The mental health of the elderly in the context of the COVID-19 pandemic: cognitive, emotional, and social/behavioral aspects

A saúde mental do idoso no contexto da pandemia da COVID-19: aspectos cognitivos, emocionais e sociais/comportamentais

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ABSTRACT
Research on mental health during a pandemic is crucial as it affects behavior and disease transmission. It encompasses various aspects and is not limited to the presence of mental disorders but also relates to well-being, coping with stress, and contributing to society. The COVID-19 pandemic, with social distancing measures, has both advantages and disadvantages.
It helps prevent the virus's spread but also leads to sedentary behavior, affecting vulnerable groups like the elderly. Pandemics typically generate anxiety, especially fear of infection and economic concerns, contributing to anxiety and depression. Fake news exacerbates anxiety. The constant fear of infection triggers stress-related bodily responses, affecting mental health. Women may be more vulnerable to mental health issues during a pandemic, but the relationship is not universally agreed upon. Family members of COVID-19 victims also face mental health challenges, given the restrictions on contact and burial. Pandemics disrupt the sense of reality and order, potentially leading to repressed trauma. The concept of mental health should focus on adaptability to change rather than rigid standards. Cognitive development is a lifelong process influenced by nature and culture, with synaptic plasticity allowing the brain to adapt to learning. Psychosocial development, as per Erikson, emphasizes the impact of society on personality formation, with a focus on ego integration. Emotions involve sensations, feelings, and conscious emotions, with biological, social, and individual aspects. The relationship between gender and psychosocial effects is debated, with various factors playing a role. Expanding research in this area is essential to understand the complex interplay of factors affecting mental health during a pandemic.

**Keywords:** public health, mental health, COVID-19, elderly.

**RESUMO**

A pesquisa sobre saúde mental durante uma pandemia é crucial, pois afeta o comportamento e a transmissão de doenças. Ela abrange vários aspectos e não se limita à presença de transtornos mentais, mas também está relacionada ao bem-estar, ao enfrentamento do estresse e à contribuição para a sociedade. A pandemia de COVID-19, com medidas de distanciamento social, tem vantagens e desvantagens. Ajuda a prevenir a disseminação do vírus, mas também leva ao comportamento sedentário, afetando grupos vulneráveis, como os idosos. Pandemias geralmente geram ansiedade, especialmente o medo de infecção e preocupações econômicas, contribuindo para a ansiedade e a depressão. Notícias falsas exacerbam a ansiedade. O medo constante de infecção desencadeia respostas corporais relacionadas ao estresse, afetando a saúde mental. As mulheres podem ser mais vulneráveis a problemas de saúde mental durante uma pandemia, mas a relação não é universalmente aceita. Familiares de vítimas da COVID-19 também enfrentam desafios de saúde mental, dadas as restrições de contato e enterro. Pandemias perturbam o senso de realidade e ordem, potencialmente levando a traumas reprimidos. O conceito de saúde mental deve se concentrar na adaptabilidade à mudança, em vez de padrões rígidos. O desenvolvimento cognitivo é um processo ao longo da vida influenciado pela natureza e cultura, com a plasticidade sináptica permitindo que o cérebro se adapte à aprendizagem. O desenvolvimento psicossocial, conforme Erikson, enfatiza o impacto da sociedade na formação da personalidade, com foco na integração do ego. As emoções envolvem sensações, sentimentos e emoções conscientes, com aspectos biológicos, sociais e individuais. A relação entre gênero e efeitos psicossociais é debatida, com vários fatores desempenhando um papel. A expansão da pesquisa nessa área é essencial para entender a complexa interação de fatores que afetam a saúde mental durante uma pandemia.

**Palavras-chave:** saúde pública, saúde mental, COVID-19, idosos.
1 INTRODUCTION

Research on mental health during a pandemic is a topic of great relevance and urgency, as people's behavior can influence the spread of the disease. Mental health encompasses cognitive, psychological, behavioral, social, economic, cultural, and accessibility aspects. It is not just about the absence or presence of mental disorders but about a state of well-being in which people can use their abilities, cope with daily stress, and contribute to the development of the community while respecting their own and others' emotions (Fiorilho and Gordwood, 2020; Pereira et al, 2020; Usher, Bhullar, and Jackson, 2020).

