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Psychology and Covid-19 in the Americas

Volume 1



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Nelson Portillo • Melissa L. Morgan
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Editors

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Preface

The chapters included in Volume I and II of *Psychology and Covid-19 in the Americas* were conceived and prepared during the first year of the COVID-19 pandemic, when all three of us were part of the board of the Sociedad Interamericana de Psicología or SIP (Interamerican Society of Psychology). All chapters were presented in the very first virtual international meeting organized by SIP in its history, a titanic effort that brought together professionals from psychology and other allied fields from the Americas and beyond.

The content of both volumes includes many of the first issues addressed by researchers, scholars, and practitioners at the start of the pandemic; before vaccines, before knowledge of treatment and impact, before our worlds and daily lives were forever changed. Their content covers a wide variety of topics such as the psychosocial and physical impacts of COVID-19 and the sanitary measures imposed to flatten the curve of contagion, as well as differences in perceptions, remote learning and teaching, virtual communities of knowledge and practice, policies, infrastructures, treatment, and interventions in different countries throughout the Americas. What is captured in both volumes goes beyond what we could consider as the proceedings of one of the first virtual international meetings on psychology and COVID-19 in the world. The content marks a baseline for the collective work initiated by professionals who came together to answer the call to combat the pandemic. In that sense, both volumes are truly a “snapshot in time” that could help us assess in the future how much progress we have made to apply psychology to the pressing demands of our time.

As we prepared these words, we find ourselves three years past the beginning of the pandemic. Like with many historic events that left indelible memories, we will remember how our daily routines were disrupted by the declaration of COVID-19 as a pandemic in March of 2020: schools and universities moved their classes online, and many people were forced to work from home. Families were separated or together 24/7 and their resilience was tested. Health workers were hailed as heroes, while health systems across the world collapsed under the heavy burden of unimaginable death and disease.

Across the world, we witnessed how the virus exacerbated and brought to the surface deep inequities that greatly contributed to increasing the number of people who succumbed to the illness in this period. Through the incessant news cycle, we learned about the disparate impacts of the virus on people of different races and of lower socioeconomic status in many countries, particularly essential workers, and vulnerable groups. The fear of a catastrophic recession across the world became real and unemployment hit rock bottom seemingly everywhere.

Weeks seemed like months and months like years as the world waited for a cure.

In the race to find one, China and Russia developed the first vaccines against the SARS-CoV-2 virus in mid and late 2020, but it wasn't until 2021 that mass vaccinations started taking place in several countries. In February 2021, many Central and South American countries were still vying for COVID vaccines for their populations, with Argentina receiving some from Russia, Brazil from China, and some countries, like Peru, still not acquiring doses. People were instructed to wear masks, avoid crowds, wash their hands, and keep social distance. With some trepidation, people started gathering in small groups indoors and outdoors, but much of what seemed like a new normality was threatened by several new variants of the virus. Even though WHO Director-General Tedros Adhanom Ghebreyesus declared the end of the COVID global public health emergency on May 5, 2023, we are still dealing with the impact of the coronavirus pandemic, and we will do so for a long time to come.

We are grateful to all of the contributing authors for helping to provide this glimpse into a moment in the past, and from a psychological perspective, as this will forever be a record of a time that will ultimately be obscured by fading memories. It is valuable to the field of psychology as we have learned a lot since those early pandemic days. We know much more about systems that should be in place for mental health care, how to talk to our children and elders about it, and even how to deal with vaccine resistance. Thus, these volumes serve as a reminder of all we have learned since then. Additionally, we have learned that such a thing can happen. This existential realization has impacted many individuals quite significantly, including our children and youth, who now have higher rates of mental health issues than before COVID-19 and the subsequent lockdowns and isolations. We have learned a lot about remote work, and how this impacts human beings who need social connections. We have learned about public health and messaging, and how some react versus others. The numerous and invaluable lessons learned can be carried into the future to serve us in another situation like this one.

In short, everything in the world has been affected by this virus. Even the process of publishing this book suffered from the impacts on editors and authors who were, as humans, dealing with the illness. We feel it is worth the wait, however, for the reasons mentioned above, and for the perspective of information from across the Americas in this historical period.

We have been told that this will happen again; it is just a matter of time. Perhaps we will be better prepared next time. Thus, research on the various aspects of COVID-19 must continue. While a plethora of studies have been published on this

topic in psychology since 2020, many more are needed, plus it is a dynamic and ever-changing situation. To get prevention programs in place now, rather than in a moment of crisis, to spread public information now, rather than in desperate moments, and to understand how humans are affected in today's world by such restrictions are very important. The future of the world may depend on it.

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Part I
Mental Health Problems

Chapter 1

Distress Reactions During the Pandemic and Fear of COVID-19 in Brazil



Mayra Antonelli-Ponti, Francisco Cardoso, Celio Pinto,
and José Aparecido da Silva

Introduction

The purpose of this chapter is to give a panoramic view of both the fear as well as of the peritraumatic distress caused by COVID-19 in Brazil and Portugal, taking in consideration both the start of the pandemic in Brazil as well as the period that followed. We start by presenting the data analyzed by gender, and then we continue to show how both the fear of COVID-19 and peritraumatic distress are related to chronic illnesses, to a greater degree than other previous psychological issues. Finally, since comparison allows us to observe differences, we present a comparative analysis of peritraumatic distress as it is experienced by Brazilians and by Portuguese people.

The countless physical, psychological, and emotional consequences or reactions related to the COVID-19 pandemic are verifiable in all social aspects. The measures implemented by countries to combat the virus either oppose or align with Sustainable Development Goals (SDGs) proposed in the UN 2030 Agenda (UN, 2015), which

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we discuss in a reflective manner and then present the conclusions shown by the results.

The Arrival of the Pandemic in Brazil

During the first 2 months of 2020, the Brazilian population followed the news and information about the spread of the new coronavirus (COVID-19) in a generally passive manner and was somewhat skeptical about the arrival of the virus in the country. Carnival was celebrated as usual and daily activities and daily routines were maintained (Sanchez, 2020) albeit, perhaps, with even greater zest, because, after all, as the old saying goes, “the year only truly begins after Carnival.” However, the Brazilian Ministry of Health was attentive to the warnings issued by the World Health Organization about COVID-19 and its potential for contagion and lethality, as well as the absence of a vaccine or treatment. Two ordinances were then published: No. 188/2020, which declared a Public Health Emergency of National Importance (Emergência em Saúde Pública de Importância Nacional – ESPIN); and No. 356/2020, which served to regulate the measures employed to fight COVID-19, giving special attention to the isolation of infected persons and quarantines to “assure the maintenance of health services in an appointed and adequate place.” The recommendations to decrease the circulation of people and to close non-essential services were carried out through state decrees. Each federative unit enacted such measures between March 13th and 27th, 2020.

Thus, just as it happened in the 9/11 U.S. World Trade Center terrorist attacks (Dekel & Bonanno, 2013), the death of the first victim of COVID-19 became a landmark date as well- an extremely stressful memory. Thus, it is likely that each Brazilian will remember exactly what they were doing, what they planned to do, and what they were not able to do at the time of the pandemic; and how this was merely the beginning of the trauma that was to come and how long would it last. This, in part due to the still undefined release date of a vaccine/cure (at the time of this writing), as well as due to the misinformation spread Brazilian government leaders (Antonelli-Ponti et al., 2020), which together triggered feelings of uncertainty and insecurity in health, financial, and political aspects. Since then, there have been multiple studies conducted about the pandemic, all showing high levels of mental distress in the population (Filgueiras & Stults-Kolehmainen, 2020).

Brazil and the World: A Comparative Analysis

The political management measures in Brazil diverged considerably from those of European countries. Sweden and Portugal, for example, soon started on the path towards controlling the effects of the pandemic outbreak. Although these countries then followed very different routes, the fact still stands that in both countries there was a concern with the quality of information and risk communication in

emergencies, as well as with the preventive measures that should be taken and that are scientifically proven to be effective, including, behavioral ones.

Let us now draw our attention to Portugal, a country that is ideal for comparison due to sharing the same language, as well as a historical background and similar cultural traits, with Brazil. During the first outbreak, the population showed to be very attentive, and thus heavily scrutinized the government's actions to manage the pandemic, all undertaking the common objective of overcoming the pandemic, in a decreed state of emergency, which in turn, contrasts heavily to what was happening in Brazil.

Relevance of the Study

Knowledge regarding the levels of fear of infection by COVID-19 had been affected by the uncertainties that the pandemic has imposed, the necessary behavioral measures for its containment (Taylor, 2019) and the mismatch of policy actions, as reported in Antonelli-Ponti et al. (2020). In this sense, research regarding fear, uncertainty, and peritraumatic distress experienced during this first pandemic period is thought to be relevant to forming an understanding of their effects as a multidimensional phenomenon (Faro et al., 2020) from which we expect to learn. Different forms of confronting these negative effects in psychological, cognitive, and emotional domains may then be undertaken.

Our study had three specific goals: (1) To verify the similarities and differences by gender related to the fear of, as well as peritraumatic distress caused, during the first phase of the COVID-19 pandemic; (2) To verify if chronic diseases or mental disorders are predictors of fear and peritraumatic distress during the early stages of the COVID-19 pandemic; and (3) to compare the levels of peritraumatic distress between the Brazilian and Portuguese populations during the early stages of the COVID-19 pandemic.

Method

Design

A cross-sectional survey was conducted with the general Brazilian and Portuguese publics between the months of April and June 2020.

Sample

Participants were invited to voluntarily respond to an online questionnaire about demographics and physical health data, in addition to the Peritraumatic Distress Scale and Fear of COVID-19 Scale (this was applied only in Brazil), as used by Qiu

et al. (2020) and Ahorsu et al. (2020), respectively. The criteria of inclusion were Brazilian nationality and being over 18 years old.

The Brazilian sample ($n = 1844$) was composed primarily of women (79.9%), people who completed college (68.2%), and with an average age of 36.2. Among participants, 16.2% reported having chronic diseases and 16.1% said they suffered from a mental disorder of some type. In this sample, 1.8% had up to 9 years of schooling, 8.5% up to 12 years, 21.5% were attending University, and 68.2% had completed higher education.

Among Portuguese interviewees, the sample ($n = 412$), was also composed primarily of women (72.3%) whose overall average age was 32.3. In this sample, 10.4% had up to 9 years of schooling, 33.4% up to 12 years, 34.6% were attending University, and 21.6% had completed higher education.

Instrument

The *Peritraumatic Distress Scale* is composed of 24 questions in a Likert-type scale divided in five categories of responses (never, occasionally, sometimes, often, most of the time). Then, a stress index is calculated ranging between 0 (zero) and 100, with a coefficient $C = 4$ (constant). Classifies three stress levels: normal, between zero and 27; mild-moderate, from 28 to 51; and Severe ≥ 52 . The Cronbach's alpha of this index is 0.90 (Abad et al., 2020).

The *Fear of COVID-19 Scale* is presented in a Likert-type scale divided in five categories of responses (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree). It is a seven-item, unidimensional scale with robust psychometric properties (Cronbach's alpha internal consistency 0.88), reliable and valid in assessing and relieving fears of COVID-19 among individuals. Scores range from 7 to 35 indicating levels of fear: normal (7–16); mild to moderate (17–26); and severe (27–35) (Abad et al., 2020).

Results and Discussion

The COVID-19 Fear Scale and the Peritraumatic Distress Scale correlated positively indicating that the two psychological responses were strongly associated ($r = .66, p < .001$).

As presented by Abad et al. (2020), Brazilian women indicated a more severe level of COVID-19 fear as compared to men. While this fear was present in 15.4% of women, it was present in only 4.8% of men. Regarding peritraumatic distress, most women (74.5%) showed distress levels ranging from moderate to severe. Among men, 90%, however, showed mild, moderate levels of distress.

It is known that there is a socially constructed difference between men and women. In this sense, women are taught to take better care of themselves and those

around them. In situations such as a pandemic, and with the distance measures set in place, women not only had to endure a greater amount of worry, but also a greater workload of domestic activities and caring for family and children, as well as their own occupation (Rugema et al., 2020; Smith, 2019), which may explain these results. As a report from United Nations Women states, “both women and men have increased their unpaid workloads, but women are still doing the lion’s share... parents are getting more help from daughters than sons. Worryingly, more women than men are leaving the workforce” (United Nations, 2020, p. 1).

Previous studies support this interpretation. For example, in a study by De Paiva Teixeira et al. (2020), they divided the sample into groups according to the health conditions declared by the participants. The first group was made up of people with chronic health conditions, in the second one there were those with some form of mental disorder prior to the pandemic, the third one had individuals with cardiovascular diseases, and the fourth one included people with diabetes. Groups with previous mental and physical illnesses had higher levels of fear of COVID-19 and peritraumatic distress. These results suggest that previously existing physical conditions were more powerful indicators of higher levels of COVID-19 fear and peritraumatic distress than mental disorders were. This result can be explained due to groups with chronic physical diseases being at a greater risk of experiencing the more severe symptoms, and even death, in case of infection by COVID-19 (Martinez-Ferran et al., 2020).

Antonelli-Ponti et al. (2020) provided data on differences in mental health during the pandemic in Brazil and Portugal. To assess the importance of COVID-19 Peritraumatic Distress Index (CPDI), developed by Brazilians, we compared it to the results of the Portuguese sample. The comparison showed that roughly 19% of Brazilians exhibited severe levels of distress compared to about 5% among the Portuguese; and when considering global levels of distress, from moderate to severe, the values rose to 63.9% of Brazilians against 38% of Portuguese. Such numbers should be of concern given the size of the populations of both countries.

Additionally, the psychometric comparison of the Distress Index confirmed the tendency of the differences. It should be noted, therefore, that the value of the BR average score was over 10 points higher: $M_{BR} = 35.59$, $SD_{BR} = 16.25$; $M_{PT} = 25.33$, $SD_{PT} = 13.56$; maintaining this difference in the second quartile, 2nd Q., $BR = 34$; $PT = 23$, but increasing to a difference of 16 points in the third quartile: 3rd Q., $BR = 48$; $PT = 32$.

In addition, the CPDI allows for a precise analysis when all 24 indicators that constitute it are included (indicators are organized by clusters). We made this comparison considering the differences between the averages of the two samples, using a Forest Plot (see Fig. 1.1) and a standardized measure, Cohen’s d . Among all the cognitive-emotional indicators that make up the CPDI, we observed that the biggest difference concerned the feeling of helplessness-anger ($d = -0.59$), followed by anxiety ($d = -0.40$), and helplessness-depression ($d = -0.36$); the second cluster, which showed a greater cognitive bias, consisted of greater decision-making difficulty ($d = -0.56$), concentration problems ($d = -0.54$), and slowness ($d = -0.47$); the third cluster included physical-biological indicators such as fatigue-exhaustion

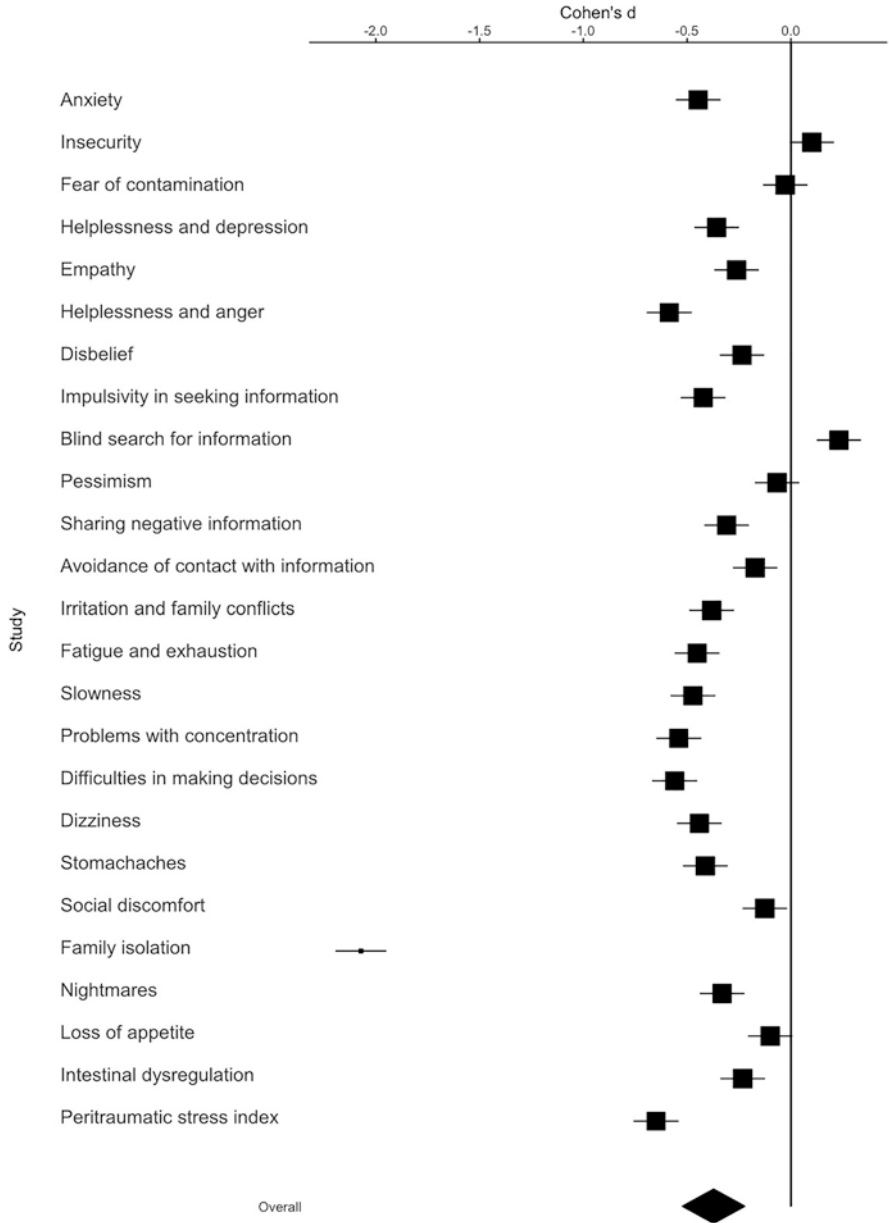


Fig. 1.1 Forrest plot of effect sizes of the COVID-19 Peritraumatic Distress Index (CPDI) across its 24 indicators. Source: Antonelli-Ponti et al. (2020)

($d = -0.45$); somatic issues, dizziness ($d = -0.44$); stomach ailments ($d = -0.41$), as well as bowel movement regularity ($d = -0.23$); the fourth cluster dealt with behaviors, beliefs, and attitudes: disbelief ($d = -0.24$); impulsiveness when searching for information ($d = -0.42$); sharing negative information ($d = -0.31$); and avoidance of information ($d = -0.17$). Finally, the fifth cluster which focused on the emotional/relational dimension yielded the following results: empathy ($d = -0.37$); resentment/family conflict ($d = -0.38$); social discomfort ($d = -0.13$); and family isolation ($d = -2.07$), which showed the greatest difference in magnitude. As for the global index, the overall value of Cohen's d was -0.36 , $p < .001$ [-0.515 , -0.207], which corresponded to a ratio diamond of 6.99 [5:47, 9.75].

Conclusions

The results highlighted the need for a discussion about the importance of gender roles in society and the effect of increased workloads caused by unpaid female work cannot be understated. It is important to give women a voice and collaborate to assure that their presence in public decision-making spaces increases. As the Objective for Sustainable Development (SDG) number five indicates, the movements and actions towards gender equality represent more than just fundamental human rights, rather they serve as a support for society to develop in a peaceful and sustainable way.

In times of pandemic, providing the necessary basic care for both health maintenance and disease prevention, as well as guaranteeing treatment is essential, as is making sure that the population does not greatly feel the economic impact brought on by the pandemic, by providing basic income policies and food security. In addition, actions like these can minimize pre-existing social inequalities in a country like Brazil, aiding in the efforts to eradicate poverty already in place (SDG number one) as well as in international and intersectoral cooperation (SDG number 17), all while keeping in mind topic 17.14: "Increasing policy coherence for sustainable development." In times of crisis, the consonance and coherence of actions initiated within the country itself, as in the case of Brazil, among federal, state, and municipal leaders would be crucial to promoting the feeling of belonging to their own country, as well as reducing the feelings of insecurity and uncertainty currently present.

Overall, the pandemic has challenged humanity and its political, socio-economic, and health systems, as well as confronted lack of quality housing among other weaknesses whose nature goes beyond the scope of this reflection.

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Chapter 2

COVID-19 Related Stress and Risks of Mental Health Problems



Oscar Barbarin

Introduction

The COVID-19 pandemic presented numerous challenges to global health and well-being. Although the threats to mental and physical health were palpable and severe, many nations faced increasing difficulty gaining acceptance for the public health measures that were needed to stem the tide of infections, such as the use of personal protective behaviors to prevent viral transmission, handwashing, not touching mouth and eyes, wearing personal protective equipment such as a facemask, observing social distancing, cooperating with contact tracing, and submitting to random screening. Moreover, many of the restrictions designed to reduce the impact of the pandemic on schooling, work and economic life were met with non-compliance and resistance. As the length of the pandemic increased and with recurrent surges of infections, caution fatigue set in and can reduce cooperation with public health directives among those who were initially compliant. Furthermore, with the arrival of effective vaccines came an alarming resistance to being vaccinated in some countries with high infection rates. The aim of this chapter is to review psychological research that may offer insights about pandemic fatigue, vaccine resistance, and the approaches that may be helpful in securing wider public acceptance of necessary public health measures and vaccination.

Failure to effectively implement public health measures resulted in the disappointing resurgence of the virus. Resistance and noncompliance arise from multiple sources. Sometimes it reflects partisan divides in society. In some cases, it is due to the financial costs, lack of supplies or inadequate physical space. For others, these public health measures are viewed as mandates, impositions on individual liberty, and the surrendering of autonomy and privacy. Thus far, we know that compliance

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is much more likely to occur when leaders communicate information about the need for the public health measures rather than relying upon coercion or punitive enforcement strategies and when isolation and quarantines are as brief as possible (Brooks et al., 2020).

Although this may seem minor, people are particularly attentive to and influenced by whether the authorities themselves observe the regulations which they introduce. In many cases, the presentation of complex ideas, processes, and relations can be communicated much more effectively with the use of visual aids adapted to reflect the capacities and experiences of the target groups which may vary in literacy, age, or cultural background (Garcia-Retamero & Cokely, 2013). For example, Bish and Michie (2010) conducted a meta-analytic review to identify demographic and cognitive determinants of protective behaviors occurring during a pandemic of the H1N1 influenza, also known as swine flu. These protective behaviors included prevention, avoidance, and management of illness behavior. The adoption of these behaviors was higher among older individuals, females, more highly educated and nonwhite individuals. Results showed that individuals were more likely to accept and adhere to expert recommendations and adopt effective coping behaviors if they believed that the illness was serious, that they were susceptible to contracting the illness, and that the recommended protective behaviors would be effective. This suggests the nature of information communicated about illness might influence the extent to which individuals would be proactive in taking steps to prevent transmission or exacerbation of the illness due to a lack of care. Communication should provide clear information about the severity and potential risks associated with the illness for an individual's health and well-being. This should also provide information about the efficacy of preventive strategies in reducing the likelihood of contracting the illness (Johal, 2009).

Thoughts, feelings, and social influence processes have been proposed as ways to motivate health protective behaviors. However, the evidence is strong that leveraging and building upon people's intentions, thoughts and feelings is more effective than trying to modify them. Facilitating strategies such as priming and sending reminders can elicit the desired compliant behavior, making it easier to engage in the behavior and by providing incentives for compliance or by imposing requirements or penalties for non-compliance are also effective strategies to improve compliance (Brewer et al., 2017).

The framing of messages regarding compliance can also make a difference (cf. Cialdini, 2016; Cialdini & Goldstein, 2004). For example, when respondents were asked to indicate the acceptability of a policy which would involve saving some lives and losing some others, respondents chose the approach that saved the most lives irrespective of age, when the choice was framed in terms of saving lives. However, if the message were framed in terms of lives lost, respondents especially the young, endorsed the policy which favored the young even though it would lead to more deaths overall (Li et al., 2010). Similarly, Grant and Hofmann (2011) demonstrated that compliance increased when the impact and benefit to others was highlighted.

Many people resist mandates for social distancing, mask wearing and lockdown. Experiences with SARS in US and Canada suggest that improved communication would have led to better public response (Blendon et al., 2004).

Quarantine and extended periods of isolation are time-tested strategies for controlling infections. However, they often result in stress, confusion, boredom, economic hardship, stigma, and resentment (Brooks et al., 2020). The distress associated with a quarantine is exacerbated by poor and incomplete communication and unclear information especially in the early phases of the outbreak of a pandemic. Compliance with quarantine orders was related to addressing individuals' practical concern about how to maintain their income, combat boredom and possible stigma as well as acquiring necessities such as food. People felt compelled to comply with a quarantine order less because of threats of specific punishment than due to fear of being discovered if they did not comply (DiGiovanni et al., 2004). Orders to quarantine or self-isolate were more likely to be followed if there were based on good evidence and communicated clearly and consistently. However, because measures that involve isolation are so stressful, they should not be mandated sparingly (Brooks et al., 2020).

The decision to impose lockdowns, quarantines and isolation are influenced by political considerations that are informed by the cultural inclinations of that society. Societies of different cultures may respond in divergent ways to similar restrictions. The distinction between individualistic and communal societies seems an especially pertinent consideration. Individualistic societies focus on and give priority to personal needs over the needs of others. In contrast, communal societies focus on the welfare of the collect even if at the expense of meeting personal needs or pursuing personal goals. In individualistic societies each person takes care of self without seeking assistance from others. In communal societies each person is expected to contribute to the care and welfare of others. Consequently, communal societies may be more likely to adhere to public health mandates out of concern for the common good. In contrast, individualistic societies people may jealously guard their individual freedoms and resist what they consider to be impositions on their liberty. Some political leaders tried to walk a fine line and issued conflicting, weak or ambiguous directions for confinement, business closures, sheltering in place, quarantine, and social distancing (Pfefferbaum & North, 2020). However, there is risk in such lukewarm or indecisive guidance about what is needed to manage the pandemic. When individuals perceived their governments' response as insufficiently fulsome and strong, they worried more and felt less ability to control and dampen the possibility of infection (Mækela et al., 2020).

Weak public leadership is sometimes justified by a belief that pandemics are temporary and their effects, though distressing in the short term, are not long-lasting. With respect to the emotional consequences, it is true that most people do not experience long-lasting mental health disorders from pandemics and natural disasters (Salzer & Bickman, 1999). The likelihood of a diagnosable disorder occurring is influenced by several factors. Most salient among these factors are the course of the pandemic, clarity and effectiveness of political leadership, and the presence of other risk and protective factors. When these are optimal, individuals may

manifest resilience in the face of traumatic events. In addition, coping with the strains of the COVID-19 pandemic is also influenced, in this case diminished, by membership in high-risk groups such as the elderly, medical care staff, and essential front-line workers. These roles bring with them their own peculiar and unique set of stressors, such as increased physical vulnerability as in the case of the elderly and overwhelming and unrelenting demands to care for the sick and dying as in the case of medical staff. In addition, persons with pre-existing mental health conditions are also at high risk and may have diminished capacity to cope with the additional stress. Another group that was at high risk for emotional difficulties are frontline service workers such as clerks, cleaning staff, sanitation workers, police, and other first responders. Zheng and colleagues (2023), for instance, found that 29% of healthcare providers reported high levels of emotional distress. Reports from US media highlighted the strain on medical and frontline service workers: “COVID-19 has shaken me to my core. My days off have been filled with paralyzing anxiety...” (Kimberly Brown, emergency room doctor). “Work feels heavier now. That’s the only way I can describe it. It feels like you are walking through Jell-O” (Lillie Lodge, cardiovascular nurse) (The New York Times, August 10, 2020, p A6).

Zheng et al. (2023) found similarly high levels of distress among frontline and healthcare workers due to their ubiquitous threat of becoming infected, the perceived need to self-isolate due to concern about infecting family and friends, and in being stigmatized as dangerously contaminated. Isolation and quarantine also have a deleterious impact on the emotional lives of service providers. Brooks et al. (2020) found that almost 75% of health care workers reported mood disturbances and over half experienced irritability and anger. Insomnia and emotional exhaustion were also common but reported less frequently. Moreover, the distress experienced by front line health care workers may be prolonged and may not recede at the end of the pandemic unless psychological assistance is provided, *in situ* (Mauder et al., 2008).

The COVID-19 pandemic may give rise to new mental health problems, psychological trauma, even PTSD, and existing psychological problems are also often exacerbated. This makes individuals with pre-existing mental health conditions at higher risk for exacerbation of their condition. Often the disruption in their daily lives means that they may not have the same access to the psychotropic medications or therapy services to which they have been accustomed. The absence of continuing mental health services for those in need increases the impact of the pandemic.

Persons who were socially isolated prior to the pandemic and those who live in isolation because of the epidemic are also at higher risk of mental health difficulties. PTSD, confusion, and anger are often associated with quarantine and isolation. Persons in isolation often experience heightened fear of infection, frustration, and boredom. The situation is exacerbated when the isolation is accompanied by financial loss, inadequate supplies, stigma, and insufficient information (Brooks et al., 2020). Feelings of abandonment, loneliness, sensory deprivation, and limited social support were commonly observed among isolated patients (Cheng et al., 2004).

Feeling connected to others and being embedded in a high quality, emotionally close relationships can decrease the risk of the long term adverse psychological

consequences of quarantine. The health-promotive value of supportive relationships can mitigate the effects of quarantine. On the other hand, the absence of support can spell trouble in lockdowns where living space is very limited and overcrowded. In such tight living quarters, caustic, conflict-prone or non-supportive relationships can undermine wellbeing. Milder cases of troubled relationships may lead to significant but tolerable distress from confined spaces sometimes like living in the close quarters of a submarine with multiple individuals taking turns sleeping in shifts in the same bed. More serious cases may end in spouse and child abuse.

Children and youth are especially vulnerable to the effects of pandemics and measures taken to manage them. Social isolation and disruption of their typical social life is often a significant cause of the mood difficulties they experience. Most devastating in this pandemic was the loss of the meaningful contact they usually enjoyed at school. Almost 30% reported that they no longer felt connected to school adults and 23% did not feel connected to peers (Margoliuss et al., 2020).

Gordon-Hollingsworth et al. (2018) conducted a meta-analytic review of studies examining risk and protective factors for PTSD among youth who had experienced natural disasters in mainland China. They argued that not all children develop PTSD and whether they did or not was dependent upon a host of factors including demographic (e.g., age, gender, socioeconomic status), pre-trauma variables (e.g., previous trauma, parent psychopathology), objective and subjective trauma characteristics (e.g., disaster exposure, fear/threat), and post-trauma variables (e.g., displacement, social support) in the children exposed to natural disasters (Ma et al., 2011). The populations at greatest risk for emotional difficulties included older children, girls, those living in rural communities and in low SES households, those who experienced the loss or injury of a family member or friend, those directly affected, those who vicariously witnessing the injury or death of others, those who experienced loss of home and displacement, and those with a dearth of social support. Navarro et al. (2016) studied children who experienced the Chilean earthquake, tsunami, and Hurricane Katrina. They found that children across cultures and different disaster types experienced similar levels and prevalence of psychological symptoms. However, mental health impairment of the Chilean sample was a function of the extent to which they experienced loss directly from the tsunami, while impairment in the Katrina sample was a function of difficulties experienced in the aftermath or recovery phase. The wellbeing of children may also be adversely affected when their parents suffer mental distress related to pandemics (Spinelli et al., 2020).

Specifically, the high levels of parental distress related to COVID-19 could lead to parental burnout, which in turn increased the risk of child maltreatment. In addition, although the threat may be uppermost in the minds of adults, children and youth may become absorbed in their normal activities and lose focus. As a result, parents must be constantly vigilant in reminding children to engage in public health protective behaviors. This constant vigilance is also draining physically and emotionally, and unfortunately their monitoring may become less vigilant.

Individuals in each of these high-risk categories do succumb to diagnosable mental health disorders. The most common of which are PTSD, major depression episodes, substance use, generalized anxiety disorder, suicide, and somatic

complaints (Goldmann & Galea, 2014). Well-designed studies of the impact of disasters suggest that the increase in psychopathology is modest at about 17% with PTSD and depression accounting for the largest increases.

Political leadership plays an important role in molding and shaping public reactions to efforts to control the spread of the COVID-19 virus and ultimately to reducing the risk of adverse mental health outcomes. Leaders respond in a variety of ways that range from partisan responses based primarily on political considerations to those which have been guided mostly by science. Partisan responses led to resistance to practices such as handwashing, facemasks, lockdowns, and quarantines. As a result, political leaders struggled with finding effective ways to communicate that would result in public compliance with measures known to reduce the spread of viral infections. Research shows that coercive methods and mandates are less effective. Punitive sanctions are difficult to enforce and add further to public cynicism. Most effective communication strategies are characterized by simplicity, clarity of goals and based on scientific evidence. Most critical is our efforts to explain the dangers and provide ways to minimize the threat to individuals. Moreover, communication strategies are most effective when they enlist cognitive processes (thoughts, feelings, and social modeling; Brewer et al., 2017). In addition, a focus on the positive goal of saving lives is an effective source of motivation to comply with restrictions and disruptions to daily life (Li et al., 2010). Although caution fatigue is a common experience, its effects in damping compliance with public health measures can be overcome through an effective program of communication about the dangers, avoidance measures and drawing on a sense of community with mutual responsibilities to safeguard the health of family members, neighbors, and the community at large.

Several modalities are under development that are relevant here and these include psychological debriefing, crisis counseling, psychoeducation, and trauma-informed therapies. In most situations of natural disasters and pandemics, there will not be enough mental health professionals to meet the need. There is a particular need for the development of trauma-informed interventions that can be administered by the paraprofessional community or by health workers with modest training. An example of such an intervention is the MHGap program launched by the World Health Organization in 2010. This program successfully expanded mental health services through the training of non-mental health specialists in low to middle income countries where mental health specialists are scarce and difficult to access. This program deployed thousands of health workers in primary care centers, community centers and others to provide basic mental health support services (WHO, 2016).

Mental health services such as those described above are often successful because they help individuals come to terms with unavoidable pain and suffering by lending some meaning to it. More difficult to sublimate is suffering viewed as senseless and avoidable. For this reason, refusal to take a COVID-19 vaccine is irritating and distressful for many. This may be particularly true for persons in the developing world desperate for COVID-19 vaccines who may find it puzzling and curious that persons in countries where infections and deaths due to COVID-19 are rampant would refuse or defer readily available vaccination. After all, the evidence shows

that vaccines reduce infections, hospitalizations and death and high rates of vaccination offer a direct way to minimize pandemic related disruptions of their lives at work, at school and in the community. On the face of it, vaccine resistance seems simple-minded, petulant, myopic, selfish and a bit precious. However, research on persons refusing vaccines suggest that vaccine resisters are a diverse group and not all are deeply committed to resisting vaccination. They differ in motivations for their vaccine refusal.

Research by the COVID States Project in the U.S. suggests that the factors driving vaccine refusal were more complex and nuanced than the stereotype of irrational political partisans who adopt hoaxes and consume misinformation uncritically (Shere et al., 2021). Their analyses of survey data revealed that many vaccine refusers have serious and often reasonable concerns. For some, vaccine resistance may be due to confusion arising from unanswered questions regarding side effects, fear and uncertainty about vaccine safety, and a distrust of institutions rather than to deep unwavering anti-vaccine convictions or gullible embrace of partisan misinformation. In most cases, vaccine refusal is a consequence of ambivalence more than a strong and unshakeable commitment to refuse vaccinations. Accordingly, many in this group are more accurately described as vaccine hesitant rather than vaccine opponents. Their defining psychological feature is closer to anxiety than oppositional defiance. For example, many of those hesitant about vaccine worried that vaccines were developed too quickly and were approved for use without rigorous vetting or sufficient evaluation of long-term adverse reactions. Their anxieties were magnified by public media reports highlighting serious side effects of vaccines such as anaphylaxis (allergic reactions), TSS (Thrombosis with thrombocytopenia syndrome) in women and myocarditis in young adults (Center for Disease Control and Prevention, 2021). In addition, reports of breakthrough infections and deaths of persons vaccinated undermined confidence that vaccines would be a sure protection against COVID-19. Because of concerns about safety and doubts about efficacy, many of the unvaccinated feared that the risks outweighed the benefits and that they would be safer to withdraw from being vaccinated until more data and research were available.

An unexpected finding from research linked vaccine hesitancy to the lack of health insurance and regular healthcare. The anxiety and concern about vaccines was especially high among those who lacked health insurance, regular access to healthcare or a relationship with a trusted medical advisor. The lack of specific information from public health sources and minimal access to health care providers were especially troubling for persons with specific health condition such as compromised immune systems or diabetes who due to the lack of healthcare were left on their own to weigh the costs and benefits of vaccination. Although minoritized populations such as African-Americans and indigenous people were no more likely to be vaccine-resisters than other groups, each had a history of abuse, neglect and unethical behavior at the hands for the medical establishment that fueled distrust and undergirded their hesitancy to accept vaccination (Shere et al., 2021). These findings offer insights that can help guide public health efforts to deal with future pandemics. They suggest that in the short-term vaccine hesitancy is malleable and

may be addressed by taking concerns about vaccines seriously and providing information specific to those concerns from a trusted source. In the long run, increasing access to health care and building trust with health care institutions are critical to the success of public health strategies for managing future pandemics.

From a psychological standpoint, it is interesting to note that anecdotal accounts of governments and business use of rewards or incentives such as cash payments and other tangible benefits was, at best, marginally effective in moving the hesitant towards embracing vaccination. For psychologists this might in retrospect seem obvious. Rewards, particularly tangible rewards when they are successful have the effect of motivating the unmotivated. Vaccine hesitant people are not unmotivated but ambivalent. Although positive reinforcement is not effective in producing the desired behavior change, anecdotal observations suggest negative reinforcement in the form of vaccine mandates tied to consequences may be more effective. For example, when confronted with the ultimatum of accepting the vaccines or losing their job, they overwhelmingly chose their job and submitted to vaccination. This negative reinforcement in the form of an employer mandate had the effect of altering the cost benefit calculus in favor of vaccination. With some discomfort many succumbed to the pressure. Mandates will not always be politically tolerable or ethically acceptable in more individualistic societies. Are alternative approaches possible? Perhaps, if we embrace the analysis of the vaccine hesitant as anxious, concerned and trapped in an approach/avoidance loop. It would be interesting to test whether the vaccine hesitant would respond better to the carrot than to the stick. Would their anxiety and ambivalence be more likely to wane in the presence of reassurances about vaccine safety and comforting from a trusted source?

Based on the review reported here, the mental health consequences of COVID-19 pandemic are diverse and considerable. In addition to bereavement resulting from loss of loved ones, a host of psychological difficulties such as PTSD arise in the wake of the pandemic. Several groups are especially vulnerable to these effects, particularly the elderly, children, and medical providers and service workers. This suggests that COVID-19 must be seen as requiring more than a biomedical response. Psychological services at the individual and community level make an important contribution towards healing the wounds opened by the pandemic.

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Chapter 3

“I’d Rather Die Than Get Fat in Quarantine”: Psychological Effects of Fatphobia During the COVID-19 Pandemic in Brazil



Aluísio Ferreira de Lima and Marcelle Jacinto da Silva

Introduction

The expression that opens the title of this chapter is authored by fat activist Jessica Balbino (2020) from Brazil. This phrase articulates a critique of how the body fat debate gained prominence during the quarantine period in Brazil through the viral sharing of memes about weight gain, especially in its first weeks of such period. This promoted a parody of everyday situations in which thin bodies were transformed into fat ones due to residential confinement and faced embarrassing situations due to their size, weight, and shape.

Although COVID-19 has been responsible for millions of deaths and the number of infected people increased exponentially worldwide, mainly in the first 2 years of the pandemic, the fear of getting fat became an important issue in online conversations (Recuero, 2014), positioning this concern, most of the time, as more important than surviving the new coronavirus. The memes also highlighted the fear of getting fat, which is one of the features of contemporary Western culture that has transformed “the fat body into a synonym not only of lack of health, but also of a ‘dehumanized body’, a pejorative character of moral failure” (Sudo & Luz, 2007, p. 1033), turning fat aversion into a structural problem and fatphobia into a phenomenon whose study becomes essential.

The term fatphobia has been popularized in social networks and has been debated in congresses and transdisciplinary academic research, however, the issue has not received much attention in the Brazilian academic context (Arruda, 2019). Fatphobia is a term that emerged in the context of American activism of fat people, from a debate that has gradually gained ground since the creation of the National Association to Advance Fat Acceptance in 1969 (Rangel, 2018) and with the

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expansion of fat studies, which gained the name fat body studies in the Brazilian context (Jimenez-Jimenez, 2020).

Fatphobia is everywhere (Jimenez-Jimenez, 2020) and has several definitions that, in general, point to various related problems. We can understand it as discrimination against fat people, that is, a type of discrimination based on the size, shape, and weight of a person (Arruda, 2019). It is a complex social phenomenon that is often presented as a health issue and, thus, it is difficult to understand and tackle it (Jimenez-Jimenez, 2020), producing multiple consequences, including eating disorders, chemical dependency, psychological disorders, depression, and social discrimination.

The American Medical Association (AMA) officially considered obesity as a disease in 2013 and, in the same year, it entered the International Code of Diseases (ICD), which generated a heated debate involving physicians, activists and researchers (Silva & Cantisani, 2018). After all, the criterion for defining obesity is not the weight of the person, but the Body Mass Index (BMI) in line with specific tests.

A group of psychologists (Tomiyama et al., 2016) from the University of Los Angeles (UCLA) concluded that the use of BMI as the main indicator of cardio-metabolic health resulted in the misclassification of nearly 75 million Americans as sick. Furthermore, their results showed that close to half of Americans considered overweight based on BMI are healthy. According to Sant'Anna (2016), an obese person is an individual with a BMI greater than 30, but a BMI considered high, however, does not mean that an obese person will necessarily get sick. This means that as thinness is not synonymous with health, obesity is not synonymous with disease (Sant'Anna, 2016).

The inclusion of obesity in the COVID-19 risk group, in the first week of April 2020, strengthened the representations of this body as sick, promoting prejudiced and violent discourses against fat people, especially women. This is because, although the association between fat body and disease is arbitrary, the naturalized pathologization of body fat reinforces fatphobia, enhancing the permanence and updating of stigmatization and prejudice against people with larger bodies, in addition to generating suffering among this population. In response to the discourses posted on social networks, researchers in the field of fat body studies and activists have drawn attention to the need for the depathologization of this body type in society.

Memes About Getting Fat in Quarantine, Naturalization of Fatphobia and Forms of Resistance

Fatphobia has been visualized in memes and the psychological effects of this phenomenon can be analyzed in self-reflective reports of fat women with active profiles on the social network Instagram. Between March and June 2020, we had access to some memes produced during this period that portray possible body changes due to

quarantine. Among the cases we analyzed, we describe three examples that most caught our attention. The first one shows a woman dressed in red lingerie, opening a refrigerator; the refrigerator door prevents us from seeing her face, but we can observe that the image suggests that she gained weight, since it is a comparison of two photos; one from March and the other from May. The caption of the image carries a brief phrase that reads “I wish it on no one, but it is the honest truth”.

The second highlights a fat couple staring at the door of their house with a worried look on their face, accompanied by a message that reads: “The confinement is over. And now, how do we get out?” In the third, in turn, four fat women smile as one of them is helped of a car by two others, while the fourth woman waits her turn. The image is accompanied by the phrase “First meeting of friends after quarantine.”

In his study on weblog memes, Recuero (2007) recognizes a diversity of definitions, including imitative behaviors, cognitive patterns of influence, and attitude replication. Certain theoretical perspectives interpret memes from the theory of natural selection, since they contain characteristics of replication, copy fidelity, longevity, fertility, etc.

Women have been one of the most recurrent characters in the creation of memes and they are generally portrayed in advertising as the main characters of fat shame (Sant’Anna, 2016), assigning to the fat body a position of “aesthetic burden”, especially among young women (Sant’Anna, 2016). The fat body figures as that body of the “individual to be corrected”, unfit, unwanted, a “person who does not fit the dominant model today” (Sudo & Luz, 2007, p. 1034) and who does not represent or please the gaze of the other. These examples represent versions of the same story about fat people: binge eating, and the difficulty of movement caused by the size of the weight of their bodies, alluding to encounters after quarantine considered shameful. The comparison of the lean body with the fat body is also a constant in the media industry, a type of comparison that had been observed by Sant’Anna (2016) in the Brazilian press since the twentieth century.

Quando nos referimos al proceso histórico donde el cuerpo gordo llegó a asociarse con la idea de un cuerpo enfermo, inevitablemente estamos diciendo que no siempre fue así. Cuando la monarquía brasileña fue depuesta en 1889, ganar grasa no se consideraba un problema de salud o social. La preocupación por la falta de alimentos era mayor que pensar en dietas. En ese escenario, tener un cuerpo gordo era sinónimo de prestigio en el contexto de un país acosado por la desnutrición y el hambre, considerado durante mucho tiempo un problema de salud pública en Brasil. Sin embargo, desde la década de 1930 en adelante “los problemas patológicos en relación con la obesidad proliferan de manera abrumadora”, transformando la grasa corporal en un mal despiadado al que se culpa de “innumerables enfermedades dañinas desde el cáncer, el envenenamiento hasta la intoxicación” (Nechar, 2018, p. 5).

Since the rise of media, newspapers and magazines, television, and movies, what is rejected and what is idealized in society has been represented in terms of body expectations. These technologies act as propagators of a “moral of ‘good shape’” (Goldenberg & Ramos, 2007), which requires people to have self-control of their physical appearances, making explicit a reality: “eternal dissatisfaction with body

image” (Sudo & Luz, 2007, p. 1036). However, it was from the 1960s onwards that the attacks on the fat body became more intense and the concern for thinness, especially feminine thinness, began to occupy a new place in the social consciousness.

In the second half of the twentieth century, “a profusion of weight loss formulas took over the media in a spectacular way” (Sant’Anna, 2016, p. 123), accompanied by the “apparent liberation of bodies, suggested by their current omnipresence in advertising, media and everyday interactions” (Goldenberg & Ramos, 2007, p. 25). Thus, with the wide and frequent dissemination of overweight and obesity problems in the media, this fear of getting fat became widespread: “Transformed into a necessary feeling to ensure health, such fear was first affirmed as a legitimate and normal demonstration of self-esteem and, soon after, as a test of self-esteem” (Sant’Anna, 2016, p. 112). The side effects of this social imposition also began to be apparent. In the 1990s information about “serious disorders such as anorexia nervosa and body dysmorphic disorder” began to emerge in the press, and thus “the fear of gaining weight was accompanied worldwide by a myriad of other food-related fears” (Sant’Anna, 2016, p. 117).

Despite the memes that made fatphobic discourses even stronger during the pandemic, the responses of fat body researchers and activists brought as an agenda the demand for respect and the need for the knowledge about fat bodies produced by themselves to be legitimized as much as the hegemonic knowledge and legitimized by society in general, with the aim of building social and epistemological justice. Understanding the importance of militancy on the Internet and the involvement of fat people in the anti-fat debate, we selected excerpts from reflections of two fat women who we identify only by the initials of their names (“L.” and “J.”) and who call themselves in their social network profiles as fat activists.

In a denouncing tone, “L.” comments that “fatphobia works curiously; on the one hand, a whole system that says that we, fat people, need all possible medical solutions for our body and, on the other hand, a fat person who precisely needs this care is prevented from being attended”. He refers to a reality experienced by people over 90 kilos, who face difficulties in accessing medical-hospital equipment and prejudice in medical care, from the moment they enter a hospital unit. “J.”, in turn, questions fatphobia expressed through memes:

[...] we are in 2020 facing a coronavirus pandemic that forces us to be in social isolation and all the worries that come with the moment, we have to deal with the public still living in 1992 and we find it funny to make memes and joke about fat people using a dramatic moment like the quarantine. Do they really believe that fat people spend all day inside, in front of the TV, with pizza boxes and sodas? Hard to believe that there are still people who make memes out of this and believe that, if they are confined for a period of time, they will get fat. This should be far from a concern, especially since we are fighting for life, ours and the one we love. it's sad to think that fatphobia is so ingrained that it doesn't give respite even during quarantine. My biggest concern is staying alive, maintaining mental health, and taking care of those I love. (...) Swear to the gods that sharing a meme of a fat person was nothing more relevant to post? That post couldn't have been replaced by a tutorial on how to disinfect after going outside? (...) every time I rely on people's sensibilities, I again receive an avalanche of jokes: tell me what you're laughing at, I'll tell you who you are, about bodies. Always about our bodies. Always about the size of bodies and the fear of becoming who we are. I, on the other hand, am afraid of becoming like you.

Lima (2014, p. 21) reminds us that, from the point of view of the “technologies of the self”, “the discourses and identity politics developed proved to be indispensable ideological instruments for the conquest of territories and for the construction and maintenance of different institutions“. These excerpts underscore what we observed during our fieldwork, unveiling narratives that translated experiences of suffering in contemporary times, produced directly and indirectly by established and normalized frameworks derived from relations of recognition. We understand the importance of this protagonism as a proposal focused on the denaturalization of diagnoses, stigmas and perverse recognitions that follow an instrumental logic and disconnected from people’s conditions of existence, thus allowing “to glimpse the fragments of emancipation, of apprehension, by the narrative and by the narrator, of alternatives to existing alternatives” (Lima & Ciampa, 2017, p. 7).

It is in this sense that self-reflexive narratives occupy the central place in our research, because, when brought together, they confer visibility and recognition to experiences that are hegemonically invisible in contemporary society. “Narrative, thus, is taken as a form of imposition against the lie of representation, of fiction and, in fact, it is built on the narrator himself, who seeks, in his own story, to offer other perspectives for the understanding of his identity” (Lima & Ciampa, 2017, p. 4), “but also as records of processes, in which the ‘I’, as author or narrator of his story, transgresses the limits of power and limitations by following ‘escape lines’ in his constitution as a political subject” (Tamboukou, 2016, p. 75).

Concluding Words

As could be identified in the examples offered, the fat body has been pathologized, always considered sick, susceptible to death. Therefore, the memes, as well as the messages that appear with them, reiterate the idea that this type of body is not only sick, but that it needs treatment from the inside out, but also from the outside in. The comments and virality of these memes indicate the need to promote a broader discussion about how society is not prepared to deal with this body, thus constituting another of the many demands of this population. Among the consequences of this scenario is the expansion of the focus on the fat body, extended to people who gained weight during the quarantine, emphasizing the use of the pharmaceutical and beauty industry. However, we cannot fail to consider as a form of resistance to this fat-phobic narrative, the fact that fat people dispute this same space where they are stigmatized, to make public their experiences, told in their own words. The brief reports presented offer the possibility to visualize that the common element in the anti-fatphobia narratives is the reiteration of the discourse that the fear of gaining weight must become a concern for survival.

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Chapter 4

Anxiety and Emotional Intelligence Analysis of Caregivers and Non-caregivers During the COVID-19 Pandemic in Ecuador



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Introduction

After the declaration of a pandemic in March 2020 due to COVID-19 (WHO, 2020a), several countries took sanitary measures such as the temporary suspension of all activities, border closures and isolation. Due to its high transmissibility and the exponential increase in mortality rates around the world, COVID-19 is considered one of the greatest international public health threats of the last decades (WHO, 2020b; Sohrabi et al., 2020).

In the context of a pandemic, people's mental health may suffer as the result of possible contagion, lack of immunity, and family dynamics, among many other reasons (Faro et al., 2020). In hospital environments, for example, where the risk of infection is higher, experiences such as feelings of loneliness, denial, anxiety, depression, insomnia, and despair have been reported, and consequently, higher risks of suicide and aggression are likely to occur. Obsessive compulsive traits such as repetitive temperature checks and sterilization have also been observed (Lai et al., 2020; Mamun & Griffiths, 2020). In this sense, as one's level of concern about possible contagion increases, the perceptions of risk, fear, and vulnerability go up as well. Yildirim et al. (2020) consider that these factors would have repercussions on mental health, especially on the subjective perception of one's own health, distress, and life satisfaction. Likewise, Xiao (2020) argues that mental health would be disrupted with depression, fear, anxiety, boredom, angst, sadness, insecurity, loneliness, and helplessness.

Although being worried is an everyday latent cognitive process, pandemic conditions may have affected the frequency and intensity of feeling worried not only about health but also linked to the economic, social, and employment situation.

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Continuous uncertainties focused on danger may cause people to generate mental shortcuts or rigid beliefs as ways to solve problems, i.e., it would seem that a repetitive cycle is generated where “being worried” would be the solution to solve “what we worry about” and this could generate states of anxiety and depression, negative orientation to the problem and avoiding behaviors (González-Rodríguez et al., 2006; Mathews, 1990).

In fact, the continuous limitations and fears during this pandemic could generate negative psychological responses that would be related to generalized anxiety disorder (GAD). González-Rodríguez et al. (2006) identified cognitive, behavioral, affective, and physiological processes linked to the pathological worry, characteristic of GAD. According to the DSM-V Diagnostic Manual (American Psychiatric Association, 2014), anxiety is characterized as a feeling of exaggerated and inappropriate fear of general or specific events or objects. Similarly, the International Classification of Diseases for Mortality and Morbidity Statistics-11 (ICD-11), categorizes as generalized anxiety disorder symptoms such as excessive worry focused on events such as finances, health, work that persists over time (ICD-11, 2018). In summary, anxiety is an emotional response that occurs in the face of threatening or dangerous situations, and that is why we have studied it in the context of the COVID-19 pandemic.

On the other hand, it is also critical to consider what variables could serve as protective factors of people’s mental health such as the case of emotional intelligence (EI). According to Colomeischi (2015), the concept of EI has evolved over time. At the beginning, Charles Darwin raised the importance of intelligence as a concept of survival and adaptation, but it was Thorndike (1920) who described the term EI as a form of social intelligence, to conceptualize the ability to understand and motivate people. More recently, the contributions of Mayer and Salovey conceptualize EI as part of social intelligence, which allows us to control, discriminate, and use the information we receive both from ourselves and from others with the objective of guiding our behavior (Mayer et al., 2008). EI, thus, allows us to address the emotional dimension of human nature, and to obtain a better and broader understanding as to why general intelligence does not predict personal and social success (Fernández-Berrocal & Extremera-Pacheco, 2005).

Mayer and Salovey’s EI model proposes four basic skills to conceptualize it. First is the ability to perceive, appraise and express emotions accurately, which involves identifying and recognizing one’s own feelings and those around us, as well as paying attention to and decoding emotional signals from facial expression, tone of voice and body movements. Second is the ability to access and/or generate feelings that facilitate thinking, which involves taking feelings into account when reasoning or solving problems and focuses on how emotions affect the cognitive system and decision making, prioritizing basic cognitive processes and focusing attention on what is important. In third place is the skill of emotional understanding, which involves breaking down emotional signals, labeling emotions and recognizing the categories in which feelings are grouped, which involves an anticipatory and retrospective activity to know the causes that generate one’s mood and the future

consequences of the actions we take. And, finally in fourth place, we have the ability to regulate emotions, which includes the ability to be open to positive and negative feelings, reflect on them in order to discard or take advantage of the information that accompanies them based on their usefulness, thus regulating our own and others' emotions, moderating negative emotions and changing them for positive ones, this being the most complex skill, since it would reach the highest emotional processes (Mayer et al., 2016). According to the authors, "in managing one's own feelings, people must be able to observe, distinguish and label their feelings accurately, believe that they can improve or modify them, make use of strategies that will change them, and assess the effectiveness of these strategies" (Brackett & Salovey, 2006, p. 34).

To this extent, one of the emotions that is susceptible to EI is anxiety, which is experienced as discomfort by the individual, since it generally occurs in stressful, threatening or unknown situations that the individual perceives. Thus, EI is a concept that can be applied to different areas of people's lives, among these can be highlighted the academic field in relation to anxiety in university students, caregivers, and non-caregivers.

Because the pandemic has caused many changes in people's lives, we wanted to investigate whether there were differences between people who were considered caregivers and those who were not caregivers. Following Cotelo-Mosqueira (2015), a distinction is made between two types of caregivers, formal and informal. The former, refer to those who care for third parties, either due to functional or cognitive impairment, who have adequate training and receive a salary for performing the work. The latter, on the other hand, are those who perform the work of caregiving directly, without training and who do not receive a salary for this activity, which includes spouses, relatives, friends, and neighbors (Cerquera Córdoba & Galvis Aparicio, 2014).

Based on our review, the general objective of our study was to describe and relate the levels of anxiety and EI in university students as caregivers and non-caregivers in the city of Cuenca. We had two main hypotheses. First, we hypothesized that anxiety and EI would be negatively correlated. Second, we hypothesized that by having the responsibility of caring for someone else, caregivers would have higher levels of anxiety, but also higher levels of emotional intelligence.

Method

Design

The present study was descriptive, cross-sectional, and correlational with a quantitative approach. It only sought to relate the levels of anxiety and EI of caregiver and non-caregiver students at universities in Cuenca according to different variables, as well as group differences for the variables of anxiety and EI.

Sample

The sample consisted of 60 participants (45 women and 15 men), of whom 28 were caregivers and 32 were non-caregivers. The mean age of the complete sample was 20.1 years. All participants were students from different universities in the city of Cuenca and the evaluation was carried out during the period of confinement due to COVID-19, between June and July 2020. For the selection of participants, a non-probabilistic convenience sampling was carried out, who after voluntarily accepting participation, met the inclusion and exclusion criteria.

The inclusion criteria were the following: (1) Students with current enrollment in any university in the city of Cuenca; (2) Students in caregiver condition and student in non-caregiver condition. There was no restriction as to sex or age. The exclusion criteria were the following: (1) Individuals without a current enrollment in any of the universities in the city of Cuenca; and (2) Those who expressed not wishing to participate in the study.

Instrument

The study used the *Hamilton Anxiety Scale* (Servicio Andaluz de Salud, 2019), which measures the presence and severity of anxiety. It consists of 14 items and contains a number of symptoms that are rated on a scale from 0 to 4, where the higher score is considered more severe. Two scores can be obtained from this version of the instrument, corresponding to psychic anxiety (items 1, 2, 3, 4, 5, 6) and somatic anxiety (items 7, 8, 9, 10, 11, 12 and 13). There are no cut-off points. A higher score indicates a greater intensity of anxiety. It is sensitive to variations over time or after receiving treatment. The overall Cronbach's alpha coefficient was .74, while those obtained for psychic anxiety and somatic anxiety were .78 and .80, respectively.

In addition, the study used the *Emotional Intelligence Scale* (WLEIS; Law et al., 2004). This is a self-report type questionnaire that measures emotional intelligence as a stable tribute of a person. The scale contains four dimensions and four items per dimension for a total of 16 items. It uses an ordinal, seven-point Likert-type response format with values from 1 (Strongly Disagree) to 7 (Strongly Agree). The four subscales or factors are: (1) Appraisal and Expression of Own Emotions (EEP); (2) Appraisal and Recognition of Emotions in Others (REO); (3) Regulation of Own Emotions (REM); and (4) Use of Emotion to Facilitate Performance (UEM). The Cronbach's alpha coefficients obtained for the total scale and subscales were high and satisfactory: Total Scale ($\alpha = .95$), EEP ($\alpha = .90$), REO ($\alpha = .90$), REM ($\alpha = .91$) and UEM ($\alpha = .91$).

Procedure

Prior to data collection, a content analysis of the items of each questionnaire used was carried out with two experts and two people with similar characteristics to those of the study population. Subsequently, a pilot test was carried out with similar pairs using the complete instrument by means of Google Forms.

The final Google Forms form included a sociodemographic data section and both scales. Each person had the opportunity to learn what the study was about and to accept or decline voluntary participation. Completing the form took an average of about 10 min.

Statistical Analysis

The SPSS program (V.23) was used for statistical analysis of the data. The data analysis was performed with a reliability index of 95% and a margin of error of .05. Prior to the inferential statistical analysis, the Kolmogorov-Smirnov test was applied considering that the sample was greater than 50 participants. This test showed that the data had a normal distribution ($p > .05$) and, therefore, it was possible to use parametric tests. The analyses related to the objectives were carried out using Spearman's Rho test to correlate anxiety and EI, and the Mann-Whitney U test to compare groups.

Results

The first specific objective aimed at correlating EI and anxiety. Spearman's Rho test indicated that there were significant correlations of all EI dimensions with psychic anxiety ($p < .05$), while in terms of somatic anxiety there were no significant correlations with any of the variables (see Table 4.1). This correlation indicated that

Table 4.1 Spearman correlation matrix between emotional intelligence dimensions and psychic and somatic anxiety

	EOE	UEM	EMR	AP	AS
Evaluation of own emotions	–			–.46**	–.27*
Evaluation of other people's emotions	.75**	–		–.49**	–.23*
Use of emotions	.63**	.77**	–	–.39**	–.14*
Emotion regulation	.77**	.80**	.76**	–.41**	–.19*

Note: Dimensions of Emotional Intelligence: *EOE* Evaluation of own emotions, *EOE* Evaluation of other people's emotions, *UEM* Use of emotions, and *EMR* Emotion regulation. Dimensions of Anxiety: *PA* Psychic anxiety and *SA* Somatic anxiety

* $p < .05$, ** $p < .01$ (Two tails)

while EI dimensions tend to increase, psychic anxiety decreases. Therefore, the hypothesis was partially confirmed showing that there was a significant negative correlation between EI and psychic anxiety. Establishing that, if there is a negative relationship between the two psychological constructs, i.e., if a person has a higher level of EI, he/she would have lower levels of anxiety.

In relation to the second objective of this study, which aimed to differentiate the anxiety levels of caregiver and non-caregiver students, the Mann-Whitney U test for independent samples showed no significant differences in the levels of psychic anxiety, the levels of somatic anxiety, and all four EI dimensions between caregiver and non-caregiver students ($U = .923$ and $p > .05$ and $U = .345$ and $p < .05$ for caregivers and non-caregivers, respectively). This, the null hypothesis of no significant differences in emotional intelligence and anxiety for caregiver and non-caregiver students is accepted. In other words, students who had and who did not have a caregiver role were no different from each other in emotional intelligence and anxiety.

Discussion

The first objective of our study was to establish whether there was a relationship between anxiety levels and EI in university students. The results indicated that there was an inverse and statistically significant correlation between anxiety and EI; that is, the higher the EI, the lower the anxiety experienced.

The results obtained coincide with those presented in the study by Amaya et al. (2011), which reported an inverse relationship between emotional understanding and anxiety as a state and as a trait. This finding suggests that the greater the emotional understanding, the lower the anxiety as a state and trait. The same study found an inverse relationship between emotional regulation and anxiety as a state and trait as well; that is, the greater the emotional regulation, the lower the anxiety-state and trait-, and vice versa.

Similarly, Guerrero-Barona et al. (2019) found negative correlations between all self-concept dimensions and anxiety. Emotional intelligence was related to physical and social self-concept. Sosa Baltasar (2014) analyzed the levels of emotional intelligence self-concept in university students and his results resemble that of our study. In his work he found a negative relationship between anxiety and self-concept.

Regarding the second objective, we analyzed whether there were group differences between caregivers and non-caregivers in their levels of anxiety and emotional intelligence. Our study did not find any statistically significant differences between both groups for both variables. Despite the lack of differences between the two groups, it was possible to establish that students who participated in the study reported an adequate level of emotional intelligence. This finding coincided with that of Amaya et al. (2011), who also worked with a sample of students like ours.

The literature on informal university caregivers is practically null. Most studies, such as the one by Cerquera Córdoba and Galvis Aparicio (2014), focus on formal caregivers and emotional intelligence, where emotional intelligence is shown to be

a significant component for caregiver well-being. The condition of informality and lack of training as occurred with university students, however, does not seem to be an obstacle for them to develop and have an adequate level of emotional intelligence.

Among the limitations of our study, there are at least three. First, the type of sampling used does not allow us to generalize the results obtained. Second, our sample focused only on university students due to the difficult access to participants from other populations during the health emergency of COVID-19. Third, we had to adjust the instruments used to the format of Google Forms and this could have interfered with the reported responses and some psychometric characteristics of the instruments. Because of these limitations, we suggest replicating the study by applying other types of evaluation techniques to verify the results obtained in this work.

Finally, we would like to emphasize the relationship between anxiety and emotional intelligence. Given that our study and others have found an inverse association between the variables of anxiety and emotional intelligence, we can posit that such relationship occurs regardless of personal characteristics such as being a university student or a caregiver. That is, this relationship should typically apply without population discrimination. However, we consider it important to continue studying this inverse relationship to identify conditions that may change this pattern. In addition, we suggest that future research identify other variables such as emotional intelligence to discover other forms of coping and resilience in new normal after the COVID-19 pandemic.

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Chapter 5

The Impact of Virtual Social Contact on Mental Health During the COVID-19 Pandemic in Mexico



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Introduction

A key measure to control SARS-CoV-2 transmission was physical distancing and residential containment (Jacobson et al., 2020). In Mexico, containment went into effect the third week of March 2020. All activities considered nonessential, including education and most jobs, changed from face-to-face to virtual. This drastically decreased face-to-face social interactions, and made the context of job, economic and health uncertainty more difficult. The effect of social interactions maintained virtually, in many cases replacing most social interactions, was previously unknown. However, it is speculated that the loss of social ties will have negative effects on mental health (Usher et al., 2020).

We know that social interactions have a positive effect on physical and mental health. For example, Cohen et al. (1997) showed experimental evidence that frequent contact with friends, family, co-workers, and the community has a positive effect on physical health, specifically the immune system. They proved that healthy participants resist a rhinovirus infection more the greater the diversity of social ties they have. Social ties also have a beneficial effect on the cardiovascular, endocrine, and immune systems (Uchino, 2004) and are an important component of happiness, because they increase our cognitive abilities and life satisfaction (Cacioppo et al.,

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2011). Loneliness, on the other hand, is associated with lower mental health (Duke, 2017). In studying Mexicans, Díaz-Guerrero (1986) found that social life is as important as economic variables in subjective well-being.

Given the importance of social ties on physical and mental health, and the as yet unknown effect of social ties maintained virtually, the present study aimed to: (a) compare the influence on mental health and happiness of face-to-face social contact with virtual contact via cell phone calls, video calls, and text messages; and (b) identify whether virtual social contact buffered the impact of the circumstances experienced during the pandemic on mental health and subjective well-being. According to our hypotheses, we expected that mental health and subjective well-being would be positively associated with the frequency of interaction with others, and that virtual contact would have a positive effect on people's mental health and subjective well-being.

Method

Sample

A total of 852 Mexican adults participated in the study. About 82.3% were females and the remaining 17.7% were males. All reported ages ranging from 18 to 76 years ($M = 30.58$, $SD = 8.57$).

Instrument

Subjective well-being was measured with indicators of life satisfaction and positive emotions. First, the question, "These days, how satisfied are you with your life in general?" was used, where 1 was "Not at all satisfied" and 7 was "Completely satisfied" (Diener et al., 2010). The Cantril Ladder or *Self-Anchoring Striving Scale* (SASS) was then used, which consists of a drawing of a ladder with 10 rungs, where the lowest part of the ladder represents the worst life one could have and the highest part the best life one could have. Participants indicate the rung where they are in the present, thus indicating their level of satisfaction with life (Galindez & Casas, 2010). Two questions were used to measure positive emotions: "Did you enjoy yesterday very much?" and "Did you laugh or laugh a lot yesterday?". Both were answered with yes or no (Diener et al., 2010). Finally, subjective happiness was measured (Lyubomirsky & Lepper, 1999) with two questions measuring the feeling of happiness with respect to other people: the first one "In general I consider myself" which is answered on a 7-point Likert-type scale from 1 *a not very happy person* to 7 *a very happy person* and the second question "Compared to most of my peers, I consider myself" which is answered on a 7-point Likert-type scale from *less happy* to *happier*.

The mental health indicators measured were depression, anxiety, psychosomatic symptoms, and negative emotions. We used the *Hospital Anxiety and Depression*

Scale (HADS) to measure depression and anxiety with 14 items, divided into 7 items per subscale. This scale describes situations that could be experienced in the last 2 weeks and the response options range from 1 “Never” to 4 “Most of the time” (Yamamoto-Furusho et al., 2018). The *Patient Health Questionnaire (PHQ15)* assesses the presence of physical symptoms (e.g., headache) during the past 4 weeks (Ros et al., 2010) by 15 items. To measure negative emotions, we used four questions that asked whether worry, sadness, depression, and anger had been experienced the previous day. Responses were either yes or no (Diener et al., 2010).

