INTERDISCIPLINARY RESEARCH ON HEALTHCARE AND SOCIAL WORK
Chinese and Cross-Cultural Perspectives

Edited by

SHEYING CHEN, Ph.D., MSW   LEIDONG WEI, Ph.D.
Pace University, USA   Henan Normal University, China

Contents

Chapter 2

The Psychological Impact of the Lockdown on People's Affectivity during the Covid-19 Pandemic in China − an Explorative-Qualitative Study

Ulrich Sollmann

Summary

This study examines the specific effects of lockdown during the coronavirus pandemic in China on people's affectivity. It distinguishes between short-term and long-term effects. The detailed examination of different forms of lockdown confirms the practical experience that completely different effects occur. In the short term, various emotional reaction patterns have a direct impact on people's everyday experience, while the long-term emotional effects influence their mental state, attitude of life, sense of security, and well-being. A proactive discourse between politics and people is needed, which will ultimately build up, or strengthen, people's resilience. The study is methodologically based on an explorative-qualitative approach of action research.

It may be an interesting transcultural research project for the future to shed light on the similarities, and differences, that arise from giving importance to moral action on the one hand, and to action research on the other hand. Such a project could further advance the scientific exchange between the West and China.

Keywords

Corona, China, lockdown, affectivity, explorative-qualitative research, well-being

Prologue

Since early 2020, the Covid-19 pandemic has kept the world in suspense. Initially, the focus was on medical issues and how to contain the spread of the virus. Huge efforts were made to create suitable treatment options and develop efficient vaccines. During this time, not only business and trade, but also most individuals were confronted with enormous difficulties and had to radically rethink their original plans. People often felt helpless, powerless, anxious, and under psychological stress. Many of them were urgently looking for emotional and social support – and others were trying extremely hard to offer such support. For the staff in medical and nursing institutions, the situation was extraordinarily stressful (cf. Dr. L.W. from Wuhan; Dr. Z.M. from Beijing; cf. also Sollmann 2010b)[1].

These days (it is the year 2023), people no longer talk about the pandemic. They got used to the virus. The economy has been stabilized, and many companies are now using the strategies they developed during the pandemic to improve their profitability and efficiency. Many of the psychological, psychotherapeutic, psychoeducational, and social work support offers have been integrated into the existing healthcare systems – both online and offline.

An increasing number of psychological research results has now revealed the effects of the pandemic on the mental health of those affected by the pandemic, and of those who treated/provided them in various ways (Bing 2022, Cuifh & Sollmann 2020, Sollmann & Cuifh 2021). As a result, politicians (and society as a whole) have been developing a multi-layered awareness of the consequences of such a pandemic on the psyche, emotional (self-)experience, sense of community, etc. of human beings.

These consequences are not only associated with the pandemic as such, namely being powerless in the face of such a serious viral event, but mainly with what has been labelled *lockdown*. According to the Cambridge Dictionary, the term refers to "an emergency situation in which people are not allowed to freely enter, leave, or

---

[1] Throughout the text, I rely on published articles as official sources, but also on reports from social media or directly passed on to me by Chinese colleagues. For confidentiality reasons, I must keep the latter anonymous. That is why I only mention their initials and profession. Of course, these sources can be viewed at my office.

move around in a building or area because of danger. It can also be a period of time in which persons are not allowed to leave their homes or travel freely, because of a dangerous disease." While different forms and modalities of lockdown are described, one hardly finds information on the (slightly different) effects that the various modalities may have on the people's psyche and the social fabric. The present work aims at filling this gap, limited to the events in China between 2020 and 2023.

Impairment of People's Affectivity

Essentially, my scientific essay has two aims. First, in terms of the psychological challenges, to clearly distinguish the different pathological effects such as anxiety disorder, depression, mood disorders, and similar psycho-emotional-social effects. Secondly, to point out the significant difference between quantitative and qualitative approaches when it comes to exploratorily researching the above-mentioned difficulties/disorders. In this respect, the essay also touches theoretical and practical questions concerning the Western models and those favoured in China (cf. Halbmayer et al. 2009, Hartig-Perschke 2009, Northoff 2015).

I see my approach in the tradition of Slaby's pioneering *affect and emotion approach* (Slaby 2019). In his book *Emotion and reference to the world*, he explains how emotions play a central role in the world orientation of humans when it comes to cognition, decision-making and action. For him, feeling and relating to the world are the fundamental links between affectivity and the characteristics that constitute the personal existence of each human being. His study is equally inspired by analytical and phenomenological tendencies and thus overcomes the narrow focus of many specialist debates. He shows the various types of human emotions to be manifestations of a fundamental affectivity that constantly prevails in the waking life of a healthy individual. Thereby, the central characteristic of affectivity is that it provides a specific evaluative relationship to the world and to oneself. But there can be no question of a "contradiction between reason and emotion", since feelings, if cultivated appropriately, can themselves be important manifestations of human reason and perform cognitive acts that an "unfeeling mind" could not perform.

When the life circumstances change, it is quite normal that the stress is expressed in moods and other psychological reactions. In most cases, this is a temporary phenomenon and does not impair a person's ability to function in the long run −

provided that the stress situation does not last long and/or is not part of a significant disruptive event. Such psychological reactions, which clearly differ from profound mental disorders, can be summarised under the term *affectivity*. An affect is a short-term, intense emotional reaction; affective states therefore include a variety of emotional experiences such as moods, feelings, or states of mind. In psychology and psychiatry, the term "affective state" is often used to describe the various dimensions of an emotional experience (Scharfetter 2002).

Slaby's scientific-theoretical and praxeological approach to emotions and affectivity is gradually gaining ground in neuropsychological and transcultural discussions worldwide. In addition to this approach, emotions are also considered from neuropsychological, philosophical und social-cultural perspectives. E.g., Northoff (2015) takes a *relational* or *interactive* approach, according to which the brain and mind cannot be viewed separately, but are always internally related to the body and the environment, i.e., the different culture.

These approaches help us to better distinguish and understand psychological challenges for persons in specifics cultural environments, in particular when it comes to researching the different ways in which the Covid lockdown has affected people's mental state. With these approaches as a base, the research focus shifts to the people's *experience* in their personal life circumstances, their respective living space and the related narratives. In my opinion, all future health policy strategies and concepts will have to give more importance to such a view.

But not only that: Research has shown that the pandemic activated latent psychological vulnerabilities, so that the associated difficulties manifested themselves more quickly and more clearly as mental disorders with disease value[2] would do (Xinhua et al. 2021). Thus, the effects of a lockdown can also be understood as a *catalyst* for latent mental instabilities and vulnerabilities. It is important for all future social and health policy concepts to keep this in mind. These mental difficulties are not only a burden on the individual person, often with long-term effects, but also influence entire families and their respective living spaces.[3]

---

[2] E.g., anxiety disorder, depression or addiction according to ICD-10.

