulness is conceived in this course as the awareness that emerges when we pay attention in a particular way: in the present moment, with curiosity and kindness, to things as they are (Bernard, Cullen, & Kuyken, 2020, s. 7). Learning mindfulness does involve following guidance and mastering 'techniques', but the approach that we bring to our practice is just as important, or more so. The following attitudes are seen as some of the essential foundations that can help our mindfulness practice to flourish and are based on the book by Kabat-Zinna (2016, p. 71–79) and the MBCT-L manual (Williams & Penman, 2011, p. 8–9): Non-judging, Patience, Beginner's mind, Trust, Non-striving, Acceptance, Letting go, Befriending, Compassion, Appreciation, Gratitude, Generosity.

The MBCT-L programme is not therapy, but systematic training in mindfulness and self-compassion. This has certain advantages over traditional therapy – apart from its relatively short duration, it is more resistant to various types of therapist bias, such as self-confirmation bias, hindsight bias, absence of proto-diagnosis (bias), „diagnosis", any client judgment at all. Baer (2003) states that mindfulness training is significantly different from traditional cognitive-behavioral therapy. For example, it does not involve evaluating ideas as either rational or distorted, nor does it involve systematic attempts to change ideas considered irrational. Instead, participants learn to observe their thoughts, note their impermanence, and refrain from judging them.

Another important difference is that, unlike traditional cognitive behavioral practices, which usually have a clear goal, such as changing a pattern of behaviour or thinking, mindfulness meditation is practiced with a seemingly paradoxical attitude of non-striving. This means that even when a task is given (e.g. sit still, close your eyes and pay attention), no specific goal is chosen. Participants are not trying to relax, relieve pain, change their thoughts or emotions, although they may have sought treatment with this intention. They simply observe what is happening in each moment without judging it. Thus, the practice of mindfulness involves acceptance of present reality, rather than systematic attempts to change reality. An equally important distinction is that

Table 2. MBCT-L Course Syllabus

Session 1	Waking up from automatic pilot
Session 2	Another way of being: keeping the body in mind
Session 3	Gathering the scattered mind
Session 4	Recognizing Reactivity
Session 5	Allowing and Letting be
Session 6	Responding Skilfully: thoughts are not facts
Session 7	How can I best take care of myself?
Session 8	Mindfulness for Life

Source: Bernard, Cullen, & Kuyken, 2020.

effective teaching of these skills requires teachers to commit to their own regular practice of mindfulness (Segal, Williams, & Teasdale, 2002). Therapists who use more traditional cognitive-behavioural strategies are generally not expected to engage themselves in regular practice of the skills they teach (Baer, 2003).

The course programme is divided into 8 meetings lasting 120–135 minutes, and after the 6th meeting, a voluntary day of silence lasting 6 hours is included. The main topics of the individual meetings are listed in Table 2. Each meeting and individual practice plan for each week is different, generally includes mindfulness exercises in rest and movement, group work, education on the topic of stress, anxiety and its management, as well as the application of mindfulness to situations in everyday life.

Outcome measures

Perceived Stress Scale -10 (PSS-10)

Effects of the MBCT-L programme on stress were assessed using the Perceived Stress Scale (PSS-10). Only the results of participants who properly completed the MBCT-L programme, i.e. completed at least six sessions out of eight, agreed to be included in the research and properly filled in the questionnaire, were included in the research. We collected data using the PSS-10 online questionnaires, which we had the participants fill in before the start of the intervention (one to several days) and at the end of the intervention (after the last meeting of the programme, i.e. eight weeks after the start of the intervention, or within a few days of the end of the intervention). The PSS-10 scale and the evaluation questionnaire were administered by filling in an online form.

"PSS was originally developed as a 14-item scale that assessed the perception of stressful experiences by asking the respondent to rate the frequency of his/her feelings and thoughts related to events and situations that occurred over the previous month. There are also two short product forms, the PSS-4 and PSS-10, with, respectively, 4 and 10 selected items of the original PSS-14 form. Notably, high PSS scores have been correlated with higher biomarkers of stress, such as cortisol" (Malarkey et al., 1995, Van Eck, & Nicolson, 1994 in Andreou et al., 2011, p. 3288). According to a review study of psychometric evidence (Lee, 2012), the PSS-10 version has the best psychometric properties of all versions of the PSS.

