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MENTAL HEALTH STIGMA AS A SOCIOCULTURAL COMPLEX WITHIN PANAMANIAN CULTURE

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ABSTRACT

The purpose of this study is to examine mental health stigma within the sociocultural context shared by members of the Panamanian population. Mental health stigma is complex because it manifests itself differently according to the cultural context in which it is experienced. Culture informs individual beliefs, behaviors, and attitudes regarding how a person should live within their immediate household and within society. This social conditioning is accomplished through a variety of means, including the passing down of social norms, traditions, and customs. Ultimately, these cultural characteristics encourage socially acceptable behaviors while simultaneously discouraging undesirable behaviors in order to maintain group norms. Mental health stigma has been identified as a prevalent feature of the Panamanian community. Therefore, this study seeks to understand how Panamanian culture in particular contributes to the development and perpetuation of mental health stigma among Panamanians. In order to study mental health stigma within this community, Panamanians from the tri-state area over the age of 18 were surveyed and interviewed to gain a better understanding of how cultural norms influence discussions surrounding mental health and willingness to access support services.

Keywords: Stigma, Culture, Intervention Methods

INTRODUCTION

The COVID-19 pandemic has posed a threat not only to people's physical health, but to their mental health as well. In fact, an increasing number of news outlets are reporting rising trends in mental health crises worldwide. For example, a *Psychiatric Times* article titled "Mental Health in America: A Growing Crisis" stated that "The ongoing COVID-19 pandemic has increased mental health care needs while simultaneously restricting access, with unknown long-term consequences" (Darcy & Mariano, 2021, August 5). Clearly, people have been struggling to mentally cope with the unavoidable adjustments required to preserve one's life and the lives of others.

In order to address growing concerns regarding the worsening state of mental health worldwide, people are taking the initiative to facilitate discussions regarding mental health. The purpose of these discussions varies, whether it be to raise awareness about mental health issues or to provide people with resources to help them cope. However, an increasing number of discussions have been directed towards destigmatizing mental health, seeing as this has been consistently identified as a barrier that deters people from seeking care and speaking openly about their mental health. In fact, the World Health Organization states that "increased investment is required on all fronts: for mental health awareness to increase understanding and reduce stigma; for efforts to increase access to quality mental health care and effective treatments; and for research to identify new treatments and improve existing treatments for all mental disorders" (Volkov, 2022). Be that as it may, in order to begin effectively destigmatizing mental health, there needs to be an understanding of

what stigma is. For the purposes of this study, stigma has been defined as “stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviors are viewed as different from or inferior to societal norms (Dudley 2000)” (Ahmedani, 2011).

It should be noted that stigmatizing beliefs and subsequent expressions of those beliefs do not occur by coincidence. Since stigma is a multifaceted phenomenon, effectively studying it requires a multidimensional approach. The multidimensional approach that this study will use, is to analyze mental health stigma from a sociocultural perspective. “Dominant Cultural and Personal Stigma Beliefs and the Utilization of Mental Health Services: A Cross-National Comparison,” makes a point of saying that “cultural stigma beliefs are a societal feature” (Bracke, Delaruelle, & Verhaeghe, 2019). Studying mental health stigma from a sociocultural perspective assists in identifying any underlying connections that may exist between stigma and a culture’s unique characteristics. Taking this approach could provide insight into how the elements of a particular culture inform beliefs about how people should exist in relation to others within that culture. In other words, it provides a basis for not only understanding the relationship between an individual and their culture, but also the relationship between culture and the formation of beliefs. This study will be examining various social and cultural factors characteristic of the Panamanian population that may be contributing to the development of mental health stigma within this community. Ultimately, this will help gain a better understanding of how mental health stigma originates in and persists in Panamanian culture.

Panamanian culture was selected as the focus of this study for two main reasons. The first reason is the lack of mental health research involving Latin American and Caribbean populations. Due to mental health stigma carrying such strong social implications within these two regions, it deters people from broaching the topic of mental health. Consequently, this decreases the number of people willing to partake in any study related to mental

health due to a fear of backlash or rejection. This results in a lack of data being available for this particular demographic. As a result, mental health research and subsequent intervention methods are designed from a Eurocentric worldview which makes them culturally inappropriate within the context of Latino populations (Chiang et al., 2004). The second reason is that on the rare occasion mental health is studied in Latin America and the Caribbean, Panama is still often excluded. Most mental health research that is focused in Latin America and the Caribbean occurs in the same few countries. A possible explanation for this could be Panama’s unique cultural position. Panamanian culture does not fit neatly into Latin American culture or Caribbean culture, rather, it is a mixture of both. Panama’s history is so intricately tied with the Caribbean, between the influx of West Indians who entered the country to build the Canal, that despite its geographical location in Central America and it originally being a Spanish colony, it would be misleading to say that it is solely Latin American. Nonetheless, analyzing Panamanian culture could both bridge the gap in existing mental health research and provide a deeper understanding of the relationship between mental health stigma and culture.