During the COVID-19 pandemic, social distancing, especially confinement, has proven to be an effective strategy to prevent the spread of the virus. However, it can also have detrimental effects on mental health, such as increased sedentary behavior and physical inactivity, which contribute to physical and mental problems, especially in vulnerable groups such as the elderly (Huremovic, 2019).

In general, pandemics tend to generate anxiety and recurring concerns about the possibility of infection, which can lead to psychological distress. Dysfunctional beliefs about health can lead to misinterpretations of bodily sensations, increasing the risk of anxiety and panic attacks. This affects both people with preexisting mental disorders and the general population (Kitamura et al, 2022).

The fear of contracting COVID-19 and the economic concerns stemming from the pandemic can significantly increase the risk of anxiety and depression, which can persist for weeks, months, or even years. The spread of fake news and misinformation also contributes to anxiety and a sense of instability (Chatterjee, Barika, and Mukherjee, 2020).

The constant perception of infection risk can lead to a state of bodily hypervigilance, activating the stress system and increasing glucocorticoid levels, which are related to anxiety and depression. Furthermore, people with preexisting mental disorders may experience recurrent episodes, such as panic attacks, making it difficult to access and continue treatment. It is essential to ensure continuous care for these patients to prevent decompensation during the pandemic and its subsequent consequences (Kozloff et al, 2020).
2 DEVELOPMENT

Authors such as Dørheim, Bjorvatn, and Eberhard-Gran (2012) and Qiu et al (2020) warn of an increase in the occurrence of mental disorders and depressive and anxiety symptoms among women during a pandemic (in line with what has been discussed by Souza et al (2018), Nair et al (2021), and Pérez Díaz et al (2022), specifically in relation to the COVID-19 pandemic). Possible causes listed among the factors include: higher socioeconomic vulnerability (Cobos and Almendros, 2008); increased role as primary caregivers at home, including people in high-risk groups (Calasanti, 2004); and being more represented among frontline healthcare professionals, as shown by Qiu et al (2020).

Huremović (2019) points out that the family members of fatal COVID-19 victims face challenges that can impact their mental health in related ways, e.g., due to an unexpected death that can be quite painful, mainly because of restrictive measures such as the ban on contact with the patient during the last days of life and the impossibility of being present or even having a proper burial. According to the author, pandemics always disrupt the sense of reality and order, giving rise to a different way of storing and processing memories and experiences. The return to normalcy can be accompanied by repression and even amnesia of the chaos and trauma that preceded recovery. Those family members of COVID-19 victims who have passed away may have a higher risk of experiencing prolonged grief-related disorders, which can compromise their physical and mental well-being, as explained by Zhai and Du (2020).

2.1 CONCEPTS OF MENTAL HEALTH AND 'NORMAL'

As mentioned earlier in this work, Mental Health goes beyond having or not having a disease in that regard or even being 'normal.' Investigating, reading, and caring for Mental Health is related to the various possibilities of using and recognizing emotions in a continuous process of exercise, learning, and relearning (PAHO, 2022). But what is 'normal'? Affirming its Durkheimian\(^1\) roots, classical ethnopsychiatry acknowledges that normality can be equivalent to the average behavior of individuals (Devereux, 1971). While there are phenomena adapted to culture and considered normal by it, such phenomena do not necessarily imply mental normality.