The answers are given on a five-point Likert scale (0 to 4 points), so the raw score can take on a value of 0 to 40 points. The PSS scale items were designed to indicate how unpredictable respondents find their lives to be uncontrollable and burdensome (Cohen & Williamson, 1988).

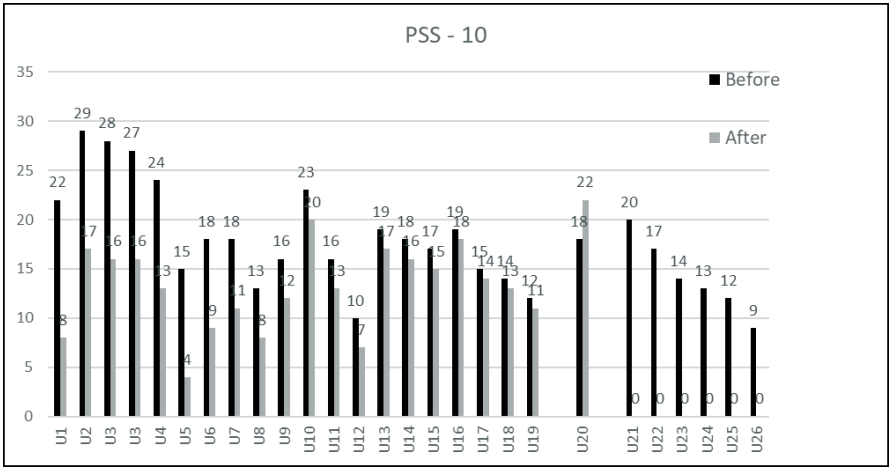
According to a review study (Lee, 2012), the PSS is a short and easy-to-use questionnaire with acceptable psychometric properties. In terms of internal consistency, the Cronbach's alpha coefficient for the PSS-10 scale reached acceptable values, i.e. greater than 70, in all twelve studies in which it was investigated (Nunnally & Bernstein, 1994). Reliability of the PSS-10 scale was also assessed using test-retest in four studies and in all cases met the criterion of a value greater than .70 (Pearson's, Spearman's correlation coefficient or ICC), with a delay between the two measurements ranging from two days to six weeks. The study also indicated that a two-factor structure was more often found for the PSS-10 scale than a one-factor structure (in a ratio of 6:2 in works using exploratory factor analysis and in a ratio of 1:0 in works using confirmatory factor analysis).

The Czech version of the PSS-10 scale was created by careful translation from the original English version by Chýle (2020), and this translation was subsequently verified by back-translation into Czech by another person.

Online evaluation questionnaire

The online evaluation questionnaire was administered by filling in an online form at the end of the intervention (after the last meeting of the programme, i.e. eight weeks after the start of the intervention, or within a few days of the end of the intervention). This questionnaire was constructed by parallel course lecturers Kristina Běrská and Eva Chroustová and consisted of 4 parts: expectations (3 questions), course evaluation (10 questions), lecturer evaluation (3 questions) and consent to the anonymous publication of their answers (yes/no answer). Most of the questions (14) were open-ended, only 3 questions were scaled with answers on a 5-point Likert scale.

Figure 1. PSS-10 – raw score before and after the intervention, sorted by degree of difference



The evaluation questionnaire was used to obtain data on the participants' final subjective evaluation of the intervention. The translation of this evaluation questionnaire is given in the Appendix.

We conducted a thematic qualitative analysis of the qualitative data to capture interesting and recurring themes and relationships. In the answers, we identified themes as recurring motifs, i.e. key expressions with the same or similar meaning. We noticed, above all, the frequency of the expressions used, the co-occurrence of words, word combinations, and possible similarities in the answers of different respondents. We reformulated and shortened the answers of the respondents in the qualitative research while maintaining their meaning.