Based on previous studies that have been conducted, it can be anticipated that the results of this study will indicate that stigma negatively influences a Panamanians’ perspective of mental health, thus indicating a need for intervention. The results of this study should be used as a starting point to not only understand how mental health stigma manifests itself, but to also identify which intervention methods would be most effective in eliminating it. The study should be comprehensive in that it is being spearheaded by a member of the target community, which could help add valuable insight to this project. However, it could give way for the potential to have bias. Regardless, the results of the data will be used as a point of reference when designing an intervention method to help address the issue of mental health stigma within the Panamanian community. Designing an effective intervention method requires the knowledge that will be obtained through

this research, which includes cultural literacy along with an understanding of the theoretical background of stigma. Effective intervention methods are able to synthesize the two and engage the appropriate audience to facilitate change.

METHODS

This study utilized two methods of data collection, surveys and interviews, to examine the connection between elements of Panamanian culture and the development and perpetuation of mental health stigma within the Panamanian community. This approach was taken, because it was found in previous studies, that intervention methods need to be tailored to “understand the cognitions and beliefs that comprise the lay theories that lead to the development of mental-illness stigma and create messages that specifically address those aspects rather than employing general messages for general audiences” (Yeh et al., 2017, p. 98). Therefore, the data collection methods created for this study, were designed to understand the social conditioning and beliefs that shape Panamanians’ perceptions of mental health.

Eligible participants for this study included Panamanian adults 18 and over residing in the tri-state area, or those who previously resided in the tri-state area for at least 10 years. This study defined Panamanians as people born in Panama, people who grew up in a household or family of Panamanians, or people who are descended from Panamanians. A majority of participants were recruited through advertising campaigns promoted by various organizations, including the Day of Independence Committee of Panamanians in New York (DICPNY), the Caribbean Students Association (CSA) at St. John’s University, and the Latin American Student Organization (LASO) at St. John’s University. Prior to formally participating in the study, participants were asked to virtually sign an Informed Consent form. The purpose of this form was to ensure that participants were aware of the terms and conditions of the study, as well as their rights as a participant.

In terms of the survey, it was conducted anonymously and contained twenty-four questions in total. These questions were divided into four groups, “Demographics,” “Panamanian Cultural Elements,” “Inquiries into Perspectives of Mental Health,” and “Fill-Ins” according to the data they were designed to collect. The “Demographics” section gathered background information about the individual, to see if and how certain variables such as race, age, gender, and generation influenced responses. The “Panamanian Cultural Elements” section collected data related to elements of Panamanian culture including values, family, social norms, and gender norms. Four values in particular, *familismo*, *dignidad y respeto*, *compadrazgo*, and *machismo* (Mascayano et al., 2016) have been previously identified in mental health stigma research conducted among Latin American populations. This section was designed to see if these same four values were still relevant within a Panamanian cultural context. “Inquiries into Perspectives of Mental Health” was used to obtain a general idea of the participant’s opinions of mental health. Lastly, the “Fill-ins” section served as an opportunity for participants to speak about their own individual experiences with mental health and preferred coping mechanisms. Once all the data was collected, it was analyzed using thematic coding. The keywords that were searched for were family, dignity, respect, community, and machismo, in addition to other recurring words that appeared across participant responses.

Participants were offered the opportunity to expand upon their answers reported in the survey by participating in a one-on-one structured in-depth interview composed of a prepared list of ten questions. The purpose of the interviews was to gather more information about topics that were briefly explored during the surveys, as well as to provide a space for participants to discuss additional areas that they felt would be relevant to this discussion. Similarly, to the surveys, thematic coding was used to analyze the participants’ responses during the interviews. This was accomplished by noting keywords according to how frequently they appeared

across the participants' responses. The same four aforementioned values were also looked for in the interview notes, in addition to other recurring words or phrases.

