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# LIVING IN PANDEMIA: BELIEFS, ATTITUDES, AND PSYCHOLOGICAL DISTRESS AND WELLBEING

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## INTRODUCTION

Shortly after the **COVID-19 Pandemic was declared**, the lives of each and all of us were subjected to an impact in multiple areas. In an attempt to contain contagions, disease and deaths, the different countries responded with Isolation and Social Distancing measures, while the effort to manufacture an effective vaccine that could eliminate this threat began frantically. This required from the population different degrees of adaptation, that were broadly distinct between and within the countries. Peoples' responses were both resilient and demoralizing, depending on multiple factors. Clearly the economic, social, political, educational, cultural, geopolitical, financial, religious contexts have an influence in the way peoples react as a whole. Unlike previous Pandemics, the role of the media in communicating and in some degree confusing messages was undoubtedly preponderant too, although all this broadly exceeds the scope of our research.

## SECTION 1 | AIM OF THE STUDY

We became interested in understanding the psychosocial impact of this situation, focusing in particular in psychological distress and well being. For this purpose, we conducted an online survey exploring socio-demographic variables, changes in lifestyle, risk behaviors, coping strategies, belief systems, fears, anguish and hopes, and the level of General Well-being. It was administered Online, contains open and closed questions, and two measures to evaluate General Well-being, Anxiety and Depression, both validated and standardized in Argentina, namely the Remoralization Scale and the BDI II. For data analysis, quantitative and qualitative methods were utilized. We expect that the conclusions will provide useful insights on strengths and vulnerabilities in the daily confrontation with this situation, as the people experience it, without labeling. This 'evidence based' perspective we believe, will exert valuable data that may inform clinicians on how to intervene in Pandemic.