For the study we used a modified version of the *Social Network Index* (Cohen et al., 1997), which has 38 items that measure the number of conversations at least once every 2 weeks with 10 social spheres: in-laws, children, parents, siblings, relatives, close friends, coworkers, classmates, church mates, and other relevant group. It was modified to typify contact in three ways: face-to-face contact (in face-to-face format), and virtual contact via video call or cell phone call and messages.

Finally, we measured the degree to which people were affected by the pandemic using two questions, a qualitative one, “*What is the most difficult thing you have had to live through during the pandemic?*” and a quantitative one, “*How much do you feel you have been emotionally affected by the pandemic?*” which had a scale of 1 (*not at all*) to 10 (*very much*).

Cronbach’s alpha coefficient was used to verify the internal consistency of the instruments. The results obtained indicated that the internal consistency coefficients for the instruments used were adequate: Subjective Well-Being (alpha = .88), Negative Emotions (alpha = .73), Positive Emotions (alpha = .70), HADS depression subscale (alpha = .82), HADS anxiety subscale (alpha = .85) and PH15 (alpha = .81). Regarding social contact, the contacts reported as most frequently were face-to-face ($M = 9.49$, $SD = 5.80$), followed by text messages ($M = 6.82$, $SD = 4.53$) and calls ($M = 8.94$, $SD = 4.64$).

Procedure

Due to the restrictions of physical and social isolation, the instruments were given virtually through the Google Forms platform during the first 2 weeks of July 2020, to Mexicans who were 18 years old or older at the time the survey was implemented. Those who decided to participate voluntarily were provided with a link to access and respond to the informed consent and the research instrument. The approximate time to respond to the instrument was 15 min.

Analysis

Using the higher and lower thirds of responses to the question “How much do you think the pandemic has affected you emotionally?” two groups were constructed: a group with high pandemic affect HPIG and a group with low pandemic affect

LPIG. Mental health indicators were also explored in both groups and the most difficult situations experienced during the pandemic were qualitatively analyzed. To test the hypotheses of the effects of social contact on mental health, two structural equation models were performed using the maximum likelihood estimation method with the AMOS 22 program. In the first model, indicators of subjective well-being were grouped into a single latent variable named well-being. In the second model, mental health indicators were grouped into a latent variable named mental health deterioration. Both latent variables were treated as dependent variables, explained by the social contact index obtained. Subsequently, model comparisons were made between the HPIG and the LPIG.

Results

High and Low Pandemic Impact Groups

An ANOVA was conducted with HPIG and LPIG to compare their levels of reported emotional distress. The differences were significant. Likewise, each of the groups was characterized in their levels of subjective well-being, mental health and number of social contacts. Significant differences were found for all indicators of mental health and subjective well-being (Table 5.1). Regarding social ties, there were only significant differences in the number of face-to-face contacts, with the LPIG having more contacts.

Table 5.1 Mental health, subjective well-being, and social ties in HPIG and LPIG

	Indicator	HPIG		LPIG		<i>F</i>	<i>p</i>	η
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
	Emotional impact of the pandemic	8.80	.82	3.43	1.28	3984.44	< .001	.867
Subjective Well-being	Satisfaction with life	4.55	1.38	5.52	1.19	81.312	< .001	.118
	Positive emotions	.90	.87	1.30	.83	32.057	< .001	.050
	Cantril ladder	6.61	1.72	7.57	1.40	52.73	< .001	.080
Mental health	Negative emotions	1.87	1.41	.86	1.15	85.975	< .001	.124
	Depression	8.94	4.14	4.25	3.53	213.254	< .001	.259
	Anxiety	10.68	4.38	5.53	3.78	227.542	< .001	.272
	Physical symptoms	1.83	.35	1.51	.30	132.952	< .001	.179
Social bonds	Face-to-face contact	9.12	5.62	10.43	6.26	7.294	.007	.012
	Calling/video calls	6.82	4.44	7.01	4.74	.265	.607	.000
	Text messages	8.82	4.75	9.38	4.78	1.97	.160	.003

Note: HPIG, group with high pandemic impact. LPIG, group with low pandemic impact

Table 5.2 Issues faced during the pandemic and degree of impact

1.1.Issues	Self-reported level of pandemic impact groups			
	HPIG		LPIG	
	Frequency	%	Frequency	%
1. Disruption of social ties	51	14.4	39	16.3
2. Feeling of loss of freedom due to confinement	53	15.0	30	12.6
3. Financial problems and debts	32	9.0	20	8.4
4. Concern about exposure to contagion	31	8.8	15	6.3
5. Loss of employment	36	10.2	9	3.8
6. Death of family members	25	7.1	10	4.2
7. Feeling of loneliness	19	5.4	10	4.2
8. Pandemic disruption of routine	15	4.2	11	4.6
9. Increased workload	16	4.5	12	5.0
10. Uncertainty	19	5.4	7	2.9
11. Lack of employment	14	4.0	4	1.7
12. Psychological disorders	22	6.2	6	2.5
13. Stress from online activities	16	4.5	8	3.3
14. Stress from living too long with family members	14	4.0	8	3.3
15. COVID-19	10	2.8	12	5.0
16. Children	11	3.1	9	3.8
17. Difficulty establishing a new routine	7	2.0	10	4.2
18. Family problems or conflicts	15	4.2	5	2.1
19. Reduced labor productivity	14	4.0	7	2.9
20. Illness in close relatives	13	3.7	6	2.5
21. Interruption of academic and personal projects	10	2.8	6	2.5
22. Accident or illness other than COVID-19	7	2.0	5	2.1

Note: Only categories with 2% or higher frequencies are reported. HPIG, group with high pandemic impact. LPIG, group with low pandemic impact

Overall, HPIG showed lower levels of subjective well-being and more impaired mental health than LPIG. Regarding the parameters established by the HADS (Yamamoto-Furusho et al., 2018), LPIG showed normal levels of depression and anxiety and HPIG borderline levels of depression and anxiety.

In order to characterize the type of problems that each person was experiencing according to their self-reported level of being affected by the pandemic (high or low), responses to the question “*What has been the most difficult thing you have had to experience during the pandemic?*” were categorized (Table 5.2). HPIG were most frequently experiencing job loss, death of family and acquaintances, feeling that confinement diminishes freedom, uncertainty about the future, various psychological disorders, such as anxiety and depression, and feeling lonely. See Appendix for an explanation of the categories.

Social Contact and Welfare

The model testing the effects of social contact indicators on well-being explained 13% of the variance, derived from the effects of face-to-face contact ($C.R. = 5.25, p < .001$) and text messaging ($C.R. = 2.57, p = .010$). The indicator for calls and video calls had no significant effect ($C.R. = 1.02, p = .306$). All factor loadings of the latent variable were significant ($C.R.$ values >12.99 , with p values $< .001$). Model goodness-of-fit indicators were adequate ($GFI = .98, AGFI = .97, CFI = .99, RMSEA = .051$ [$90\% CI = .03, .07$]), with the exception of the χ^2 ($\chi^2 = 32.28, gl = 10, p < .001$) and RMR ($RMR = .164$) indicators (Fig. 5.1).

In the comparison, a higher r^2 was observed in HPIG ($r^2 = 15$) than in LPIG ($r^2 = 11$), and changes in the effects of the independent variables. In LPIG, well-being is explained by face-to-face contact ($C.R. = 2.19, p = .02$) and calls/video calls ($C.R. = 2.05, p = .04$), but not by text messages ($C.R. = -.223, p = .82$); whereas in HPIG the effects of calls/video calls ($C.R. = 1.50, p = .13$) and messages ($C.R. = 1.77, p = .07$) are statistically irrelevant, leaving face-to-face contact ($C.R. = 2.65, p < .01$) as the only explanatory factor for 15% of the variance. That is, for the highly affected group, well-being was only benefited by face-to-face contact whereas, for the low affected group, well-being was benefited by both face-to-face contact and calls/video calls.

Social Contact and Mental Health Deterioration

The model testing the effects of social contact indicators on mental health explained 7% of the variance, derived from the effects of face-to-face contact ($C.R. = -4.76, p < .01$) and texting ($C.R. = -3.12, p < .01$). Both had negative effects, indicating that health deteriorates more the less face-to-face contact and the less texting. The

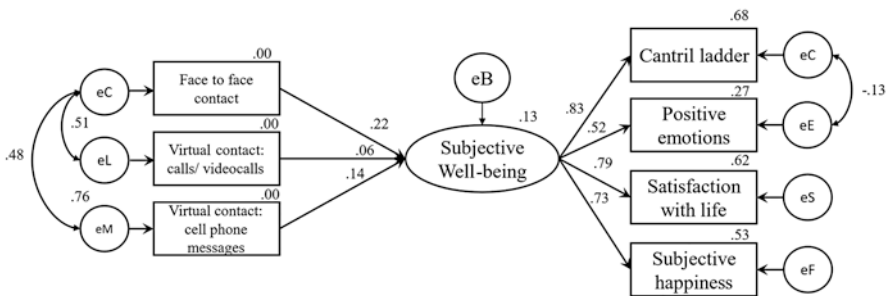


Fig. 5.1 Structural equation modeling to test the effects of social contact indicators (face-to-face contact, calls/video calls and messages) on well-being
Note: The model explains together 6% of the variance of the latent variable. Unstandardized values are shown.

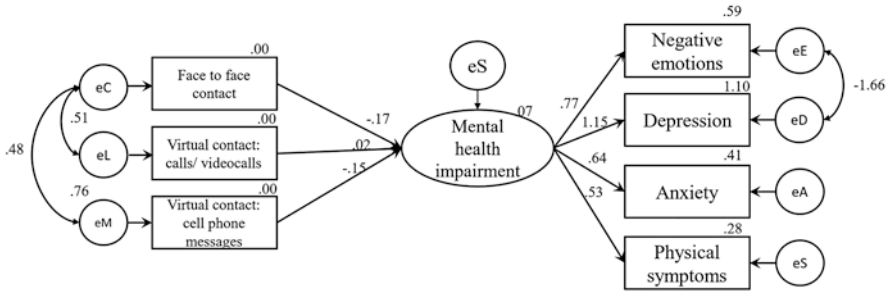


Fig. 5.2 Structural equation modeling to test the effects of indicators of social contact (face-to-face contact, calls/video calls, and text messages) on mental health impairment (health)
Note: The model explains together 6% of the variance of the latent variable. Unstandardized values are shown.

path of calls/video calls was not statistically significant ($C.R. = .50, p = .61$). The loadings of the indicators on the latent variable were all statistically significant ($C.R.$ values >6.63 , with p values $< .001$). Model goodness-of-fit indicators were adequate ($Chi^2 = 13.40, gl = 9, p = .14; GFI = .98, AGFI = .94, CFI = .98, RMSEA = .02$ [90% CI $< .01, .04$]), except for the RMR indicator ($RMR = .22$) (Kline, 2016) (Fig. 5.2).

For this model, the comparison between groups shows higher levels of explained variance in the HPIG (9%) than in the LPIG (5%). However, for LPIG none of the trajectories of social contact on mental health impairment proved to be statistically significant ($C.R.$ values $< .35, p$ values $> .27$). In the HPIG, explained variance derived from face-to-face contacts ($C.R. = -2.85, p < .01$), with nonsignificant trajectories for calls/video calls ($C.R. = - .41, p = .68$) and for cell phone messages ($C.R. = -1.85, p = .06$).

Diversity of Social Ties, Mental Health, and Subjective Well-Being

Finally, Pearson correlations were calculated between the diversity of social ties maintained in general, in person and virtually, and the indicators of mental health and subjective well-being. The diversity indicator was formed by adding one for each different group with which contact was maintained (e.g., friends, work group, etc.). The results showed a positive effect for diversity of group (Table 5.3).

Table 5.3 Correlations between diversity of social ties, mental health and subjective well-being

Variables	1	2	3	4	5	6	7	8	9	10
1. Life satisfaction	–									
2. Cantril ladder	.69**	–								
3. Positive emotions	.40**	.37**	–							
4. Depression	–.57**	–.52**	–.44**	–						
5. Anxiety	–.46**	–.40**	–.29**	.71**	–					
6. Physical symptoms	–.36**	–.33**	–.27**	.61**	.68**	–				
7. Negative emotions	–.45**	–.34**	–.41**	.57**	.53**	.45**	–			
8. Diversity of social ties (DST)	.24**	.27**	.15**	–.22**	–.13**	–.09*	–.14**	–		
9. DLS via face-to-face	.07	.05	.14**	–.10*	–.05	–.01	–.04	.25**	–	
10. DLS via call	.12**	.17**	.15**	–.14**	–.11**	–.07	–.07	.32**	.35**	–
11. DLS via text message	.13**	.17**	.13**	–.14**	–.07	–.02	–.03	.39**	.35**	.66**

Note: * $p < .05$; ** $p < .001$

Discussion

Those most vulnerable to the effects of the pandemic were people who lost their jobs, those who experienced the death of family members and acquaintances, and those who experienced confinement and physical distance as factors that diminished freedom. It was also very impactful for those who faced some psychological disorder and experienced loneliness. This impact was reflected in participants experiencing lower positive emotions, lower life satisfaction, greater physical symptoms (such as headache and back pain), and higher levels of anxiety and depression. This is consistent with early studies by other authors on the effects of the pandemic (Pfefferbaum & North, 2020). The present study found that people more affected by the pandemic had significantly fewer face-to-face interactions than those less affected and experienced greater loneliness. Loneliness has been strongly associated with mental health impairments, being a causal agent rather than the consequence of impaired mental health (Duke, 2017).

The main purpose of this study was to identify whether virtual social contact (via calls/video calls and cell phone messages) buffered the impact of the circumstances experienced during the pandemic on mental health and subjective well-being. While the results show that the subjective well-being of those most affected by the pandemic only benefited from face-to-face interactions, mental health-regardless of the level of impact of the pandemic-did benefit from cell phone messaging: the more text message conversations, the less physical symptoms, depression, and anxiety were present. In therapeutic contexts, writing about emotions has been found to have a positive effect on mental health (Graf et al., 2008), decreasing anxiety and depression. In addition, writing changes the view of the issues faced. In the future, the content of what people share should be explored to better explain this effect.

People with low pandemic affect were more likely to report experiencing a breakdown in social ties, experiencing COVID-19, and having trouble adjusting to a new routine. However, for all other problems, the incidence was much lower. In this group, face-to-face contact was the most important for maintaining mental health, but calls/video calls showed a significant effect on subjective well-being. This may be because voice calls (in contrast to written messages) tend to create deeper social bonds, plus they do not increase discomfort (Kumar & Epley, 2020). Finally, not only the number but the diversity of groups contacted had an effect on subjective well-being and mental health. This is consistent with Cohen et al. (1997) who found an effect of contact diversity on physical health.

In conclusion, face-to-face social contact continued to be the factor that explains the greatest presence of well-being and better mental health; however, social ties maintained virtually also have positive effects. Mental health benefits from written communication, specifically by cell phone messages. For those less affected by the consequences of the pandemic, subjective well-being benefited from phone and video calls. Being in contact (virtual or face-to-face) with diverse groups also showed a positive effect on well-being and mental health. We conclude that virtual contact (via cell phone calls and messages) benefits mental health and subjective well-being, partially buffering the negative effect of various problems.

Appendix

Issues experienced during the pandemic.

Issue	Definition
1	Missing seeing loved ones on a daily basis.
2	Feeling imprisoned by confinement and limitation of freedom.
3	Lack of money and debts.
4	Fear of having to go out and becoming infected. Exposure to people who do not follow care measures.
5	Layoff.
6	Death of family, friends, acquaintances, or pet.
7	Being and feeling alone.
8	Missing life before the onset of the pandemic.
9	Excessive workload and extended working hours.
10	Perceiving the future as highly uncertain.
11	Decrease in work.
12	Exacerbation or onset of psychological disorders, such as depression.
13	Stress of adjusting to remote work or classes.
14	Excessive cohabitation with the family. Need for personal space.
15	Experiencing COVID-19 in first person or with close family members.
16	Balancing the workday with childcare. Stress from helping children with school.
17	Difficulty in reorganizing schedules, change of habits and overload of chores.

Issue	Definition
18	Conflicts and domestic violence.
19	Concern about lower productivity at work or at school.
20	Disease other than COVID-19.
21	Interruption of projects due to confinement.
22	Suffering in the first person or close relatives an illness or accident that seriously affects health.

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Chapter 6

Relationship Between Subjective Well-Being, Living Conditions, Anxiety/Depression, and Drug Use in Mexican Adults in the Early Stage of the COVID-19 Pandemic



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Introduction

Globally, to a greater or lesser extent, the contingency caused by COVID-19 since 2020 has disrupted the economic, social, and personal lives of countless individuals. This situation had repercussions at the macro and micro-social level, where the economic and health crises have brought about alterations in daily behaviors across different contexts in which individuals develop: health, work, leisure, recreation, sports, etc.

At the psychological level, there is much to be understood about the repercussions of this situation on affective states and human behavior. The effects on physical health were palpable, however, the repercussions on mental health in the short and medium term were still being understood. In addition, immersion in digital contexts to maintain social and productive activities had also generated predominantly sedentary behaviors, which although adaptive, generated a series of effects on living conditions, health, and psychosocial well-being of people.

During the month of July 2020, the Economic Commission for Latin America and the Caribbean (ECLAC) and the Pan American Health Organization (PAHO, 2020) in their joint report COVID-19, highlighted that from the second quarter of that year Latin America became the epicenter of the pandemic, and given the socio-economic conditions prevailing in the region, there was an urgent need to generate social protection measures, where social welfare and mental health would be managed in an integrated manner, in order to mitigate the psychosocial risk factors exacerbated by the social confinement of the pandemic (PAHO, 2020).

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Regarding mental health, one of the first studies that explored the issue because of the pandemic was precisely in Asia, in the city of Wuhan, China. The study was conducted with medical and nursing personnel, who faced a high risk of infection, fatigue due to long working hours, isolation due to contact with potentially infected patients and consequently lack of contact with their families. In the same study it was found that about 63% presented some alteration in their mental health, such as stress, anxiety, depression, insomnia, anger, and fear of infection (Kang et al., 2020).

On the other hand, Ho et al. (2020) found a substantial increase in negative emotions such as anxiety, depression, and indignation in the population that up to the time of the study had not directly suffered the disease during confinement. Likewise, studies conducted in Europe, North America and South America have recorded an increase in uncertainty, insomnia, anger, fear of infection, isolation, anxiety disorders, depression, somatization, and perception of loss of health (Huarcaya-Victoria, 2020).

Numerous reports indicated that the psychological characteristics that surfaced most frequently had to do with the perception of a high intensity of stress, post-traumatic stress, anxiety symptoms and depression. It should be noted that these factors operated as important predictors of the use of psychoactive substances, particularly the use and abuse of illicit drugs in certain Mexican population groups (adolescents and young adults, for example; Arellanez Hernández et al., 2017), so that a certain increase in the consumption of alcohol and tobacco would be expected as a way to mitigate emotional distress in the context of the pandemic. In line with Shigemura et al. (2020), it should be examined whether the same would happen with the use of illicit drugs.

In Mexico, the number of positive cases during the first 15 days of November 2020 had reached a little more than 1.1 million people and deaths had reached 114 thousand (Secretaría de Salud, 2020). With these figures, Mexico ranked eleventh worldwide and fifth in the Americas, below the United States, Brazil, Argentina, and Colombia (Statista, 2020).

Since substance use and mental health are two priority areas of public health in Mexico, it was important to conduct empirical research investigating psychosocial factors associated with substance use and mental health deterioration in the Mexican population in the context of the pandemic. In the field of psychology, one approach to research this link involves establishing relationships between psychosocial risk factors and psychoactive substance use, including individual variables (e.g., emotional states such as anxiety and depression, as well as the perception of subjective well-being), micro-social variables (e.g., interpersonal violence and family dynamics), and macro-social variables (e.g., such as living conditions, socioeconomic variables, education, and health). From a multidimensional approach, we expect to gain important insights about the pandemic, but also of the coping strategies capable of promoting emotional resilience that can inform better forms of care and intervention at different times. The main objective of our research was to explore the relationships between the perception of subjective well-being, living conditions, and the presence of anxiety and depression symptoms among Mexican adults who were users and non-users of illicit drugs.

Method

Design

Quantitative, cross-sectional, non-experimental, correlational, ex post facto, quantitative study.

Sample

Through a non-probabilistic sampling method, an online survey was administered between June and July 2020 to a total of 376 Mexicans between the ages of 18 and 40 years old ($M = 26.9$, $SD = 6.75$). About 76.6% were females and 23.4% were males.

Instrument

A specific instrument was designed for the study with the following sections: (1) Subjective well-being and living conditions scale. It included four indicators that explored the participants' living conditions (i.e., school level, occupation, monthly family income and access to health services). (2) A total of 29 questions were used to measure subjective well-being from four subscales: happiness and life satisfaction, personal well-being, satisfaction with life domains and satisfaction with public goods and services, with a five-point Likert-type response format (Beltrán Guerra & Arellanez Hernández, 2020); (3) Goldberg Anxiety and Depression Scale. It consists of two subscales, one for the detection of anxiety symptoms and the other for depression. Each consists of nine questions with a dichotomous response option. Both subscales have been adapted to the Mexican population (Montón et al., 1993); and (4) Block of questions on the use of illicit drugs such as marijuana, cocaine, inhalants, crystal meth, heroin, among others. Specifically for the scales, an analysis was carried out to corroborate their psychometric quality, finding high reliability (Cronbach's Alpha above 0.75) and high validity (factor analysis, with theoretically well-defined clusters, which explained about 55% of the variance).

Procedure and Ethical Considerations

A digital survey was developed on the Google Forms platform, whose cover page presented the informed consent, described the objective of the study and guaranteed the anonymity and confidentiality of the responses, in accordance with international

ethical guidelines in human research (Secretaría de Salud, 2013). The survey was distributed through various digital social networks, including Facebook, WhatsApp, and email. All those who participated in the study were informed of the availability of the results, once the research was concluded, on the website of the Universidad Veracruzana, Mexico.

Results

According to the results, 16.2% reported having consumed on at least one occasion some illegal drug, such as marijuana, cocaine, crack, inhalants, heroin, among others (Drug Users group). A total of 83.8% denied having used any substance (Nonusers group).

Participants' Sociodemographic Characteristics

The Non-users group included significantly more females (81.3%) than males (18.7%), while the Drug Users group was more balanced with 52.5% females versus 47.5% males, $\chi^2(1) = 23.66, p = .000$. In terms of age, the non-Users group reported a significantly older mean age compared to that of the Illicit Drug Users ($M = 27.4, SD = 6.96$ vs. $24.6, SD = 5.01$), t de Student (110.16) = 3.72, $p = .000$.

Participants' Indicators of Living Conditions

Regarding the indicators that evaluate living conditions, it was found that the group of non-users had a significantly higher level of schooling, specifically graduate studies, compared to the group of illicit drug users, in which a bachelor's degree was predominant, $\chi^2(5) = 12.19, p = .032$ (Table 6.1). On the other hand, the group of non-users reported a slightly higher percentage of people with a job (paid or unpaid), while a slightly higher percentage of illicit drug users reported studying only (Table 6.1).

Regarding the participants' reported monthly household income, it was found that this was slightly higher in the group of non-users compared to the group of illicit drug users (Table 6.1). Finally, it was observed that, although both groups had access to government health services, a quarter of the people in the group of illicit drug users lacked precisely this type of service.

Table 6.1 Percentage of indicators of living conditions by group condition

Demographic variables	Nondrug users	Drug users
<i>Educational attainment</i>		
Postgraduate	15.0	3.2
College/University	75.2	86.9
High school	9.5	8.2
Below high school	0.3	1.6
<i>Occupation</i>		
Employee	43.2	32.8
Head of household	7.3	1.6
Student and employee	14.9	16.4
Student	32.4	44.3
Do not study or do not work	2.2	4.9
<i>Monthly household income (in U.S. dollars)</i>		
US\$2369.23 or more	2.5	1.6
US\$2132.29 – US\$2369.22	1.9	4.9
US\$1888.91 – US\$2132.29	0.3	1.6
US\$1654.30 – US\$1888.90	2.2	–
US\$1417.11 – US\$1654.29	3.5	6.6
US\$1180.92 – US\$1417.10	7.6	1.6
US\$944.74 – US\$1180.91	9.5	4.9
US\$708.29 – US\$944.73	13.7	16.4
US\$472.19 – US\$708.28	18.1	14.8
US\$236.17 – US\$472.18	23.5	27.9
US\$0.00 – US\$236.16	17.1	19.7
<i>Access to health services</i>		
Through government institutions	73.0	65.6
Through private institutions	13.0	11.5
Without access	14.0	23.0

Note: US = US dollar. Amounts are expressed in U.S. dollars considering an exchange rate of \$21.17 Mexican pesos to one U.S. dollar as of October 20, 2020

Perception of Participants' Subjective Wellbeing

Regarding indicators of well-being, which were measured on a rating scale of one to five points, it was found that those who reported having used illegal drugs had significantly lower levels of happiness and life satisfaction, lower personal well-being, and lower satisfaction with life domains (Table 6.2).

Table 6.2 Mean scores and standard deviation of the perception of subjective wellbeing by group condition

	Nondrug users		Drug users		<i>t</i> (374)
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Happiness and life satisfaction	3.6	0.95	3.1	1.10	3.25*
Personal wellness	3.4	0.85	3.0	0.91	3.66*
Satisfaction with life domains	3.1	1.01	2.8	0.97	2.61*
Satisfaction with public goods and services	1.9	0.79	1.8	0.71	0.53*

Note: * = $p < .01$

Table 6.3 Prevalence percentages of anxiety and depressive symptoms by group condition

	Nondrug users	Drug users
Anxiety	37.5	45.9
Depression	62.9	80.3

Síntomas de ansiedad y depresión por grupo de estudio

Regardless of the condition of the group (users vs. non-users), the high prevalence of anxiety symptoms stands out. However, among those who reported having used drugs, slightly higher anxiety characteristics were observed in comparison with those who did not report having used drugs (Table 6.3). A high percentage of depressive symptoms also stood out in both groups, although it is noteworthy that people in the group of illicit drug users had significantly higher percentages of this type of symptoms, $\chi^2(1) = 6.92, p = .009$.

Discussion

Our findings indicated that participants who reported having consumed any illicit drug presented a greater deterioration in their mental health. The disruption of the pandemic seems to have substantially disrupted their living conditions, their physical mobility and, therefore, their social interaction. This negatively affected the family economy and the interaction between the different social groups whose daily coexistence experienced readjustments, thus generating uncertainty and leading to lower levels of subjective wellbeing, which is consistent with the PAHO report (2020).

Although an adverse psychosocial context is recognized, those who had not used illicit drugs showed a greater degree of happiness, life satisfaction and personal wellbeing, as well as better quality of life outcomes. On the other hand, those who had used drugs reported a significant number of anxiety and depression symptoms (Huarcaya-Victoria, 2020; Kang et al., 2020; Shigemura et al., 2020).

The results indicated that the population participating in the study had favorable living conditions prior to the pandemic, which favored their levels of well-being, given that most of them had levels of education above the national average, which is 9.2 grades of schooling on average as reported by the National Institute of Statistics and Geography of Mexico (INEGI, 2015). They also possessed a stable occupational activity, as most of them were either gainfully employed or studying. Likewise, a considerable percentage of participants reported a household income higher than the national average (more than US\$787.00; INEGI, 2018) as well as access to health services. It is worth noting that those who used any drug reported greater precariousness in their living conditions.

We consider that the COVID-19 pandemic affected levels of well-being in an accelerated manner, given that the perception of happiness and life satisfaction, personal well-being and satisfaction with life domains decreased. A previous study in adult Mexican population whose sample was very similar to ours, identified higher levels of subjective well-being and quality of life (Beltrán Guerra et al., 2016).

Our study corroborated the high presence of anxiety symptoms (about half of the participants) and depression (more than two thirds), as well as emotional disorders which were above the national average. According to the National Survey of Psychiatric Epidemiology in Mexico (Medina-Mora et al., 2007), 14.3% of the Mexican population had suffered from anxiety and 9.2% from any affective disorder, including depression. It also corroborated what authors from other countries had found regarding the substantial increase in anxiety and depression symptoms in the adult population associated with the COVID-19 health emergency (Huaracaya-Victoria, 2020; Kang et al., 2020; Shigemura et al., 2020).

Our findings should be replicated in a broader sociocultural context among the Mexican population to validate the results obtained and propose guidelines for the design of culturally sensitive interventions that could have an impact on people's mental health during the current context and the post-pandemic period. Therefore, it is important to establish healthy social practices and help strengthen psychosocial factors that would allow greater emotional stability among different groups within the Mexican population. In this way, interdisciplinary evidence-based interventions can be developed, and public policies and international agreements can be reached for the benefit of the mental health of the population in complex scenarios such as those posed by the COVID-19 pandemic.

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Chapter 7

Perceptions of Work-Related Stress Factors in Brazilian Public University Employees at the Beginning of the COVID-19 Pandemic



Mariana Valls Atz and Eduardo Remor

Introduction

The COVID-19 pandemic impacted the lives of thousands of people and caused drastic changes in work and organizations. As of mid-March 2020, several regions in Brazil instituted measures to prevent contagion, including the suspension of social activities and face-to-face classes, as well as the implementation of telecommuting of services considered non-essential. Such measures affected the context and work organization of most workers, including university workers, who unexpectedly found themselves with cancelled classes, mandatory remote work, and reorganization of emergency activities. Given this reality, it was essential that the measures adopted by each organization be discussed according to each work activity, to ensure working conditions that would reduce the transmission of the virus, without endangering the health of workers.

The COVID-19 pandemic led to major changes and adaptations in the world of work. Although it is not possible to determine whether such changes will be permanent, repercussions for mental health (Moreira et al., 2020), for lifestyle (Balanzá-Martínez et al., 2020), for work and organizations (von Gaudecker et al., 2020), among other aspects, had already been reported. In particular, the mandatory home-office model raised discussions about the psychosocial impact of the pandemic on the general population (Shimazu et al., 2020).

Prasad and others (2020), for example, analyzed the effect of occupational stress and remote work on the psychological well-being of employees of an information technology company during the pandemic in India. In this paper the authors suggest that the employer should organize remote work options to minimize the negative effects of stress on employees. Another study in the United States (Hayes et al., 2020) investigated the relationships between remote work, stress and burnout

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caused by social distancing and housekeeping efforts during the COVID-19 pandemic. The results suggested that working from home may generate more stress and burnout, which challenges the trend of making remote work more permanent. Also, other issues important to workers' health have gained prominence in the literature, such as the work-family interface, management support, and the impact of digital transformation on the workforce (Sinclair et al., 2020).

In the context of Latin America and the Caribbean, a scenario of dangerous economic recession is emerging during and after the pandemic, with important implications for the world of work (Lanchimba et al., 2020). Analyzing this period of transition and crisis may provide directions for future research. Latin American studies are essential to contribute to the understanding of the psychosocial consequences of the pandemic on the ways of working and the health of workers, to guide policies and organizations. In this sense, the present study aims to analyze the perception of workers of a public university on psychosocial factors at work and on work stress in the first weeks of mandatory remote work during the COVID-19 pandemic.

Method

Sample

We conducted a cross-sectional study, whose target population was the workers of a public university in southern Brazil, which had about 5470 workers. All workers were invited to participate via institutional e-mail, with prior authorization from the academic authorities. The following conditions were defined as exclusion criteria: absence from work during the last 90 days; unfinished questionnaires ($n = 267$); maternity leave. Considering the criteria, a total of 898 employees participated anonymously and voluntarily in the study, of whom 59.5% were women, 53.2% were administrative technicians and 49.6% had doctorates. The sample is considered representative of the population, with a confidence level of 99% and a margin of error of 4%.

The sample was divided into two groups according to the response period. Group 1 included those participants who responded to the questionnaire before March 17, which was the day the emergency remote work and the interruption of classes at the university began. Group 2 included participants who responded to the questionnaire after March 24, 1 week after the beginning of the contagion prevention measures at the university. Because data collection ended on April 17, the analysis refers to the initial impact of the prevention measures on the perception of work stress and psychosocial factors at work.

Group 1 had 726 employees whose average age was 44.6 years. Group 2 had 172 employees and their average age was 41.7 years. The sociodemographic profile of each group is described in Table 7.1. As can be seen, both two groups differ substantially in the type of position (teaching and administrative).

Table 7.1 Distribution of sociodemographic variables according to each survey response period

Demographic variables	Grouping	
	Group 1 (n = 726)	Group 2 (n = 172)
<i>Age</i>		
19 to 39	39.7	27.9
40 to 49	23.3	26.2
50 or more	37.0	45.9
<i>Gender</i>		
Male	62.0	50.6
Female	38.0	47.4
<i>Civil status</i>		
Single	36.1	24.4
Married	50.1	65.7
Separated/Divorced	13.0	9.3
Widow	0.8	0.6
<i>Education</i>		
High School/Technical	4.5	4.1
College	12.4	5.8
Postgraduate	19.0	13.5
Master	18.5	9.3
Doctorate	45.6	67.4
<i>Occupation type</i>		
Teacher	42.8	64.5
Administrative	57.2	35.5
<i>Time of Service in the Institution</i>		
3 years or less	21.2	18.1
3 to 9 years	31.5	30.2
10 to 29 years	35.8	37.8
30 years or more	11.5	13.9

Note: Data in percentages. Total $N = 898$

Instrument

Two self-administered instruments were administered as part of this study. We collected sociodemographic information using an *ad hoc* questionnaire and measured the following characteristics: age, gender, civil status, education, schooling, occupation type, and length of service.

Work-related stress was assessed by the *Health Safety Executive-Indicator Tool* (HSE-IT). Developed in 2004 by the Health and Safety Executive, the official body responsible for the prevention of psychosocial risks in the United Kingdom. The instrument includes 35 items, distributed in seven dimensions related to psychosocial factors at work: HSE Demands, HSE Control, HSE Managerial Support, HSE Peer Support, HSE Relationships, HSE Role and HSE Change. The model uses a

Likert-type scale, with only one alternative for each item: (0) never, (1) rarely, (2) sometimes, (3) many times or (4) always. The instrument is intended as a measure of work-related stress and the score is calculated from the sum of all responses divided by the total number of items, ranging from 0 to 4, with the higher the score indicating lower individual's stress at work (Edwards et al., 2008). Two dimensions have negative items, which have been reversed to allow comparison between dimensions. This instrument was translated and validated in Brazil (de Lucca & Sobral, 2017), presenting adequate psychometric properties for use in research. In the present study, Cronbach's alpha of the instrument was 0.73.

Procedure and Ethical Considerations

The study was part of a broader research project focused on the analysis of biopsychosocial factors related to absenteeism-sickness of public workers. Data collection was conducted online through the Survey Monkey platform between January 28 and April 17, 2020. Invitations to participate were distributed through the institutional email of human resources. This study was approved by the Ethics Committee of the Psychology Institute of the Federal University of Rio Grande do Sul (CAAE 27808619.6.0000.5334). All participants gave their consent electronically.

Statistical Analysis

Statistical analysis of the data was performed with the Statistical Package for the Social Sciences (version 18.0). To analyze the results of job stress and the seven psychosocial factors between the two groups, before and during telecommuting, the nonparametric Mann-Whitney test for independent samples was used, due to the discrepancy between the size of the groups. A statistical significance of 0.05 was used. The calculation of effect size r (Rosenthal, 1991) was established, ranging from 0 to 1, with 0.10 to 0.29 being a small effect size; 0.30 to 0.50 being medium; and greater than 0.5 being high. Analyses were also performed in terms of gender, type of position, age, length of service and management role.

Results

The mean work-related stress (HSE-IT score) for Group 1 was 2.79 ($SD = 0.51$), indicating a trend toward lower stress levels in the workspace. For Group 2, the mean was 2.76 ($SD = 0.52$). To analyze the more immediate influence of mandatory remote work on the perception of work-related stress and the different dimensions

Table 7.2 Mean scores, standard deviations, and groups before (n = 726) and after (n = 172) the implementation of COVID-19 measures in university workers

	Group 1		Group 2		<i>U</i>	<i>p</i>	Effect Size (<i>r</i>)
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
HSE-IT score	2.79	0.51	2.76	0.52	60924.0	0.621	0.016
HSE Demands	2.61	0.60	2.47	0.60	54939.5	0.014	0.082
HSE Control	2.80	0.58	2.85	0.60	59011.0	0.261	0.038
HSE Managerial support	2.61	0.68	2.64	0.71	59424.5	0.323	0.033
HSE Peer support	2.85	0.83	2.78	0.82	59560.5	0.344	0.032
HSE relationships	2.77	0.70	2.61	0.80	56373.0	0.046	0.067
HSE Role	3.14	0.66	3.24	0.57	57823.0	0.129	0.051
HSE Change	2.85	0.72	2.88	0.72	60123.5	0.445	0.026

Note: Total *N* = 898

of the instrument, nonparametric Mann-Whitney *U* Tests for independent samples were performed. Table 7.2 summarizes the results.

The general perception of work-related stress did not show significant differences between the groups in the period studied; however, when analyzing each dimension of the instrument, two of them showed significant differences. The dimensions Demand and Relationships had lower means in the second group, indicating greater job stress. The Demand factor, on the one hand, refers to issues such as workload, work patterns, and work environment. The Relationships factor, on the other hand, includes the promotion of positive work to avoid conflict and deal with unacceptable behavior. Significantly lower means in Group 2 suggest a perception of higher workload during remote work and a work environment with greater difficulty in dealing with conflicts even in the non-face-to-face context. The other dimensions showed no significant differences between the groups.

Differences between the groups were analyzed, discriminating the categories of gender (male vs. female), position (teacher vs. administrative), age, and seniority in the institution. Again, non-parametric Mann-Whitney *U* Tests were performed for independent samples. Regarding the Demand dimension, women in Group 1 had a higher mean than women in Group 2 ($M = 2.55, SD = 0.65$ vs. $M = 2.41, SD = 0.63$), indicating a higher perceived work overload in the early period of the pandemic measures, $U = 16882.50, p = 0.042$, and $r = 0.087$. Workers with seniority between 3 and 9 years also showed significant differences with respect to Work Demand. People in this category in Group 2 perceived a greater workload than those in Group 1, $U = 4515.0, p = 0.006$, and $r = 0.16$.

Regarding Management Support, teachers in Group 1 had a lower mean score than teachers in Group 2 teachers ($M = 2.58, SD = 0.67$ vs. $M = 2.70, SD = 0.71$). The Management Support factor refers to the perception of the quality of support provided by the organization and manager. The analysis showed that teachers who responded during the remote work period (Median = 2.50) had a perception of greater support from leadership than those in Group 1 (Median = 2.37), $U = 14962.0, p = 0.036$, and $r = 0.10$. For their part, the administrative staff showed significant

differences in Peer Support, a dimension that refers to the incentive and resources provided by peers. Administrative staff in Group 1 had a higher mean score than administrative staff in Group 2 ($M = 2.99$, $SD = 0.81$ vs. $M = 2.79$, $SD = 0.80$). These results suggested that administrative staff who answered the instrument during remote work period (Median = 2.75) had a worse perception of the support provided by peers than those in Group 1 (Median = 2.87), $U = 10680.0$, $p = 0.047$, and $r = 0.09$. In relation to managers and groups compared by age, there were no statistically significant differences.

Discussion

Online work and social distancing resulting from the pandemic can have significant repercussions for the worker, such as job weakening, extended and intensified working hours, and job reconfiguration (Delfini et al., 2020). In addition, symptoms of depression and anxiety, work adjustment, work-family balance, and isolation are issues that were also accentuated by the pandemic (Amsalem et al., 2020). It is understood that such changes in the work context, even if transitory, can have consequences in the life of the worker.

The total work-related stress score showed no significant differences between Groups 1 and 2. This indicates that occupational stress is not only determined by the physical work environment but involves a variety of social and subjective aspects. Interestingly, two dimensions of the instrument had significant results: Demand and Work relationships. The second group demonstrated a higher perception of work/task demand than before the adoption of the prevention measures. The risks posed by work intensification have already been addressed in the literature, given that it is a process that weakens the individual and collective capacity to protect workers' health (Pina & Stotz, 2014).

In our study we found a higher perception of labor conflicts. These results do not seem surprising when it is understood that after the adoption of mandatory remote work, there was a period of adaptation among workers and the organization to the new work model. The data suggest that changes in the work environment, such as social distancing and remote work, may have negative effects on psychosocial factors at work, which reinforces the need for further studies, as well as the importance of good institutional practices in times of organizational crisis. Both work overload and damage to labor relations highlight the significant risk of precarious work. A deeper look at these issues is needed, as the processes of precarious work and worsening occupational health seem to have intensified with the pandemic (Souza, 2021).

Special attention is paid to the perception of workload between genders. While among men the results did not present significant results, among women there was a worsening of the perception of work demand in the remote work period. This result is in line with other research. For example, one study investigated how race and gender factors impacted Brazilian scientific output during the COVID-19 pandemic, showing that black women and white women with young children were

particularly affected (Staniscuaski et al., 2020). This result highlights the importance of discussing gender in the university work environment and reinforces the need for gender equality policies in the work context, especially in times of organizational change and crisis.

Another point to highlight is the difference in perceptions of support between teachers and administrative staff. Support from work relationships has a strong influence on the life of the individual and on the health of the worker. In this study, it was found that among teachers there was a perception of greater support from management during the period of mandatory remote work, which may indicate that among this professional category there was a greater perception of organizational support for the period of crisis. It is understood that the result may have been affected by the temporary suspension of teaching activities. Among administrative staff, there was a worsening perception of peer support during mandatory remote work, which may indicate the need for policies that foster support and positive peer relationships during periods of organizational change and crisis.

We would like to highlight some limitations of this study. As this is a cross-sectional study in a limited period, it is not possible to understand the long- and medium-term effects of the current pandemic context on the work model and workers' health. Therefore, the results cannot be generalized to more stable phases of work pattern change. Another limitation refers to the study population. Since they are public workers, characterized by the protection of job stability, it is likely that the results are related to this type of employment relationship. Therefore, it cannot be expected that other populations more vulnerable to layoffs and different labor requirements would show the same results. Finally, the research was based on self-report measures, and exclusively on a quantitative instrument to assess psychosocial risks.

Despite these limitations, the present study will contribute to a better understanding of the perception of public service workers during the emergency caused by COVID-19. It may also guide future research to better understand the effects of pandemics on the world of work. Future research should focus on the medium and long-term impact of the organizational changes resulting from the crisis to guide interventions and policies that provide adequate psychosocial conditions in the work environment in times of crisis and sudden organizational changes.

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Chapter 8

What Has COVID-19 Meant to People's Lives in Mexico, Brazil, Colombia, and Cuba? A Psychosocial Analysis Based on Semantic Networks



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Introduction

In December 2019, an increasing number of atypical pneumonia cases were reported in the Hubei Province in China. By January of the following year, the World Health Organization (WHO) was reporting that these cases were due to a new strain of coronavirus that was isolated and named 2019-nCoV. The response of the Chinese government was to create a sanitary fence in the locality with the aim of reducing the number of contagions, however, the number of confirmed cases continued to increase despite the border controls that began to be established by different countries around the world (Phelan et al., 2020).

Among the most common symptoms caused by this coronavirus were respiratory difficulties, while the most serious ones were respiratory failure, septic shock, and multiorgan dysfunction. For positive cases, the recommended procedure was isolation either in a hospital setting (if the symptoms were severe) or at home, both for the infected person and those who lived with him/her (Wu & McGoogan, 2019).

Specific clinical manifestations were variable and ranged from fever, cough, respiratory difficulties, and myalgia, to fatigue and pain in various parts of the body. Severe cases may present pulmonary, cardiac, or renal failure. Early mortality rates ranged from 0.5 to 3% according to the characteristics and variations of each country (Kluge et al., 2020).

When the virus crossed borders, the situation became complex for the countries, since, depending on the response of the health services, high numbers of infections and deaths were recorded (Neher et al., 2020), with China, Italy, Spain, and some Latin American countries being severely affected.

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The sanitary emergency soon became a pandemic and the WHO declared it as such in March 2020. In addition, the WHO proposed restrictive measures to attempt to control the number of contagions. Thus, since March 2020, several countries gradually adopted certain isolation measures, some being stricter than others (WHO, 2020).

As a result, the population was forced, by conviction or by law, to comply with the measures implemented and the indications of the authorities. These measures brought with them a series of effects in different areas, but this study deals with the psychological consequences. Although certain individuals or populations tended to suffer a greater number of effects, such as the medical and hospital services population, all humanity was not exempt from the various effects and changes associated with the pandemic.

The problems associated with COVID-19 in the field of mental health were stress, anxiety, depressive symptomatology, sleep problems, problems with emotion control, nervousness, job burnout, among others (Brooks et al., 2020; Zhang et al., 2020). These symptoms were considered more severe in specific populations, such as, for example, personnel working in health services (Jinag et al., 2020). This was due to the demands and direct care of patients infected with the virus, which exacerbated their psychological effects on this group. However, this exacerbation was by no means exclusive to hospital care personnel. A higher frequency of psychological distress was also reported in women, students and in those who reported having a perception of their health deteriorating. The variable of age was also a relevant factor, since people over 60 years of age and those between 20 and 30 years of age presented markedly more symptoms (Lozano, 2020).

These psychological impacts continued, given the course the pandemic took globally, the transmission characteristics, the prolonged quarantine measures, the physical consequences, and sequelae involved, the dissemination of information, and the responses that had been generated by the population (Gao et al., 2020; Jinag et al., 2020; Wang et al., 2020; Zhang et al., 2020). Various institutions at the international level set themselves the task of seeking alternative solutions to the new and previous problems that were exacerbated by COVID-19. Among these challenges were offering psychological help at different levels of care, generating research that allowed the rapid development of manuals on intervention alternatives, attending and nurturing the above in an efficient manner with new results from recent studies and understanding of the psychological impact that arose in different population groups, as well as other challenges pertaining to emotional well-being during this pandemic.

The present research was conducted with the objective of determining the psychological meaning conferred to the COVID-19 pandemic by people from Latin America from the countries of Mexico, Brazil, Colombia, and Cuba. A study with an exploratory scope and a non-experimental cross-sectional design was carried out using a hybrid analysis technique: natural semantic networks.

Method

Design

A non-experimental design was used because the study analyzed the phenomenon as it manifested itself in the natural context of the participants, without the manipulation of variables. In addition, the data were collected at a single moment with the purpose of describing the variable studied and analyzing its incidence at a given time (Hernández Sampieri et al., 2014).

Sample

The sample consisted of 100 participants, males and females between the ages of 25 and 60. The sample came from four countries, Mexico, Brazil, Colombia, and Cuba. We used non-probabilistic convenience sampling for our study.

Instrument

The semantic network technique was used, which consists of responding to a stimulus word or phrase (Vera-Noriega et al., 2005), which in this case was "What did COVID-19 represent for your life?". Participants were asked to list 10 words, which could be verbs, adverbs, nouns, adjectives, pronouns, and any other that they thought of in response to the question or stimulus. Subsequently, they were asked to rank all their responses, from the one they considered most important or related to the stimulus, to the one with the least relation to it. This process was developed through the assignment of numbers, one for the closest word, or the one that best defined the stimulus; two for the one that followed it in the relationship; three for the next one and so on until all the defining words they listed were hierarchically ranked.

Procedure

Data collection was carried out through an online survey using Google Forms. The survey was shared through social networks, through people known to the researchers, as well as on Internet pages and applications with the intention of reaching as many people as possible. Participants were asked to report a series of sociodemographic data such as age, sex, and nationality. No names, addresses or e-mail addresses were requested to comply with the principle of confidentiality. The data

collected were coded, organized, and processed using Microsoft Excel, which made it possible to analyze them to generate the results.

Methodological Approach

The research was carried out from an approach that can be considered mixed methods, since the initial qualitative approach requires the participants to think of words associated with a specific stimulus, but later the strategy of hierarchization and weighting of the words allows the development of quantitative elements.

The benefits of the quantitative perspective were the replicability of the results, the identification of trends in the responses that may allow the development of structured instruments, and the possibility of extending the application of the study for generalization. The qualitative approach allowed the analysis of the meanings that people conferred to the pandemic from the interpretation of their own realities and contexts, facilitating the interpretation of the phenomena according to the meanings they had for the people involved (Hernández Sampieri et al., 2014; Rodríguez Gómez et al., 2004).

Results

The analysis yielded 79 defining words, indicating that the meaning people had attached to the pandemic was related to a variety of terms that were both positive and negative. The defining words were classified according to hierarchy and level of saturation; that is, they were ranked from the most important word (i.e., the word with the greatest semantic weight) related to the evocative stimulus (i.e., What did COVID-19 represent for your life?) to the word with the least relation to it. Generally, the words ranked first were those related to emotional alterations, family, health, and current social conditions. The defining word with the greatest semantic weight was related to an unhealthy emotion: anxiety ($M = 311$). However, this Word also captured the essential meaning of the experience of the pandemic for many participants (see Table 8.1).

Although the COVID-19 pandemic was associated with disturbing emotional relationships for people, such as fear, uncertainty, stress, and sadness, it was also a time to be together with the family. Family togetherness was the second most important defining factor in the sample studied ($M = 309$).

With respect to the semantic distance that had to do with how distant some concepts were from others, we noted that those moved from anxiety to resistance. This indicated that although anxiety was one of the key experiences that participants underwent for several months during the pandemic, it was not considered a situation to be adapted to or resisted in its early stage. However, anxiety was reported by participants as an emotional disturbance closely related to the changes that had

Table 8.1 Stimulus phrase definers

Word definers	M	FMG
Anxiety	311	100
Family togetherness	309	99
Changes	265	85
Fear	255	82
Health	223	72
Uncertainty	201	65
Isolation	198	64
Opportunity	186	60
Stress	173	56
Sadness	157	50

Note: *M* Semantic weight, *FMG* Semantic distance

occurred and were about to occur, as well as to the fear experienced due to the health risks and uncertainty caused by the pandemic.

Discussion

The pandemic caused by COVID-19 not only affected people's physical health, but generated a series of changes in lifestyles, social, work, academic, and family relationships, to mention some of the most significant. These changes also had an important effect on people's emotions. This situation calls for interventions based on empirical effectiveness evidence, applied by different mental health specialists and that can be implemented in an accessible and safe way for the population.

By way of conclusion, we can say that the psychological meaning related to the pandemic for most people is essentially related is anxiety. What it means is that people perceived real and/or potential threats not only to their health, but also possibly to the future projects and dynamics of their daily lives.

From our results, it is possible to understand how the COVID-19 pandemic was considered as a crisis that generated great uncertainty, sadness and fear, and anxiety as reported by studies focusing on the psychological effects experienced by people around the world (Brooks et al., 2020; Zhang et al., 2020). However, the pandemic was also seen as a positive event that allowed experiences such as family togetherness, reflection, as well as a greater concern for individual and collective health. These positive aspects can be called protective factors and could be taken into consideration in the possible development of future psychological interventions.

The consequences of COVID-19 on the mental health of the world's population will remain a topic of great significance for years to come and, thus, we advocate for studies like ours to expand the understanding of true magnitude of the pandemic's impact on people's lives. The results reported here not only support the increase of information on the pandemic, but can also be replicated, expanded or used for

intervention objectives or to generate evidence of effectiveness in strategies that address the psychological meanings attached to COVID-19 in Latin American and beyond.

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Chapter 9

Professional and Occupational Perfectionism: A Protective and Psychosocial Risk Factor



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Introduction

Working conditions in relation to liberal capitalism have made instability, precariousness, employment, dismissal, or termination of contract, among others, to be perceived as permanent threats to job security. All this has inevitable consequences on the work, tasks, attitudes, behaviors, decisions, health risks, wellbeing, and quality of life of professionals. In this context, organizations foster processes of individualization, where professionals are mobilized by the ability to succeed and seek new achievements, but in the process, they exploit themselves.

In order to understand the forms and personal strategies that professionals use to deal with the current social, political, and cultural changes assumed by institutions, it is necessary to understand the naturalization of certain practices that contribute to the generation of negative consequences for the professional. Inadequate work dynamics and rhythms, for example, may lead a professional to think and express that they are fine, but in reality, they are not comfortable and at ease in their work. These organizational dynamics may affect people differentially based on individual vulnerabilities. Such is the case of perfectionism.

In this context, we ask ourselves: Who creates perfectionism, the organization, or the individual? It is often said that it is the subject who creates perfectionism, but institutions maintain and perpetuate it. Indeed, perfectionism was initially focused on the individual, on how they perceive their subjectivity, actions, and ways of coping with the new working conditions. However, it is possible to look back at organizations, so that some organizational implications can be reviewed.

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In this order of ideas, it is considered that institutions prefer perfectionist workers, i.e., professionals who work permanently with a high level of tension, causing the results that companies desire. There are organizations where perfectionism (as a virtue or as a vice in professionals) is assumed as a criterion for employability, where perfectionist characteristics and personality traits are demanded. These are companies that stimulate perfectionism from their organizational model: for example, in campaigns to choose the best worker model, the ideal employee, the model of the excellent worker, the one who sells more and attracts more clients, etc.

Similarly, it is observed that there are more workers with overtime, with or without a labor contract; that is, professionals who, motivated by the bosses or managers of the institution, assume the psychological contract as a measure of commitment and organizational citizenship. However, the health, safety and well-being of professionals are important both for the workers themselves and their families and for the productivity, competitiveness, sustainability of companies, the economy of countries and the world.

In this context, work overload is perceived as a state in which the person does not feel capable of fulfilling the obligations of the task. Faced with the real experience of too much work and too little time to do it, people may be eager to finish everything, urgently, without making mistakes and without leaving details pending, assuming perfectionist behaviors. With all this, on the one hand, they may feel calm and satisfied with their work, but on the other hand, they may experience exhaustion, stress, guilt, and discomfort.

Today's society promotes and generates the search for perfection, which can be harmful and detrimental to everyone. There is an erroneous belief that doing everything perfectly is a positive quality of the individual; however, it has been shown that people suffer and become ill when they set high and unrealistic standards and fail to meet them. This paper presents a review of the different categories of perfectionism and then analyzes its implications in the context of the COVID-19 pandemic.

Theories on Perfectionism

Perfectionism has scientific and social relevance and has been studied by different authors who have shown the close relationship of this construct with the etiology and maintenance of clinical emotional disorders, such as depression and anxiety, obsession, guilt, pessimism, among others. Perfectionism consists of the tendency to indefinitely improve a work, without considering it finished, and entails the will to do a perfect job.

From a philosophical perspective, Ferrater (2011) points out that the construct "Perfection" is related to the finished, completed, nothing is missing, nothing is left over, the best of its kind, there is nothing that can surpass it, to be what it is. In the psychological field, perfectionism is defined as a style or personality trait, characterized by the pursuit of excellence, disposition of excessively high standards,

accompanied by a self-evaluative and hypercritical tendency (Flett & Hewitt, 2002; Frost et al., 1990; Stoeber & Childs, 2011).

Curran and Hill (2019) proposed three dimensions of perfectionism: (1) Self-directed perfectionism: irrational attribution to one's own perfection, unrealistic self-expectations, and negative and punitive self-evaluations. When directed toward the self, individuals attach irrational importance to being perfect, have unrealistic expectations of themselves, and are punitive in their self-evaluations; (2) Other-oriented perfectionism: Imposition of unrealistic standards and exaggeratedly critical evaluation of others. When perceived as coming from others, individuals believe that their social context is excessively demanding, that others judge them harshly and that they must display perfection to secure approval; (3) Socially prescribed perfectionism: High standards are assumed. These do not arise on one's own initiative, but from the belief that others expect more of oneself. When perfectionistic expectations are directed towards others, individuals impose unrealistic standards on those around them and evaluate others critically (Bardone-Cone, 2007).

Within the framework of our work, it is important to consider two dimensions of perfectionism: professional perfectionism, understood as the maximum adjustment to the code of ethics of the profession, and labor perfectionism, which is related to the labor contract (contractual obligations of the organization) and the elements that make it up: functions, tasks, schedules, etc. Table 9.1 presents different theoretical models of perfectionism pointed out by Arana and Keegan (2014). There are other theoretical models that are defined by the organization, which can help to understand how professional and occupational perfectionism operates (see Table 9.1).

Fernández (2011) states that higher productivity is traditionally associated with a longer working day, the reality is that there is a negative relationship between the length of the average working day and work productivity. In other words, working longer hours tends to reduce the use made of each of them. Blanch (2014), meanwhile, raises and describes the impact of overload on three levels: personal, work, and social. At each of these levels, the different impacts can significantly affect work performance and people's daily lives, both in their family and social environment.

Conclusion

The COVID-19 pandemic increased psychological crises, as well as changes in relation to teleworking. These situations could lead to work overload and stimulate perfectionist behaviors. Nowhere is it written that one must work with perfectionism and achieve all goals at 100%, much less is it stated that high standards of accomplishment must be reached; these end up being self-imposed. Such situations can give rise to feelings of discomfort, guilt, doubt, uncertainty, presenteeism, absenteeism, burnout, etc. Therefore, it is necessary to pay attention to the warning signs to prevent illnesses and take care of mental health, psychological wellbeing,

Table 9.1 Theoretical models of perfectionism

Precursor models	Cognitive model	Concept of rigid style of thinking. Concept of specific vulnerability to depression.
	Self-discrepancy model	Vulnerability to an emotional state is associated with self-discrepancy.
Maintenance models	Clinical perfectionism model	Criticism of the psychometric emphasis. Action of a self-evaluative schema by the individual. Any perceived failure in the specific domain of standards would provoke self-criticism and the maintenance of a negative self-image. Approach of maintenance factors taken from automatic models.
	Dual processing model	History of positive and negative reinforcement determines the type of perfectionistic behavior. Perfectionism is a function of behavior rather than a personal characteristic.
	Perfectionism model and stress processes	Perfectionism plays a mediating role between stress and depression. Generation, anticipation, perpetuation, and potentiation of stress.
Integrative models	Two-component model	Component 1: performance expectations. Classic definition of perfectionism. Component 2: maladaptive self-evaluation. Maladaptive preoccupation with evaluation. Combination of the components in quadrants. What is important is not component 1 but component 2 in terms of psychological intervention.
Theoretical organizational models	Demands-Resources Model	High demands-high resources = well-being High demands-low resources = discontentment
	Eudemonic model of psychological well-being	Wellbeing is produced when goals are achieved with perfection.

and quality of life, especially in the post-pandemic stage where work models will continue to undergo major changes.

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Chapter 10

Anxiety and Depression in Mexican Adults: Group Differences during Confinement



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Introduction

Depression and anxiety are two of the most common mental disorders worldwide, so the study of the associated factors is essential to generate strategies and programs to reduce their incidence and prevalence (Pan American Health Organization, 2017). Today there is a certain consensus that depression and anxiety can be caused by both internal and external factors. Situations brought on by the COVID-19 pandemic (e.g., confinement, loss of loved ones, and loss of employment) are external factors that can increase levels of anxiety and depression among those who experience them (De la Serna, 2020). Even though it has been recognized as a useful measure to contain the spread of COVID-19, residential confinement can be a negative and unpleasant experience, mainly because it disrupts routine and habits, and involves loss of freedom, separation from loved ones, and experiencing boredom; thus, it can be positively linked to anxiety and depression (Brooks et al., 2020; Barbisch et al., 2015; Huang & Zhao, 2020).

During the COVID-19 pandemic, research has been conducted in different countries to understand the relationship between confinement and mental health. Early studies focused on describing the prevalence of anxiety and depression during the early stage of the pandemic, finding in most cases, that the prevalence was higher before the onset of confinement (Huang & Zhao, 2020). In contrast, other research explored differences in mental health before and after the onset of the pandemic. For example, Sønderskov et al. (2020), in a sample from Denmark, found higher depression and anxiety scores after confinement was established. In the United Kingdom, Pierce et al. (2020) found similar results. A sample collected between 2018 and 2019 showed fewer mental health problems than the sample obtained in

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April 2020. Similarly, in other countries such as China (Lei et al., 2020) and Spain (Becerra-García et al., 2020), where confinement was mandatory, confined, and unconfined persons were compared. Consistently, more people in confinement were found to have severe symptoms of anxiety and depression compared to those who were not confined.

In Mexico, the National Healthy Distance Campaign was launched on March 23 in an attempt to control and reduce the number of infections. This included, among other measures, voluntary confinement for the general population (Secretaría de Gobernación, 2020). In Mexico, studies were also conducted that focused on reporting the prevalence of anxiety and depression symptoms at the onset of the pandemic and confinement. For example, Galindo-Vázquez et al. (2020) reported that, in a sample mostly comprised of people who stayed at home, three out of 10 had severe symptoms of anxiety, and two out of 10 had symptoms of depression. On the other hand, García-Priego et al. (2020) compared the anxiety and depression levels of a sample collected in the last months of 2019 with a sample collected between March 21 and April 23, 2020, i.e., during the first month of confinement in Mexico. These authors found that the sample collected months before the pandemic had lower levels of depression and anxiety compared to the sample collected during the first month of confinement. Finally, Cortés-Álvarez et al. (2020) studied the relationship between the number of hours per day people spent at home and levels of anxiety, depression, and stress in a sample in which most participants reported spending more than 17 hours at home. Their results showed that spending more than 9 hours a day at home was associated with higher levels of anxiety, depression, and stress. However, the fact that a person spends a large part of the day at home does not necessarily mean that he or she is housebound.

During the COVID-19 pandemic, confinement was positively associated with depression and anxiety (Becerra-García et al., 2020; Huang & Zhao, 2020). However, in Mexico it had not yet explored whether there were differences between people who were and were not confined, which was relevant given that in Mexico confinement was voluntary as opposed to other countries where it was mandatory and strict, such as in Spain and China. In addition, confinement may have affected some people more than others, so this variable could be relevant to better understand the link between confinement and anxiety and depression.

Therefore, the objectives of this study were: (1) to determine whether there were differences in the levels of anxiety and depression between adults who were in confinement and those who were not; (2) to determine whether there were differences in the levels of anxiety and depression between adults who were greatly distressed by confinement and those who were little distressed. In line with what was previously observed in other countries (Becerra-García et al., 2020; Lei et al., 2020), it was hypothesized that adults who were confined would have higher levels of depression and anxiety as opposed to those who were not. In addition, those who reported greater distress on measures of social isolation would present greater anxiety and depression.

Method

Sample

The sample consisted of 318 adult volunteers aged 18 to 74 years ($M = 35.59$, $SD = 11.43$), of whom most were between 18 and 39 years old (63%) and in social isolation (61%). Of the total sample, 56% were female and 44% were male. Regarding their education, 65% had college education, 26% had high school education and 9% had elementary school education. Regarding occupation, 77% were working, 20% were students, and the rest had other occupations, such as being a housewife or being retired. In addition, 68.9% had low levels of depression, 23.3% medium levels and 7.9% high levels; while 77% had low levels of anxiety, 18.6% medium levels and 4.4% high levels.

Instrument

A sociodemographic questionnaire was used to collect information on the study population. The *Symptom Inventory Revised* (SCL-90-R, Derogatis, 1994) adapted to Spanish by Casullo (2004) for the Latin American population was also used. This instrument evaluates a series of psychological symptoms that the person reports experiencing at that moment or during the last week. It consists of 90 items with a five-point Likert-type response format distributed in nine dimensions: somatization, obsessivity-compulsivity, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. However, for the purposes of this study, only the depression and anxiety subscales were used: the former is composed of 13 items (e.g., “Feeling very low in energy” and “Feeling sad”), while the latter consists of 10 items (e.g., “Having fears” and “Having very fearful or panic attacks”). The internal consistency of the depression and anxiety subscales is .86 and .85, respectively, whereas, in this study the coefficients were .91 and .89.

Procedure

To conduct the study, and comply with the prevention measures, the application of the instrument was carried out through an online questionnaire within the Google Forms platform. The voluntary collaboration of potential participants was requested through different platforms and social networks, such as Facebook and Instagram. Informed consent was requested from the participants, the purpose of the study was described, it was specified that they could leave the study at any time, and it was established that all the information they provided would be anonymous and confidential and would only be used for statistical and scientific dissemination purposes.

For each section of the questionnaire, the respective instructions were presented. The approximate time to answer the questionnaire was 15 minutes. At the end, each participant was thanked for their participation.

Statistical Analysis

The results were analyzed using several Student’s t-tests to determine whether there were significant differences in the levels of depression and anxiety between those who reported being in confinement and those who reported not being in confinement, as well as between those who were slightly and greatly affected by confinement.

Results

As shown in Table 10.1, the results showed statistically significant differences in the levels of depression. Those who were confined had higher scores than those who were not in confinement. For anxiety, the results showed no statistically significant differences between both groups.

Another Student’s t-test was then performed to determine whether there were significant differences in the levels of depression and anxiety among those who reported some degree of distress due to confinement. To do this, we first obtained the quartiles for the variable of distress due to confinement and selected the people in the first and fourth quartiles, to compare those with the lowest and highest scores. As can be seen in Table 10.2, the results showed statistically significant differences

Table 10.1 Differences in anxiety and depression levels between those who were and were not confined

	Confinement				<i>t</i> (315)	<i>p</i>	<i>Cohen’s d</i>
	No		Yes				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Depression	1.86	0.77	2.24	0.91	3.42	.00**	0.45
Anxiety	1.79	0.76	1.86	0.83	0.61	.18**	0.08

Note: ***p* < .001

Table 10.2 Differences in anxiety and depression levels between those who were greatly and slightly distressed by being in confinement

	Distress due to confinement				<i>t</i> (193)	<i>p</i>	<i>Cohen’s d</i>
	A Little		A lot				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Depression	1.66	0.66	2.45	1.01	5.48	.00**	0.92
Anxiety	1.48	0.66	2.10	0.95	3.93	.01**	0.72

Note: ***p* < .001; **p* < .05

in the levels of depression. Those who reported being greatly distressed by the confinement had higher scores than those who were slightly distressed. Similarly, the results showed statistically significant differences in the levels of anxiety, as those distressed by confinement had higher scores than those who were little affected.

Discussion and Conclusions

The present study analyzed the differences in the levels of depression and anxiety between adults who were confined and those who were not, as well as the level of distress due to confinement. It was found that people in confinement had higher levels of depression. According to several authors (Brooks et al., 2020; Barbisch et al., 2015; Huang & Zhao, 2020), being confined is a situation that is considered unpleasant and may be associated with depression, in part because it disrupts people's daily routine, separates them from their families, partners and friends, and because negative emotions such as feelings of loss of freedom and boredom may occur. This result is consistent with what was found in other countries where confinement was imposed, such as in Spain (Becerra-García et al., 2020), China (Lei et al., 2020) and the United Kingdom (Pierce et al., 2020). Furthermore, given that in Mexico confinement was voluntary, this result provides evidence that refutes the idea that mandatory confinement is what generates negative consequences on mental health. This suggests that the relationship between being confined, and depression may be due to social isolation itself and not to whether it is imposed or voluntary.

Although previous research has found that being in confinement can make people feel anxious (Becerra-García et al., 2020; Lei et al., 2020), in this study no differences in anxiety levels were observed between those who were confined and those who were not. This result may be related to the fact that the data collection was done through the Internet, so it was necessary for the participants to have at least one device with which they could answer the questionnaire, either a cell phone, tablet, or computer. These resources allowed them to be connected with friends, partners, or family members. In that sense, people may not have been completely isolated, which would explain the absence of differences between those who were confined and those who were not. In addition, there may be several other factors that are more strongly and directly associated with people's anxiety, for example, the uncertainty of when the pandemic would end, information overload in the various media, financial loss, and the person's fear of becoming infected or that someone they know will become infected with COVID-19 (Brooks et al., 2020).

It was also found that those who reported being more distressed by confinement had higher levels of depression and anxiety compared to those who were less distressed. Moreover, these differences were greater than when considering only whether people were confined or not. In this sense, social and physical isolation may not have a direct relationship with anxiety and depression but may depend in part on how much the person was distressed by being confined. This finding is

relevant given that previous research has only addressed sociodemographic (e.g., age), behavioral (e.g., exercise) and situational (e.g., having family members with COVID-19) variables within confinement, as well as their relationship with mental health (Becerra-García et al., 2020; Cortés-Álvarez et al., 2020; Galindo-Vázquez et al., 2020; Garcia-Priego et al., 2020). Our study adds an important variable to the scientific literature by reporting on a question asked directly to participants about how much the confinement had distressed them and how this perception was related to their levels of anxiety and depression.

