The prevention pyramid and Covid19: reinforcing the RJ perspective

The Corona crisis encroaches deeply on our lives. Now slowly fading, the life-threatening Covid19 virus has licked us collectively and colours our future. Not everyone is equally vulnerable, but everyone has a vulnerable loved one somewhere, a parent, grandparent, favorite aunt, someone with a disease that makes the virus life-threatening. So last time we have retreated into our own small circle, neatly separated from others, with a sword of Damocles above us, a permanent threat that can always strike suddenly. The invisible, omnipresent and never receding enemy puts a heavy strain on our mental well-being. The forced isolation without any direct outside contact also puts heavy pressure. The social fabric is fragmented and reduced to the small circle with which we are allowed to deal without a mouth mask, digital microphone and camera. Covid19 deeply affects our spontaneous happiness.

Because our lives are strongly governed by expert committees aimed at managing the hazard of this permanent threat, danger and fear seep deep into our walls, colouring our intimate lives. A society ruled by threat and fear is not what a human is entitled to and not what we wish for ourselves. People need closeness, the richness of relations in all sensory dimensions, a handshake, a hug, a comforting embrace, looking each other in the eye without a digital lens. People want a life that can be lived and celebrated, want exuberance, the casual joy of being together. Now, living together and encounter are reduced to a gigantic problem, of which we are all part and of where not least the most vulnerable suffer the most, the elderly, children with a problematic home, hospital patients and institutional residents.

Covid19 and a restorative culture

This social situation is diametrically opposed to a restorative culture, where by definition a culture of human relations and encounter is central, even where this seems very difficult or almost unthinkable, such as offender-victim mediation in serious violence, restorative work in war conflicts, restorative group mediation for bullying at school. A culture of encounter clashes with the isolation and relational threat posed by Covid19 and the associated expert policy, which involves fighting an enemy with whom no dialogue seems possible at all. Covid19 and its approach not only disrupts a culture of encounter, but also adds a permanent threat. This, too, clashes with a restorative culture. The restorative desire just aims at living together with less fear and aggression through dialogue and redress, and by creating the structural conditions for this.

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This is where the "prevention pyramid" comes up, a scientific instrument for an integral and positive prevention, which exactly aims to avoid the one-sided approach of insecurity. I developed it in my doctoral research (2005). It was the time of the rise of the security state and the associated increasing collective feeling of fear and insecurity. This social development was reinforced a little later by the growing fear of terrorism, the "invasion" of political refugees. Underlying this is a general social unease, a feeling of crisis due to the slow decline of the welfare society. Such societies risk unilaterally focusing on fighting crime, terrorism, some kind of enemy. They arm themselves, e. g. through more control, cameras, police surveillance, security services, soldiers in the street (as in terrorist attacks), doors locked, access control, and other forms of a problem-oriented prevention. The problematic view on life so embedded in social structures is an insidious poison. It obstructs a positive, casual daily life. Covid19 is now an additional enemy reinforcing an existential discomfort. Dominant enemies can suck families, organisations and a society into the problem sphere, even to the extent that the collective well-being is dragged into it. It is about the tension line 'problem oriented - well-being oriented'. The prevention pyramid is built up from this tension line.

The tension line "problem-oriented - well-being-oriented"

The tension line 'problem-oriented - well-being-oriented' is very fundamental. She appears in the event of crime or more serious social problems. Problems are very powerful. They drag us along emotionally and can dominate everything. They take groups (e. g. bullying), environments (e. g. radicalisation) and even societies (e. g. a gruesome murder case) completely under their spell. This in turn leads to polarisation and conflicting points of view between a problem-oriented and a well-being-oriented approach. The problem-oriented approach often wins out, even to the extent that a society starts to organise itself around it.

At present Covid19 takes us collectively under the spell to the deepest corners of our lives. This is not just about how we deal directly with the problem, but also how we look at the broader reality from that one, dominant problem. Under the spell of Covid19, our whole life suddenly looks different down to the smallest detail. We reinterpret the past time, suddenly looking at our relationships, our work, our family, our friends from those one Covid glasses. Our emotions are coloured by the risk of contamination. We organize our lives in great detail around this one problem. The 'enemy' that could attack us at any moment, is lurking everywhere. Some no longer dare to go outside, don't open their windows, lock up their children, even where they don't have to. Suddenly we see threats everywhere, have wider feelings of unease or distrust.