[3] I try to describe not only the events related to the Covid-19 pandemic, but also how the situation was experienced by individuals. The facts and narrations that I collected thus reflect many aspects of the reality during

You may wonder how I become interested in this particular aspect of the pandemic. Already in January 2020, I heard from colleagues and friends in China what was going on there and how they were personally affected. When the virus started spreading in Germany/Europe, I slowly began to realise the global explosiveness of what was happening, especially in terms of possible long-term effects on people's psyche. Everything seemed unreal, like in a Hollywood movie (Sollmann 2020b). As it became clear that no early end to the pandemic was in sight, I continuously widened my engagement: initially unintentional communication with colleagues, collecting information about what was happening in China, reflecting my own experiences, doing research, exchange thoughts with colleagues both in China and in Germany. It was my own concern and reading that finally developed into the action research project that I am presenting in this essay.

Focus on Ensuring People's Well-Being in the Long Run

This work refers specifically to the World Health Organisation's definition of health (WHO 1948). In the WHO preamble, we read:

- Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.
- The health of all human beings is fundamental to the attainment of peace and security, and fully depends on the cooperation of individuals and states.
- Informed opinion and active cooperation on the part of the public are essential for the improvement of the health of the people.

The WHO's basic attitude implicitly emphasises the importance of emotional moods, attitude to life, vitality and satisfaction, and it reflects the special ethical and moral responsibility with respect to personal satisfaction. The present essay is to be understood in this sense. While it analyses the possible psychological and mental effects of the lockdown and other restrictions on people, it does not provide a comprehensive spectrum of all psychological effects (clinical diagnoses according to ICD-10) of the pandemic. Also, the interplay of positive and negative effects is

---

the pandemic in China. At this, I am not searching for a "right" or "wrong". My main interest is not to blame politicians and/or persons involved, but to understand what politics and societies may learn from the described experiences to be better prepared for future pandemics.

reserved for another work, as are the social or socio-political reactions to these psychological effects.

When I started to discuss the mental and psychological effects of the pandemic with Chinese colleagues at the end of January 2020, my first discussion partners where some colleagues from Wuhan, a huge Chinese metropolis, and the epicentre of the pandemic back then. Our initial thought exchange led to an intensive dialogue and various online presentations, including subsequent discussions with the participants. Over the years, we also developed specific self-help exercises for practitioners, volunteers and those caught by the virus (including their relatives).
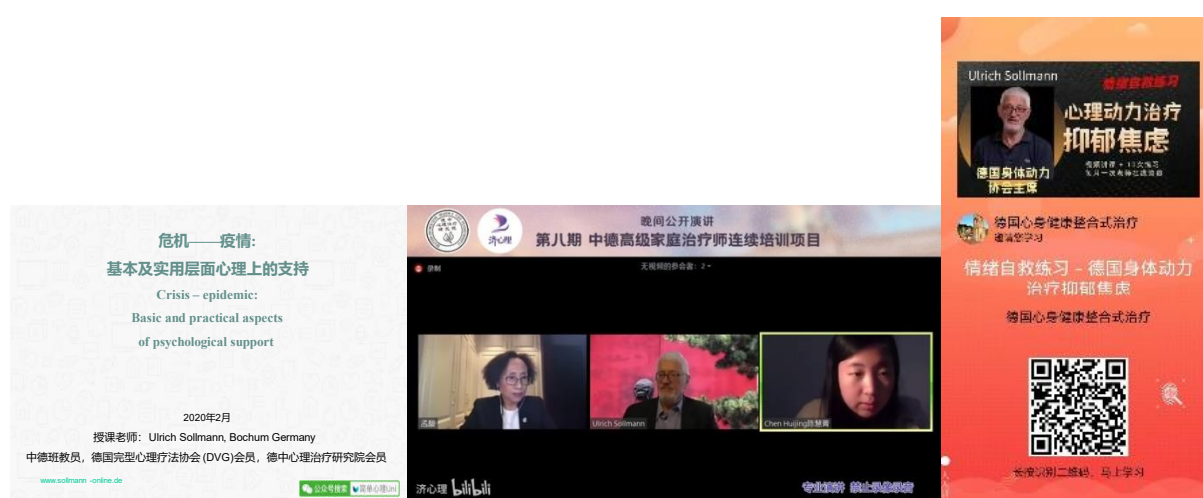
Figure 1: Screenshots of online meetings that we held during the Covid-19 pandemic.

Today, a differentiated view has emerged among politicians and academics when it comes to the complex, long-term effects that the Covid lockdown may have triggered. E.g., Li Yingxin, a member of the National Committee of the *Chinese People's Political Consultative Conference* (CPPCC) and vice-president of the *Beijing No 4 Intermediate People's Court*, emphasises that the number of children who feel that they cannot perform well in any aspect increased by almost 10 percent in the last five years, while the number of children who have high hopes towards the future decreased by 11.8 percent. To her, more efforts must be made to train counsellors and psychiatrists for children, and to improve the accessibility to mental health services. Even more importantly, she wants parents, especially in rural areas, to be more sensitive towards their children's moods and behaviours, to learn how to identify mental problems and to know when it is time to seek professional help. To reduce the feeling of shame that a patient may feel when seeking treatment, society

should show more care and understanding for people suffering from psychological diseases.

Lu Lin, a researcher at the *Chinese Academy of Sciences* and president of *Peking University's Sixth Hospital*, says that the effect of Covid-19 on people's mental health may last over two decades. According to him, research has shown that more than 20 percent of people are likely to have suffered a post-traumatic stress disorder during the pandemic. During an online speech, he said: "For a large number of infected cases in Europe and the United States, they could have regained physical strength, but still experience mental health problems" (Lu, cited after Wang 2022).

Various countries have started to analyse in more detail the exceptional situation that was created by the pandemic, particularly the effects of the lockdown. This analysis is part of the process of coming to terms with the pandemic. E.g., the former German Federal Minister for Family Affairs, Kristina Schröder, is in favour of a comprehensive and self-critical reappraisal, so that politicians can learn from the mistakes they made during the pandemic (Schröder, 2024).

Lockdowns and their Application

A lockdown is a comprehensive, structured, and narrowly defined measure that severely restricts or even completely suspends the free movement of individuals and groups, and "normal" social activities. Such measures are mainly applied in crisis situations such as pandemics, natural disasters, or terrorist attacks. The lockdown measures apply to *all* participants in the respective population, and they have different effects on the mental state and emotional well-being of the persons concerned.

When a comprehensive lockdown is imposed, there may be additional restrictions or limitations, e.g. smaller-scale restrictions with respect to travelling or gatherings, or the closure of certain shops, leisure facilities, or schools. These restrictions affect different aspects of daily life in different ways.

In China, the measures imposed by the government to implement and enforce a lockdown tend to be particularly arduous (cf. Dr. C.H. from Shanghai, and *WeChat*-posts). This leads to additional disruptions in the respective living space and/or psychological difficulties. E.g., one of the Covid-19 lockdowns included a complete

ban on leaving the flat. Various cases are reported where the police barricaded the door to people's homes from the outside – resulting in their factual immobility and unsettling experiences of violence/damage to their homes or properties. These examples clearly illustrate that the lockdowns were quite different from a general lockdown.