The present study directly compared the levels of anxiety and depression between people who reported being confined and those who were not. In future studies we hope to address in greater depth what factors associated with confinement might explain why socially and physically isolated people have higher levels of depression and anxiety, as well as the factors that lead to confinement having a greater or lesser impact on people's employment status, the economic consequences of being confined, perception of health, concern about contracting COVID-19, and the quality of relationships with those in confinement.

Finally, this study offers a preliminary picture of the relationship between confinement and depression and anxiety in a sample of Mexican adults. This type of research may motivate the creation and development of initiatives aimed at preventing or mitigating the negative effects of confinement. It is evident that social and physical isolation is necessary in contexts such as the COVID-19 pandemic and, therefore, it is important to learn more about different strategies to reduce the experience of negative emotions and thoughts that tend to arise in such conditions.

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Part II
Social and Family Dynamics

Chapter 11

Fashion in the Favela and the Avatars of the Pandemic



Geísa Napoleão Magalhães and Ilka Franco Ferrari

Introduction

This work presented in this chapter stems from research developed within the master's program at PUC Minas. The focus has been, within this context, the former agency "Jacaré Moda," which used to recruit and prepare models from the outskirts of Rio de Janeiro for the fashion market. This agency no longer exists in its original form; however, it branched into two others, continuing its work within the fashion scene in the favelas: "Jacaré Facilitador," which remains in the Jacarezinho favela, and "Silva Produtora," which will be the foundation of this present work.

"Silva Produtora" is a platform consisting of four members from a peripheral background, which works on bridging what they refer to as 'decentralized narratives' of models and other professionals from non-hegemonic backgrounds with fashion brands. This article aims to consider possible effects of the pandemic on the social connections that this population found themselves unable to engage in at this moment. The material used for the psychoanalytic analysis is publicly available on the Instagram social network, where they share rich content.

(3.214 palavras)

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Fashion in the Favela and Social Bonds During the Pandemic: “Effects and Inventive Solutions”

The COVID-19 pandemic has further unveiled the stark social reality of colossal inequality existing in Brazil. According to Miller (2005), social reality is inscribed in the relationship established between the subject and the Other, where words, language, universal discourse, social reality, cultural, and institutional aspects are located. It is evident that the unconscious reveals itself as transindividual, that is, as the discourse of the Other. This confirmation allowed for the Lacanian assertion that language is a condition of the unconscious and that psychoanalysis, in its practice, is embedded in the social, forming a social bond.

As per the French psychoanalyst Éric Laurent (1999), analysts need to transition from the position of a specialist in disidentification to that of a citizen analyst. In this sense, psychoanalytic practitioners need to move from a reserved and critical analyst stance to becoming an analyst who participates, who is sensitive to forms of segregation, understanding both their past and present roles. Attention needs to be paid to the present moment, articulating ways of understanding the social dynamics between norms and individual particularities. This is precisely what the present work aims to address.

The distinct Brazilian characteristic of immense inequality became even more apparent when the World Health Organization [WHO] recommended that people should adhere to social isolation measures, minimizing contact. The maxim “stay at home,” hygiene rules like frequent handwashing and using hand sanitizer, where feasible, echoed through all communication channels. At this juncture, a series of questions became pertinent: how to follow these orders when so many people don’t have the possibility of not working or staying home? How to isolate when many people live in crowded conditions? How to wash hands when a significant portion of the population lacks access to clean water, let alone soap or hand sanitizer? Thus, while some advocated for adhering to safety rules, others found themselves unable to comply due to their circumstances.

In this scenario, Brazilian favelas stand out as territories often depicted, as per Barbosa and de Silva (2013), by hegemonic discourses, as lacking civility and urbanity. The Brazilian Institute of Geography and Statistics defines favelas, based on the 1990 Census, as “subnormal clusters,” a term that aligns with common perception. The physical conditions of housing in favelas contribute to a perception reduced to hasty surface appearances, categorizing them, in a generalized manner, with terms like deprivation and absence, defining living conditions in these communities. Such assumptions have contributed to these areas still being relegated to the status of “precarious, illegal, unfinished, disorderly, and unsafe territories: the reverse side of the city.” (Barbosa & de Silva, 2013, p. 118).

These are places that accommodate a population considered of little value to the context of rampant capitalism, often associated with violence, precariousness, the expression of the death drive, detached from the social fabric. They have their challenges, but as will be explored further, they are not confined by them. Thus,

stereotypical readings deem favelas as illegitimate territories within cities and, by extension, their residents as individuals incapable of changing their conditions of existence, due to being trapped in the “vicious circle of poverty.”

What is perceived, however, is that there is also potency, a pulse of life, an aspect that characterizes them and often remains invisible. An example of this is the phenomenon of fashion inherent to them, known as “fashion in the favela,” which paves the way for young and adult individuals to carve out their paths, infusing language and visual elements into their cultures. It is impossible to assert that there exists only one form of relationship with fashion in the favela, as complexity is abundant. For instance, one can mention the *funkeiros*, the rappers, who utilize clothing fashion in distinct ways, crafting diverse styles of dress.

This aligns with what the Spanish psychoanalyst Hebe Tizio (2003) elaborates on fashion, namely, that fashion marks the body and can be understood as the signifiers offered that regulate a specific moment – and we add, a specific place – and can trigger epidemics of discourses, such as anorexia, the “heroin chic” trend, skirt length, and so forth. Since fashion, embodied in clothing, clothes the body, this surface becomes a territory colonized by images, by representations of the era that sustain it, by the signifiers that shape it, by the objects of satisfaction that define its topology of orifices.

In their approach to the body and the fashion it encompasses, as elaborated on the social media platform Instagram, Silva Produtora believes in breaking down the reproduction of class and race stereotypes. They aim, in their own words, to “do this in a realistic – and intelligent, of course – way. How? From concept to execution: teams formed by professionals with diverse life experiences and attentive perspectives to the plurality of real Brazil.” And they continue:

We are a casting agency and communication producer that creates content, develops strategic consulting, and engages in fashion production. All of this with a team of individuals from the outskirts. Our goal is for our projects to involve the highest number of peripheral professionals both in front of and behind the cameras. We believe that the country we know and want to showcase will only be properly represented if the team reflects the true Brazilian diversity. (@silvaprodutora, September 4, 2020c).

Being attentive to this plurality is essential for understanding the social reality that surrounds every Brazilian citizen, whether they are an analyst or not. Lutterbach-Holk (2008) draws the reader’s attention to the fact that Rio de Janeiro is in a war, a war without clear motivations and objectives. It’s an explosion that defies conventional theories, with explanations produced and resolutions tending toward trivializing the problem, rendering it a mere police matter. Some of these solutions seek to segregate poverty to the city’s margins, reinforcing coercive police and military actions. On the other hand, but with the same coercive intention, there are attempts to educate and promote recreational activities to control and adapt this population.

Contrary to these fallacious solutions are those found by the individuals themselves, involving their unique circumstances, like the fashion-related connections brought forth by Silva Produtora, allowing for the weaving of innovative bonds. This innovation involves not only those who are part of this reality but also exposes the gaps in the hegemonic culture to the Other, proving that the subject knows about

themselves and knows how to forge their own paths. However, it would be interesting for there to be more room for Brazilian diversity in culture.

These creative solutions also apply to the challenges posed by the pandemic, where Silva Produtora has been observed to strengthen social ties with communities and outskirts of Rio de Janeiro through a campaign that donated thousands of masks to these areas, coupled with population awareness efforts in collaboration with Farm, a prominent national fashion brand. In the words of the producer, “This was only possible because we joined forces and built bridges with community leaders who are active in these territories.” One of the partners explained, “We partnered with Farm to donate 52,000 masks. They will provide the masks, and we will map out the favelas and actions for the communities that don’t usually receive many donations due to being less well-known and visible” (@silvaprodutora, June 18, 2020b).

An informative funk music track served as the background for the promotional video. The significance of this musical genre in favelas and outskirts, not just in Rio de Janeiro, should be remembered. The use of colloquial language was noted, aiming to resonate broadly with the Brazilian population, fostering closer engagement and dissemination of the necessary information for pandemic precautions. One community leader expressed, “We’re going to do something that has been very common for us – we’re going to share. In times like these, working as a network, it only makes sense to gather, distribute, and share with those who are facing difficulties.” In this video from June 2020, Farm stated, “Fashion is on the move worldwide for a good cause: the production of masks!” (@silvaprodutora, June 18, 2020b).

The affirmations and projects developed by Silva Produtora diverge from the structural mode of functioning prevalent today, which Lacan termed the capitalist discourse. It’s also referred to by sociologists like Gilles Lipovetsky or Zygmunt Bauman as hypermodernity, a term that denotes the elevation of modernity to its maximum realization. It’s the age of consumption, of rampant capitalism, where instead of engaging with one another, people isolate themselves, seeking satisfaction in products and market goods.

However, the pandemic has brought to light that citizens are interconnected with each other and the world around them—there are no exceptions. In the blissful isolation in which a portion of the population found itself—and still finds itself—it was believed that one’s own body, one’s own pleasure, would suffice. The experience recounted above, however, sheds light on another aspect: a segment of the population cannot—and perhaps doesn’t even want to—live within this logic. Social bonds are strengthened, and what’s gathered is shared with those who lack. This reduction of individual pleasure in favor of a social benefit is what enables a society to endure, sustained by discourses that foster connections and don’t promote an infinite circulation of pleasure, like capitalism does.

This aligns with psychoanalysis when it posits that, in order to survive, a living being requires a radical solidarity from an Other that brought them into the world, nurtured them, and enabled them to live and stand on their own feet. Alone, this would not be possible, as children, unlike other animals at birth, lack instincts. According to Ilka Ferrari (2008), Freud, driven by his clinical practice, introduced

the necessary notions to maintain the idea of a decentralized subject. His practice exposed him to a transindividual, socializing, and symbolic reality.

Another approach undertaken by Silva Produtora is the production and dissemination of works featuring the models that make up the producer's casting, often in collaboration with other professionals. These works are created by the models themselves in their own contexts, with the intention of fostering both their personal social networks and those of the producer. Numerous photoshoots have been produced, but an exemplary instance of this approach is a photoshoot produced and published on Instagram in August, carried out by photographer Lucas Cezário and model associated with Silva, Ikaro Santilhana. They named it 'bonfim', and as they describe it:

A photoshoot about the syncretism of popular culture, aesthetic experimentation, and attempts to construct alternative narratives. Cleansing the image that has been assigned to us through the gaze of the colonizer. Reclaiming our amulets of luck and protection. Questioning the marginalization of our territories. About popular tradition and the rebellion of youth. (@luczario, August 14, 2020).

In a video produced for "Silva Produtora," with the purpose of discussing the creative process, they relate that the inspiration for their work came, in their words, from their "own experiences as marginalized, Black, peripheral bodies, mainly here in our life in the western zone of Rio, and the visual elements of this everyday life. These are elements that permeate our daily lives." One of the markers of these elements is the "Senhor do Bonfim" ribbon, which also gives the photoshoot its name. This element of Bahian culture is widely spread throughout the world as a symbol of that place. According to them, this object "originally had a purely religious meaning, which has now become a Brazilian accessory that still holds a certain symbolism of a sacred amulet." (@silvaprodutora, October 19, 2020d).

Through this example of the ribbon, it's highlighted that one typical characteristic of capitalism is the draining of meaning to transform things into simple products to be consumed, the so-called gadgets. Fashion, as a reflection of the times, does the same thing, turning objects of a people's culture, for instance, into fashion items to be consumed more or less quickly.

With this example, one can perceive individuals connected to their social realities, using them as ways to connect with each other and the world through networks. Regarding the purpose of carrying out the photoshoot, they state that it is to "show other possibilities with the Black body and redefine the possibilities and propose different narratives for this body." (@silvaprodutora, October 19, 2020d). They elaborate that in the dominant media, it's rare to find these bodies portrayed in such a way.

Regarding this dominant media brought forth by the youth, Hebe Tizio (2003) elaborates that the body is imprisoned by the image and the imperative ideal that commands it. It's important to understand that, socially, the more prevalent the focus on the image and the lesser use of language, the more obscure forms of pleasure are generated. According to her, it's not the same civilizing function that's at play, and this is something unique to this historical moment. Processes of segregation are discussed, and the more these issues are prevalent, the more attempts are made to homogenize, resulting in genuine catastrophes.

Thus emerges segregation, a term which, according to Daniel Reido (2017), designates separating something or someone from other things. Or separating and marginalizing a person or a group of people due to social, political, cultural, or racial reasons. In the biological sense, it refers to substances expelled by an organ or gland. Human groups, according to this author drawing from Lacan, are constituted by identification based on certain traits that define them as a whole and differentiate them from other human groupings.

Lacan states, in his Seminar 17 (1969–1970/1992), that segregation is the origin of fraternity, as the group is separated from the rest, but its components are united among themselves. The production by Ikaro and Lucas goes against homogenization and separates itself from the rest, the hegemonic group, by uniting like-minded individuals who share similar experiences, using their ‘Black’ bodies as a foundation for a “decentralized narrative,” aiming to rupture this ideal and generate other ways of existing in the world.

And together, these young individuals propose a solution to the absence of people like them in the media through the creation of materials that attempt to puncture these ideals and demonstrate that other bodies occupy these spaces, far from the stigmas that usually associate with them:

We have this concern to create empowering images, in this sense, to show that the Black body can do anything. A body that, despite society’s oppression, is still present in various places, a body that manifests itself, speaks for itself, and can also convey art. (@silvaproductora, October 19, 2020d).

The words of these young individuals resonate with what the producer being discussed here proposes, that is, decentralizing narratives, bringing visibility to the margins not through disconnections but through connections that promote engagement with society as a whole. It’s important to emphasize that the internet and social media have enabled new connections with society, expanding borders. During the pandemic, they became one of the most prevalent ways to connect. Even before the pandemic, Silva’s Instagram account was quite active, showcasing their work. What draws attention is the way the group found to navigate the challenges imposed by the reality that emerged with the pandemic. What had previously served as a way to reveal themselves to the Other, to present themselves, question stigmas, and present their innovations, ended up becoming central to the new era of seclusion. What was once a challenge turned into inventiveness.

Another noteworthy aspect is the production of content for emotional care and mental health of their audience, primarily providing information about the necessary precautions to avoid significant risks. However, they always consider the reality of their audience and emphasize that, in these moments, it’s crucial not to sever ties with those who matter, but rather to strengthen them to facilitate the sharing of experiences. As they state in more than one post, there might be a physical distance between bodies, but not between affections:

Connect, digitally, but connect. In times of quarantine, online connections are essential for maintaining well-being. That video call with friends, with family, to quench your longing, catch up on gossip, laugh together, and distract! Have you called or had a video chat with someone you care about today? Reach out to your contacts! (@silvaproductora, March 24, 2020a).

Numerous interactions can also be observed in the comments of their posts, with followers participating through tagging each other's profiles, praising comments, and a high number of "likes," showcasing the effectiveness of their work in fostering digital social bonds, even in the face of the inability to physically connect bodies.

Final Considerations

It becomes evident that throughout, they employ youthful language, invigorated by themselves, to reach their audience and, one might say, to care for those who follow them and people connected to them. These are tips, approaches, opportunities to showcase their work, which, as a whole, contribute to the mental well-being of the young individuals who follow them, fostering connections among them and with the world. In tune with this, these avatars, as representations of users in the virtual environment, emerge as solutions to endure and navigate the reality that has permeated the social fabric until now. Of course, there are many drawbacks, but more than ever, it's clear how social networks can truly be social.

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Chapter 12

The Day After: Collective Behaviors for the Prevention of COVID-19 During and After the Paraguay's National Quarantine Period



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Introduction

The pandemic caused by COVID-19, beyond being a pathological phenomenon studied by medicine, represented an impact, not only in the field of health, but also transcends and affects society as a whole in multiple ways. The study of its psychological repercussions is of utmost importance since it reflects the promotion and reinforcement of collective behaviors that can contribute to the reduction of the incidence or prevalence of negative psychological effects. In this context, we sought to determine risk, protective and coping actions in the face of the COVID-19 pandemic (WHO, 2020) within the framework of health psychology (Johnston, 1994).

In Paraguay, the measures taken at the beginning of the pandemic, in the first half of 2020, were aimed at slowing the spread of the disease and avoiding the collapse of the health system, including the suspension of mass events, indoor activities and educational activities, restriction of travel hours, the imposition of a quarantine divided into phases and the closure of borders. Paraguayan families reported a high percentage of compliance with prevention measures and procedures, with the greatest difficulty being the need to go out to work. Most were concerned that a family member may become infected with the virus, although at the same time they perceived that the probability of infection was low. They also reported that the greatest impact was at the educational and economic level, leaving emotional issues least considered (UNICEF, 2020). The incidence of mental health problems caused or aggravated by the pandemic and isolation depended on the degree of vulnerability of the population, the response of health services, and individual characteristics

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such as self-efficacy, coping strategies, resilience of people affected by the emergency, and pro-environmental attitude (Mækelaë et al., 2020; Maloney et al., 1975).

The present study is framed in two theoretical currents. The first of these is positive psychology, which according to Seligman and Csikszentmihalyi, (2000), is the study of positive experiences, positive individual traits, institutions that facilitate their development, and programs that help to improve the quality of life of individuals, while preventing or reducing the incidence of psychopathology.

The other theoretical current is health psychology, which is understood as the scientific, professional, and educational knowledge of psychology that contributes to the promotion and maintenance of health, prevention and treatment of disease, identification of the etiology and diagnostic correlation of health, disease, and related dysfunctions (Matarazzo, 1980). The risk-resilience approach contributes to prevention alternatives and reinforcement of collective pro-health behaviors in this direction.

The main constructs addressed in this research were self-efficacy, resilience, and coping. Self-efficacy is understood as the perception that each person has of his or her own abilities, on the basis of which he or she will organize and execute his or her actions in a way that will allow him or her to achieve the desired result (Bandura, 2001). There is evidence that one of the factors that can act negatively on perceived self-efficacy is stress, since stress is associated with unpleasant emotional signals that lead the subject to the cognitive evaluation of the situation, which is perceived as a threat. From this, coping strategies are deployed (Piergiovanni & Depaula, 2018), which constitute the set of cognitive and behavioral strategies that the person uses as an adaptive response to situations perceived as threats, with the aim of making them tolerable and little harmful (Lazarus & Folkman, 1986; Macías et al., 2013).

These psychological characteristics are also associated with resilience, which characterizes those people who, despite experiencing risk situations, develop in healthful psychological ways and even emerge stronger from these situations (Páez et al., 2011). It is also considered as the process of negotiation, management and adaptation to significant sources of stress, through various internal psychosocial resources of the person (Windle et al., 2011). Coping strategies seem to be one of the determinants of resilience, including active coping, positive reinterpretation, focus on problem solving, acceptance and adaptation, humor and religion (Morán et al., 2019). These variables have been studied in adverse situations such as cancer (Monteagudo et al., 2016), or natural disasters (Flores et al., 2018). The same occurs with coping in patients with cancer and HIV (Coppari et al., 2014), or in the face of other crises (Saavedra et al., 2019), and its association with self-efficacy (Anicama et al., 2012; Brenlla et al., 2010; Cid et al., 2010), or the relationship between these and other similar variables (Aguilar, 2016; Arrogante et al., 2015; Lozano-Díaz et al., 2020; Morán et al., 2019; Muñoz et al., 2017; Paris & Omar, 2009).

Regarding the review of the literature on the subject of the COVID-19 pandemic, research was very rapidly being generated on its psychological effects, from well-being in general (Brooks et al., 2020; Johnson et al., 2020; Mækelaë et al., 2020; Marquina & Jaramillo-Valverde, 2020; UNICEF, 2020; Wang et al., 2020) to

specificities related to the university population (Lozano et al., 2020), gender violence (Cousins, 2020; Lorente-Acosta, 2020), as well as the situation of children (Clark et al., 2020; UNICEF, 2020), among others.

Urzúa and collaborators (Urzúa et al., 2020, p. 103) mentioned that “much of the problem of the disease can be avoided by changing people’s behaviors and psychology to explain, prevent and intervene for its solution”. In the context of this surprising and uncertain health emergency, the general objective of our study was to analyze and determine risk, protection, resilience, self-efficacy and coping factors in the face of COVID-19, from the perception of the respondents based on their individual and collective experiences, during and after quarantine.

Method

Design

An exploratory, correlational, comparative, cross-sectional, correlational design was used.

Sample

Social network sampling, a combination of the snowball technique with a more controlled selection system, was used. Participants initially contacted became recruiters of more respondents until the desired sample size was reached. A total of 1134 citizens participated, 357 (31.48%) male and 777 (68.52%) female, with an average age of 30.18 years ($ds = 13.22$), residing in Paraguay 1071 (94.4%) and 63 (5.56%) abroad.

Instrument

The survey conducted was titled the “The Day After: collective behaviors for COVID-19 prevention during and post-quarantine”. This instrument consisted of 67 items, with dichotomous response formats (Yes/No) and Likert type scales with four response options that evaluated the frequency of the behavior (0 to 3). Its items evaluated the following aspects: sociodemographic profile (items 1 to 15), risk behaviors (items 16 to 37), resilience behaviors (items 38 to 46), self-efficacy (items 47 to 49), coping (items 50 to 57) and pro-environment behaviors (items 58 to 67).

Risk behaviors referred to the presence or absence of risk and preventive behaviors, hygiene measures and standards of care in the pandemic (Ministry of Public

Health and Social Welfare, n.d.). Resilience behaviors described nine items from the original 25 items of the Connor and Davidson (2003) Resilience Scale (CD-RISC) adapted to measure meaning in life, stress management, and goal achievement. Self-efficacy comprises three of the 10 items of Schwarzer and Jerusalem's (1995, cited in Cid et al., 2010) General Self-Efficacy Scale, adapted to measure difficulty resolution, qualities, resources, and anxiety or panic situation, with a choice of responses. Coping comprises eight of the 60 items of Carver et al.'s (1989, cited in Casseretto & Chau, 2015) Multidimensional Scale for the Assessment of General Coping Strategies (COPE), adapted to measure, emotional support seeking, use of jokes, drugs, and religion aids, with a choice of responses. Pro-environmental behavior comprised 11 of the 50 items of the Pro-environmental Attitudes Scale of Maloney et al. (1975), adapted to measure energy and water saving, environmental care, and recycling.

Cronbach's alpha coefficient for the 20 items was 0.78, while the coefficients for resilience, coping, and self-efficacy were 0.77, 0.68 and 0.48, respectively. For the latter scale, item adjustments and a new psychometric validation process are suggested.

Procedure

The instrument was disseminated via social networks, ethically providing complete information about the study, and going through the informed consent process.

A pilot study, conducted from June 02 to 03, 2020, facilitated necessary adjustments such as the verification of the instrument's face validity. Data collection for the overall study was conducted from June 6 to 11, 2020. All research was conducted from May 10 to June 30, 2020. For the presentation of this report for publication purposes, the results obtained on the pro-environment scale were omitted as it was not pertinent to the research question. Finally, the data were analyzed in the SPSS program (version 25), using descriptive and inferential statistical tests.

Results and Discussion

Most of the participants (see Table 12.1) were female (68.5%) and resided in the city of Asunción (53.4%), the capital of Paraguay. Slightly more than a third of the participants reported being workers (34.6%) and a similar percentage said they were engaged in educational studies (32.1%). With respect to educational level, the vast majority (74.1%) reported having completed university studies. The main means of transportation was their own car (76.3%), followed by public transportation (16.2%).

Of the support available to participants (see Table 12.2), 90.65% reported that they were not receiving assistance from the State at the time of the study. The results of the consultation showed that the vast majority had water in their homes (94.7%),

Table 12.1 Distribution of sociodemographic information

	<i>N</i>	%
<i>Sex</i>		
Male	357	31.5
Female	777	68.5
<i>Place of residence</i>		
Asunción	606	53.4
Central department	295	26.0
Another department from Paraguay	170	15.0
Abroad	63	5.6
<i>Occupation</i>		
Student	364	32.1
Student and employee	238	21.0
Employee	392	34.6
Neither studying nor working	140	12.3
<i>Attained educational level</i>		
College	840	74.1
Technical/trade	50	4.4
High school	226	19.9
At least ninth grade	17	1.5
None	1	0.1
<i>Main mode of transportation</i>		
Public	184	16.2
Taxi/Uber	31	2.7
Own vehicle	865	76.3
Bike or bicycle	37	3.3
On foot	12	1.1
Other mode	5	0.4

electricity (96.4%), Internet connection (92.2%), and cable television or radio (94.7%). A total of 83.2% said they had some kind of health coverage: 54.7% had private health care insurance, 10.1% had public insurance (Instituto de Previsión Social) and 18.3% received assistance from both health services.

According to UNICEF (2020), about 35% of Paraguayan families received any assistance from the State during this time (emerging programs such as Pytyvo, Ñangareko, etc.). This may be due to the fact that 70% still worked and had the economic resources to support themselves, travel by car or have private insurance.

According to the results shown in Table 12.3, 92.9% of the participants believed and trusted that the government-mandated quarantine protected people against COVID-19. In addition, the vast majority (94.3%) said they could identify the most characteristic symptoms of COVID-19 and 88.9% correctly believed that they could infect someone, even if they had no symptoms. A similar percentage said they knew the telephone number to contact if they had symptoms of the disease (85.6%) and 83.7% said they would call the number provided for cases and/or talk to their family if they had symptoms. These preventive behaviors coincide with other studies (Camacho-Valadez, 2020; Saletti-Cuesta et al., 2020), including the results of a study in Paraguay, which showed compliance with these measures (UNICEF, 2020).

Table 12.2 Distribution of sociodemographic information (continued)

	<i>N</i>	%
<i>Received welfare assistance from the government</i>		
Yes	106	9.3
No	1028	90.7
<i>Running water service at home</i>		
Yes	1074	94.7
Sometimes	42	3.7
No	18	1.6
<i>Electricity at home</i>		
Yes	1093	96.4
Sometimes	41	3.6
No	0	0.0
<i>Internet at home</i>		
Yes	1046	92.2
Sometimes	52	4.6
No	36	3.2
<i>TV or radio at home</i>		
Yes	1074	94.7
Sometimes	15	1.3
No	45	4.0
<i>Medical insurance</i>		
Private and public insurance	208	18.3
Private insurance	620	54.7
Public insurance	115	10.1
No insurance	191	16.8

To obtain information, 44.4% said they mainly consulted reports from the Ministry of Health, the WHO or scientific health journals. The highest percentage (46.2%) did so “sometimes” during the day. Of the confidence in the information consulted, almost all (91.9%) trusted only some sources they heard or read about COVID-19, and most (78.3%) took some action to verify the veracity of the information they received. Against this backdrop, the media and government entities must take responsibility for providing correct and clear information, due to the impact it has on reducing risky behavior and false information (Marquina & Jaramillo-Valverde, 2020; Piña-Ferrer, 2020).

During the quarantine, in the months of March to June 2020, 68.4% of participants (see Table 12.4) reported having a healthy routine; 84.3% took time to relax or engage in leisure or activity. Such findings are consistent with surveys conducted in other countries where people rated both the countermeasures and their own actions as effective in reducing the outbreak (Maekelae et al., 2020; UNICEF, 2020).

During the first period of increased isolation (March 10 to May 24, 2020), more than half of the participants (52.5%) went out to places with few people (e.g., grocery stores, pharmacies, offices, etc.), while the minority (3.9%) reported not avoiding any places because of the quarantine. Entering the second phase of the quarantine period (May 25 to June 15, 2020), 22.5% went to visit close family and 19.2% went

Table 12.3 Descriptives of risk behaviors

	<i>N</i>	%
Confidence in quarantine effectiveness		
Yes	1053	92.9
No	81	7.1
Identification of recommended preventive health measures		
Identified correctly	1120	98.8
Identified incorrectly	14	1.2
Identification of the most typical symptoms of COVID-19		
Identified correctly	1069	94.3
Identified incorrectly	65	5.7
If you are asymptomatic, can you be contagious?		
Yes	1008	88.9
Don't know	65	5.7
No	61	5.4
Can you identify the official contact number if symptoms develop?		
Identified correctly	971	85.6
Identified incorrectly	163	14.4
What is the first thing you would do if you had any symptoms of COVID-19?		
Call the number provided by the Ministry of Health and/or talk to my family	949	83.7
Go to for medical consultation	157	13.8
Self-medicating and not telling anyone	27	2.4
Take no action and ignore the symptoms	.1	.1
Main sources of information used?		
Ministry of Health, WHO and/or scientific health journals	504	44.4
Public media	445	39.2
Other sources (websites, WhatsApp messages)	122	10.8
Do not seek information	63	5.6
Frequency of information on COVID-19		
Many times during the day, all the developments	212	18.7
Sometimes during the day, I read some reports	524	46.2
Every few days I read the updates	336	29.6
Do not seek information	62	5.5
Confidence in the information received about COVID		
Rely only on a few sources	1042	91.9
Rely on all sources	66	5.8
None	26	2.3
Do you verify the information you receive?		
Yes	888	78.3
No	246	21.7

to work. The most frequented places were restaurants or parties (53%). In this context, most participants (62.2%) reported complying with the two-meter (6 feet) distance rule when going out to a public space.

Of the recommended hygiene measures, 48.1% reported complying with all of them upon arriving home (e.g., disinfecting the objects brought with them, washing

Table 12.4 Descriptives of risk behaviors (continued)

	<i>N</i>	<i>%</i>
Did you decide to have a healthy routine during your quarantine?		
Yes	776	68.4
No	358	31.6
Did you take time for relaxation, scheduled leisure or other activities?		
Yes	956	84.3
No	178	15.7
What kind of places did you visit during quarantine?		
Did not go out	393	34.7
Places that were not crowded	595	52.5
Crowded places	102	9.0
Went out anywhere	44	3.9
Did you comply with the two-meter distance when going out into a public space?		
Yes, always	705	62.2
Sometimes	365	32.2
Very few times	46	4.1
No	18	1.6
How many of the suggested hygiene measures did you perform when you got home?		
All of them	545	48.1
Most measures	432	38.1
A few measures	128	11.3
None	29	2.6
What products did you use for disinfection?		
All recommended products	757	66.8
Some of the recommended products	294	25.9
A few of the recommended products	61	5.4
None	22	1.9
Since the pandemic, has the number of times you wash your hands daily increased?		
Yes	1018	89.8
No	116	10.2
Approximate amount of hand washing per day		
More than 10 times	374	33.0
Between 7 and 10 times	283	25.0
Between 4 and 6 times	412	36.3
Between 1 and 3 times	65	5.7
Followed time and method of hand washing according to sanitation recommendations		
Yes	629	55.5
Sometimes	461	40.7
No	22	1.9
I do not consider important the way and time of washing	22	1.9
Frequency of use of face masks		
Always	920	81.1
Wear it, but take it off for talking	33	2.9
Sometimes	165	14.6
Never	15	1.3

Table 12.5 Descriptives of resilience, self-efficacy, and coping

Factor	<i>M</i>	<i>SD</i>	Skewness (Standard Error)	Kurtosis (Standard Error)	Number of items	Average per item	Maximum
Resilience	19.73	4.31	-.374 (.073)	-.264 (.145)	9	2.19	27
Self- efficacy	6.53	1.95	-.484 (.073)	-.510 (.145)	3	2.18	9
Coping	10.61	3.25	.395 (.073)	.698 (.145)	8	1.33	24

hands, washing, or throwing away the used mask, taking off shoes and cleaning them), while the minority (2.6%) reported not complying with any of them. Regarding the process of personal and/or object disinfection, two thirds (66.8%) reported using all the recommended products. Moreover, the majority of the participants (89.8%) indicated that after quarantine they increased the number of times, they washed their hands daily. Within the approximate frequency of hand washing, 36.3% reported washing their hands between four and six times a day, and 33% washed their hands more than 10 times a day. In addition, 55.5% considered that the way and time of hand washing was indispensable as a sanitation measure. Regarding the use of masks, most participants (81.1%) always used them, while only a minority (1.3%) reported not using them.

The resilience, coping and efficacy behaviors of the participants were identified and described (see Table 12.5) by calculating the means and standard deviations of each factor. Skewness and kurtosis were also calculated to obtain the normality of the distributions, which turned out to be non-normal. The resilience scale scores ranged from 0 to 3 with the following response options: “*Not at all*” = 0, “*Sometimes yes, sometimes no*” = 1, “*Almost always*” = 2 and “*Always*” = 3. Some of the items in this scale were: “I am able to comply with official safety and sanitation standards during and after quarantine” and “The successful results officially reported give me confidence and strength to continue facing quarantine and post quarantine“. The overall average obtained on this scale was 19.7, with 27 being the maximum possible. The average per item, which was 2.19, suggested good resilience behaviors. The highest average was for the item “My life has meaning and the most important thing is my family and my health in this quarantine and post quarantine“(M = 2.68; SD = .63), while the lowest average response was for the item “I can handle the high stress caused by this quarantine and post quarantine“(M = 1.88; SD = .83).

The self-efficacy scale scores ranged from 0 to 3, also with the same response options already mentioned. Two of the items in this scale were: “When I found myself in difficulties due to isolation, I was able to remain calm because I had the necessary skills” and “If a situation of anxiety or panic due to confinement happened to me, I would know what to do”. The overall average obtained in this variable was 6.53, out of a possible 9 points. The average reported per item was 2.16, which suggests the presence of self-efficacy behaviors in the sample. The highest average was for the item “I can solve the difficulties involved in quarantine and post-quarantine if I try hard enough” (M = 2.32; SD = .72), and the lowest average

was for the item: “If a situation of anxiety or panic due to confinement were to happen to me, I would know what to do” ($M = 2.00$; $SD = .95$).

Regarding the coping scale, scores ranged from 0 to 3, with the following response options: “Never” = 0, “Sometimes” = 1, “Quite a lot” = 2 and “Always” = 3. The item “I use alcohol or drugs to feel better during and post quarantine” and the item “I use prescription drugs to feel better during and post quarantine” were reverse coded (from 3 to 0), as they were considered unhealthy coping strategies. The overall average reported was 10.61, for a maximum of 24 possible points. The average per item was 1.33, suggesting low presence of coping behaviors with drugs. The highest mean was for the item: “Used prescription drugs to feel better during and after quarantine” ($M = 2.79$; $SD = .63$), since this item is reverse scored, the result indicates that participants used prescription drugs very little, and the item with the lowest mean response was: “I seek out experts (doctors, psychologists, other) who know more than I do to help me cope with isolation in quarantine” ($M = .86$; $SD = 1.02$). These descriptive results indicate, on the one hand, a low perception of self-control to handle stress or panic situations, and on the other hand, a low occurrence of visiting health professionals for help or support.

Similar trends were found in other studies that found feelings of fear, uncertainty and worry in health care workers and older adults (Brooks et al., 2020; Lozano-Vargas, 2020; Mækela et al., 2020; Orellana & Orellana, 2020; Saletti-Cuesta et al., 2020). Although the psychological impact of the pandemic was underestimated in Paraguay, such as prioritizing physical health, economic and other factors (UNICEF, 2020), it is observed that there are emotional repercussions that, if not dealt with, can generate discomfort in the population and become a risk factor in the future (Urzúa et al., 2020).

To determine probable significant differences, group comparisons of resilience, self-efficacy and coping factors were made considering the sex of the participants (see Table 12.6). In the resilience factor, the results show a significant difference; thus, men score higher than women with a low effect value ($r = -.13$). Similarly, in the self-efficacy factor, they present a low effect value ($r = -.17$). These differences coincide with other studies where men reported a higher level of resilience to cancer and to the current pandemic (Orellana & Orellana, 2020).

Significant differences were also found in the coping factor, but it was women who scored higher than men with a low effect value ($r = -.095$), coinciding with research by Johnson et al. (2020). In that study, women demonstrated greater feelings of responsibility, care and valuing of interdependence, affection and the

Table 12.6 Gender comparison for resilience, self-efficacy, and coping

	<i>M</i>		Mann–Whitney U test	Z Score	<i>p</i>
	Males	Females			
Resilience	632,05	538.30	116,007,000	−4.44	.000
Self-efficacy	650,67	529.29	109,004,500	−5.88	.000
Coping	521,70	588.54	122,345,000	−3.21	.001

possibility of introspection and reflection on the effects of the pandemic compared to men.

On the other hand, it is important to recognize that women are primarily responsible for household chores, child rearing and empathic emotional support (Cousins, 2020; UNICEF, 2020). This itself may be related to the presence of low levels of resilience, as well as other emotional issues (Johnson et al., 2020; Lozano-Díaz et al., 2020; Wang et al., 2020). Although the comparisons are consistent with the directions marked by other research, the estimated effect sizes are too low to consider the differences found to be truly significant. Such differences may be attributable to biases due to sample size and distribution, among other limitations.

In addition, correlations were found between some factors. Since the data were not normal according to their skewness and kurtosis, Rho Spearman Correlation coefficients were used. The significant and positive relationship found between age and coping ($\rho = .18$) suggests that older participants tended to employ more coping strategies. Between age and self-efficacy there was a slight, but significant positive correlation as well ($\rho = .19$). These results are like those found by other research, which show that the older the participants are, the more mature, positive mental health and/or greater optimism are experienced (Anicama et al., 2012; Cid et al., 2010). Finally, a significant and positive, although low, correlation was found between the age of the participants and resilience ($\rho = .21$). This is consistent with the findings of Orellana and Orellana (2020), who also reported in their study that younger people manifested the highest and most generalized levels of negative emotional symptoms.

Conclusions

The aim of this study was to determine collective risk and prevention factors (resilience, self-efficacy, and coping) in the face of COVID-19. The results showed, in the case of risk/protective behaviors, that most participants were confident that isolation restrictions protected people from infection. Adherence to hygiene behaviors, increased frequency of hand washing, and constant use of face masks were reported. Most were aware that it was possible to infect others even if they were asymptomatic and considered it necessary to inform their family or report on the designated telephone line by health authorities if they experienced symptoms of COVID-19.

For collective prevention behaviors (i.e., resilience, self-efficacy, and coping), most participants reported acceptance of the pandemic situation and the “new normal” as well as sense of great importance attributed to one’s own life and family circle. On the other hand, we found a low perception of self-control in situations of stress or panic, as well as a low occurrence of visiting health professionals in search of support.

Male participants had higher scores in resilience and self-efficacy, while females had higher scores in coping. A significant positive correlation was found between

the age of the participants and the variables resilience, self-efficacy, and coping; however, the magnitude of the associations was rather low.

Two of the scales of the instrument had an acceptable level of reliability, while the one referring to coping was found to be not psychometrically reliable based on its low Cronbach's alpha. Another of the limitations of the study is the use of non-random sampling. Therefore, the generalization of the results obtained is not guaranteed and it is necessary to proceed with caution. The length of the instrument possibly discouraged many participants and affected their responses.

We hope our findings will help future studies understand emerging dynamics in the post-pandemic period in the domains of family relationships, communication, and stress with its various triggers (i.e., anxiety, urban violence, substance abuse, economic instability, and delinquency, etc.).

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Chapter 13

Social Distancing Due to COVID-19 as a Family Violence Risk Factor Among Mexican University Students: An Analysis from a Gender Perspective



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Introduction

In Mexico, following the declaration of a pandemic by the World Health Organization (WHO) due to the SARS-CoV-2 virus (COVID-19), the National Healthy Distance Journey (Jornada Nacional de Sana Distancia) was implemented (Secretaría de Salud, 2020). This health measure led to the closure of educational spaces, so the National Autonomous University of Mexico (UNAM) migrated face-to-face education to an online version, so that students could continue their academic training from home (López Sánchez & Cortijo Palacios, 2021).

With the prolongation of the distancing strategy to avoid contagion, homes became a place where socialization, education and work took place. This led family members to have to establish new routines and face the problems that arose as a consequence of uninterrupted coexistence, and conditions that aggravated the presence of family problems (Soriano Valtierra, 2020), among which there are acts of violence.

Violence is defined by the World Health Organization (WHO, n.d.) as “the intentional use of physical force or threats against oneself, another person, a group or a community that results in... trauma, psychological harm, developmental problems or death”. Among the different types of violence is family violence (FV). It is

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considered as “the act or omission, single or repetitive, committed by a family member against another or other members of the family... regardless of the physical space where it occurs.” (Secretaría de Salud, 2009, numeral 4.27).

During the period from January to September 2020, 163,868 crimes committed against women and men related to family violence (FV) were reported in Mexico. An increase of 4.5% was observed in the month of March (20,503 reports) with respect to the figures reported in the same month of 2019. Similarly, in this same period (January to September 2020) crimes related to gender-based violence (GBV) increased 26.4% (2942 reports) compared to the reports made in 2019 (2327 reports) (Secretariado Ejecutivo del Sistema Nacional de Seguridad Pública, 2020). This rise in FV crimes coincided with the beginning of the Jornada de Nacional de Sana Distancia as well as when the sanitary measures were implemented in the country.

The health crisis, which added to the psychosocial, psychoeducational, and economic difficulties, made the presence of FV more visible. Although it was already part of Mexico’s reality, it increased as a consequence of social alienation. Since women are the ones who experience greater expressions of violence, it is necessary to examine the information obtained from a gender perspective to reveal inequalities in various dimensions such as access to health and education, economic uncertainty, and the satisfaction of basic family needs, just to mention a few (Arias-Rodríguez, 2020).

Gender is a variable that should be studied within social relations and structures and should be understood as a social construction of the role differences generated between women and men, their relationships, perspectives, and cultural and social identities, which alludes to sociocultural determinants (Pereira & Guerrero, 2015). During the period of social distancing and the state of confinement, gender stereotypes and roles were reinforced, where women were perceived as the most vulnerable to FV (Arias-Rodríguez, 2020).

In sum, the objective of this study was to describe and analyze family violence expressed by students of the Facultad de Estudios Superiores Iztacala de la UNAM (FES-Iztacala UNAM), during the social distancing due to the COVID-19 pandemic, from a gender perspective.

Method

Sample

The responses of 3407 participants were analyzed (69.2% were women, 30% men, 0.6% non-binary). The ages of the participants were mostly grouped in the ranges of 18–20 (45.5%) and 21–23 years (35.8%). The sample consisted mainly of undergraduate students (91.4%) and to a lesser extent of interns (5.7%) and graduate students (2.9%) of the FES-Iztacala UNAM. Psychology students, of all disciplines, had the highest participation (51.8%). Similarly, it was determined that 97% of the student community lived with their families and more than 90% had maintained

voluntary social distancing during the *National Healthy Distance Journey*, leaving the home exclusively for the purchase of food and/or medicines.

Instrument

The Psychosocial and Socioemotional Measurement in the face of the COVID-19 contingency (MPE-COVID-19) was given,¹ which was an instrument composed of 32 items that evaluated the socioemotional processes in the face of the pandemic and physical distancing. At the end, the question was added: “Would you like to add any comment on the psychosocial and emotional consequences derived from social confinement due to COVID-19?” Through content analysis the responses of the participants who mentioned experiencing situations related to FV in any of its expressions were selected, this being the only inclusion criterion. The types of violence were broken down into three categories: 1) Violent family coexistence: aggressions generated within the family nucleus (physical blows, verbal aggressions or deprivation of rights and resources); 2. Emotional states altered by violence: manifestations of emotional discomfort because of situations of violence; and 3) Gender-based violence: acts of violence against women, which may result in physical, sexual or psychological harm or suffering.

Procedure

The present descriptive, cross-sectional, mixed-cutting research was conducted during the period from April 28 to May 23, 2020. The information was collected using the Google Forms platform. The entire student community of the FES-Iztacala UNAM from undergraduate and graduate programs in medicine, psychology, nursing, biology, dentistry, optometry and psychology-SUAYED was invited to participate on a voluntary basis. The corresponding ethical considerations were considered in the development of this study, as well as the approval of the Ethics Committee of the FES-Iztacala UNAM (registration CE/FESI/082020/1361).

Results

According to the data collected, it was determined that university students reported FV experiences. Undergraduate students were the most likely to experience FV (94.7%). The majors in which FV occurred most frequently were psychology

¹ Survey conducted by Dr. Oliva Lopez Sanchez using the *FESI-Psychosocial and socioemotional meter against the health contingency COVID-19* available at <https://bit.ly/2EES2ur>

Table 13.1 Demographics of students who experimented Family violence

Variable		Percentage
<i>Gender</i>		
	Males	15.8
	Females	84.2
<i>Age</i>		
	18–20	52.6
	21–23	31.6
	24–26	15.8
<i>Field of study</i>		
	Psychology	42.1
	Biology	26.3
	Odontology	15.8
	Nursing	10.5
	Medicine	5.3

(42.1%), biology (26.3%), and dentistry (15.8%). The rest of the results can be found in Table 13.1.

In relation to the students' experiences of FV, it was determined that the subcategory with the highest incidence corresponded to violent family coexistence (68.4%). In addition, 57.9% reported states altered by violence and 47.4% said they had experienced gender-based violence, exclusively against women (see Fig. 13.1).

It is important to note that, despite subclassification for the analysis of the responses, the FV situations experienced by the students were not mutually exclusive, since a person could manifest more than one type of FV. The findings related to the subcategories analyzed are described below.

Violent Family Coexistence

One of the aspects that initially had the greatest impact on the student community and their families was the loss of activity spaces. The confinement by COVID-19 led to the development of conflicts due to forced coexistence, limited to a single space: the home. In the analysis of the subcategory of family coexistence, it emerged that the participants emphasized its forced and involuntary nature, where interactions gave rise to continuous conflicts as a consequence of generational, personal, and ideal differences. This situation was evidenced in different comments such as the following:

[It is difficult] to live a healthy coexistence with so many people with different points of view about everything (Female participant, 21–23 years old).²

²Reference is made to the number of questionnaires, sex, and age range.

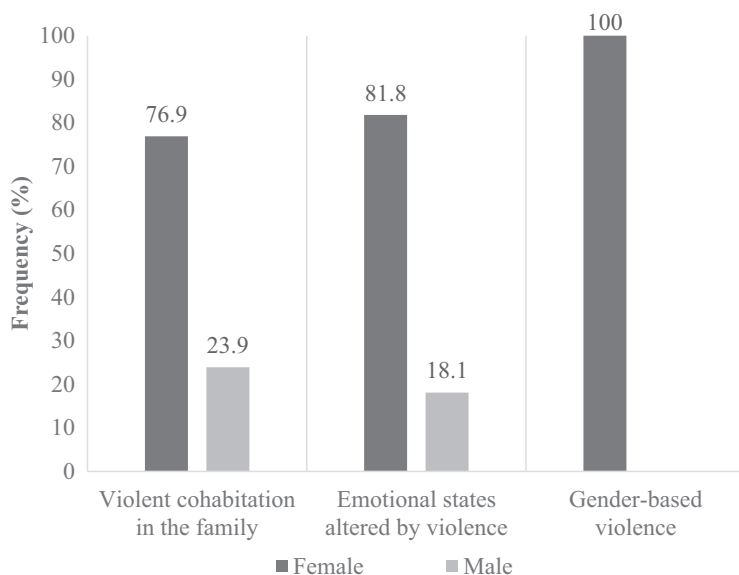


Fig. 13.1 Subcategories of family violence distributed by gender

There are times when I don't want to see anyone all day as I live with my family 24/7. Sometimes the atmosphere at home becomes very tense and there are times when we are all very irritable (Female participant, 18–20 years old).

Daily coexistence creates friction or conflict (Female participant, 21–23 years old).

In Mexican society, in some cases, housing is not only shared with the nuclear family but also with the extended family, which has led them to experience conflicts. It has been reported that in situations of social isolation such as the one experienced during the health situation, family ties were affected; previous behaviors that did not generate problems, after a long time of living together, began to cause complaints or resentment (Linconao, 2020). This situation, in the face of prolonged social isolation, led many students to suffer negative effects from living with relatives:

... I have been suffering violence by a family member, along with my whole family (Female participant, 18–20 years old)."

...I share a building with uncles where there is shouting, music, alcohol, which on many occasions distract me from my activities (Female participant, 18–20 years old).

My grandparents have been affected since they make the family dynamics very heavy, they fight, exert passive violence against my family, go out in the street without taking precautions, get sick to get attention, refuse to eat and only think that they already want to die (Female participant, 18–20 years old).

Factors such as the state of the housing and overcrowding exacerbated discomfort and increased tension among family members, leading to manifestations of violence

(Lastra Suárez et al., 2019). However, interaction with family members was not the only problem; added to this were feelings of nostalgia and longing for their pre-pandemic, academic daily lives:

... discovering how difficult it is to live with the family for a long time, plus now I value even more the time we had for internships and clinics (Female participant, 18–20 years old).

The responses above in which student participants mentioned the negative effects of family coexistence and identified them as a trigger for situations of violence, exposed in turn the effects of physical distancing on their emotional states.

Emotional States Altered by Violence

In this research we were able to identify the negative effects of family coexistence and the impact on the participants' emotional states. In investigations where the effects of confinement have been evaluated, it was determined that socially isolated people begin to experience loss of motivation to perform activities that were previously pleasurable. Activation of the brain systems related to the stress response (hypothalamic-pituitary-adrenal axis) occurs (Cortijo Palacios, 2020), leading to the development of irritability, anxiety, insomnia, hypochondria, fear, apathy, hopelessness, and mood changes, which could contribute to the manifestation of violent behaviors (Johnson et al., 2020).

For a better understanding of the emotional processes experienced by people, it is necessary to complement their approach with an analysis from a sociocultural perspective. Emotion also has a social function (López Sánchez, 2011) and during the COVID-19 confinement, feelings were uncovered that were complex, since they are a function of gender identities, where expressing emotions was associated with feminine identities and to a lesser degree with masculine identities.

In the particular case of the students of FES-Iztacala UNAM, the prolongation of the sanitary measure of healthy distancing in Mexico generated psychological and emotional consequences. Some expressed it as follows:

... stress increases considerably and with it, friction among the family (Female participant, 21–23 years old),

Another reason that causes me stress is being cooped up with my family, nobody can stand each other anymore (Male participant, 18–20 years old).

...I feel a lot of sadness and anxiety and being locked up makes me think too much, I feel like everything is increasing... I am arguing a lot with my family, even more than I used to (Female participant, 18–20 years old).

The above expressions highlight the relationship between the problematic situation with the family, the effect it has had on their emotions and how this feeling manifests itself in symptoms associated with anxiety and depression.

It is known that emotions are subject to cultural forms or codes, the emotional experience is the expression of the imaginary, coming from such a system of

socio-cultural codes that make up a world of meanings and senses (López Sánchez, 2011). In this sense, in moments of confinement, such emotions are totally individual and unique experiences where, although their manifestations are limited and attempts are made to contain them, they cannot be extinguished. All this facilitates episodes of family violence as observed in the narratives. In addition, the increase in the intake of alcohol and drugs in men and women were factors that could facilitate disinhibition and therefore generate violent attitudes.

It is a feeling of fatigue, anxiety. The consumption of alcoholic beverages and tobacco consumption has increased and caused fights with my mother (she still started to consume, when she had never done so) and there are fights (Male participant, 24–26 years old).

Emotions are representations loaded with meanings in the context of social practices and power relations, which are clearly observed in family dynamics. One of the main reasons why emotional expressions are not observed by men in this study may be directly related to gender and masculine identities, since emotions have been seen as natural in women but not in men (López Sánchez, 2011).

Gender-Based Violence

It is important to identify the difference between family violence and gender-based violence. The former happens in the domestic space between family members and the latter is violence exercised towards women and is based on inequalities built on gender, with the domestic space being the place that facilitates this type of violence, given that the power structures and sociocultural conditions rooted in families make its presence feasible (Rodríguez López et al., 2017).

In this study we identified that gender-based violence was present in the other evaluated subcategories of the students, i.e., they converge in daily life and are not mutually exclusive. Similarly, it was observed that despite the health situation, it was expected that they would comply with the models of femininity, which indicate the behaviors that should be followed in public and private scenarios, in coexistence with family, friends or at work. The following are some of the students' responses:

... it seems to me that the problems I had come to have before confinement were aggravated, since there are situations and scenarios in my family that complicate my feelings and my way of being even more (Female participant, 18–20 years old);

I have a hard time with academic work and violent family coexistence (Female participant, 24–26 years old);

My stress is due to the family situation, they ask me for money, they yell at me, and I don't have quiet moments; work was my escape from that (Female participant, 24–26 years old).

For female students, tensions and unpleasant emotions grew in the face of an uncertain future and were reflected in their physical and emotional state with symptoms associated with stress, anxiety, and depression. For many women, confinement increased their workload, leading them to work double or triple shifts. The students,

in addition to having to fulfill their academic activities, had to collaborate on housework and take care of others, without having an escape from the situations at home.

Discussion

This study revealed the expressions of violence experienced by university students at FESI-UNAM during situations that were generated during the social distancing by COVID-19. It was evidenced that there is an interconnection between family coexistence, gender violence and the altered emotional state due to violence, all problems that endure in the country and that in conditions of confinement increased within the domestic space (Arias-Rodríguez, 2020).

With the analysis of the results, we were able to observe that the expressions of violence, emotions and gender converge at the same level, are interrelated and are not mutually exclusive. The health situation led to violence being generated from emotions experienced during family coexistence and in turn, violent family coexistence generated emotions in the students that impacted their mental health. In particular, it was women who presented a higher level of vulnerability, reinforcing stereotypes and gender roles in Mexican society.

With the prolonged confinement by COVID-19, gender inequalities became alarmingly visible: violence increased against women through the intensification of socio-cultural practices regulated by patterns of behavior established in family cultural patterns and imaginaries of what men and women should be.

Finally, the information generated in this research was used to design and disseminate, among the student body, psychoeducational audiovisual material to provide guidelines for coping with the psychological, physical, and educational effects caused by the physical distancing caused by COVID-19.

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Chapter 14

An Exploratory Study on Family and Economic Conflicts in Mexican University Students During the COVID-19 Pandemic.



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Introduction

As a consequence of the COVID-19 pandemic, the family, school, work and social dynamics, and structures of the university student community were disrupted. Nationally, social distancing was used to keep people away from crowded places and restrict interaction among them, avoiding the spread of the virus (Sánchez & De la Fuente, 2020). The Facultad de Estudios Superiores Iztacala of the Universidad Nacional Autónoma de México (FES Iztacala UNAM) closed its facilities and adopted a remote learning modality for its classes. This changed the students' interaction dynamics and family economic adjustments, affecting the circulation space inside the home due to the number of people living together, the services available for everyone, the time allocated to school, work, coexistence, and leisure tasks, among other issues (Orellana & Orellana, 2020; Pinchak, 2020; Ruíz & Pastor, 2020). We understand the family as a space for interpersonal exchange based on the socio-cultural conditions that generate it: social context, socio-urban environment, cultural beliefs and customs, generational upbringing practices, social policies, among others (Cambero, 2020; Linconao, 2020).

Unfortunately, family conflicts and economic distress were frequent consequences associated with the prolonged social confinement experienced during the pandemic (Lepin Molina, 2020). Economic problems depressed earnings in families, especially among those in the informal sector, and layoffs of workers in

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medium-sized businesses and stores, created sense of uncertainty about the family and national economic future (Brooks et al., 2020; Gaytán, 2020). The compounded effect of family dynamics and economic uncertainty during the imposition of national health measures affected the socioemotional stability of university students, leading to mental health issues such as anxiety, fear, and depression. According to Hochschild (1990) and Le Breton (1998), socioemotional processes are a function of interpersonal hierarchical position. In that sense, such processes are closely linked to gender, generational, social stratification, educational, and life situation identities. They are also linked to psychosocial factors, defined as those economic, political, and social conditions that influence people's context and their quality of life (Zaldúa & Bottin, 2017).

This study stemmed from the need to respond to the COVID-19 pandemic and offer psychological support to college students attending our university. Its objective was to analyze the psychosocial and socioemotional factors related to family and economic conflicts reported by members of the university community while they were socially confined with their families during the first wave of the COVID-19 pandemic.

Method

Design

An exploratory-descriptive qualitative study was conducted in 2020.

Sample

The study included 3407 college students of Mexican origin. About 69.2% were female, 30% male, and 0.6% non-binary. Their ages ranged from 18 to 30 years. The vast majority lived with their parents and siblings (97%). About 91.4% were undergraduate students, 5.7% were interns, and 2.9% were graduate students. The degree areas represented in the sample were psychology (51.8%), optometry (16.4%), biology (12.3%), medicine, (7.7%), dentistry (6.7%), and nursing (5.1%).

Instrument

The *Psychosocial and Emotional Measurement of the COVID-19 Contingency* (MPE-COVID-19), which assessed the socioemotional impact of social confinement on participants, was administered in an online format. This instrument includes

30 items, 28 of which are closed-ended and two are open-ended. Responses to the open-ended questions were further divided into eight categories: intimate partner violence, physical alterations, emotional alterations, positive aspects of the pandemic, school problems, requests for psychological support, family conflicts and economic problems. For this chapter, we focused on the latter two categories.

Procedure

After reviewing the study's informed consent, participation in the study was voluntary. Our research project followed all the regulations and laws established to keep the confidentiality of personal data, according to the Mexican Federal Law for the Protection of Personal Data. This research project is endorsed by the Ethics Committee of FES Iztacala UNAM and approved by the Research Support Program PAPIIT UNAM (IN301021).

Results

A total of 45 responses reported family conflicts and 21 reported economic problems. All responses were content-analyzed and coded within semantic categories. For family conflicts, we opened four subcategories: (1) stress and anxiety due to new family dynamics (19 participants); (2) family violence (16 participants); (3) invasion of privacy and personal spaces (7 participants); and (4) family problems due to the death of a member (3 participants). For economic problems, we had three subcategories: (1) family economic adjustments (10 participants); (2) personal economic problems (6 participants); and (3) concern for the national economy (5 participants). The following is an analysis of some of the responses offered by the participants for each subcategory.

Family conflicts

According to the subcategories created on family conflicts, the expression of stress and anxiety due to the new family dynamics was one of the most frequently reported. Changes in schedules and times dedicated to work and school activities decreased and gave way to new coexistence, routines, and responsibilities at home. Some dynamics reflected power differentials among family members due gender and some conflicts seemed influenced by the ways in which men and women usually deal with emotional conflicts (Robles, 2020a).

Disagreements among family members during the pandemic confinement increased, affecting interpersonal relationships and family coexistence. Some expressed it as follows:

Daily coexistence creates friction or conflict (Female participant, 21 years old).

Stress increased considerably at home (Female participant, 21 years old).

I would like to be able to know how to manage anxiety and stress so that I can get along better with my family (Female participant, 24 years old).

Another reason that causes me stress is being cooped up with my family, no one can stand each other anymore (Female participant, 18 years old).

My stress is due to the family situation (Male participant, 24 years old).

Another subcategory reported was the presence of family violence. Some important factors reported were spending confinement in small places, living with an abuser, and the use of alcohol or drugs as a disinhibiting element of violence by the aggressor. In Mexico, the official judicial reports on family violence are mainly violence against women, with one in 10 women requesting help when they experience violence in their homes and only three out of 10 reported cases having alleged perpetrators in process. Most cases involve intimate partners. During this confinement, there was a 35% increase in the number of reports of gender violence, which revealed the seriousness of the situation (Robles, 2020a). Student responses in this subcategory included the following:

My husband and I assault each other all the time (Female participant, 33 years old).

They yell at me, I don't have quiet moments (Female participant, 24 years old).

Help me, my dad won't stop hitting us (Male participant, 18 years old).

Family coexistence is violent (Female participant, 24 years old).

And this has caused quarrels with my mother (Male participant, 24 years old).

Within the third subcategory of family conflicts, we identified problems caused by the invasion of privacy and personal space. Many responses mentioned that they did not have a personal and exclusive space where they could be alone and carry out their intimate activities. This affected their psychological and social well-being, generating displeasure and family disagreements that, in normal times, would not be important (see Linconao, 2020). Some of the responses provided by the participants were the following:

Work was my escape from it (Female participant, 24 years old).

There are times when I don't want to see anyone all day as I live with my family 24/7 (Female participant, 18 years old).

I used to live alone, but as a result of the pandemic I moved in with my parents (Female participant, 21 years old).

I prefer to be alone (Female participant, 21 years old).

This category was mostly reported by male students, coinciding with Linconao (2020) and Robles (2020b) who mention that men tend to experience greater irritability in small spaces than women. Emotions such as uncertainty, fear or hopelessness contribute to men, accustomed to open spaces, having increased anxiety and stress and manifesting it through violent behaviors, while women experience greater states of stress and anxiety due to increased domestic and childcare activities.

The last subcategory of family conflicts is related to the emotional impact of the death of family members and relatives. The emotion of fear or uncertainty when a family member or they themselves become ill is latent, whether it was due to COVID-19 or not. Loss and grief were expressed in the form of anguish, rejection, impotence, frustration, or desolation, influenced by the social processes faced by each one according to their gender, age, school level and socioeconomic status. Some examples of answers offered by participants are:

I have a transmissible disease and I worry a lot about getting sick and dying or that if I get sick, I will infect my wife (Male participant, 33 years old).

The death of a family member by COVID is somewhat traumatic; yes, it would be good to have more access to psychological help (Female participant, 18 years old).

Social dispositions are hierarchical emotional dispositions according to sex, gender, or social class, which means a pathologization of emotions in accordance with the restrictive social and cultural processes during the historical moment lived in the COVID-19 social confinement period. In this sense, the family becomes the space where these emotional pathologizations converge (López, 2019). From a sociocultural perspective of emotions, the use of pathologizing and hyper individualized discourses of affective states is analyzed, judging mental health as an individual trait, in view of the subject's inability to adapt to conflictive situations. The sociological theory of emotions reconceptualizes emotional disorders as structures of social interaction according to the standards of the existing emotional culture; since emotions imply being a fundamental part of the formation of identities and social roles of individuals, of their relationship with the beliefs and values that organize it, in communicative acts and practices, in sociocultural facts and in discourses constituted by a given social reality (Bericat, 2000; Encino & Lara, 2014).

Financial Problems

The lack of decision making for the execution of public policies that benefit the health of the Mexican people and the insufficient epidemiological transparency has disrupted family and social relations in the country, affecting higher education institutions and the entire university community. The COVID-19 pandemic confronted the performance of the Mexican government during the pandemic (Vargas, 2020).

The results in the category of economic problems showed a higher frequency in the subcategory related to the adjustment of the economic budget in university

households due to job loss or lower salaries. Arteaga (2020) mentions that in Mexican families there are greater matrilineal models where women play an important role in the family economy. About 56% of the labor force in the informal economy is female, and they do not have health insurance or a fixed salary, which makes it essential for women to go out to work, even with health challenges. Likewise, 53.1% of the women have a formal job work in commerce and public services, which increases their vulnerability to infection. Below we transcribe some of the answers we collected:

It provoked a lot of stress to look for work to support at home (Female participant, 24 years old).

In addition, my family is suffering economic problems and knowing that we can't do anything is very hard (Female participant, 18 years old).

During the confinement, I suffered great anguish because of the family economic situation (Female participant, 21 years old).

My stress is due to the family situation; they ask me for money to help with household expenses and I don't have a job (Female participant, 24 years old).

The second subcategory related to the personal economic impact is linked to the closure of businesses, schools, shopping malls, factories and all means of production, in an attempt to control and mitigate the spread of COVID-19, affecting the personal economy due to job cuts and salary reductions; this had an impact on university students who absorbed their own expenses and who had economic independence from their parents and who in some cases had to return to live with their families. The following stories illustrate this:

The family economy has changed drastically because we used to live within limits, but now it is necessary to cut down on food or activities to make the money work, because my husband's salary has been cut (Female participant, 33 years old).

I have to go out and earn money just like my father to be able to bring food home (Female participant, 27 years old).

We are being hurt more by not having anything to eat than by COVID (Female participant, 18 years old).

These economic problems influenced students' emotional states, and this was reflected in their school performance, as revealed by their answers:

I have a hard time following a routine within my home with the lack of activities I used to do on a daily basis. I worry a lot about my economic status (Female participant, 21 years old).

They affect the economy in a brutal way and that generates a lot of anguish because I do not have enough resources to cope with the confinement (Female participant, 27 years old).

Social confinement produced changes in daily habits, generating new individual and family routines which, when linked to other personal problems, produced anxiety, fear, anguish and uncertainty. The economic impact of the pandemic forced

university students and their families to go out to work, assuming the risk of infection by COVID-19 to contribute to household expenses, making them more likely to suffer from anxiety and other psychological disorders, in addition to stigmatization (Brooks et al., 2020).

Finally, within the subcategory regarding the concern of the national economy and its impact on different social contexts, some participants expressed great concern:

This affects people with greater socioeconomic vulnerability (Female participant, 27 years old).

The economic situation at the national level will be critical and as a result, crime will increase (Male participant, 24 years old).

The economy must be reactivated (Female participant, 18 years old),

Economic and social conditions are not homogeneous (Female participant, 24 years old).

Conclusion

The findings presented in this chapter allowed us to better understand the psychosocial and socioemotional factors that influenced family and economic dynamics among university students during the COVID-19 social confinement period. The health measures imposed to flatten the curve had dire repercussions in the dynamics and finances of families of participants. The learning experience suffered too. The collective experience of the pandemic invited us to reflect on a change of social paradigm, to rethink new links within family interactions that consider moral and ethical behavior towards others and greater solidarity among family members.

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Chapter 15

A Look at Violence in the Time of COVID-19 in Mexico



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Introduction

According to Mexico's General Law on Women's Access to a Life Free of Violence (Diario Oficial de la Federación, 2007), violence is "any action or omission, based on their gender, that causes them psychological, physical, patrimonial, economic, sexual harm or suffering, or death in both the private and public spheres". Violence immediately affects those who experience it and has negative consequences on their health, development, and autonomy.

Violence is a structural problem and is systemic, which is why it is perpetuated by a variety of elements such as culture, impunity, and organized crime. From culture, situations such as the lack of justice, the sense of belonging (e.g., Is he going to let you work? Is he going to let you go to the party?) and the media, which often pays attention to the victim more than the aggressor. For example, more emphasis is placed on things such as the fact that the victim drank, wore a short skirt, or had tattoos, which revictimizes the person. From the point of view of impunity, nothing is done because there is the belief that forgiveness will always be granted: why do anything if he will be forgiven after a while? In the area of organized crime, Ramos Lira et al. (2016) report that research conducted in areas where drug trafficking and organized crime control vast community spaces show higher severity of violent acts and murders of women, at the same time that reporting by relatives of murdered women decreases for fear that their daughters-victims will be associated with these

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criminal organizations. The criminal networks present power asymmetries derived from the prevailing gender stereotypes and with it the assignment of roles in which women end up being the main victims through different mechanisms of violence.

Violence against women is a public health (WHO, 2012) and human rights problem that is due to multiple factors. First of all, endoculture (i.e., transmission of values, norms, and attitudes from the group of cultural belonging) has taught us that one way to resolve conflicts is through violence. On the other hand, we live in primarily patriarchal cultures where men have been taught that they have a superior role in relation to women. In addition to this difficult general panorama, the pandemic, and a series of COVID-19 protective measures, such as social isolation, have contributed to intimate partner violence.

Social Isolation, Violence, and COVID-19

During the pandemic, violence was associated with many factors, including economic stress, instability in the face of disaster, increased explosive relationships, and a reduction in support options (Peterman & O'Donnell, 2020; UN Women, 2020). Under these conditions, couples do not have the ability to seek forms of support to deal with their stress, nor do they have the option to establish distance from their partner in a situation of escalating stress. Additionally, lack of money, financial problems and lack of social support networks can lead to an increase in partner violence.

Both Buttel and Regardt (2020) and Moreira and Pinto da Costa (2020) state that exposure to disasters has been shown to have an impact on the increase in intimate partner violence. These authors mention that the health system focused on the medical aspects associated with the pandemic, but an increase in the news about cases of intrafamily violence, especially intimate partner violence, suggests that it was necessary to pay attention to this situation involving family health.

Several studies showed that there was an increase in reports of intimate partner violence in different parts of the world in the wake of the COVID-19 pandemic. In countries such as the United States, Italy, and Brazil, overall rates of intimate partner violence gradually increased over the year 2019. For example, in the city of New Orleans there was a 16% increase in aggravated domestic assault cases compared to 2019 (Sledge & Adelson, 2020, cited in Buttel & Regardt, 2020). In Mexico, from measures such as isolation, it was found that three out of 10 women were victims of physical violence within the home (Núñez, 2020).