All that considered, the purpose of this study goes beyond producing research. The goal is that the data from this study will be used as a guide to facilitate the creation of culturally competent intervention methods that are designed to effectively address mental health stigma. Therefore, the pilot project that accompanied this study, was created with this in mind. The pilot project was a community-based intervention method that consisted of a virtual presentation of this research for a prominent Panamanian organization. The Day of Independence Committee of Panamanians in New York (DICPNY) was selected as the presentation site, due to its position as an established Panamanian cultural center at the heart of the Panamanian community in Brooklyn. Their position enables them to use their influence and connections to facilitate open dialogue about mental health in a space where Panamanians are already present and comfortable. Furthermore, by attending this presentation, board members of DICPNY would become better equipped with the knowledge necessary to create effective and sustainable mental health programming in a way that would resonate with the Panamanian community.

A slideshow was prepared for this presentation, that contained information regarding this study's purpose, scope, population, results, conclusions, and recommendations. In addition, both a pre- and post-assessment were created through Google Forms, to be distributed to members of the board before and after the presentation. The purpose of the pre-assessment was to gauge their familiarity with the topic of mental health within the Panamanian community and obtain an idea of what they were looking to see in the presentation. The post-assessment was designed to gauge their level of comfort with designing mental health events after observing the presentation, and also provide them with an opportunity to share something new that they learned because of the

presentation.

RESULTS

The data collection process occurred between February 2022 and April 2022. In total, 34 participants completed the surveys and 1 of the 34 participants participated in an interview. Before discussing the results of the surveys and interviews, it is important to have an understanding of the participants' backgrounds, seeing as they correlate with their responses. With regard to this particular study, the participants' age and gender were found to be the most influential variables in shaping their perspectives of mental health and Panamanian culture.

Of the people who indicated on the survey, 27/34 identified as women and 7/34 identified as men. In terms of the age breakdown, 21/34 of the participants were 55 and older. Overall, it is evident that the majority of the participants represented in this study are women and from older generations.

Thematic coding was used to identify keywords relevant to the discussion of mental health stigma within a Panamanian cultural context. After analyzing the data, the top recurring keywords that were found across the survey responses were family, religion/spirituality, respect, and honesty. "Family" appeared 26 times, "religion/spirituality" appeared 23 times, "respect" appeared 14 times, and "honesty" appeared 11 times. Likewise, the most commonly reported coping mechanisms were religion/spirituality and family. Similar to the surveys, the interview was also coded for recurring keywords. After transcribing the conversation, three keywords were identified, "family," "patriarchal," and "religious." Throughout the 30-minute-long interview, the concept of patriarchy was mentioned five times, religion was mentioned four times, and family was mentioned twice. Additionally, subtopics that were brought up in relation to these values, such as gender norms, were particularly telling when tracing the origins of mental health stigma within Panamanian culture.

The data that was collected about participants' perspectives of mental health stigma supported the fact that mental health stigma is prevalent within Panamanian culture. In fact, when asked to rate the prevalence of mental health stigma in Panamanian culture on a scale of 1 to 5, with 1 being "not prevalent at all" and 5 being "very prevalent," the average score was 3.90. Then when asked to rate their responses to encountering someone with mental health issues on a scale of 1 to 5, with 5 being "support them" and 1 being "avoid them," the reported average was 4.10. In contrast, when participants were asked about how they think their parents/grandparents would respond to someone experiencing mental health issues, the average score was 2.77. When evaluating the strength of norms in this discussion, 22/34 of the participants believed that social norms are strongly adhered to in Panamanian culture.

After reading through the data, it was evident that Panamanian culture plays a significant role in shaping Panamanians' perspectives of mental health. Between the surveys and the interview, findings were consistent with what has been previously identified in existing literature related to mental health stigma. This indicates that these values are still relevant within a Panamanian cultural context and are starting points for understanding the origins of mental health stigma within Panamanian culture. The additional keyword that was identified in this study, "religion/spirituality," points to an area of Panamanian culture that requires further exploration and analysis when analyzed in relation to mental health stigma.