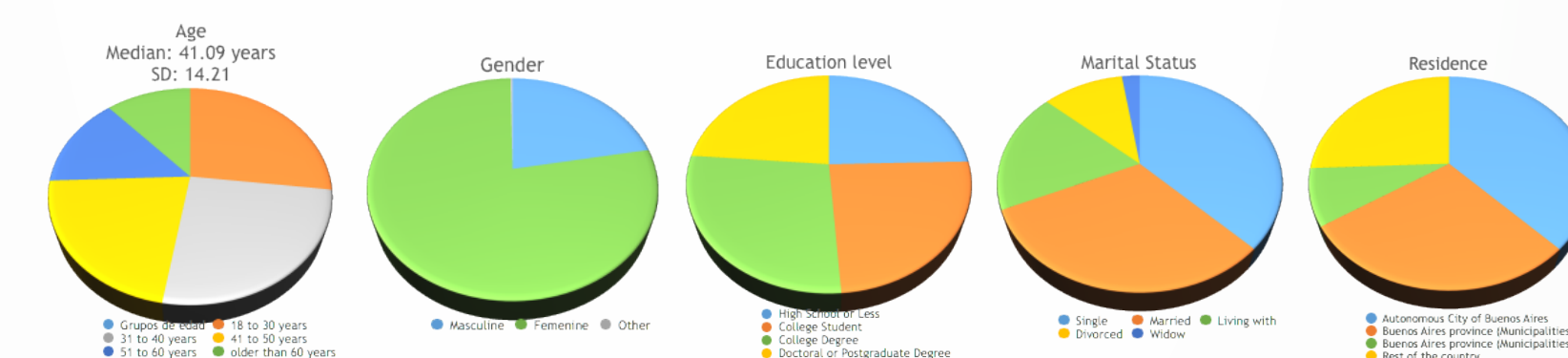
### LIFETYLE AND RISK BEHAVIORS

- Do you have young children under your care?
- Do you have any previous illness during this period?
- Did you have any illness during this period? If so, which one?
- Do you have elderly under your care?
- Are you a health worker?
- Do you smoke?
- Do you have overweight?
- Do you use substances?
- Has your meal regimen changed? If it was altered, in what way?
- Did you perceive work stress?
- Did you take Medication? If so, which one?
- If you work, to what extent your work became online or home - office?
- If you had income, to what extent was your income LESS affected?
- If you had income, to what extent was your income MORE affected?
- If you did physical exercise, with what INTENSITY? exercise, how OFTEN?
- Regarding the organization of time, to what extent did you plan your day with schedules and routines?
- How often and intensely did you connect to the computer to bond with family and friends?
- How often and intensely did you log on to the computer to do stimulating or recreational activities for you?
- Were you afraid and / or distressed? If so, under what circumstances or of what you were afraid and / or anguished for?
- What are your expectations for improvements in the immediate future?

### BELIEFS ABOUT THE PANDEMIC

- The COVID -19 Pandemic does not exist, it is a manipulation of the Governments VERSUS The COVID-19 Pandemic is a problem generated by a new virus for which there are still no drugs or vaccines and must be solved jointly by science and public policies.
- The preventive and restrictive measures of the different States in the face of the Pandemic are a new world dictatorship to manipulate people's freedom VERSUS Preventive and restrictive measures of the different States in the face of the Pandemic are the best way to take care of people's health.
- The mask is a cause of diseases VERSUS The mask is an effective preventive measure to reduce the spread of the virus
- The vaccine is dangerous VERSUS The vaccine is safe
- COVID-19 deaths are caused by the new coronavirus VERSUS COVID-19 deaths are due to other causes and are reported as COVID

THE SURVEY WAS SELF - ADMINISTERED ONLINE, PREVIOUSLY SIGNING INFORMED CONSENT FORMS, FROM AUGUST UNTIL DECEMBER 2020, IN ARGENTINA



The survey was self-administered online, previously signing informed consent forms, from August until December 2020, in Argentina

## SECTION 2 | RESEARCH QUESTIONS AND PRELIMINARY RESULTS

### PARTICIPANTS

N=1020 people, aged between 18 and 80 years (Mage = 41.17; DT = 14.26) of both sexes (77.6% female), living in Argentina, participated in the study. Between them, there were health workers active during the pandemic (n = 273; 26.8%).

### 1) DEPRESSION, ANXIETY AND REMORALIZATION, ARE THEY CORRELATED?

**Table 1.**  
Relations between depression and remoralization dimensions

	1	2	3
1. BDI-II	.81	-.588**	-.681**
2. Self-concept		.76	.724**
3. Self-satisfaction			.80

Correlational study between Remoralization Scale and BDI II

Note. Cronbach's alpha in diagonal.

BDI II and Remoralization Scale showed negative correlations between them, confirming strong scale validity for Remoralization.

### 2) BDI II AND REMORALIZATION SCALE SCORES IN THE WHOLE SAMPLE

For the whole sample  
BDI II median: 12.17 (sd = 9.09) - **Low Depression**  
RS median: RS es 36.71 (sd = 7.00) - Non - **clinical population\***  
- Mean scores for BDI II rated "Low Depression", and mean scores for Remoralization rated "Non - clinical" population for the whole sample.

Participants were asked whether during Pandemia they felt **fear and/or anxiety**, rating the answers from 0 to 10. Media was **6,12 (DT = 3,13)**, and no differences were observed between general population working or not working in Health Care.

- Nearly all respondents felt fear, independently of particular groups, which is normal due to the context.

### 3) BOTH PEOPLE WORKING IN THE HEALTH CARE SYSTEM AND NOT WORKING IN THE HEALTH CARE SYSTEM, ARE THERE DIFFERENCES BETWEEN THE TWO GROUPS?

In relation to **substance use**, there were statistically significant differences between the two groups (t (1020) = 2.431; p < .001). In relation to **self-perceived stress**, we also found statistically significant differences (t (1020) = -4.005; p < .001) in both cases, rates were higher in health care workers.