Different lockdown measures lead to different emotional experiences. In the case with the barricaded doors, e.g., it was not only an individual experience of powerlessness, but also a relational experience with those who forcibly locked the door (state representatives and police officers, but also neighbours). Those persons experienced powerlessness regarding the virus, the use of force, and their own sense of effectiveness. Not surprisingly, the general lockdown measures led to a rapid increase in mental illnesses according to ICD-10. And not only that. It is precisely the abrupt, violently induced loss of one's own agency that provides the breeding ground for emotional experiences associated with the development of mental disorders such as depression or anxiety disorder, often with severe and long-term pathological effects.

The psychosocial process initiated by lookdown measures often leads to traumatising experiences. Various research studies on the pandemic (not only) in China confirm that this may lead to an intensification of (latent) disease reactions. Already in 2021, there was talk of a significant increase in anxiety disorders, depression, and addictions (Zhang 2022). In this respect, the pandemic, or rather the lockdown caused by it, acts as a self-reinforcing catalyser. On the other hand, a lockdown increases the general stress level and the psycho-physical arousal potential of the individuals, which in turn leads to an increased psychological vulnerability and thus poses a long-term threat to mental health and (possible) resilience (Wang 2022).

Stress reactions that are (partly) caused by such harsh lockdown measures follow the basic biological fight-flight-fatigue pattern. That is why people experience anxiety or depression, for example. They feel powerless in the face of the restrictions, as well as their respective application. They feel powerless in the face of their increasing stress levels. And they feel powerless because they are deprived of health improvements and/or a general perspective for the future. All of this impairs their well-being as required by the WHO as well as their affectivity, with unforeseeable consequences for both them and the society as a whole.

The longer a lockdown measure lasts, the greater the impact is on the psyche of those affected. The less transparent they are and the more arbitrarily they are applied, the more serious are the associated uncertainty and loss of trust. And the more surprisingly they are enforced, the more unprotected people feel in their living environment, and in society as a whole. All in all, they lose confidence in others and trust in society. This is how a lockdown that was intended to protect people's health turns into an experience of arbitrariness by the outside world.

Illness vs. Affectivity

Mental illnesses and disorders (according to ICD-10) are often characterised by persistent and intense symptoms. E.g., anxiety and depression disorders can persist over a long period of time and significantly impair the daily functioning in various areas of life, including work, relationships, and leisure activities. Such disorders require professional interventions such as psychotherapy, medical treatment, or other therapeutic approaches. During the pandemic in China, diagnostics, medication management and psychotherapeutic support suffered significantly. This led not only to a chronification of many illnesses, but also to experiences of powerlessness, abandonment, and isolation. Those experiences significantly increased the suffering and subjective discomfort of many Chinese people, which in turn intensified the underlying illnesses.

Under normal conditions, affective states can be overcome through self-help measures, social support, or lifestyle adjustments, provided there is a relatively stable social environment. From a global perspective, though, this was not the case during the Covid-19 pandemic. E.g., the lockdown in China went along with prolonged discomfort, disruptive experiences, and strong feelings of (personal and social) powerlessness. Consequently, the lockdown experiences left subtle traces of despair, impotent anger, self-harming behaviour, or emotional and social withdrawal in many Chinese people. In such a situation, a differentiated understanding of their social context, biography and life circumstances would be necessary to support them in a sustainable way. Such an understanding did not prevail per se during the pandemic, especially in China.

It is important to note that the distinction between serious mood disorders and diseases according to ICD-10 is not always clear, but all the more important. It often

requires a careful diagnostic assessment. This was (and still is) difficult to implement during the pandemic in China for at least four reasons:

1. In relation to the overall Chinese population, there are too few persons with psychological and/or diagnostic skills. As a result of the lockdown experiences, an increasing number of Chinese people are appropriately trained these days. But back then, especially at the beginning of 2020, there was a huge lack in terms of psychological/psychotherapeutic crisis intervention.

2. During the pandemic, the initial focus was on containing the spread of the virus and on developing an efficient vaccine.

3. The availability of diagnostic expertise differs strongly between the cities and rural areas.

4. The politicians who were responsible back then showed little interest in psychological/psychotherapeutic issues.

Different Aspects of Affectivity

Let us now consider in detail what is meant by affectivity. This not only helps us understand how persons react to certain experiences in their life, and why, but also leads us to possible approaches regarding adequate support services. After all, the feeling of being supported induces a feeling of appreciation in those people. They get the impression that there is a concrete and lasting interest in them as a person.

Politics could also benefit from a distinctive consideration of affectivity, since this allows us to understand social structures as an interplay of different emotional milieus (Sollmann 2009, 2011). Consequently, social trends could be recognised more reliably, which, like a seismograph, helps to intervene at a very early stage when "shocking" social-tectonic upheavals occur. E.g., in the case of a future pandemic, one could flexibly react with very specific, customised lockdown measures, which most persons will certainly appreciate. Such an approach is beneficial both for people's individual living spaces and for the cohesion in society as a whole.

When affectivity is discussed, the terms *attitude towards life*, *well-being*, *emotional state*, *state of mind*, and *emotional mood* often occur. Although the terms are linked, they have slightly different meanings. Here is a detailed explanation for each term:

- **Attitude towards life** refers to a general assessment of the quality of life as a whole. It encompasses the totality of feelings, attitudes and judgements that a

person has about her own life. It can be influenced by various factors, including personal experiences, social relationships, and marked life events.

- **Well-being** refers to the current state of a person. It encompasses physical, emotional, and mental aspects of feeling comfortable. Depending on the context, it can describe short-term mood changes or a rather general sense of (dis)comfort.

- **Emotional state** describes the predominant emotional quality of an individual at a given time. E.g., a person may feel happy, sad, anxious, or calm. The emotional state, often described as a "keynote" of emotions, can vary from moment to moment.

- **State of mind** is a broader term to describe a person's overall emotional condition. It can include both short-term and long-term emotional states, and is influenced by various factors such as personal experiences, hormone levels, health conditions, or social interactions.

- **Emotional mood** refers to a person's general tendency to show certain emotional reactions when facing certain situations. It indicates how easily a person is affected by external influences, and how strongly certain emotions occur in a specific context. Obviously, the emotional mood can vary from person to person, and it is closely linked to personal preferences, past experiences, and temperament.

Patterns of Experience during the Pandemic

During the Covid-19 pandemic, people (not only in China) experienced great uncertainty about their own health, the health of their families, and the economic consequences of the lockdown. But there was also a general uncertainty about living together in general. This last uncertainty is particularly likely to induce feelings of stress, anxiety, and depression. The challenges due to the lockdown and other restrictions required ongoing changes in lifestyle, which caused a strong sense of insecurity and a gloomy outlook on the future in many persons.

Lockdowns, quarantine, or other social restrictions that led to a distancing behaviour increase the experience of loneliness and social isolation. For those who lived in a family setting, the Covid-19 restrictions led to many conflicts, to isolation and even to severe crises. Intra-family discrimination was experienced as particularly disturbing. The restrictions obviously increased the long-term stress level of those concerned. Due to the long duration of the restrictions, this experience was gradually transferred to economic issues, such as job loss, or worries about the financial future.

During the pandemic, people were flooded with information from officials, (social) media, and word of mouth. In that constant stream of news, they had to judge which news may be emotionally toned, contradictory, or even fake. This contributed to their sense of stress and confusion. The interplay of actual events, personal experiences, media input, and emotional charge left different traces in their psyche.