The pilot project presentation was held on Monday, November 28, 2022, from 1945 to 2000 via Zoom. To reiterate, both a pre- and post-assessment were given to the board members who attended the presentation. Out of the 10 board members, seven filled out the pre-assessment and two filled out the post-assessment. In both assessments, the questions were rated on a scale of 1 to 5, with 1 being the lowest and 5 being the highest. In the pre-assessment, based on

people's responses, they reported feeling more confident designing mental health events for Panamanians (4.14) compared to their ability to educate Panamanians about mental health (3.86). Considering knowledge and the ability to educate is necessary in order to design effective events, this could indicate the possibility of a gap in knowledge regarding mental health within the Panamanian community. For the post-assessment, the target threshold was half of the attendees reporting a higher level of confidence in creating mental health focused events for Panamanians. Although there were only two responses to the post-assessment, both people, on a scale of 1 to 5, reported a 5 (with 5 being the highest) in their confidence in creating future events for Panamanians regarding mental health.

DISCUSSION/CONCLUSION

The data collected from this study suggests a correlation between elements of Panamanian culture and both the development and perpetuation of mental health stigma within the Panamanian community. In particular, the cultural values of "family" and "religion/spirituality" were found to be most influential in informing individuals' perspectives of mental health. The data also indicated that participants' responses to their own personal mental health challenges were heavily influenced by the role that they are expected to assume in the family, as well as how they believe their family would perceive them. Within this topic of family, the issue of gender norms in relation to the patriarchal structure of Panamanian culture also proved to be important in understanding mental health stigma among Panamanians. Similarly, participants were also found to have relied on religion/spirituality as a coping mechanism to handle their mental health challenges privately. Having said that, three areas in the data were found to be most crucial to understanding how mental health stigma manifests within the Panamanian community: cultural values, religion/spirituality, and family. Each of these three areas will be examined in greater detail below.

CULTURAL VALUES

Across participant responses, there were consistencies in terms of reported cultural values regardless of age, generation, or location. In this study, the top reported values the participants felt that their parents/grandparents had were “Religion/spirituality,” “family,” “honesty,” and “education.” Similarly, the top self-reported values of the participants were “religion/spirituality,” “family,” “respect,” and “education.” The values identified in this study echoed the four values previously identified in Mascayano’s study, “*familismo, dignidad y respeto, compadrazgo, and machismo*” (Mascayano et al., 2016) which were found to be crucial to shaping Latino’s perspectives of mental health. Although *compadrazgo* and *machismo* were not directly stated in this study, they were indirectly referenced by participants’ responses.

The benefit of this consistency in values is that it provides a clear route to tracing the origins of mental health stigma. After all, values are passed down from older generations and circulated among newer generations. However, this consistency in values also creates an underlying problem that demonstrates why it is so difficult to eliminate mental health stigma. The reason is that this consistency in values shows how deeply ingrained mental health stigma may be in Panamanians. Values have the potential to serve as vessels that transfer subconscious feelings of animosity or discomfort towards mental health from generation to generation. For example, although on average, participants reported that they have a significantly more favorable view of people experiencing mental health issues when compared to their parents/grandparents, mental health stigma is still a prevalent issue. One reason to explain this paradox could be that although on the surface, participants may appear to be more progressive in their thinking about mental health, their subconscious may actually reflect the thinking or opinions held by their parents/grandparents. This shows that the role of the subconscious in perpetuating mental health stigma

cannot be overlooked.

RELIGION/SPIRITUALITY AND FAMILY

With regard to the values represented in this study, “religion/spirituality” and “family” were found to be the most influential in shaping perspectives of mental health. Not only did they appear the most frequently across participants’ responses, but they also appeared in multiple forms when analyzing mental health stigma. For one, religion/spirituality and family have a dual nature that makes them both a cause of mental health stigma and a remedy for it within Panamanian culture. For instance, religion/spirituality has been used in an attempt to explain the existence of mental illness and mental health challenges, such as saying that it is a result of “sin” or some other perceived individual violation of religious guidelines. However, it has also been used as a coping mechanism to privately deal with the very same mental health challenges. An additional aspect that is important to consider, is that the expectation with the Panamanian community, like many other Latino groups, is that people are expected to handle their mental health challenges privately. This could help explain the popularity in using religion/spirituality as a coping mechanism. It is already built into the daily routines of Panamanians, while also allowing for a level of privacy.

Likewise, family operates in a very similar way. Building a sense of community is crucial to Panamanians, and it can be argued that family is a subset category of community. Since family is so highly valued within Panamanian culture, the actions of individuals are expected to contribute to supporting their family dynamic, which is crucial to fostering a sense of community. Individuals experiencing mental health challenges are believed to counter this norm, which is why they can be so swiftly dismissed and rejected. Their absence in this dynamic is noticeable. A majority of the participants in this study, however, cited family as one of their main sources of support when dealing with challenging times. Therefore, there must be a way in which Panamanians convey that they are experiencing some sort of emotional dysregulation that is still socially acceptable enough where

family members respond. There is also an additional element of family that must be explored within the context of mental health stigma, and this is gender norms. In fact, family is one of the first places where individuals are socialized into their roles.