Findings

26 (93 %) out of 28 participants filled in ***the Perceived Stress Scale (PSS-10)*** before the start of the course, and only 20 (71 %) of them filled it in after the course. 6 participants (3 from each course) of the total number of 28 participants did not complete the course, i.e. the rate of non-completion (*drop-out*) was 21 %. We also considered cases where the participant stayed on the course until its end but missed more than 3 meetings out of a total of eight as non-completion of the programme.

Before starting the MBCT-L programme, the participants achieved an average raw score on the PSS-10 scale of 18.3 points out of 40 (*SD = 5.22*); after the programme ended it was 14.0 points (*SD = 4.52*). The mean difference in the raw score between the two measures was 5.55 points (*SD = 4.95*). The raw scores before and after the intervention, sorted by degree of difference, are displayed in Figure 1.

6 participants (U21-U26) did not fill in the questionnaire after the end of the course, 1 participant (U20) scored worse at the end, but this participant also had the lowest attendance. Figure 1 shows the difference between the participants in the degree of perceived stress already at the beginning of the course, a difference of up to 20 points (max 29, min 9); after intervention it was 18 points (max 22, min 4).

The online evaluation questionnaire was completed by 20 (71%) of 28 participants. 20 of them gave permission to publish their answers from this questionnaire in an anonymized form. For all of them, the course met their expectations, i.e. to learn about mindfulness, self-development, help with psychological problems (stress, anxiety, depression), share their experiences in a group, get credits. 11 of them did not change their expectations during the course, for 5 of them mindfulness became a part of their lives, 3 were surprised by the number of different techniques, 2 gave concrete ideas about mindfulness, 1 was surprised by the strong effect of focusing on his/her body and 1 expected more sharing with the group. For 15 participants, the course was very beneficial, 5 of them rated it as beneficial. 19 of them would definitely choose this course again, 1 marked the answer yes.

15 participants reported better awareness of their body, mind and emotions after the course, 8 of them positive perception and improvement of relationships with others, 6 felt a significant shift in handling challenging situations, 4 improved attention and memory, 4 of them appreciated the skill of being present.

"*I am able to perceive my body better, thanks to which some unpleasant conditions can be managed and alleviated (for example, a reaction after vaccination, menstrual pain, headaches). I no longer have so many problems with overthinking – I accept thoughts and feelings better and let them go again. I'm better at preventing myself from having "stress from stress". Even in emotionally tense situations, I am much more stable. I can observe myself more objectively."*

During the course, sharing was important for 10 of them, for 9 of them, mindfulness techniques, for 6 of them, CBT (Cognitive Behavioural Therapy) techniques, for 5 of them, shifts in their personal lives, for 1 of them, intensive involvement and

flow; and for 1 of them, the approach of the lecturers.

"I was struck and moved by the poem If I Could Live My Life Again – the first time I heard it after the meditation, and every time I remembered it afterwards... it became one of my new beacons and a great reminder; the important moment was when I realized that I had spontaneously engaged in home practice and become dependent on it in my own way, and, to only slightly exaggerate, I now can't imagine exam periods and demanding, long afternoons without it."

Of the techniques, the 50/50 technique, CBT techniques, 10 fingers of gratitude, 3-Step Breathing Space, poems, Sitting Practice, Working with difficulty, Mountain meditation, Silent Day, Mindful walking and Mindful movements were the most appreciated.

At the meetings, 12 of them were satisfied with the sharing and reflection of techniques, 9 of them appreciated the rotation of activities and lecturers, 8 of them appreciated the pleasant atmosphere at the meetings, 5 of them were satisfied with the online format, 4 of them were satisfied with the lectures, 2 of the participants positively evaluated the introductory calming technique, 4 were satisfied with the overall time frame of the course, 2 of them appreciated the homework manual, which was sent gradually.

On the contrary, 8 participants would prefer a face-to-face meeting, 4 of them would appreciate less homework, 4 mentioned the inconvenience of occasional technical problems with the internet connection, 2 of the participants missed the opportunity to meet online with some participants during the week to do homework together and share experiences.