In China, social media is much more part of the social reality than in most other countries. For most Chinese people, communication via social media is a perfectly valid source of information when it comes to answering scientific questions. Factual information is always viewed and evaluated in the light of social media. Therefore, all information is hybrid from a communication point of view. But they are also hybrid in the sense that they reflect a certain social mindset. E.g., a social media post may be quickly blocked in China, but can still be experienced as a meaningful "no longer available" information. After all, when information is blocked, we can safely assume that it must be politically meaningful in some way. The way how people react in the social media, e.g., by republishing blocked content, can show to what degree this "no longer available" information has already been appropriated. This example readily illustrates the active, sustainable dissemination of information in China via social media.

There is a third sense in which information via social media is hybrid, namely that such "no longer available" information is part of a dynamic process of appropriation and emotional participation. The information itself – or rather the missing of it − therefore reflects important aspects of social development. Consequently, not (only) the facts are relevant, nor the persuasiveness of a potential commentary, but the effect of the communicative event on the individual, or a certain peer group. True to the motto: "Reality is what works".

Against this background, is not possible to say that certain restrictions had certain psychological or emotional effects in all (or most) people. In fact, some people found ways of dealing with the restrictions that even strengthened their social ties. Some of them even become more resilient, e.g. by proper self-care and developing sustainable coping strategies (Zhang 2022, Ziyu 2021). Still, it is quite safe to say that most people suffered from the pandemic in a concrete and long-term way, and they are still suffering emotionally today. In terms of their suffering, we can differentiate (at least) five psychological effects:

- general effects that most people experienced;

- mental illnesses according to ICD-10, e.g., anxiety disorders, depression, or addictive behaviour;

- disorders of the basic mood, general state of mind, or attitude to life;

- developing coping strategies, self-care;

- public expression of unease, protest, and rebellion.

There are numerous studies on the general psychological effects during the Codiv-19 pandemic in China. But so far, I have only come across very few scientific studies that critically reflect the potential impairment of the attitude to life, emotional state, etc. Quite many reports on the effects exist, also in state media, but they are usually descriptive in nature (cf. the *China Daily* articles in the bibliography). This work aims at filling the gap by showing how mood disorders can be identified, and to what extent they can be linked to specific restrictions, or the ways in which those restrictions are enforced in individual cases.

In any case, it is safe to say that the psychological disturbances caused by a restriction influence the way the concerned person reacts to further, or renewed, restrictions and their application. E.g., if someone feels rather depressed, passive, or lonely, she is more likely to experience further restrictions as harsh, will feel even more helpless, and adapt hopelessly, or surrender; and if someone feels rather angry and desperate when faced with certain restrictions, a renewed restriction is likely to increase the helpless rage. Both cases aptly reveal the self-reinforcing dynamic in terms of experience and behaviour. Both reaction patterns will influence the overall attitude towards life of this person; and both patterns are accompanied by a slightly increased stress level, which is more easily triggered in the future by external events (state anxiety), or by an unspecific anxious attitude (trait anxiety) (Sollmann 2017). Any of such experiences has damaging effects on the concerned person's organism, as well as on her stress resistance. In many cases, we find that people avoid or resist to offers of help (often semiconsciously, or fully unconsciously). In the long term, they may develop psychosomatic illnesses.

Obvious Psychosocial or Affective Patterns during the Pandemic

The Covid lockdown and other restrictions, which were applied/enforced in various ways, had an immediate impact. Among other consequences, they led to a

widespread development of unspecific mood disorders, or affective disorders. In some cases, the effect of these disorders has lasted to this day. Many of the disorders remain rather unconscious, but they influence both the general attitude to life and the social behaviour of the concerned persons. In an article from December 2022, e.g., *The Guardian* predicts that the after-effects of Covid-19-related traumatisations may be noticeable for another 10 to 20 years, and that this particularly applies to people working in the healthcare sector. They cite Lu Lin, a fellow at the Chinese Academy of Sciences, who says that as many as 20% of the health workers and patients in China may be suffering from post-traumatic stress disorder, and that nearly one-third of those quarantined at home have displayed symptoms of depression, anxiety, or insomnia. In the article, many other health experts call for emergency services to support the communal mental health (The Guardian 2022).

When investigating experience patterns in China, it is important to take a *transcultural perspective*. Since the Chinese and the Western culture have very different psychological concepts of "self", researchers are not only confronted with two different paradigmatic conceptions of the human being, but also with big differences in the way people relate to and communicate with each other. While the West relies on the *law of identity*, namely that A=B and B=C implies A=C, China relies on the logic of correlation: A contains B, but it is not B. Yin is not conceivable without Yang (Sollmann 2020a). By considering affective experience patterns without prior amalgamation, or in a constant (polarising or demoralising) competition, how can we do justice to both logics?

The associated distinction between the paradigm of relating to an individual versus relating to a family reflects the essential psychosocial distinction between an *independent self* in the West and an *interdependent self* in China. A discussion of the associated dimensions of affectivity, perception, experience, behaviour, and communication is reserved for another work (Ciompi 1997, Northoff 2015, Sollmann 2018).

Generally speaking, subtle as well as virulent-visible disturbances find their expression in different affective behaviour patterns. These patterns can be treated by targeted, e.g., psychotherapeutic, measures and socially supported psychoeducation, while they may be reinforced by harsh policy measures. Here are

some typical affective behaviour patterns which I observed repeatedly, including examples for everyday social experiences during the pandemic that may have caused them.

- **Basic Feeling**

In one case, an unexpected lockdown at a university forced all the staff and students to they within the university building for several days without prior notice. People were completely unprepared. They had no toiletries and had to sleep on tables in the seminar room or in the office. This not only led to strong feelings of confinement, but also made it almost impossible to cope with everyday life. E.g., people had to wait for more than two hours before they could use one of the few available showers, some of which were only open at certain times.

During the lockdown, food was sometimes delivered in very large quantities and therefore had to be stored in plastic packaging for a long time. Consequently, it often went bad. Food for the pets was in short supply. Quite many people also suspected the food suppliers of corruption. Since food is closely connected with the basic human need to eat, such circumstances can cause strong reactions, e.g. people fighting for food ("Who is faster and gets the food?", or "I want and I must have something!"). Besides, food that is no longer fresh, if not downright bad, can cause discomfort or lead to gastrointestinal diseases ("I am afraid of the virus anyway, and now I additionally have to worry about getting ill due to bad food or lacking hygiene, and I may not even get appropriate treatment due to the restrictions!?").

Even after the general lockdown had ended, people went into a rumour-like mood. E.g., the fear of a renewed lockdown or a possible infection drove them into panically buying food and medicine. Their fears had been so firmly internalised that they could not believe positive news anymore (Zhang 2022).

According to Li Yan, member of the National Committee of the CPPCC and deputy head of Shanghai's Minhang district, many students' mental health was severely weakened during the lockdown, given the profound change of their living and learning environment and the insufficient psychological/psychotherapeutic support (Li, cited in Zou 2023). This goes hand in hand with a weakened physical

constitution, which in turn leads to an increase in academic pressure. Schools in rural areas were particularly affected by this (Zou 2023).