GENDER ROLES STARTING FROM WITHIN THE FAMILY

The data in this study clearly presents gendered responses to mental health. For one, this could be due to the *machismo* associated with Latin American culture, which assigns roles and beliefs to people belonging to certain gender groups. For instance, men are expected to be strong, the providers for their families, and protectors. This means that they are expected to assume a very dominant and aggressive stance within Panamanian culture as a peak expression of masculinity. The issue here is that mental health is seen as a point of weakness. The data that was collected from this study echoed this narrative. On average, men were more likely to report repressing their emotions and being more reserved when experiencing mental health struggles in the past. This follows from the data that showed that men, when asked to rate on a scale of 1 to 5 their comfort with speaking to family about their mental health, the average score was 2.86. On the contrary, when asked about their comfort speaking to a professional, men responded more favorably, with the average score of 3.14. Perhaps the benefit of anonymity provided by mental health professionals is more appealing because it allows men to have an outlet to express their emotions in a setting that will not lead to community questioning of their masculinity, as it could potentially be when discussing mental health with family. Ultimately, it becomes a battle for survival, fighting to survive personal mental health challenges, while also simultaneously fighting to conform to societal expectations.

Conversely, women are expected to assume a submissive role. While this may lead to a decrease in opportunities outside the household, such as

access to education, it does allow them to take part in discussions of a more sensitive nature like mental health. This awareness of gender and the role of gender in addressing mental health was noted by participants. In this study, on average, women were more likely than men to feel that their gender influenced their role in the household and community. This indicates that Panamanian women are aware of the roles that they are expected to assume due to their gender. In a gendered society, the level of expressiveness afforded to an individual is directly tied to their gender. This could help explain differences in emotional stressors between men and women, while also explaining an overwhelming majority of women participating in studies like these. That said, another important characteristic of Panamanian culture, that seems to be present regardless of gender, is religion/spirituality.

RELIGION/SPIRITUALITY AS A COPING MECHANISM

Religion/spirituality serves as an integral part of Panamanian culture. As one participant mentioned, at the center of many towns or cities in Panama, is a plaza where a Church is located. In other words, the Church is quite literally at the center of Panamanian culture. Therefore, it is no surprise that a majority of the participants reported having some sort of religious or spiritual connection that they rely on, especially in times of crisis. This is consistent with the data regarding the prevalence of mental health stigma within a culture. In cultures where mental health stigma dominates, members of the community tend to gravitate towards informal coping mechanisms that are considered to be more socially acceptable or explainable to others. In this study, it was evident that most Panamanians resort to informal coping mechanisms, especially those in which they already have built into their routine. Attending church or participating in spiritual practices are examples of frequently reported coping mechanisms stated in this study. This response was not a surprise because it was consistent with past findings. However, the dual nature of religion/spirituality that was previously mentioned, is an

additional point that was uncovered in this study.

PERCEPTIONS OF MENTAL HEALTH

The data shows that Panamanians do not have an intrinsic animosity toward mental health or those dealing with mental health challenges. Rather, the discomfort surrounding mental health may be stemming from a place of subconsciously ingrained social conditioning. In this study, Panamanians acknowledged the existence of mental health stigma within the United States and the Panamanian community. The average score of participants when asked about the prevalence of mental health stigma in the Panamanian community was 3.90. One of the first steps in remediation is acknowledging that there is a problem. Furthermore, when asked, both men and women on average reported that they would respond favorably to someone experiencing mental health challenges. In fact, a majority of the participants, regardless of gender or age, indicated some sort of willingness or openness to discussing their mental health with a professional, despite the stigma surrounding mental health. Since the Panamanians involved in this study acknowledged that mental health stigma is a concern in the community, and that they themselves would respond favorably to those needing mental health assistance, the question is: where is this disconnect coming from?

In general, it seems that the hesitancy to discuss mental health comes from a place of fear of rejection and shame. While some participants indicated that they have a fear of being forced to undergo hospitalization to address their mental health, most participants indirectly indicated that they have a fear of experiencing the social ramifications of admitting to struggling with mental health. Examples of these social consequences include negative family reactions, being seen as weak, being labeled “crazy,” going against the norm, etc. Clearly, there is an issue of mental health stigma within this community that is being driven by cultural factors, and it is influencing the ways in which Panamanians are expected to respond to issues surrounding mental health. Since individuals are expected to handle

their mental health challenges privately to avoid social backlash, this discourages open dialogue and honesty regarding mental health.

