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Chapter

Panama: Scope and Psychosocial Challenges Two Years after the COVID-19 Pandemic

Ericka Matus and Lorena Matus

Abstract

It is a review of the challenges that Panama faced during the two years of the COVID-19 pandemic, in terms of mental health. From social psychology, some of the research that provided a vision of the effects in the short, medium, and long term is shown. Finally, social psychology is proposed as a reference framework for the study of the phenomena associated with the pandemic.

Keywords: social psychology, pandemic, COVID-19

1. Introduction

On January 16, 2020, an epidemiological alert for coronavirus was issued urging members of the World Health Organization (WHO) to guarantee updated information on the new coronavirus due to the increase in positive acute respiratory syndrome cases. The etiology was unknown. At that time, twenty-seven patients were detected in Wuhan (China on December 31, 2019), one patient in Thailand (January 13, 2020), and another in Japan (January 14, 2020) [1].

By January 20, 198 positive cases and three deaths from coronavirus had already been added in China, two cases in Thailand, one case in Japan, and one case in the Republic of Korea, so the WHO suggests isolation and follow up on these. In this scenario, the experience gained during the SARS and MERS epidemics was particularly useful in limiting international health care and alert protocols [1].

On January 27, WHO reported 2801 cases of coronavirus worldwide, of which eighty died. The health alert was intensified, considering that China reported 2761 cases. An additional forty cases were confirmed in eleven countries (Australia, Canada, France, Japan, Nepal, Malaysia, Republic of Korea, Singapore, Thailand, United States of America, and Vietnam) [2].

Under the established scenario, on January 30, WHO considered a Public Health Emergency of International Importance (PHEIC) due to coronavirus, then called COVID-19, and was categorized as a pandemic on March 11, 2020. More than 9700 positive cases were in China and 106 in nineteen other countries [3].

On January 20, Panama's Ministry of Health (MINSa) monitored the international situation due to the COVID-19 alert. Biosafety measures were implemented in hospitals, including a national health care campaign based on physical distancing and

frequent hand washing prevention. As of that date, MINSA disclosed the concrete actions and guidelines to face the Pandemic.

On March 9, the first confirmed case of COVID-19 in Panama was announced. With it, the “Plan Protect yourself Panama” was implemented to deal with the situation, based on the preparations made during the previous months and the experiences from different countries.

As of March 24, the figures for the Pandemic established 422,829 positive cases of COVID-19, in 197 countries, with 18,907 deaths. Panama reported 443 positive cases and eight deaths, which yielded a quarantine from March 25 [4]. As of March 26, the country reported 674 cases, nine deaths, and a transmissibility rate, R_0 , between 1.5 and 2.5 [5–7].

The health measures included a sanitary fence that implied staying at home, and teleworking formats were activated for those activities. This measure provided the population with the protection of their health and family; however, it was not easy for the people or the authorities because isolation favors sensory deprivation, fear, and defenselessness.

2. COVID-19 as a social phenomenon

According to Van Zoonen & Van der Meer [8], there are three response strategies to a crisis: denial, reduction, and reconstruction. The best of these is the third because it offers symbolic support that reduces uncertainty, fear, and anger, minimizes rumors, and generates an imprint of credibility of the source and content of the speech.

Faced with the chaotic situation, due to being confined at home, a small part of the world’s population focused on the alternative personal and family “reconstruction” strategy; that is, a distant turn was required from the direction that had been maintained at least in the last century of civilization. They are small groups of influence with credibility, far from the political, economic, and religious sectors; they are responsible and committed professionals, civil organizations, and academics who have maintained a proactive behavior that Moscovici [9] called active minorities.

The majority, who also perceived a chaotic situation in the face of the crisis, still use “denial” or “decrease” strategies, according to Van Zoonen & Van der Meer [8]. Society’s behavior during the Pandemic in the world is essential to go back to the thinkers of the beginning and middle of the previous century, even earlier, since the Greeks also elucidated social exercise.

One proposal is to section off areas to clarify people’s behavior. So that one section would correspond to the social framework seen from the individuality, that is, through motivation, stress, attitude, confidence, uncertainty, adaptation, and another from the group itself, such as with social influence, communication, the credibility of the source, the rumor, and the expression of the masses, among others.

There is a fear of freedom regarding the social subject’s role in his individuality (Fromm) [10]. The challenges are so overwhelming that thinking about it causes significant uncertainty in the human being that turns into anguish. Hence, he does not wish to exercise it. In addition, and according to Freud [11], in the future of an illusion, culture restricts us from exploring other contexts. Those capable of doing so must consider that present comes from the past and impacts future decisions. These individuals will boldly seek to look beyond the obvious and face their success or failure. Yet, the discomfort will always be present. With the confinement situation as a measure of protection for physical health and defense against COVID-19, the uncertainty, anguish, and fear inherent to the human condition were exacerbated in all social groups.