- **Alienation and Devaluation**

  During the lockdown, but also afterwards, many devaluations, insults and corresponding polarisations popped up. E.g., if someone complained about a specific restriction, it was not uncommon to viciously insult them directly or via social media ("You deserve it!"), which reflects a pejorative communication pattern ("I am when you are not."). People even began to point at others, so that the devaluation became public.

  For many months, even years, the everyday life of many Chinese people was characterised by various restrictions that were applied in various ways. Most people followed most of these restrictions, but occasionally tried to escape them "a little". This led to a subtle fear of having done something bad or even being illegal. These feelings of personal guilt were often extended to their social environment. The more frequently such feelings of guilt occurred, the less protected people felt in their own social space, which implicitly led to a feeling of being wrong (self-devaluation) or an emotional withdrawal.

  E.g., one caller asked the consultant of an internet hotline how to deal with his family's fear of the virus. After having been diagnosed as an asymptomatic case and having received treatment at a makeshift hospital, the man had returned home, only to be confronted with the suspicions of his family. Such a dynamics may lead to an increased latent stress level, to mental imbalances, and even to marginalisation, i.e., to the isolation of the individual in the family. This is even more serious, since in emergency situations such as a pandemic the family is often experienced as the last resort. Thus, the experience of discrimination within the family can be particularly traumatic and causes great damage to an already existing vulnerability (Zhang 2022). It also increased the sense of the social vulnerability, and reduces trust in one's own peer group.

  One social worker reported: "I work in the public health sector, so I do not dare to let my friends or colleagues know that I *was* infected. If I tell them that I am no longer infected, they may view me differently, and this will alienate me" (Zhang 2022).

Trust and belonging are existential needs, especially during a pandemic. But in both examples, the restrictions promoted mistrust, self-denial, shame, and guilt in the immediate social environment.

- **(Latent or Actual) Excessive Demands on Persons/Practitioners**
  When a clinic had to go into lockdown, neither the treatment staff nor the patients could enter the clinic. Consequently, there was a lack of practitioners, which placed an additional burden on the hospital staff. Also, many patients did not receive the medicine they needed, because the doors of the hospitals were closed and there was no other way to get access to medical treatment. This led to medical complications, or even deaths and suicides. Many doctors were worried of not being able to fulfil their social responsibility, although their services were urgently needed. And many patients experienced an understandable fear of not dying from the virus, but from a secondary disease.

  Since most communication was done online and many people had to work or learn online, a sense tiredness kept creeping in, often extending into a fatigue syndrome. This type of fatigue goes hand in hand with the feelings of meaninglessness ("I have to give up, or I have to give in"). Yet, it must be clearly distinguished from a burnout syndrome.

- **Experience of Violence**
  When the Chinese government ordered that some people must undergo a Covid-19 test at their home, it was not uncommon that the security guards had to open the door by force. (Even if the test was negative, you often had to stay in quarantine.) Consequently, there are many reports of violence in the form of damaged front doors, or home furnishings.

- **Change in Perception and Experience of Time**
  The Covid Lockdown and the related restrictions increased the need to work from home, and to do online schooling. Another effect is an increased internet addiction. In sum, a strong change occurred in terms of how people perceive the difference between the digital and the real world, combined with a different experience of time (Zou 2023). Of course, this results in a deep uncertainty with respect to one's own sensory perception, and meaning of life in general. It also undermines the traditional family life and social inclusion.

A special kind of staggered restrictions, referred to as *little-by-little in control*, induced strong fears in many people, but also the feeling of being constantly yet imperceivably observed by various control systems. This sense of control was internalized as a constant companion in everyday experience and increased the pressure level that people imposed on themselves. As a result, their own perception and personal state of mind in their everyday lives was altered to a considerable degree, often at the expense of inner peace and severe sleeping disorders.

Some members of the society, such as autistic children or older people, were not able to keep up with online schooling (Wang 2021) or the increased need to use internet-based technologies (Bogen 2022). Consequently, many of these people experienced themselves as forgotten by society, or "leftovers".

When people are no longer able to participate adequately in their social environments, this has serious consequences for their social behavioural skills (Wang 2021), e.g., deterioration in school performance, loss of affect control, or being excluded from everyday life (if you can no longer take the bus, or order medication online).

- **Modified Sense of Identity**

  One of my Chinese colleagues is very self-reflected and yet always positive. During the pandemic, we often talked about our experiences. After two years of Covid-19 restrictions, her only message to me was this short sentence: "Words cannot express the impact that the pandemic has on us. It is a protracted war." If such a basic mood prevails for longer stretches of time, people feel unprotected in their homes, or social spaces, which in turn may lead to a feeling of being a "victim" (self-devaluation, impaired resilience)

  The official information policy caused a sense of mistrust in many people, which increased their stress level stress and often led to a very anxious assessment of reality, or even a lost sense of reality, e.g., when people panically bought food although there was no objective reason to do.

- **Loss of Control**

  Most restrictions were not accompanied by (reliable) official information, in the sense of transparency or advance notice. This caused an explosive mixture of feelings, e.g., feelings of arbitrary abandonment, immaturity, powerlessness, and

infantilisation, combined with a significant loss of people's trust in politics and the authorities (Wang 2022).

The founder of the internet platform *TangXinLi*, Li Zhen, summarizes: "Most of the problems people seek help for concern anxiety over their careers, dissatisfaction with community management during quarantine, uncertainty about the future, distress by reading negative news every day, and unhappiness in family relationships" (Zhang 2022). Such a loss of control over one's own life goes hand in hand with a deep existential fear that affects all essential aspects of one's social living space.

- **Isolation and Loneliness**

When lockdowns were enforced very suddenly, many people were kept in quarantine straightaway, so that they could not go home and look after their pet. Many pets had to die, unless neighbours stepped in and fed them. Psychological research shows not only that pets promote the development of cognitive, emotional, and social skills, but also that human-animal interaction reduces anxiety, depression and loneliness. E.g., a colleague of mine told me: "Kittens are so good at rubbing their tummies! Kittens heal everything!"

In some cases, children who had been tested positive but showed no symptoms were sent to a quarantine centre far away from their homes, often without their parents. Needless to say that such a harsh separation from their vital caregivers leads to trauma and a loss of basic (self-)trust.

When online schooling or working from home is mandatory, the means for social contact are drastically reduced. Pupils and students suffer particularly hard from this. Quite some of them dived into online games in order to compensate for their feelings of loneliness, even to the point of becoming addicted to online gaming. Generally, it can be said that the reduced social interactions among pupils and students, and their loss of peer group experiences, severely impaired their ability to regulate themselves through emotions and affects. As a consequence, their partners and/or family members were increasingly, and continuously, overburdened, which in turn caused conflicts and a general tension in daily life that has detrimental effects to this day.

My analysis of such observed/reported patterns of psychosocial experience raises both methodological and strategic research questions. Methodologically, a fundamental distinction must be made between quantitative and qualitative approaches. Strategically, we must be clear about the underlying research interest. Finally, we must precisely define the role and function of the researcher, and we must include a "safe space" where (self-)critical self-reflection is possible.