The participants appreciated the lecturers' sensitive, understanding, respectful, kind, helpful approach, their complementing of each other, their enthusiasm, personal interest and willingness to help.

"Willingness to share their personal experiences, at the same time enough space for our own observations and comments. Overall a very helpful and kind attitude."

"They had the lessons well prepared, so I had a good sense of a solid structure, they supported our own reactions and questions, and they mostly knew how to answer them in a constructive way, often even citing their own experience."

Interpretation of results

The results of the descriptive statistical analysis showed that completing the eight-week MBCT-L course can have an effect on reducing the participants' perceived stress. The observed reduction in the level of perceived stress by almost

one standard deviation for the standardized intervention in the given time frame is significant. According to the available literature (Chýle, 2020; Elimimian et al., 2020; Solhaug et al., 2019), it is possible that this improvement is even more pronounced over time after completion.

The reduction of the raw score of perceived stress on the PSS-10 scale found in the quantitative research is in line with previously conducted studies and meta-analyses, i.e. indicating that mindfulness programmes help to reduce stress levels (Janssen et al., 2018), recommending them, among others, as a useful method for reducing stress symptoms (Fjorback et al., 2011) or a mindfulness programme having a large positive effect on stress (Khoury et al., 2015).

It can be stated that the analysis of the online evaluation questionnaire, and the frequency of occurrence of the topic of stress, complement and confirm the findings of the quantitative research. The results similarly show that the effect of the MBCT-L programme on reducing stress is significant.

The topics of managing emotions, reactions, relationships, social ties and their awareness had a significant place in the answers. These concepts, abilities and skills are a significant part of the concept of emotional intelligence and well-being (Dunning et al., 2019; Salovey & Mayer, 1990). According to available literature, mindfulness and emotional intelligence are related (Bao et al., 2015; Hill & Updegraff, 2012).

From the frequency of occurrence of the topic of self-development, self-relation and self-acceptance, it can be concluded that a significant component of mindfulness training can be a better understanding of oneself, one's emotions, impulses, tendencies, reactions, thought patterns, behaviour, their acceptance (especially those that are perceived as unpleasant, difficult or undesirable) and the related improvement of the relationship with one's own person. This shift in relation to one's own person may also be related to the shift described by the participants in relationships in general and in the quality of communication with other people. Generally, these are signs of increased self-compassion or self-kindness.

Overall, participants report a much wider range of effects from the MBCT-L programme than just those related to stress and coping. According to the statements of the participants, it can be concluded that the programme positively influenced the quality of their lives in important ways for many of them, which apparently had, among other things, a retroactive effect on their overall resilience and stress management.

Limitations

The primary limitation of this study was the limited sample size (N=28) and the

number of those who did not complete the intervention (6), and only 20 (71 %) of them filled in questionnaires after the course.

The limitations of previous research studies, including ours, include the risk of publication bias, bias caused by self-selection, and the distortion of expectations; the selection of a population sample is also a problem (for example, a typical intervention participant is a relatively young white woman, student or healthcare worker), most studies use a waiting list or non-specific control groups, making it difficult to draw firm conclusions about the size of the comparative effect with active control groups such as psychoeducation or a support group, and most studies also lacked long-term follow-up (eg, a period of one year or longer), making it difficult to assess the stability of the longer-term effects of MBCT-L after the end of the programme. A frequent shortcoming of similar studies is that they do not report negative effects of the intervention or do not adequately describe the rate of non-completion.

Unfortunately, like most studies of the effects of MBCT-L, we did not follow the participants' independent home practice. This data from all participants (completers and non-completers) would allow for a better understanding of participants' behavior outside of group time and its impact on their outcomes. Estimates of self-reported mindfulness practice thus far rely more on participants' retrospective self-reports, so this does not shed much light on their actual adherence to the practice. The use of standard forms and new technologies (mobile phone apps, web apps) in real-time reporting of independent practice would help ensure consistency of participant experience across studies.