The collective dynamic of fear and insecurity, being at the mercy of others, puts our hope in the hands of experts and politicians who must show us the way out of this problem labyrinth. Because this policy focuses on the corona problem, it becomes an ubiquitous theme in decisions, the media, the specialist comments, our daily lives. Not only the chance of victimization, and thus our perception or **analysis**, becomes problem-oriented, but also - and this is crucial - our **answers**. A

serious problem, such as bullying, aggression, violence, and now Covid19, has so much power that it spontaneously determines the colour of our reactions. This, in turn, is reinforced and sealed in policy terms. In the case of theft, violence, we arm ourselves, hang cameras, show avoidance behaviour, no longer dare to go outside. We welcome the para's on the street against terrorism. Now we wash our hands, wear mouth masks, even if we don't have to. That way **not only Covid19, but life itself becomes a problem**. The policy instructs us to stay at home, forbids contacts, closes company doors or leisure time, does smartphone-tracking. In this way, our fear immediately takes on a formal character. We accept it very quickly, are willing to stay at home, wear mouth masks, wash our hands, disinfect, keep physical distance, and even let our loved ones die alone in the isolation of a hospital room. Before we realize it, we are living in a society where everything is controlled and guided by this one problem. Expert committees and policy formulate answers that enhance the problem experience right down to the smallest corners. They are specialists in viruses, hygiene and control, so they do what they have to do.

But a society, completely one-sidedly coloured by this one problem and where the fear of this invisible enemy is present everywhere, both in the analysis and in the answers, soon becomes unlivable and loses sight of the essence of the good life. This is the case with a class with a metastatic bullying problem, a country with a terrorist attack, or a world with Covid19. Time and again it leads to polarization and conflict. Some want to get the problem pupil out as soon as possible, others want to give him another chance and extra support. Radicalised people should be expelled for the ones, while the others want to strive for better living conditions and more social opportunities. This creates a gap between a problem-oriented and a well-being-oriented approach.

For covid19, unilaterally focusing on a problem-oriented approach leads to fear and insecurity, psychological problems, economic misery, growing alcohol abuse, domestic violence. A one-sided approach ultimately leads to problem escalation.

On the other hand, strengthening well-being, improving relations via digital media, stimulating a positive family life, strengthening creativity and the richness of intimacy, enjoying the decline of noise and air pollution, the pleasure of self-cooking, bread baking, a vegetable garden, time to read, to clean up, to study, rediscovering one's own environment shows that also in this crisis there is a lot of positive, good life.

In this fundamental conflict tension, we have to find an answer that is **not 'either-or', but 'and-and-and'**, and in which we never lose sight of the common good. The prevention pyramid unites these elements. It is built around this axis of 'problem versus well-being oriented', has five levels, linked with each other by an 'and', and focuses on the well-being finality. Based on this model, we will formulate restorative opportunities to deal with the covid19 in a more fundamental way.

The prevention pyramid

The prevention pyramid is a scientific instrument that places a problem-oriented prevention in a broader perspective of general well-being. It takes the broader society into account in its political

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and ecological dimension and puts the emphasis on structural measures. The model is widespread in a. o. education, welfare, youth care in Belgium and the Netherlands. It is used for a prevention policy, e. g. of a school around bullying, not in a one-sided repressive way, but also oriented on well-being. The bullying approach then means starting from basic care, a culture of encounter, with e. g. proactive circles and a broader restorative approach. The problem is addressed in a broader perspective: relationships should be restored. The focus on positive group formation and general wellbeing, in which bullying thrives less, is part of a larger preventative approach. This is also the challenge for Covid19.
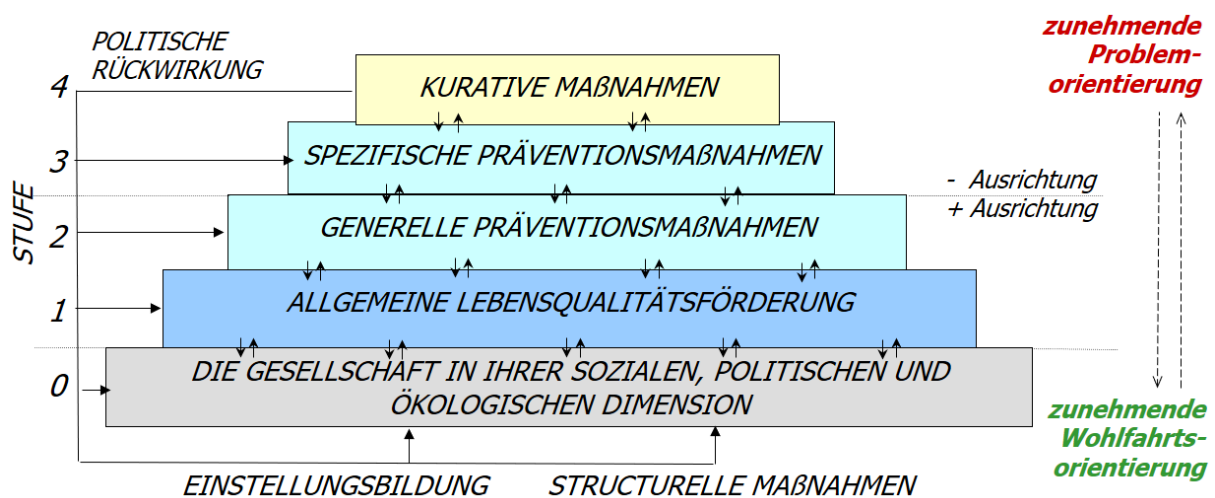