The work presented here is exploratory and qualitative in the sense of *field or action research* (Glaser et al. 1967, Bogner 2017, von Unger 2007), which aims at collecting data in real, natural environments. In contrast to this type of research, *laboratory research* is mainly done through interviews, especially during the pandemic in China. Since our main concern are numbers, statistics, clusters, significance, and efficiency, we use isolated variables and strict control parameters to investigate cause-and-effect relationships.

Understanding as an Expression of Cultural Empathy

Numerous research reports show in detail that the pandemic and lockdown due to Covid-19 triggered mental illnesses (Cuijfh 2020, Lannattone et al. 2023, Yunhe 2021). On the other hand, there are hardly any published studies on the development of the state of mind, attitude to life, etc. in China. They are either censored or banned/blocked, or communicated informally via social media. Often, they quickly disappear from the public sphere as soon as they are communicated. This makes a scientific-practical discussion of the impact of the Covid-19 pandemic on people's psyche in China very difficult.

Fortunately, we have numerous descriptions of the situation in daily newspapers such as *China Daily* and, of course, online in social media such as *Weibo* or *WeChat*.[4] This made the research very time-consuming and required a solid online network, and a bit of luck, of course. Additionally, trusted colleagues and friends, but also "normal citizens", gave me access to their personal experience reports, emotional assessments, group discussions in social media. They also shared their insights with respect to the dynamics of publishing content in China with me

---

[4] There are numerous social networks in China. I prefer to communicate via WeChat, which is also available for non-Chinese people. For this work, I extracted my information from subgroups that I am a member of or have been invited to join. But I also followed the general traffic. Thanks to a solid translation function, I could understand most of the posts. When I was not sure, I informally asked my Chinese colleagues for advice.

(blocking, re-publication, variation of publication, another blocking, …). This approach gave me, e.g., an up-to-date, multi-layered perspective on the hard lockdown in Shanghai in spring 2022 that lasted for several weeks, enriched by personal reports. This encourages me to also rely on subjective sources of information, e.g., personal descriptions, experience stories, social media, and narratives, when it comes to future action and field research in China. Given that I could not conduct my research on site in China due to the pandemic, this approach was the best I could do as an action researcher, and the only way to obtain any information at all.

The way how personal reports turn (factual) information into a vivid picture, as well as the unpredictable dynamics of social media communication, allowed me to follow the events in a *hybrid* way, meaning that the communication developed situationally as experiential event and often together with a Chinese counterpart. Together with the factual information I collected, this rather emotional information and my temporary hermeneutic understanding has created a space of sensory experience in the sense of "sensed knowing" (Nazarkjewicz 2012, Wolf 2023, Sollmann 2018). The psychoanalyst Wolf further emphasises the importance of hermeneutic understanding as an expression of cultural empathy in such a research context (Wolf 2023). For him, this kind of action research is an action in *transcultural space*.

Basically, we can distinguish between intercultural, multicultural, and transcultural communication/observation. I cannot go into the differences in detail here, but I would like to use the example of learning a foreign language to highlight some fundamental aspects. Learning a foreign language requires learning the vocabulary, the grammar, and then practicing the language. Learning vocabulary is comparable to learning basic instructions (intercultural), e.g., special ways to hand over a business card, or arranging the seating order at a meal. Grammar then corresponds to experiencing/learning specific rules and behaviour patterns (multicultural). The third part of learning a new language is about the (also emotional) communicative echo in oneself, after one has dared to dive into "real" communication and begins to converse in the foreign language, including reciprocal effects on each other (transcultural) (Nazarkjewicz & Krämer 2012, Sollmann 2018).

Action Research as Participation in the Research Space

With the described research design, I can experience calm and restlessness at the same time in the transcultural *research space* (cf. Lewin, in Bogner 2017), usually in a scenic or occasion-related way. In the case of the Covid-19 pandemic, I found myself close enough to the related events, but also far enough to be able to (critically) reflect on and maintain my required role distance. This interplay between closeness and distance thus promoted my awareness of the multidimensional dynamics of the process, which in turn helped me to understand the study not only as research into the psychological effects caused by the lockdowns, but also as *spatial research*. From a transcultural perspective, life, and therefore also the pandemic, takes place in social and communicative spaces (Wolf 2023, Guattari et al. 1994). In my opinion, this perspective is paralleled in the concept of the *interdependent self*.

Space as a guiding action motive is very important, especially in China. Traditionally, Chinese people are related to, if not dependent on, the social fabric (Guattari 1994, Lewin 1969, Sollmann 2018, Wolf 2023). This includes not only the interaction and organisation of relationships between people, but also their respective individual experience, mentalities, attitude to life, etc. In particular, it includes the continuous *(co-)organisation of the living spaces*, and of spatial awareness, that is taken for granted by each individual. To get familiar with such a "research space", we need a questioning attitude (Schein 2016) and a confidence in dealing with explorative-qualitative research strategies (Glaser 1967).

There is "an ethical-political connection between the three areas environment, social (societal) relationships, and human subjectivity" (Guattari 1994 p.12). Following Guattari, I distinguish between a personal living space (*experiential micro-space*), which meets other personal living spaces (*communicative-interactional meso-space*). Together, they form a superordinate living space (*socio-cultural macro-space*) (cf. Sollmann 2018). From this perspective, measures such as a lockdown always influence the (individual) micro-, (interpersonal) meso-, and (socio-cultural) macro-space. Therefore, restrictions are not only to be merely understood as subjective restrictions on the behavioural level (e.g., you are not allowed to leave your home), and not (only) as an expression of a health policy trying hard to condemn the virus either. Rather, such measures always explicitly and implicitly influence the emotionalities in the respective living spaces and their interdependencies. This

applies not only to the sociologically (or architecturally) defined living spaces, but also the "small biotopes" of everyday life, such as groups of colleagues, friendships, or car pools.

Restrictions have an impact on the social conditions, health, and social behaviour. They impair people's motivation and emotional willingness to participate in society, and gradually lead to a loss of confidence. Since these impairments may develop insidiously and subtly, often unconsciously or unnoticed, they are a particular challenge for health politics, counselling, and psychotherapy. I like to compare this to a game of pool billiards. When you hit the black ball, it intentionally hits another specific ball, but may also touch some other balls unintentionally. This makes playing billiard exciting, but it is also the risk of the game. The trick is to hit the black ball as accurately as possible, and at the same time not be thrown off balance by surprising reactions.

Summing up, measures such as a lockdown have an impact on all three spaces, and not just in China. That is why policymakers always have to take this dynamic triad and their associated dynamics into account. After all, restrictive measures always affect the framework conditions, the specific behaviour of people, and their basic emotional moods in the respective living spaces. And they always affect the plasticity of the socio-cultural macro-space as a whole.

During the Codic-19 pandemic, people (not only in China) were faced with a completely new global living situation. Initially, the global political response was, for understandable reasons, to go into a crisis mode, although the narratives used by the officials differed from country to country. Some countries thought they had "everything under control". Others, such as the German Chancellor at the time, spoke of "poking around in the fog" and "driving on sight". To be able to research such highly complex changes in people's living spaces, an explorative-qualitative research approach is required, especially at the beginning. The aim is to gain a basic understanding of the events, to formulate research-relevant questions, and to develop working hypotheses.