An important role in the research was played by the possible influence of the researchers, who were also in the role of persons providing the intervention. As the authors of the research project, the objectives were known to us in advance, and therefore it was not possible to blind the study to us as researchers. This arrangement is more advantageous from an organizational point of view, but there is a certain risk that research results or their interpretation could be unknowingly influenced.

Future Directions

In our opinion, the results show the need for a more extensive and longer-lasting, preferably longitudinal, study on a sufficiently large sample. We also think that knowing the factors that would predict the risks of not completing the intervention would help the correct indication of MBCT-L. In our opinion, little attention has been paid to these circumstances in the literature so far. Therefore, in further research, we recommend paying increased attention to the factors that cause training failure and its premature termination. Understanding the motivation of

the participants and the reasons for their premature termination of the intervention seems very important.

Future research should focus on placebo effects and non-specific effects of the intervention that differ from its true effects. It should focus on comparisons with active treatment and on the mechanisms by which the intervention works. In addition to investigating these mechanisms of action, studies should also examine the cost-effectiveness of the interventions, as thereare few side effects, and they appear to be beneficial for patients with chronic conditions. Understanding the financial implications will be useful for further practical use in terms of healthcare and helping students to finish their studies.

Further studies should investigate ways to improve the effects of MBCT-L interventions. To achieve this goal, qualitative studies can prove valuable in gaining insight into participants' perceptions and help identify ways to engage participants more and thus strengthen the effects of the intervention. However, in terms of design, a randomized controlled trial must be preferred when evaluating true effects. Longer follow-up periods are also needed to assess long-term effects.

Specific circumstances, such as the level of experience and skill of the lecturers, may also affect the effectiveness of MBCT-L, but few studies have reported data on this yet. Therefore, future studies should also investigate the influence of the skill level of MBCT-L programme lecturers.

Conclusions

The main finding of the research is that completing the eight-week MBCT-L programme is likely to have an effect on reducing perceived stress. The results of the online evaluation questionnaire confirm this finding and show that the effect of the MBCT-L programme on reducing stress is a significant part of the effects of this intervention. With respect to the current state of knowledge and research, we have outlined directions for future research into the effects of mindfulness-based programmes.

This work can be of practical benefit in researching mindfulness-based programmes in our country and their better understanding and acceptance by the professional public. The research results could serve as a source of pilot data for further research on the effects of MBCT-L in the Czech Republic.

Data availability statement

Data are available upon reasonable request. The baseline data are available from Dr. Eva Šírová (eva.sirova@cvut.cz) upon request (release of data is subject to an approved proposal and a signed data access agreement).

Ethics statements

Since this research involved real intervention participants in experimental conditions, it was necessary to apply ethical standards for psychological research. The central principle here was the principle of primum non nocere, i.e. first of all do no harm and always put the needs of the client above your own, which is the central principle of the MBCT-L approach. Participants entered the study voluntarily, were informed in advance that they were part of the research, and their participation in the intervention itself did not depend on their participation in the research. Informed consent was given in writing (by filling in the paper form sent).

Consent to the publication of anonymized data was also part of the final evaluation questionnaire that the participants filled in at the end of the course.

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Appendix

Feedback on the Mindfulness course at HCC

The aim of this questionnaire is to provide feedback on the course. Your honest observations will help the lecturers to improve their skills and contribute to the improvement of the services that the Counselling Centre Hybernská (HCC) offers to students free of charge.

What areas does the feedback cover?
- course feedback
- feedback to lecturers
- overall evaluation

Instructions for filling in:
- be as specific as possible
- don't be afraid to write it down

On behalf of HCC and the team of Mindfulness lecturers, we would like to thank you in advance for your willingness.

If you have any additional questions, please contact your lecturers.

Feedback on course I

Why did you take the course?
Did the course meet your expectations?

	1	2	3	4	5	
Definitely NOT	○	○	○	○	○	Definitely YES

Did your expectations change in any way during the course? If so, describe how.
What have you moved on?
What moments were important to you? (whether during meetings or home practice)

What particularly interested you? (e.g. a certain meeting, exercise, topic, insight, etc.)
What have you learned about yourself in the past 8 weeks?