Humans could glimpse their “self,” explore emotions, confront identity. Yet, humans chose to move before thinking about what could have been an opportunity for evolution have been an opportunity for evolution. Humanity preferred defenselessness by contingency, because of the uncontrollable, and with it a low expectation of efficiency and response.

On the other hand, in the social sphere, human groups relate in a stereotyped way, look for similarities, and squeeze together to feel safe. Their reference groups are more present than ever, trying to maintain the status quo, despite the apparent signs of change. With this confinement scenario, the family group had to remain united with this confinement scenario, the family group had to remain united without leaving home, for at least twelve weeks, under a dry law regime and with restricted hours to buy groceries restricted hours to buy groceries.

The mandatory confinement triggered a massive change in the use and functionality of the areas, not counting the need for teleworking and distance education for at least three family members on average at the same time. Coexistence in common spaces deteriorated interpersonal relationships due to the time and type and the room it was established. In his field theory, Kurt Lewin sustains that each member requires a vital space: a physical area where a psychological environment was built, essential to perceive harmony, which has been challenging to achieve.

Under this circumstance, not only the family group that cohabited a space was disrupted, other reference groups such as friends (colleagues, coworkers, neighbors), also suffered distortion with respect to social perception, due to the low physical contact; to communication, since these media respond to the economy and not to mental health; leadership among its members, which involved skills in managing technology to continue being the protagonist or “influencer” virtually; to the exacerbated social influence due to uncertainty and the false belief that what is seen through social networks is genuine and who speaks is an expert, however, they contradict each other; to the mechanisms of obedience to the authority and credibility of the source, which in most cases prevented people from having a logical reasoning thought; to the locus of control, which has historically been external, generating greater defenselessness in the face of cognitive dissonance; and above all to rumor, which due to its characteristics tends to spread exponentially (being a trend) generating fear and more significant uncertainty, which has led the population into a spiral of social alterations.

Regarding the exercise of leadership, social construction presupposes autonomy and independence and the ability to influence the behavior of others [12], hence the need for a separation of the exercise of power.

Even before the arrival of COVID-19, submitting to the conformity process already allowed functional coexistence. Likewise, the phenomenon of social persuasion has guaranteed that behavior in groups is acceptable and appropriate. The social pressure to follow the rules confers a kind of shelter that protects the mass, the majority, but limits individuality. In Foucault’s words [13] when this is not enough, power relations, control technologies, and the microphysics of power present in society use punishment as a social function to tame, configure and guide behavior.

This consensual social functioning makes individuals believe that they make their own decisions. Western thought inculcates the belief that he is the expert in his choices, opinions, and judgments about the world [14]. During the pandemic confinement, the group attraction that motivates cohesion was altered by the obstacle of physical proximity, especially in populations without internet access which generated alterations and psychosocial risks.

The population with Internet access suffered another type of damage: overexposure to information, difficulty in evaluating it, determining its truth or falsity, and social comparison with other locations, regions, hemispheres, and latitudes. Similarly, the possibility of scarcity led “civilized populations” to panic buying and compulsion to jealously guard personal hygiene and cleaning products more than food and pharmaceuticals.

These are not the only psychological alterations presented in the document. The efforts to understand the psychosocial processes and the variables that could establish a proposal to understand this atypical pandemic situation led a group of psychologists to make some measurements.

3. Psychological publications

From Psychology, a series of activities were developed, such as measurement scales and research on stress, anguish, confidence, and attitudes regarding the virus and the Pandemic. From a psychological perspective, a series of activities were developed, such as measurement scales and research on stress, anguish, confidence, and attitudes regarding the virus and the Pandemic. Likewise, prolonged isolation was studied, triggering panic attacks, distress, sleep disorders, domestic violence, eating disorders, and irritability.

Matus and Matus [15] developed a scale for measuring attitudes toward confinement by COVID-19. They consulted the extensive literature and began the process with the search for the social representation of the concept in the Panamanian population. Next, the categorization and analysis were conducted to elaborate on the tentative items or consider wording, semantics, clarity, specificity, precision, spelling, and idiomatic interpretation [16].

The tentative instrument was sent to a group of experts for review, who made observations and suggestions. Upon revision, the scale was applied to a group of twenty participants. Using the reagents' discrimination index, the number of items was reduced to thirty-six items on a Likert-type scale. A non-probabilistic snowball-type sample was redesigned and prepared through the Google© form to be distributed electronically.