With respect to calls received for intimate partner violence, in the United States there was a 20% increase (Jarnecke & Flanagan, 2020). In Mexico, in June 2020, 106,711,148,911 calls were received every hour, related to some incident of violence against women (Secretariado Ejecutivo del Sistema Nacional de Seguridad Pública, June, 2020). Similarly, the National Network of Shelters in Mexico reported that calls due to gender violence increased by 60% and asylum requests by 30% (Barragán & Rodríguez, 2020).

Due to the increasing magnitude of intimate partner violence, it was necessary to make use of different mechanisms to intervene and prevent it in times of COVID-19. For this reason and considering that the victim can be close to the aggressor at all times, mechanisms such as attention via chat, flexibility of the professional in the moments of attention, and dissemination of preventive information on different platforms and media were proposed (Jarneck & Flanagan, 2020).

Although intimate partner violence is a phenomenon that has been highly prevalent in recent decades, social distancing measures represent a new context in which the risk of experiencing intimate partner violence, especially for women, increased significantly. As possible reasons for this, Buttel and Regardt (2020) mention that these people “have nowhere to escape to”, as they are forced to spend more time with their aggressors, while their support networks are distant. In addition, the police system is not fully operational and shelters for victims of violence are not active.

There have been multiple proposals for training or intervention programs and support groups during this time. Mazza et al. (2020) concluded that during quarantine and the onset of COVID-19, there was a need for programs to prevent violence and to evaluate all areas of violence (e.g., psychological, physical, sexual), calling out training as necessary for the different professionals who deal with these cases (e.g., psychiatrists, psychologists, social and legal services). Campbell (2020) suggested the use of community partnerships in the social environment, such as mail carriers, garbage collectors, food delivery personnel, home repairmen, and neighbors who may have the opportunity to detect domestic violence and report their concerns to the relevant authorities.

Research done in the early stage of the COVID-19 pandemic has evaluated multiple ways to detect and thus prevent violence. Xue et al. (2020) evaluated the topics most commonly discussed in social networks (e.g., Twitter). They found nine topics linked to violence and COVID-19: family types, impact, forms of violence, risk factors, victims, support services, law enforcement response, social movements, and news. They concluded that this platform can be a form of real-time monitoring of violence, generating informal and formal social support networks. Piquero et al. (2020), found that being at home was not safe. Their results showed that, as isolation increased to prevent COVID-19 infection and prevention measures increased, violence increased.

Method

Sample

The present study was carried out in Mexico City and aimed to determine the prevalence of violence and the impact that social distancing had on it. The sample included 1472 volunteer participants, between 18 and 79 years of age ($M = 36.21$; $SD = 11.82$), composed of 631 men (42.9%) and 841 women (57.1%). Most held a bachelor's degree (54.1%), and the majority reported being employed (77.6%). Regarding time

in the relationship, the range was from 1 to 45 years ($M = 8$, $SD = 9.2$). About 68.8% mentioned that they had been affected by the COVID-19 pandemic in their lives. Data were collected between May and August 2020, right at the onset of the pandemic.

Instrument

The instrument had two sections. The first one measured the Relationship Violence Scale (Cienfuegos Martinez, 2004), which consists of 39 items with a 5-point Likert-type response (1 = Has not happened in the year to 5 = Always in the year), distributed in eight factors with an eigenvalue greater than one, which explain 72.52% of the total variance; and has a Cronbach's alpha of .968. The factors that make up the scale are physical violence ($\alpha = .968$); economic violence ($\alpha = .95$); intimidation ($\alpha = .95$); psychological violence ($\alpha = .92$); control ($\alpha = .90$); humiliation/devaluation ($\alpha = .92$); blackmail ($\alpha = .84$); and sexual violence ($\alpha = .78$).

The second section included 13 multiple-choice questions containing seven items on sociodemographic data and six on social isolation and relationship problems. To obtain the prevalence of violence in intimate partner relationships, the intervals for low (1–2.33), moderate (2.34–3.66) and high (3.67–5) frequency were calculated based on theory, dividing the response continuum (1 = Has not happened in the year, 5 = Always in the year) into three equal parts, respecting the theoretical mean (3) as a neutral point.

Procedure

This research was conducted by the Faculty of Psychology of the National Autonomous University of Mexico to study how people behave with their partner in times of COVID-19, through personal invitation and through social networks such as Facebook, Instagram, and Twitter. The administration of the instruments was done through Google Forms. The study followed the guidelines of the Psychologist's Code of Ethics (Mexican Society of Psychology, 2010). Those who decided to participate were given an opportunity for informed consent in which it was guaranteed that the data provided would be confidential, anonymous, and only used for statistical analysis. Participants were then given access to the link that took them to the instruments.

Data Analysis

The results were first analyzed with descriptive statistics to evaluate the prevalence of violence, then several Student's *t-tests* were used to determine whether there were significant differences in the types of violence between people who were in

social isolation and those who were not; and those who had and had not had problems with their partner due to social isolation. The Pearson product-moment correlation coefficient was also applied to determine the relationship between the level of affectation due to social isolation and the degree of violence.

Results

The prevalence of violence was calculated at three levels: high, moderate, and low. In the high and moderate prevalence bands, there was a higher prevalence of social violence and control, followed by economic-domestic violence and psychological violence. The data is shown in Table 15.1.

With reference to social isolation, 67.7% ($N = 1000$) reported having been socially isolated, while 32.3% (472 persons) said they had not. When obtaining differences through Student's t -tests between people who were in social isolation and those who were not, people in social isolation perceived different types of violence to a greater degree. As shown in Table 15.2, people who were socially isolated reported higher levels of intimidation, control, humiliation, and blackmail. The differences between the two groups for these different forms of violence were found to be statistically significant.

Among participants, 40% ($N = 588$) reported having had problems with their partner due to social isolation, while 60% ($N = 884$) reported not having had them. The main problems reported by people who had problems with their partner due to social isolation as a COVID-19 prevention measure were: feeling discriminated against, feeling that they were being pushed aside, anger, alcohol consumption, fights and quarrels, feeling that their partner does not care, neglect of personal grooming, not doing daily activities, excessive use of social networks, lack of money, problems living with their children, and violence. Those who had problems with their partner on the measure of social isolation presented higher degrees of violence, in all types of violence except physical violence (see Table 15.3).

On the other hand, participants were also asked if the social isolation prevention measure had affected them and quantified how much it had affected them. According to the results obtained, 68.8% (1013) said that they were affected by social isolation due to the COVID-19 pandemic and when asked how much, they were asked to

Table 15.1 Prevalence of violence in intimate partner relationships ($N = 1472$)

Types of violence	<i>M</i>	<i>SD</i>	Low		Moderate		High	
			<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Physical violence and intimidation	1.15	0.40	1437	97.6	27	1.8	8	0.5
Social violence and control	1.51	0.79	1295	88.0	125	8.5	52	3.5
Economic-domestic violence	1.21	0.51	1403	95.3	56	3.8	13	0.9
Sexual violence	1.08	0.29	1452	98.6	17	1.2	3	0.2
Psychological violence	1.27	0.50	1407	95.6	53	3.6	12	0.8

Table 15.2 Differences in types of violence between participants who were socially isolated and participants who were not

Types of violence	Were not socially isolated		Were socially isolated		<i>t</i>	<i>p</i>	IC95%	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			Inferior	Superior
Intimidation	1.11	.40	1.90	.43	-2.54	.01**	-.125	-.015
Control	1.37	.66	1.49	.74	-2.52	.01**	-.210	-.026
Humiliation	1.18	.44	1.26	.52	-2.57	.01**	-.147	-.017
Blackmail	1.33	.54	1.40	.57	-2.07	.03*	-.143	-.004

Note: * $p < .05$ ** $p < .01$

Table 15.3 Differences in the types of violence between participants who had and did not have problems with their partner due to social isolation

Types of violence	Did have problems with partner		Did not have problems with partner		<i>t</i>	<i>p</i>	IC95%	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			Inferior	Superior
Economic	1.29	.634	1.21	.507	2.57	.01**	.018	.138
Intimidation	1.18	.505	1.10	.329	3.04	.001**	.033	.124
Psychological	1.34	.619	1.20	.4682	4.92	.00**	.086	.202
Control	1.48	.758	1.34	.628	3.95	.00**	.073	.218
Humiliation	1.25	.519	1.15	.420	3.98	.00**	.050	.149
Blackmailing	1.45	.644	1.27	.470	6.02	.00**	.122	.241
Sexual	1.24	.471	1.19	.394	2.51	.01**	.012	.102

Note: * $p < .05$ ** $p < .01$

mention from one to 10 how much they had been affected by social isolation as a prevention measure, with 10 being very much. About 35.5% ($N = 523$) responded that it had affected them very much and 41.1% ($N = 606$) said very much.

As to whether or not this measure affected them, it was possible to establish statistically significant differences through Student's *t*-test for the type of psychological violence ($t_{1050} = 2.19$, $p < .02$) and humiliation ($t_{1118} = 2.57$, $p < .01$). People who reported that they had been affected by social isolation reported more types of violence.

With reference to how much this measure affected them, the level of impact by social isolation and the degree of violence were positively correlated by means of Pearson's product-moment correlation coefficient. In women, it was found that when social isolation was high, there was also greater psychological violence ($r = .11$, $p < .01$) and blackmail ($r = .12$, $p < .01$). This pattern was also observed for control and sexual violence; however, the correlations were very low. For men, the more affected they were by social isolation, they perceived greater psychological violence ($r = .14$, $p < .01$), control ($r = .12$, $p < .01$), and humiliation ($r = .14$, $p < .01$). This pattern was also observed in blackmail and sexual violence, but correlations were also very low too.

Conclusions

Violence in times of crisis, such as experienced during the pandemic, has been a recurring theme because of its implications, particularly due to the protective measures called for to combat COVID-19, mainly social isolation. In Mexico, this measure was implemented in March 2020, at the onset of the pandemic.

Social isolation as a preventive measure in Mexico was called “*stay at home*.” This preventive step implied that the home protects people, since it is a safe place and prevents contagion; for victims of violence, however, it became an unsafe place, since they had to stay at home with the aggressor. This medically preventive measure created a paradox, since people at home should feel protected, but many did not experience it this way, because the violence exercised in the context of social isolation made the victims uncommunicative, increased their vulnerability and put many of them in mortal danger.

The research presented here shows that the vast majority of respondents experienced a low degree of prevalence of violence; however, between 1.4% and 12% experienced moderate to high levels of prevalence, depending on the type of violence. It is worth noting that the type of violence most experienced by the participants was social violence and control (12%).

Regarding social isolation, most of participants followed voluntary isolation; however, not all people were able to comply with it as a COVID-19 prevention measure, either because of the economy (if they did not work, they did not eat) or because of the type of work they did (their work cannot be done from home); however, this isolation caused and intensified problems in families and couples. The findings of this research in Mexico show that people in social isolation perceived greater violence, which coincides with what was reported by Peterman and O’Donnell (2020), in the review of 10 studies carried out in different countries, where there was an increase in violence during the COVID-19 pandemic in couples.

Another finding of this study is that participants mentioned that social isolation increased relationship problems and, in addition, perceived violence of all types. These results also coincide with those reported by Moreira and Pinto da Costa (2020). Many studies have reported several risk factors associated with the problems found in this research, such as economic stress, instability in the face of the pandemic, increased conflictual relationships and a reduction in support options (Peterman & O’Donnell, 2020; UN Women, 2020).

Our study identified different problems with partners such as feeling rejected, feeling pushed aside, and alcohol consumption; all risk factors linked to violence. Jarnecke and Flanagan (2020) noted that alcohol supplies remained fully available in times of pandemic, so that alcohol consumption became one of the main factors associated with intimate partner violence. When coupled with stress linked to social distancing, these factors may increase the risk of experiencing intimate partner violence in times of COVID-19.

With respect to the problems reported by couples, two types of risk factors were observed: individual factors, such as feeling discriminated against, feeling that they

are being pushed aside, anger, alcohol consumption, and relationship factors, such as fights and quarrels with the partner, feeling that the partner does not care, neglecting personal grooming, not doing daily activities, excessive use of social networks, lack of money, problems living together with the children, and violence toward the partner. These findings also confirm what was reported by Moreira and Pinto da Costa (2020) who found, according to a review of 29 articles linking intimate partner violence and COVID-19, that the risk factors leading to violence can be classified into individual, relational, and community, and social risk factors. Community and social factors were not presented in our study.

Participants were asked whether and how much the *stay-at-home* social isolation as an infection prevention measure affected them. The results were clear and showed that not only did it affect the majority, but it affected them a lot. In both cases, there was an increase in the perception of violence, particularly among those who reported higher degrees of affectation. The social distancing measures taken to prevent infections are associated with factors such as the amount of stress generated by the pandemic state in conjunction with the situation of social isolation; under these conditions, couples did not have the possibility of seeking forms of support to cope with their stress, nor did they have the option of establishing distance in a situation of increasing tension. Additionally, financial problems and lack of social support networks could lead to an increase in intimate partner violence (Jarneck & Flanagan, 2020). Work such as that of Anderberg et al. in London; Agüero in Peru; and Perez-Vincent and Carreras in Argentina (2020, all cited in Peterman & O'Donnell, 2020), also show an increase in domestic violence due to the impact of COVID-19.

In sum, violence is a structural and systemic problem that depends on multiple factors; however, this study highlights one of them, social isolation as a preventive measure in times of COVID-19, as a latent enemy of violence. This prevention measure is paradoxical, as it protects health, but increases violence. This suggests that an intervention is required to solve and propose prevention measures in these situations, thus safeguarding the victim's life.

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Chapter 16

Financial Perception and Subjective Wellbeing Among Colombian University Students in the Context of the “Free Tuition” Program During the COVID-19 Pandemic



Felipe Parrado Corredor and Adriana Carolina Villada Ramírez

Introduction

One of the negative consequences of the pandemic was to worsen the financial outlook for the entire world. In Colombia, the economy experienced a historic contraction and millions of people lost their jobs and income. This forced a new lifestyle and changed behavioral patterns that were deeply rooted in society. For example, the population was subjected to mandatory quarantine and social distancing was introduced as the promotion of virtual channels for interaction and work. All this brought repercussions and generated new forms of coexistence due to confinement.

The first case of coronavirus in the country was reported on February 26, 2020 and mandatory preventive isolation (quarantine) was decreed from March 24 to August 30. In the department of Huila, movement restrictions were greater than in other regions of the country. Daily shifts were established according to one's personal identification number to leave homes for short periods of time and only for essential activities.

The measures implemented by the National Government in Decree 417 of March 17 (2020) for the control of the COVID-19 pandemic impacted education at all levels and the wellbeing perceived by students was diminished, mainly due to the restriction of mobility and the economic recession in all regions of the country.

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Students and their families prioritized the satisfaction of survival needs and the resources allocated to education took a back seat (Escobar et al., 2020). Nearly 60% of the population, informal and service sector workers, suffered income losses (Leguizamón, 2020).

The city of Neiva experienced one of the highest unemployment rates in the country. The National Administrative Department of Statistics (DANE), reported that Neiva's unemployment rate in the May–July 2020 quarter was 37.4%. This is the highest figure of all the capital cities of Colombia's 32 departments. In addition, the labor market for the young population was at a critical stage, since Neiva was the capital city with the most unemployed people between 14 and 28 years old with 49.8% (Manchola, 2020).

Public universities were not unaffected by this situation. On the contrary, the social vulnerability of their students was exposed (Leguizamón, 2020). This motivated them to carry out the activation of an economic relief strategy, which would provide coverage to a greater number of students, despite the fact that different economic relief strategies for the educational sector had already been implemented by previous governments in order to promote access to public or private education by students of scarce economic resources.

Before the pandemic, the “Ser Pilo Paga” program had been the axis of the higher education access policy¹. It was the main instrument of the economic relief strategies designed to benefit students who met a given score on the national test called SABER 11 (Mora & Múnera, 2019). Other later strategies, such as “Generation Excellence and Equity,” were designed to benefit students who met certain socio-economic and ethnic characteristics, thus offering a possibility of access to a larger number of students in the country than that of “Ser Pilo Paga.”

However, the above strategies were not sufficient to address the social and economic consequences of the measures implemented to prevent the spread of the virus. The universities foresaw high dropout rates for the 2020–22 period. As a result of this, and as a result of student protests due to the impossibility of covering tuition costs, the national government and some departmental and municipal administrations agreed to initiate the current economic relief strategy called “Zero Tuition”. The Ministry of National Education, through Legislative Decree 662 of May 14, 2020, created the Solidarity Fund for Education and adopted measures to mitigate such desertion and promote student permanence.

The pandemic revealed the situation of social vulnerability of students at public universities in Colombia and their families, who mobilized to demand the “Zero Tuition” in higher education, such that some institutions, like the Universidad Surcolombiana, agreed to this economic relief for the semester 2020–2. According to Guillén (2020), this economic relief is a conquest of the Colombian student movement in the midst of the social crisis derived from the pandemic. Students found themselves in immense economic need and experiencing deterioration of

¹Pilo is a word used in Colombia to describe a person who is intelligent or skillful.

their objective welfare conditions. Their families lost jobs, while many had no devices or network to access to university education.

Navarro et al. (2020) have proposed that one of the best predictors of health perception in adult life is the perception of one's financial situation. This type of evaluation of the environment constitutes the basis for the experience of well-being. According to Diener (2000), well-being is subjective and is composed of positive and negative affect, and includes a global, not a momentary, evaluation of one's own life.

As a result of the above, the present exploratory study sought to establish an initial point of comparison to evaluate the effect that "Zero Tuition" could have, as economic relief in the midst of the pandemic, on the financial and welfare perception of the students of the Universidad Surcolombiana, Neiva and La Plata campuses.

Method

Sample

A total of 176 psychology students from the Universidad Surcolombiana participated, representing 41% of the students enrolled in that program in the first semester of 2020. The average age of the participants was 20.64 years ($SD = 2.64$). Thirty-seven women and 39 men were contacted through social networks. According to the socioeconomic classification used in Colombia, 96% reported belonging to strata 1, 2 or 3; that is, the low-low, low, and medium-low strata.

Instrument

A survey consisting of four sections was used for data collection. The first section included informed consent and authorization for the use of the information. The second section inquired about the sociodemographic data of the population such as current semester, age, gender, socioeconomic stratum, number of dependents, current employment status, sources of income and average monthly income.

The third section included the *Satisfaction with Life Scale* (SWLS), which consists of five questions with Likert-type responses that evaluate the general satisfaction that people have with their lives. For the study, the version validated for Colombia by Vinaccia Alpi et al. (2019) was used. Finally, in the fourth section, the self-perception of personal and family financial situation was asked as proposed by Navarro et al. (2020).

Procedure

Data were collected virtually in the last 2 weeks of August 2020, at the end of the first academic term, through a survey conducted on Google Forms. Voluntary participation was requested for the survey, and it was disseminated via WhatsApp and Facebook. At the beginning of the survey, the purpose of the research was detailed in a precise and concise manner to the participants, and it was emphasized that all the information provided would be used for purely academic and research purposes. A descriptive analysis of the variables and an ANOVA were carried out to determine group differences in subjective well-being according to financial perception. The data were processed in R on the JASP program interface (JASP Team, 2020).

Results

The study found that most students reported a regular family financial situation (See Table 16.1). To determine the feasibility of group comparisons of well-being scores by means of an ANOVA, Levene's test of homogeneity of variances was applied. The test indicated that the variances in SWL test scores between groups determined by perception of family finances were similar ($F = 1.66, p = .16$), so a one-factor ANOVA test was performed without resorting to statistical corrections. Figure 16.1 shows the distribution of these scores according to the categories compared. The sample of participants reported states of well-being between 5 and 30 points, which is equivalent to percentiles between one and 60 for the normative values of the Colombian population.

ANOVA testing found significant differences in reported well-being between at least one pair of family financial situation reporting groups [$F(4, 114.038) = 3.32, p = .012$]. A Tukey post hoc analysis found significant differences in well-being between those who perceived their financial situation as very difficult and those who stated that their situation was good (see Table 16.2).

Table 16.1 Mean and standard deviation of the subjective well-being scores according to the categories of perception of family financial situation

Family financial situation	<i>M</i>	<i>SD</i>	<i>N</i>
0. Very good	26.50	2.345	6
1. Good	23.91	5.264	44
2. Not so good	21.73	6.267	66
3. Difficult	21.38	6.012	45
4. Very difficult	18.80	6.097	15

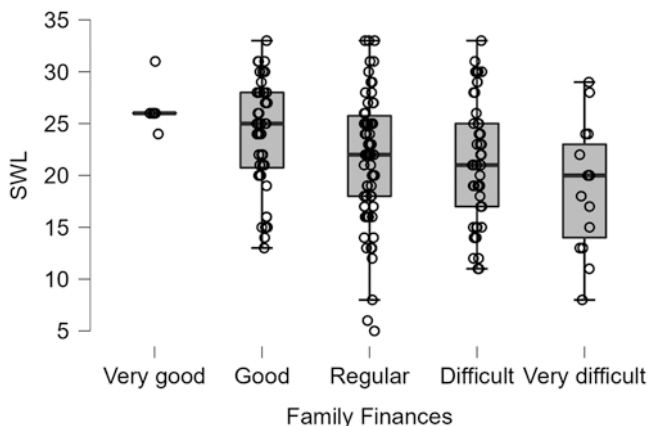


Fig. 16.1 Mean and distribution of students’ perceived well-being scores according to their perception of their family financial situation

Table 16.2 Tukey post hoc comparisons of family financial situation categories

		Mean difference	SE	t	P _{Tukey}
Very good	1. Good	2.591	2.553	1.015	0.848
	2. Not so Good	4.773	2.501	1.908	0.317
	3. Difficult	5.122	2.549	2.009	0.266
	4. Very difficult	7.700	2.833	2.718	0.055
Good	2. Not so Good	2.182	1.142	1.911	0.315
	3. Difficult	2.531	1.244	2.036	0.254
	4. Very difficult	5.109	1.754	2.913	0.033*
Not so good	3. Difficult	0.349	1.134	0.308	0.998
	4. Very difficult	2.927	1.678	1.745	0.410
Difficult	4. Very difficult	2.578	1.749	1.474	0.581

Note: p-value adjusted for comparing a family of 5. * $p < .05$

Discussion

The measures implemented by the National Government to control the COVID-19 pandemic impacted education at all levels. Social distancing generated changes in the way we relate to each other, the restriction of mobility and the economic recession; all of which have affected the well-being of students. According to observed results, the differences between a very difficult and a good financial perception can alter the perception of subjective wellbeing, understood as overall satisfaction with life. In comparison with the normative SWL data reported by Vinaccia Alpi et al. (2019), the majority of the surveyed sample reported levels of well-being that were barely in the first quartile of the Colombian population.

The “Zero Tuition” proposal sought to promote that tuition for the period corresponding to 2020–2 would be free of charge. The departmental and municipal

administrations responded positively to this demand and several public universities in the country, including the Universidad Surcolombiana, were able to make this economic relief effective. We believe that its impact on the welfare of Colombian university students will only be seen in the long term.

The location of the sample in the first quartile of well-being and the perception of an unfavorable financial situation are the starting point to evaluate the impact of the “Zero Tuition” in the next year of its implementation. In agreement with Navarro et al. (2020), this economic relief could improve the self-perception of the financial situation and consequently the report of health-wellbeing status, linked to the support of having economic guarantees.

It is necessary to emphasize that the research carried out used a convenience sample and therefore the results are not representative of the university population of Neiva or Huila. The information was collected through social networks and different digital platforms, inviting some students to participate and answer the respective questionnaire in digital mode. For future studies, the sample should be expanded, and the survey should be reapplied in a post-confinement context. Such studies could consider other indicators such as austerity and indebtedness behavior.

It is important to consider that the results correspond to the application of the SWL instrument at the end of a long period of confinement, experienced with many more mobility restrictions than in other Colombian cities. Therefore, it is presumable that the low level of well-being reported by the students is a result of the stress derived from the isolation experienced. The pre-pandemic state of subjective well-being of students at the Universidad Surcolombiana is also unknown.

The comparisons established with the normative data reported by Vinaccia Alpi et al. (2019) correspond to university students in the city of Bogotá and are presumably comparable to other regions of Colombia. These authors report that the response tendency of Colombian university students who have participated in research on subjective well-being is that about 70% of them tend to a positive response on satisfaction with their life. This normative data differs with what was found in the sample of students in Neiva and La Plata, but a further study with better sampling characteristics will be needed to determine if the deterioration of well-being is significant.

Finally, we could say that the university population is highly aware of their deteriorating financial situation. Some personal and family self-care measures may be useful to prevent further worsening of this condition. An intervention on the part of the university is considered necessary in order to help improve the financial capabilities of its students, either through economic support or accompaniment, to help mitigate the impact that this situation has left on everyone. This could include pedagogical financial literacy workshops, in order to guide students on topics such as: use of electronic means of payment, banking platforms and tools that allow them to understand the loan process, in other words, tools that can help them to solve their financial situation if required.

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Chapter 17

Social Isolation and Its Effect on Subjective Well-Being and Sociocultural Adjustment in Mexico



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Alan Iván González-Jimarez, and Cristian Iván Bonilla-Teoyotl

Introduction

In late 2019 and early 2020, the world was alerted to the emergence of a new coronavirus that was eventually named SARS-CoV-2, the causative agent of an acute respiratory illness called COVID-19. Given the worldwide increase in incidence and mortality rates, by January 30 the World Health Organization issued the announcement of a Public Health Emergency of International Concern and by March 11 a pandemic declaration was made (Government of Mexico, 2020).

In Mexico, the first case of COVID-19 was confirmed on February 28, 2020, and almost a month later, by March 18, the first death was reported. For the months of February and March, and for 3 months, the National COVID-19 Healthy Distance Day was instituted in Mexico, in which it was strongly recommended to stay at home from activities that were not essential or priority, which led to the closure of schools, offices and the cessation of most daily activities.

Months later, with the intention of gradually returning to daily activities, the National Health Day *Quédate en Casa* (Stay at Home) was instituted, which gave rise to what became known in Mexico as the New Normality. This new program sought the gradual and gradual resumption of daily activities based on a traffic light that indicated the level of risk of the pandemic (measured by percentage of occupancy in hospital beds), accompanied by basic and essential health care to prevent the spread of the pandemic. The New Normal emphasized: constant hand washing with soap and water (for at least 20 s), use of masks and alcohol sanitizing gel (70%

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concentration), maintenance of ventilated and clean spaces, disinfection of utensils and surfaces in common use, as well as the encouragement to remain at home when the activities to be carried out outside the home were not strictly essential. Educational activities, for example, were carried out 100% online in all private and public educational institutions. As of November 2020, Mexico had just surpassed one million infections, ranking 11th worldwide, and already registered 99,500 deaths, ranking fourth worldwide (Google, 2020; Government of Mexico, 2020).

According to Coyle and Dugan (2012), social and physical isolation have various negative effects on the health of individuals. These two situations are predictors of poor mental health and elevated mortality rates, even when controlling for behavioral characteristics and biological factors. Together with other risk factors such as obesity, overweight, diabetes, hypertension, alcohol, and tobacco consumption, among others, social and physical isolation weakens the quality and size of social support networks, increases feelings of individual and social inadequacy and disability, increases the likelihood of respiratory diseases and physical ailments, and favors the gradual deterioration of emotional, behavioral, and cognitive abilities (Shaw et al., 2007).

Under the premise that isolation and confinement can have harmful effects on an individual's mental health and social functioning, the objective was to evaluate the effect of the social and physical confinement "Stay at home" on the subjective well-being and sociocultural adaptation of Mexican adults. Subjective well-being refers to the different types of evaluations (favorable or unfavorable) that people make about their lives. It includes cognitive evaluations (life satisfaction) and evaluations of affective reactions (positive and negative affect) (Diener, 2009). On the other hand, sociocultural adaptation refers to the acquisition of culturally appropriate skills and the demonstration of adaptive behaviors within a given context (Wilson et al., 2017).

Method

Sample

We worked with a non-probabilistic sample of 313 Mexican volunteers (134 men, 179 women), aged 18 to 70 years ($M = 36.99$; $SD = 12.43$). 100% of the participants were in a couple relationship, regardless of whether they were married (46.3%), dating (30.4%) or in a common-law relationship (19.5%). Most of the participants worked outside the home (73.5%), had a formal bachelor's degree (51.1%), were heterosexual (91.4%), and had been in a couple relationship for an average of 9 years 2 months. Most of the participants had 2 children.

Instrument

Four measures were used for data collection. The *Satisfaction with Life Scale* (Diener et al., 1985) measures global cognitive judgments of life satisfaction. It consists of 5 items with a 7-point Likert-type response format (1-Strongly Disagree; 7-Strongly Agree) that are grouped into a single factor. It has an explained variance for the total scale of 66% and a Cronbach's alpha of .87.

The *Positive-Negative Affect Scale* (Velasco-Matus, 2015; Velasco-Matus et al., 2020) assesses the frequency with which a range of positive (e.g., happiness, tranquility, well-being, joy) and negative (e.g., anger, apathy, sadness, suffering) emotions are experienced. The scale uses a five-point Likert-type response format (1-Never; 5-Always). A short version consisting of 26 items distributed in two factors (i.e., positive affect and negative affect) was used, explaining 52.97% of the total variance, with a Cronbach's alpha of .94.

The *Sociocultural Adaptation Scale-Revised* (Wilson et al., 2017) is a 5-point Likert-type response format scale (1-I do not feel competent at all; 5-I feel extremely competent) that measures individual ability to acquire culturally appropriate skills and negotiate aspects of interaction with the cultural environment. It has 21 items distributed in five dimensions (Cronbach's alpha is indicated in parentheses): interpersonal communication (.89), academic/work performance (.86), personal interests and community participation (.76), ecological adaptation (.71), and language proficiency (.90). It has evidence of good construct validity and an overall Cronbach's alpha of .92.

Finally, a total of six items were used to evaluate situations related to COVID-19: (1) Has the COVID-19 pandemic affected your daily life (1-Yes; 2-No); (2) If your answer was yes, in what areas has it affected you (e.g., 1-Loss of job; 2-Pay cut); (3) Are you in social and physical isolation "Stay at home"? (1-Yes; 2-No); (4) Has the physical and social isolation due to the COVID-19 pandemic led to different situations (may or may not be problems) in your relationship? (1-Yes; 2-No); (5) Which of the following situations have you been involved in as a result of the COVID-19 pandemic; and (6) On a scale of 1 to 10, how much has this physical and social isolation due to COVID-19 affected you? (1-It has not affected me at all; 10-It has affected me very much).

Procedure

Two of the instruments (Life Satisfaction and Sociocultural Adaptation) were translated from their original language (English) into Spanish. The battery of instruments was placed on Google's digital platform (Google Forms) to facilitate its distribution through e-mail and social networks. In this way, the "healthy distance" recommendation followed by the pandemic was respected. The instructions asked participants to voluntarily answer the battery in its entirety, responding to each statement or

question with the answer option that corresponded, assuring them that there were no right or wrong answers. They were assured that the information provided would be kept confidential and used for research purposes. Participants took about 15–20 min to answer the instruments in their entirety.

Statistical Analysis

First, a Pearson product-moment correlation analysis was conducted between the level of COVID-19 affect (From 1 to 10, How much has this social and physical isolation by COVID-19 affected you?) and the subjective well-being factors (i.e., life satisfaction, positive affect, negative affect) and the five sociocultural adaptation factors (i.e., interpersonal communication, academic/work performance, personal interests and community involvement, ecological adaptation, and language proficiency). Subsequently, second, a Student's *t-test* analysis was conducted to compare levels of subjective well-being and sociocultural adaptation between people who reported being affected by COVID-19 (Has the pandemic affected you in your daily life?) and people who said they were not affected. A third analysis was conducted to compare through a Student's *t-test* the same variables between people who were in social and physical isolation "Stay at home" and people who were not.

Finally, a double analysis of variance was carried out to evaluate the interaction effects of social and physical isolation "Stay at home" (yes/no) and level of affectation by COVID-19. It is worth mentioning that the latter variable was transformed from what were originally ten response options (1-It has not affected me at all; 10-It has affected me very much) to four levels of affect labeled 1-Very low, 2-Low, 3-Moderate, 4-High. Thus, eight two-factor analyses of variance were conducted to assess the interaction effect of Isolation (yes/no) x Level of Affect by COVID-19 (very low, low, moderate, high) on life satisfaction, positive affect, negative affect, interpersonal communication, academic/work performance, personal interests and community involvement, ecological adaptation, and language proficiency.

Results

The correlations between level of COVID-19 affect and life satisfaction ($r = -.23$, $p < 0.01$) and positive affect ($r = -.23$, $p < 0.01$) were negative, low, and significant. The same was true for ecological adaptation ($r = -.140$, $p < 0.01$). For negative affect, the correlation with level of COVID-19 affect was low, positive, and significant ($r = .29$, $p < 0.01$).

When comparing the groups of people affected and unaffected by COVID-19 for the measures of subjective well-being and sociocultural adaptation, statistically significant differences were obtained for both. In the case of life satisfaction, persons who said they had not been affected obtained higher scores ($M = 5.59$, $SD = 1.02$)

than persons who claimed to have been affected ($M = 5.21$, $SD = 1.20$), [$t(309) = -2.65$, $p < 0.01$; 95% $CI (-.65, -.09)$; $d = -.32$]. The analysis of positive affect was also statistically significant [$t(309) = -1.71$, $p < .05$; 95% $CI (-.32, -.02)$; $d = -.21$], with lower levels of positive affect in the COVID-19 affected group ($M = 3.97$, $SD = .71$) compared to the unaffected group ($M = 4.12$, $SD = .69$). Differences for the variables of negative affect, interpersonal communication, academic/work performance, personal interests and community involvement, ecological adaptation, and language proficiency were not statistically significant ($p > .05$).

A comparison between the groups of people who reported compliance with social and physical isolation (Stay at home) and those who did not for the same measures of subjective well-being and sociocultural adaptation were not statistically significant ($p > 0.05$).

In our final analysis, for life satisfaction, no main effects [$F(1,303) = .27$, $p > .05$] were found for social isolation, but main effects were found for levels of COVID-19 affect [$F(3,303) = 3.23$, $p < .05$]. Tukey post hoc analyses found that the low ($M = 5.65$, $SD = 1.42$) and high ($M = 5.04$, $SD = 1.25$) affect groups differed significantly ($p < .05$). No interaction effects were found [$F(3,303) = 1.51$, $p > .05$]. For positive affect, no main effects [$F(1,303) = .52$, $p > .05$] were found for social isolation, but main effects were found for levels of COVID-19 affect [$F(3,303) = 3.60$, $p < .05$]. Tukey post hoc analyses found that the very low ($M = 4.34$, $SD = .63$) and high ($M = 3.83$, $SD = .77$) affect groups differed significantly ($p < .05$). No interaction effects were found [$F(3,303) = 1.91$, $p > .05$].

For negative affect, no main effects [$F(1,303) = .45$, $p > .05$] were found for social isolation, but main effects were found for levels of COVID-19 affect [$F(3,303) = 2.96$, $p < .05$]. Tukey post hoc analyses found that the very low ($M = 1.80$, $SD = .76$) and high ($M = 2.39$, $SD = .86$) affect groups differed significantly ($p < .05$). A significant interaction effect was also found between social and physical isolation and level of COVID-19 affect [$F(3,303) = 3.21$, $p < .05$]. This effect indicated that both groups were affected differently. The averages indicate similar levels of negative affect in isolated persons with very low ($M = 1.85$, $SD = .76$) and low ($M = 1.83$, $SD = .59$) COVID-19 affect, and in both cases the levels are lower than in isolated persons with moderate ($M = 2.20$, $SD = .80$) and high ($M = 2.47$, $SD = .84$) affect. For non-isolated persons, the lowest levels of negative affect were observed in the very low affect group ($M = 1.46$, $SD = .72$), whereas for the low ($M = 2.28$, $SD = .58$), moderate ($M = 2.15$, $SD = .72$), and high ($M = 2.09$, $SD = .87$) affect groups, the levels of negative affect were very similar.

For the case of interpersonal communication, no main effects [$F(1,303) = .03$, $p > .05$] were found for social isolation, but there were for levels of COVID-19 affect [$F(3,303) = 3.14$, $p < .05$]; however, Tukey's post hoc analyses found no significant differences ($p > .05$). A significant interaction effect was also found between social and physical isolation and level of COVID-19 affect [$F(3,303) = 2.84$, $p < .05$]. This effect indicated that both groups were affected differently. The averages indicate similar levels of interpersonal communication in isolated persons with very low ($M = 4.05$, $SD = .70$) and high ($M = 4.06$, $SD = .63$) COVID-19 impairment, and in both cases the levels were lower than in isolated persons with low

($M = 4.14$, $SD = .49$) and moderate ($M = 4.13$, $SD = .56$) impairment. For non-isolated persons, the lowest levels of interpersonal communication were observed in the low ($M = 3.79$, $SD = .71$) and high ($M = 3.96$, $SD = .65$) affect group, whereas for the very low ($M = 4.10$, $SD = .41$) and moderate ($M = 4.46$, $SD = .42$) affect groups, the levels of interpersonal communication were very similar.

For academic/work performance, personal interests and community participation, ecological adaptation, and language proficiency, no main effects were found for social isolation, nor for levels of COVID-19 impairment. No interaction effects were found either.

Discussion

Consistent with existing literature, prolonged isolation is associated with increased psychosocial distress and a greater impact on mental health (Galea et al., 2020). Like what has been previously reported, levels of affect and satisfaction tended to be impacted in response to events considered threatening. Research from other countries shows acute stress levels in the face of traumatic events, which suggests that something similar is happening in the face of the current pandemic.

Based on the results obtained, it is possible that recurrent thoughts about the fear of getting sick, constant worry, unpleasant physical reactions, uncertainty, and fear, among many other factors, led people to show concern about their health in general, affecting their daily activities, both individually and socially. Therefore, it is not surprising that people showed signs linked to loss of interest, social isolation (distancing from people), physical isolation (avoidance of leaving home), difficulty in performing daily activities, and cognitive-emotional variations. It is important to note that these types of impacts have been observed in adverse events, regardless of whether they are traumatic (e.g., a terrorist attack), natural (e.g., natural disasters such as hurricanes or floods), or environmental (e.g., oil spills in the open sea). In all cases, deterioration in mental health has been observed, leading to poor social functioning and individual and social maladjustment that may eventually manifest in domestic violence, behavioral disorders, and substance use, among other things (Wang et al., 2020; Xiang et al., 2020; Zhu et al., 2020).

It could also be argued that Mexico, being a highly collectivist country, had to learn to live with the pandemic in a highly social context. Figures show that Mexico is a country of extended families, where a family with many members lives in the same house and even several families live in one house at the same time. Therefore, the fear generated by the pandemic reaches new levels, since the collective welfare may be at risk due to one of the members (Velasco-Matus et al., 2020). Individual and collective functioning must now adjust to new dynamics, where confinement implies sharing the same space at the same time, and where each individual must try to continue with their daily activities (school and/or work) as normally as the health restriction allows.

This “New Normal” (as it became known in Mexico) was presented as an emerging opportunity for individuals to show the resilient potential they possess, since one of the many protective factors to mental and physical health (individual and social) was the perceived efficacy of individuals to cope with adverse situations. To the extent that people can relatively maintain their routine, their friendships, social, work, academic or school commitments, levels of satisfaction, affection, and happiness will be enhanced. Additionally, to the extent that couples, families, and other social groups can perceive themselves as responsible for their own well-being, and as they see it reflected in their peers, social support networks will be solidified and strengthened, despite the social-physical isolation and distance that this implies (Han et al., 2020). Trust as a society, self-efficacy beliefs (to avoid contagion and for comprehensive health care), and individual perception of risk control all contribute at the macro level as protective factors against individual and social risk and promote good cultural and social functioning.

It should be remembered that in Mexico, confinement was not mandatory but suggested, so much of the risk that could be perceived surrounding the pandemic was left to individuals. Thus, the ability of individuals to cope is crucial.

Projections estimated that the pandemic could extend for one or several years, and research such as that of Mækela et al. (2020) shows how governments and health institutions could cede some of the responsibility to individuals, as guided behaviors focused on health promotion and good daily functioning are, in some cases, guided by the level of perceived worry and fear. Thus, letting individuals feel in control of the situation could prove beneficial.

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Chapter 18

Jealousy in the Context of Social Distancing Due to COVID-19 in Mexico



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Introduction

The COVID-19 pandemic generated multiple challenges for societies around the world, particularly given that various strategies had to be generated to prevent the spread of the virus responsible for this disease. The Government of Mexico established, as of March 23, 2020, the National Day of Healthy Distance (social distancing) (Mexican Institute of Social Security, 2020) which consisted of a series of recommendations and measures to prevent the transmission of the virus causing the disease, through the reduction of physical contact with other people.

With the implementation of social distancing strategies, there were also a series of social challenges in other areas of daily life. One such challenge was related to the development of strategies to maintain romantic relationships, since the presence of external stressors or crisis situations generates changes in the dynamics and stability of these (Pietromonaco & Overall, 2020). Thus, it has been identified that some of the most frequently occurring factors are related to anxiety, uncertainty, and the loss of economic and social support (e.g., balancing work with personal life, such as child-care). With all this, there is a greater likelihood of developing problems directly with the partner since it begins to generate the perception of poor relationship quality and dissatisfaction. Some of the most reported problems at this time were poor communication, perceived lack of reciprocity or love, and even jealousy (Overall et al., 2020).

Dr. Fernando Méndez-Rangel died from COVID-19 in the process of editing this book

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Jealousy: A Negative Factor in Romantic Relationships

According to Reidl Martínez (2005), there is a problem when defining and characterizing jealousy, since each author has described it depending on the time, the social context and the theoretical current followed; however, when analyzing the proposed definitions (e.g. Echeburúa & Fernández-Montalvo, 2001; Reidl Martínez, 2005; Rivera et al., 2017; White, 1981), it was found that some emphasize the threat to the relationship, others highlight the desire for exclusivity and possessiveness, while others focus on the different emotional reactions generated by this phenomenon. For this study, jealousy is understood as a complex of behavioral, emotional and cognitive processes that follow a threat directed towards a romantic relationship (Rivera et al., 2017; Sharpsteen & Kirckpatrick, 1997; White, 1981), which arises as a consequence of an exaggerated eagerness to possess someone exclusively, and whose basis is the infidelity -real or imagined- of the loved one (Echeburúa & Fernández-Montalvo, 2001; White, 1981).

Over the years, the consequences of jealousy have been divided into two main aspects, one positive and one negative. In the first case, jealousy has been found to protect and promote love within couple relationships (Mathes, 1986). In the second case, most studies focus on linking jealousy with the negative aspects that are generated in the daily lives of the people involved, since, due to the rituals adopted by jealous people, negative effects are generated. Both in the jealousy and the relationship areas of study, both in the short and long term, physical, psychological, behavioral, and social alterations can be found (Echeburúa & Fernández-Montalvo, 2001; Reidl Martínez, 2005).

As mentioned above, according to Overall et al. (2020), the situation of social distancing due to the COVID-19 pandemic generated an increase in the problems that occur in romantic relationships, among which is jealousy; however, the literature on the subject with the Mexican population is still scarce. In this sense, the objective of this research was to identify the differences in jealousy between Mexican adults (men and women) who had perceived changes in their romantic relationships due to social distancing by COVID-19 and those who had not.

Method

Sample

327 adults, residents of Mexico City, between 18 and 74 years of age ($M = 36.31$, $SD = 12.08$), 135 men (41.28%) and 192 women (58.72%), participated voluntarily in the study. All participants were in a romantic relationship at the time of answering the surveys; for women, most were in a marriage (45.3%) or dating (36.5%), with a duration between 1 and 552 months ($M = 129.50$, $SD = 135.30$); for men, most were in a dating relationship (45.9%) or marriage (39.3%), with a duration between 1 and

546 months ($M = 99.26$, $SD = 127.04$). Participants were selected through non-probability, convenience sampling.

Instrument

The participants participated in a process divided into three phases. The first phase consisted of informed consent, where each ethical aspect was explained (confidentiality, anonymity, and treatment of the information); in addition, a sociodemographic data questionnaire was given, which contained questions about the characteristics of the sample, such as sex, age, whether they were in a romantic relationship, what type of relationship they had and how long they had been in the relationship. The second phase consisted of a questionnaire on social distancing during COVID-19; therefore, questions were asked to identify how each person had experienced social isolation by COVID-19 up to that time; likewise, questions were asked to identify perceived changes in different aspects of daily life.

The third phase included the completion of the *Multidimensional Jealousy Scale* (EMUCE) (Rivera et al., 2017). It consists of 111 items, with 5-point Likert-type response (1 = Strongly disagree, and 5 = Strongly agree), which are divided into two dimensions. The first is on styles and cognitions, consisting of 55 items (8 factors) that explain 54.09% of the total variance, with an internal consistency coefficient, through Cronbach's alpha, equal to .94. The factors that made up this dimension are obsession with the partner ($\alpha = .93$), suspiciousness and intrigue ($\alpha = .91$), personal trust ($\alpha = .74$), distrust ($\alpha = .78$), possession ($\alpha = .67$), frustration ($\alpha = .60$), avoidance ($\alpha = .67$) and trust in the partner ($\alpha = .77$). The second dimension corresponds to emotions and feelings, made up of 56 items (7 factors) that explain 54.26% of the total variance, with an internal consistency coefficient, through Cronbach's alpha, equal to .96. The factors that made up this dimension are emotional responses generated by jealousy ($\alpha = .95$), anger ($\alpha = .91$), negative attitude ($\alpha = .76$), pain ($\alpha = .75$), control ($\alpha = .75$), fear ($\alpha = .75$) and aggressiveness ($\alpha = .66$).

Procedure

The administration of the instruments was carried out through an online form. For this reason, the invitation to participate in the research was given mainly through social networks. As soon as the person accessed the form, he/she found the informed consent, where the different ethical aspects were mentioned; if the person answered that he/she wanted to participate, he/she could continue answering the rest of the questionnaire. Each section contained the necessary instructions for answering the items in that phase. They were given the necessary time to finish answering the instrument. When participants submitted their answers, they were thanked for their participation.

Statistical Analysis

To begin to analyze the data found, a descriptive analysis was carried out to identify the changes that the participants had perceived in their daily and couple lives in the context of social distancing due to COVID-19. To continue with the analysis, and to meet the objective, two-way analyses of variance (ANOVA) were carried out, in which sex and the perception of change in the romantic relationship due to social distancing by COVID-19 were included as classification variables, and each factor that composes the EMUCE were included as dependent variables.

Results

In the descriptive analysis phase, the study found that 83.3% of the women participants respected the social isolation program; however, 68.2% considered that this affected their daily lives, on an average of 6.20 points ($SD = 2.25$), on a scale of 1 to 10. In the case of men, it was found that only 77.0% respected the social isolation program, at the time of answering the instrument; and 71.9% considered that this affected their daily lives, on an average of 6.16 points ($SD = 2.59$), on a scale of 1 to 10.

Regarding the changes perceived in the dynamics of the couple's relationship, it was found that 40.6% of the women reported that they had perceived changes due to the social distancing due to COVID-19, while the rest (59.4%) mentioned that they had not; for their part, 38.5% of the men reported that they perceived changes in their romantic relationship due to the same situation, while the rest (61.5%) mentioned that they did not perceive these changes. From this, the four comparison groups were generated to fulfill the objective of the study.

In the case of obsession, the interaction effect between sex and perception of change was found to be significant ($F [1, 323] = 4.20, p = .013$), as men who did not perceive change in the relationship presented a lower mean ($M = 1.43, SD = .58$) with respect to the other groups. In the case of frustration, the interaction effect between sex and perceived change was found to be significant ($F [1, 323] = 4.27, p = .040$), as men who did not perceive changes in the relationship presented a lower mean ($M = 1.78, SD = .76$) with respect to the other groups. In the case of suspiciousness, the interaction effect between sex and perception of change was found to be significant ($F [1, 323] = 5.80, p = .017$), as men who did perceive changes in the relationship presented a higher mean ($M = 1.73, SD = .82$) with respect to the other groups.

Because no significant effects of the interaction between sex and perception of change were found for the other jealousy factors, it was decided to apply *t-Student tests* to identify differences between men and women. Differences were found in the case of pain ($t [264.54] = -3.51, p = .001, d = -0.42, 95\%CI [-0.66, -0.19]$), as women presented a higher mean ($M = 3.51, SD = .99$); differences were also found

in the case of negative attitudes ($t [310.86] = -2.60, p = .010, d = -0.29, 95\%CI [-0.50, -0.07]$), as women presented a higher mean ($M = 2.54, SD = 1.06$); similarly, differences were found in the case of fear ($t [325] = -2.30, p = .022, d = -0.28, 95\%CI [-0.53, -0.41]$), as women presented a higher mean ($M = 2.17, SD = 1.13$).

In the same way, *t-Student* tests were carried out to identify differences in jealousy between people who did perceive changes in their couple relationships due to social distancing by COVID-19 and those who did not. Differences were found in the case of distrust ($t [250.21] = 3.04, p = .003, d = 0.30, 95\%CI [0.11, 0.49]$), as people who did perceive changes presented a higher mean ($M = 1.78, SD = .91$); differences were also found in the case of avoidance ($t [325] = 3.81, p < .001, d = 0.38, 95\%CI [0.19, 0.58]$), as people who did perceive change presented a higher mean ($M = 2.12, SD = .97$); similarly, differences were found in the case of emotional responses ($t [325] = 3.26, p = .001, d = 0.36, 95\%CI [0.14, 0.57]$), as people who did perceive changes presented a higher mean ($M = 2.19, SD = 1.03$); in the same sense, differences were found in the case of negative attitudes ($t [325] = 3.21, p = .001, d = 0.36, CI95\% [0.14, 0.59]$), since people who did perceive changes presented a higher mean ($M = 2.64, SD = 1.02$); finally, differences were also found in the case of fear ($t [250.69] = 3.33, p = .001, d = 0.42, 95\%CI [0.17, 0.67]$), since people who did perceive changes presented a higher mean ($M = 2.30, SD = .83$).

Discussion

Based on the results found, it can be said that the research fulfilled its objective. The first aspect lies in the changes that Mexicans had perceived in their couple relationships due to the context of social distancing by COVID-19 (Overall et al., 2020), since people come to generate negative affectivities due to crisis situations (Li et al., 2020), which can lead to more problems within the couple (Pietromonaco & Overall, 2020), and even to experience dissatisfaction (Rivera et al., 2020) or breakup (Rodríguez Quintana et al., 2015).

While it is true that couples can take a protective role during social crisis situations, some authors have identified that challenges to life as a couple have also been generated during the COVID-19 pandemic (Pietromonaco & Overall, 2020). Among these challenges is the search for strategies to maintain romantic relationships, since the presence of external stressors generates changes in their stability, which increases the possibility of the presence of problems with the couple (Overall et al., 2020); in this sense, jealousy is one of the most studied negative factors in romantic relationships (Reidl, 2002). With this in mind, it was important to identify the differences in the levels of jealousy according to sex and the perception of changes generated by social distancing by COVID-19, since the results obtained can be explained from the evolutionary and cultural theories that underlie the characterization of jealousy (e.g., Buss, 2000; Gómez-Jacinto et al., 2001; Reidl Martínez, 2005).

In the case of gender, it is important to take up again the differences exposed by some authors (e.g., Buss, 2000; Echeburúa & Fernández-Montalvo, 2001), since it

is evident that the distinction is found in the way of expressing jealousy. Thus, it can be seen that women tend to react emotionally, to a greater extent, by expressing the pain that arises from the fear of losing their partner due to the presence of a third party (Echeburúa & Fernández-Montalvo, 2001). In line with this, the cultural aspects in which jealousy develops should be mentioned, since it is society that sets the parameters of what is accepted with respect to emotions, and it is women who are allowed to show their emotions openly (Gómez-Jacinto et al., 2001; Reidl Martínez, 2005).

In the case of the differences found in the perception of change in the dynamics of the relationship, it is interesting to raise the role played by thoughts, emotions, and behaviors in the phenomenon of jealousy (Sharpsteen & Kirckpatrick, 1997), since people who begin to distrust their partner and suspect their fidelity, are those who develop the negative emotions characteristic of jealousy (e.g., Ben-Ze'ev, 2013). These emotions trigger the use of certain strategies aimed at controlling or managing the situation to avoid the dissolution of the relationship (Reidl Martínez, 2005), Ben-Ze'ev, 2013). In this sense, it is also important to underline the role played by the social context; in this case, the presence of stressors in triggering a series of problems in the couple's dynamics (Overall et al., 2020).

To conclude this work, taking up the words of Pietromonaco and Overall (2020), it is of great importance to address the needs generated by the COVID-19 pandemic, in all areas of people, since it is the task of experts to create public policies and intervention programs that promote healthy couple relationships. It is proposed to continue this line of research based on the limitations presented in the study. In this sense, it is important to consider other individual and relationship variables in order to identify the changes that have been generated in the dynamics of romantic relationships as a result of social distancing by COVID-19 in Mexico. It is also proposed that intervention programs be created to provide the Mexican population with the necessary tools to face, in the best possible way, the problems that arise in their romantic relationships, and thus prevent the negative consequences in the lives of those involved and improve their mental health.

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Chapter 19

COVID-19 and Intimate Partner Relationships in Puerto Rico: A Phenomenological Perspective



Ruth Nina-Estrella

Introduction

COVID-19 had multiple effects on society, including its impact on the mental health and psychological well-being of individuals (Pfefferbaum & North, 2020; Zambrano et al., 2021). COVID-19 produced uncertainty and stress due to the prolonged duration of confinement, fear of infection, frustration, boredom due to isolation and the limitations of the public health system (Brooks et al., 2020). Also associated with this, the media experienced serious information problems, often generating confusion and panic by disseminating untruthful or inadequate news, thus causing mistrust or increased fear of this virus (Sandín et al., 2020).

Several other social elements also contributed to the negative effects of COVID-19, such as unemployment, economic vulnerability, the possibility of a crisis in the health system, the loss of loved ones, the dislocation of the use of spaces and the universality of the virus (Lewandowski & Murray, 2020). An example of this is within couples, where the boundaries between personal and relationship spaces became more invisible (Brown, 2020).

With COVID-19 we faced a crisis that required the development of psychological research to achieve a better understanding of the repercussions it has generated (Moya & Willis, 2020), and in particular with couple relationships. Early during the pandemic, the literature showed that studies that had been conducted on COVID-19 and the couple relationship were limited (Balzarini et al., 2020; Lewandowski & Murray, 2020; Overall et al., 2020; Pietromonaco & Overall, 2020; Quezada et al., 2020), particularly in the Caribbean region.

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This work is an early approach to the impact of COVID-19 on couples' relationships in Puerto Rico, which seeks to fill the gap on how little was known about the process they experienced in the face of this pandemic, as had happened in the case of natural disasters (Osofsky et al., 2020). The social distancing resulting from the "stay-at-home" public policy to reduce the spread of the virus (Pérez-Pedrogo et al., 2020), interrupted the routine of the couple's daily life and made them face a new reality at home, which was simultaneously transformed into a work and often educational setting. In addition, social activities were restricted, and virtual communications became normative. This meant that couples were going through an unprecedented situation, which required the attention of health professionals.

This study is part of a much more extensive investigation on the phenomenology of the lived experience of COVID-19, in the context of the couple relationship in Puerto Rican culture. This work focuses on the meaning of the lived experience from the voices of the protagonists of the dyad.

Method

Design

A qualitative phenomenological approach was used to investigate the feelings and experiences that arose from the experience of social isolation due to the COVID-19 pandemic.

Sample

The sample consisted of six people (three men and three women) selected based on availability. All participants were in a couple relationship, with an average of 15.3 years in the relationship, ranging from two to 30 years in duration. Participants' ages ranged from 26 to 55 years with an average of 44 years. With the exception of one person, the rest of the participants indicated having a child. In terms of educational level, all had completed a college degree. All were residents of the capital city of San Juan, and one participant was from the eastern zone (Humacao). Likewise, at the time of the study, all participants in the study were working from home.

Instrument

The qualitative data for this study were obtained through semi-structured interviews, using the AFI approach (Smith et al., 2009). Also, the natural semantic networks technique of Valdez (1998) was used to obtain a representative network of words associated with COVID-19 and social isolation.

For the interview, a 10-question guide was developed by the researchers that included the lived experience of COVID-19, feelings and emotions associated with the experience, adversities faced and strengths.

Procedure

The study was conducted three months after the establishment of the first executive order (March 2020) imposed by the government of Puerto Rico with a lockdown to prevent the spread of COVID-19. This resulted in other subsequent closures that determined the closure of schools, workplaces, restaurants, and recreational spaces among other scenarios.

All persons who agreed to participate in the study had to complete a sociodemographic data questionnaire, as well as an informed consent form. This form was approved by the Institutional Committee for the Protection of Human Subjects in Research (CIPSHI) of the University of Puerto Rico.

Results

In terms of semantic networks, various defining words were obtained for COVID-19 and social isolation. The stimulus word COVID-19 generated words that respond to health aspects (e.g., pandemic, respirator, death, contagion, virus, lungs, among others), psychosocial processes (e.g., adaptation, adjustment, changes, evolution, and challenges), contextual (unexpected, alarm, global, lethal and risk), feelings and emotions (anxiety and love), prevention (hygiene, distancing, care and confinement) and social actions (e.g., understanding, tolerance, patience, routine and caution). In total, 34 defining words were identified among which, in order of importance, death, illness, pandemic and support predominated (Fig. 19.1).

For the stimulus word social isolation, 30 defining words were obtained, comprising attributes referring to support networks (e.g., friends, family, and home), effects of isolation (e.g., loneliness, anxiety, normality, dependence, protection, among others) and social processes (e.g., adaptation, sharing, planning, flexibility, change, etc.) as a consequence of this event. When establishing a hierarchical order of importance, we found mainly the words social distancing, mask, and security (Fig. 19.2). Some words were generated that responded to care at a personal level, although to a lesser degree, such as anxiety and loneliness.

The narratives obtained on the meaning of the pandemic experience revolved around the change that this pandemic produced in participants' lives, routines, and social practices. In general, the people interviewed considered the pandemic an unexpected event over which they had no control, including the fact that they could not contribute to the public policies implemented by the state to prevent COVID-19. In addition, it was considered a novel experience for two reasons: (1) because of the



Fig. 19.1 Words associated with COVID-19



Fig. 19.2 Words associated with social isolation

type of disease and (2) because of the social restrictions they had to face, resulting in a situation never seen before. As one of the interviewees explained:

Well, this has been for me something never thought of, never imagined, I never thought I would be in a situation like this. To have to be in this isolation and in this obligatory distancing, come on, because of an illness, for me it has been something unthinkable. I had never imagined it, I had never thought about it and well, it creates a little anxiety in the matter, maybe because of the novelty of the disease, because of the lack of information, because of the lack of consistency in information... (Female participant, 43)

Another participant reaffirmed this opinion... considering the novelty of this experience for himself and his partner. Being confined by the regulations established by the government had the consequence of keeping them isolated from their families and networks of friends. In addition, he stated that the most common routines of his daily life have been disrupted.

Well, I would say that it has put us in a situation that we never thought we would be in. Like I never thought I would be. Basically, it's like a kind of prison in my own house, where the only people I was going to see are my grandfather who lives with us and my partner. Well, see my grandfather who lives with us and my partner, basically seven days a week. Maybe we go out and see other people in the supermarket, but you don't really see them. What you see are like eyes and that's it. Because of the masks, you don't see people's faces or anything else. You see them like this, through the computer or the television, and it's something very, very strange... (Male participant, 26).

It is very interesting that the metaphor “it is like a kind of prison in my own house” was used because it denoted how difficult this process was for people who experienced social distancing. Likewise, this quote illustrates how social interactions were transformed using masks where “one does not see faces or anything of the people”. Not being able to see faces implied a change in interpersonal relationships that is complex to process.

COVID-19 was an anxiety-provoking experience, but above all, it caused uncertainty. It was a new reality that motivated the members of the couple to adapt to be able to face the eventualities related to the pandemic. Therefore, they assumed a positive perspective, recognizing that they could learn and grow as a couple. In this regard, one participant stated:

Well, it has been a learning experience and also an experience of adapting, I would say adapting. Because I never thought that there were pandemics in Spain and everything. And I have had to adapt, I have had to learn, I have had to learn that one is not in control of everything and have to wait. So I think it has been more than adapting and it is also about personal growth with oneself that one does not have control, that is letting go... (Female participant, 36).

It was also an experience that had several negative effects as couples had to adjust, although at the individual level it provoked a process of reflection. Many recognized that their social environment had changed, but above all that technology was proving to be a dominant element.

I took it as normal..., well, in general terms, for me, I would say that I have taken it as a moment to reflect on how vulnerable we human beings are and how vulnerable everything is. Because the pandemic, to my understanding, I understand that the pandemic changed everything and from now on, everything is going to be different. Right now, you and I are talking through the computer, I tell you the first time I am in this dynamic. And whoever has the slightest idea that this is going to return to normality, is mistaken because normality is going to be this, what you and I are doing (Male participant, 54).

On the other hand, although daily life was disrupted, there was no impact on the continuity of preset goals prior to confinement (e.g., moving house). All people interviewed indicated changes in the daily aspects of life as a couple. However, they viewed confinement as a protective strategy for the care of their loved ones, not as a long-term event. This opinion was mainly expressed with reference to the use of masks.

On a general level, we saw the lockdown as, 'look we're coming to a new house, a new apartment, there's no other way we have to protect ourselves,' so it wasn't on the level of feeling like we were locked out or like this is a punishment. I can't tell you that we saw it like

that... my God, but if he had told us this in January, we would laugh, and not to exaggerate, it is impossible for us to live with masks, that this is our way of life (Female participant, 55).

Finally, the interviewees stated that the pandemic and the confinement were traumatic events that affected their lives as a couple, a fact that interestingly they associated with the various natural disasters that have impacted the country in recent years. However, this eventuality caused them to adopt resilient behaviors to deal with the pandemic and the various elements associated with it.

In Puerto Rico with the hurricanes, then the anxiety caused by the earthquakes, and I think it's been a few years that we have learned... the word that comes to my mind is to be malleable. To be flexible, to know that the comforts we have can be altered from one moment to the next. Our social life was disrupted by the hurricanes, and it's being disrupted again now. I think it is, to a certain level, a continuity of what the last 3 years have been, having to accept and understand that these are circumstances that we cannot control and that are going to cause us to readjust (Male participant, 49).

Discussion

COVID-19 was a highly significant experience within the context of the couple's relationship. The narratives of the participants show that the pandemic was a traumatic event due to the consequences of confinement to prevent the spread of the disease (Brooks et al., 2020). Given the various executive orders imposed by the Puerto Rican government, it was possible to observe how routines, practices, and social dynamics drastically changed daily life. People faced new realities, whose possible repercussions on social coexistence were unknown.

In relation to the words associated with COVID-19 and social isolation, it is observed that these results are consistent with other studies in which COVID-19 has been identified with fear because it is a pandemic, because of the death it can cause, and because it is a contagious disease (Sandín et al., 2020; Zambrano et al., 2021). However, it is also associated with the support of the partner, due to the role of being physically and emotionally accompanied during this process, where the person feels confident in the care and protection of the other member of the relationship. Social isolation is also linked to actions that the person must accept in order to prevent the disease, thus justifying its existence.

Social isolation is a phenomenon that caused stress, as well as uncertainty, since it had not been previously experienced (Pietromonaco & Overall, 2020). This occurred even given information provided about preventative actions such as confinement. Responsibility fell on individual actions mostly, including: use of mask, washing hands and keeping 6 feet of social distance. However, many participants were not able to visualize the future within this context. This may reflect an absence of educational strategies on the part of the government to counteract this feeling.

Narratives also showed that the experience created a break with the normal life. Facing new events provokes anxiety, especially due to the various adjustments and

adaptation processes necessary in the face of the changes in daily life (Overall et al., 2020). However, despite the severity of aspects such as social distancing and the use of masks, it is interesting to mention that the participants did not consider the changes permanent.

Similarly, the participants emphasized that this event had been a learning and growth opportunity for the couple. Although this was from the personal point of view of one of the members of the dyad, the experience remained a common event for both (Lewandowski & Murray, 2020). Participants also expressed optimism in their coping with the pandemic, giving continuity to the development of their lives as individuals and as a couple. Assuming positive coping strategies may have contributed to their psychological well-being and relationship quality.

Much remains to be said about the experience of COVID-19 and the Puerto Rican couple. Due to the nature of the study, there are several limitations, but it is certainly a beginning approach to the subject that suggests the development of future lines of research that address the effect of this virus on relational quality, the communication process, and dyadic coping.

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Chapter 20

The State of the Practices and the Practices of the States: The Case of Argentina



Hernán Cornejo and Gustavo Rigoni

Introduction

Currently, in the health sciences and humanistic disciplines, certain tensions and discussions that resort to bioethics and professional deontology—as an argument or as a limit to the development of their practices— have been reactivated. The COVID-19 pandemic reactivated the search, sometimes voluntarist, sometimes clearly opportunistic and in a few cases professional, for theoretical-practical approaches to operate in the current circumstances of the new normality.

The COVID-19 pandemic demonstrated the serious systemic shortcomings of the current model of wealth accumulation on a planetary scale in several areas of social development. In this sense, its approach is not simply a discourse with a clear political-ideological orientation, but also a certainty that is assumed in the complex social contexts in which we are embedded.

It is odd that the world organizations of health and education, etc., propose disaster protocols on the very social consequences generated by the actions of governments and which their own members often represent. Therefore, they do not consider analyzing disciplinary practices without questioning the structural and systemic factors that operate on the behavior of organizations and subjects. From a professional's point of view, could the regulation of practices refrain from the impositions of national and local health, educational, etc. systems?

The complexity paradigm shows, from an integrative approach, that systemic thinking can disentangle the principles and new modes of organization that are proposed, sometimes in an overly obvious way and sometimes in a voluntaristic way, where the proposals have little to do with the seriousness and effectiveness that the moment of crisis demands.

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Urgency should not make us forget our responsibilities in relation to the large segments of the population that suffer from different forms of violations of their integral health. The inclusion of the perspective of citizens' rights entails a systemic and comprehensive way of addressing the various problems that plague our societies and optimizing the responses with a sense of sustainable development.

The historical development of psychology in most countries is positioned as a progressive practice that aims at promoting human rights, human development with equity, responsible practice, ethical practices, and the reduction of human suffering in all its dimensions. However, in many cases, disciplinary reflection has been replaced by the paroxysm of doing without further reflection, under the pretext that there is no time and that only immediate actions are demanded. All this does nothing more than express a certain professional alienation in the usual formats proposed by the new promoters of what Freud called *moderne nervosität* or modern nervous illness.

From another perspective, there are the purists of the psychoanalytic frame, bureaucrats of the physical space of face-to-face sessions and measured time, who question the new and innovative practices, for not satisfying conditions that often only a small group practices in psychology. In such situations, the rapid formulation of new spaces of practice does not exclude important aspects the quality of interventions, the soundness of models of training, evaluation, supervision, etc.

It is important to distance ourselves from closed and dogmatic discourses, to enable a new type of approach centered on populations, on training, and on the ethics that they entail, also deployed as netics or network ethics (Himanen, 2002), essentially centered on passion and desire as the driving force of all practice.

Development

Currently, the development of common interests within psychology is considered essential, based essentially on the participative collaboration among peers in which the contributions that validate our theoretical approaches are reappraised, along with the inclusion of our own orientations, based on experience, continuous training, updated readings, and work within a community of peers.

It is also useful to consider the structural aspects of professional practice and the shared principles, in addition to those that the professional associations corporately defined at some point as fundamental values governing the profession. In addition, we must prioritize disciplinary approaches aimed at avoiding the organic reductionisms of the dominant health models in times of crisis. Resorting to deontology as a space for reflection in the emergency, although paradoxical when everything seems to be thought and implemented in real time, is considered an important individual, group, and social reflexive exercise, in order to give answers to "new" forms of suffering. Therefore, approaching reality from a complex paradigm becomes essential in order not to fall into the phenomenological displays of a medical-health epidemiology of urgency, more interested in developing updated maps with the number of

infected people per country, than in collaborating with information that favors effective actions by governments and civil society; to which we propose to recover, at best, a social-health perspective.