The Need of Self-Reflection on the Part of the Researcher

While people in the West are familiar with explorative-qualitative research approaches from field research (Lewin 1960), action research (von Unger et al.

2007), and ethnological research, the research community in China is very inexperienced with such research approaches (Dr. O.R. Beijing, Dr. N.T. from Beijing), to the extent that they are often completely unknown[5] (Dr. L.M. from Beijing, Prof. M.W. from Changsha, Dr. C.S. from Beijing). I have not come across any significant, genuinely Chinese research tradition in this respect – which may, of course, also be due to my limited access to the Chinese research culture. But then, there also seems to be little (official) demand for such research approaches.

This different self-conception has cultural roots. After all, research in China (especially behavioural and psychological research) often relates to specific events or difficulties in very narrowly defined social spaces. E.g., in the case of the Covid-19 pandemic, a typical research question was how the stress of the treatment staff in hospitals would affect their psyche, compared to another group or another time. Due to their Confucian tradition, Chinese researchers have shown a strong interest in practical applications of their research findings. Their guiding interest are the effects of moral action, in obvious contrast to the interest that underlies action research (Dr. N.T. from Beijing).

Generally speaking, the research space is defined by the framework conditions. They form a clear reference for the research architecture, intention, and orientation. One could say: The clearer the *spatial boundaries* (i.e., the framework conditions) are, the more "familiar" the respective object of research seems to be. Accordingly, action research approaches give importance to the dynamics within, and in relation to, the spatial boundaries, together with a strong interest to reflect (self-reflexively or even self-critically) the framework conditions and the role of the researcher. This idea of morally examining, or shaping, research actions does not seem to be inherent to the Confucian model of thought. Rather, the (moral) framework is not questioned as a reference. One could say that a central element of reference in the Confucian view is

---

[5] My enquiries among colleagues revealed: 1) There seems to be no meaningful familiarity with explorative-qualitative research in China. E.g., one colleague said: "I am not aware of anything like this in China." 2) Quantitative approaches based on statistics are the rule in China. If you want to be accepted in the Chinese academic community, you must do this sort of research. 3) The quantitative approach is considered easier, faster and less intrusive. 4) The explorative-qualitative perspective is suspected to include "blind spots". That is way my Chinese colleagues only provided me with quantitative research, although I hadn't asked for it.

the *existence* of the framework – after all, the framework is not open to scrutiny, let alone considerable changes of the observation mode.

Let me illustrate this on the example of how experiences are made in China and in the West. In China, one could say that (conscious) experience is triggered by a given statement, an obvious need, or a specific task. In the West, these triggers can also be initials for an experiential process, but not only. Additionally, we often find the (in many cases preferred) possibility that one enters an unspecific experience process in order to finally arrive at an experience-based result. Also, it is possible in the West that an experience process is shaped according to the given framework.

In China, there is some (Confucian) framework, (moral) guideline, defined mode of observation, or given structure, which induces the process of experience. In particular, experience is a demand that is tightly related to the framework. This mode of experiencing seems to be more familiar to Chinese people. I call it the *post-experience model*, since the experience is induced by given facts, or statements (Sollmann 2017).

In contrast, the rather Western *pre-experience model* implies that research faces a process of experience and, step by step, comes to some conclusions, assumptions, structures, or specific effects which *can* be related to some framework. In this model, experience is an open process during/by which aspects which are not yet conscious, or relevant, can move into consciousness and then be related to oneself, as the one who is part of the process of becoming conscious (Sollmann, 2017). Obviously, the model helps to link specific references to a possible framework, or even to look (self-critically) at the framework itself.

All action research approaches, hermeneutic approaches, and ethno-analytical approaches clearly follow the pre-experience model, especially in the initial phase. Their basic aim is to first familiarise oneself with the conditions, the unknown variables, etc. (even if the framework is not yet clear enough), and then find questions that enable a deeper penetration of the respective situational event. Of course, such an approach tends to be associated with great uncertainty.

Against this background, the influence of Chinese politics on the character of pandemic research should be re-examined in another study. Does Chinese politics promote field or action research, or hermeneutic approaches, as described above?

Or does it, as assumed by my colleagues, follow the Confucian tradition rather strictly? And if so, with what interest? Regarding the examination of affectivity in society, politics in China may have to think of familiarising themselves with such a different research approach. If this is done in close cooperation between experts from China and Western countries, and across the fields of psychology, psychotherapy, and social work, all of us may be better prepared for possible future pandemics.

A current study, carried out by German and Chinese colleagues, on the mental state of Chinese students in Germany (Sollmann et al. 2021, 2022) goes in this direction. This action research study incorporates both models of experience. Representatives from politics as well as the Chinese embassy have confirmed that it is important to learn more about the mental health of students to develop sustainable support programmes together. There are more such co-acting research projects, the results of which may encourage us to continue and promote transcultural academic exchange. At the same time, these projects are convincing examples of people-to-people diplomacy.

The more China is affected by global events such as the Covid-19 pandemic, with all their crises and disruptive dynamics, the more uncertain the terrain in which Chinese (social/psychological) research takes place becomes. I am curious to see how China's research will deal with the tension between the wish to stick to their Confucian tradition and the need to participate in the complex world affairs, including their various research perspectives.

Conclusion

Recent research findings on the (socio-)psychological effects of lockdowns and other restrictions during the Covid-19 pandemic (not only in China) show that it is important to shed light on the different forms of lockdown and restrictions in such a way that the reactive experiences of people, and society in general, can be identified in a differentiated way. Such a differentiation is necessary for a sustainable consideration of the emotional and affective effects.

At the same time, the research findings show that it is important to distinguish between short-term and long-term emotional effects. In the short term, various emotional reaction patterns have a direct impact on people's everyday experience, while the long-term emotional effects influence their mental state, attitude of life,

sense of security, and well-being. Short-term emotional effects are more likely to be resolved through counseling, therapy, or psychoeducation. But if the mental state and attitude of life are unconsciously impaired, it is far more difficult to reach those people emotionally.

Both the short-term and the long-term impairment of affectivity impairs the experience of security and personal well-being. Since the sense of security is of central importance for Chinese people, it makes sense to take these research findings seriously and initiate a broad discussion on their results. A proactive discourse between politics and people is needed, which will ultimately build up, or strengthen, people's resilience. In this context, an explorative-qualitative research design would be useful not only to take account of people's everyday experiences, but also to give them the feeling of being cared about, which will ultimately contribute to their sense of security and respect.

It may be an interesting transcultural research project for the future to shed light on the similarities, and differences, that arise from giving importance to moral action on the one hand, and to action research on the other hand. Such a project could further advance the scientific exchange between the West and China. From a transcultural perspective, it would open a precious space to reflect on one's own cultural roots (both for Western and Chinese people) and be a promising joint step into the common future.