Between April 17 and 30, 2020, 233 completed questionnaires from adults between 18 and 75. About 67.7% were women, and 33.3% were men. Up to 66.4% share a home with between 1 and 3 people. The psychometric characteristics were obtained with the SPSS 24© program through factorial analysis for validity and Cronbach's Alpha for reliability. Three factors were obtained: Cognitive, which integrates twelve items; Affective with fifteen; and Behavioral with nine (**Table 1**).

With the weighting and interpretation, the possibility of psychosocial risk was established (**Figure 1**).

Values up to twenty-four imply a high probability of contagion due to the lack of accurate information (elevated risk). The results of questions 1–12 were added. A score from 25 to 36 indicates that they have 50% of the knowledge (medium risk). From thirty-seven onwards, participants have sufficient knowledge to prevent contagion (minimal risk) (**Figure 2**).

Values from one to thirty indicate that affective management is healthy, so minimal risk is low. The results of questions 13–27 were added. A score from 31 to 45 indicates intermediate management of emotions. They are not sufficiently prepared in the affective area (medium risk). From 46 to 60, people do not have the necessary emotional tools to support or resist the Pandemic (elevated risk) (**Figure 3**).

The results from questions 28–36 were added. The evaluation between 1 and 18 represents a high probability of disruptive, untimely, or inadequate behavior

Structure of attitudes towards lockdown Covid-19			
No.	Items	r_{it}	Factorial weight
Factor 1. Cognitive (Alfa = 0.925)			
Explained Variance = 23.00%			
01	I inform myself about the Covid-19	0.81	0.84
02	I wash my hands	0.81	0.83
03	I know how Covid-19 is transmitted	0.82	0.81
04	I know what to do in case of get Covid-19	0.76	0.76
05	I talk to my family about Covid-19	0.70	0.74
06	I recognize Covid-19 symptoms	0.76	0.74
07	I comply with the quarantine	0.70	0.71
08	I watch news	0.63	0.68
09	I know the decrees of the Ministry of Health	0.69	0.68
10	I eat what is necessary	0.57	0.63
11	I work from home	0.52	0.63
12	I forward true information	0.60	0.62
Factor 2. Afectivo (Alfa = 0.927)			
Explained Variance = 21.34%			
13	I feel confused	0.76	0.81
14	I feel vulnerable	0.76	0.81
15	I feel defenseless	0.75	0.80
16	I feel overwhelmed	0.68	0.74
17	I feel in danger	0.72	0.73
18	I feel afraid	0.70	0.73
19	I feel upset	0.63	0.71
20	I feel isolated	0.64	0.69
21	I feel angry	0.61	0.69
22	I feel uncertain	0.65	0.69
23	I feel tired	0.63	0.68
24	I feel worried	0.65	0.67
25	I feel imprisoned	0.56	0.62
26	I feel at risk	0.57	0.60
27	I distrust of the authorities	0.44	0.48
Factor 3. Behavioral (Alfa = 0.849)			
Explained Variance = 5.51%			
28	I sing	0.61	0.78
29	I dance	0.56	0.72
30	I write	0.66	0.70
31	I do manual activities	0.57	0.63
32	I read	0.66	0.59
33	I exercise	0.53	0.56
34	I talk with friends	0.59	0.40
35	I watch TV	0.41	0.16
36	I study what I want	0.52	0.30

Table 1.
Cognitive factor.

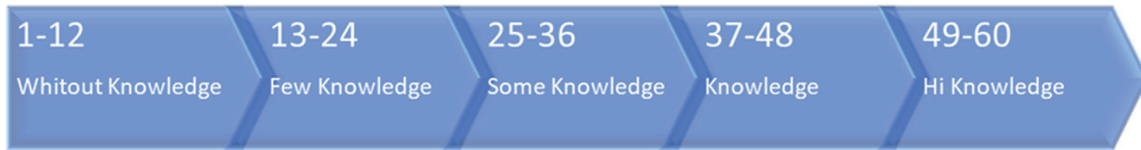


Figure 1.
Cognitive factor.



Figure 2.
Affective factor.

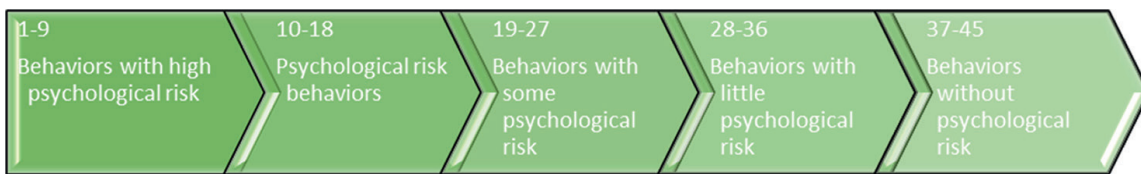


Figure 3.
Behavioral factor.

concerning the recommendations of the health institutions (elevated risk). Between 19 and 27 points, some inappropriate behaviors are expected (excessive purchases, too many hours in front of screens, etc.) medium risk. The score from 28 to 45 expresses adequate behavior management; its behavioral response is healthy (minimal risk). Furthermore, was publication Attitudes toward COVID-19 lockdown as a risk predictor in Panama [17].