PILOT PROJECT

However, a forum that provides a space to encourage open dialogue, as was the case during the pilot project presentation, can help address these attitudes. In fact, throughout the presentation, attendees engaged in open dialogue and demonstrated an interest in learning more about mental health stigma within the Panamanian community. For instance, board members were emphatically nodding their heads when the topic of machismo came up, with respect to its role in perpetuating mental health stigma. One of the attendees even made a suggestion as to why they believe that a greater proportion of participants involved in this study were from older generations. This presentation was productive in more ways than one. Board members received information regarding the study and interpretations of the data, however, they were also able to apply their own personal observations to help further explain gaps in the data and identify potential obstacles to implementing intervention methods. Attendees were also sent a pamphlet that contained an overview of this study, recommendations, and resources to help them implement the recommendations.

Overall, this project was a success because it started a conversation surrounding mental health with one of the most influential Panamanian organizations within New York. Furthermore, the data collected from the research study answered many of the questions that were listed in the pre-assessment. In other words, since this presentation was targeted to this specific population, it helped fill the knowledge gap within this community. By equipping these board members with this knowledge, they now have the ability to educate Panamanians about mental health from an informed perspective and host effective mental health events for Panamanians. Panamanians need to be informed about mental health and how it

manifests within the Panamanian community, in order to implement effective and sustainable intervention methods.

In summary, the findings of this study confirmed the original hypothesis and produced additional data that informed the research question. That said, there are still some recommendations that can be made for future studies expanding on this topic. For example, this study had a small sample size due to the limited population and nature of the topic itself. Therefore, future studies may choose to expand the scope to include more countries while still preserving cultural consistencies. Secondly, this study uncovered the dual nature of family and religion/spirituality in shaping Panamanians' perspectives of mental health. Future studies may wish to further explore this intricate dynamic.

Whether the aforementioned recommendations are included or not, future research should still maintain this model of focusing mental health stigma within a specific cultural context. Despite challenges in acquiring a large sample size, it proved largely successful in identifying the connection between mental health stigma and cultural characteristics. In other words, it provided a more specific explanation about how mental health stigma manifests within a specific culture. Not to mention, this research model can be replicated within other ethnic communities, which can help broaden understandings of mental health on a global scale. After all, the knowledge that is acquired by studies like these, is necessary for the creation of targeted and effective intervention methods.

Furthermore, future intervention methods regarding this topic do not have to be limited to presentations. Diversifying intervention methods promotes longevity, sustainability, and allows for a wider audience to be reached. That said, no matter the type of intervention method, the Panamanians need to work as a community to pool resources and contribute to the conversation in any way that they can. Many Panamanians are struggling in silence and not receiving the help or support that they need. Within the U.S., mental health research

tends to be underrepresented by minorities, including Panamanians, often due to mental health stigma. As a result, intervention methods that are based on these research studies are not inclusive. Furthermore, within the Panamanian community, a lack of understanding regarding mental health leads to feelings of ostracization, which further alienates people who are experiencing difficulties with their mental health. This is a call for the Panamanian community to continue promoting educational efforts to promote open and honest dialogue regarding mental health.

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Panamanians to be able to join conversations regarding mental health.

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ABOUT THE AUTHOR

Arielle C. Sanders graduated summa cum laude from St. John's University with her B.A. in Anthropology, and minors in Spanish and Social Justice Theory. As an Ozanam Scholar, Arielle was exposed to a plethora of social justice issues that captured her attention, both on a domestic and global scale. The COVID-19 pandemic in particular highlighted a need for the creation of culturally competent intervention methods in order to address mental health needs. Panamanians are underrepresented in mental health research and as a member of the Panamanian community, Arielle found herself wanting to focus on this community in her research. This study, "Mental Health Stigma as a Sociocultural Complex within Panamanian Culture" was awarded "First Place in the Undergraduate Humanities Poster Category" at the April 2022 St. John's University Annual Research Conference. Since graduating, she has continued her commitment to service by volunteering at a boutique that specifically serves the homeless, while also volunteering as an English tutor for conflict affected individuals. Arielle will continue her advocacy work and commitment to social justice in the fall of 2023, when she begins law school.