Interestingly, the etymology of the word “occasion” refers not only to “opportunity” or “favorable circumstance”, but also to the idea of “succumbing” or “perishing”. In the context of our discipline, this “occasion” can be approached from two models of orientation of practices. As an “opportunity” to rethink new directions in the discipline to rise to the occasion; or as “succumbing” to the expectation of the return of old realities in pre-existing complexities, overriding the creative and innovative ideas required by the current state of affairs in the world.

On the Virtualization of Practices

The virtual space had become a privileged space for disciplinary practices for quite some time with specific legislation for its development in several countries. Undoubtedly, the pandemic and the different mandatory social isolation strategies applied by different countries increased the number of practices developed under this modality. This will require, therefore, a possible reformulation of fundamental categories of professional practice, such as the nature of social ties, the framing of practices, the place assumed by institutions under these new circumstances, the role of change agents assumed by professionals, training, supervision, etc.

The analysis and interpretation of the problems call for a change focused on strengthening professional ethics, creativity, and innovation, together with professional networks and collaborative work, in order to establish a clear definition of the mission and vision of the profession for the future, and of the agents that will carry out these changes. Some of the aspects to be considered should be: (1) The virtual field as a new territory of the discipline; (2) The web as a space for professional development (e.g., supervision, research, extension, etc.); (3) The reshaping of the jurisdictional boundaries of practice and training; (4) The distribution of the political and corporate power of the institutions that govern the destinies of the discipline; and (5) The revision of hegemonic discourses that hinder the advancement of the profession, among others.

Regarding the Professional Frame

The above mentioned has as a central reference to the analytical framing of practices, a space that has been the subject of many discussions on its definition, its importance, and the relevance of its two essential coordinates of space and time, and the reference to real or symbolic payment, etc. Therefore, it is necessary to consider frameworks far removed from rigid conceptions or limiting predefined forms, but in accordance with ethical guidelines agreed upon within the professional field, understood as a true community of practices and not simply as a closed community.

Virtual spaces should be considered transversal areas of professional practice, open to different practice guidelines, regardless of their clinical, formative, or social nature. Hence, the discussion should not focus on the acceptance or not of virtual spaces, or on the replacement of face-to-face practice, but on a strategy that responds to the demands of people in the current socio-historical conditions.

In this way, it is possible to reorganize the modes of referral, follow-up, supervision, training, among others, which must be rethought in a way that facilitates practices and clarifies the modes of professional interaction, in favor of the development of the discipline. The old formats of professional practice must be replaced by new ones that, among other things, allow for greater community participation. It is important to analyze the modes of accessibility, safety, informed consent, evaluation, etc., available to users and the various actors involved in the different areas of the profession.

The Practices of States

During the COVID-19 pandemic, several states around the world enacted erratic and mostly performative actions and policies related to general health and mental health. At different times such actions varied, ranging from more or less strict periods of compulsory social isolation to extreme ones in which political figures opposed to scientific knowledge created tragic public health disasters.

For years, the need to define clear State policies related to mental health has been discussed in Latin America. In the particular case of Argentina, for example, the Ministry of Health was downgraded to a secretariat, thus reducing its decision-making power and the budget of the health sector in general. One of the consequences of this nefarious change was the termination of the National Mental Health Law No. 26657 enacted in 2010 (Ministerio de Salud, 2018). This law established the most modern care considerations, establishing an important integrated infrastructure of services and professional teams for the prevention, care, treatment, and follow-up of cases. This was one of the main reasons why the pandemic was met with a weak response and without any specific mental health strategy. It should be noted that most States did not have either contingency strategies or the necessary infrastructure to efficiently address the conditions of the pandemic. Unfortunately, international organizations were not adequately prepared either.

The emergency of the COVID-19 pandemic demonstrated the little incidence that most psychology institutions and professionals had, with a few exceptions, in guiding health actions at the national, regional, and world levels. The call for integral health made by the different health organizations has not yielded real results in practice, and the old dichotomy between somatic and psychic aspects of health remains in place. This is not a simple epistemological matter, it is a tangible issue with implications in health management, treatment methods, professional recognition, allocated budgets, etc. In this sense, it is important to reconfigure our discipline so that it can keep up with the new conditions of modern nervousness. No one

doubts that the most permanent impact, once the acute phase of the pandemic is over, will be on the psyche, based on the major changes experienced in the modes of relationships, productive activities, leisure, and in our daily life. It is, therefore, worth asking: Is psychology prepared to be a central player or will it miss the opportunity to effectively respond to human suffering and trauma?

Historical professional organizations are considered fundamental, as long as they manage to overcome their structural flaws, to contribute in a creative and innovative way, implementing collaborative networks in each of the disciplinary practices with transversal actions and without compartmentalizing the professional orientations. These institutions must become spaces of collaborative development, where professionals can build horizontal relationships and develop their disciplinary practices.

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Part III
Educational Processes, Learning, and
Interventions

Chapter 21

The Day After: Impact of COVID-19 on Teachers and Their Work in Paraguay



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Introduction

In response to the outbreak of COVID-19 in Paraguay, early sanitary measures were taken to prevent massive spread and the collapse of the public health system. Once the mandatory quarantine was established, all activities and work areas had to be modified and/or restricted. In the educational system, the entire community of teachers and students was affected. In this context, it was considered pertinent and relevant to know and analyze the impact generated by this situation on the work and professional role of Paraguayan teachers of different sociodemographic, professional, and occupational profiles, and their management of risk, protection, self-efficacy, and coping behaviors during the quarantine and the Day After.

The psychosocial effects of a pandemic can result in fear, anxiety, shame or guilt, frustration, anger, isolation, and grief (Van Bortel et al., 2016). The impact generated by an epidemiological phenomenon also depends on individual characteristics, such as resilience, coping strategies, and other attitudes. In this context, the “Day After” alludes to the fact that this pandemic demanded that people put in place all the psychological resources available to cope with the new reality, and above all, it was considered necessary to inquire about the resources of the teaching profession to maintain resilient prevention and control behaviors beyond the quarantine, when the new normality of the Day After is entered, and the pandemic becomes endemic.

The need to adapt to the virtual modality and the modification of teaching methodologies and evaluation systems required the use of coping strategies and self-efficacy on the part of teachers. In the midst of these unexpected and uncertain changes, teachers likely experienced higher levels of stress due to work overload and because virtual teaching requires prior planning of at least 6–9 months, since it is not only about selecting certain contents, but also about planning the type of

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interaction that students will have with others and with the proposed material (Fernández, 2020). Teachers had to yield more and more to the role related to the development and design of computer and digital media built for distance classes, as well as the design of the learning environment in the technological framework (De Luca, 2020).

Teaching from home became a necessary alternative in this time of pandemic, where teachers were forced to manage and master information and technology communication (ITC) tools, in addition to the use of platforms and programs to teach online. It is from this that face-to-face teaching has been transformed into remote teaching, where online classes are the consequence of the pandemic, however, there are many factors involved for it to be successful (García, 2020).

Recent research identified depression and stress-related symptoms as the major psychological changes that have occurred since the pandemic. In addition to health professionals who may develop Burnout Syndrome, teachers, in particular, also suffered from this due to the priority problems of work overload, student demotivation, maintenance of discipline and bureaucracy. Among the proposals for improvement, the following stand out: enhancing the valuation of students' attitudinal-emotional aspects, fostering teacher-family relations, and promoting the development of teaching-learning strategies (Rubio & Olivo, 2020). Emotional exhaustion, stress, anguish due to confinement and distance education were also prominent (Hellín, 2020).

Given the emerging use of ITC tools, it was determined early on that teachers considered it difficult or very difficult to develop remote work and did not receive any type of logistical or psycho-emotional support from the institution to perform the virtual teaching function (Educación, 2020; Mancera et al., 2020). Others mentioned that, although they perceived support from their institution, the logistical and technological problems continually plagued them (Sánchez Mendiola et al., 2020). Given these difficulties, the objective of this study was to explore the impact of the pandemic perceived by Paraguayan teachers in terms of their role and professional performance. A sample of participants with different sociodemographic, professional, and work profiles was chosen, focusing the analysis on the management of risk, protection, self-efficacy, and coping behaviors in the health emergency situation.

Method

Design

The study design is descriptive-exploratory and cross-sectional.

Sample

Convenience sampling was used in this study. The sample consisted of 300 male and female teachers (224 females and 76 males). Informed consent was used in the process of administering an online questionnaire. Ethical standards for conducting online studies were also followed.

As shown in Table 21.1, the sample presented mostly female participants (74.7%), within the ranges 30–40 years (31.7%) and 41–50 years (30.3%), and the majority were married (51.7%). The age groups ranged from under 30 to over 61 years of age.

Instrument

The “Day After” Survey. The purpose of the instrument designed for this study was to explore the sociodemographic, professional, and occupational profiles, as well as risk and protective behaviors, self-efficacy and coping of teachers in the context of the COVID-19 quarantine/post-quarantine. Seventy-three items were included with open-ended, dichotomous, and Likert-type response options.

The instrument was divided into six parts. The first part sought to obtain the sociodemographic profile of the participants by means of nine items. In the second part, 31 items were used to obtain the professional and occupational profile of the participants. The third and fourth parts included 16 items that measured risk behaviors (five items) and protection (11 items). The last two parts used nine and eight items, respectively, to measure self-efficacy and coping behaviors.

Table 21.1 Descriptives of sample demographics

	<i>N</i>	%
Gender		
Female	224	74.7
Male	76	25.3
Age		
30 or younger	49	16.3
30–40	95	31.7
41–50	91	30.3
51–60	56	18.7
61 or older	9	3.0
Marital status		
Single	125	41.7
Married	155	51.7
Divorced/widowed	20	6.6
Place of residence		
In Paraguay	288	96.0
Abroad	12	4.0

Procedure

A survey was created through “Google forms”. Data collection was carried out online, anonymously and with informed consent. The data were analyzed in the free software *PSPP* (version 1.2.0), performing descriptive statistical analysis of frequencies and percentages of the variables.

Results and Discussion

Identification and Description of the Professional and Occupational Profile

As can be seen in Tables 21.2 and 21.3, most of the participants (63.7%) had teaching as their only work activity. One third worked in public institutions and nearly half worked in private institutions (48%). Most of the teachers worked at the elementary school (36%) and university (31%) levels. Most (54.6%) of the teachers received free ITC training, but a substantial percentage (37.7%) reported not having received it. According to the results, only 36.3% received ongoing advice and/or free materials from the educational institution where they work. Almost two thirds (65.3%) said they had not obtained adequate technical help or means.

Table 21.2 Descriptives of sample’s professional and work status

	<i>N</i>	%
Teaching as the only work activity		
Yes	191	63.7
At least 50%	31	10.3
No	78	26.0
Type of school		
Private	144	48.0
Public	98	32.7
Subsidized	9	3.0
In more than one school	49	16.3
Teaching level		
Elementary	108	36.0
Middle	51	17.0
College	94	31.0
Others	47	16.0
Subject/discipline		
Mathematics/chemistry/physics	40	13.0
Social science	80	26.0
Biology	26	8.0
Arts	17	5.0
Others	137	45.0

Table 21.3 Descriptives of sample's professional and work status

	<i>N</i>	%
Information and communication technology training at no cost		
Yes	137	54.7
At least 50%	50	16.7
No	113	37.7
School provided ongoing support and/or materials free of charge		
Yes	109	36.3
At least 50%	97	32.3
No	94	31.3
School provides appropriate technical resources		
Yes	56	18.7
Sometimes	75	25.0
No	169	65.3
Increase in teaching hours due to e-learning		
Yes	268	89.3
No	32	10.7
Excessive online work compared to face-to-face work		
Yes	170	56.7
Sometimes	98	32.7
No	32	10.7
Demands for e-learning undermine teacher motivation		
Yes	89	29.7
Sometimes	135	45.0
No	76	25.3
This new work situation has generated greater emotional exhaustion		
Yes	190	63.3
Sometimes	80	26.7
No	30	10.0
Excessive administrative burden assigned with COVID-19		
Yes	141	47.0
Sometimes	107	35.7
No	52	17.3
Administrative burdens interfere negatively with education		
Yes	127	42.3
Sometimes	121	40.3
No	52	17.3

There was also an increase in working hours for most (89.3%) of the teachers and more than half (56.7%) considered virtual work to be excessive compared to face-to-face work. A significant percentage (45%) of the teachers felt that the demands of virtualizing the content demotivated them and that the new work situation generated (63.3%) greater emotional exhaustion.

Also, about half of the participants (47%) reported that the bureaucratic tasks required because of COVID-19 were excessive and a similar percentage (42.3%) felt that these tasks had a negative impact on their teaching work and were detrimental to giving students direct attention. Similarly, bureaucratic activities were also reported as a difficulty in other studies with teachers (Hellín, 2020), as well as an increase in the number of hours dedicated to classes (Hellín, 2020; Rubio & Olivo, 2020).

Description of Risk Behaviors

The majority (71.3%) of the teachers reported (Table 21.4), not to be part of the COVID-19 risk profile, that is, they did not have underlying conditions that could aggravate the COVID-19 disease: they did not smoke (90.0%), did not consume alcoholic beverages (58.7%), nor abuse prescription drugs (79.7%). A significant percentage (44.3% sometimes and 39.0% always) reported maintaining healthy habits during quarantine such as routines and schedules, healthy eating, physical exercise, adequate sleep and permitted leisure activities.

Identification and Description of Protective Behaviors Against COVID-19

As shown in Tables 21.5 and 21.6, most teachers (94.3%) said they were frequently informed about restrictions through official media, although they considered the information provided to be accurate only sometimes (49.0%). The majority of

Table 21.4 Descriptives of sample's risk behaviors

	<i>N</i>	%
Smoking		
Yes	21	10
No	270	90
Alcohol		
Yes	16	5.3
Sometimes	108	36.0
No	176	58.7
Habit maintenance during quarantine		
Yes	117	39
Sometimes	133	44.3
No	50	16.7

Table 21.5 Descriptives of sample's protective behaviors against COVID-19

	N	%
Participant was informed and considers facts about COVID-19		
Did not consider important	5	1.7
Only heard comments from family or friends	12	4.0
Often, but only from official media	283	94.3
Participant considered the information provided by governmental institutions to be truthful.		
Yes, always	90	30.0
Sometimes	147	49.0
No, because information was manipulated	63	21.0
Participant washed hands as instructed by the ministry of health		
Yes	288	96.0
Sometimes	10	3.3
No	2	0.7
Participant correctly used face mask		
Yes	291	97.0
Sometimes	9	3.0
No	0	0.0
Participant complied with the physical six-foot distance		
Yes, always	222	74.0
For the most part	77	25.7
No, it was not necessary	1	0.3
Participant used hygienic measures when arriving at home		
Yes, always	185	61.7
For the most part	112	37.7
Never	3	0.6

teachers (96.0%) reported washing their hands according to the indications of the Ministry of Public Health and Social Welfare, using masks correctly (97%), complying with the physical distance of two meters (74.0%) and always carrying out all hygiene measures (61.7%).

The vast majority of teachers (93.3%) also felt the quarantine to be an effective protective measure against COVID-19 and complied with it (91.7%). The main reasons for leaving home during the quarantine were for the purchase of basic necessities (66.0%) and work (27.0%). Also, the majority said they would continue to implement security measures after the pandemic ends on the Day After (85.0%).

Identification and Description of Remote Teaching Self-Efficacy

According to the data shown in Table 21.7, half of the teachers consulted stated that they had only 50% of the knowledge necessary to virtualize educational content, while 49.7% felt that they had the skills to perform this task and be able to achieve

Table 21.6 Descriptives of sample's protective behaviors against COVID-19

	<i>N</i>	%
Participant considered quarantine to be effective as a protective measure		
Si	280	93.3
Don't know	3	1.0
Participant considered that a return to normality is needed	17	5.7
Participant complied with quarantine requirement		
Yes	275	91.7
Sometimes	20	6.7
No	5	1.7
Reasons for leaving home in quarantine		
To go to the grocery store	200	66.7
To work	81	27.0
To care for a relative	2	0.7
Leisure	1	0.3
Had not gone out at all	16	5.3
Participant will continue to implement security measures after the pandemic is over		
Yes	256	85.3
Sometimes	43	14.3
No	1	3.0
Participant will attend large-scale events once the measures have been relaxed		
I won't do it as a precaution	189	63.0
Yes, with the security measures in place	109	36.3
Yes, without any security measures	2	0.7

student learning. The reason may be due to the fact that many developed the skills to virtualize the content in a self-taught way, without having prior knowledge of how to do it. These results differ from those found in Chile (Educación, 2020), where only 6% of teachers believed that students were learning in a meaningful way the class contents in this modality.

Half of the teachers also considered virtual classes to be effective, compared to 61% who believed the same about face-to-face classes. Despite this, 67% said they had a positive attitude towards the contribution of ITCs.

The majority (82%) of participants reported that they had to adapt their study plan, methodology and evaluation system to the online modality. Some 42% reported connection problems during the development of classes or the application of exams. The modification of study plans seems to coincide with the main logistical difficulty found by Sánchez Mendiola et al. (2020).

Forty-two percent of teachers evaluated the level of student acceptance of synchronous and diachronic activities. Also, the majority (52.7%) were able to maintain a healthy family dynamic by moving the teaching work to their home.

Table 21.7 Descriptives of sample's remote teaching self-efficacy

	N	%
Participant had knowledge to deliver online content		
Yes	139	46.3
At least 50%	150	50.0
No	11	3.7
Participant had skills to deliver online content		
Yes	149	49.7
At least 50%	143	47.7
No	8	2.7
Participant considered that virtual classes will be as effective as face-to-face classes		
Yes	81	27.0
At least 50%	183	61.0
No	36	12.0
The participant had a positive attitude towards information and communication technology		
Yes	201	67.0
At least 50%	90	30.0
No	9	3.0
Participant was able to adapt curriculum, methodology and evaluation system to the online modality.		
Yes	446	82.0
At least 50%	48	16.0
No	6	2.0
Participant had connection problems during class or exams application		
Yes	126	42.0
At least 50%	77	25.7
No	97	32.3
Participant assessed students' level of acceptance of synchronic and diachronic activities		
Yes	126	42.0
Sometimes	59	19.7
No	97	32.3
Participant maintained a healthy family and work dynamic at home		
Yes	158	52.7
Sometimes	119	39.7
No	23	7.7

Identification and Description of Coping with the Pandemic

Regarding the coping behaviors presented in Table 21.8, 43% of the teachers stated that the pandemic had affected them economically in their professional role; however, about a third (31.3%) presented a positive attitude towards this fact.

Table 21.8 Descriptives of sample's coping with the pandemic

	<i>N</i>	%
The pandemic has financially distressed teachers in their professional role.		
Yes	129	43.0
To some extent	117	39.0
Not at all	54	18.0
How participant felt about being financially distressed (previous affirmative response)		
With a positive attitude	94	31.3
Disappointed in your school	54	18.0
Concerned	53	17.7
Anxious	48	16.0
Participant managed to remain stable in spite of the difficulties generated by the changes		
Always	100	33.3
Almost always	185	61.7
Never	15	5.0
Participant used connectivity and social networking resources for relaxation and leisure		
Yes	184	61.3
Sometimes	88	29.3
No	28	9.3

The majority (61.7%) of the teachers managed to remain physically and mentally stable most of the time, despite the difficulties generated by the changes. Some 61.3% also made use of connectivity resources and social networks for relaxation and leisure. These findings are similar to those found by Sánchez Mendiola et al. (2020), who reported that participants attributed less weight to difficulties related to the socio-affective or emotional areas.

Conclusion

This study contributes by providing data on the psychological situation of teachers in the early stage of the COVID-19 pandemic, to know what resources were available to them to lessen the impact of the pandemic on their lives and teaching work, as well as the risk factors to which they were exposed.

Certain behavioral practices may vary by culture or country making the onset or spread of a disease more or less likely (WHO, 2020; Vera-Villaruel, 2020). Protective and preventive measures taken globally and locally in the early phase of the COVID-19 pandemic provided some degree of control over the spread and risk of spread of the virus. The change to online platforms without adequate technical means, excessive bureaucratic burdens, overloaded schedules and work were factors that contributed to greater emotional exhaustion from the teacher's point of view.

Most of the teachers adopted protective behaviors during the quarantine, such as the use of masks, the physical distance of two meters, and compliance with all hygiene measures at all times. Most of them also stated that they will continue to implement these measures after the quarantine ends.

Also, half of the teachers reported self-efficacy behaviors, i.e., those skills necessary to virtualize the content and achieve student learning through this medium. Despite the difficulties generated by the changes, the majority of teachers almost always managed to remain physically and mentally stable.

Although the context is perceived as unprepared for the emerging situation, it is considered that the actors in this situation, i.e., the teachers in this case, had some emotional resources to adapt. Taking into account the necessary measures to cultivate mental health in this pandemic context (Gallegos et al., 2020), the Day After, in the sense of the situation after the initial impact of this pandemic, will require both the teacher and the educational community, and society in general, to make structural changes in lifestyle, in teaching-learning processes, responsible and empathetic collective habits that, if not implemented and assumed to stay, will only prolong the consequences of this pandemic (Iglesias et al., 2020). Based on this evidence, education authorities can orient their public policies more solidly towards the needs and support required on the Day After.

The limitations of the study have to do mainly with purposive sampling and a pilot instrument under test. The representativeness of the sample does not necessarily allow us to generalize these results to a broader population, as could be the rural context, for example.

We believe this line of research should be continued, so that we may appreciate the behaviors of risk and prevention, protection, self-efficacy, and coping perseverance in order to maintain well-being and quality of life. It is also suggested that these variables be studied in relation to other relevant variables, such as perceived social support, technostress, and others. Similarly, the effects of implementing preventive measures such as emotion management workshops and meditation exercises could be investigated and their impact on teachers' health could be measured. Given the speed and variety of changes generated by the evolution of the virus, it is necessary to continue updating the information on these variables, which, as their context changes, could also be modified.

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Chapter 22

Psychologists in Training in Times of Pandemic: Experiences from Home/School with Partners/Family in Mexican Undergraduate Students



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Introduction

In this chapter, I share my experience as a teacher of a “Sociocultural Theory” class taught remotely with Mexican psychology students from the National Autonomous University of Mexico (UNAM). In particular, I reflect on the Vygotskian concept of *perezhvanie* or experience (*vivencia* in Spanish) in relation to what we went through in the context of the confinement measures imposed in Mexico due to the COVID-19 pandemic.

The Pandemic in Mexico and in the University

As of March 2020, students at all educational levels in Mexico followed all school programs from home. Basic education opted to use television as the medium to transmit the contents of each school grade. Higher education opted for digital tools that allowed online classes to be carried out.

In the psychology program where I taught, Moodle and Zoom were used. The greatest challenge was for the school-based system, which normally functions in a face-to-face manner, but the challenge was less for the open university, which already worked with the Moodle platform to share content, create forums, upload assignments, and perform evaluations.

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Open University System's Students

The Faculty of Psychology's Open University System (OUS) was originally designed for students who work or study another degree, so that they could take courses at a different pace from the regular college system. The OUS students have diversified, maintaining the initial population of students who work or study other careers, but also of students who recently graduated from high school and who were unable to enter to the regular system or needed to work and study simultaneously. In this sense, it is common to find young students and also adults, mothers and fathers who work and study, as well as young people who dedicate themselves exclusively to study.

The Sociocultural Theory Class

During the first semester of 2020, I started teaching a Sociocultural Theory course. The sessions were conducted weekly from May to August through Zoom. Eleven psychologists in training (9 women and 2 men) participated in the sessions and agreed to participate in this research. Following Labarrere et al. (2003), I consider the student to be a professional in training, since they should be involved in early professionalizing activities and not exclusively towards the end of their training process. This entails recognizing that they are capable of tracing their formative paths, taking responsibility for their learning trajectory, and making decisions about their goals, capabilities, and projections.

In addition to reading reports, we worked on the concept of Zone of Proximal Development (ZPD), by recording a video showing a micro-learning situation, which was later analyzed. Another central activity was the reading and discussion of Veresov's (2017) text on *perezhivanie* or *vivencia*. This text allowed relating the concept to others from the cultural-historical model and to key elements about development, learning, and the person-context relationship. Finally, five female and one male participant answered an online questionnaire about their experience in times of pandemic.

The Concept of *Perezhivanie* (Lived Experience)

The concept of lived experience developed by L. S. Vygotsky, invites us to look at learning and formation processes of development, starting from relating our biographies, ways of being, and of understanding and facing reality with everything that is presented to us in our contexts of participation and also in relation to broader spheres in which we are immersed. Likewise, this allows us to see ourselves as complete individuals, that is, not fragmented in isolated psychological processes but as

someone who thinks, feels, understands, makes decisions, and acts from being immersed in multiple experiences.

Vygotsky uses the metaphor of the prism, emphasizing that the child is not a reflection of the social, according to the metaphor of the mirror, but that the social situation is refracted in the child's experience; that is, the light passes through the prism, and in that sense, the child is part of the social situation itself.

The lived experience is a unity in which is represented, in an indivisible way, on the one hand, the environment, what is experienced -the experience is always related to something that is outside the person- and, on the other hand, how I experience it. That is to say, the specificities of the personality and the environment are represented in the experience. In this way, "we are always confronted with an indivisible unity between the particularities of the personality and the particularities of the situation, all of them represented in the *perezhivanie*" (Vygotski, 2018, p. 78, own translation). Since they have experienced it differently, the situation will then have a different influence on their lives. Therefore, Vygotsky emphasizes that one must inquire into the relationship that the child has with his or her environment. In this sense, the lived experience is presented as an "indivisible unit that includes personality and social environment and, on the other hand, the complex meeting of different psychological processes where we can find emotions, understanding, awareness, ideas, thoughts, memories, attitudes" (Veresov, 2017, pp. 237–238, own translation).

The pandemic limitations resulted in a drastic transformation in our lives, of changes, challenges, and losses that made us live difficult experiences such as working and studying from home or having to go out to work with the risks that this implied, taking care of other people and going through the illness of family members, ourselves, or friends.

Experiences in Times of Pandemic

The general objective of this chapter was to analyze the experiences that 11 psychologists in training had when they had to carry out their school and, in some cases, work activities, from home. The specific objectives were: (1) to learn about the main changes experienced as a result of the home confinement measures implemented from March 2020 until the last quarter of the year; (2) to identify the meanings of their experiences, based on the evaluations they made about the changes, the emotions experienced and the learning identified; and (3) to analyze the implications that these changes had on their personal and family life, in relation to the meanings they created about their experience.

Methodologically, the work is oriented from an ethnographic and hermeneutic perspective to identify, understand, and interpret the words, expressions, and experiences presented by the research participants. According to Weiss (2017) hermeneutics has three major contributions for qualitative research: the hermeneutic circle, the notion of "*verstehen*" and the hermeneutic spiral. The hermeneutic circle arises from the interpretation of texts, and specifically, from the position that the text is

only understandable from the context, and the context from the texts, thus proposing a dialectical relationship between the parts and the whole. *Verstehen* (empathic understanding) is related to the search for meanings in the facts under investigation and the concern to resolve the dilemma between objectivity and subjectivity when approaching their study.

The ethnographic approach (Rockwell, 2009) takes on special relevance and provides contributions to the research, by proposing a process of inquiry that utilizes both a dialogic approaches with the participants and the observation of daily or extraordinary practices in the environment. In addition, it makes explicit the purposes of the research, where more than showing the interpretations of the participants themselves, it is intended to carry out a “conceptual transformation” (Rockwell, 2009, p. 66) of what has been observed and discussed, since it is the researcher himself who constructs the data or information when analyzing the empirical situations.

The instruments used to collect the information were: (1) A course activity: elaborate a video on the concept of the ZDP; (2) Retrieval of notes from the class sessions by means of Zoom; (3) A questionnaire using open-ended questions on: (a) the particular ways of understanding and living the COVID-19 pandemic; (b) the changes it brought in family, school, work and personal life; (c) the reflections, thoughts, and feelings that participants had during the months of confinement and; (d) the role that psychology should be taking today and the challenges it will face as a discipline in light of the pandemic.

The analysis of the questionnaire responses was conducted within the framework of understanding the concept of *perezhivanie*, by relating the personal characteristics of each student to the broader living conditions implied by the COVID-19 pandemic, and the unique family dynamics in which the participants lived. This information was obtained by analyzing assignments on the ZDP video and notes from class sessions.

Experiences in the Pandemic: The Domiciliation of the School

Dussel (2020) invites us to delve deeper into the question of the “moving” of the school to the home, of the construction she makes from Derrida, of the “domiciliation” or “domestication” of the school. The school building and the classrooms remain with their blackboards, benches, libraries, and the houses are filled with desks, improvised workspaces in bedrooms or dining rooms. Classmates sit in front of their computer or cellphone screens while the family and its diversity are to the side.

Home schooling made it possible to make professionals in training visible also as daughters and sons, partners, fathers or mothers, people with different tastes, interests and passions in activities that are not generally contemplated or valued in the academic world of the university. At the same time, there is the possibility of including the family in the school.

In the Sociocultural Theory class, this was evident at the time of making the video. The students had to generate a teaching-learning (T-L) situation, record it, and share it with classmates. They also had to write some reflections on what they observed in the video. The E-L situations were carried out at home, with the participation of family members who were learners and experts.

To a large extent, the activities had to do with daily life at home, others were related to academic activities, and still others to handicrafts. For example, Alberto taught his mother (an older adult) how to use the remote control to switch the HDMI video input to broadcast television, an issue for which she had previously depended on Alberto, which caused her frustration. In another case, Carolina recorded her mom, who makes and sells bathroom ornaments, teaching her dad how to cut and sew flowers with fabric, an activity that, in Carolina's words, is also useful for the subject matter:

It was a plus, because my dad had the opportunity to experience firsthand how laborious this type of manual work can be. The experience helped my dad to understand the effort my mom puts into making her handicrafts and [to know] why it took her a while to do them, which helped a lot in that aspect of my parents' relationship (Carolina, ZDP Task, 2020).

This permanent coexistence makes it possible for families to meet, making visible the work and domestic chores of fathers and mothers, and the school activities of daughters and sons. However, it also makes explicit the need for personal spaces for development, places outside the family that enable socialization processes with others. The difficulty of finding a personal space for the development of classes and the performance of tasks makes evident the importance of the university as a space for autonomy and emancipation (Dussel, 2020). This was recognized by Monica, who lives with her parents, siblings, and a cousin, when she talked about how classes changed after being confined at home:

They have been online completely and now I have to try to study from home, but it is very complicated as there is a lot of noise and I don't have my own space (Monica, Questionnaire, 2020).

During the class sessions we frequently met with the daughters and sons of three of the psychologists-in-training. The children were between one and 10 years of age and were cared for and looked after by their grandmothers. We also accompanied and guided them in their school activities. For example, Gabriela had problems turning in some of the homework assignments on the agreed dates because she had to devote a lot of time to the school activities of her son, who was in elementary school.

Studying, working, and caring for the elderly and/or young children at the same time is a challenge because of the lack of support from schools, day-care centers, or caregivers. This responsibility falls mainly on women, and on professionals in training. According to the "Diagnosis of socio-territorial inequality" of Mexico 2020, unpaid domestic activities are performed by women at an average of 41 hours per week, as opposed to 18 hours per week on average contributed by men. The same study highlights that inequality is most evident in the 25 to 44 age range (CDHCM, 2020). In this sense, it is the female professionals in training who are most at risk of

suspending their studies or seeing a decrease in the time invested in academic activities.

In addition to these responsibilities, the colleagues-in-training shared some of the activities they were doing at home or had begun to do as a result of the safeguards at home. For example, one Zoom class session ended with a tour of the rooftop garden of one of the students, who identified with another colleague who had begun to plant and care for flowers.

In general, one of the experiences they shared was the possibility of having more time to spend with their families. For example, in the case of Carolina, who by returning to her home outside of Mexico City, could help her younger brother with his homework. Another example came from a student named Lili, who could spend more time with her children under 10 years of age; and Monica, who said that what she would like to remember from these pandemic times is “the beauty” she has experienced with her family.

At the same time, the students reported having experienced difficult emotional and mental experiences. They reported having had panic attacks, feeling anxiety, helplessness, fear of losing loved ones, and yet simultaneously, they said that the experiences they had lived through provided them with great lessons, or that they had been shown that they were capable of doing and thinking things that they had not imagined before.

As Veresov (2017) highlights, the lived experience necessarily entails a drama, in the sense given by Vygotsky, when speaking of the social relationship that people establish with others: “The social relationship is therefore not just any social relationship between two people. It appears as a “category“, that is to say, it is experienced as a collision, tinged with emotions, a contradiction between two people, a dramatic event, a drama between two individuals. Being experienced emotionally and mentally as a social drama (on the social plane), it subsequently becomes an individual intrapsychological category.” (Veresov, 2017, p. 241, own translation).

In this sense, home confinement and what this entails in family relationships and personal changes implies a collision between the person and others, between the person and the social situation in which he/she finds him/herself. The concept of lived experience emphasizes that this drama or collision in the social relationship is lived in a particular way by each person, and in that sense also, the way in which it is signified and incorporated into the person’s life. The meaning given to the experiences and the reflections made on them entail processes such as the appropriation of new meanings about life, the way of relating to others, of looking at oneself and of realizing the possibilities one has to overcome the difficulties experienced in these times. In relation to this, in the questionnaire I asked them how they imagined they would remember this moment, and the answers are linked to this drama and at the same time recognize the learning developed:

I would like to remember only the beautiful, but I think if I can remember every experience I will be able to remember how I made it through this well, so I hope to remember it as an extraordinary situation that helped me grow. (Monica, Questionnaire, 2020)

I know I will forget much of it, but I imagine I will remember it as a great life lesson in which I was able to control my mental stability in an amazing way. (Angelica, Questionnaire, 2020)

Home schooling implies the discipline of psychology at home, an issue that was reflected in the questionnaire on experiences in the pandemic. What has it implied to train as psychologists and face this global crisis? Do psychologists in training feel that they can intervene in some way with their families or community? In general, they commented that they have taken some measures to ensure the mental well-being of their families, by proposing spaces to listen to them and talk about their emotions, but at the same time they reported that they were not prepared and that it would not be ethically correct to generate other intervention strategies, for which further training and professional education is required.

I talk to my family, I ask them how they are feeling emotionally, I explain to them that feeling sad, angry, frantic is normal and they should not repress those feelings. Sometimes just by listening to someone you can help them too much. (Fabiola, Questionnaire, 2020)

At home, I tried to let my actions be guided by what I remembered from what I learned in college. However, not all of us have the capacity to support in crisis situations. The most I dare to do is to actively listen to people I have detected who are in crisis. That is, this type of situation should be handled by professionals or people with experience (Angélica, Questionnaire, 2020).

Conclusions

Entering my students' homes allowed me to get to know these other areas of participation that generally go unnoticed in the classroom. I could witness the difficulties of their Internet signal, the fact that the class was taken by cell phone due to the lack of devices at home, or the challenge of having a quiet space to work when sharing rooms with their family. So, it seems that this pause-crisis of working from home invited me to understand, recognize, and incorporate in our educational work in universities the multiple social and cultural practices in which students participate and that shape them.

Making diversity even more visible in the classroom, based on what this situation has implied, can lead us, as a commitment, to make transformations in our training practices. The "return" to activities or "the new normal" are not enough to rethink ourselves as teachers and students. We will need to consider ourselves as colleagues-in-training, able to establish dialogues full of creativity and new proposals, and to look beyond our roles as professionals, academics, and students.

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Chapter 23

Education in Times of Pandemic: A Systematic Review of Its Implications for Students' Mental Health



Suzy Kamylla de Oliveira Menezes

Introduction

The year 2020 was profoundly marked by the SARS-CoV-2 virus (COVID-19) (Liang, 2020). Its onset in Wuhan, China, in December 2019, generated anxieties and fears about a new contagious disease. In Brazil, the first case was detected on February 26 (Ministério da Saúde, 2020). As the number of cases around the globe skyrocketed, the World Health Organization (WHO) moved to characterize COVID-19 as a pandemic on March 11. To contain the spread of the disease, rigorous isolation and social distancing measures were implemented in China and in countries where the disease had spread, generating abrupt changes in people's lives. In a short period of time, the pandemic brought psychological repercussions that disrupted the mental health of large segments of the population, from mild to severe symptoms of anxiety, stress, depression, fear, and great uncertainty (Brooks et al., 2020; Bezerra et al., 2020; Wang et al., 2020).

These changes had direct repercussions on education. The interruption of face-to-face classes and the shift to remote learning generated psychological impacts across all educational levels. Rahali et al. (2020) addressed the shift from face-to-face to remote learning and pointed out the clear need for pedagogical material and psychological support during this transition phase for students. Huckins et al. (2020) believed that it was important to characterize changes in mental health to guide the development of methods to reduce the impact of catastrophic events on the mental health of the population. Therefore, the aim of this chapter is to examine how the COVID-19 pandemic impacted student mental health during its most severe stage in 2020.

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Method

Design

A systematic literature review was conducted. This method seeks to identify, evaluate, and analyze works relevant to a specific field of research (Barcelos, 2014; Jesus et al., 2019). The following research question was formulated: How has the COVID-19 pandemic impacted the mental health of students during the year 2020?

Procedure

The search was conducted in three databases: SciELO (Scientific Electronic Library Online), BVS (Virtual Health Library), and Scopus. The following keyword search was applied in Portuguese: (COVID-19 OR Coronavírus) AND saúde mental AND (estudant* OR alun*), in the SciELO and BVS databases. This search was adapted to English for the Scopus database: (COVID-19 OR Coronavirus) AND mental health AND (student* OR education OR teaching OR school). A total of 180 records were retrieved.

Inclusion criteria were full articles in Portuguese, English or Spanish that were published during the year 2020. Exclusion criteria were: (1) duplicate articles; (2) Dissemination articles; (3) Editorials; and (4) Preprints. The search was conducted in August 2020. Titles and abstracts were analyzed first, followed by the complete reading of the articles. In total, 83 were identified in BVS and 15 were selected. In Scielo, two entries were identified, and both were selected. Finally, 95 entries were identified in Scopus and 11 were selected.

In total, 28 papers were obtained, but with 6 repetitions. Therefore, the final sample consisted of 22 articles selected for analysis. For each study, the following aspects were coded: (a) Research approach; (b) Target sample; (c) Research instruments; (d) Aspects of students' mental health; (e) and Origin of the studies.

Results

Each of the studies received a numerical assignment for identification, as shown in Table 23.1. Based on the aspects of the studies that were coded, 82% used a quantitative approach and 18% used a qualitative approach (Table 23.1). In addition, five longitudinal studies were identified (Studies 5, 7, 9, 11, and 21). About 82% of the participants were university students (see Table 23.2). Furthermore, online instruments were used in most studies. E-mail and social networks facilitated instrument dissemination and access to participants during the pandemic as well (see Table 23.3).

Table 23.1 Study approach

Approach	Study ID	N
Qualitative	(6) Guizzo et al. (2020); (13) Ong (2020); (17) Schlesselman et al. (2020); (20) Xue et al. (2020)	4
Quantitative	(1) Aker and Midik (2020); (2) Alkhamees et al. (2020); (3) Cao et al. (2020); (4) Choi et al. (2020); (5) Elmer et al. (2020); (7) Huckins et al. (2020); (8) Lan et al. (2020); (9) Li et al. (2020); (10) Li et al. (2020); (11) Maia and Dias (2020); (12) Nguyen et al. (2020); (14) Peloso et al. (2020); (15) Rahali et al. (2020); (16) Sallam et al. (2020); (18) Tang et al. (2020); (19) Xin et al. (2020); (21) Zhang et al. (2020); (22) Zhou et al. (2020).	18

Table 23.2 Study participants' education level

Education level	Study ID	N
University	1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21	18
Elementary and Middle School	10, 22	2
No specification	2, 6, 20	3

Table 23.3 Instrument type and dissemination channel

Instrument/dissemination	Study ID	N
Online questionnaires	1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 21, 22	17
Social networks	1, 2, 14, 16, 18, 19, 21	7

Table 23.4 Topics of study identified

Topic	Study ID	Topic	Study ID
Depression, anxiety, and stress	2, 3, 8, 9, 10, 11, 14, 15, 19, 22	Social networks and mental health	5
Pandemic impact on women	5, 8, 21, 22	Medications	12
Sleep and mental health problems	18, 21	Changes in daily routines	6
Negative emotions and cognitions	19, 21	Impact on exams, training and internships	4
Use of distance learning platforms	14, 15	Educational policies in response to COVID-19	20
Post-traumatic stress disorder	18	Opinions about COVID-19	1
Changes in behavior and mental health	7	Conspiracy	16
Wellbeing/Resilience	17		

Regarding the main topics examined by the studies identified, Table 23.4 shows that close to half of the 22 studies focused on students' mental health, particularly stress, anxiety, and depression. Other topics of research related to mental health were: Negative emotions and cognitions, sleep and mental health problems, post-traumatic stress disorder, wellbeing and resilience, and changes in behavior. At least

Table 23.5 Origin of studies by country

Country	Study ID	N
China	3, 9, 10, 18, 19, 20, 21, 22	8
Brazil	6, 14	2
USA	7, 17	2
Vietnam	8,12	2
Jordan	16	1
Morocco	15	1
Portugal	11	1
Saudi Arabia	2	1
Singapore	13	1
Switzerland	5	1
Turkey	1	1
United Kingdom	4	1

four studies had an emphasis on the impact of the pandemic on female participants.

Regarding their geographic origin, slightly more than a third of the studies came from China (36%). Brazil, USA, and Vietnam, each was represented by two studies. The rest of the studies came from a diversity of countries (see Table 23.5).

Discussion of the Studies

Rahali et al. (2020) analyzed the level of satisfaction regarding the use of distance education platforms during the pandemic and the impact of distance education on the mental health of Moroccan university students. This study was conducted between March 17 and April 30, 2020, with 123 students. The imposition of distance learning produced a substantial level of stress in 49% of the students. In terms of pedagogical aspects, 87% of students found distance learning unsatisfactory and 27% expressed concern about the use of new tools and their privacy in the online environment. There was a clear correlation between the adoption of distance learning and the level of stress during this process.

Peloso et al. (2020) assessed the concerns of Brazilian university students in higher education in the health area regarding distance education during the COVID-19 pandemic. The study was conducted from May 2-7th, 2020 at a private university. A total of 704 students participated. The results showed that 48.2% of the students were anxious, 19.5% were fearful of getting the disease, and 51.4% agreed they preferred a form of remote education. Students were concerned about failing their studies and their practical training.

Guizzo et al. (2020) explored the daily life of families in relation to technologies, school, and children. The authors found various efforts by families to adapt to changes in daily life, as well as the adoption of the use of technology and online classes.

Lan et al. (2020) validated the Depression, Anxiety, and Stress Scale (DASS-21) to with Vietnamese college students and immediate psychological reactions in the e-learning environment. Their study was conducted from March 6th to 20th, 2020. In total, 15 online classes were followed with approximately 2000 students. Results showed that female gender, sociodemographic factors, and psychological impact were significantly associated with a higher level of anxiety.

Alkhamees et al. (2020) measured the degree of psychological impact during the pandemic in the population of Saudi Arabia between April 2-5th, 2020 with 1160 participants. The Impact of Event Scale-Revised (IES-R) and the DASS-21 were used in addition to sociodemographic data. Approximately 25% of the participants reported experiencing moderate to severe symptoms: 23.6% with psychological impact; 28.3% with depressive symptoms; 24% with anxiety symptoms; and 22.3% with stress symptoms. Women and students presented higher levels on the DASS-21 scale. Specific preventive measures such as hand washing, and social distancing were shown to be protective against symptoms of stress, anxiety and depression.

Li et al. (2020) analyzed changes in the mental health status of college students before and after confinement, focusing on psychological states of distress, depression, anxiety, and affectivity. Fifty-five Chinese university students participated. Data was collected on December 20, 2019, and then 2 weeks after the start of confinement in January 2020. Increased negative affect and symptoms of anxiety and depression were observed after confinement, which was related to an inadequate supply of hand sanitizer and changes in the school schedule.

Maia and Dias (2020) studied whether the levels of depression, anxiety, and stress in Portuguese university students changed in the pandemic period compared to previous periods. The study considered two groups: sample 1 ($N = 460$) and sample 2 ($N = 159$). The DASS-21 and a sociodemographic questionnaire were used. Data from Sample 1 was collected in February and March of 2018 and then in February and March 2019 in person. The second sample completed an online questionnaire between March 11 and March 17, 2020. Sample 2 had significantly higher levels of depression, anxiety, and stress compared to Sample 1, reflecting the negative psychological impact of the pandemic.

Zhou et al. (2020) assessed the prevalence of depressive and anxiety symptoms in Chinese adolescents affected by COVID-19. This study was conducted in March 2020 and involved 8079 primary and secondary school students, aged 12–18 years. The following instruments were used: The Patient Health Questionnaire (PHQ-9) and The Generalized Anxiety Disorder (GAD-7) scale. Significant rates of depressive symptoms (43.7%), anxiety symptoms (37.4%) and a combination of depressive and anxiety symptoms (31.3%) were observed among high school students. Female gender was the greatest risk factor for depressive and anxious symptoms. The higher the educational level, the higher the prevalence of depression and anxiety symptoms.

Elmer et al. (2020) investigated the relationship between social networks and mental health among 54 Swiss university students before the pandemic (data obtained from 2018) and 212 during the pandemic (April 2020). Social networks (interaction, friendship, social support, joint study) and mental health indicators

(depression, anxiety, stress, loneliness) were analyzed. Levels of stress, anxiety, loneliness, and depressive symptoms had worsened compared to the pre-pandemic period. Fear of losing social life turned into worries about health, family, friends, and the future. Students living alone, with less contact with friends and family and with little social integration were at a higher mental health risk. Female students had worse mental health results in social integration and COVID-19-related stressors.

Zhang and others (2020) evaluated the impact of COVID-19 on the mental health of Chinese college students. The study was conducted between February and March of 2020 with 66 college students. Demographic information, physical activity, negative emotions, sleep quality, and level of aggressiveness were analyzed. COVID-19 deaths had a direct negative impact on overall sleep quality and an indirect impact on negative emotions such as stress and anxiety, with sleep as a mediator. Women suffered a greater psychological impact from the COVID-19 outbreak.

Xin et al. (2020) investigated associations between mandatory quarantine and negative cognitions (discrimination and perceived risk of COVID-19 infection) and mental health status (emotional distress due to COVID-19, probable depression, and self-harm or suicidal ideation). The study was conducted from February 1–10, 2020, with 24,378 students from 26 universities in 16 Chinese cities. Mandatory quarantine was associated with perceived discrimination, high or very high risk of infection, emotional distress, probable depression, and self-harm or suicidal ideation.

Huckins et al. (2020) analyzed student behaviors and mental health during the pandemic compared to earlier periods and relationships to U.S. media coverage of COVID-19. A total of 217 college students participated from January through March of 2020. Smartphone and mental health data from the Patient Health Questionnaire-4 (PHQ-4) were used. Sites visited, distance traveled, duration of phone use, number of phone unlocks, sleep duration, and sedentary time were analyzed. Aspects of mental health, such as depression and anxiety, were significantly associated with COVID-19-related news. Compared with previous academic periods, individuals were more sedentary, anxious, and depressed.

Cao et al. (2020) analyzed the mental health of Chinese university students during the pandemic. The Generalized Anxiety Disorder Scale (GAD-7) and sociodemographic information were used. A total of 7143 responses were obtained. Among the students, about 1% had severe anxiety, 2.7% had moderate anxiety, and 21.3% had mild anxiety. The following were observed as protective factors against anxiety: living in an urban area, stable family income, social support, and living with parents. Having family members or acquaintances infected with COVID-19 was a factor for increased anxiety.

Liu et al. (2020) explored the impact of the pandemic on somatic symptoms among college and elementary school students in China between February and March 2020. The Somatic Self-Rating Scale (SSS) was administered to 399 students. Among college students, 34.85% had mild (26.26%) and moderate (8.59%) somatic symptoms. Among elementary school students, 2.39% had mild somatic symptoms. Concern about COVID-19 was positively correlated with the occurrence of somatic symptoms. University students expressed increased concern about the

threat to life and health from COVID-19 and the effectiveness of pandemic prevention and control measures.

Tang et al. (2020) explored the prevalence of post-traumatic stress disorder and depression in quarantined Chinese university students to identify risk factors for psychological distress. A total of 2485 students from six universities participated between February 20 and 27. The PTSD Checklist Civilian Version and the Patient Health Questionnaires (PHQ-9) were administered. Data on sleep duration, exposure, home quarantine time, and sociodemographic data were also collected. It was observed that 2.7% of the students manifested post-traumatic stress disorder and 9% depression. The following were considered as risk factors: extreme fear, short sleep duration, being in the 4th year of the course and living in areas highly affected by the disease.

Nguyen et al. (2020) sought to validate the COVID-19 Fear Scale (FCoV-19S) and examine the association of its score with health-related knowledge and behaviors among medical students. It was conducted between April 7th and 29th, 2020 with 5423 students at eight universities in Vietnam. High levels of health literacy were associated with low levels of fear. Older, late-career males with the ability to pay for health access had lower scores. Behaviors such as smoking and drinking alcohol appeared to have a negative impact on fear of COVID-19.

Xue et al. (2020) addressed China's educational policies in response to COVID-19. The changes involved constructing a COVID-19 education policy system that targeted the physical and mental health of teachers and students, ensuring epidemic prevention materials and educational resources, and improving teachers' ability to apply teaching technology.

Schlesselman and others (2020) examined the negative impact that the pandemic may have on the health of pharmacy students in the USA. Upon returning to college, the authors stated, it would be necessary to plan strategies that contribute to the well-being of students. However, they warned that one strategy does not fit all, so particularities of students must be considered in this process.

Sallam et al. (2020) assessed the belief that the pandemic was the result of a conspiracy in relation to levels of cognition and anxiety among Jordanian university students. It was conducted between March 29–31, 2020, and 1540 students participated. Sociodemographic data, knowledge, and sources of information about the disease, attitude towards the false notion that COVID-19 resulted from a conspiracy, and items to assess anxiety level were collected. Belief in conspiracy about the origin of COVID-19 was associated with misinformation about the availability of a vaccine and the therapeutic use of antibiotics in the treatment of COVID-19.

Aker and Midik (2020) explored the opinions of Turkish medical students about the COVID-19 pandemic. It was conducted between March 24–27th, 2020 and 1375 students participated. It was observed that 52.4% of the students reported feeling psychologically unwell. Although half of the students generally obtained information about COVID-19 through social networks, most of them did not trust its veracity (82%) and considered the imposition of strict restrictions to control the pandemic in their country (61.6%).

Choi et al. (2020) identified the impact of COVID-19 on exams, electives, and internships of final-year medical students in the UK using an online questionnaire sent on March 22 to 32 medical schools. A total of 440 students participated. About 38.4% said that their final exams got cancelled, 43.0% had postponed internships, and 77.3% cancelled electives. Thus, the pandemic significantly affected medical students' preparedness.

Finally, Ong (2020) researched student burnout in Singapore and the emergence of illnesses. Factors that contributed to the intensification of burnout were identified, such as fear of fewer learning opportunities, decreased autonomy during working hours, fewer social interactions with colleagues and family members, and fear for one's health and well-being during the pandemic.

From the studies reviewed, it is noted that there was a need to build and implement strategic approaches during the pandemic related to the mental health of students to reduce fear, promote a healthy lifestyle, contribute to well-being, improve sleep quality, address stress, and disseminate reliable information about COVID-19. Methodologies related to online teaching and how they affected psychological aspects of students were also highlighted.

Conclusion

The studies identified in the systematic review and discussed above provided evidence that the COVID-19 pandemic negatively impacted students' mental health and this phenomenon could be observed worldwide. The studies presented were conducted during the first semester of 2020 and pinpointed results from the initial phase of the pandemic. Many of the studies were of Chinese origin. However, studies from several countries pointed out how the pandemic rapidly affected students on a global scale. In general, the authors of the studies highlighted the need to implement strategies that contribute to mental health care for students, regardless of their level of schooling. Finally, given the possibility of future waves of COVID-19 in countries where it was relatively controlled, the observed psychological effects are likely to worsen if social isolation measures and online classes are continued indefinitely. As such, the studies identified are relevant for understanding and intervening with the long-term effects of the pandemic.

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Chapter 24

Teacher Training in Virtual Communities of Practice at the University of Buenos Aires, Argentina



Livia García Labandal

In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.

Eric Hoffer (1983)

Introduction

This chapter presents the pedagogical dispositif used in the classroom and its virtual adaptation as part of the in the Special Didactics and Teaching Practice course from the Psychology Teacher Training Program in the School of Psychology at the University of Buenos Aires, during the COVID-19 pandemic. Teacher training processes were reconsidered as a result of the Social, Preventive and Compulsory Isolation measures imposed by Decree 297/2020. One of the first measures taken by the government to prevent the spread of the coronavirus was the temporary closure of educational institutions, including universities. Consequently, face-to-face classes were suspended, which forced the implementation of a remote teaching strategy. In the course, students usually carry out teaching practices in school settings, but this was not possible. In this chapter, I share how our face-to-face collaborative learning community was transformed into a virtual community and a pedagogical dispositif.

Working Methodology in a Community of Practice

The concept of dispositif or dispositivo in Spanish, as used in social and human sciences, was first introduced by Foucault (1977) to analyze the social circulation of power. The author understands dispositif as a network that links a set of

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heterogeneous elements, in a game of power and knowledge relations with a strategic character. This *dispositif* is defined not only by its elements (i.e., discourses, institutions, regulatory decisions, scientific statements, philosophical, and moral propositions), but also by the network that is established among them. When referring specifically to the field of training, the pedagogical *dispositif* is a set of rules created for the appropriation of other discourses, to distribute, recontextualize, and evaluate them. Larrosa (2018) used the term *dispositif* to point out that education materializes in spaces, times, bodies, relationships, objects, technologies, disciplines, languages, and ways of doing, and where a relationship between the subject and their world is produced. Emphasis is placed on the question of disposition, of being in place or willingness. In this sense, an educational *dispositif* would be something like an artifact or apparatus in which the world and the subjects or students make themselves mutually available. Teachers work on the time, space, material conditions, and activities that are constructed and shared. They create systems within educational institutions.

Souto (2017) defined the pedagogical *dispositif* as a complex instrumental artifice, constituted by heterogeneous components that has the availability to generate foreseen and unforeseen developments, and the power to be projected, installed, realized, and analyzed. The pedagogical *dispositif* or device has the character of a technical organizer, since it organizes conditions for its implementation and realization: spaces, time, material, and human resources, and environments conducive to its installation. But it also organizes actions from a logic of non-linear complexity. Considering the meanings presented so far, it is possible to point out that a teacher training *dispositif* or device is a particular way of organizing the training experience with the purpose of generating experimental situations, so that the subjects who participate in it modify themselves through interaction with themselves and/or with others, actively adapting to changing situations, appropriating new knowledge, developing dispositions, and building capacities for action. In this framework, two types of devices can be considered: (1) Devices based on narratives, which consist of the production of written stories as a means to access the subjective experience of students, so that they can take as an object of reflection their own school history, beliefs, prejudices, previous knowledge, and action schemes acquired consciously or not. In this category it is possible to find the school autobiography and the training diary; (2) Interaction-based devices favor exchange and confrontation among peers. They are proposals that favor the exercise of observation, the development of communicative competencies, the offer and reception of feedback, the integration of knowledge from different disciplines, and the articulation between theory and practice. This type of device includes communities of practice, integration workshops, micro-classes, reflection groups, and individual tutorials.

The concern for teaching practices at the secondary and higher education levels leads to the generation of other training devices such as the learning community, understood as more than a group of students and teachers, but as a true collaborative learning project. It is interesting to think about two aspects that can be considered when working with learning communities. The first has to do with an already internationalized and collectivized project, in relation to the need for a professional

knowledge base in education (Hiebert et al., 2002). The second is related to achieving the desired theory-practice articulation, seeking to build closer collaborative links between universities or initial teacher training centers and educational institutions as centers of practice. This new conception, which incorporates the intersubjective space as the place par excellence where the learning process takes place, leads to the proposition that the attribution of meaning to the learning experience does not reside only in isolated cognitive processes, but in shared symbolic universes. In Wenger's (2001) conception, the community is understood as a social configuration, where participation is important for its realization. In this task, an identity is constructed, which is communicated in various discursive and acted forms. It communicates the way in which learning changes the subjects and creates personal stories of how one becomes a member of a given community. In reflecting on issues related to knowledge construction, it posits learning as social participation, which not only shapes what we do, but fundamentally shapes who we are and how we interpret what we do. In the interweaving of these characteristics, learning is doing, learning is experience loaded with meaning (*vivencia*), learning is belonging and learning is becoming (Rodríguez Arocho, 2009).

In this sense, Wenger (2001) identifies three dimensions in communities of practice. The first is the mutual commitment of the participants. He argues that practice resides in a community of people and in relationships of mutual commitment to the development of activities. The second dimension transcends commitment and refers to joint effort. The commitment must result in a goal-oriented activity or transformational activity. In this activity, the agents share responsibility for its realization. The third dimension refers to the accumulated repertoire of discourses and actions, marking the historicity of knowledge production. Shared histories of learning can serve as a way to conceptualize communities of practice (Wenger, 2001). This author proposes learning communities as contexts for knowledge transformation. They are groups of people who share values and beliefs that orient their activities towards a goal whose achievement depends on collective contributions. The formation and consolidation of the group in the journey towards the goal will give a sense of community that will imply awareness of belonging to the group, reciprocal influences, satisfaction of individual and collective needs and shared experiences that create emotional bonds. In the learning community, the sense of identity is built in the present learning context but includes the past and the future in the trajectory towards the goal. It is considered fundamental to recognize and consider the previous experiences and knowledge of the members of the community. At the same time, commitment to the active construction of a future is promoted (Rodríguez Arocho & Alom Alemán, 2009).

This form of intervention in the training scenario of future teachers in psychology emphasizes the importance of developing and building "meaning" among all the actors, the university being a space for learning and reflective dialogue among peers and with the teacher. The systematic work carried out within the learning communities, within the framework of professional development, makes it possible to demonstrate an added value linked to the improvement of their own practices.

Virtual Communities of Practice

The pandemic and social isolation caused confusion in the training spaces, experienced as exceptional, with extraordinary measures and uncertainties. For educators, this situation led to complex and adverse moments that had to be faced in order to continue sustaining the institutions and the teaching processes with students. In these circumstances, the teachers' own fragilities and the efforts and commitments to overcome the uncertainties and sustain pedagogical continuity became visible.

It became unavoidable to redefine the meanings of training, the teaching profession, and the pedagogical proposals that were being established in order to generate significant learning. This implied sustaining an important reevaluation of the meanings of training and the revision of the role of trainers in the university. Face-to-face classes have irreplaceable aspects, but higher-level education enables non-face-to-face work, since the students have built cognitive and metacognitive capacities that allow symbolic negotiations without the need for physical presence. Undoubtedly, the most complex issue to be solved was practice itself, since in this curricular space, students had to carry out their teaching practices. The possibility of exchange with students was encouraged through the different resources provided by the virtual classroom in synchronous and asynchronous spaces (forums, files, assignments, etc.), all within an institutional framework, since communications were carried out in the space created by the university. The approach to the contents was based on the adaptation of some work instructions, which contributed to the richness of the exchanges and the feedback provided by the instructors.

In social terms, the impossibility of seeing each other can be a disadvantage. Although constant contact is maintained, links were established through platforms in synchronous encounters with one's gaze, gestures, and posture, although it is not always visible. Nevertheless, group dynamics that invite collaborative work can still take place. Beyond the technological aspect, the delivery of work related to theoretical readings continues in a similar way to the classroom. Thanks to the previous experience of teachers and students, the use of educational platforms was strengthened by the incorporation of more functionalities as a result of the massive virtualization produced. Paradoxically, the pedagogy of virtualization in the context of emergency revealed the imperative need for a university with faces, whether by means of a screen, an audiovisual, or a device, since it is a unique, personal, and collective relationship that is built in each class. The planning and design for a virtual environment must be adapted to the conditions and possibilities of the medium in which it takes place, and also requires a commitment to and reflective analysis on the task to be developed. This reflection will be based on a series of decisions developed from a deep knowledge of the work that is planned. The aim is to train people in an integral way, so that they can work as professionals in a specific field.

This training could be summarized in the following points: Establishing which are the learning objectives, outlining the contents to be acquired during the training, knowing the students and their level of training, knowing what resources are available to carry out our work, deciding and communicating how the students' progress

will be evaluated and mastering the virtual environment. When thinking about the design of classes, one should not lose sight of the fact that knowledge is not transmitted, but that each student, through an individual process and interaction with the environment, builds it in a particular way.

As previously explained, communities of practice are made up of groups of people who share a common interest or domain and build specialized knowledge from the exchange of their experiences and practices. In turn, when these communities make use of digital media for their operation, we are in the presence of a virtual community of practice. In this sense, E. Wenger-Trayner and B. Wenger-Trayner (2015) state that in a context in which science, technology and geopolitics are changing, learning quickly is the only way to survive. For this to be possible, the gateway is real-time and innovative social learning. These authors create a framework for approaching the complex learning required in the twenty-first century. This framework is based on data on the creation of value for the different stakeholders and responds to a changing and unpredictable environment. On the basis of considering that learning begins with a joint activity, they define types of value: (1) Immediate value: referring to a group of people who hold a conversation or group activity and obtain value from participating in the activity; (2) Potential value: linked to the potential that arises from participating in a joint activity that brings new knowledge, good ideas, renewed perspectives. For some people this could conclude with the activity itself or result in a potential value, becoming a useful learning for the subject in another instance; (3) Applied value: related to the learning acquired collectively and put to the test in another opportunity. This implies new and better learning, as well as a change in practices; (4) Value obtained: as a result of participation and collective learning, the performance of the individual and the organization he/she represents is improved; (5) Strategic value: referring to the exchanges that determine quality social learning; (6) Enabling value: key aspects of the learning process that are supported by logistics, technology, leadership and facilitation; (7) Transformative value: learning that is not limited to performance improvement, but to generating new perspectives capable of triggering broader cultural and institutional transformations.

An Invitation to Continue Thinking About Teaching Practices for the Future

It is interesting to question ourselves about what, how, and for what purpose students learned during this time of compulsory isolation. Not only in relation to academic learning, but also considering all the experiences they have accumulated in the relational domain. All experiences should be capitalized on since it will not be back to the routine as if nothing had happened. For this reason, education professionals should reserve spaces for reflection, to share with other colleagues the lessons learned, and review the use of technologies, considering the difficulty of their initial implementation to the possibility of their creative use in complex moments.

A critical point is the notion of being in person or present in an actual classroom space, which goes beyond the question of synchrony and asynchrony. Nowadays we speak of being present remotely through a technical device, which exceeds the concept of virtuality. The face-to-face space has been transposed from a common place to a fragmented place, and that is where the great difference lies. It should not be forgotten that teachers not only have to carry out their work adapted to a virtual platform but must also develop teaching strategies for the fragmented presence. This unprecedented pedagogical situation causes the very principles of creation of the virtual classroom to be strained. Teachers have tried out proposed solutions, they have been encouraged to use tools that they did not know or that they did not dare to try before. Today, it is feasible to conduct micro-classes and give classes in synchronous spaces through interactive platforms, to carry out asynchronous activities, to participate in forums and generate spaces for collective discussion and production, or to bet on gamification with the goal of teaching and learning.

Lion and Perosi (2020) make explicit three fundamental aspects that teachers must consider when thinking about activities: their meaning, their context, and their relevance. However, when considering these in the context of the pandemic, two types of challenges emerged. On the one hand, didactic challenges arise insofar as it is necessary to promote work in asynchronous/synchronous spaces, taking care not to fall into uniformity and multiplicity of activities, which lead to the crystallization of models. Variability and diversity of proposals should also be favored so that impoverished thinking paths are not generated. To think about the use of methodologies and proposals that contemplate inclusion, to sustain presence, to use imagination in the design of creative activities and to be encouraged to build bridges. To give place to the creation of collective works and products, to enable perspectivism, ramifications and derivations to the maximum. On the other hand, there are psychological challenges, since technologies have led to the loss of mediation, this can make us feel invisible. Teachers need to make the thinking processes and cognitive skills at play visible again. To do so, they will have to offer valuable and unique experiences that enable transfer processes, both near and far. Experiences that leave traces, experiences that bring together cognition and emotion. It is imperative to pair the educational institution with the outside world, to sustain links and generate bonds.

Conclusions

It is likely that some of the practices that have been implemented will continue and modify some paradigms. Perhaps the singular teaching method will be renounced, favoring a multiplicity of meanings, from a wide variety of pedagogical devices and resources to sustain flexibility, uncertainty to address complex and real problems, located in context. A meaningful proposal favors critical and creative learning and feedback that make it possible to advance and deepen. It is necessary to think of collective constructions with a variety of groupings and voices. Communication and collaboration are central elements of this new logic of education, in which both

teachers and students have had to use different devices, ways of accessing connectivity and linking with colleagues and peers to design alternative scenarios. It will be necessary to produce and document the practices that lead to the design of activities by reviewing their meaning, context, and relevance.

Teachers will need to assume a new role; they must stop being curriculum applicators and become designers of learning possibilities. It is necessary to rethink what we do with others in collective frameworks. It is necessary to try out ideas and produce new things in an attempt to develop intellectual and affective autonomy, in order to build our own voice in dialogue with others. It is encouraged to improve teaching practices, understood as an ethical activity, which requires a continuous process of reflection, in action and on action. These spaces in contextualized collaborative ways sponsor the redefinition of the teacher's work, the recreation of the training process and the dynamization of professional development.

Finally, we quote Díaz-Barriga Arceo (2010), who argued that the expected results will only be obtained

to the extent that teachers develop a professional culture based on strategic thinking and participate in a community of critical discourse aimed at transforming teaching. In other words, what is needed is to build a culture of innovation based on the development of professional learning communities among teachers (p. 44).

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Chapter 25

Characteristics of Teaching and Learning for Argentine Teachers During Mandatory Quarantine and the Perception of Their Work at Home



Víctor Andrés Martínez Núñez

Introduction

The educational system has shifted to virtual teaching and learning environments, and information and communication technologies (ICTs) are being used more frequently by teachers, students, and families from their homes. These technologies have been used in the province of San Luis, Argentina, for several years, but inequalities in access to education have limited their implementation in schools. The COVID-19 pandemic burst into the educational daily life and disrupted the educational and dialectic relationship among teachers, knowledge, students.

Reimers and Schleicher (2020) proposed some educational responses to the COVID-19 pandemic. For example, they suggested establishing a responsible working group to coordinate educational actions, developing timelines and means for communication, defining principles to guide strategies, establishing coordination mechanisms with public health authorities, reprioritizing curriculum objectives, ensuring education through virtual and alternative media, defining roles and expectations for teachers, students, and families, establishing means of communication among teachers, students, and families and ensuring support for them, creating mechanisms for professional development for teachers and students, creating mechanisms for professional development for teachers and families, and creating mechanisms for professional development for teachers and families. They also proposed establishing means of communication between teachers, students, and families to ensure their support, creating mechanisms for teachers' professional development and students' evaluation and promotion, reviewing regulatory frameworks to make online education feasible, providing information to students and families on screen

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time and online tools for wellbeing and mental health, identifying school networks, and guaranteeing economic and logistical support.

The impact caused by isolation and social distancing on the mental health of teachers needs to be studied further (Dos Santos Santiago Ribeiro et al., 2020). Teachers presented moderately high levels of stress, and as the perception of stress increases, psychophysical symptoms increase (e.g., neck, back, headaches, excessive worry, appetite problems, mental exhaustion) and professional burnout (Oros et al., 2020). These problems should be understood in the context of the limited training and experience that teachers and students had using ICT, as well as the difficulties of connectivity and availability of the necessary technological resources (García Munitis, 2020). To this we must add the inequalities between urban and rural areas, the periphery and marginalized neighborhoods and the center, in Internet access (Naranjo, 2020).

The use of synchronous and asynchronous tools, as mediators of learning and teaching, have strengths and weaknesses. Synchronous tools enable social and cognitive interaction, but for this to happen, there must be technological support and connectivity, and asynchronous tools would enable communication spaces mediated by tasks, readings, materials, and resources (Ozollo & Naranjo, 2020).