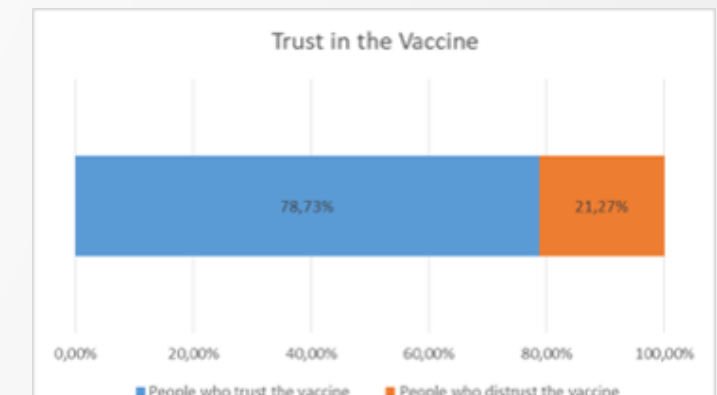
In relation to **tobacco consuming, overweight and taking medication**, there were no statistically significant differences between the two groups.

Majority of respondents, independently of working in health care or not, **gained weight, changed their meal routine, although did not increase their level of physical exercise.**

Almost all respondents changed their relationship with **remote communication.**

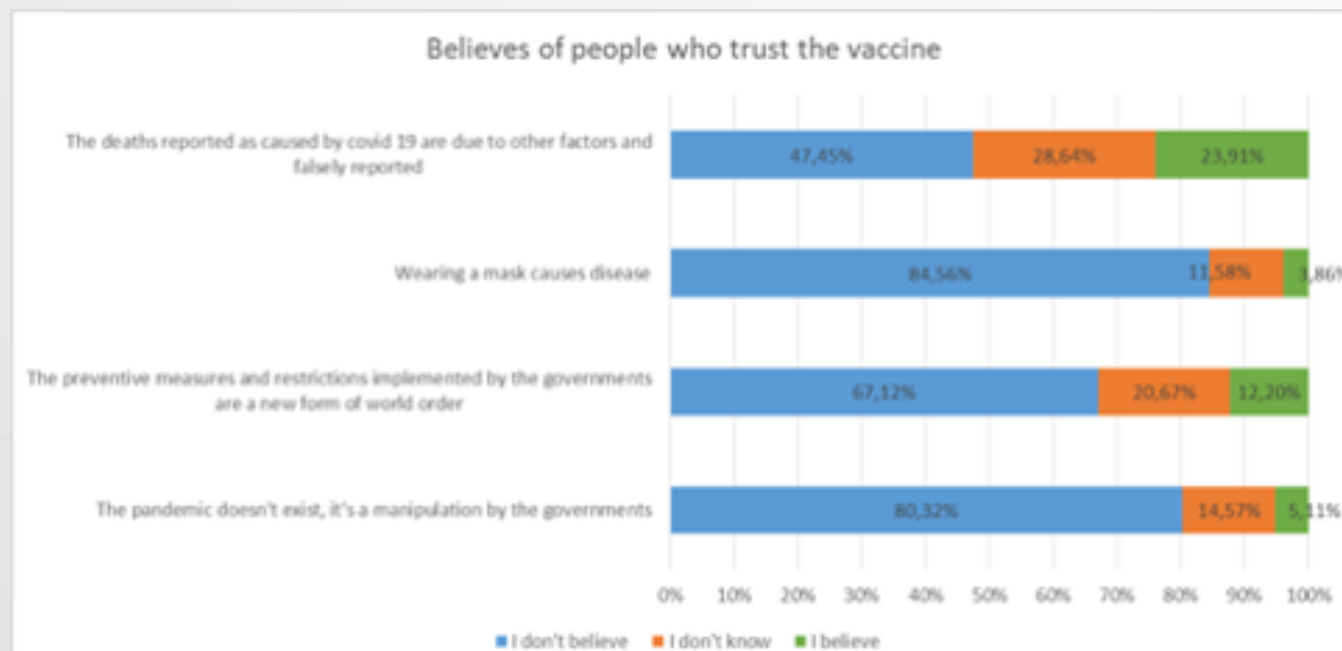
### 4) HOW DO PERSONAL BELIEF SYSTEMS AND INFORMATION PROCESSING IMPACT RECOVERY?