fig.1. DIE PRÄVENTIONSPYRAMIDE

The pyramid consists of four plus one levels. Levels 1 to 4 are action levels for a prevention policy: from general quality of life (1), through prevention (2 and 3) to a curative approach (4: "extinguishing when it burns"). A good prevention policy starts with a good quality of life, while the higher levels only come into action when the underlying fail. The ultimate goal - general quality of life - lies in level 1. An integral approach means that several or all levels can take action, always looking to strengthen the pyramid downwards.

The pyramid organizes the multitude of possible measures. It broadens the one-sided focus on problem-oriented measures through the well-being-oriented levels 1 and 2. It is oriented towards general well-being: the subsidiary structure from level 1 to 4.

On the right, vertically, there is the tension line 'problem-oriented - well-being-oriented'. More serious problems always lead to polarisation and conflict. Opposed to this 'or-or' stands 'and' action level 1, 'and' 2, 'and' 3, 'and' 4, as part of a broader social context: 'level 0', separated by a dotted line with level 1. The tipping point between 'problem oriented' and 'well-being oriented' is the dotted line between levels 2 and 3. Levels 3 and 4 are problem-oriented, levels 1 and 2 well-being-oriented.

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Level 4: curative measures

This is the last (top) stage in the pyramid. Once the disaster has occurred, it should be stopped and repaired. Curative is interpreted very broadly here. It includes e. g. mediation, redress, victim care, time-out, punishment. Here prevention comes too late.

Covid19 forced rapid intervention. The virus proved to be very unpredictable and often fatal for the elderly, obese, smokers, people with poor health. Hospitals were put on standby, intensive care expanded. There is no direct cure, so curative intervention was primarily concerned with the survival of seriously ill patients. The other patients could stay at home and run out with classic medication. The absence of an adequate remedy brought medicine worldwide in narrow shoes. This reinforced a general feeling of uncontrollability of this disease, which at first was sometimes laughed at as a simple "flu". The curative level for Covid19 consists mainly of controlling symptoms such as fever, sore throat, coughing and breathing difficulties. Especially for the latter, sufficient hospital beds and intensive care were needed. This created an enormous pressure on the hospital organisation and the nursing staff, and was immediately a central theme for the policymakers.

Secondary victimization soon arrived, such as massive loss of income, social and psychological damage due to the lockdown and fear for corona, suffering for the death of a loved one. Family life came under great pressure, especially in problem families or for the poorly-housed. Alcohol and drug abuse, intrafamily violence also increased.

Help was needed not only for patients, but also much broader: massive efforts to promote the economy, education and well-being, and to actually boost the entire population with long-term recovery plans. Remediation was inevitably very broad due to the broad secondary victimization. Because the restorative perspective with regard to this invisible enemy is not self-evident, not much can be done there. Redress could be worked on for the secondary damage, e. g. violence and conflicts in the relational sphere. Mourning and grief, trauma are also part of restorative processes, with special attention to vulnerable groups and young people. Much can be learned from the collective damage as a growth opportunity for a new, local, enriched restorative policy for a renewed co-existence.

Level 3: Specific measures

The virus had a very rapid, erratic and sometimes fatal spread and anyone could be a victim. This set level 3 in motion en masse worldwide: the lockdown and the many problem-oriented measures, such as social distancing, mouth masks, disinfectant gel, washing hands, avoiding contact, compulsory staying at home in social isolation, many hobbies forbidden, no hospital visits, no more with friends.

Rules were hard and omnipresent. They were strictly controlled and made high demands on everyone, not least for the vulnerable ones. Level 3 is the central level of prevention at Covid19.

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There was very strong intervention with measures with a problem reinforcing effect. Camera surveillance for theft or military personnel on the street for terrorism, warning signs do have a preventive meaning, but also put a burden on our life. The free, happy stay on a terrace, in a shopping street is tarnished by them. This is the core of 'specific measures' of level 3. They are preventive, but also create fear and insecurity. For covid19 this level is necessary, but the damage caused by a one sided application is considerable.

Deploying digital conversations, digital restorative circles with those who do not take the measures closely, can be a specific prevention. Here the problem of compliance is raised in a positive relational atmosphere, with the risk threat in the background.

Level 2: general prevention

This level is, like level 3, explicitly focused on prevention, but is well-being oriented. E. g. radicalisation can be tackled preventatively by focusing on integration, meaningful education, leisure activities and employment. The pyramid separates these levels by a dotted line: level 3 highlights the problem, level 2 highlights well-being, based on the same problem. With a positive answer, the problem disappears faster into the background.