Feedback on course II

What did you like about the meetings?
What did you like about the course overall?
On the other hand, what changes would you appreciate?

Feedback to lecturers

How would you describe the lecturers' approach?
What did you like about the guidance and approach of the lecturers?
What would you recommend to lecturers for conducting other courses?

Feedback – overall assessment

How beneficial was the course for you?

	1	2	3	4	5	
Not at all	○	○	○	○	○	Very

If I could go back in time, would I choose the course again?

	1	2	3	4	5	
Definitely NOT	○	○	○	○	○	Definitely YES

If you can think of anything else that you would like to share with us, here is space for you:

Consent

Name (fill in if you want your answer to be anonymous to the lecturers)

. . . . . .

I give CCH and lecturers permission to possibly use my evaluation in anonymised form to promote the course and for the research of MBCT-L:

- ○ YES
- ○ NO

PhDr. Eva Šírová, Ph.D.
Masaryk Institute of Advanced Studies
Czech Technical University in Prague
eva.sirova@cvut.cz

PhDr. Markéta Niederlová, Ph.D.
Police Presidium of the Czech Republic
marketa.niederlova@pcr.cz

The Academic Counselling Centre – Faculty of Education

Since the 1990s, there have been two counselling centres at the Faculty of Education – one at the Department of Psychology and the second at the Department of Special Education. The fact that academics in the Department of Psychology had experience in counselling services in education and also that the programmes of the Department of Special Education had, at the time, the most students with special needs (SN) certainly played a role.

Over the last ten years, the question of merging the two counselling centres into one independent centre was debated. Neither of the two centres had autonomy. There was activity of the staff of the departments rather than institutionalised counselling services.

The European Social Fund project ESF for VŠ II in the UK (2020–2022), implemented by Charles University, made possible the unification and formal anchoring in the organisational structure of the Faculty of Education. The project involved nine faculties and UK Point in several key activities. The Faculty of Education took advantage of the opportunity to participate in the project and prepared activities that were part of key project activity 4, with two sub-activities.

KA4: Comprehensive support system for students with SN and other disadvantaged groups

4.1 Counselling and other support for students with SN and other disadvantaged groups.

4.2 University staff training for working with students with SN and other disadvantaged students.

Our primary goal in the project was to support the Academic Counselling Centre of the Faculty of Education, especially by expanding the range of activities, setting up a new organisational structure and establishing an independent faculty institution.

Activities of the Academic Counselling Centre of the Faculty of Education for CU students

Currently, the Academic Counselling Centre (https://pages.pedf.cuni.cz/poradna/) offers psychological and special education services. Speech therapy is also newly

Table 1. Counselling services provided by the Academic Counselling Centre of the Faculty of Education

Study counselling	Study modifications, fulfilment of study obligations, organization, exam nervousness and stress, learning strategies, communication with the teacher
Personal counselling	Solving difficult life situations - breakup, loss of a loved one, etc.
Relationship counselling	Solving problems in relationships – in partnerships, in the family, in friendships, as well as in other interpersonal areas (e.g. in the teacher-student relationship)
Special education counselling	Counselling for students with visual impairment, hearing impairment, impaired communication skills, physical disabilities, for students with specific learning difficulties, with autism spectrum disorders, with psychological problems, speech therapy
Crisis intervention	Life crisis situations, for example, in connection with the war in Ukraine
Career counselling	Inappropriately chosen studies, reorientation of studies, choosing a suitable job, etc.
Aids and compensation counselling	Tools and compensation strategies recommendations, free time guidelines, etc.

integrated into the counselling centre. It is the only one at the university. The list of counselling services provided by the centre is shown in Table 1.

The counselling centre provides services not only to students with SN but also to all other students in need (student parents, students with a reduced socio-economic status, students with SN without registration, so-called secret students, and students in a difficult life situation). During the time of the Covid restrictions, the consulting services were online. Within the project, the specialists of the counselling centre provided 550 individual consultations (to the end of June 2022).