People who distrust vaccines, tend to adhere to conspiracy theories



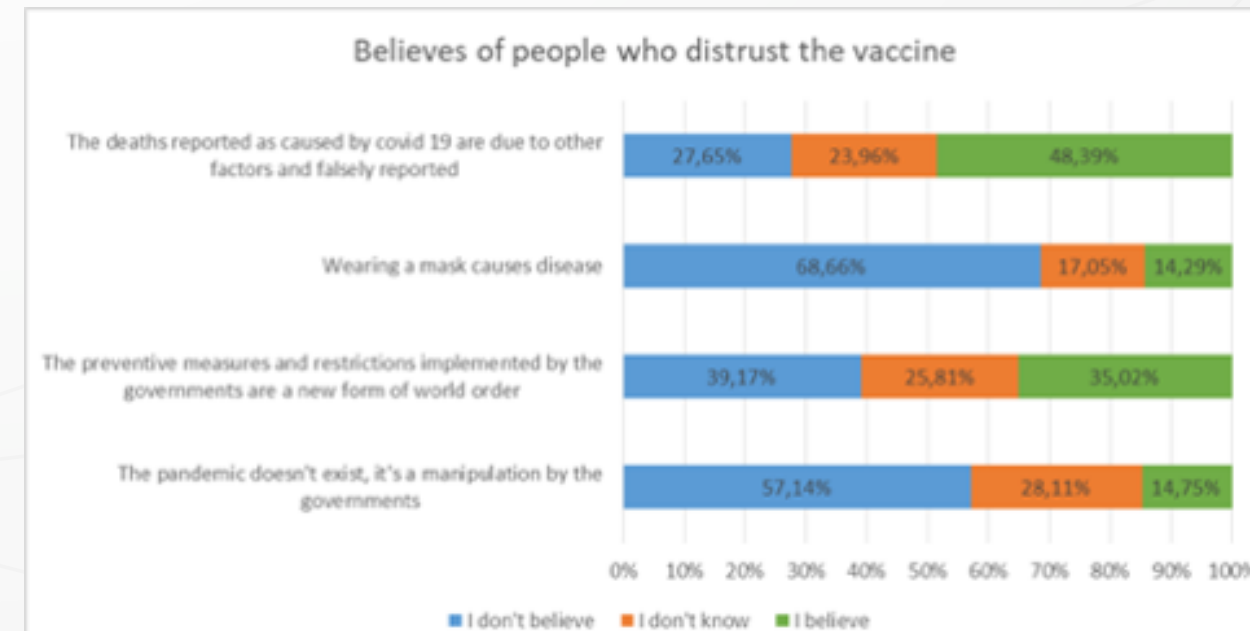
22% of respondents distrusted vaccines

### Beliefs of people who trust the vaccine



THE MAJORITY OF RESPONDENTS WHO TRUST IN VACCINES, DON'T BELIEVE IN CONSPIRACY THEORIES

### Beliefs of people who distrust the vaccine



THE MAJORITY OF RESPONDENTS WHO DISTRUST IN VACCINES, BELIEVE IN CONSPIRACY THEORIES

## CONCLUSIONS

In spite we did not find psychopathological levels of depression, anxiety or demoralization, the mean score of BDI II corresponded to "low depression", which implies a vulnerability area that should be attended to. Also, the majority of the participants responded they felt fear, as a normal reaction to the context. Weight increases were observed in the majority of respondents, also posing an alert for its consequences to health care in general. As expected, the people working in the health care system experienced a higher impact in terms of stress and anxiety. The role of contradictory beliefs and conspiratory theories has an impact in the implementation of the recovery strategies, for example, the need for vaccination. Is there a relationship between beliefs and attitudes in face of Pandemic and general mental health? Can we target specific effective interventions to help people process information to enhance recovery strategies? This is an ongoing investigation, we will be able to have more data in the near future.

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