Teachers, who were fundamental in the educational response to the pandemic, had to go to the drawing table and adapt educational processes, reorganize curricula, and design materials for ICT-mediated learning and teaching, with little training and resources (ECLAC-UNESCO, 2020). In this chapter I analyze the teaching and learning context of teachers at different educational levels during the social, preventive, and compulsory isolation due to the COVID-19 pandemic in San Luis, Argentina.

Method

Design

This is a descriptive cross-sectional study with a non-probabilistic sample (Hernández Sampieri et al., 2014).

Sample

The sample included 125 teachers from the province of San Luis (i.e., cities of San Luis, Villa Mercedes, Villa de Merlo, Juana Koslay, La Punta, Potrero de los Funes, Tilisarao, Santa Rosa, and Nogolí). Participants were between 23 and 59 years old ($M = 40$, $SD = 9.15$) and mostly female (82.40%). They mainly lived in dwellings with three or more rooms (76.20%) and with one or more persons (86.40%).

Instrument

The evaluation instrument used was composed of several parts. It included a section on socio-demographic and socio-environmental information, training and teaching work, and teaching and learning modalities in the context of pandemic. It also included a part on communicational aspects, resources, and recognition. For this purpose, a Likert-type scale was created that inquired about the perception of intra-institutional communication, the availability of resources for teaching practices at home, and the recognition and satisfaction with these practices. Perceptions about teaching tasks at home were also measured using 29 Likert-type statements about teaching tasks based on research contributions from Bernal et al. (2015) and Oros and Main (2004).

Procedure

Data was collected during the months of April and May 2020, using Google Forms. People participated voluntarily and anonymously. The questionnaire contained the presentation of the study, purposes, benefits, and a contact email with the research team. Consent to participate in the study was requested.

Statistical Analyses

SPSS version 24 in Spanish was used for data analysis. In general, descriptive data were used to establish trends in teachers' responses. Some group comparisons were also made to determine if there were statistically significant differences using Student's t-test.

Results

Training and Work Profile

Most of the teachers had undergraduate training (85.6%) and worked in the public (60.80%), private (16.80%) and public-private (22.40%) sectors, mainly at the secondary and primary levels in more than one institution (53.60%). Teachers worked an average of 26 hours a week and had on average a seniority of 12 years; 46.40% worked in only one institution, 32.8% in two, and 20.8% in three or more. Regarding the number of students, teachers were in charge of an average of 140 students, across all assigned courses. Between 68% and 73% worked with 4 or 5 courses.

Regarding training for teaching and learning through virtual resources, 43.20% had some kind of systematic and formal training on the subject (training courses, postgraduate and graduate courses) and self-taught. As for the time of day when they dedicated themselves to teaching at home, most of them did it in the morning and in the afternoon.

Teaching and Learning Context

The tasks performed by teachers were multiple: class preparation (92%); elaboration and revision of assignments for students (92%); student consultations (86.40%); material selection (81.60%); work with social networks and virtual learning environments developing content (51.20%); management, administration, research (6.40%); project development (1.60%); and emotional support (1.60%).

They also used various means of communication to connect with their students and did so mainly through virtual platforms (87.20%), email (79.20%), cell phone (65.60%), and social networks (44%). The means by which they shared content and pedagogical activities with students were multiple: Google Classroom (70.40%), WhatsApp (72.80%), virtual classrooms of the institution where they worked (43.20%), Google Meet (37.60%), Zoom (37.60%), and Skype (4.80%).

The type of content they produced for their students was of the following types: reading and text work (88.8%), recorded videos (75.2%), presentations (57.6%), audios (52%), live classes (27.2%), and songs, drawings, and posters using various ICTs such as Genially, Padlet, Jamboard, Google Site, Schooltrack, Mobbyt, Google Form (between 0.8% and 2.4%). To perform these tasks, they mainly had notebooks (86.40%) and smartphones and cell phones (76%).

The type of connection used to perform teaching tasks at home was mainly from private companies and paid for by the teachers themselves (64.80%), public wi-fi network, provided by the provincial government (20.80%), and cell phone network data (12.80%).

Communication Aspects, Resources, and Recognition

The level of communication perceived for the development of teaching tasks at home by their teaching colleagues was high, as well as with the management teams of the institutions where they worked. The educational computer resources were mainly provided by themselves, and not by the institution where they worked. Recognition by their teaching peers was also high compared to their superiors, which was rather medium, and medium and low by society. Demands by their superiors for the development of teaching tasks at home were medium and high; and satisfaction with salary was low (see Table 25.1).

Table 25.1 Communication aspects, resources, and recognition.

Scale items	%			
	0	1	2	3
Communication with co-workers for the development of teaching activities.	1.6	4.0	36.8	57.6
Communication with the management team of the institution where he/she works for the development of teaching activities.	3.2	5.6	42.4	48.8
Availability of computerized educational resources provided by workplace for teaching tasks at home.	13.6	28.0	38.4	20.0
Availability of their own computerized educational resources for the development of their teaching tasks at home.	0.8	5.6	52.8	40.8
Demand from their superiors for the development of teaching activities at home.	2.4	8.8	44.0	44.8
Recognition by their superiors on the development of teaching activities at home.	4.0	14.4	44.0	37.6
Recognition by their teaching peers on the development of teaching activities at home.	6.4	12.8	38.4	42.4
Recognition by society of the development of teaching activities at home.	12.8	36.8	40.8	9.6
Self-perception of the amount of time spent on teaching at home	0.8	4.0	21.6	73.6
Perceived student family commitment to the development of the proposed tasks.	1.6	33.6	51.2	13.6
Satisfaction with their teaching tasks performed at home.	0.0	8.0	51.2	40.8
Satisfaction with salary in relation to their teaching tasks performed at home.	4.0	32.8	49.6	13.6

Note: $N = 125$. 0 = none, 1 = low, 2 = medium, and 3 = high

Perceptions of Teaching Tasks at Home

Teachers reported high levels of satisfaction with their teaching tasks at home, referring to: (a) stimulating the students to make this teaching and learning context meaningful; (b) stimulating the creative potential of their students; (c) sharing with colleagues the achievements and results of the tasks developed for their students; (d) considering that this context will allow them to grow professionally; (e) valuing that they could have breaks to carry out teaching tasks at home, although the perceived workload is high. In addition, they positively perceived that the institution informed them about the guidelines to be followed in the virtual context, and that these were fluid and participative, and that they were fully aware of what was expected of their teaching work in this context (see Table 25.2).

They also presented average levels of satisfaction referred to: (a) the interest shown by the institution in the work they were doing at home; and (b) feeling part of the decisions made by the institution for the development of teaching tasks. However, they had some doubts as to whether they were meeting the expectations of their workplace (see Table 25.2).

Table 25.2 Perceptions of teaching tasks at home

Scale items	%				
	1	2	3	4	5
I have enough freedom to decide how to carry out my work.	4.8	8.0	15.2	34.4	37.6
My supervisors often give contradictory messages about how to carry out teaching tasks at home.	23.2	18.4	25.6	17.6	15.2
My workplace clearly communicates the indications to be followed for teaching tasks at home.	13.6	13.6	20.8	26.4	25.6
The time dedicated to teaching at home is so extensive that I cannot dedicate myself to anything else.	10.4	19.2	25.6	22.4	22.4
Teaching tasks at home have become routine and I no longer find satisfaction in performing them.	24.0	27.2	28.0	11.2	9.6
I believe that these new teaching and learning modalities will allow me to grow professionally.	4.0	6.4	24.8	28.8	36.0
I have the necessary time to take breaks during my work at home.	6.4	15.2	20.0	33.6	24.8
Teaching at home allows me to take breaks and spend time with my loved ones.	12.0	20.8	16.8	28.0	22.4
My workplace frequently provides information on guidelines to be followed in this context.	8.0	17.6	21.6	26.4	26.4
All I do is receive orders from my supervisors on how to carry out the teaching work at home.	35.2	28.0	21.6	8.0	7.2
I feel part of the decisions made by my workplace for the development of home teaching tasks in this context.	20.8	20.8	24.0	18.4	16.0
Teaching allows me to expand my creativity.	4.0	8.8	11.2	37.6	38.4
I have been provided with all the necessary information to perform my task properly.	17.6	21.6	16.8	22.4	21.6
I feel that I do not have the necessary training support for the development of teaching tasks at home using computer tools.	27.2	31.2	16.0	17.6	8.0
I am fully aware of what the institution expects from my work at home in this context.	8.8	18.4	22.4	27.2	23.2
I find it rewarding to share with colleagues about the accomplishments and results of the assignments developed by the students.	4.8	4.0	20.0	37.6	33.6
My supervisors show interest in my work at home.	11.2	18.4	26.4	24.8	19.2
My supervisors positively reinforce my teaching work done at home.	12	16	23.2	24	24.8
My supervisors try to meet the needs of all its teaching staff so that they can adequately develop their teaching tasks at home.	9.6	19.2	22.4	26.4	22.4
I do not have enough time to rest between periods of connection with teaching duties at home.	24.8	15.2	27.2	15.2	17.6
The environment of my workplace does not allow me to fully develop my skills to achieve optimal results in my teaching tasks at home.	40.8	26.4	16.8	12.0	4.0
I feel insecure about the activities proposed to students in this context.	28.8	27.2	20.0	16.8	7.2
I encourage students to explore their creative potential in the tasks I propose to them.	0.8	3.2	21.6	35.2	39.2

(continued)

Table 25.2 (continued)

Scale items	%				
	1	2	3	4	5
I am interested in students being able to contextualize and signify this teaching and learning context.	0.8	4.8	9.6	36.0	48.8
I do not feel supported by my supervisors when problems arise in relation to the virtual teaching methods.	33.6	20.0	23.2	12.8	10.4
I am not motivated to think about the development of teaching activities at home in this context.	36.8	31.2	16.8	8.8	6.4
Sometimes I am not sure if I meet the expectations of my supervisors for the current context.	19.2	20.0	26.4	25.6	8.8
Communication between institutional management and faculty is fluid and participatory.	7.2	16.8	25.6	22.4	28
Communication of students and their families is fluid and participatory.	7.2	20.0	41.6	22.4	8.8

Note: $N = 125$. 1 = Strongly disagree, 2 = Disagree, 3 = Neither disagree/agree, 4 = Agree, 5 = Strongly agree

When teachers who had training in virtual learning environments and ICT were compared with those who did not, differences were found in the interest in students being able to take advantage of the contents in the teaching and learning context ($p = .021$). According to the number of institutions in which they worked, differences were found in the perception that the institution had provided the necessary information for home teaching tasks ($p = .032$), in the satisfaction of sharing with colleagues the achievements and results of their tasks ($p = .030$), the interest of the institution where they worked for their home teaching tasks ($p = .005$), and the positive feedback provided by their workplaces ($p = .011$), being higher in teachers working in only one institution.

Considering the number of hours per week dedicated to teaching tasks at home, differences were found in the perception that such tasks entailed an extensive amount of time that did not allow them to dedicate themselves to something else ($p = .020$), being higher in teachers who dedicate more than 40 hours. Differences were also found in the perception that teaching in the virtual context allowed them to expand their creativity ($p = .046$), being higher in teachers who dedicated between 20 and 30 hours. No differences were found according to sector, seniority, number of students and number of courses taught.

Conclusions

Based on these results, it is possible to appreciate the importance of systematic and organized teacher training in remote teaching and learning and ICT environments. In this modality, teachers performed multiple tasks, mainly related to content and evaluation, where socioemotional variables could be taking a back seat. Access to connectivity and computer resources provided by workplaces and governments was

crucial. Teachers had a positive perception about the fluidity and clarity of the communication channels and the information exchanged. Their satisfaction with teaching tasks and the creative potential stands out as well.

Although teachers had some institutional and governmental support, they still had to use personal resources to carry out their virtual activities. Besides obtaining more resources to cover many of the individual expenses, continuous training on teaching and learning modalities based on virtual environments and ICTs could be enhanced. This would also make it possible to improve the relationship of teachers, knowledge, and students from a systemic and ecological point of view.

These preliminary results raise questions about the contexts and modalities of teaching and learning of teachers and their complexity during the COVID-19 pandemic. They will require joint efforts among policy makers, education and school authorities, and teachers to see actual improvements. Likewise, the participation of families is crucial as well. Finally, it is necessary to redesign these new educational environments as a whole, so that teaching and learning can take happen in geographic and virtual territories, and access to connectivity and knowledge are not defined by inequities.

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Chapter 26

The COVID-19 Pandemic and Its Implications in Education: E-Learning Challenges in Latin American Contexts



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Education is the only way to save oneself from slavery.
Martí, 1975, p. 375.

Introduction

The COVID-19 pandemic had severe health, economic, interpersonal, and educational impacts worldwide. In education, forced social isolation introduced new forms of communication, mediated by information and communication technologies (ICT). The use of these tools presented major challenges at the early childhood, primary, and secondary education levels. From a historical-cultural perspective, we analyzed the main issues that arose with these technologies in distance education in Mexico, Cuba, and Brazil.

In Mexico, we reviewed both the National Program “Learn at home” implemented for basic education 2020–2021, as well as the statements of families and teachers. Particularly, the contradictions and challenges present in distance education for the early grades are highlighted. In Brazil, the implications of virtual education for the development and learning of schoolchildren, the relationship between

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the material conditions of life, the processes of subjectivation and the possibilities of development are presented. In this context, great challenges are highlighted for the return to face-to-face activities, both for schools and teachers' work. In Cuba, the focus is on the importance of the articulation between the educational system and health policies, and the implementation of distance education as a means of guaranteeing a broadening of the cultural development of humanity.

Distance Education in Mexico

The study carried out in Mexico identified teaching knowledge and local social practices as the bases for remote schooling, due to social distancing in the pandemic. Public controversies about the national program "Learn at Home" developed during 2020–2021 were analyzed. The work was carried out during the first year of the pandemic, when there was a worsening of public health and education services for popular Latin American sectors. This situation is contextualized in the development of neoliberal policies promoting the free market. Remote schooling, supported by social practices and local knowledge, was developed in parallel or on the margins of the national television program "Learn at Home" of the Mexican Ministry of Public Education (SEP). This medium was chosen, in part, because television signals, Internet access, electricity and other basic services are non-existent in the poorest and most remote regions of the country. In fact, poverty figures in the national population exceed 40% (CONEVAL, 2020).

Teachers created multiple alternatives to facilitate the teaching of their students, based on their knowledge of the specific needs of each one, the contents and pedagogical materials, the characteristics of each family and the local resources available to support remote schooling. The diversity of teaching possibilities for continuing to work with children under pandemic conditions is contextualized in regional social histories and educational traditions and local cultural practices; for example, different forms of communication between families and school about previously established teaching needs were identified. The importance of the relationships between teachers and families in supporting the Mexican public school system, which from its beginnings, has recognized the education of minors is as a social good, became visible (Mercado, 1992; Mercado & Montaña, 2015).

In this context, remote teaching difficulties were addressed by: a) Using free textbooks and reorganizing content presented to students; b) Using chats and video conferencing on WhatsApp and other platforms among teachers, parents and students for virtual meetings; and c) Creating school websites in which parents were informed about the children's school work, school guides, and possible free Internet access; d) Providing support for completing remote school work by teachers, students and families as well as businesses (e.g., bookstores, stationery stores, tech stores) to facilitate remote homework completion. Electronic devices were also donated or loaned to various students. These actions were all based on virtual

networks among teachers, families, and segments of the population that maintained generational links with the school they attended.

Study findings highlighted the predominance of women, whether teachers or working mothers in any other field, as the main supporters of children's schoolwork and family survival during the pandemic. This situation means that many of them worked more than 18 hours a day. The teachers provided remote teaching for groups of 20, 40 or more students by organizing curricular contents and didactic activities based on their prior training and new technological knowledge. A massive use of WhatsApp was observed, for example, to create videos with examples for the children. They also reviewed and evaluated the weekly individual tasks of the students, the grading, and the optimization of time. In addition, they informed and attended to the families, taking into consideration the characteristics and living conditions of each one. They constantly delivered administrative and teacher evaluation reports and were required to attend digital updating programs. They periodically attended state and federal virtual educational meetings. On the other hand, they had to take care of their own children's schooling at home, according to their grade level and schedules, as well as the technological resources available. They also had to take care of domestic needs, food, and family organization.

Working mothers who became "teachers" of their own children, added to their working day (as nurses, domestic workers, or commercial employees) the tasks of teaching and caring for their young children, especially when they were away from home. Unfortunately, many children were left alone, without adult care and without guidance for school activities. These mothers pointed out that they were unfamiliar with school contents and how to teach them, which caused conflicts with the children and the family. Some mothers resorted to night hours to carry out teaching activities. In some regions, despite the television programming, schooling was carried out by other means among teachers and families. These mothers also took care of getting technological resources for their children's schooling, such as TV sets, tablets, cell phones or free internet or TV signal, and many of them discussed the impossibility of paying for internet access for their children.

Aside from these problems, there was an important recognition of the new learning needed by mothers, whether they were teachers or in other occupations. This included the pressure they were under about their children "missing school", which aggravated domestic tensions resulting from confinement, fear of unemployment, bereavement, and the intensification of situations of domestic violence, which increased throughout the world during this time. Additionally, everything indicated a return to face-to-face schooling with hybrid programs, for which it would be necessary to review and expand knowledge and national experiences in remote education, as there were significant lags in such knowledge in the region. Local practices and knowledge developed by educational communities during the pandemic, many of which were quite innovative, should also be incorporated.

It is imperative that the region addresses the material precariousness that will prevent schools from having a minimum infrastructure for preventive health care of school communities. Before the diagnostic tests announced for students, it is important to prepare emotional support programs that recognize the social, family, and

personal experiences, and some of the traumatic experiences lived during the pandemic. The effects of the pandemic on education need to be further explored. Although it was possible to promote new learning among teachers, family members and students, it is also known that marginalized populations experienced greater difficulties. It should be remembered that the impossibility of access to remote education for the poorest families is not only due to the pandemic, but also to the reluctance of national states to protect social services as universal rights, ceding them to the interests of the free market. However, it highlights the vitality of local populations and Mexican public-school teachers in preserving, even in a limited way, the link between teachers and students, without which, teaching and school learning are unlikely to occur.

Distance Education in Brazil

In Brazil, Decree No. 9057/2017 considered distance education as a modality of didactic-pedagogical mediation in the teaching and learning processes, which should have qualified personnel, and include an access policy and adequate evaluation. With the pandemic, these conditions were not guaranteed. The progress of information and communication technology offered resources to organize remote teaching and to continue with the schooling process, guaranteeing social isolation to deal with the virus and contain contagion in the public sector. This was provided between Ministries and Universities, so that education could represent and serve the interests of the population. These interests should be outside the logic of the market, and teacher training should be a priority (Tedesco, 2004).

In the organization of their educational systems, “developing countries” face the challenge of managing cultural and social diversity, so that the incorporation of ICTs does not become a way to deepen the differences between those who have resources for access and those who do not (Martínez, 2004). Despite the time elapsed from these considerations and the conditions proposed by the aforementioned decree, we did not have time to accommodate the conditions for the incorporation of these resources due to the surprise eruption of the pandemic. The 2021 goals of the Organization of Ibero-American States (OEI) propose diversity as a propeller of development, presenting ambitious objectives for Latin America: to confront illiteracy; the low quality of public-school education; to meet the demands of the knowledge and information society, with the incorporation of technology resources in teaching and learning with innovation and creativity.

The pandemic made more visible what in the supposed normality was not so clear: diversity in our context becomes inequality and social injustice. Students from less socially and economically favored social classes, with less powerful technological resources do not manage to receive the contents and activities, and therefore end up dropping out of school. Evidence is in the National Middle School Examination (ENEM), which constitutes an alternative mechanism for access to higher education. The exam also guarantees access to government financing and

student support programs and is completed at the end of the third year of high school. After three changes of education ministers, with unclear decisions and information, the exam was postponed to 2021, creating the face-to-face and digital modality. Data from the National Institute of Pedagogical Studies (INEP), responsible for the coordination of the process, indicates that 5,783,357 students took the printed exam and 96,086 took the digital exam. A look at the profile of those registered shows us the value of this opportunity and of public education: 60% are women, 47% declare themselves to be brown and 34.7% declare themselves to be black, 0.7% indigenous. Adding those who declare themselves brown and black, we have 81.7% of those enrolled.

The Rio Grande do Sul private education teachers' union reported, on 07/16/2020, that teachers and students who used digital technology, when the infrastructure allowed it, manifested emotional problems in performing daily activities, and concern about losses in the learning process. In the same document, the findings of a survey conducted with 33,000 students established that 30% of young people considered dropping out of school. Among those who were planning to take the National High School Exam (i.e., ENEM), 49% were thinking of dropping out. The dropout is related, on the one hand, to the difficulty of using technological resources, and on the other hand, to emotional balance and reduced organizational capacity for study with respect to anxious and overworked teachers. The limits for starting and finishing tasks were poorly established, and the time between one activity and another was very short. For many of the teachers, teaching from their own homes was a new situation and many felt unprepared. Teachers indicated a reduced participation of students and families in distance activities. Overall, early childhood education was the most impacted, according to union data. Coordinators and teachers of early childhood education in the eastern zone of the city of Sao Paulo reported a significant difficulty in contacting families, with the uncertainty of bringing children to the institution, and the need to return to work to ensure economic resources.

At the time of this writing, nine months into the pandemic, face-to-face activity had been authorized in secondary and higher education, with due care. However, many families and institutions, for different reasons, decided to maintain distance policies. It remains to be seen whether the damages, prejudices and possibilities in these educational strategies that compensated for what had been lost outweigh the information and communication technology resources effectively promoting quality education for all citizens.

Distance Education in Cuba

In Cuba, a preventive and scientific approach was proposed as a basis for public health and education policies, making the attention and care of the people in the face of disasters and pandemics a priority. In the last three centuries there have been four pandemics. In the 1918 pandemic, it was possible to systematize experiences and make important proposals, although some of them failed to materialize. This

resulted in the loss of human lives, in the significant deterioration of the world economy due to improvised and insufficient education programs, and in human lives marked by stress, uncertainty and unease.

It has been pointed out that one of the ideas that took root as a consequence of the previous pandemic was the institutionalization of public health and the implementation of medical programs for the states: “health became for the first time a matter of state, a matter in which countries had to get involved and provide care for their citizens and provide universal access” (Bauso, 2020). If countries and governments had actually implemented such an important suggestion, the effects caused by the COVID-19 pandemic could have been avoided or minimized. We have known for centuries that the emergence of certain viruses leads to infections, pandemics, and disasters. Society and governments should have created, at the first sign of danger, conditions to prevent or reduce the problems caused. This historical description is important because it contextualizes the pedagogical work carried out during the pandemic.

During critical moments, such as in this pandemic, pedagogical work should not be violated or altered too much, given the complexity and dialectics of the processes of teaching, learning and development. As we have already said, to deal with a pandemic like the one we suffered, special preparation of health personnel would be needed to face it. In the same way, we must realize that if education were of higher quality for schoolchildren, such as the learning and development of greater autonomy, independence, creativity, and interest promotion, then in times of crisis students would be more prepared to face it and continue their studies in a more individual way. Similarly, if education in general had included more guidance to families, so that they could be more involved in the educational work of their children, better learning and development would be more guaranteed in times like these. For this reason, the problem of the general education that human beings receive should be analyzed critically and with the greatest scientific rigor, in order to make significant changes that would allow them to reach a higher level of schooling and psychic development, even with biological deficits (Comenio, 1998).

Parents and other family members, together with teachers, should know that the use of technology can become a valuable tool for the teaching, learning and development of children, but it does not replace the educational and teaching work to be done by teachers and schools. According to some research, children, and adolescents, especially the youngest ones, always need the exchange of opinions and collaboration with adults and peers, in order to be able to perform critical analyses of the information and knowledge received through technology, at the risk that many messages may be counterproductive to the learning and developments that occur through this medium (Arias, 1999; Noa, 2015).

It is necessary that children, young people, educators, family members and adults talk to each other, to discuss the messages received through computers, Tablets, TV, and cell phones. This communication would ensure the affective bond between children and adults, and mediate and humanize the role of the technological instrument, ensuring better learning and the emotional and cognitive development of the child.

Hopefully, such development will be achieved through the experiences and resources we have, in our post-pandemic work, which will help to organize better public health and education systems than we had previously. This would demonstrate possibilities to reflect on, analyze and study past conditions to improve the education of the future, with an exceptional use of technology and distance education, as an essential means of continuing the education of the population. The safest way to avoid future dangers is to have flexible and alternative plans, to solve the everyday complexities that arise. Governments and society have to foresee the conditions that protect human beings. We are the species with the greatest possibilities of anticipating problems to solve them properly. Therefore, it is not only necessary to improve remote education, but also the conditions which would improve the lives of the people.

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Chapter 27

(Re)adapting Parenting Education Interventions from Face-to-Face to Online Format in Brazil



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Introduction

COVID-19 is a disease caused by the Sars-CoV-2 virus, identified in late 2019 in a city in China. This disease presents a varied spectrum from severe respiratory conditions to asymptomatic manifestations. Symptomatology can be mistaken for a cold because the infected person develops fever, cough, runny nose, sore throat, decreased appetite, among other more intense symptoms (Zhou & Zhang, 2019). Transmission can occur through handshaking, coughing, sneezing, saliva droplets, and other forms of contact. The main recommendations to curb the spread of the disease are to wash hands frequently, perform hygiene with 70% alcohol gel, use masks, keep a distance of at least one meter with other people in public places and do not share personal objects (Organização Pan-Americana de Saúde [OPAS], 2020).

The routine of families in Brazil and in the world were affected by these significant changes in daily life. The work of many parents took on a new format, mostly home office, and children and adolescents began to take classes remotely, away from the socialization of classmates, teachers, and the institutional environment (Fundação Oswaldo Cruz [Fiocruz], 2020). In this scenario, crowding and prolonged interactions added to social distancing affected family mental health and may have caused parenting practices to become more dysfunctional (Davenport et al., 2020). It should be noted that in this scenario, children and adolescents showed changes in their development, which caused worry among families. Setbacks in acquired behaviors, delayed speech, irritation, and impatience with online classes were the main problems perceived by parents in young children. For

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adolescents, the reality was no different, in addition to changes in appetite and sleep, the use of electronic devices increased (Sociedade Brasileira de Pediatria [SBP], 2020). Both children and adolescents were stressed about the uncertainty of when they would be able to return to their educational institutions and also reconnect with friends and family members who were in high-risk groups (Fiocruz, 2020).

As a result, parents were encouraged to become more involved in their children's education and promoting greater participation of the family members. Parental education, understood in this study as synonymous with parental guidance, aims to promote affective parenting, through investment in the behavioral, cognitive, and affective aspects of those responsible for children and adolescents (Bortolatto et al., 2017). One of the important resources created during this period was the Guide for Caregivers (Fiocruz, 2020). Its goal was to promote a participatory approach to parenting practices while focusing on the main parental difficulties experienced by parents during the pandemic, as well as other issues that might have been present before the pandemic.

This study continued the work that we had conducted on parental guidance prior to the pandemic, in a face-to-face modality, and which yielded positive results due to changes in dysfunctional parenting practices (da Silva et al., 2020). Neglectful, indulgent, and authoritarian parenting patterns are considered detrimental to the development of children and adolescents over time (Fava et al., 2018). The groups that had been formed for this project had already been promoting a caregiver support network and the acquisition of new skills through assertive practices. In this context, our objective is to present the shift from a face-to-face format to an online format of our psychoeducational intervention with caregivers as we continued supporting families already participating and to access new families who were experiencing difficulties in parenting in during the pandemic.

Method

Procedure

Since 2018, a group of researchers had met with caregivers face-to-face. For 8 weeks, we conducted one-and-a-half hour meetings on a weekly basis. An adaptation of the Wainer and Wainer (2011) protocol, using behavioral, cognitive, and schema therapy techniques, was utilized with participants. However, COVID-19 interrupted the program's activities.

Due to the impossibility of continuing our face-to-face group intervention, we created an Instagram page @projetopaismaisufn. In this way, new and informative content on educational practices and parental management as well as the support network for families were available every Friday. The production of materials followed the theme of the prior, in-person protocol, and was carried out by psychology students, volunteer psychologists, and students completing a postgraduate program

in maternal and child health under the guidance of the project coordinator. Among the main topics covered were the influence of the family on the development of children, reflection on misbehavior and appropriate strategies for intervention, the influence of parental styles on the upbringing of children, and schemes associated with emotional processes.

This study is part of an extension project of a psychology course at a university in Brazil. This project “Parental education together with basic education: Promoting positive family relationships” was approved by the Human Research Ethics Committee under CAAE registration: 08975619.6.0000.5306, n. 3.224.190.

Results and Discussion

Many parents faced challenges in their parenting roles during the pandemic, especially given the need for social distancing. Initially, we considered alternatives to resume aiding families attending the parenting groups. As a group, we opted to create an Instagram page with the intention of generating a possible environment for the exchange of experiences among caregivers and a space for guidance. Instagram is an online social network for sharing photos and videos among family and friends that was created for use on cell phones (Aragão et al., 2016). We chose Instagram because Brazil is among the three countries in the world that use this application the most (Agrela, 2019). For this purpose, training was conducted with the group on the use of the application, defining the frequency of publications and their appearance, as reproduced in Fig. 27.1.

Many caregivers were overwhelmed by work, chores, caregiving, guidance, and helping their children while attending virtual classes, among other tasks. The sum of all these factors was interfering with their wellbeing, resulting in high levels of



Fig. 27.1 Instagram post @projetopaismaisufn

stress, physical symptoms and even associated pathologies in both caregivers and their children (Fiocruz, 2020). The Instagram page included content intended to contribute to the prevention of problems and promotion of the emotional health of parents and children. Our intervention aimed to reinforce healthy parenting actions, as well as to help caregivers identify ineffective or coercive practices in the family education of their children, thus developing new repertoires of educational practices. Our expectation was that our guidance would help parents and caregivers learn and exercise new skills (Bortolatto et al., 2017).

The importance of emphasizing and explaining the role of parenting styles and their typologies was used to create specific content. In general, we covered the four basic parenting styles, which include two dimensions: demand and responsiveness of caregivers. Demand refers to the availability of parents to act as socializing agents through supervision, monitoring of children's behavior, establishment of performance expectations, constant and contingent demand, and discipline. Responsiveness of caregivers refers to the synchronicity of children and caregivers' behavior, such as reciprocity, communication, affection, support, recognition, and respect for children's individuality (Fava et al., 2018).

Caregivers classified as indulgent are overly permissive and present a high level of responsiveness and a low level of demand. Such parents do not impose adequate limits and precise rules but are tolerant and affectionate parents. Neglectful parents are those who score low on the demandingness and responsiveness scale and show little interest in offering emotional and affective help to their children (Toni & Pazzetto, 2018). Authoritarian parents tend to act rigidly, imposing harsh rules and punishments with high enforceability and low responsiveness. Finally, assertive caregivers are highly demanding and responsive. It is the most desired style and refers to caregivers who promote an environment of exchanges in which it is feasible to model the individual's behavior through dialogue with advice and rules so that parent is not controlling, but rather the affection and protection of parents towards their children remains constant (Fava et al., 2018). The intention was not to blame caregivers for their educational practices, but to present the different parenting models that exist according to research, as well as the benefits and risks of each parenting practice. We expected that caregivers would be able to reflect and assess the forms of education they used with their children. In addition, we wanted to foster a more participatory approach to parenting while promoting autonomy, respect for children's feelings and opinion, participation in decisions, and setting clear and concise boundaries.

To understand the main changes in children's behavior, according to parents' perceptions of the pandemic, a survey was conducted through Instagram. Families mentioned difficulty concentrating in online classes, increased fears, excessive use of electronic devices, changes in sleep and eating, and anxiety, among other concerns. According to the Brazilian Society of Pediatrics (2020), all this can be explained by changes in routine, social isolation, and uncertainties about the future. For healthy child development, the processes of socialization and experimentation in the world are very important, but they were impossible during the pandemic.

Both children and adolescents had increased their exposure to screens due to classes, school activities, and even moments of leisure and socialization with friends. They could spend hours connected and consequently developed physiological problems such as headaches, body aches, and difficulty sleeping due to excessive use of technology. In these cases, the importance of a routine that aimed at healthy eating, physical exercise, and controlled use of electronic devices, especially close to bedtime was necessary (Fiocruz, 2020). In addition, the preparation of a quiet, cozy, and peaceful environment at bedtime is essential, since sleep is fundamental to avoid cognitive, emotional, and school problems in children and adolescents (SBP, 2020).

Children's anxiety worries parents, as they express the discomfort of isolation in different ways. Children tirelessly asked when they would see their grandparents or be with their teachers and classmates at school. It should be noted that anxiety is a natural reaction that arises in real or imaginary situations where there is fear, exhaustion, or expectation. When these episodes occur with greater intensity or duration, so that they restrict activities and disrupt relationships, parents should be attentive (Fiocruz, 2020). Given the difficulties of parents had dealing with their children's emotions, families requested more content to address the issue through Instagram. Examples of behaviors were provided so that they could understand socioemotional development more deeply. All the basic emotions and the process of emotional regulation that are important for communication and socialization of children and adolescents were highlighted as well. We added content designed for caregivers since they also needed self-care and time for leisure.

Conclusions

Family routines were no longer the same during the pandemic and this has been reflected in the behavior and emotional development of children and adolescents. Given that families spent together prolonged periods of time while being isolated from schools, friends and teachers, parents reported more aggressive behaviors, exacerbated use of technology, inadequate food, and sleep, as well as increased feelings of anger and sadness. Our Instagram page sought to provide information on each of these aspects to emphasize the need for paying attention to their children, seeking to understand why these behaviors occurred, and how to respond to them in such conflictive situations during such an atypical time.

It should be noted that transitioning to a virtual modality created some limitations. One of them was the accessibility to the program. Several families did not have adequate access to the Internet. Future virtual interventions need to consider economic and social issues and their relationship with exclusion. We advocate for greater investments in outreach groups and studies aimed at achieving effective parenting practices that promote family prevention content, whether they take place in person or virtually.

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Chapter 28

Inequalities and Construction of Meanings in the Educational Psychology Curriculum for Training the Trainers in Argentina During the COVID-19 Pandemic



Natalia Gómez

Introduction

This chapter is part of a research project entitled “Participatory appropriation and construction of meanings in intervention practices for inclusion, quality and social bond: Exchange and development of tools, knowledge and experiences between psychologists and other agents.” It explored the sociocultural activity in a Teacher Training Institute in the context of the pandemic and remote learning as teachers and students were facing challenges of inclusion. The reflections presented are formulated based on Engeström’s (2001) concept of intrasystemic interactions and practices developed grounded on interagency (Erausquin, 2014). These socio-historical perspectives make it possible to think of the “contextualist turns” (Erausquin & Bur, 2017), which were produced as inclusion-exclusion challenges during the pandemic. The objectives of this brief chapter are: (1) To reflect on the socio-cultural activity constructed in the teaching-learning process in the curricular space in relation to socio-educational inclusion in the pandemic; and (2) To discuss some strengths and difficulties in the educational inclusion practice from a cultural-institutional perspective.

Method

Design

This is a quantitative and qualitative case analysis research.

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Data Sources and Instrument

Municipal statistical data, provincial school data, and national surveys of teachers were utilized. Co-evaluation and self-evaluation tools, institutional documents, and communications were also included. Interviews were conducted with the management team and organizational charts were consulted (Erausquin & Bur, 2017).

Place of Implementation

The school where the experience took place is located in the south of the Argentine Patagonia, in the mountain range area of the province of Río Negro, in the city of San Carlos de Bariloche, about 1600 km from Buenos Aires. The school's student body was diverse. They came from urban and rural areas and from other countries. San Carlos de Bariloche is the most populated in the province. Nearly half of the population come from low and medium-low socioeconomic levels and unemployment affected one out of every three residents. Teaching jobs represent 0.9% of the city's economy. Although education is compulsory and mandated by the National Education Law No. 26,206 of 2006 for up to 13 years of schooling, 37.9% of the population had not completed high school (Bariloche Municipio, 2010).

The city is characterized by complex historical processes across the territory of Patagonia, since the late nineteenth century, not only in terms of political, economic, and cultural dimensions (Navarro Floria, 2009), but specifically with respect to the native population. These historical processes created a diverse population through internal and international migrations (Barelli & Dreidemie, 2015), although migration from other countries has decreased over the years. According to the 2010 census, the city's foreign population is close to 10% (Bariloche Municipio, 2010). In the province of Río Negro there are 685 state schools of which 16 are of the social/cooperative sector. For 2018, a total of 156,281 students were enrolled. The student population includes 1005 native students, 1617 foreign born, and 2882 students with some type of disability (Ministerio de Educación de la Nación, 2018).

This reality is affected by social processes of recent history, in the context of tensions produced by public policy decisions, the private economic sector, access to land, the recovery of native identities, and religious practices and heterogeneity in the cultural identity of the popular sectors (Fuentes & Núñez, 2007).

Results

Obligatory Quarantine and Virtual Learning: Inequalities Among Students and Teachers

Inequalities were accentuated at the institutional level by the mandating of Obligatory Preventive Social Isolation. In February of 2020, 2110 students were enrolled in the school where the study took place, but when the quarantine and the virtual modality came into effect, the number of enrolled students dropped to 1150 students. Furthermore, from this number, only 612 ever entered a virtual school space. In other words, about seven out of 10 students dropped out from school once the quarantine took effect and, thus, their right to an education was violated. This happened primarily because families did not have mobile data plans needed for accessing the school's virtual platform. Through an institutional survey, it was reported that most students accessed the virtual platform from cell phones. Difficulties in housing, food, work, unemployment, and health problems due to the use of technology were reported as well.

Some teachers' problems were accentuated by overly demanding working conditions, such as excessive working hours, second work shifts at home, out-of-pocket expenses related to Internet or mobile data, and overloading at work due to multiple leaves of absence because of physical and/or mental health issues. Extrapolating figures from 2017 (Confederación de Trabajadores de la Educación de la República Argentina, 2019), we inferred that vast the majority of the teachers working in these conditions were women who also had other jobs and who were the only or the main income earner in their household.

Meanings, Inequality, and a Virtual Path in the Curricular Space: Psychology Students' Perspective

In view of the social, cultural, and economic inequalities in the territory, we decided to problematize this situation with second year educational psychology students, as part of the teaching-learning process in the context of the pandemic. Throughout the course, there was a drop in the number of students enrolled. Out of 99 originally enrolled, 62 students finished, but only 25 logged in once or twice. During the pandemic contingency, a few specific decisions were made for the teaching-learning process. We started by asking the students: What does learning mean to you? What do you think we learn in schools in person? and, what do you think we learn in this time of remote learning and quarantine? We reviewed the responses intersectionally.

I would like to highlight a specific activity. We problematized based on newspaper articles: What learning do schools have in this time of quarantine? The activity was developed as a group activity using various tools available on a virtual platform. Although students could choose newspaper articles from any country to complete this activity, they only chose articles from Argentina, from different provinces. Based on their choices, we differentiated context, territories, use of materials and teachers' pedagogical decisions. For example, we related some teachers' decisions to the use of mediation tools considering the level of inequality of students and families. The students highlighted the following circumstances: technology gaps, distribution of food to families at some schools, and distribution of printed assignments to be completed at home. In the rural area of Río Negro, the radio was used to teach classes, since there was no Internet connection in some villages. Of the 701 schools in the province, 175 are rural and 526 are urban (Ministerio de Educación de la Nación, 2018).

In relation to the use of tools in the curricular space, we only sent instructions asynchronously and used the Institute's virtual platform, which had free access as of May 2020. We also sent audios to save mobile data consumption, considering that most of the students connected with cell phones. Reading materials, videos and online document editing were also utilized. The teachers' proposals, suggestions and comments were made synchronously.

During virtual instruction, we hoped to conduct formative and summative evaluation (Anijovich & Cappelletti, 2017). Therefore, we closed with the delivery of a group journal, with individual parts, where certain activities were evaluated. For the closure of the virtual trajectory, we built two tools for formative evaluation. We created a co-evaluation tool for the group journal with criteria for group work and indicators such as "completed, in progress, not completed" and a column for "observations". A self-evaluation part included aspects of the students' involvement. The final teacher feedback was a qualitative evaluation with indicators such as "done, in process, not done" and observations for the purpose of guiding the learning processes.

As for the self-evaluations regarding what they "learned," the activity carried out with the newspaper article stood out as particularly educative. Two students wrote: "*I was surprised or found interesting the way of articulating the theory with a concrete and current example such as the article we chose. It was very enlightening to be able to observe what we worked on in a current school situation*" and "*[I liked the] new ways of observing educational practices*". In addition, most of the students identified and assessed as valuable the cross-cutting themes such as: disability, gender and Economic, Social, Cultural and Environmental Rights to reflect on education and the current context. In relation to self-evaluation and co-evaluation, the condition of maintaining the same group throughout the virtual journey was highlighted. This made it possible to accompany each other, as well as use of collaborative tools and messaging for exchanges and corrections. When it came to group work, there was a recognition of the inequality in the technological access of peers, "patience," respect for "time" and particular situations became visible. Two groups pointed out the difficulty of distributing roles in an equitable manner. One group noted that working in this way was important for the recognition of mood and its influence on academic work.

Influences of the Cultural-Institutional Dimension

The regulations and distribution of positions in higher education in the province have generally strengthened the processes of joint work among teachers. Likewise, in the curricular design of the initial level teaching program (Ministerio de Educación y Derechos Humanos, 2015), the curricular units were proposed by area. Educational psychology is part of the area of educational sciences and psychology, which is comprised of teachers of different pedagogical, didactic, and psychological orientations. This structure was strengthened through institutional practices. For example, area meetings held once a week were helpful for the exchange and active participation of teachers, although they also provoked some friction among participants (Personal interview with management team, 2019).

Meeting participation counts toward teachers' paid work, but their regularity varies. Recent figures show that 31% do not have work meetings, 22% had them monthly, 16% quarterly, 11% weekly, 9% biweekly, 6% semi-annually, and 5% annually (Confederación de Trabajadores de la Educación de la República Argentina, 2019). In the context of the social, preventive, and mandatory isolation (known as ASPO in Argentina), pedagogical pairs made it possible for us to accompany each other and continue thinking about this complex situation in educational and technological mediation terms. It also gave us the chance to reflect on work and institutional situations and make joint decisions.

In relation to provincial resolutions and notes, tensions were identified in relation to the development process of the school year and the communiqués of the teachers' union. For example, free data for access to the virtual campus was made available in May, but the resolution that established the closing of the school year was published in August. Likewise, this resolution did not consider the diversity of conditions in the province, as stated in the teachers' union's communiqués.

Conclusions

Instances of educational inclusion-exclusion during training of trainers in a teaching institute allowed us to think about the intersection between social classes, gender, and territories. Some strengths of the project identified by the students were group work, joint elaboration, thinking in context, and problematizing unequal situations. Also, some teachers agreed that teamwork allowed them to pause to think, to move away from "urgency" and to make joint decisions and engage with others. The importance of the organization in the curricular spaces, areas, and institutions in order to think about the context of the pandemic is acknowledged. The shared spaces were based on provincial regulations and institutional regulations and favored pedagogical practices and learning as part of a sociocultural activity. Regarding some limitations, students pointed out that technological inequality influenced unequal participation in group work as well as difficulties to establish

synchronous group meetings. They also pointed out issues related to exchanges among peers and with teachers. Teachers also found difficulties in working conditions and decision-making in relation to practices mediated by technology and impacted by inequality.

To conclude, we pose the following question: in what way are “contextualist turns” that mobilize the educational act in relation to inclusion during the pandemic promoted? Going through educational joint experiences and oriented towards the interrogation of inequality mobilizes diverse learning and implications of the educational act in participatory appropriation and guided participation. Thus, some tensions become visible in the “mediated actions”, which make it possible to continue thinking about inclusion-exclusion from the institutional-cultural dimension of “learning“(Rogoff, 1997) through practices interwoven in a training institution.

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Chapter 29

Redesigning Inclusive Education Practices: From the Epistemic Shock of Artifact Appropriation to the Paradox of Caring for One Another Through Social Distancing



Cristina Erausquin

Introduction

The aim of this chapter was to investigate the conditions that favor or hinder the participatory appropriation (Rodríguez Arocho & Alom Alemán, 2009; Rogoff, 1997) of knowledge and experiences in a community of practice and learning, during the training of psycho-educational professionals working remotely during the COVID-19 pandemic. It also explores whether it was possible to develop under these conditions what Engeström and Sannino (2020) called expansive and strategic learning. To determine this, I analyzed interactions in the “zones of mediated experience” (Erausquin, 2014) between students and college instructors, who built jointly interactive psycho-educational competence, articulating the personal, interpersonal, community, and institutional levels in the inseparable unit of analysis of professional learning.

During the year 2020, I explored how this relational competence (Cole & Engeström, 2001) was distributed and constructed in human collectives that met through Zoom, Meet, or similar platforms in virtual environments. I wanted to determine whether pedagogical authority flowed asymmetrically in such contexts, guiding, and sustaining potential development and was also characterized by reciprocal dialogue, enabling novelty while instituting trust. I wondered what made “joyful passions” (Benasayag & Schmit, 2010) grow from potential. I also questioned whether crisis situations such as the COVID-19 pandemic trigger or enable this process, based on networks (Cazden, 2010) and ties that re-constitute us to face and go through crises.

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Within the scope of the research projects developed in two academic units in my university, I discovered how this “zone of mediated experience” offered new meanings, at times impertinent, unexpected, and of resistance. Unraveling them was necessary for the commitment to common action. I analyzed discursive exchanges, reflections, and metacognitions, from self-directed and guided learning, to “doing university” from home. At the same time, the “making of schools” between students and families and educators was accompanied. More specifically, we conducted studies on the course of Educational Psychology in two public universities, the University of Buenos Aires (UBA) and the University of La Plata (UNLP). The class was taken the penultimate year of the bachelor’s and teaching degrees in psychology and was developed into a virtual class for the first time in the undergraduate program. The process of learning in psychologists in training was studied during the professional and research internships that they must complete, which are usually carried out in schools and in other educational organizations (Erausquin, 2019). Both teaching and learning were framed within the regulations of both universities for the first and second quarters of the year 2020, however, the experience went far beyond what was expected, revealing an interwoven and powerful unfolding of personal, interpersonal and community dimensions.

The research began with the questions of whether it was possible to develop a learning-teaching framework in virtual environments in difficult circumstances, and also whether it was possible to create vital, emotional, and mental presence without the physical-spatial proximity of teachers and classmates. Difficult circumstances included students and teachers who became ill with COVID-19, families whose members had to study simultaneously, overcrowding, frequent reciprocal interference, work stress, health problems not well attended for fear of contagion, anxiety due to compulsory confinement, fear of illness and death in solitude, and financial hardships.

In the stage of social distancing, inequities and vulnerabilities were accentuated in large population segments. In the educational field, it was reflected in the scarce availability of technological resources, including Internet, good connectivity, ability to charge cell phones, etc. These were essential resources in virtual learning and teaching environments. Furthermore, teachers and students had a difficult time engaging in creative work while learning how to use essential technological tools. Family members who used to leave their children in schools, placing their trust in those who educated them, had to assume other roles without being prepared. Children and adolescents were asked to work with tools they had not used to learn but to have fun, now had to cultivate the art of metacognition: reading, thinking, writing, reflecting, and everything involved in schoolwork.

With a research team, we collected and analyzed data to find solutions to how to build relational expertise (Erausquin, 2014) in communities of practice and learning (Farnsworth et al., 2016) for psychologists in training, in an unpredictable context of uncertainty. We also explored how to build knowledge and experiences of professional training during the pandemic and how to build inclusion in the educational process, empowering everyone’s right to learn and to teach.

The focus of the inquiry was on the trajectories of training and professionalization in higher education, both in university and non-university spaces, as these entities began the year with an imperative need to master tools as mediating artifacts (Wertsch, 2007). At the beginning, it was done through “trial and error”, without preparation, making mistakes and with resistance, but with the will to overcome the adversities of the pandemic.

Epistemological Framework and Inquiry Methodologies

The epistemological framework of the inquiry was the resignification of the concepts of learning, participation, expertise and competence carried out by the socio-historical-cultural approach inspired by the thought of Lev Vygotsky (1978). At the same time, this framework contemplated the denaturalization of genetic hierarchies as necessary universals of human development, combined with the problematization of binary asymmetries crossed by power, developed by the gender perspective, and queer theories. Within this framework, this line of psycho-educational research describes and analyzes processes of reflection from, in and on professional practices (Schön, 1998), addressing the epistemological and legitimacy crisis in the relationship between professions and society.

The perspectives and positionings of various social actors and professional agents, including psychologists in training for work in education, have been examined with reflection instruments such as the *Questionnaires of Situational Mental Models of Intervention Problems* (Erausquin, 2019). The responses obtained to these questionnaires were analyzed with a multidimensional matrix of analysis of situational mental models of intervention and a matrix of complex analysis of learning by expansion. These instruments are usually complemented with an ethnographic work of observation in the field, with open interviews, active listening, journaling, and logs, focusing on professionalizing trajectories and spontaneous reflective exchanges.

In the third and fourth generation of the theory developed by Engeström, a post-Vygotskian author (Engeström & Sannino, 2020), meta-systems are reconfigured in dynamic and fluid coalitions of dialectical interactions between different social systems of activity, crossing borders through territories traversed by contradictions. This trajectory represents an opportunity for qualitative leaps and expansive transformations in the “zone of potential development”. This phenomenon moves through life trajectories in formative scenarios at different educational levels, generating awareness of the need to interrupt the injustice of educational inequality, promoting value in diversity.

The researchers found several participatory activities of university students posted in virtual environments. Such activities were literature reviews, reflections, and essays written and sent to instructors in various formats. To create these products, students listened to audios of instructors’ theoretical classes and participated in synchronous Zoom meetings. Their voices were present with reflections on what

they had experienced, heard, thought, and re-signified. All instructors, from the head teacher to the assistants, participated weekly in a reflective conversation, which allowed both a re-contextualization and a re-conceptualization (Cazden, 1991).

These concepts are no longer the same as those created by Piaget, Vygotsky, Freud, or even those generated by Engeström in Finland today. These concepts need, in order to continue living, to inhabit bodies and minds of the here and now, looking at the horizon of the future. Concepts need to be re-contextualized in order not to be inert knowledge. And students need, in their active listening, to participate in the re-conceptualization of their vital sense references, to enrich those senses with the meanings that history discovered as scientific knowledge, and to transcend the present by embracing the past and the future.

The participatory activities, which at the beginning highlighted the students' deep need for feedback and for emotional-cognitive support in group participatory learning contexts, then followed paths of inquiry and intervention, always learning from both educators and peers. This was done through videoconferences, getting to know closely the work and trajectories of principals, teachers, counselors, students, and family members; all of them at home. This also created networks that crossed geographical and social boundaries, articulating solidarity, social bonds, and hospitality in the face of the new and ethics of the similar (Bleichmar, 2008).

Ethics of the Other, Pedagogical Metabolization of Violence, Conflicts, and Tensions

The ethics of the Other is not innate, it is a construction, and can begin to be formed from the earliest interactions with the environment, through the early development of modes of identification with the Other, in a positive transitive relationship with respect to the suffering that one's own actions may produce, or even our indifference to the suffering that the Other may undergo (Bleichmar, 2008). The ethics of the Other is configured in a complex game of narcissism and altruism, establishing the basis of all future legislation as a safeguard against mutual destruction. Ethics is based on how I assume my responsibilities in the face of the suffering of my fellow humans, while morality is a set of historical forms from which the principles used to legislate are taken. Morality is maintained within the law of a society; ethics, on the other hand, demands a rethinking of the law, in order to validate a law with justice, equality, and equity for everyone.

What are the limits of the pedagogical metabolization of violence, in educators and learners, in the context of the pandemic and compulsory social isolation? What makes it possible to reflect on what happened, when violence (noisy or silent, conflict or tension) becomes visible? To educate is also to re-signify, recognize, and become sensitive to someone's reasons for behaving in a specific way, letting them also know our reasons for feeling affected, thinking together again, and going back over our actions (Meirieu, 2008).

Going back to the pandemic and compulsory confinement, with which the 2020 school year began: what was its impact on the production of subjectivity, what happened with the ethics of the Other, how did violence appear, how was coexistence built, what was the role of the school and the university, and what did educational psychology contribute in the accompaniment and interweaving of training trajectories among psycho-educational professionals?

In the first semester of the year, issues of coexistence and violence did not surface, but our concern as psychoeducational professionals was to know where violence was hidden, the one we know exists in everyone, the one we presume as a destructive response to injustice, but also the other one, which we assume as impunity, indifference, and naturalization of inequity for our own benefit. We suspected that this pandemic was not a “fate of destiny,” any more than climate change, or the widening gap between the few who have everything and the many who have nothing. Humanity was focused on survival and schools were closed, but teaching and learning processes continued, and attempts were made to maintain the link between teachers and students at all levels. At the university, the joint effort of teachers and students was productive, based on the creativity of virtual exchanges. In the subject of educational psychology, we used active listening to understand the reconfiguration of schools, from the re-configuration of the training of professionals and the university too.

In the second semester, we detected greater hope, where the vaccine was the central axis, together with some decreases in the curve of contagions, but this situation was not free of uncertainties and “second waves”, as well as the manifestation of exhaustion, where tensions and conflicts were produced. However, we did detect a growth of domestic violence, gender violence, ruptures, breakups, more silent or noisy violence in homes. Due to the immediacy of videoconferences, misunderstandings, bad jokes, and hostilities are triggered and repeated. This has no ages or roles, because asymmetries are also erased; they occur between adults, colleagues, students, teachers, and authorities. They were observed in partially failed attempts to reopen schools, with exhausted staff, distrustful of the conditions, or they emerged in contradictions between family and school that at times exploded and at times were restored or left for later. Everything was fragile, since the family-school coalition was the least worked coalition of interactions in the pre-pandemic, and the most demanded one during the pandemic in the school-from-home modality. This will require much more attention in the post-pandemic if we consider a hopeful aftermath.

We need to rethink the process of re-conceptualizing and re-contextualizing feedback as university educators and as researchers inserted in collective thinking, with teams and with ourselves, while we value, support, trust, problematize, denaturalize, reconstruct, dialogue, and circulate knowledge and experiences. We must nourish ourselves with exchanges between colleagues, between them, us, and students, accepting our own tiredness and anguish, not only for the task, but also for not being able to embrace a granddaughter who had a birthday. Because researchers can only be researchers if we experience the situations our society goes through. Moreover, we have some tools to keep thinking and therefore, the commitment to use them.

Finding a Tool: Post-pandemic Work and the Future

One of the tools we used to intervene during the pandemic was provided by Vygotsky, in the re-reading provided from the approach of the Cultural-Historical Activity Theory, in its third and fourth generation (Engeström & Sannino, 2020). It is the concept of “double stimulation”, also alluded to as “second stimulus”. It has to do with the difference between tool and sign, which makes understandable how, from a starting point facilitated by adults, we build autonomy in our development as subjects, including resistance and resignification of what has been transmitted and internalized, to generate the new, our own, and also from the unexpected. This represents the possibility of changing the meaning of signs when our use of signs always demonstrates the presence of the Other in us. This may include the experience of being dominated/inhabited by the Other through the sign, but it also allows us to understand that this sign may affect the Other. It is a matter of giving identity to it, recognizing it, and not only loving or hating it.

We should understand Engeström and Sannino’s (2020) concept of “second stimulus” as a psychological tool, one that is collectively created and recreated, freely adopted, and recreated by each person, spontaneously but not solitarily, to unknit conflict. If this conflict is not resolved, a new split, expulsion, or exclusion of one of the poles occurs. This is the conflict that schools have always wanted to banish, avoid, or sanction, and generally leave outside their walls. However, this does not only happen in schools, but also in human society. The idea is not to live in permanent conflict, but to learn how to deal with it, making space to embrace diversity without exclusions, transforming the understanding of each other. As tutors of the research practice say, “allowing ourselves to be questioned by those who are angry because they feel distressed, based on the meaning that our words, our actions have for them”. In formative intervention-research experiences, where we try to question ourselves about criticism, anger, frustration, vulnerability in its different forms. Also to give them a space, in the communities of practice, so that everyone learns, making possible the expansion of a genuine social and educational inclusion.

Using signs of diverse languages, which technology has opened up as a fan, we can enrich ourselves with the diversity and understanding of the Other, not to become them, but to learn to live together. It is about sharing experiences, understanding and horizons, even if the Other has an ideological position, customs, and experiences different from our own, even if they seem incompatible. Even if both are willing to keep their own ideas, it will be important to bet on the reciprocal recognition of what is common and what is different.

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Chapter 30

Students with High Academic Achievement and Their Experience During Lockdown Due to COVID-19



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Introduction

The outbreak of the new coronavirus (SARS-CoV2) forced a radical change in educational practices around the world. According to UNESCO (United Nations Educational, Scientific and Cultural Organization), 90% of students in the world stopped attending school (Psacharopoulos et al., 2020). In Mexico, approximately six million students, 230,000 teachers and administrative personnel from 18,000 high schools, unanticipatedly shifted to virtual work; this abrupt shift of educational activities is expected to have an impact in the short, medium and long term (Instituto Nacional para la Evaluación de la Educación, 2019). During 2015, approximately 20% of Mexicans within this age range did not attend any form of schooling program, and from those enrolled in school, only 66.7% graduated from high school (Instituto Nacional de Estadística y Geografía, 2017). Despite increasing rates of high school enrollment since the year 2000, Mexico still presents one of the highest rates of educational lag in Latin America (Sistema de Información de Tendencias Educativas en América Latina [SITEAL], 2015). Furthermore, social inequity and educational disparity in Mexico have rendered uneven academic achievement, where most students consistently underperform in mathematics and language regardless of the educational level, they find themselves in (Backhoff Escudero et al., 2018). The resulting lag in linguistic and mathematic knowledge place high school students at increased risk of dropping out of school, as some students find

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that keeping up with academic syllabi is too challenging and opt to search for a job instead, which favors the intergenerational transmission of poverty (Weiss Horz, 2018). Thus, research that furthers the knowledge about the strengths and challenges Mexican high school students encounter during their academic development especially during homeschooling due to the COVID-19 lockdown, is key in the development of preventive interventions with this vulnerable population.

Despite the financial, academic, and structural obstacles encountered by Mexican high school students, most of them are persistently motivated to achieve better economic conditions, help their families develop better living conditions, and have higher levels of psychological and financial well-being (Fernández Alonso et al., 2017; Weiss Horz, 2018). This persistence aimed at a better future is found within school settings through student-teacher interactions, academic syllabi, healthy peer competition and support as well as a motivating academic environment (Székely, 2015). During the COVID-19 lockdown, peers were not readily available as before, teachers had to adapt to virtual platforms, and families were forced to spend more time together and modify their school routines. Therefore, students faced more academic challenges in unprecedented conditions (de León-Vázquez et al., 2020; Valenzuela Ríos et al., 2020).

Excessive stress, specifically academic stress, have shown detrimental effects on academic performance for Mexican high school students (de Castro de León & Luévano Flores, 2018). Although stress has been identified as an organizing element that favors adaptation to specific situations; once academic pressure overcame the student's capabilities and self-efficacy, negative emotions and thoughts impacted their academic drive, effort, and productivity (García-Ros et al., 2012). Because academic stress is inevitable, the student's self-conception on their stress proneness as well as their academic self-efficacy mediate the effects stress has on academic achievement (de Castro de León & Luévano Flores, 2018; Gutiérrez-Tapia et al., 2019). In addition, Mexican high school students have shown to handle academic stress through a variety of coping strategies. The most effective mechanisms seem to be bolstered by social support from family and peers where cultural capital and reinforcement offer them a plethora of resources to face academic challenges (Suárez-Montes & Díaz-Subieta, 2015). With social distancing and during a time where teachers and parents were adapting to coronateaching and homeschooling, many new stressors such as excessive workloads as well as technological accessibility emerged as new threats to student well-being and academic achievement (Lloyd, 2020; Mérida-Martínez & Acuña-Gamboa, 2020).

During March 2020, the Mexican government issued a nationwide order instructing all schools to begin teaching remotely (Mérida-Martínez & Acuña-Gamboa, 2020). According to the Mexican National Institute of Geography and Statistics, 44% of the general Mexican population had access to a computer, yet a very small portion of students and educators were proficient in virtual platforms and distance learning (de León-Vázquez et al., 2020; Lloyd, 2020). Given the abruptness of the emergency, the substantial high school dropout rates, and the novel solution to

continuing education during the COVID-19 lockdown in Mexico, little was known about the strengths and weaknesses of coronateaching and homeschooling for high school students in Mexico City. This study sought to further the understanding of the academic experience, strengths, and obstacles of Mexican high school students with high academic achievement during the COVID-19 lockdown.

The research questions we sought to answer were: 1) Which psychosocial conditions influenced high academic achievement in Mexican High School students during the COVID-19 lockdown?; 2) What academic and psychosocial experiences did the students develop?; And, 3) what perceptions and meanings did the students construct? Therefore, our general objective was to identify and analyze the representative dimensions that influenced high academic achievement in high school students from the Mexican National Polytechnic Institute.

Method

Sample

Through intentional sampling, we recruited 12 high school students between 16 and 19 years of age with high academic achievement from the Mexican National Polytechnic Institute. Students were chosen from the three study concentrations offered by the Institution (i.e., Mathematics and physics, social studies and humanities, and bio-chemical sciences). All students were originally enrolled in the face-to-face modality from both morning and evening shifts and attended different Centers of Scientific and Technological Studies (CECyT) in Mexico City.

Procedure

Prior to the interview, participants were informed about confidentiality and the use of their information for scientific purposes; they were then asked to provide verbal consent at the start of the video recording if they agreed to participate. In-depth interviews were conducted online through Zoom to respect health restrictions imposed by the Mexican government. These interviews were transcribed, dimensions, and constructs were coded by the three authors, codes were then cross-verified and analyzed before conclusions were drawn. We used a phenomenological approach to distinguish the particularities and subjectivities derived from the experience of each student. The analysis derived four main dimensions: grades and academic achievement, coronateaching, stress and a psychosocial support dimension.

Results

Grades and Academic Achievement

Most students considered that although grades are not a comprehensive reflection of their academic performance or the acquisition of knowledge, their GPA (Grade Point Average) is a way to demonstrate knowledge, discipline, and responsibility, yet academic achievement is more than a number. Some of them explained their academic achievement was the way to obtain or keep scholarships, gain access to international exchange programs, and to enter the university of their choice. Students consider their GPA had opened doors for them as they had received academic awards for their academic achievement; they also pointed out that grades could help them in their future workplace. In some cases, participants expressed that true learning was more related to the passion for discovering new things, as well as the excitement for acquiring knowledge. Only one participant expressed that grades achieved through online education were relative, as they would not define them as successful students or accurately reflect their level of knowledge, but only demonstrate an evaluation of a student's potential.

Grades are important. I also believe that what they say is true: a grade does not reflect how much you know. It is the result of everything: Of your effort, of your responsibility, of what you know. I have always tried to have good grades, but also [tried] to learn, not just to have good grades. Some grades are low, but if you know that you learned, you are satisfied... now, online [schooling] is not an evaluation that defines you as a student, it is not an evaluation that defines what you know, but an evaluation that assesses your possibilities... (Reyna CECyT 8)

I think grades are not going to define you as a person; but the truth is, it will help you, GPA helps a lot... thanks to my GPA they have called me for interviews elsewhere, they have taken me to the radio, I have participated in television programs, they have given me awards in the Polytechnic, so I think that [GPA] opens great paths for you (Karen CECyT 1).

Coronateaching

As students made the transition to virtual learning, a new term was coined: Coronateaching. According to Ramos Torres (2020), it refers to the abrupt transition to emergency remote learning without changes in the curriculum and the methodology. For many, the lockdown highlighted teacher's scarce training in information technology, their reluctance to solve problems, develop learning environments for students in unfavorable conditions, as well as their lack of awareness towards certain students who struggled to acquire or access gadgets, computers, and an Internet connection to solve their academic needs. The absence of teacher support was shown to hinder subject comprehension, as on some occasions the information pertaining to each lecture was only given to the students through virtual platforms

without complementary explanations or follow-up. As a result, students developed self-management skills, which proved useful to some extent and could be part of new learning and study habits.

In contrast, participants also recognized those teachers who had information, technology skills, creativity, disposition, commitment, organization, and motivation to carry out teaching experiences that these students enjoyed and took advantage of. Having worked in virtual platforms prior to lockdown was an advantage for many students and teachers, as was the ability to transmit knowledge through an electronic blackboard during these times, as this accompanying act resulted in favorable academic results.

You send a message today to get an answer tomorrow and teachers answer you back in a week... So I had to solve it by myself. There are teachers who tell you: I can help you via email, if you get stuck on anything I can help you ... There are teachers who are constant, who make notes and send you their comments. Now online [schooling], is only reading and reading and I, for example, was not used to that so it was very difficult for me...It [online school] has been difficult because some teachers do not know how to use the [virtual] tools, I have other teachers who at 7:00am attach [pictures of] their blackboard or some work sheets: "if you have any questions, ask. Maybe I do not know how to share the screen, but I will teach you in a notebook". He began to write in a notebook, I felt and noticed the difference between this teacher and the other (Reyna CECyT 8).

What he [teacher] does, is that we make video calls. I suppose that what he has is a tablet, so he projects it [to us] and he already has a specific writing block where he is performing mathematical operations; while on the side he writes the topic, notes or formulas, he explains it to us and pauses during each step to ask questions, to see if we understand. (Karen CECyT 1).

Stress and a Psychosocial Support Dimension

For students, stress is usually a driving force that encourages them to overcome academic challenges and obstacles. Although students are constantly exposed to high levels of stress, it is the help and guidance of teachers that encourage them to solve their academic life with elements and resources that are within their reach. In virtual coronateaching, students face the obstacle of solving new challenges without the guidance and support of their teachers, affecting their academic achievement and performance while developing in them a different stress than the one they traditionally experience in the face-to-face modality.

Since lockdown began, students encountered scarce feedback from their teachers as well as structural obstacles that hindered their academic demands, which brought seemingly unmanageable levels of stress for them. Although their grades appear to be a source of concern during homeschooling, the main concern narrated by students was their learning process as they constantly reported the need for teacher feedback that was sometimes not met, developing uncertainty and concern among students.

... the stress of not knowing if your Internet is going to work well, if you will be able to upload your work on time, or if you see the PDF because sometimes, they get uploaded without information. Now the stress is different.... because it is not completely in my hands and well, many of the teachers do understand us, [in] that if the PDF is illegible, it was not my fault. I feel that everything that is being done online does not depend so much on me (Carlos CECyT 12).

...Stressful because some teachers are leaving a lot of homework, more than they left in person. I know they do it so that we can study more, but they exaggerate a bit. Concerning achievement, I feel that it has dropped a bit since we all have to do it on our own, if we want to learn then it would be more difficult [than] if we wanted to do it in person (Alfonso CECyT 8).

During lockdown, parental support did not stopped and continued to be one of the greatest pillars of academic performance for these students. From financial support to accompaniment, solidarity and presents, students identify the role their parents play in their education and academic performance, which motivates them to overcome stress and obstacles to continue studying. Finally, a prominent source of support for these students can also be found in their peers and the rest of the Polytechnic community.

My parents are highly studied. They focus more on the academic part, that's why for me it has been very important, because they have taught me that school is very important and not because school is going to leave me money, but because it is culture (Aquetzalli CECyT 6).

Before [the pandemic] we made a WhatsApp group... I have had constant communication with my friends to help one another understand what the teachers are constantly assigning ... with my classmates I have not had any problem with communication ... If someone forgot [something], then you can help them say: "look here I brought you [this], I got you [this] or we are going to get this, I'll go with you", and at least the other partner feels less worried, or already thinks in a better way to solve your problem. (Gael CECyT 8).

Discussion

This project sought to further the understanding of the academic experience of Mexican high school students with high academic achievement in their shift to homeschooling during the COVID-19 lockdown. For these students, grades are a product of effort, discipline, strategies, responsibility, attitudes, and the willpower they have developed throughout their academic career. For participants, high grades and academic achievement are a gateway, motivators that have allowed them to reach their goals and receive recognition for their effort. In their narrative, participants shared that grades do not necessarily portray a person's level of knowledge and that during lockdown, grades represented and depended on the possibility of acquiring an electronic device to access remote classes and materials. Given the structural obstacles and service disparity encountered by some participants in virtual schooling (de León-Vázquez et al., 2020), students currently define high academic achievement as an adequate comprehension of each subject, moving to one side the motivation for a high GPA resulting from only completing school assignments and paying attention in class.