When fighting Covid19 , this level came in the shadow of the problematic level 3. This is logical. It is not self-evident to formulate positive answers to this destructive virus. However, It can be done for secondary victimisation, social isolation, psychological problems, intrafamilial tensions, economic damage. Covid19 attacked us collectively very fast. Moreover, as described above, it is a spontaneous reflex to react in a problematic way. So, this happened on a massive scale worldwide. By not, too late or too little action on negative effects of the lockdown, the pressure for remediation at level 4 was very high: trauma, pain, emotional damage. A challenge for the future would be to put much more effort into well-being-oriented prevention, such as, preventively providing equipment for digital communication for everyone, schooling and training included, better digital contacts with isolated patients, thinking creatively about how isolation can be better organized socially, about answering socio-emotional needs, supporting companies, better and more reassuring communication. Many have found creative answers themselves, e. g. around digital communication, artistic expression. Even more fundamental is the challenge to strengthen the local economy, preventive measures to strengthen the social fabric in case of emergencies. This will make us less vulnerable to globalisation, a big risk for the spread of viruses and other disasters.

Level 1: general promotion of quality of life

This level does not focus on prevention, but stands for how a school, an institution, a neighbourhood, a country organises itself. A school with a strict penal culture provokes a lot of reactive problem behavior. Problems arise here because of how this school functions. A culture of

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connectedness will probably already prevent many problems. So it is preventive, but here we choose it because we simply find it important, and not to prevent problems,

The rapid spread of covid19 from faraway China is also a consequence of how Europe organises itself. The strong globalization and dependence on other parts of the world, for low cost production, raw materials and imperialist ambitions, has led to a very rapid and far-reaching spread. The secondary damage caused by the lockdown and the measures taken at levels 3 and 4 reveal the consequences of it. The far-reaching focus on economic growth, profit maximisation and the instrumentalisation of life in function of labour, has caused us to lose sight of fundamental dimensions, such as solidarity, informal happiness, existential anchoring. This makes us very vulnerable in crises. What went wrong, challenges us to rethink our life style, the social and political organization of society from a more fundamental preventative perspective.

Many of the basic values are found in restorative justice and the culture of connectedness and encounter it proposes. They are helpful to reconsider our society at level 1, general quality of life, from the many pain points that this crisis exacerbated. Here and there the hope is formulated that we will learn from the crisis, just as many doubt whether this will be the case.

Level 0: the conditioning context

This level represents the broader social, political and ecological context of the action levels 1 to 4. It is about what transcends a school, an organisation, a neighbourhood: a larger policy, broader sociological developments. This has an impact on the measures "inside walls" (level 1 to 4). Level 0 is the work of administrators, umbrella organisations, broader consultative bodies, political negotiation, advocacy. E. g. a school-wide approach to bullying (levels 1 to 4) can be included in a larger urban policy. Or external funding can be sought for an action plan. For Covid19, e. g. support can be provided for neighbourhoods by the city, for Länder by central government or for Germany by Europe. Level 0 is external policy work. Positive is e. g. financial support, appropriate legal frameworks, an economic recovery plan by Europe, the WHO. Conversely, this is e. g. a lack of financial support, a wider economic recession, mismanagement, which burdens internal or local work.

Policy feedback

Covid19 very quickly forced action on level 3 and 4 in the problematic sphere. Level 2 and 1 lagged behind. Much happened too fast, thoughtlessly and chaotically. What goes wrong on level 4 teaches us what can happen on the other levels. If we want to work integrally and positively, we have to analyse which pain points the virus reveals, showing how we organise our lives more fundamentally (lower levels). Investing at levels 0, 1 and 2 makes higher levels less likely to be burdened. In this way we can avoid that covid19 completely paralyses a society and we work on a positive and integral prevention.

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Attitude building and structural measures

'Attitude building' and 'structural measures' at the bottom cut the pyramid vertically into two pieces across all levels. The first is about awareness, mobilisation, digital messages to comply with the measures. The second create structural conditions, e. g. providing enough hospital beds and respirators, laptops for vulnerable groups. Both should be done at the same time and in close interaction with each other. E.g. there is no point in asking people to wear mouth masks if they are not available. Conversely, there is no point in mass distribution if people are not encouraged to wear them.

Covid19 and the prevention pyramid

The prevention pyramid organises, broadens, and orientates the approach of covid19, which is now strongly problem-oriented, and therefore also causes a lot of secondary damage. It shows how the approach at levels 3 and 4 cannot be separated from a broader social organisation, a broader coexistence. Locally much has to do with restoring and strengthening networks, working on a culture of encounter, and the structural conditions therefore. Working on restoring the social fabric, human relationships beyond fear, is what we need, and where a restorative justice approach offers strong opportunities. The prevention pyramid offers a framework for this.

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