In addition to consulting services, other services were provided to students.

Optional subjects. We opened one optional subject each semester to support students, especially in their first year of university. The optional subjects are listed in Table 2. Their goal was to support adaptation to university studies, a healthy lifestyle and the development of study strategies among students with SN.

Informative materials. The centre published a handbook for incoming students with SN (SpecInfo) that complements the more general handbook (PedInfo). Furthermore, we issued methodological materials for students with SN in given categories (e.g. *Students with physical disabilities at university: starting points and recommendations, not only for teachers, Students with specific learning difficulties at university – questions and answers,* and *Development of study competencies in students with autism*

Table 2. Optional subjects

Study and coping strategies for students with visual and hearing impairment
Study strategies and coping strategies for students with hearing impairment and impaired communication skills
How to cope with studying at university?
Coping with study demands and mental balance
Yoga for students with SN

Table 3. Educational programmes for CU employees

Autism spectrum disorders in university students
Physical disability and visual impairments as an everyday challenge and reality of university students
Specific learning difficulties in university students
Hearing impairments and communication disorders in university students
Psychological problems in university students

spectrum disorders; Anxiety, worry and stress during university studies).

Activities of the Academic Counselling Centre of the Faculty of Education for CU employees

This activity focused on training CU staff to work with students with SN and other groups of disadvantaged students. Five educational programmes (see Table 3) with a scope of 40 hours were organised. The courses allowed the participants to expand their knowledge and skills and also get to know colleagues from other workplaces with whom they can share specific practices and, if necessary, communicate possible future problems.

In addition, seminars were regularly organised for the contact persons (departmental coordinators) for students with SN. Regular training and the transfer of information to the departments through the departmental coordinator support awareness and the application of appropriate approaches to students with SN.

We also focused on the issue of indirect support for teachers. Several methodological materials for academics have been published, serving further development in supporting students with SN. Namely, we published the following

brochures: *The specifics of teaching and communication for students with hearing impairment, Students with physical disabilities at university: starting points and recommendations, not only for teachers, The principles of contact and rules of communication with a student with visual impairment during university studies*, and *Approaches to students with SN in distance education*.

The completion of our activities for university employees was the organisation of the conference University counselling – current trends and challenges, which took place on 25/5/2022.

Příspěvek byl podpořen projektem ESF pro VŠ II na UK (2020–2022) CZ.02.2.69/0.0/0.0/18_056/0013322.

Doc. PhDr. PaedDr. Anna Kucharská, Ph.D.
Pedagogická fakulta, katedra psychologie
Univerzita Karlova
anna.kucharska@pedf.cuni.cz

PhDr. Klára Špačková, Ph.D.
Pedagogická fakulta, katedra psychologie
Univerzita Karlova
klara.spackova@pedf.cuni.cz

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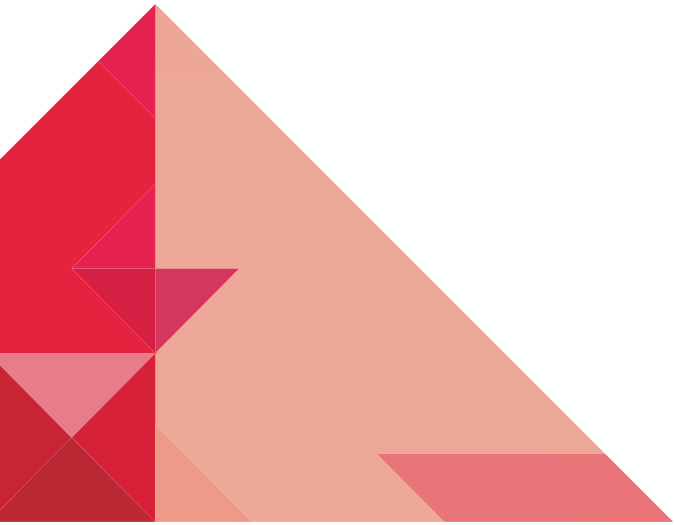

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