Before lockdown, GPA was experienced as an indicator of a shared effort between parents, peers, teachers, and students, and it is for the same reason that high academic performance is treasured by students, as they themselves represent a collective effort (Fernández Alonso et al., 2017). Although participants were able to overcome many of the obstacles inherent to coronateaching and homeschooling, the lack of transparency in the evaluation they received from their teachers was experienced as poor teaching structure and an unfair evaluation of their academic performance. If students are graded in an opaque way and encounter teachers not committed to their education, it seems that the effort and resources they invested in obtaining the grade, as well as their level of knowledge on the subject, is evaluated as inadequate. When finding themselves in circumstances in which their educational achievement and performance are not completely in their hands, students become frustrated. Even if they improvise and develop their own learning strategies (e.g., consulting peers or searching for video tutorials), it appears that a transparent and fair evaluation validates their effort and dedication employed throughout their learning process, as it ensures them, they can count on peers, other teachers, and members of the Polytechnic community when they face overwhelming academic obstacles (Suárez-Montes & Díaz-Subieta, 2015). As opposed to the other virtual services students are accustomed to (e.g., WhatsApp, Facebook) they do not encounter instant communication with their teachers in these learning platforms, thus developing in participants a sense of concern and uncertainty that places them at risk of underperforming or dropping out (Backhoff Escudero et al., 2018; Weiss Horz, 2018).

The hasty closure of face-to-face educational activities in response to COVID-19 unraveled for both students and teachers a harsh contrast between online teaching and face-to-face schooling. During lockdown, teachers encountered an obligation to become strategy designers and online tutors, while using tools that only few were proficient in. Some of the teaching shortcomings narrated by participants were deficient content structure and design for online learning; lack of teacher-student communication, support, and facilitation, as well as scant opportunities for feedback amounted to the lack of organization in class schedules. This perceived dearth of teacher support resulted in demotivation and frustration, as students felt astray in their academic endeavors and were remarkably eager to return into a more structured academic environment that motivated them as before (Székely, 2015). Participants studying with those few teachers who were proficient in virtual teaching found it easier to adapt to the new conditions of the teaching-learning process. Teachers who invested time in designing learning activities that addressed cognitive and communication needs of students rendered satisfactory learning outcomes, as students felt their need for structure and guidance was addressed in a timely manner, yet very few participants encountered “virtually-proficient” teachers or effortless technological accessibility (Lloyd, 2020; Mérida-Martínez & Acuña-Gamboa, 2020).

In contrast with previous literature on the subject, academic stress acts as a driving force for these students if they have a peer or teacher to guide and support them through the specific academic obstacles they encounter (Amador-Licon et al., 2020; de Castro de León & Luévano Flores, 2018). During lockdown, these students

had to adapt to new academic obstacles which were experienced as novel stress and uncertainty as previous research had shown (Lloyd, 2020). Although participants displayed intrinsic achievement motivation fueled by the need for personal improvement and the desire to thank their parents for their support (Fernández Alonso et al., 2017; Weiss Horz, 2018), it seems that the very persistence shown by students works against them when they do not encounter peer or teacher support and guidance to resolve the challenges presented by their academic endeavors. When these challenges become overwhelming in quantity and are not easily manageable, students perceive themselves as less skillful and resourceful; moreover, since they cannot engage with their customary resources to solve or fulfill their needs, a new stress is experienced by them. The narratives coincide in the need for feedback, transparent evaluation, and teaching guidance to face academic stress and uncertainty, which reinforces the participant's need for external stimuli to help them acknowledge and employ their inner resources, adapt and overcome the current stressful situation (García-Ros et al., 2012; Gutiérrez-Tapia et al., 2019).

The educational implications of our findings contemplate the need for teachers to provide closer and more consistent feedback throughout the semester. Students constantly expressed their need for guidance and reassurance that their newly derived learning strategies under coronateaching would render a favorable academic result. Teachers would benefit greatly if they added supplemental resources for students to access between lectures and syllabi are more likely to be completed if teachers planned to carry out the course in more accessible software such as open-source programs, while limiting the use of specialized software for classwork. The greater Polytechnic community would also benefit from psychoeducation regarding academic self-efficacy, persistence and community support to further academic satisfaction and success.

This study highlights the need for Mexican high schools to pay closer attention to student necessities to prevent them from deserting their education and to achieve the high academic achievement they are accustomed to. Noteworthy personal characteristics and strengths in these students are self-efficacy, persistence, and responsibility as these empowered students to face the challenges of homeschooling and coronateaching. The most mentioned shortcoming was the lack of teacher support, whereas family and peer support were the most salient motivators. Mexican high school students will benefit from greater teacher feedback, more transparent grading processes, and academic syllabi that do not call for prerequisites such as specialized software or lab equipment, as this only widens the gap for underserved sectors of the Mexican society.

This study was not without limitations. Our small sample size hinders population representativeness; thus, our findings should be interpreted with caution. More research should be done with students from different school systems and grades in order to have a better understanding of the strengths and obstacles Mexican students are facing in the midst of homeschooling and coronateaching to prevent or diminish the expected medium-term and long-term academic consequences of the COVID-19 lockdown (Instituto Nacional para la Evaluación de la Educación, 2019).

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Chapter 31

The COVID-19 Pandemic and the Voices of Brazilian School Education Stakeholders



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31.1 Introduction

During the pandemic, the Brazilian Government enacted Law 13.979, dated February 6, 2020, which established isolation and quarantine measures. These actions were taken to guide and address the spread of COVID-19 (Brazil, 2020a). Subsequently, Ordinance No. 343 of 03/17/2020 was issued, which regulated the substitution of face-to-face classes for classes in remote learning for the duration of the COVID-19 emergency (Brazil, 2020b). Thus, face-to-face classes were suspended throughout the national territory including public and private education systems at all levels and modalities of education. Teaching mediated using Information and Communication Technology (ICT) tools in Brazil was unprecedented in basic education and required a very rapid appropriation by teachers and educational institutions. It also implied the development of competencies to use class recording resources and required the adaptation of didactic content to the digital platforms in use to plan and deliver synchronous and asynchronous lessons. Many teachers had to buy computers and increase the speed of their own Internet service at home, as well as structure the physical environment of their homes to accommodate the work demands imposed by the schools during the pandemic.

The strategies adopted by educational institutions included the development of materials and orientations for parents and guardians, in a playful and creative way, so that they could understand how to contribute to the development of their students. Schools were to create strategies that allowed a virtual approach between teachers and families through recorded classes, short videos, video calls, interactive activities, teachers' letters, and home visits. Digital tools used included: Early Childhood

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Media Center, Google Classroom, Zoom, Google Meet, Teams, etc. Some institutions offered printed activities for those who had difficulties accessing the Internet or technological resources. One of the greatest challenges observed was the difficulty children had in staying and concentrating for a prolonged period in remote classes, in addition to the interference of adults who supervised schooltime activities. We also identified other difficulties, such as: lack of availability of technological resources, and difficulties in teachers' efforts to organize the class and respond to children's questions. Finally, it is worth mentioning the absence of interaction among children, an issue that distance learning was not able to overcome, even though teachers created a series of alternatives and didactics that enabled distance learning mediated by technological resources. In this sense, it became evident that nothing replaced actual physical contact between students and teachers.

31.1.1 People's Private Lives: Homeschool Scenarios

In the realm of people's private lives, we problematized ICT-mediated distance learning in school education in Brazil through scenarios, where home school portrayed the drama experienced by parents, guardians, children, and adolescents. The first scenario was about Marília, a mother who confides to another mother in the waiting room of a doctor's office that her 3-year-old daughter does not want to do school activities or stay in front of the computer. To do a school activity, the mother had to leave the house to print a sheet for homework but ended up ruining it when she spilled food on it. For this mother, the situation of having to attend to her daughter's school activities and at the same time take care of the house and work activities was complicated. This aversion to the screen and the activities proposed by the school was also reported by Marco, father of Tiago, age five, and Gabriel, age eight. As an alternative, Marco chose to look for printed activities from the school for his children, who did not want to do their homework on the computer or did not have access to technology.

Caio, a ninth grade student diagnosed with autism spectrum disorder (ASD), who had rights guaranteed by the national policy of Special Education, was not exempted from the obligations of attending remote activities, being forced to attend all synchronous classes for five consecutive hours, even when there was the possibility of watching the class recordings later. Eduarda, a student in the last years of elementary school, did not recognize her home as a school and her mother faced great resistance from her about doing homework. This was stressful for the family. To meet school requirements, the mother attended an online class with Eduarda to avoid her missing content and learn how to guide activities, as well as reprioritize what was relevant to learn in a COVID-19 pandemic context.

Beatriz, a ninth grade student, needed to watch her classes on a TV channel and complete several activities sent by her teachers to a WhatsApp group made up of students and parents. To carry out the activities, she needed support in organizing and completing the activities. As the school did not provide hard copies of the

activities sent by teachers, even though the mother had gone to the school and requested them, Beatriz's aunt copied the guidelines by hand and helped her niece, implying an additional burden for the family. In high school the situation was no different and the scenarios were marked by the pressure of completing all the tasks assigned. When students failed to do so, schools sent a notification of late work and required already stressed-out parents to take an active role to make sure their children completed all assigned homework.

When examining these scenarios through Historical-Cultural Psychology lens, we see those different aspects of the psychological development of students, including infants, were disrupted by distance learning, thus impacting the teaching, and learning relationship (Facci, 2004). In this context, the pedagogical relationship was based on ICT-mediated teaching in which the student ceased to be the center of the learning process, becoming a mere spectator of the contents presented on the screen of electronic devices in a standardized and homogeneous way (Ponte & Souza, 2020). As a consequence, instead of promoting human development and higher psychological functions with the dissemination of socially accumulated knowledge, schools produce meaningless knowledge, maintaining a routine of study and time in class (Vygotsky, 2007). Parents and guardians assumed the role of mediators of the educational process with the use of technological instruments, striving to meet school requirements, even assuming the risks of interference.

31.1.2 Discussions on the Return to Face-to-Face School Attendance

Considering that the COVID-19 pandemic caused significant changes in domestic and school dynamics in the Brazilian context, marked by uncertainty and fear, the return to face-to-face classes raised concerns about ensuring safety measures for students, teachers, and all school personnel. An analysis of the publications of the National Education Council (CNE), a federal agency with normative, deliberative, and advisory powers to the Brazilian Ministry of Education, showed that the first publication came almost 2 months after the suspension of face-to-face classes. However, many pedagogical practices were already being carried out due to the urgency of the situation. The first Resolution, CNE/CP N° 5 approved on April 28, 2020, regarding the Reorganization of the School Calendar, established the recognition of non-face-to-face activities for the fulfillment of the minimum hourly load (Brazil, 2020c). In this way, the pedagogical practices that were being carried out were legitimized, although without presenting an effective support plan for education professionals in the face of the needs of an education mediated using technologies.

In general, the official proposals focused on students' level of autonomy, discussed in the context of having a responsible adult at home so that the teacher became a mere organizer of contents and planner of activities. In Brazil, the

recognition of the seriousness of the COVID-19 pandemic, as well as the implementation of actions to minimize its impact, were not a priority for the Federal Government. While classes were organized with the use of technologies, according to the parameters of face-to-face teaching, the idea of returning to face-to-face activities was always latent, despite the statistical data that showed the seriousness of the situation.

From the beginning, the different educational resolutions issued by the Brazilian government had already established the return to classes (Brazil, 2020d, e). In general, it established that the return to classes would be gradual, by groups of students, stages, or educational levels in accordance with local health protocols. It recommended that educational systems develop pedagogical protocols, when possible, in accordance with the decisions of state and municipal authorities, while safeguarding the participation of school communities. In one instance, the return to face-to-face classes was described as optional and the decision was delegated to the parents and guardians, in agreement with the school and the rules of the educational system. The student could choose to remain remote, provided that the families or guardians were committed to work with their children.

We highlight two proposals that, in this context, were used in preparation for the return to face-to-face classes: public consultations with the school community and a declaration of parental responsibility for the return of their children to face-to-face classes. As for the public consultations, these were surveys presented online, with the aim of assessing adherence to the return to face-to-face classes starting in May 2020, in municipalities and states. In general, the results were unfavorable for the resumption of classes in 2020. The other proposal highlighted the responsibility of parents when their children return to face-to-face classes. The specific content involved the declaration of knowledge, on the part of parents and guardians about the seriousness of the COVID-19 pandemic, of their responsibility in case of contagion by the student, of the provision and use of personal protective equipment in compliance with safety requirements and monitoring of activities that remained remote, among other topics. These terms were criticized by different sectors of civil society and were temporarily removed from the agenda, even while face-to-face activities continued to be suspended.

While it was a moment marked by uncertainty, insecurity, and fear, in addition to the severe limitations imposed by the pandemic on social relations, it revealed the verticalization of the official discourse of education, with even greater implications for education, students, families, tutors, and the management team of the school units. The Brazilian government repeated a narrative of denial and instituted an educational policy that had no clear direction and paid no attention to the seriousness of the pandemic. This overloaded students, parents and guardians, teachers and schools that were never able to comply with all the mandates. The extension of social isolation, economic pressures, the need to return to face-to-face work, as well as the improvement of contagion rates in certain countries or regions, such as in Europe, were given as arguments to justify the return to face-to-face classes.

Why was the return to school being considered in the context of an increase in infections during the pandemic in Brazil? This issue was hotly debated in our

country. Due to political and health issues implemented by the country's government agencies, which ignored the seriousness of the disease and allowed it to enter the country and did not properly curb its spread, Brazil became the country with the second highest number of people infected and deaths from COVID-19. By November 2020, the country had reached the tragic mark of 165,000 deaths. It was exactly at that point that states and municipalities were preparing their protocols for the return to school. This fact mobilized important national and international sectors on the subject, including two of the most important institutions of the Brazilian civil society organized by education workers: the Confederation of Education Workers (CNTE, 2020), which brings together 50 national educational entities and represents over one million members, and the Inter-Union Department of Statistics and Socioeconomic Studies (DIEESE, 2020).

The objective of the CNTE's publication (2020) was to propose strategies for the resumption of classes with the following guiding principles: the defense of life, education and learning as rights, and the fight against social inequality. Among the recommendations presented by the CNTE (2020), it is important to highlight the participatory nature and permanent dialogue between management bodies and civil society, based on the constitution of Joint Forums that allowed a broad debate on the main issues arising from the exceptional situation of the COVID-19 pandemic, with emphasis on: a) the school calendar; b) contracts and working conditions; c) continuous training for the use of ICT; and d) investment in technology platforms and access to technologies.

DIEESE (2020) also proposed a document that discussed the return to school in times of pandemic. As a national entity, DIEESE presented population data on schooling in Brazil and analyzed the performance of public authorities and civil society during the COVID-19 pandemic. DIEESE considered as fundamental actions of the State to follow the guidelines of the World Health Organization, strengthening support to the most vulnerable populations through the transfer of income in case of emergency. DIEESE focused its argument, like the CNTE, on preserving people's lives and health, preventing millions of children and adults from falling victim to greater shortages, due to the lack of joint and effective action by the Brazilian public authorities.

31.2 Conclusions

Based on the Historical-Cultural psychology approach, we presented some reflections from various voices, to think of ways to contribute to solutions to the problems of the pandemic, in which the biosafety of people in school and the teaching-learning process in this context of pandemic by COVID-19 were prioritized. The contributions of Cultural-Historical Psychology to the understanding of schooling allow us to assert that that there was no way to transform homes into schools and that during such historical moment it was necessary that schools did not deny COVID-19. In addition, schools needed to: (1) establish a curriculum that

considered the concrete conditions of students; (2) provide educational materials that could be taught in a critical and reflexive way; and (3) assign activities that recognized children and adolescents as critical and transforming subjects of society.

This context brought learning and challenges. In addition to their already long working hours, teachers had to face an intense workload, the tasks of appropriating new technologies in record time, rescheduling their classes, developing alternative teaching materials, and captivating students' attention remotely. They were also subject to intense surveillance, not only controlled by the coordinators and managers, who began to attend their classes, but also by the technological resources themselves, since remote classes were being recorded. In addition to this, there was the participation of parents who attended the classes and, not infrequently, made interventions and judgments. As for the return to face-to-face classes, the discussions promoted by the organized society highlighted the importance of preserving life, guaranteeing rights, and facing the social vulnerability promoted by the economic and social impact of the COVID-19 pandemic. Finally, we believe that the impact of the pandemic on education will be a subject of study for a long time, and its effects should be researched in depth from a perspective that guarantees education for all.

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Chapter 32

Argentine Schoolchildren and Adolescents in Times of COVID-19: Comprehensive Sexual Education from a Human Rights Approach



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Introduction

The mandatory social distancing measure implemented in Argentina during the COVID-19 pandemic to reduce contagion had an enormous impact on the education of millions of children and adolescents. The suspension of face-to-face classes for an indefinite period forced the deployment of diverse strategies for all educational levels, regions, and jurisdictions of the country. This had to be done honoring the right to education of more than 10.5 million students, many of whom, prior to the pandemic, were already facing inequity.

Due to the emergency and to guarantee the continuity of learning, face-to-face classes were substituted by remote classes. Students and teachers in more than 64,000 public and private schools had varying access to technology, Internet connectivity, and digital skills. In addition, families differed in terms of levels of poverty and other conditions of vulnerability. These differences required contextualized actions to adequately respond to students' learning, health, and protection needs to guarantee the best interests of children and adolescents.

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Theoretical Framework

In this chapter, we analyze representational systems of intervention on the practice of teaching Comprehensive Sexual Education (CSE) in a remote format, based on teacher questionnaires. The epistemological framework for this is based on Lev Vygotsky's (1988–1993) approaches of mediated action (Wertsch, 1999), activity systems (Engeström, 2001), community of practice (Lave & Wenger, 1991), and sociocultural analysis planes (Rogoff, 1997). These models were applied by Pozo and Rodrigo (2001) to the study of change in educational scenarios. From this perspective, learning is thought of in terms of development of possibilities for participatory appropriation of knowledge and tools of culture, interacting, being part of experiences, and full of different senses (Rogoff, 1997). The appropriation of tools for the analysis and resolution of teachers' professional intervention problems, addressing CSE is forged through guided participation processes in communities of social practice. This approach implies considering a contextualist turn (Baquero, 2002; Pintrich, 1994; Pintrich et al., 1993) in the conception of learning, as it is no longer thought of as an exclusively mental and individual phenomenon, but as a complex activity generated through intersubjective exchanges.

Engeström (2001) and Cole and Engeström (2001) have stated the need for confrontation and interaction between different activity systems to produce transformations, which involves the negotiation and translation of meanings and the inclusion of differences in new task units. The approach is articulated with Schön's (1998) epistemology of practice, which presents tools for reflection in, on and for professional practice. Reflecting, sketching hypotheses, and testing them, is what Schön (1998) calls a "reflective conversation with the situation" (p. 69).

To guarantee the right to education and to address the task of working on SCE, teachers are conceived as a necessary condition, although not sufficient, while collaborative work in networks is considered indispensable.

Emergency, Education, and CSE in Argentina

Education in Argentina is a right, defined as a social, political, historical, and institutional construction (Alonso & Morgade, 2008; Faur, 2007; Pecheny, 2008) that adopts a formal legal dimension, instituted by law, and enshrined in the Constitution. Since 2006, Law 26,150 on Comprehensive Sexual Education (Sistema de Información de Tendencias Educativas en América Latina, 2018) has been another right, which has made it possible to make unjust and naturalized facts visible, while legitimizing essential and constitutive aspects for democratic life, and giving a voice to people who continue to be restricted in the exercise of their full citizenship.

The implementation of CSE was of utmost importance in the context of the pandemic because it allowed us to rethink human sexuality in all its complexity and to make visible that everything that is said not to work about it in school is covered in one way or another. Sex education is a human right and effective access to CSE functions as an agent for the promotion of health, quality of life, disease prevention, and the development of healthy relationships, thus promoting knowledge and the exercise of rights that contribute to building a fairer and more equitable society.

Preventive social isolation during the COVID-19 pandemic changed the daily living conditions of children, adolescents, and families (UNICEF, 2020). This period provided an opportunity to consider CSE as a resource to intervene in violent environments and rethink and dismantle gender stereotypes and social roles.

The Need to Ask Questions to Design Interventions

As part of a course offered to psychology teaching students at the University of Buenos Aires (UBA), the teaching of CSE was explored in the context of the suspension of face-to-face classes due to the COVID-19 pandemic. For seven years, this course had been supporting teaching practices in CSE using different free access tools for education professionals who wished to enroll, free of charge. By way of example, we can mention permanent and continuous training activities, tutoring of projects and practices in educational institutions, management teams and teaching teams, seminars, reflection days and workshops in schools, with families, teachers, or school intervention staff.

Remote education generated conditions that required a great deal of creativity. This was seen in relation to CSE, which, despite being a law, had faced difficulties in its implementation and a growing resistance from opposing groups. The proposals of these groups, loaded with a good dose of self-righteousness, intervened with greater emphasis when teaching is mediated by families. For all the above reasons, we decided to conduct a study that would provide data on what and how the teaching practices of CSE topics, skills and contents were carried out remotely and what were the needs faced by the teachers who taught it during the pandemic.

Method

Design

The research carried out was descriptive and exploratory using both quantitative and qualitative analysis.

Sample

We used a probability sample that included male and female teachers of early childhood education (39%), primary education (27%), middle school (16%) and high school (18%) from different educational institutions, both public and private, in the city of Buenos Aires. The complete sample consisted of 93 teachers who participated voluntarily during the months of May–June 2020.

Instrument

A questionnaire created from an ethnographic perspective was given to interpret natural situations in the context of educational practices, focusing on the implementation of CSE in a pandemic situation. The questionnaire included questions on individual data, educational level at which participants taught and their role, in addition to 5 other questions formulated in an open-ended manner. Teachers were invited to explain the content related to CSE that they were using, and how they approached CSE in the context of the pandemic, as well as the methods or strategies used. Additional queries were related to the difficulties and strengths of teaching CSE using technological devices remotely.

Procedure and Ethical Considerations

Teachers who agreed to participate voluntarily in the study were assured that their responses would be completely anonymous. The instrument, administered through Google Docs.

Results

Responses on the approach to CSE were organized into three categories of analysis: (1) Did not address CSE (12%); (2) Mentioned a tangential approach in some contents (42%); and (3) Reported transversality of the approach (46%). The responses about content were organized into five categories of analysis: (1) Explained not working on CSE contents (14%); (2) Mentioned some general content (14%); (3) Mentioned some general and specific content (26%); (4) Related general and specific content (21%); and (5) Mentioned several specific contents (25%). When asked about the way in which they worked with CSE contents, the answers were in one of the following three categories: (1) No answer (23%); (2) Mentioned only one modality or form (27%); and (3) Mentioned several forms (50%). The responses on

difficulties encountered when teaching remotely were much more varied. Because of this, it was necessary to create 10 categories or types of responses: (1) No response (10%); (2) Lack of group discussion or exchange (15%); (3) Difficulty in identifying the impact at the individual and/or group level (14%); (4) Interpersonal distance due to non-presence (14%); (5) Lack of spontaneity of students (4%); (6) Contact mediated by families (4%); (7) Problems with Internet access or access to digital tools (18%); (8) Lack of specific digital resources for some content (3%); (9) No difficulties (3%); and (10) Impossibility to sustain transversality (2%). Finally, 14% of the teachers felt positive about the participation of families and 12% about the varied offer of virtual CSE contents. Some 11% referred to the human rights approach of CSE, 8% said that virtuality allowed greater ease of participation among students and 5% mentioned the ease with which new generations must handle virtual technologies, among other responses.

Discussion

CSE has the potential of becoming an effective practice of rights under conditions of equality and social justice, evidencing its democratic and egalitarian dimensions. It can also become an opportunity to reveal and deconstruct all the inherited and unquestioned prejudices that obstruct its full embrace.

Unfortunately, some of the results of our study in the context of the COVID-19 pandemic are worrisome. For example, more than half of the teachers who responded to the questionnaire said that they did not work or were not working following established regulations, since in Argentina the teaching of CSE in the curricula of the initial and primary levels should be cross-cutting. In these educational levels, its teaching is not from a specific subject, but in all curricular areas. It is therefore not only to be linked to the disciplines that make up the school curriculum, but to all daily school practices, establishing its approach with institutional cohesion, and permeating all educational activities (Morgade, 2011). The treatment of CSE in schools should be incorporated into their institutional projects. In this sense, it implies institutional agreements, modes of organization, and practices that involve all school stakeholders, demanding coherence between the contents developed and the actions carried out with children and adolescents.

Such endeavor requires working with society at large, since the resistance to working on CSE at school comes from different fronts. Its approach requires ethically committed teachers, creating training opportunities for children and adolescents, and accompanying them in their emotional, affective, and social growth. The construction of a respectful, listening and accompaniment bond translates into new ways of connecting with others, especially for adults. Meirieu (2020) says that teaching is a way to articulate the common and the singular and, despite what the teachers observed during the confinement, it needs to be understood that the pedagogical act is not a simple juxtaposition of individual interventions, but a construction, both material and symbolic, of the school in its very principle: learning

together, creating something common, and accompanying each one in their learning journey. This dialectic between the collective and the individual is, in fact, what makes a school. It is in a group that one gradually discovers that it is possible to share knowledge and values, and where what each one contributes is as important as what the others contribute. Where we learn, simultaneously, to say “I” and to do “we”.

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Chapter 33

The Virtual Historical Archive as a Tool for Teaching the History of Psychology in the Context of COVID-19



Lucía Rossi, Rosa Falcone, and Fedra Freijo Becchero

Introduction

Following recommendations made by Argentina's Ministry of Health, Ministry of Labor, Employment and Social Security, and the Ministry of Education regarding COVID-19, the University of Buenos Aires issued one of its first resolutions regarding teaching in the context of the health emergency on March 8, 2020. In this first resolution, the rector instructed the academic units to "intensify teaching modalities or distance work" (University of Buenos Aires, 2020a). Days later, on March 14, the University issued a new resolution recommending instructors to reschedule classes and to adopt adequate teaching methods and procedures that guaranteed the minimum contents of the subjects and their academic quality, through the existing virtual campus or other virtual environments (Universidad de Buenos Aires, 2020b). Subsequently, on March 20, the first closure of all buildings and facilities of the University of Buenos Aires occurred, with the exception of the Directorate of Social Work, hospitals, and Welfare Institutes (Universidad de Buenos Aires, 2020c). Previously, on March 12, 2020, a Decree of Necessity and Urgency established the Preventive, Social and Obligatory Isolation (ASPO) in Argentina was issued and included several measures to contain the spread of COVID-19. The University of Buenos Aires postponed the resumption of the academic activities on June 1, although non-face-to-face activities approved for distance learning continued (University of Buenos Aires, 2020d). Because the health emergency remained in place, the university instructed academic units to "adapt teaching activities while the 'preventive and mandatory social isolation' and the prohibition of face-to-face classes persists" (Universidad de Buenos Aires, 2020e).

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The School of Psychology

The School of Psychology at the University of Buenos Aires reorganized the academic calendar for the first four-month period of 2020 and implemented a remote modality (Universidad de Buenos Aires, 2020f). The adaptation of traditional face-to-face classes was abrupt and complicated due to the large number of students enrolled in the school. According to the most recent census available, the University of Buenos Aires had 16,162 students and about 6.1% of that number were in the School of Psychology (Censo de estudiantes, 2011)

Currently, the School of Psychology offers four undergraduate degrees: psychology, occupational therapy, music therapy, and a teacher's degree in secondary and higher education in psychology. Most students enrolled in the School of Psychology study a degree in psychology (86%). An average of 2900 students are enrolled in this degree. The teaching staff includes about 2200 instructors in different positions: Professors, heads of practicum, and assistants. Since the study plan was first approved, a virtual or distance learning modality was never considered. Although the School of Psychology had a virtual campus in operation prior to the pandemic, it was necessary to adapt entire courses to this space in a matter of a few weeks.

Teaching of History of Psychology During the ASPO

Students who enrolled for the first four-month period of 2020 were unaware that their courses would be taught virtually, since the beginning of the ASPO occurred after classes had already begun. Fortunately, the course of History of Psychology had a long tradition of developing audiovisual materials to support teaching and research, through the Virtual Historical Archive of the School of Psychology (Archivo Histórico Virtual de la Facultad de Psicología, n.d.), which is housed on the school's website. The Archive was added to the resources available on the virtual campus and new content was created as well (Campus de la Facultad de Psicología, n.d.). One example was the Virtual Historical Archive of Gender and Psychology.

Virtual Historical Archive of Gender and Psychology

Within the areas of research in History of Psychology, we decided to focus on gender and psychology because we had access to a number of original sources (Archivo Histórico Virtual Género y Psicología, n.d.). The material we had access to allowed us to examine many of the changes that had occurred during different historical periods regarding women's occupations, sexuality, political life, social class mobility and participation, and their treatment in graphic media, among other important

aspects. The incorporation and availability of these sources made it possible to contribute to the reconstruction of a historical view of women that is usually ignored. The construction of this archive was guided by the interest of preserving primary sources and making them accessible to the scientific community, as well as promoting their dissemination.

By digitalizing and disseminating the original material, we were able to preserve it and make valuable historical heritage available to an audience of researchers and students beyond the University of Buenos Aires. The chronological order of the sources was done according to the historical-political periodization of Germani (1990) and the proposals of the study on the access to suffrage (Rossi, 2001). We explored the sources and documents to analyze their structure, conceptual origin, and institutional belonging according to the application of critical discourse analysis (Narvaja de Arnoux, 2006). For this work, an intra- and interdiscursive analysis was carried out in order to recognize genealogical sequences and identify gender differences and discursive formations.

The importance of building this archive was based on the ideal of public heritage, memory, and identity (Alberch, 2001). The recording and transmission of memory is considered to be a practice linked to the development of human groups in organized forms, due to the need of every society to preserve and bear witness to its history, its past and its memory. The preservation of materials from direct sources is, thus, linked to historical reconstruction. Within the archival methodology and procedure, certain basic guidelines were established, including (Duchheim, 1989): (1) organization, classification, and arrangement of information; (2) description of the document; (3) appraisal procedure; (4) preservation of special documents; and (5) access to documentation. The need arose to create a discursive, accessible, and open product in order to make this significant collection of documents public, since it is an original and unique collection.

In the creation of this virtual archive, we were guided by the concern to recover, rediscover, and rethink history retrospectively, in order to illuminate and give meaning to daily work. It is considered important to reflect on the historical, subjective, and social dimensions of women. The systematization and analysis of the documents brought us closer to a greater visualization, from a historical point of view, of the different ways in which women participated in each period, discovering their discursive marks in the analyzed documents. In the design of the archive, priority was given to the use of an accessible language oriented to mass dissemination. Six chapters made up of a total of 42 documents were created. Each chapter contained different documentary supports like images (e.g., photographs, illustrations), texts (e.g., documents, articles, conference proceedings), among others.

The search, selection, digitization, preservation, and cataloging of documents was carried out through the original source scanning workshop formed by groups of students who took the course History of Psychology (II) during the first and second quarter of 2019. Periodic meetings of the teams with the instructors were held at the Library of the School of Psychology. Subsequently, the audiovisual products were put together with the support of the Department of Culture belonging to the Secretariat of Extension, and the Culture and University Welfare of the School of

Psychology. The number of visits that the Virtual Historical Archive page received since the beginning of the ASPO, and with the incorporation of the new section on Gender and Psychology, saw an increase of 62% in traffic during the year 2020.

The increase in the use of this technological resource coincided with a slightly higher rate of students passing the course compared to courses completed face-to-face. It is important to highlight that the student population was significantly higher that term, with an 82% increase in enrollment. This might have contributed to increasing the traffic that the Archive experienced during the same period.

Although the results of the use of the Virtual Historical Archive for History of Psychology (II) only include the first year of virtual courses as a result of the pandemic, the good reception and the increase in its use as a technological support by psychology students during the ASPO stands out.

Conclusions

Although distance education and the incorporation of new technologies in teaching was part of the educational agenda of most universities, it had not been implemented on a massive scale. In this context, with the sudden implementation of ASPO as a result of the outbreak of COVID-19 in Argentina, an immediate adaptation of face-to-face teaching was required. In this sense, certain platforms such as virtual campuses were available, although in the case of the School of Psychology at the University of Buenos Aires, they were unknown to most students and instructors. To avoid losing the academic year, it was necessary to rediscover these tools and adapt class contents.

In the case of the subject History of Psychology, it was possible to adapt the audiovisual tools that were being used and expand them during the pandemic. The creation and virtualization of the Virtual Historical Archive of Gender and Psychology, as well as the increase in the number of visits to these online resources, shows the excellent reception they had by students. Within this framework, it is understood that this technological support has worked as a facilitator, in the style of a scaffolding, for teaching in the ASPO context.

Future research will need to examine other aspects of the teaching-learning process established during the outbreak of COVID-19. For example, teaching strategies implemented by teachers, adaptation of class content, representations on the use of technology by students, the social and family demands that social isolation imposed, and the ability of both instructors and students to adjust to a rapid changing learning environment. We also need to evaluate which of the tools and learning developed in this context will definitely be incorporated into regular teaching in our classrooms. We hope that resources such as the Virtual Historical Archive of Gender and Psychology can pave the way for new forms of teaching courses in psychology other than those that cover its history.

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Part IV
Practices and Experiences of
Health Personnel

Chapter 34

The Therapist in a Pandemic Context: Self-Care in Times of Crisis



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Introduction

On March 11, 2020, the World Health Organization (WHO) officially announced the coronavirus 2019 (COVID-19) as a pandemic, thus initiating a global socio-health emergency. Governments, alerted to this situation and, in order to contain the spread of the virus, implemented measures that particularly affected social interaction: confinement, quarantine and physical distancing. Human beings, gregarious by nature, were limited in their daily routines, and in their freedom of movement and connection with their loved ones. As a consequence of this scenario, the main studies of the psychological impact on the general population pointed to problems and reactions such as stress, generalized anxiety, depression, frustration, boredom, uncertainty and disabling loneliness (Serafini et al., 2020).

Psychologists in the Americas and the world were no strangers to the pandemic, either as individuals or as health professionals. As noted by Norcross and Phillips (2020), almost all psychologists worldwide experienced a negative impact on their mental health: bereavement, adjustment disorder with a mix of anxiety and depression, etc. Given the inherent exposure of our profession and the adverse setting of the pandemic, we must ask: How do we responsibly care for ourselves to effectively care for and accompany others? How do we deal with normal fear and anxiety without becoming paralyzed? In this context, I reflected on the person of the therapist and their self-care and why it should be at the center of the discussion.

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Psychological Impact of COVID-19 on Health Care Workers

Health care professionals and civil servants were particularly overburdened at work due to their proximity to COVID-19 exposure. Many were forced to change their residence, either to avoid infecting their loved ones (elderly, babies, etc.) or because of stigmatization and discrimination when identified as potential risks of contracting the virus (Bagchi, 2020). A meta-analysis that reviewed 115 articles with a total of 60,458 health care workers confronted with different epidemics (SARS/MERS/COVID-19), indicated a high prevalence of psychological symptoms: 43.7% expressed fear, 37.9% insomnia, 37.8% psychological distress, 34.4% burnout, 29.0% anxious pictures, 26.3% depressive symptoms, 20.7% phenomena typical of post-traumatic stress disorder, 16.1% somatization, and 14.0% feelings of stigmatization (Salazar de Pablo et al., 2020).

The Persona of the Therapist

Daskal (2016) wondered if it is not redundant to speak of the “persona” of the therapist. Persona, according to the Latin, alludes to the actor’s mask or theatrical role: “Considering this definition of persona I would venture to state that, in our workspace, we psychotherapists were and are taught to be more characters than persons” (Daskal, 2016, p. 24).” Agreeing with the author, the mandates or shoulds regarding how a good therapist should be -as a character- represent a hard burden: self-demands that are impossible for any human being to fulfill. This, in part, is due to medical traditions that reified the patient and taught the neutrality of health care workers to ensure professional treatment. The very phrase “therapist persona” separates the therapist from the person, a matter impossible to do in clinical practice. The therapist enters the session with all his or her humanity, emotions, and cognitions, and leaves it transformed, whether for good or ill. The concept also implies not only dealing with how clinical practice impacts the therapist’s life, but also with the normative crises and sufferings of personal life and other accidental events (such as illness or the death of a loved one by COVID-19) that will affect his or her role and therapeutic style. As such, why is it important to stop and reflect on the therapist?

Yalom (2002) asked, what is the most important instrument of the therapist? Oneself. Psychological literature, and in particular psychotherapeutic literature, provides numerous articles and books on approaches, techniques, psychodiagnosis and mental disorders. However, we have neglected a key variable in the outcome: the therapist himself (Norcross & Vanden Bos, 2018; Wampold & Brown, 2005). Two large studies in the United States (6146 patients and 581 therapists; Wampold & Brown, 2005) and the UK (10,786 patients and 119 therapists; Saxon & Barkham, 2012) estimated the variability of outcomes attributable to therapists in real practices. From 5% to 7%, the outcome was due to therapist effects, and less than 1% due to the specific treatment method. As Norcross and Vanden Bos (2018) have

pointed out, it is disturbing that we have no systematic studies on therapist self-care, and do not know how to deal with our own distress, adding, “it is less threatening to look outward than inward.”

General Burnout, Empathy Burnout and Emotional Contagion

An important construct to consider in the risks of our profession is that of burnout. Freudenberger (1974) initially introduced the concept to describe the state of physical and mental exhaustion, as well as loss of self-confidence, that he observed in professional and non-professional volunteers at a detoxification clinic, after one year of work. He posited that those who were the most dedicated, self-demanding and committed were the most likely to burn out. Subsequently, Maslach developed and defined three fundamental aspects of burnout: emotional exhaustion, depersonalization, or development of negative attitudes towards clients (cynicism), and decreased self-fulfillment or tendency to devalue one’s own work, with low professional self-esteem (Maslach & Leiter, 2016).

Another associated concept is compassion fatigue which appeared in 1992 to describe nurses’ burnout in the face of daily hospital emergencies (Figley, 2002). It is known as secondary or vicarious traumatic stress: “the cost of caring for others in emotional pain” (Figley, 2002, p. 2). This concept is identical to post-traumatic stress disorder (PTSD), except that it applies to those emotionally affected by the trauma of another, in this case, the therapist. This is defined as the reduced ability or interest of caregivers to be empathic or supportive of clients’ suffering and is the natural consequence of behaviors and emotions resulting from knowledge of a traumatic event experienced or suffered by a person. Another similar term is emotional contagion, which is defined as an affective process in which an individual observing another person experiences emotional responses that parallel that person’s actual or anticipated emotions (Figley, 2002). We know that empathy is a key variable to establish a good bond within the working alliance, however, inadequate management of it could generate harm to the therapist.

Self-Care

According to the World Health Organization (2019) “self-care is the ability of individuals, families, and communities to promote health, prevent illness, maintain [biopsychosocial] health, and cope with illness and disability with and without the support of a health care provider.” It is often assumed that our profession as psychologists immunizes us against the harmful effect that coping with our clients’ suffering and trauma can bring, but the truth is that beyond electives or workshops, our professional training places little emphasis on talking about the issue or proposing protective strategies.

Self-Care for Psychologists During a Pandemic: Recommendations

Norcross and Phillips (2020) presented nine self-care modalities that can be implemented, which I present below.

1. Limit and refrain from excessive media consumption: stay informed and follow recommendations regarding COVID-19, but do not engage in sensationalistic media pessimism.
2. Organize a schedule or routine with activities that provide a sense of structure and calm. If it's good for patients, it's good for you.
3. Practice cognitive restructuring: being self-aware of negative self-dialogues, self-deceptions, and cognitive distortions. Psychologists are aware of irrational beliefs within our clients and should realize it is the same for us as individuals.
4. Practice daily gratitude. Probably for adaptive reasons we are more aware of negative -or unpleasant- emotions than positive ones. To correct this imbalance, do gratitude exercises: write about the positive things in life in a journal or remember three good things of the day, for example, before going to sleep, as a way to broaden our perception: "good things also happen in a pandemic".
5. Take 2 min to connect with the present moment, without judgment (no thoughts in mind): practice a "mindfulness" attitude (full awareness or conscious attention). You can also do a 30-s centering exercise: breathe calmly and deeply, clearing your mind of the things you have to do later, and concentrate on the here and now and then on the patient you are about to see. These mindfulness practices can be done before the start of the professional day, between patients, and at the end of the day before leaving the office.
6. Reach out to your support network for emotional nurturing: accept and give support to your loved ones (family and friends). Social support reduces the current pressures experienced, buffers work stressors and moderates the association between stressor and stress. In other words, it acts as a protective factor.
7. Connect with nature in a safe way. A little eco-therapy allows us to lift our spirits and decrease anxiety.
8. Practice self-compassion or self-empathy. Professionals are prone to blaming themselves and maintaining excessive, critical self-demands. During this temporary crisis, be kind to yourself.
9. Refocus on your mission and the advantage of practicing psychology: the anxiety and uncertainty of COVID-19 can be transformed into an opportunity to experience the privilege of helping others.

I offer other suggestions based on my own clinical practice.

10. Be aware of your emotional needs: this will allow you greater flexibility to modify days and times of sessions, when you are not able to attend, for example, when a member of your family is hospitalized for COVID-19.- Organize your agenda with patients, according to their complexity, so as not to overload

yourself. Consider referring your patients to someone else when their problems exceed your competencies. This implies an ethical action on the part of the therapist: exercise, rest, eat and sleep adequately. It may seem obvious, but most therapists work between 44 to 50 h a week. They do not eat properly, take breaks, or engage in physical activity. Psychiatric leave for various psychological disorders and psychosomatic illnesses is common (Guy, 1995).

11. Allow at least 15 min between sessions to recover, review notes and connect with your new client (Yalom, 2002). Review your notes (patient's file) beforehand as this will allow you to have a common thread between sessions and face each encounter more relaxed. At the same time, it will allow you to make summaries (empathic reflex) and improve the bond (Yalom, 2002). Another variation is to write down your emotional reactions and thoughts as a reflective practice: why do I think I reacted this way? How did the client respond in the session? What would I do differently next time?
12. Integrate humor as a therapeutic tool and as a buffer for difficult situations, both in and out of session (Norcross & Vanden Bos, 2018). Do not work alone, as a form of prevention of mental deterioration. Guy (1995) proposes continuing education (seminars or workshops); periodic supervision or interaction with colleagues (support network) and personal psychotherapy.
13. Try not to take problems and chores home. Therapists often find it difficult to maintain an affective distance from their patients. This can lead to difficulties in relating to family and friends (Guy, 1995). To this end, I suggest elaborating a transition ritual for leaving the office. In a symbolic act, when the workday is over, a sign can be placed on the door that says "see you tomorrow". Depending on whether you work publicly or privately, you can modify the message or create a different message. It is important that all of the above suggestions are open to reflection by the professional: they are an invitation rather than a requirement; self-care is a "tailor-made suit" in the sense that each therapist knows what he or she needs and what activities, resources or techniques are more effective and efficient than others, depending on his or her style and individuality.

Conclusions

From 20 years of work as a clinician, in public and private settings, added to the research and experiences of other therapists such as Guy (1995), Yalom (2002), Norcross and Vanden Bos (2018) or Daskal (2016), who have more than 40 years in the profession, in general it can be stated that as therapists we have little awareness of our emotional needs. Therefore, we find it difficult to realize and to take actions for prevention and/or treatment. We are used to helping others; however, we are reluctant to ask for support and to be helped. It is important to demystify the "masks" (social labels assigned to the role) in order to make way for the real therapist, who also suffers the same life challenges as our clients, and who allows us to be aware

of the wear and tear involved in our work in order to take measures to protect ourselves, regardless of the privileges and positive aspects of the profession.

The role of therapist and their personal life are not dissociated: they are two sides of “the same coin” that interact and affect each other. It is urgent, therefore, to investigate and deepen “the person of the therapist” as well as to generate research, which can be applied in the teaching of training programs, so that it becomes integrated in the psychologist’s conscience as an ethical imperative for therapists who want to offer excellent services.

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Chapter 35

Experiences of Suffering in Narratives of Female Psychologists Working in Mental Health During the COVID-19 Pandemic



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Vicissitudes of Mental Health During the COVID-19 Pandemic and the Problem of Instrumental Rationality

On January 30, 2020, the World Health Organization (WHO) published the *Public Health Emergency Declaration of International Concern* which brought the information that the Coronavirus Disease 2019 pandemic, widely known as COVID-19, had generated public health problems with no precedents in recent decades. Above all, due to the severity of the respiratory syndrome that affects many of the people infected by the Sars-CoV-2 virus, which produces the COVID-19 infection, a significant number of deaths occurred and were reported by major media and social networks (WHO, 2020).

Simultaneously, we raised concerns about the psychological suffering of the population in general and the need for professionals to work in Mental Health Care (Schmidt et al., 2020). Social networks were quickly filled with posts, anticipating the possible effects that the pandemic would produce, as well as the need for psychological monitoring of the population, especially when it became increasingly clear that isolation would be implemented in a radical way and the circulation of people in private offices and clinics would be impossible.

The Federal Council of Psychology in Brazil (CFP, 2020), at the requests from mental health professionals, issued Resolution No. 4/2020, authorizing psychological assistance online and prioritizing the offer of voluntary psychological aid for emergency support for professionals and people unable to afford private care. This resolution very quickly proved insufficient to the demand presented by the

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pandemic situation, for at least two reasons. The first was that 46 million Brazilians did not have access to the internet (Agência Brasil, 2020a) and, therefore, would not have access to remote, virtual psychological or psychiatric care. The second was that, even though the team of psychologists of the Psychosocial Care Network (RAPS, by its acronyms in Portuguese) was reduced as well as the number of face-to-face visits to Therapeutic Communities (TC), the National Health Council (CNS, 2020) warned of the impossibility of reducing the agglomeration of institutionalized people in hospitals and requested the adoption of a new strategy. They encouraged home visits to people undergoing a therapeutic process and strategies for welcoming patients in cases of crisis or complications due care to social distancing.

In the field of public health policies, mental health professionals from all over Brazil continued to provide care and, in some states, were called upon to provide psychological care to other health professionals who were directly involved with people infected by COVID-19 and cases considered as priority by users of mental health services. The FCP (2020) also employed social distancing slogans as a measure to control virus transmission and more effective prevention of COVID-19, in line with the guidelines of the WHO (2020).

The importance of care in the field of mental health was reinforced with the publication of the booklet of Recommendations to Managers, published by the Oswaldo Cruz Foundation (Fiocruz, 2020), as it pointed out that during the pandemic, there would be a degree of psychological disruption and emotional reactions, such as sadness, discouragement, anguish, stress, and insomnia, widely expected in this period. This was understandable if we consider that health professionals, people infected or suspected of being infected with the new coronavirus, and their family members or close friends were usually concerned with the consequences of this disease on their routines, both because of the risk of death from the most serious cases as well as socioeconomic issues, which factored into the public health crisis (WHO, 2020). However, in the opposite direction of the publication of booklets such as those of Fiocruz (2020), which guided front line professionals on how to prevent contamination by COVID-19 and encourage the search for online care of those who provided psychological support to face the pandemic, disinvestment in health at the municipal, state, and federal levels was evident as had been recurring in recent years (IHU, 2020).

This economic-political divestment was notorious, especially when it was associated with the neglect and abandonment of professionals working in the Family Health Care Centers (FHCC) in Brazil, as it occurred in Fortaleza, the capital of Ceara state, located in the Northeast region of Brazil, as research had pointed out (Lima et al., 2019). The city maintained precarious contracts, lacked medication and recognition regarding workers' demands, including those about illness of mental health professionals. This information reinforced the difficulties of professionals working in a more reflexive and critical way.

Understanding the precariousness related to divestment in the field of mental health and the arrangements made to respond to the charges for attending to sufferings related to COVID-19, this chapter aims to present an analysis of the demands' effects on public mental health care and on experiences of suffering by female

psychologists, based on narratives of 16 professionals, who had provided support in different Psychosocial Care Centers (PSCC) in Fortaleza since the beginning of the COVID-19 pandemic (from March 17 until August 2, 2020). They participated in five meetings we organized for the purposes of this qualitative narrative study (Lima, 2010), and lasted around 2 h via Google Meet.¹ Their narratives were recorded, transcribed, and edited to protect participant privacy and confidentiality.

For the analysis and discussion of the public mental health care demands from professionals that we heard during the meetings, the theoretical-methodological framework we used in this chapter is based on Critical Social Psychology, articulated with Critical Theory (Lima, 2010; Habermas, 2012) and Intersectional Theory (Crenshaw, 2006). This theoretical-methodological framework can be classified as a clash of realities and a method of assembly or production of a dialectical image. It deals with the possibility of a reconstructive exercise of “an image that flashes in the now of cognoscibility” (Benjamin, 2009, fragment [N 9, 7]) and is able to bring together past and present to displace the present from the idea of progress and of path taken, in order to carry out criticism. Therefore, this is qualitative research makes use of narrative analysis, a proposal presented by Ciampa (1987) and Lima (2010), who showed how narrative materials are an appropriate form of data for the theoretical-methodological construction necessary for understanding how the identity constructions of the participating subjects occur and how they can help us to understand the historical and contextual dimensions of the studied phenomenon.

Regarding the analysis of the narratives, after all transcripts were organized using the MAXQDA software, this was carried out at two levels. Firstly, the fundamental determinations, that is the social-historical context of the female professionals. In that moment, the analytical categories were elaborated, based on abstract and mediating relationships for the contextual part, considering the theoretical framework. After that, at the second level, we encountered empirical facts, locating in the narratives of the research subjects the meaning, the internal logic, the projections, and the interpretations about the experiences lived during the COVID-19 pandemic. The first process aimed to overcome one of the obstacles in qualitative research, which is the “illusion of transparency”, in which an attempt is made to interpret the data spontaneously and literally as if the real was clearly shown to the observer. In these cases, familiarity with the field of study can be dangerous and, as this is research in which the researcher is inserted, this process is essential. In the second process, it was proposed to prevent researchers from being captured by an idea of producing the “truth” through methods and techniques that could induce us to forget the most important thing, which is the reliability of the understanding (or meaning) of the material and the reference to dynamic and living social relations.

Far from producing a linear or deterministic look that would isolate the female psychologists’ narratives, we were interested in the production of a sensitive and immanent analysis, in which it becomes possible to identify the fragile tracks and

¹These narratives are part of the project “Coisas frágeis: narrativas sobre experiências de sofrimento e os efeitos dos enquadramentos psi” a registered qualitative study, approved by the UFC Ethics Committee from in April fifth of 2019 (Advice n° 3.246.557).

indices presented in the narratives of the psychologists who continue to work in mental health care in different Centers of Mental Health Care in Fortaleza, since the beginning of the COVID-19 pandemic. In addition, it offered the possibility to understand the effects of female psychologists suffering experiences.

We criticize the effects of the colonization of the *World of Life* (Habermas, 2012), defined as the social context where relations and actions occur. One of these effects is the reduction of social integration or socialization to instrumental problems, instead of the deep understanding of intersectional social inequalities and struggles evidenced by the pandemic. The relevance of the discussion lies in the fact that the hegemonic rationality aimed at practical and economic ends, mediated by certain configurations of power relations, especially by contemporary forms of management of mental health policies and services, ends up denying the sufferings and problems arising from the *World of Life*, instead of producing a Health care capable of responding to the psychosocial effects of the Coronavirus.

World of Life and Intersectionality in Understanding the Social Markers

One of the main markers that showed the different forms of contagion, treatment of COVID-19 and possibilities of recovery related to conditions of social inequality were ethnic-racial issues. Black people, mostly poor and peripheral residents of urban centers, as well as indigenous populations, were being increasingly affected by the pandemic and were most at risk of death when infected by the virus, as a result of being the ones that most depended on public health services. Overcrowding and long waits for hospital beds resulted in restricted access to hospital and medical care, reserving them only for the most serious cases, which were often aggravated by the long wait. In addition, *favelas*, territories marked by poverty, had been the focus of transmissibility. In this analytical line, a centrifugal movement (center-periphery) different from the centripetal economic movement (periphery-center) had been perceived. It followed the example perceived since the pandemic was first officially declared. That is, COVID-19 “after leaving China, started at the top of the socioeconomic pyramid, among the most privileged classes” (Haesbaert, 2020, p.4). In other words, the big question that the intersectional poverty and territory markers indicate is: what kind of territorial containment dynamics are plausible in ‘peripheral-colonial’ realities such as those on the most unequal continent on the planet, Latin America? (Haesbaert, 2020).

Yet in the field of inequality, markers in the social experience of the pandemic such as physical and psychological gender violence, worsened during the pandemic, given that women suffered more violence during the period of isolation (Agência Brasil, 2020b). Gender-based violence, socioeconomic inequalities, racism and territorial issues (center-periphery) are structural issues, reproduced from the colonial period to neoliberal capitalist societies, based on the racialized and gendered

hierarchy of status as a subject of rights, which favors the interests of capital accumulation through conditions of (im)possibility, based on the maximized exploitation of the workforce and the devaluation of affective and domestic work (Fraser & Jaeggi, 2020).

Quotes like *“I have already accepted that I’m getting contaminated”* and *“I have already felt so much that I don’t even know what I’m feeling anymore”* were stated by female psychologists at the meetings we held virtually. These quotes show how intersectional issues may affect mental health professionals who, at that moment, were also inevitably inserted in the context of the pandemic. These women, who were at the frontline of mental health demands, narrated their fear of infecting their children as well as the anguish of spending months without seeing them, while they shared a temporary home with colleagues to minimize transmission risks. Although they may have had support from someone in their family or from their own parents to take care of the children during their absence, female psychologists shared that their concern for the wellbeing of their family, which when voiced, was followed by the silence of managers and departments that should have provided them due support and guaranteed them at least minimum working conditions. They noticed that the discourse of solidarity and heroism was, in fact, a subtle pressure to not show emotional vulnerability, despite everything that was happening.

The female psychologists’ narratives reinforced the intersectional proposition of this chapter, in the understanding of the pandemic moment, which can strongly reaffirm that the virus was not democratic at all. Haesbaert (2020) pointed out that the pandemic in its first moment touched primarily the elderly, the sick, and the disabled, but later it was a much more complex phenomenon that made gains across the slowly and historically constructed inequality scenarios: they are the poorest, peripheral residents, and unemployed in the most unequal continent on the planet. And the researcher continues, on social distancing as a measure to face the pandemic: “by requiring self-containment (or temporary seclusion) to combat it, it [was] only really possible and safe for the wealthiest, who [had] conditions for social distancing and isolation” (Haesbaert, 2020, p. 5).

The demand for mental health services in Fortaleza increased since the beginning of the pandemic and because of it, the duration of each person’s service duration has decreased.² This, however, did not mean an increase in the number of professionals available in the teams. At the beginning of the pandemic, mental health professionals continued providing face-to-face assistance and had to find ways to meet the new demand. The municipal mental health management, without consulting or considering the demand, implemented psychological care for the frontline professionals, considerably increasing the existing demand. Then, each service was affected by several professionals leaving work due to contamination by COVID-19. Some teams, even with the increased demand, had less than half of their original professionals.

²The reason why we kept the term “users” instead of “clients” is because, in Brazil, that’s how people who go to the public mental health services are defined. So, they are not seen as clients here, but in private mental health services, they would be.

When asked about the technological adaptation and contingency plan of the managers, the female psychologists that we consulted explained they worried about the limited access that many patients were experiencing, as they did not have telephone -not even Internet- to follow up with them. Furthermore, the situation of vulnerability that had prevented many patients from accessing the services had been the reason given by the professionals for the faster speed with which they have performed the services when the connection was possible. Another difficulty, presented as soon as we started the meetings with the groups, was the insufficiency (quantity or quality-wise) of technological devices such as computers and smartphones, in view of the financial divestment with which the services have been dealing even before the pandemic.

The female psychologists of the CAPS in Fortaleza had been overwhelmed by the complexity of the definition of what the object of suffering was, on the part of the users of the mental health services as well as themselves. In a way, this opened possibilities for technical and manualized actions to fight the pandemic and, on the other hand, for the misunderstanding of what the needs from workers themselves would be, since they felt sick too. This is because, at times, the problem of symptoms of psychological distress in the face of social detachment is immersed in a context that made the pandemic, in its cycle of contagion and infection, just a trigger of preexisting vulnerabilities and social precariousness prior to the pandemic and the poor working conditions of most mental health professionals.

Recognizing that the female psychologists led the charge to for expanding their actions and their “service offerings,” it is important to establish other ways of acting and modifying rationalities around the field of health, as a way of not reproducing some perspectives in the field of health that places the burden of responsibility repeatedly only to the subjects involved such as professionals and/or users. The female psychologists that we worked with provided important insights with regard to the ways in which the processes of rationality and language in the field of mental health care are also articulated to the work processes in health, although they do not modify the relationships when separately analyzed.

What we have articulated here is the understanding that the organization of work processes regarding the production of care in a pandemic situation requires the need for professionals to describe their insertion into the services, as the mediations for the care were and are part of the construction of their daily agendas within services as well as the way they deal with administrative demands. This is staggered by the construction of a demand that was already problematic, involving the levels of psychological suffering of the population and of the health workers themselves, as well as characterizing what would be the profile of the clientele, a factor that appeared in the narratives of all female psychologists, but it could also be heard in the users’ own narratives, as the participants stated.

Conclusions

In light of our findings, we posit that systemic instrumental rationality operates guided by its economic and power ends, as well as at an intersubjective and linguistic level. In addition, the disputes implicit in the female psychologists' narratives, due to the challenges of the daily care scenes in the pandemic, were not only applied techniques, but relationships of some production and dispute of signs, meanings, and senses around psychological suffering. In other words, there were tensions and gaps between the instrumental administration and the World of Life (Habermas, 2012), as well as distances between the conduct of instrumental biomedical rationality and the mental health services users' World of Life. Their main needs concern social and economic problems that deal with conflicts and concrete life processes, which are explicit at the intersections between social markers. In this sense, we make a striking assertion: the kind of mental health care proposed by Brazilian managers during the coronavirus pandemic disregarded several psychosocial dimensions of suffering, including those of male and female psychologists who were on the front lines of care. Thus, it excluded from its practices the dimension of suffering related to life politics.

As a conclusion, when reductionist relations operate with a supposed "universalization of rights" (the right of access to health is one of them) in daily life, there are clear repercussions on care practices. In our view, the priority care for symptoms arising from the pandemic allows the "user of the mental health service" to be reduced to the pathology assigned to them, since from that point on, an abstract subject is universalized, and, thus, their pathology can be deduced and generalized. It is as if the person who experienced suffering in the midst of the pandemic, which occurred according to the intersectionality to which they were submitted, did not correspond to the subject towards whom the care practices were oriented. Instrumental and biomedical rationality practices, therefore, constituted a form of care for a universal and abstract subject that did not correspond to the daily life of health services.

Despite the danger of sounding prescriptive, especially in a work that is intended to be critical, we would like to offer some suggestions for further studies on other possible rationalities. At least three possibilities seem feasible to us: (1) producing more narratives about the legitimation and recognition of the demands of suffering, including the construction of spaces for effectively democratic social participation, less reduced to instrumental and biomedical rationality regarding psychosocial suffering and the pandemic; (2) discovery, at the local level, of the reconstructive ways of thinking, feeling, signifying, and acting for the care of the subjects' mental health, as human collectives; and (3) the diffusion of the effects of social markers of inequality, through the intersectional perspective, also aiming at daily healthcare, in an effort towards overcoming biological determinism.

Contrary to the negationist perspective spread by governmental interests and the instrumental and biomedical proposition by health managers, especially with regard to mental health, we reiterate the importance of adopting a critical and intersectional

perspective, under which the overlap between mental health and social inequalities would be considered, as historical processes deeply marked by territorialities, exploitation and oppression of populations whose deaths resulted in narratives marked either by helplessness, or by indifference. This inevitably permeates criticism of how the professionals' own mental health care was carried out, as the narratives of the female psychologists shed light, although they were in the same boat as those who were considered the main demand to be met. Considering the neglect and structural insufficiency of services, we need to resume investments in the field of mental health, which at the moment is strategic and essential for the care of suffering and the future resumption of a post-pandemic life.

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Chapter 36

Professional Burnout Risk Factors for Medical Personnel Working in Primary Health Care in Cuba During the COVID-19 Pandemic



Lorna Lidia Díaz Sánchez and Daimadelys Gutiérrez Iglesias

Introduction

Stress at work has been one of the major concerns of the field of health psychology. Physical conditions, organizational demands, task demands, interpersonal relationships, and individual or personological variables have been identified as some of the underlying organizational factors of it (Zaldívar, 2017). When stress is overwhelming and disrupting, it can lead someone to feel burnout. The Professional Burnout Syndrome (PFS) also known as Professional Exhaustion Syndrome (PAS) “is a response to chronic job stress characterized by demotivation, disinterest, internal discomfort or job dissatisfaction that seems to affect to a greater or lesser extent a significant professional group” (Borda et al., 2007, p. 14).

Some models linked to organizational theory explain burnout on the basis of organizational factors. Leiter et al. (2001), for example, maintain that burnout does not attribute the problem to the individuals themselves, but to the social environment in which they work, since the structure and functioning of the workplace affect the interaction of individuals and the way in which they carry out their work. According to the psychosocial perspective of Maslach et al. (2001), the main parameters that identify the syndrome are emotional fatigue, depersonalization, and lack of personal fulfillment.

PDS is considered by the World Health Organization (WHO) as an occupational hazard. Its incidence is between 43 and 45% in general practitioners and between 22 and 60% in specialists (Puertas et al., 2015). Currently, there is a need to know the factors that affect the wellbeing and occupational health of these professionals (Do

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Carmo et al., 2010). Some studies have followed a line of research that tries to clarify the causal, modulating, antecedent, and consequent variables of burnout in health professionals (Chacón Roger & Grau, 2004). Some significant antecedents on the subject are the works of Boyle et al. (1991), Chacón Roger (1995), and Gil et al. (1996).

Certain stressful characteristics of working conditions in the medical profession are frequently related to the onset of the syndrome. These include the relationship with patients and their families, daily contact with death and pain, responsibility for the health of others, shift work, pressure of care, workload, social pressure, dealing with emergency situations, mismatch of expectations, and organizational situations such as lack of promotion, inequity in treatment or problems with supervisors. Primary care professionals also face less planning and coordination of teamwork, greater uncertainty about the adequacy of treatments and greater time pressure that moves between the poles of health and illness, life, and death; elements that organizationally also constitute risk factors for professional burnout.

The situation produced by the COVID-19 pandemic in itself constitutes a stressor, especially for medical personnel. Primary health care professionals had a high degree of commitment to providing care and they were responsible for monitoring and surveilling the disease as well. In addition, research work, priority surveillance of risk groups, and the care they must take to avoid becoming infected with the disease compounded their daily workload. All these circumstances caused significant degrees of professional exhaustion by increasing their feelings of anxiety, insecurity, fear, and depression at the possibility of getting sick, and the responsibility of watching over their work area.

Healthcare organizations must prioritize caring for their own teams of professionals because dealing with the psychological, social and/or physical issues of patients on a regular basis increases their potentially vulnerability to chronic stress, emotional exhaustion, and professional burnout. Otherwise, the quality of life of these professionals will suffer and the organizations in which they work will face serious repercussions.

Given this reality, we sought to answer the following question: What were the risk factors that affected the level of professional burnout among physicians specializing in General Integral Medicine (GIM) at the Elena Fernández Castro Polyclinic, in the municipality of Los Palacios in the period April–June 2020, during the COVID-19 pandemic?

Method

Design

A descriptive, non-experimental, cross-sectional, correlational, descriptive correlational study was carried out using a quantitative and qualitative (mixed) methodology based on a phenomenological approach.

Sample

The study population consisted of 33 professionals who provided medical assistance at the Elena Fernández Castro Polyclinic in the municipality of Los Palacios during the period April–June 2020. Professionals who had not graduated as specialists and who had been working at the Polyclinic for less than 6 months were excluded. A probabilistic sample design was used to randomly select 25 physicians.

Instrument

The study used two data collection techniques: inventories and interviews. The *Maslach Burnout Inventory (MBI)* was administered to identify the presence or absence of Burnout Syndrome. It includes 22 items that measure the three dimensions of the syndrome: Emotional Fatigue (EF), Depersonalization (PD), and Personal Fulfillment (PR). Each item has seven response options, only one of which is answered. Each response option is assigned a value from zero to six, with the score for each dimension being the sum of these values.

In-depth interviews with participants were carried out with the objective of obtaining more extensive information about their experiences and perceptions about professional life and how these could affect their professional burnout during this stage.

Finally, participants were asked to mention 10 wishes, a technique applied in organizational psychology with the aim of identifying more concretely the group's needs, conflicts, frustrations, as well as future goals and aspirations in the work environment. This helped us to delve deeper into the presence of professional burnout in each participant.

Statistical Analyses

After the scoring of the instruments, a statistical analysis of the levels of Burnout and its dimensions was carried out using the SPSS statistical package for Windows. Subsequently, the results of the instruments were integrated, obtaining information on the presence of professional burnout and descriptions of the relationship of burnout with social and organizational variables.

Results

As shown in Fig. 36.1, most of the specialists consulted showed high (40%) and intermediate (36%) levels of professional burnout. When breaking down the results obtained in each of the three dimensions of the *Burnout Assessment Inventory*

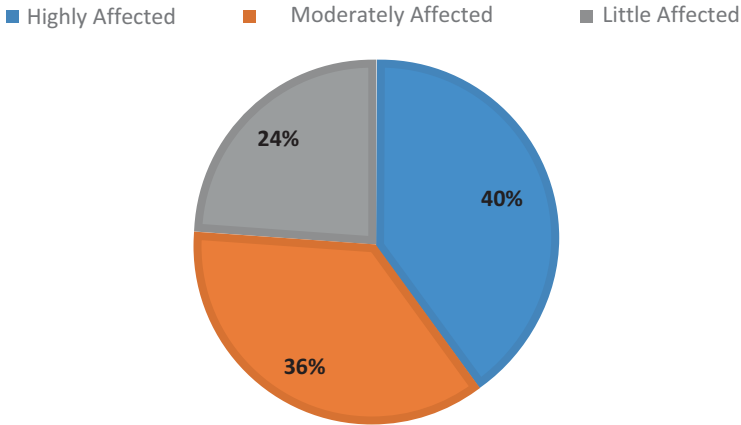


Fig. 36.1 Distribution of physicians by level of distress due to professional burnout

Table 36.1 Distribution of medical personnel according to levels of professional burnout and its dimensions

	Levels of professional Burnout					
	Low		Medium		High	
Burnout dimensions	n	%	n	%	n	%
Emotional fatigue	4	16	4	16	17	68
Depersonalization	15	60	6	24	4	16
Personal fulfillment	15	60	7	28	3	12

(MBI), it is possible to observe that 68% of the participants were affected by a high level of emotional exhaustion (see Table 36.1).

This result was qualitatively corroborated by the other techniques utilized. In the analysis of the in-depth interviews, content emerged on how agents external to the nature of the work itself were the ones that most frequently led to physical and emotional exhaustion. Factors such as the demands of managers and superiors, and the number of tasks to be performed in addition to care work, which participants often felt insufficient, pressured, overwhelmed, and often hindered their work. Some of the responses were as follows: *“They send us to comply with a number of indicators that are very difficult to fully comply with and even more so in a situation like this,”* *“the number of things you have to do to comply with the established indicators robs us of the time to attend to the patient which is what is really important to me,”* *“it is necessary to decrease paperwork to work and dedicate more time to people and to the surveillance now added with COVID-19.”*

When discussing the feelings experienced by these professionals in the face of work demands, feelings of exhaustion, obstinacy, pressure, tiredness, stress, eagerness, frustration, negativity, pessimism, and discouragement were evoked. Exhaustion and tiredness were the most recurrent within their criteria. The MBI revealed that the most endorsed items were *“I feel tired at the end of the workday,”*

“working all day with many people is an exhausting effort,” and “working with people causes me stress”; with scores at the highest level resulting in a high level of emotional exhaustion. Most of the specialists agreed that it was very stressful to work all day with many people, citing difficult interactions with patients, the number of people seen per day, the lack of resources for the effective treatment of patients, and the demands that patients made on the medical staff.