On the other hand, and as part of the international project COVIDiSTRESS global survey [18], the digital instrument was distributed, and 765 questions were obtained from the Republic of Panama between March 30 and May 30, 2020. With the data obtained, Cronbach's Alpha was calculated. Likewise, the construct validity was calculated with the extraction method used as principal component analysis and the

Name	Items	Reliability	Validity	Factors
Perceived Stress (PSS10-UCLA).	13	$\alpha = 0.703$	50.87%	○ Stress
				○ Loniless
Distress	24	$\alpha = 0.880$	51.00%	○ Uncertainty
				○ Social Relations
				○ Adaptability
				○ Family Relationships
				○ Personal Economy
Confidence	8	$\alpha = 0.882$	69.69%	○ Authorities/Institutions.
				○ People.

Varimax rotation method with Kaiser normalization for the factor analysis exposing the total percentage of explained variance. The following table shows the applied scales, the number of items, the reliability, the construct validity, and the factors that each of them obtained from the Panamanian population (**Table 2**):

Name	Items	Reliability	Validity	Factors
BFI-S15	15	$\alpha = 0.558$	60.65%	<ul style="list-style-type: none"> ○ Openness ○ Extraversion ○ Awareness ○ kindness ○ Neuroticism
Social Provisions Scale short (SPS-10).	10	$\alpha = 0.916$	67.21%	<ul style="list-style-type: none"> ○ Intrinsic ○ Extrinsic
Concern over coronavirus	5	$\alpha = 0.894$	54.30%	<ul style="list-style-type: none"> ○ Family and friends ○ Others
Coping	16	$\alpha = 0.783$	45.99%	<ul style="list-style-type: none"> ○ Participating ○ Getting informed ○ Entertaining myself
Information sources and media behavior	6	$\alpha = 0.778$	49.72%	<ul style="list-style-type: none"> ○ Information Search
Compliance with local prevention guidelines	6	$\alpha = 0.489$	54.82%	<ul style="list-style-type: none"> ○ Prevención ○ Benefits

Fuente: [15, 19–24].

Table 2.
Instruments.

4. Other initiatives

Since the beginning of the Pandemic, psychological containment care has been provided through the telephone service, organized at the national level by the Ministry of Health and volunteer psychologists. Additionally, in the Caribbean country, proposals were developed to mitigate the ravages caused by COVID-19, for example, the design and construction of low-cost manual respirators, financed by the National Secretariat of Science, Technology, and Innovation [25]. The performance of civil organizations, non-governmental organizations, and professionals from all areas that kept the country afloat is also praiseworthy. An example is the National Oncology Institute (ION), which, with high biosecurity measures, maintained its operations at 100% capacity. The main religious authorities have also played an essential role during the last two years, transforming their spaces and the way they communicate with their parishioners. It allows an area of secure adherence to their beliefs, certainty about the future, relief for physical losses and emotions, promotes social distancing, and follows the national government's rules. And in the artistic area, the composer Rubén Blades composed a melody called "Panamá" to encourage and support people in the face of the Pandemic [26].

The Panamanian Association of Psychology organized courses, seminars, and interviews to disseminate and train members on the psychological effects of confinement on the general population.

5. Conclusions

Social Psychology is a reference framework that allows explaining through attitudes, social perception, stereotypes, living space, group management, active minorities, the role they play, their locus of control, and behaviors of survivors of the COVID-19 crisis. Alterations in people and their interpersonal relationships were manifested in some psychological disorders identified from this perspective. Some of the results obtained can be included in the following areas:

- The Psychosocial Processes associated with the COVID-19 Pandemic in Panama were diagnosed.
- The capacities of mental health specialists, psychologists, psychiatrists, and educational psychologists were strengthened when working on the COVID-19 crisis through intervention, training, and monitoring of psychosocial processes.
- The human development of the populations that mental health specialists could serve was enhanced.
- The authorities supervised domestic violence due to the confinement and isolation as a sanitary fence by COVID-19 was promoted.
- Micro virtual courses for crisis intervention were developed.
- A directory of mental health professionals trained and trained to care for the psychosocial processes of the adult population in Panama in a situation of confinement due to COVID-19 was prepared.

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