References

Bing, H. et al (2022). Perceived Psychological Feelings Make Important Contributions to the Symptoms of Common Mental Disorders of Medical Staff During the COVID-19. *Frontiers in Psychiatry*, January 2022, Volume 12, Article 738610. doi: 10.3389/fpsyt.2021.738610

Bogen, C. (2023). The Covid-19 Pandemic as a Test Case of Cultural Values. *BOAS insights*, Vol. 2 (2023), pp. 27-62

Bogen, C. (2022). Lonely in China. Digital media use by older people

People in the corona pandemic. *Berlin Debate Initial 33*, pg.110-122

Bogner, D. (2017). The field theory of Kurt Lewin. *Springer-Nature*

Cambridge Dictionary (2024-01-07).
https://dictionary.cambridge.org/de/worterbuch/englisch/lockdown

Ciompi, L. (1997). The emotional foundations of thought. Outline of a fractal logic of affect. Vandenhoeck & Ruprecht. Göttingen

Cuifh, S. and Sollmann U. (2020). The Association between stress and .... *Int J Body Mind Culture*, Vol. 7, No. 1

Glaser B. G. and Strauss A. (1967). *The Discovery of Grounded Theory. Strategies for Qualitative Research.* Aldine, Chicago IL. (German as: *Grounded Theory. Strategies for Qualitative Research.* Huber, Bern et al. 1998)

Halbmayer, E. et al (2023) Quualitative Methods in Cultural and Social alanthropology,
https://maas.phaidra.org/eksa/index.php/Qualitative_Methoden_der_Kultur-_und_Sozialanthropologie (2023-12-12)

Hartig-Perschke R. (2009). Introduction - Social emergence, sociological theory and the structuring power of communication. *Connection and emergence.* VS Verlag für Sozialwissenschaften, pg 11 ff

Guattari, F. (1994). The three ecologies. Passages. Vienna

Lannattone, S. et al. (2023). Are anxiety, depression, and stress distinguishable in Italian adolescents? An examination through the Depression Anxiety Stress Scales-21. https://doi.org/10.31234/osf.io/wmequ

Lewin, K. (1960). Field theory in the social sciences. Selected theoretical writings. Hans Huber. Bern

Liping, H. et al (2022). The impact of physical activity intervention on perinatal depression: A systematic review and meta-analysis. *Journal of Affective* Disorders. https://doi.org/10.1016/j.jad.2022.10.026

Nazarkjewicz, K. and Krämer, G. (2012). Handbook of intercultural coaching. Göttingen. Vandenhoeck & Ruprecht

Northoff, (2015). How does culture get into the head: Berlin. Springer Spektrum.

Scharfetter, C. (2002) General Psychopathology, DOI: 10.1055/b-0034-47493

Schein, E. (2016). Humble Inquiry. Unbiased questions as a method of effective communication. EHP. Bergisch Gladbach

Schröder, K. (2024). Coming to terms with Corona - German debates. *Welt am Sonntag*. 07.01.2024, p. 10

Shuquan, C. et al (2022). Psychopathology and Resilience Following Strict COVID-19 Lockdowns in Hubei, China: Examining Person and Context-Level Predictors for Longitudinal Trajectories. *American Psychologist*. DOI: 10.1037/amp0000958

Slaby, J. (2008) Gefühl und Weltbezug. Mentis, Paderborn

Slaby, J. Hrsg. (2019) Affective Societies, Routledge,

Sollmann, U. (2009). Why the Left Party?. *Politics and Communication*, July/August 2009. p 30 ff

Sollmann, U. (2011). Motor for thinking and behaviour. *Politics and Communication*, November 2011, p 11 ff

Sollmann, U. (2016). Integration of Psychotherapy (Schools) in China (Retrospect to the Panel at the Annual Meeting of the Chinese Association of Mental Health. *Int J Body Mind Cult*. 5(1):61–66. https://doi.org/10.22122/ijbmc.v5i1.107

Sollmann, U. (2017) Achtsam und vital - Stressbewältigung durch Bioenergetik", Psychosozialverlag, Gießen

Sollmann, U. (2018). Encounters in the Middle Kingdom - Travelling in China with a psychological eye. Psychosozialverlag. Giessen

Sollmann, U. (2020a). Independent Self" and "Interdependent Self " reflections on the reference to the body perspective in psychotherapy and psychosomatics in China. doi: 10.12032/psmr2020-1220-032

Sollmann, U. (2020b). An uncanny cocktail of viruses, or: the paradox of the psychological limitations of globalisation. *Int J Body Mind Culture*, Vol.7 No 1

Sollmann, U. and Cuifh, S. (2021). Exposed to extreme psychological stress during the corona crises: Qualitative Metasynthesis of Chinese researchers on the psychological burden of medical treatment personel, *Int J Body Mind Culture*. Vol. 8, No. 2, 2021

Sollmann, U. et al (2021). Content analysis of the experience reports of Chinese students after their return from Germany to China. *European Journal of Chinese Studies* 3 https://sollmann-online.de/wp-content/uploads/2022/03/16.pdf

Sollmann, U. et al (2022). Mental state and life experience of Chinese students in Germany - An explorative study. *Int J Body Mind Culture*, Vol. 9, No.3
https://ijbmc.org/index.php/ijbmc/article/view/383/283

State Council Information Office of the People's Republic of China (2020) Fighting Covid-19 China in Action, official document Beijing

Unknown author (2024). Exploring the experience of delivering talking therapies online due to the pandemic and assessing the impact on its practitioners. (Text available for review). to be published in: *Intern. Journal of Psychotherapy*

von Unger, H. et al (2007). Action research in German-speaking countries. Provided in co-operation with SSG Social Sciences. USB Cologne

Wang, X. (2022). Teens more likely to get mental health issues from restrictions. *China Daily*, 2022-06-09

Wang, Y. (2021). Zooming in on a 'tall order.*China Daily HK*, 2021-04-30

Wenjiao, M. (2023). The effect of mindfulness-based interventions during pregnancy on postpartum mental health: A meta-analysis. *Journal of Affective Disorders*.
https://doi.org/10.1016/j.jad.2023.03.053

Wolf, M. (2023). China's Renaissance - on the art of staying the same and changing rapidly. LIT Publishing House. Berlin

World Health Organisation (1946). Preamble to the constitution.
https://www.who.int/about/accountability/governance/constitution

Xinhua, Y. et al (2021). The impact of COVID-19-related lockdown on adolescent mental health in China: a prospective study. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3792956

Yunhe, W. et al (2021). The impact of quarantine on mental health status among general population in China during the COVID-19 pandemic. *Molecular Psychiatry*. (2021) 26:4813–4822. https://doi.org/10.1038/s41380-021-01019-y

Zhang, Y. (2022). Psychological services in demand. *China Daily*, 2022-05-30

Zheng, C. (2022). Hotline soothes worried residents. *China Daily*, 2022-12-02

Ziyu, J. et al (2021). Association between mental health and community support in lockdown communities during the COVID-19 pandemic: Evidence from rural China. *Journal of Rural Studies*, 82 (2021) 87-97. https://doi.org/10.1016/j.jrurstud.2021.01.015

Zou, S. (2023). Lawmakers stress importance of psychological education. *China Daily*, 2023-03-15

Author

Dipl. rer. soc. Ulrich Sollmann, graduate social scientist, body psychotherapist, executive coach in business and politics, guest professor at the Shanghai University of Political Science and Law (SHUPL), lecturer, publicist, author and blogger, member of the extended board of the German-Chinese Academy for Psychotherapy, senior lecturer at Maltepe University / Istanbul.

Contact

sollmann@sollmann-online.de