Emotional fatigue was also identified in this group through physical symptoms and the negative reactions they experienced in relation to their work. During the interview, the physicians consulted said they felt upset, bad-tempered, worried, and tense when dealing with unfulfilled demands after the workday. One of them even reported sleep disorders such as insomnia and the use of psychotropic drugs to help them sleep: “*I almost always have to take psychotropic drugs to sleep, the worries of the other day disturb my sleep, so my physical performance for the next day suffers a lot*”; others complained of headaches, neck, and joint pain. Some of their answers mentioned: “*after finishing the day I feel very stressed, I end up with headache and bad mood,*” “*when I finish work, I feel very exhausted and with a lot of pain in my neck.*”

Depersonalization as a dimension of professional burnout, as can be seen in Table 36.1, was at a low level in our sample, representing 60% of the sample. Going deeper with these professionals in the interview, it was found that their current workload had a negative influence on their work with patients; because when burnout is too much, the behavior and treatment of patients and even colleagues tend to be complex, sometimes causing discomfort and leading to negative feelings and responses towards patients, their superiors, and colleagues. Some said: “*in my tiredness and exhaustion I do not attend to the patient as I should and stress levels then increase,*” “*after finishing my working day I cannot stand society,*” “*when I feel too burdened by work, I do not want to talk or be talked to.*”

Guilt or dissatisfaction at work was an important aspect that sometimes overlapped with defensive and negative attitudes experienced by these professionals, which led to emotional hardening at work. Problems caused by such feelings usually accelerate the process towards burnout, even affecting the professional’s self-esteem and effectiveness at work. The feeling of being blamed by others for their problems became an important aspect within the group, as well as the undisciplined behavior of patients and their companions, and their overestimated expectations of the physicians’ ability to work. Many of them were blamed by companions and relatives for the negative evolution of cases, as well as for factors beyond their power, such as lack of transportation (ambulance), out-of-date equipment, lack of resources and medicines to treat certain pathologies. This generated a feeling of discomfort, stress, dissatisfaction at work, low esteem for their work and the profession in general, which is a symptom directly related to the personal fulfillment of these professionals, which is of vital interest for our study.

Some data exemplified the above, such as: “*patients were sometimes very undisciplined and came to question your work as a professional and even offend you without taking into account that as a professional you are doing the best you can and this eventually affects how you work with patients,*” “*some patients held us responsible for*

the shortages that exist in the country, of medicines, equipment, and even transportation to the hospital and that made us feel very bad;” “others lied about their symptoms for fear of being admitted to quarantine and that made the work more complex.”

Lack of personal fulfillment was a dimension that was also found to be affected in this group. Although the majority (60%) reported low levels in this area, as shown in Table 36.1, 40% had medium and high levels that contributed to the presence of professional burnout. Lack of personal fulfillment leads to negative responses and evaluations of oneself and one’s own work, as well as to low morale, frustration at work, rejection, and avoidance of interpersonal relationships in the workplace.

The most significant items in this dimension according to the MBI were: “I feel stimulated after working with people,” “I have achieved many useful things in my profession,” “I feel very active.” When interviewing the participants in depth, they said they did not feel very stimulated after working with people, associated with the number of patients they see in a day and the overload of work they experienced.

The need for recognition emerged as one of the fundamental needs for this group, alleging that their daily work went unnoticed by the managers, who, as spokespersons for labor demands and then for compliance, usually forget the human resource. They said that there was no space to stimulate or recognize physicians, instead they get demands, reprimands, and more work; for example, some participants stated: *“more than material stimuli, which are nonexistent in our system, it is necessary that, just as we are demanded, we are also recognized for the effort of the work that becomes so complex every day,” “however you work, the only thing that matters is the fulfillment of the indicators, there is no time to show the good results, but there are plenty of meetings to show what is not going well.”*

Working conditions were another of the factors that most threatened personal fulfillment. The lack of transportation for medical personnel, as well as the lack of instruments for the exercise of the profession, including the physical conditions of some offices: *“if there is no equipment, sometimes you cannot perform procedures,”* and the conditions for on-call physicians, especially in terms of food. Feelings of incapacity and of not being able to fulfill all the tasks that are demanded of them are other frustrations experienced by this group and some came to believe that the profession was beyond them: *“yes, I have thought about not being able to comply and quit; it is too much of a burden and the stress it generates.”* They also added the lack of opportunities for improvement, as well as the lack of ethics, and respect for the medical staff on the part of the managers.

Discussion

The present study was carried out to identify and understand the risk factors that influenced the levels of burnout in physicians specializing in General Comprehensive Medicine who worked in the offices of the Elena Fernández Castro Polyclinic during the COVID-19 pandemic, between April and June of 2020, in the municipality of Los Palacios.

Our findings revealed that 76% of the physicians studied showed medium and high levels of professional burnout. When analyzing the dimensions of professional burnout, the results obtained showed that 68% of the participants had a high level of emotional exhaustion and 60% had a low level of personal fulfillment. Additionally, 16% showed a high level of depersonalization.

The high score obtained in the emotional exhaustion subscale by 68% of the sample was qualitatively corroborated by the other techniques used in the study. Recent research on triggering factors of burnout syndrome (García et al., 2016) found that 82% of the respondents showed a high level of emotional exhaustion. These results were similar to those obtained by us.

Lack of personal fulfillment was another dimension that was also found to be quite affected in this group. With 60% of the sample scoring at a low level of personal fulfillment, this finding coincides with those obtained by Sanjuan et al. (2014) in their research on burnout in nurses working in oncology services, as well as those found in the study by Gutiérrez et al. (2018) where 70% of the sample possessed low levels of personal fulfillment.

This unsatisfied need for self-improvement, together with the overwork experienced, plus the feeling that they did not always achieve the expected results, confirms the results of the burnout assessment inventory on the low personal fulfillment or, in other words, lack of personal fulfillment of these professionals.

As noted above, the literature indicates that organizational variables best predict the occurrence of the syndrome. Our study included a series of organizational aspects that allowed us to conclude that there were occupational risk factors associated with burnout that affected the health of the physicians, especially in times such as those that occurred in the early stage of the COVID-19 pandemic (Figs. 36.1 and 36.2).

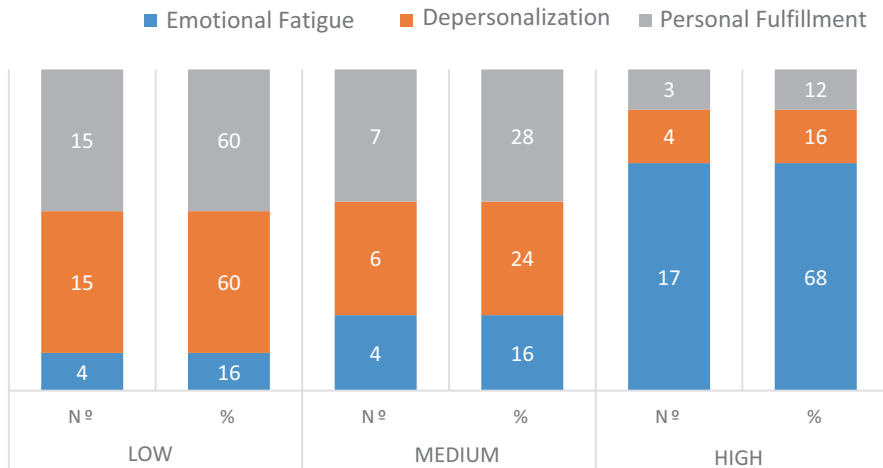


Fig. 36.2 Distribution of the dimensions of Professional Burnout

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Chapter 37

Psychological Impact of COVID-19 on Students of Medicine in Los Palacios, Cuba



Yairelys Espinosa Ferro, Daisy Mesa Trujillo, and Liliana Caraballo García

Introduction

The World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020 (Astorga & Barrientos Calvo, 2020). According to the WHO, the incubation period or the time it takes for clinical symptoms to appear after contracting the disease, varies from one to 14 days, although the general average is estimated to be between three and five days. The disease is transmitted from one individual to another through droplets from the nose or mouth, which are released when the person coughs or exhales (Peláez, 2020).

Epidemics, among other events, have been responsible for great calamities on a global scale. The emergence of a pandemic in the twenty-first century, in a world with high technological development and whose control has been extremely difficult, calls attention to the effectiveness of public health systems across the globe (Molina-Raad, 2020).

In this sense, primary health care plays a very important role in the health response capacity during a pandemic. It is at this level that the monitoring cycle of an epidemic disease begins. In the case of COVID-19, WHO has established a series of standardized measures and protocols for the control and surveillance of the disease. Within the primary health care programs, active screening stands out as a working tool for early detection and diagnosis of patients with possible diseases (Molina-Raad, 2020). In these actions, medical science students have assumed most of the tasks.

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From the transactional approach, stress is defined as “a process of interaction between the individual and the environment, which occurs when the subject evaluates life situations as threatening or beyond his or her resources, and which may endanger his or her well-being” (Grau Abalo & Cobián Mena, 2020). For any person who has to face a stressful situation, such as extreme health emergencies or disasters, it is important to develop some of the following psychological qualities: psychological resilience, favorable emotional disposition and high motivation, self-control and self-mastery, adaptability, will, independence, self-confidence and self-assurance, capacity for communication, recovery, and recuperation, among others (Lorenzo Ruiz, 2008).

Resilience, on the other hand, has been defined as the capacity of a person or group to continue projecting themselves into the future despite destabilizing events, difficult living conditions, and traumas. In the social sciences the term is used to characterize those people who, despite being born and living in high-risk situations, develop psychologically healthy and successful. This capacity is built and nurtured throughout life, but with ups and downs and transformations over time. Resilience is a dynamic process between the person and the environment; it does not come exclusively from the environment nor is it exclusively innate. Resilience is never absolute or strictly stable (García Renedo et al., 2012).

Because of the activity performed by medical science students in Cuba during the COVID-19 pandemic, it was important for them to develop these psychological qualities. The objective of this study was to analyze the psychological impact caused by COVID-19 in medical science students, who were performing an intensive surveillance in San Diego de los Baños.

Method

Design

A descriptive cross-sectional non-experimental study was conducted in the period from May to September 2020.

Sample

The universe was 31 medical science students and the sample consisted of 27 randomly selected students. A total of 27 medical science students studied: 20 were medical students, followed by three nursing students, one stomatology student and three health technology students. With respect to the years studied in the medical specialty, first- and third-year students predominated. The female sex prevailed with 71.4% of the sample. The age range was 18–20 years with 63%, followed by

21–23 years (37%). The vast majority were single (96.3%), and asthma was reported as the most common disease.

The inclusion criteria considered were the following: (1) informed consent to participate; (2) students belonging to the University of Medical Sciences of the province of Pinar del Río and Artemisa; (3) Performing surveillance activities in San Diego de los Baños, considered a rural area of the municipality of Los Palacios, Cuba.

Instrument

Two scales were applied. The first was the Connor-Davidson Resilience Scale (CD-RISC), adapted to the Cuban population (Rodríguez Martín & Molerio Pérez, 2012). This is a scale consisting of 25 items that are answered with values from 0 = “not at all” to 4 = “always”. The scores of each item are added together and its interpretation is that the higher the score in each dimension, the more indicators of resilience the individual shows. The second instrument was the *Stress Scale* (López Angulo, 2010). It consists of 13 dichotomous items and one point is given for each positive response. In the third sentence an additional point should be scored for each ailment that the student marks. The final score, if it tends to be high, means a higher level of stress.

Procedimiento

In Cuba, students were distributed in different municipalities and health care clinics. They visited homes every day in order to diagnose respiratory symptoms and other symptoms that could indicate the presence of the virus. Feedback between students and family doctors in the local area, as well as with their professors, was constantly exchanged. Students usually were instructed on how to carry out the activities and how to take care of themselves in the situation, since it was a potentially lethal and contagious virus. Therefore, self-care behaviors such as the correct use of masks, social distancing, and frequent hand washing, among others, always prevailed. Selected students completed an informed consent and the research instrument between May and September of 2020.

Results

About 44.4% of the students maintained normal levels of stress, while 37% were above normal stress, 14.8% high levels, and 3.7% excessive stress (Fig. 37.1). According to demographic variables, women were the most stressed, particularly

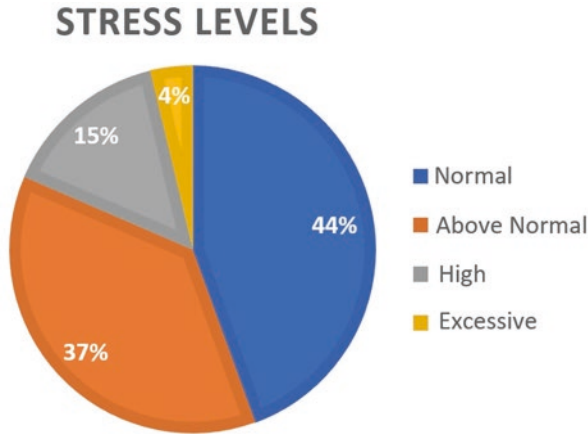


Fig. 37.1 Stress levels in medical science students

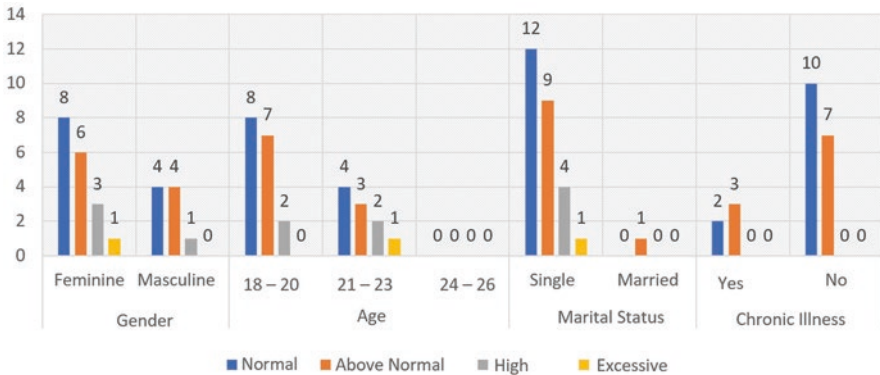


Fig. 37.2 Stress levels by sociodemographic variables

those between 21 and 23 years of age, followed by those between 18 and 20 years of age. Regarding marital status, both married and single people were affected, as well as those students with chronic diseases (Fig. 37.2).

According to the professional variables, medical science students in the province of Pinar del Río were the most affected, especially medical and nursing students. According to the years of study, the most affected were first year students, followed by third- and fourth-year students (Fig. 37.3).

Considering self-efficacy and tenacity, control under pressure, adaptability and use of support networks, control and purpose, and spirituality, it was established that most students (>50%) have normal and high scores. In general, the lowest scores were for control under pressure, self-efficacy and tenacity, and spirituality (Fig. 37.4). Finally, 59% of the students had normal or high levels of resilient behavior, while 41% showed low levels of resilience.

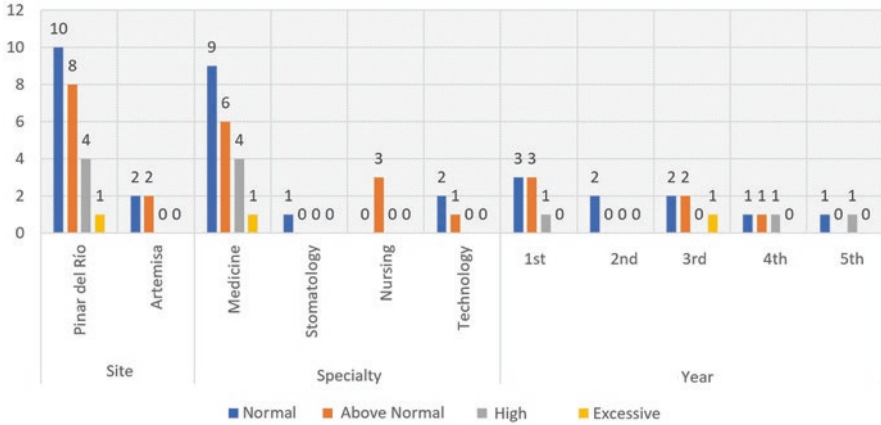


Fig. 37.3 Stress levels by professional variables

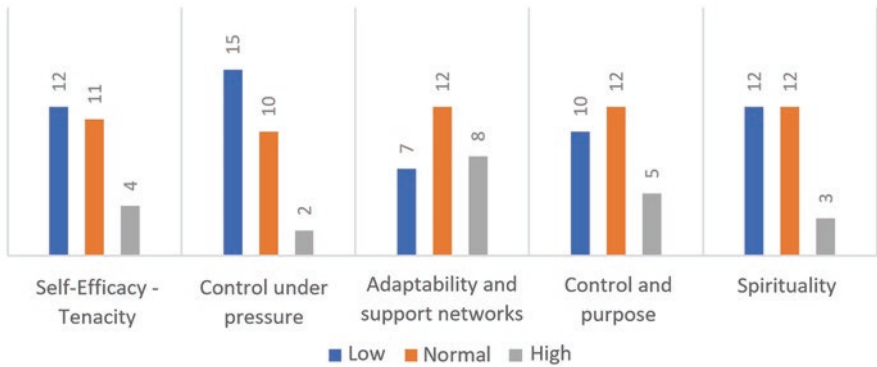


Fig. 37.4 Dimensions of resilience in medical science students

Discussion

About 56% of the students presented different levels of stress. Among the indicators that scored highest were feeling upset when they are delayed or kept waiting, feeling unduly tired at the end of the day, feeling uneasy when they do not have something concrete to do, suffering headaches, as well as expressing feelings of tiredness that prevent them from thinking clearly. These results coincide with a study conducted in Bayamo, where 66.5% of the people reported high stress levels, and only 33.5% of the people presented normal stress levels (Arias Molina et al., 2020).

Female participants were the most affected, which coincides with a study conducted in China during the initial phase of the pandemic, where it was reported that 35% of participants experienced psychological stress, with higher levels in women (Qiu et al., 2020). However, in Spain, an unequal pattern was reported with respect

to sex: initially it was more frequent in men, but women outnumbered them. In South Korea, a higher frequency was reported in women (Ruiz Cantero, 2020).

Students in the 21–23 age range were the most stressed, followed by those aged 18–20 years, and those suffering from chronic diseases. Research conducted in Spain showed similar results, since the youngest, aged 18–39 years, were those who presented more anxiety, depression, and somatic symptoms (Ausín et al., 2020).

Regarding the demographic variable marital status, according to the data, it was observed that married couples experienced greater stress than those who were not married. During the pandemic, restrictive measures such as quarantine revealed that people need well-strengthened psychological skills to cope adequately with this situation, such as flexibility, empathy, understanding, among many others, so as not to end up in couple conflicts that could lead to divorce. Experts had already warned that the period of confinement would be a trial by fire for many couples. Confined, unable to leave the house, together 24 h a day and many of them with children to look after, the quarantine presented itself as a challenge for many couples. The anguish, uncertainty and stress experienced completed an unfavorable scenario that has materialized these days, with an increase in legal consultations for divorce (Rei, 2020).

The students of Medical Sciences in the province of Pinar del Río have higher levels of stress than those in the province of Artemisa, although the latter show a high percentage. Although most of them are medical students, according to the careers they study, it was observed that the most affected are those of medicine, then nursing and health technology.

Medical students tend to internalize the responsibilities that medicine implies during their years of university training, and this is not only limited to the acquisition of scientific and academic knowledge, but also to the acquisition of ethical values. This is why it is a career characterized as a profession of service; a clear example of the willingness assumed by various medical students in order to combat COVID-19 throughout the world. However, many of them are exposed to contagion, as well as may be more prone to develop anxiety, depression, post-traumatic stress, and Burnout Syndrome, which affect their health and that of their family, so the health institution must ensure safety and adequate inputs for their welfare (Aquino Canchari & Ospina Meza, 2020).

In humans, the physiological response to stress is modulated by our psychological response. Being immersed in a changing society, from the economy to the family, we are vulnerable to stress. However, it is important to keep in mind the frequency with which stress is experienced and the damage it causes to the organism itself. In turn, brain activity and its relationship with the environment determine the channels and biological effects of emotional states (Arias Molina et al., 2020).

This study evaluated five important dimensions for maintaining resilient behavior: self-efficacy-tenacity, control under pressure, adaptability and support networks, control and purpose, and spirituality. As mentioned above, the dimensions

that scored lowest were control under pressure, while the dimensions self-efficacy-tenacity and spirituality obtained higher values.

Two constructive ways of dealing with any challenge are recognized: dealing with problems and dealing with emotions. Both are equally important. In the first case, guidelines such as social distancing and isolation should be followed. In the second, measures are required to reduce stress. These ways of acting are referred to as taking control (Migala & Rae Miller, 2020). Students' lack of coping strategies to deal with emotions or psychological reactions during the pandemic may lead to future psychological problems, with repercussions on their physical state and different spheres of life. In our study more than half of the sample (15 students) obtained low scores in the control under pressure dimension coinciding with a study conducted in the Spanish population, where 55% have felt that they were not able to stop worrying or to control worry (Ausín et al., 2020).

Spirituality allows us to recover hope, illusion, and tranquility in the midst of uncertainty and pain. Crises are spaces in which human beings question their own ideals, purposes, security, and trust. When these are questioned, spirituality emerges as a source that allows us to have a hopeful reading of a tragic reality. The great difference between two people facing the same problem lies in the attitude or the way they face the same reality, in which spirituality plays a very important role, because in the face of despair and uneasiness we can place an illusion and a conviction of strength and triumph in the face of the unthinkable. It is very important to have knowledge from where an event is read, because success or failure in facing it will depend on it (Office of Public Communication ESUFA, 2020).

The majority of the students had resilient behavior. The dimensions of adaptability and support networks, control and purpose have contributed to these students not presenting higher levels of stress, while only 41% showed low levels of resilience, in which the dimensions of control under pressure, self-efficacy-tenacity and spirituality were affected.

Conclusion

It can be concluded that during the COVID-19 pandemic, students were an important source for the work in primary health care, since they carried out an arduous task in terms of screening symptomatic persons in both vulnerable and at-risk populations, and in health promotion and prevention. Thanks to them, COVID-19 infection figures were not very high. However, coping with this situation meant an impact from the psychological point of view, as most of them showed stress levels and low scores in the dimensions of resilience, pressure under control, self-efficacy, tenacity, and spirituality.

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Chapter 38

Treating Anxiety and Depression During the COVID-19 Pandemic: Discussing Issues and Prospects Among Psychologists from Cuba, Puerto Rico, and Canada



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Miguel Roca Perara, Cuba

As is very often the case, the most frequent cases in clinical psychological care services are anxiety, depression, and anger, all of which not only have to do with concrete realities, but with how each person constructs their own psychological self. Thus, the key to psychotherapy would be to develop an intelligent, proactive, and constructive philosophy of life, that should allow them to build a more rewarding life without ignoring the inevitable “dilemma of human suffering” as advocates of Acceptance and Commitment Therapies (ACT) would say. Although the ways in which these problems are treated vary by affiliation to one or another paradigm, all professionals seek the same outcome: to improve the welfare of people with whom they work. If I had to choose a specific paradigm, I would do so with a responsible pragmatic and integrative view —without fear of calling it eclectic— that would not discard anything that could help people not only to feel well, but to be well.

Without being misunderstood as chauvinism, I would like to make a comment about my people from Cuba: culturally, we are extremely sociable beings; we speak loudly, a lot, and with our whole body added to a culture of dialogue. We hardly have restrictions on physical contact; hugs, kisses, and handshakes abound. All this is present in psychotherapy, a process full of humanism in which personal

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interaction has a profound impact on growth and a common purpose between two people: their well-being. This process allows the direct exchange of emotions, the transmission of information, the evaluation of psychological states, direct feedback, and other benefits that are facilitated in the intimacy of the consulting room.

But the COVID-19 pandemic conspired precisely against this; everything changed! This situation imposed new rules that must be complied with such as staying at home, the call for physical distancing, the use of masks that, with the exception of the eyes, prevented us from seeing almost the entire face, so important in human communication. Here lie some of the most important challenges in an unusual context that disrupted not only the usual psychotherapeutic procedures, but the whole daily life of people in Cuba and the rest of the world. People had high levels of irritation, anxiety, and depression and we had to help them! When it was no longer appropriate to use our usual formulas, we needed to do something different. Otherwise, we would be like a carpenter who only had a hammer and the only thing he would know how to do would be to put nails; therefore, we needed other tools according to what needed to be done.

In this regard, many of our colleagues found an effective response through the use of social networks, WhatsApp groups and 24-h phone help lines. These channels enabled many people to receive help and thus, better cope with the stress caused by the threat of COVID-19. In my country, psychology excelled in guiding the population in the use of responsible behaviors that not only contributed to preventing the spread of the virus, but also to the learning of psychological coping with its presence. Because in these times in which there is talk of a new normality and inevitable coexistence with the pandemic, one attitude is of the first order: responsibility. This is valid not only in the context of the pandemic, but also for the challenges, threats and losses to which life constantly exposes us, and of which health psychology has addressed. The moments that lie ahead, whether in the short, medium, or long term, are ones of responsibility, which in the case of COVID-19 involves a number of effective and responsible behaviors.

At times of exacerbation of conflicts marked by irrational hatred that has led to so many human disasters, at times when politics clings to hegemonism, even at times when communication technology begins to forget the all-important category of the human being, perhaps we should align ourselves with one of the most important calls of psychology in the third millennium when it calls for the rescue of interest in the person and values. We need this perhaps more than ever in times like these when the pandemic of COVID-19 does not respect nations, races, ages, economies, religions, ideologies, and the like.

Claudia Caballero Reyes, Cuba

Traditionally in Cuba, issues of anxiety and depression before the pandemic were treated face-to-face. However, over the years there have also been accumulating experiences of remote or non-face-to-face work. These experiences served as

antecedents to the current psychological counseling work through what we called WhatsApp Psycho-Groups, generated during the COVID-19 pandemic (Collective of Authors, 2020).

Previous experiences in Cuba in the use of mass media such as television, press, and radio as ways to orient the population in an asynchronous, non-face-to-face manner exist. This is a reality shared by many countries. What is interesting is how the idiosyncrasies in the way of offering psychological counseling through these media in Cuba have laid the groundwork for making the leap to providing counseling work through virtual platforms during the pandemic. Some of these particularities have been: (1) the systematicity and sustainability of the virtual spaces in time; (2) the construction of a certain psychological culture on the part of the population, which is based on the recognition of psychology for the resolution of problems of daily life; and (3) the feedback and dialogue obtained through remote counseling.

There were general constraints caused by COVID-19, which were seen in almost all contexts, and which hindered the implementation of the usual psychological treatments. These were, in brief, the limitations for face-to-face attendance and the increase in demand. Faced with these difficulties, WhatsApp groups emerged as an alternative. Through these groups, psychological guidance was provided to the population on various topics perceived as areas of demand. However, this alternative form was also not without challenges when applying treatments during this unusual period. There were issues that, by their nature or severity, required face-to-face treatment. Users required access to the Internet, so it was not for everyone. Specific competencies that counselors should possess for group work in virtual modality were also identified (Collective of Authors, 2021).

We adopted a psychosocial approach to counseling, which seeks to encourage participants to restore or develop their optimal level of socio-personal performance, as well as positive change in their family, group, institutional and community networks (Collective of Authors, 2020). To achieve these objectives, we worked to: (1) identify stressors and coping strategies employed by service users; (2) modify unsuccessful and maladaptive strategies; and (3) build active coping strategies (Caballero et al., 2021). The post-pandemic is also a complex scenario from all points of view. Psychology will play an essential role in personal and institutional transformation in this new stage.

In the health sector, the pandemic overwhelmed not only our material resources but also our human resources. Psychology's action must be aimed at accompanying both the population and the workers in the health sector, including psychologists themselves.

In the labor sector, the challenges were related to the restoration of activities that had been temporarily halted, as well as readjustments in terms of teleworking. In this area, it is perceived as necessary a process of orientation that enhances personal and social resources for effective coping with the current labor complexities.

Finally, in the community sector, the challenges associated with personalized care and attention to vulnerable people due to health, age, economic and family conditions, among others, stand out. The role of psychology should be to treat the demands that are identified, favoring the search for sustainable solutions that privilege collective and individual responsibility.

Jennifer Morales-Cruz, Puerto Rico

Puerto Rico is an island in the Caribbean that for more than 500 years has been subjugated to the colonialism of Spain and the United States. Living in a colony has consequences for the emotional health and quality of life of the people who live there (Bulhan, 2004). Anxiety disorders occupy first place among the most diagnosed mental disorders on the island, affecting 12.5% of the adult population. The second place is occupied by mood disorders with 10.4% (Canino et al., 2016). These figures, however, do not include the consequences of the collective emotional trauma of the past years. Puerto Rico is still recovering from the profound crises it has faced: economic crisis, natural disasters (hurricanes and earthquakes), school closings, governmental crisis and now the pandemic. All of the aforementioned adversities are tinged by uncertainty and the imperative need to want to control everything around us (Bernal et al., 2020).

Psychology has played a key role in addressing some of the emotional needs of the population. In non-pandemic conditions, face-to-face individual, family, couple, and support group psychotherapy represented the traditional methods of service. However, after the passage of Hurricane Maria in September 2017 and the earthquakes of January 2020, psychology moved more proactively to offer other types of support and resources. The Puerto Rico Psychological Association, public and private universities, as well as several nonprofit organizations, joined forces to provide psychological help during emergency and disaster crises. Social connection in all its manifestations remains an important asset and an important characteristic of Puerto Rican culture.

As Latin-Caribbean people, personal contact and social support are fundamental to emotional well-being. Face-to-face therapy allows for intimacy with the patient and observation of nonverbal language. The abrupt shift from face-to-face to online therapy brought about by the pandemic made eye contact difficult, providing a distant experience. In this type of exchange, it is common to see only the patient's face, but it is not possible to observe nonverbal language.

Another challenge encountered was the use of the home for therapy, making family conversations difficult. On the other hand, the vast majority of the Puerto Rican population lives below poverty levels and are older adults (U.S. Census Bureau, 2020). Therefore, not all people have the financial resources to have access to smartphones and broadband Internet or know how to use technological devices. Likewise, many cannot afford to seek psychological care due to lack of health insurance. Although remote therapy is here to stay, face-to-face therapy remains the preferred method for the majority of the Puerto Rican population.

Law 277–1998 was the first telemedicine law in Puerto Rico. This law presented resistance in its implementation for both providers and health insurers. The issue was that telemedicine should not be substituted for face-to-face consultations. Twenty years later, Law 168–2018 was passed and then in 2020, when COVID-19 was declared an emergency, it was amended to include telehealth. Among the adaptations during the emergency period was the use of platforms such as Zoom, Skype,

WhatsApp, Facetime, Doxy.me, among others. The professional community had several workshops and courses nationwide to train them on the use and implementation of telehealth. It also had access to psychology practice guides and free courses such as “Telepsychology Best Practice 101 Series” (APA, 2020). Among the most pressing cultural adaptations was the use of telephone calls for patients who did not have access to the Internet. Also, taking informed consent orally was implemented.

It is inescapable to question the syndemic effect, beyond the challenges of the biomedical pandemic, as to the psychosocial and environmental repercussions of the emergency (Plitt, 2020). The impact of social isolation in the short, but especially in the long term will have irreversible effects on mental health (Horton, 2020). In the early stages of the pandemic, Puerto Rico imposed severe lockdown restrictions for two long months. During that time, no one was allowed to leave their home, businesses stood still, and schools, universities, beaches, recreational areas, and churches were closed. Towards the end of 2020, a partial reduction of activities during the day and total closure from 10 pm to 5 am continued. Uncertainty increased in the face of rising gender, domestic, and community violence, unemployment, and government skepticism (Pérez-Pedrogo et al., 2020). There was also a collective fear of dying. Puerto Ricans were reminded of the 4645 deaths reported after Hurricane Maria (Kishore et al., 2018). The poor management and tracking of COVID-19 positive cases and the spike in deaths contributed to the country’s uncertainty (Bernal et al., 2020). Confinement, lack of social contact, fear of becoming infected and infecting loved ones, COVID-19 cases, and emotional exhaustion added to the crises experienced (Pérez-Pedrogo et al., 2020).

Keith Dobson, Canada

Canada is a developed country and has a well-developed health system, which is for the most part publicly funded. Physician services, including primary care, are paid for from public funds, and many mental health conditions are treated in public health clinics, hospitals, and community programs. However, unless a psychologist is hired as an employee in a public agency, their services may need to be paid for by either an insurance program or out of pocket, if the client can afford services. It is widely recognized that the availability of mental health services falls short of the need, and so some organizations have sought public funding for all psychological services.

A second aspect of mental health treatments prior to the pandemic was the use of distance therapies. Given the extensive geography of Canada and the need to reach remote communities, both telehealth and traveling mental health clinics were in place and often employed (Hadjistavropoulos et al., 2016; Letto et al., 2018).

Traditional face-to-face models of individuals, couples, family, and group therapy were all severely challenged during the COVID-19 pandemic, primarily due to the need for physical distancing measures, coupled with uncertainty, and evolving guidelines about masks and personal protective equipment that was required in both

public and private health settings. Further, as schools and universities originally moved to on-line teaching, both the access to care for students was affected, as was training of new health professionals.

A second major challenge was that regulatory bodies in Canada did not have protocols or standards for professionals who wanted to deliver treatments at a distance. Many issues such as privacy, consent, third party providers, fee schedules and payment, treatment efficacy, and liability all had to be considered in light of new distance service models. This set of considerations was complicated, as health regulations are a matter of provincial and not federal jurisdiction in Canada, so the different provinces and territories of Canada had to convene special meetings to approve acceptable guidelines.

The major shift within Canada was the move to distance treatments. This shift involved a combination of promotion of emergency and general help phone lines, web-based stand-alone programs, therapist-assisted Internet programs, and therapist delivered distance therapy using available programs (e.g., Zoom). Professional organizations of psychology conducted a large number of training courses so that professionals could understand these models of treatment, available services, and their risks and benefits. There was also a major effort through national organizations such as the Mental Health Commission of Canada to develop and curate best practice advice for professionals and the public at large, such as the Resource Hub for COVID-19.

When the pandemic first began in 2020, it was unclear how long it might last, how widespread the infections might be, what the effects of the pandemic on mental health might be, or which parts of the population might be most affected. Rates of anxiety were seen to rise quickly and dramatically, and rates of depression also increased as some of the longer-term effects of the pandemic (e.g., deaths, loss of livelihood) took effect. Surveys conducted in Canada (Conference Board of Canada XE "Canada" , 2020) documented increased rates of substance use, domestic violence, and self-harm. As the pandemic continued, there was a sense of fairly widespread fatigue and some groups not following public health measures, leading to some anger in the communities. These changes did not alter the short-term delivery of services, but the increased range of problems associated with the pandemic have certainly increased the recognition of the need for better mental health services in Canada.

The long-term outcomes of the pandemic remain uncertain. It has been suggested that the mental health of some groups (e.g., children, immigrants) may be affected by the uncertainty and social changes during and after the pandemic. This issue will no doubt be the focus of longer-term studies. On the other hand, one of the opportunities provided by the pandemic has been the development and dissemination of policies and procedures for distance therapies. A number of evaluation projects were carried out to discern if these treatments have outcomes that are equivalent to live treatment. If this result is obtained, one can imagine that distance therapies will have an increased role in the post-pandemic world, relative to before COVID-19. The acceptability of distance treatment, when live and in person options

are available, will no doubt be a matter of debate and attention. For example, it is more efficient to deliver treatments at a distance than live, and if the efficacy and acceptability are strong, then public agencies will likely advocate for more blended service delivery models.

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Chapter 39

Supporting Each Other in a Community of Practice to Address the Pandemic in Mexico: The Experience of Teachers and Psychologists in a Virtual Workshop on Self-Knowledge



Ana Magdalena Solís Calvo

39.1 Introduction

On March 11, 2020, the World Health Organization (WHO, 2020) declared COVID-19 a pandemic. In addition to its high morbidity and mortality, the economic impact has been enormously serious worldwide. On March 30, Mexico published in the Official Gazette of the Federation (DOF, 2020), the Decree regarding the immediate suspension of non-essential activities, in order to mitigate the spread and transmission of the SARS-CoV2 virus in the community, to reduce the burden of disease, its complications and the deaths due to COVID-19 in the population residing in the national territory.

The voluntary confinement of the majority of the world's population was an unprecedented situation for current generations. This situation implied a great impact on physical and psychological well-being, with loss of habits and routines, alteration of eating habits, irregular sleep patterns, increased use of electronic screens, etc. In this sense, a report carried out by the Union of Universities of Spain pointed out that the main concern was found in those people with psychopathological vulnerability. This was the case of the child population, especially girls, people with sexual diversity and/or gender identity, among other minorities (Balluerka Lasa et al., 2020). Therefore, it is necessary from a gender perspective to know what strategies were possible to implement to reverse the condition of inequality of these populations.

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In addition, given the pandemic situation, teachers were required to accompany their students virtually. To this end, the Mexican government implemented the program *Aprende en Casa I* and *II* with the intention of providing continuity to public education for children and young people from preschool to high school, through various distance education strategies, and television programs that are transmitted via the Internet or radio. In this scenario and facing the concerns that the state of emergency posed to teachers, educational psychologists, and students, as well as members of the Collective “Educate to Live in Kindness”, conducted a workshop on self-knowledge.

This workshop was prompted for two reasons. The first was due to the fact that teachers of basic and secondary education in the countries that make up the Ibero-American region were committed to strengthening socioemotional skills in their students, focusing mainly on self-knowledge, emotional self-regulation, and social awareness (UNDP, 2012). During the emergency period, the socio-emotional accompaniment of teachers towards their students became a real challenge (Solís et al., 2021). The second reason was the contribution it could make to teachers and psychologists, who were also experiencing difficulties. How would teachers and educational psychologists then accompany children and young people in the development of socioemotional skills focused on self-knowledge, if school and life in general had stopped, and the shift towards the virtual was imminent? Precisely when socioemotional issues were being traversed by such an exceptional period. The purpose of the intervention presented in this chapter was to give priority attention to teachers and educational psychologists in order to form a learning group that would become a community of practice through the self-knowledge workshop.

The community of practice and learning has a dialogic principle. According to Sánchez et al. (2001), it is a model created to build an educational environment of research and situated interactions in constant negotiation. From the vision of Solís et al. (2016) the trust generated in communities of practice gives certainty to people who lack resources or knowledge about the use of Information and Communication Technologies (ICTs), the personal situations they faced before virtuality and their own needs. In this way, they were strengthened by sharing what they felt, needed, and knew, thus allowing learning to be built in community and for the learning community.

The formation of a community of practice among professionals not only strengthens socioemotional and technological skills, but also reduces tensions about the use of technology and virtual teaching. The self-knowledge workshop would provide a sense of community, trust, and allow for the creation a space of companionship, which, despite the emergency situation, would favor reflection on how participants were doing and what they needed to continue fulfilling their work as teachers and psychologists.

The self-knowledge workshop is based on the Reencounter Therapy “clinical, educational, psycho-sociosexual health model” (Sanz, 1990 p. 25). The research-intervention was carried out with a group of 20 basic education teachers and 20 psychologists, 36 women and four men between 33 and 66 years of age. Exercises of verbal, written, corporal, artistic and plastic expression were carried out, which

generated a personal and collective space for reflection on their emotions, from the personal, relational, and social areas (Sanz, 2016).

The questions that guided this research were: In what way did the self-knowledge workshop represent a virtual collective learning tool in a community of practice on emotions in times of confinement for teachers and psychologists? What were the conditions of inequality that, from a gender perspective, could be distinguished between women and men through the self-knowledge workshop?

39.2 Method

39.2.1 Design

This qualitative research-intervention studied the sociocultural construction of the group space that was generated virtually through a self-knowledge workshop, whose objective was to foster mutual learning through a community of practice among professionals (Sanz, 1990; Solís et al., 2016).

39.2.2 Procedure

This research-intervention focused on individual and collective self-knowledge exercises, which were carried out synchronously during 20 sessions, each lasting two hours. In total, there were 40 hours of virtual meetings through Zoom. There were also asynchronous activities shared through a WhatsApp group with the participants.

39.2.3 Data Collection

For the collection of information, the following activities were carried out: (1) Logging of participations and interventions during the sessions carried out via Zoom. In order to protect the integrity of the participants, no recordings were made of the sessions, since the issues shared in a group setting touched on personal aspects. This fostered an open space for dialogue among the participants, who freely decided to share their experiences by Zoom or WhatsApp. It should be noted that in this document the identity of the participants is protected, and their authorization is granted for the dissemination of this research; (2) Records of the planning and evaluation meetings of each of the sessions; (3) Reflection texts, graphic visualizations, text messages and audios shared by WhatsApp; (4) Transcriptions of the audio recordings of certain group or individual exercises carried out during the Zoom sessions.

39.2.4 Data Analysis

The analysis of events generated from the self-knowledge exercises facilitated the recognition among the participants of their experiences during the pandemic. At the relational level, the exercises carried out and shared with others allowed them to express their experiences and emotions during confinement. At the social level, collective reflection was reached on gender issues regarding unequal conditions (at the three levels; personal, relational, and social), which were aggravated during the pandemic. This methodology allowed the discursive analysis of individual and collective participations and reflections in which emotional and corporal language were identified in an organized and coherent manner.

In all shared participations (graphic, corporal, verbal or textual) among professionals, an analysis of emotions was conducted according to each person and context (Alonso, 2003; Asencio & Núñez, 2006). It should be clarified that a selection was made of the self-knowledge exercises carried out for the purposes of this document, a process in which a permanent dialogue was established between the researchers on what happened in each of the interventions, making “a permanent analytical reflection” (Barragán & Morales, 2014 p. 237).

To analyze the experiences from a gender perspective, we used the contributions of Preciado (2007) and Ruiz and García (2018), who reflect on the social and biological invention of gender to inquire about the differentiated implications that the pandemic produced for men and women.

Three crucial aspects were analyzed: (1) Body, emotions, and pandemic: individual and collective reflections on emotions and bodily sensations about the confinement and the pandemic; (2) Self-knowledge: participants’ reflections on self-perception in the exercises carried out; (3) Virtual implications: challenges and advantages of forming peer learning groups through virtual environments. The following are some testimonies of the workshop participants, systematized according to the analytical lines mentioned before.

39.3 Results

39.3.1 Body, Emotions, and Pandemic

The emotional experience during the confinement and the constant bombardment of alarming news regarding unleashed stressful responses in the body. Barranco (2020) used the term captive emotions, referring to the exacerbated sensations in the body in the absence of social exchange due to the impossibility of physical contact and communication. Socialization through virtual communication made possible other forms of encounters, however, in many cases this medium was insufficient due to the lack of physical presence and the possibility of feeling physically comforted.

Below I present some fragments of testimonies collected from the workshop participants to give an account of the accumulation of emotions that were present during the first months of the pandemic. Several of these testimonies are derived from the exercises carried out, which made it possible to review emotions and body sensations. These examples highlight gender inequality and the different positions assumed by professionals during the pandemic. In the case of women, subordination to different social roles was observed. Although among men there is evidence of a lack of contact with their own emotions and sensations, the pandemic allowed for greater self-awareness among them.

The days are endless, the children's homework, my own, the spaces in the house are lost: the dining room/workstation, the bedroom/office, walking around the house in search of privacy, my body asks me for five minutes for me, just a moment (Female teacher, 50 years old).

At the beginning it was a blessing not to go to work; I had all the time to be at home with my children, I did everything I hadn't done in a long time. It's selfish of me but the pandemic was very good for me, now I don't have any time to spare (Female teacher, 44 years old).

Until today I had not thought about how I was, how I felt, from day zero I started to do a thousand things, the workshop made me reflect on it (Male psychologist, 35 years old).

39.3.2 Self-Knowledge

According to Bennett (2013), self-perception allows us to know ourselves extensively in all aspects of our own life and thus have a relationship of constant reflection on who we are, what we feel, how we are and what we need to provide us with everything we need to live fully. However, the exacerbated emotions during confinement and the excessive workload, for both men and women, hindered the possibility of generating spaces for self-knowledge.

Reflecting on the difficulties we had in connecting with ourselves, through these testimonies, also allows us to recognize what Barranco (2020 p. 79) pointed out as captive emotions during confinement: fear, frustration, and anger. For example, in the case of a psychologist working in a hospital that treated patients with COVID-19 and who could not leave her job, she realized that she could not breathe at work for fear of becoming infected and infecting her family. This insight turned out to be very shocking for her, as she came to understand that she was very afraid. Afterwards, she used her own breathing to notice the repercussions of the pandemic on her body and emotions.

A 66-year-old female teacher expressed the fear she had of death but noted that she spoke as if she was saying goodbye, due to her age and the illnesses she suffered from. It was important to pause and note how her perception of illness and age played an important role in how she experienced the pandemic. She drew herself in a rapport exercise to facilitate the presentation of each of the participants in the group. It was striking that her drawing depicted her as very vital, given her dejected attitude as she talked about how she felt and how she had experienced confinement due to the pandemic.

In the case of a psychologist, he himself realized that he did not belong to the population at risk due to his youth, which was reflected in an attitude of immunity to the disease. On the other hand, he expressed frustration and anger at the confinement, which he had tried not to comply with. The workshop enabled him to recognize that he was also afraid and fed up with confinement. His low-risk attitude can be interpreted from a biopolitical perspective of gender, age, and healthy body (Preciado, 2007).

39.3.3 *Virtual Implications*

Both education and the intimate space of the home had to adapt to a new virtual reality. Teachers and their families, living spaces, routines and communal life were disrupted by the pandemic, and virtual reality came to the fore.

Generally, historical accounts allude to the male gender, i.e., they tend to represent certain situations from the male perspective (Reiné, 2020). This type of affirmation on behalf of men as the only gender leaves women out of the rest of human history. However, fear and confinement manifested themselves differently among men and women, according to the conditions in which the confinement was experienced. The testimonies show how a young man may be grateful not to have to make the long commute to the work center, but in all cases, virtuality overwhelms them, and the feeling of confinement and loneliness is not alleviated. In the case of women, due to the social role assigned to the care of others and the home, it becomes a factor of differentiated exhaustion (Preciado, 2007; Ruiz & García, 2018). Some of the experiences of the participants are transcribed below.

I'm exhausted with this virtual thing, but I'm more scared is going back to the classroom, I'm 50 years old and I have over 400 students (Female psychologist, 38 years old).

I save the money for transportation, the long hours of commuting, I don't feel exhausted, but I feel closed in, the body asks you not to zoom anymore (Male teacher, 46 years old).

Connectivity complications, you don't turn on the camera, you don't see the other, no one has an opinion, uncomfortable silences, [you wonder] where everyone is (Teacher, female, 41 years old).

39.4 Conclusion

This research/intervention, through the testimonies of the participants, showed the experience of group learning in virtual environments. It also made visible the experiences and needs differentiated by gender of teachers and psychologists, in view of the emotional complexity they went through as human beings and professionals. The self-knowledge workshop for teachers and psychologists served as a virtual group learning tool, in addition to becoming a space for community of practice, where they dialogically recognized their emotions in times of confinement.

The experiences of the participants in the workshop show the need that teachers and psychologists have for spaces of exchange from the recognition of emotions through body memories and reflection in safe spaces to talk freely about fears, isolation, and uncertainty. This same space allowed them the projection of future spaces for education and accompaniment in communities of practice in the post-pandemic educational scenario.

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Chapter 40

Mental Health and Stress in Medical Students in Cuba During the COVID-19 Pandemic



Tamara Téllez Veranes and Odalys Téllez Veranes

Introduction

The world's health systems have been tested in their response capacity by the COVID-19 pandemic caused by the SARS-CoV-2 coronavirus (World Health Organization, 2020) and the importance of psychology and other sciences that accompany medicine in health systems has been evidenced (Lorenzo et al., 2020). In several countries, university students experienced the involuntary extension of their training due to the suspension of academic activities and in the case of the medical career, many students collaborated with health workers in the confrontation with the disease (Soled et al., 2020).

In Cuba, a country where the State assumes responsibility for the health care of the entire population, one of the fundamental pillars of the health system is active surveillance: systematic and periodic clinical examination of the population. For this purpose, medical students were organized in pairs, according to careers and years of study, in different territories, with a professor in charge on behalf of the University, who worked in coordination with health professionals (doctor or nurse) of the health care area, where the students were assigned with the task of leading and managing any situation that may arise, ensuring the quality and discipline of the work performed (García et al., 2020). At the same time as they were performing community work, they are being trained for professionally.

However, in any biological disaster, fear, uncertainty, and stigmatization are common. This being so, the challenge is to guarantee both the professional training and the protection of the mental health of these students, considering that COVID-19

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should not be considered a fortuitous, isolated, exclusively sanitary event with no future consequences (Díaz-Canel & Núñez, 2020). Therefore, it was very relevant to identify psychological manifestations that could be found up to 3 years after such events (Marquina & Jaramillo-Valverde, 2020). Given the new health emergency caused by COVID-19, it was critical to take appropriate prevention and mental health measures, overcome negative effects, and consequences that might disrupt their academic performance. Consequently, it was necessary to verify what was taking place in the university student scenario of the Medical School in Santiago de Cuba, since contradictory results were verified in relation to what was stated in the international literature and what happened during this clinical community work in another part of the country (Pérez et al., 2020). A pilot study was proposed with the aim of determining whether there were manifestations of stress in a group of students of the Faculty of Medicine during the community work of active surveillance of COVID-19, in the city of Santiago de Cuba and to act in a relevant way according to the results.

Method

Design

We conducted an exploratory-descriptive and cross-sectional study.

Sample

The study included 43 volunteer participants of whom 18.6% were male and 81.4% female, aged 18–24 years.

Instrument

The *Scale of Stress* (López, 2010) was used to assess the level of stress. It includes 13 closed questions and collects information on physical and psychological symptoms.

Procedure and Ethical Considerations

Given the situation generated by the COVID-19 outbreak, we used social networks, WhatsApp, and e-mails to identify potential participants. Medical students participated before their usual community workday. The voluntary nature of participation

was informed. Everyone reported not being carriers of any disease at the time of the study. The present study was approved by the Scientific Council of the Faculty of Medical Sciences of Santiago de Cuba.

Data Analysis

Data were compiled using Microsoft Excel. A descriptive analysis was performed to study symptom frequencies and to evaluate the different levels of stress among participants.

Results

The results showed that 86% experienced some level of stress, concentrated in the high and excessive levels. The number of students located in each level is summarized in Table 40.1 and the distribution according to stress manifestations in Table 40.2. These results are consistent with those found in other investigations of stress in medical students (Al-Rabiaah et al., 2020; Saddik et al., 2020). These findings are noteworthy, considering that the questionnaire was answered during the phase in which the province where the community work was carried out had been in the stage of non-transmission of the COVID-19 disease for more than 30 days.

The most frequent manifestations of stress found were sleep difficulties, irritability, headache, difficulty in relaxing, nervousness or restlessness. These results coincide with research showing that health personnel are a group at risk of psychological decompensation in this health crisis situation (Rana et al., 2020). Only 14% were found to use alcohol, tranquilizers, or tobacco as coping strategies. This may indicate that the programs put in place from the beginning by governmental institutions, although very general, limited this type of behavior to some extent.

We did not find evidence of serious behavioral disorders or suicidal ideation, which coincides with the study by Pérez et al. (2020). However, we do not agree with what these authors stated about the characteristics or factors (e.g., being young, voluntary willingness to carry out these research tasks, greater preparation on the subject) that made the impact on stress lower. These same conditions were present in the sample of the current study whose results are more in line with those obtained

Table 40.1 Distribution of participants by levels of stress

Stress level	<i>n</i>	%
Normal	6	14.0
Above normal	6	14.0
High	15	34.8
Excessive	16	37.2
Total	43	100.0

Table 40.2 Distribution of stress symptoms reported by participants

Stress symptom	<i>n</i>	%
Sleep difficulties	21	48.8
Digestive disorders	12	27.9
Muscle aches and pains	11	25.5
Dizziness	12	27.9
Irritability	25	58.1
Headache	21	48.8
Palpitations	19	44.1
Difficulty to relax	27	62.7
Difficulty in interpersonal relationships	17	39.5
Nervousness or restlessness	22	51.1
Fatigue	15	34.8
Restlessness	10	23.2
Distractibility	11	25.5

by other studies on the subject such as those of Al-Rabiaah et al. (2020), Rana et al. (2020) and Saddik et al. (2020).

Research reveals that it is essential to know what the medium and long-term psychological effects of these impacts are, since high levels of stress and worrying levels of distress have been shown 1 year after health tragedies such as the one still being faced (Al-Rabiaah et al., 2020). It is also important to recognize the importance of not overlooking the psychological implications that occur in the long term, not only in the general population but also in health personnel (Lorenzo et al., 2020), although the emphasis is still only on academic preparedness.

Developing people's social-emotional learning skills helps them to deal with stressful situations calmly, with balanced emotional responses and has a strong correlation with better academic performance. Likewise, experts in emotional education (Bisquerra, 2020) agree that situations of fear and stress have a negative impact on health and the ability to learn. In addition, these competencies allow strengthening critical thinking to make better informed decisions in life. Given the vulnerability to develop this type of disorder, it becomes a demand that prevention and psychological intervention programs are developed from the same educational institutions to reduce stress levels, the problem would be how to implement them in the face of such an avalanche of content and curricular demands. Therefore, it is necessary to be aware of the importance of prevention, which involves the development of emotional competencies as an essential element of human development, with the aim of training for life and with the purpose of increasing personal and social well-being that meets the minimum requirements indicated by research (United Nations Educational, Scientific and Cultural Organization, 2020).

Emotional management is fundamental in the academic and health fields, in order to face the continuous challenges of life. Every psychological intervention that is proposed always eventually brings with it changes in the way of perceiving, thinking, believing, managing affections and emotions and all that finally translates into changes in behaviors and lifestyles (Lorenzo et al., 2020; Marquina &

Jaramillo-Valverde, 2020). Hence, the proposal of emotional development through meditation, narrative techniques, music therapy and expressive body techniques such as playback theater is so relevant today to cope with current and future psychological reactions.

Conclusion

The existence of important manifestations of stress in the studied sample is identified. Our research offers a starting point in the analysis of the psychological effects in medical students who participated in the response of the COVID-19 pandemic in Santiago de Cuba, given that stress levels increased in this risk group of health personnel when faced with the threat of falling ill. We consider that it would be very useful to create programs of academic support as well as emotional support for psychological preparation and the perception of safety in medical students in the face of possible adverse health situations.

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Chapter 41

Psychological Safety in Health Emergencies: On Being Safe to Provide Safety in Cuba



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41.1 Introduction

The COVID-19 pandemic highlighted the magnitude of the negative psychological impacts on different segments of the population and especially on health care personnel, whose burnout has had dire consequences at the individual and service levels (García-Iglesias et al., 2020; Ornell et al., 2020; Ricci Cabello et al., 2020; Samaniego et al., 2020). Two contradictions emerged: on the one hand, indicators of mental health problems among staff were high and information on the best ways to respond to them were scarce (Lorenzo Ruiz et al., 2020; Urzúa et al., 2020). This conditioned the search for initial solutions that assumed health personnel as a vulnerable population in need of specific protection.

The second contradiction, on the other hand, was between individual and organizational aspects of what health personnel were facing. The psychological intervention alternatives available were mostly directed to the individual clinically (Gallegos et al., 2020; Scholten et al., 2020) and the organizational aspect was less frequently addressed as a referent of increased risk in this population.

Limitations are pointed out in the management processes of psychosocial factors and risks, and mental health of health personnel at the organizational level (Abregú Tueros, 2019), which have been particularly evidenced in the COVID-19 pandemic emergency, including: (1) Taking a back seat to biological risk management; (2) Insufficient theoretical-methodological delimitation as a condition for the low practical impact of the prevention strategies implemented; (3) Emphasis on the patient; and (4) Insufficient basis in the training of decision-makers and managers for the efficient management of psychological aspects related to emergencies and disasters.

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The points made above underline the urgent need to overcome these deficiencies in order to achieve a management process that integrates conceptual, methodological, and practical aspects, as well as the different dimensions involved in the adequate response to an emergency situation in relation to the mental health of health service providers.

In this scenario, the concept of psychological safety, which comes from organizational psychology, is used as an expression of confidence among team members that the team is safe to take personal risks (Edmondson, 1999). This concept is assumed to designate when someone feels resilient, protected to take reasonable risks during emergencies and disasters, and as a result, the quality of their professional's performance is guaranteed (Gutiérrez Álvarez, 2020a).

The COVID-19 pandemic revealed different types of problems related to safeguarding of the mental health of health personnel, which go beyond the frameworks of organizational psychology, highlighting the contribution of health psychology and psychology of emergencies and disasters. Thus, it constitutes a concept that needs to be redefined, considering other scientific disciplines, and given its usefulness in integrating different levels of mental health management of health personnel.

The objective of this study was to describe the process of constructing a protocol for the management of psychological safety of health care personnel and the preliminary results of its implementation in direct work with patients affected by COVID-19.

41.2 Method

41.2.1 Sample

A descriptive and cross-sectional study was carried out. The study had two main stages in which different groups of people participated. In the first stage (Protocol Construction Stage), the sample consisted of 123 participants including psychologists, nurses and physicians grouped into expert judges ($N = 56$) and pilot participants ($N = 67$). In the second stage (Protocol Implementation Stage), the sample consisted of 108 participants, including 29 nurses and 79 physicians who worked in the high-risk area (red zone) of the hospital.

41.2.2 Protocol Development and Procedures

In the protocol construction stage of our work, five main steps were followed. First, a systematic review of the scientific literature on psychological safety in the pandemic was carried out to identify the problem and its scope (Gutiérrez Álvarez et al., 2020a). Subsequently, 18 local experts (14 psychologists, two nurses and two physicians) involved in the pandemic response were invited to participate in two group

discussions to design the structure, content, instruments, and dynamics of the protocol. This also served as a preliminary validation strategy. Third, research was conducted on how to shape a training system tailored to different labor categories. Fourth, 56 national and international experts were invited to review four instruments developed: Psychological Vulnerability Screening, Psychological Safety Status Questionnaire, Mental Health Impact Checklist and Behavioral Warning Signs Observation Guide. Finally, a pilot study of the developed instruments was conducted with 67 participants.

The Protocol implementation stage was the second stage of our work. In this stage, two of the four instruments designed and piloted in the first stage were administered: the *Psychological Vulnerability Screening* and the *Psychological Safety Status Questionnaire*. Both instruments were given during a psychological safety training before the start of the 14-day work shift. Subsequently, the *Mental Health Impact Checklist* was administered to participants who requested psychological help remotely or in person, at the first meeting with the psychology professional. It was also applied to the entire sample 1 week after the end of the work shift. The *Behavioral Warning Signs Observation Guide* was applied during the work shift by previously designated internal team observers.

41.3 Results

41.3.1 Protocol Construction Stage

The *Protocol for the Management of Psychological Safety of Healthcare Personnel Working Directly with COVID-19 Affected Patients* (Gutiérrez Álvarez et al., 2020c) aimed to increase the resilience of healthcare personnel working directly with COVID-19 exposures or ill patients through the management of their psychological safety.

The protocol was applied in two stages: The first stage, primary prevention, proposes the creation of conditions for the promotion of psychological safety at the organizational and group level. It includes a system of training, early detection of psychological vulnerability, identification of the state of individual psychological safety of personnel, advice to senior hospital management regarding the formation of work teams, conditions of rest areas, among others (see Fig. 41.1).

The training system encompasses three categories of personnel: senior hospital management, medical staff, nurses, and health technologists (Gutiérrez Álvarez et al., 2020b), and ancillary services personnel. Each program is specific to the missions, functions, and roles of these categories. The second stage, secondary prevention, manages psychological intervention in personnel with mental health affectations. It proposes to foster psychological safety at the individual level to stimulate personal resilience. It includes actions by the psychology professional in person at the hospital and remotely, by telephone (see Fig. 41.2).

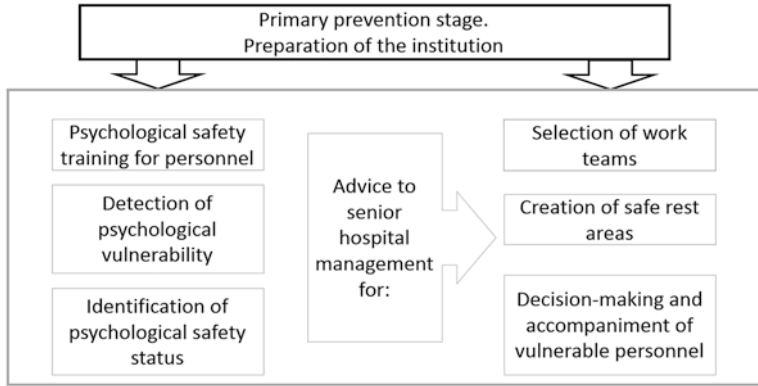


Fig. 41.1 Primary prevention stage. Psychological safety management protocol for health personnel

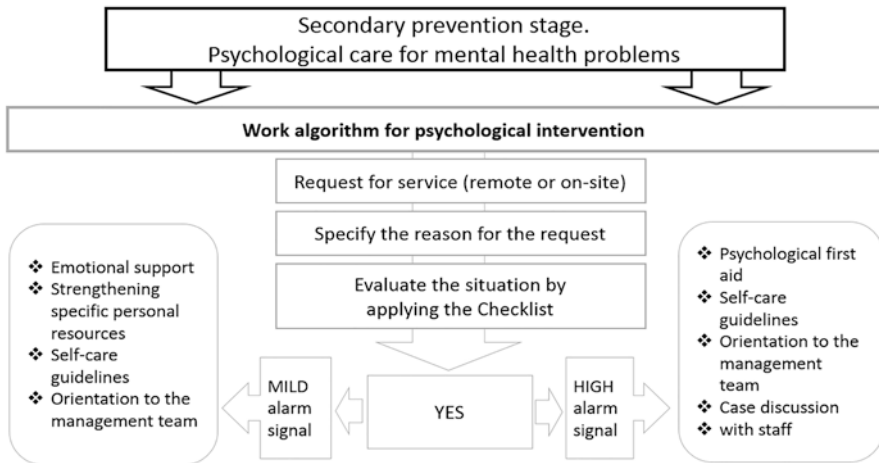


Fig. 41.2 Secondary prevention stage. Psychological safety management protocol for health personnel

All the instruments developed for the implementation of the protocol received satisfactory opinions from the experts on their relevance, timeliness, methodological suitability, and practicality. The recommendations they suggested were evaluated and implemented in the pilot studies, leading to their definitive versions.

41.3.2 Protocol Implementation Stage

In order to comply with the primary prevention actions foreseen in the protocol developed, the results of the psychological vulnerability screening instrument were analyzed. Overall, in the sample, before starting to work with patients affected by

COVID-19, there was a predominance of *No psychological vulnerability* in the staff (73%). The most affected area was cognitive (31% of the total sample), and the most frequently reported symptoms were: “difficulties in concentrating attention” (44.3%), “sadness and demotivation” (32.5%) and “preoccupation with personal difficulties or conflicts” (28.8%).

Twenty-seven percent of the sample was found to have psychological vulnerability before starting direct work with patients with COVID-19. In this case, the strongest impact was affective (31%). The most frequent and intense symptoms were: “sadness and lack of motivation” (29.6%), “feelings of loneliness, lack of protection and isolation” (29.6%), “worry about personal conflicts” (25.3%), “changes in behavior: irritability, apathy, aggressiveness” (23.8%) and “gastrointestinal problems” (19%). The participants with psychological vulnerability were predominantly female nurses, older than the non-vulnerable participants and with an average of 19 years of service in the health sector.

The results of the *Psychological Security Status* instrument, before starting direct work with patients with COVID-19, showed that 77.1% of the sample studied presented the *Psychological Security Status* by excess, which refers to a personological configuration that expresses a sense of protection in the subject, built from the integration of the underestimation of risks together with the overestimation of one’s own capabilities and of the conditions of the social, organizational and work team environment to face it, which does not necessarily adjust to the reality in which the critical event occurs. This finding was statistically significant. On the other hand, the dimension that best defined this state was the group dimension. That is to say, in this configuration of sense of security, the elements contributed by the work team predominated, such as: feeling cared for by colleagues, having support from the boss and appreciating good communication of the institution’s decisions for the organization of work.

The participants with this profile were mostly male physicians with an age range between 25 and 35 years and an average of 6.7 years of service in the health sector. With this initial characterization, we were able to advise the hospital’s senior management, as well as middle management and the hospital’s human resources department, on the strategy for setting up work teams, monitoring vulnerable cases and designating observers.

The implementation of the protocol developed in the secondary prevention stage showed that the prevalence of mental health affectations that generated face-to-face or remote psychological care via telephone during or after the work shift, during the 14-day mandatory isolation period, represented 8.1% of the sample; that is, of the 108 participants in the study, only nine required specialized care from a professional psychologist during the implementation stage. This group was predominantly female (90%), nurses (90%), aged between 41 and 50 years (100%), who reported being married (55.5%) and with an average of 19 years of work in the health sector.

Of the nine people who required care, 88.8% presented mild warning signs according to the *Mental Health Impact Checklist*. This information was corroborated by the *Observation Guide*, which showed performance levels in accordance with these maladjustments. This result generated psychological intervention based

on psychological help, emotional support, strengthening of personal resources to maintain resilience, problem solving and guidance on self-care guidelines. In addition, the managers received work instructions for the management of the problem during the service.

The mental health impact checklist that supported the type of alarm signal identified showed the predominance of the following symptoms: “worry about the family situation or other conflicts” (100%), “anxiety” (100%), “fear of getting sick, infecting others or dying” (100%), “sadness” (90%) and “mirror symptoms of the disease” (71.8%).

An average of three face-to-face or remote meetings were held with the person requesting care, which resulted in the solution of the problem in 77.8% of the cases. One participant required a referral to a psychiatry specialist, and another (11.1%) required a subsequent psychotherapeutic approach. 100% of these participants reported being satisfied with the management of their need for psychological care and 90% of the treating psychologists reported satisfaction with the service provided through the Protocol implemented in the hospital institution. The causes of dissatisfaction among the professionals served to make successive adjustments to the general scheme proposed.

Finally, it was decided to study the total sample in order to understand the mental health impacts, at the symptomatologic level, that the participants presented after being exposed to direct work with people infected with COVID-19, although they did not request any type of psychological help during the time of work and isolation. The results showed that the cognitive sphere was the most affected (68%), regardless of age, gender, profession, and marital status. The most frequent symptoms were: “worry about the family situation or other conflicts” (56%), “fear of getting sick or infecting another” (54%), “anxiety” (44%) and “continuous state of alertness about their state of health” (40%). These symptoms, at the same time, were found to be the most intense.

41.4 Discussion

The different forms of psychological intervention for the mental health problems of health personnel during the COVID-19 pandemic have lacked a systemic and integrative approach to understanding the different determinants that converge in this problem, an issue which the psychological safety perspective considers.

The proposed psychological safety management protocol facilitated the implementation of organizational, group and individual actions that were relevant to the prevention of psychosocial risks and the mental health of healthcare personnel.

The results presented above allowed us to obtain two important pieces of evidence: the first related to the mental health data of healthcare personnel before being exposed to work with patients with COVID-19. Until the time this work was elaborated, the reports in the literature referred only to the affectations found during the

work, or after it (Xiang et al., 2020). This proactive detection action, which included the identification of the initial psychological safety status of the personnel, facilitated the work and decision making at the organizational level, as well as the work directed to the vulnerable population. The second evidence notes that the actions carried out resulted in a low prevalence rate of mental health disorders, below that reported in the international literature (Ricci Cabello et al., 2020). This can be considered a sample of the relevance and effectiveness of the *Psychological Safety Management Protocol* implemented at the Lucía Ñíguez Hospital.

Among the most significant biases of this study was the low rate of contagion, lethality, and number of deaths in the territory of Holguín (as compared to others) and that there was no collapse or saturation of the health services in the territory. Consequently, the work experiences were not as bad as initially foreseen for the health personnel.

The management of psychological safety through the proposed protocol highlighted the need to advance in the contextualization of this concept in the field of health emergencies. The psychological safety management protocol developed also made it possible to carry out prevention actions that included the individual, group, and organizational levels, from an integrative perspective. Finally, the study offers preliminary evidence of the effectiveness of the implemented protocol.

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