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\(^1\) Émile Durkheim (1858 – 1917) was a French psychologist, considered the founder of sociology. In his studies, he defined social facts as "ways of thinking, acting, and feeling, external to the individual, endowed with coercive power by which they oppose him." Therefore, a social fact concerns everything that is general, that is independent of individual manifestations, and that compels, impels individuals to think, act, and even feel in a certain way.
In a sick society, adjustment to the hegemonic standard corresponds simultaneously to cultural normality and mental abnormality, whereas in a healthy society, cultural normality and mental normality coincide. This means that the norm does not define a general cultural standard but can also express the standards of subcultures and their individuals. According to Devereux (1971), the key to Mental Health is precisely the ability to adapt to changes. The concept of Mental Health should encompass the complexity of life, including the possibility of facing illnesses and challenges. Instead of imposing rigid standards, society should focus on the ability to cope with problems. Considering Mental Health as an openness to risk could allow individuals to make "healthy" decisions in a more personal way. However, despite advances in the care of serious disorders, classical psychiatric logic persists in biological psychiatry. This is reflected in diagnosis, psychiatric classification, epidemiological research, and social medicalization. There is a duality in the discourse, as on one hand, there is a promotion of destigmatization and psychosocial rehabilitation, and on the other hand, medication is emphasized as the sole solution to symptoms. These contradictions deserve deeper reflection in Mental Health services (Saraceno, 1999; Amarante, 2007). Caponi (2003), drawing from Canguilhem's ideas (1990), asserts that, besides its utopian and subjective nature, the WHO's definition allows the concept to be used to legitimize strategies of control and exclusion of everything considered out of place: the ordinary, unwanted, or dangerous. The concept of Mental Health tends to be confused with the concept of frequency. There is an association between Health and normality and the construction of measurement tools that assign "scientific" parameters to define that range. These tools are often scales constructed from questionnaires about the issue at hand. The most frequent responses are considered the standard of normality, and the "abnormal" is located at the edges of the normal curve. This epistemological construction logic leads to the notion that any expression differing from what is in agreement with the most frequent responses is considered "pathological," which is not necessarily true. In his work "The Normal and the Pathological," Canguilhem (1990) argued that Medicine explains its diseases as deviations from a statistical average that indicates the frequency of this phenomenon in the general population, with treatment being a process of normalization. Caponi (2003), on the other hand, asserts that the concept of normality is twofold, referring to the statistical average on one hand and becoming an evaluative concept linked to what is considered desirable at a given moment in a specific society on the other. Defining Mental Health or Psychic Health remains even more complicated because, in
addition to being directly linked to the question of what is normal and what is pathological, it involves a complex discussion about 'madness' and all the associated stigmas. Assigning a psychiatric diagnosis to a person often means placing them in a space that can be iatrogenic (Canguilhem, 1990). But it is not just that.

Currently, Mental Health is understood in cognitive and psychosocial aspects, with the term "psychosocial" being a combination of emotions with the social. While in practical terms these terms cannot be separated, intertwining with each other, here, in this work, for didactic and pedagogical purposes, they will be (Papalia and Felderman, 2013).

Human development is a complex process that involves interactions between physical, emotional, and social aspects. For example, ear infections in childhood can affect language development, and physical changes during puberty can influence identity formation. In older adults, brain changes can lead to intellectual and personality deterioration. Cognitive and emotional development are interconnected and affect self-esteem and social relationships. Self-motivation and confidence are essential for academic success, while anxiety can be a barrier.

Developmental scientists study three main domains of the self: physical, cognitive, and psychosocial. Physical development involves the growth of the body, brain, sensory and motor skills, as well as health. Cognitive development refers to learning, memory, language, thinking, and creativity. Psychosocial development encompasses emotions, personality, and social relationships. This summary will focus on the last two aspects mentioned by Papalia and Feldman (2013).

2.2 COGNITION

Cognition refers to the ability to process information and acquire knowledge from stimuli. Cognitive neuroscience seeks to understand how the brain gives rise to mental activities, including perception and memory. The human mind is the result of brain actions, from the simplest like walking to complex cognitive processes like thinking and creativity (Zandi, 2004; McDougall, Becker, and Arheart, 2006; Minett et al, 2008; Fonseca, 2014; Tsutsumimoto et al, 2017).

Understanding the development of mental processes is crucial for understanding the functioning of the human mind. Jean Piaget (1896-1980) considered knowledge acquisition as an active process where the subject selects, filters, and makes sense of information from the
external world. The interaction between nature and culture contributes to brain development and synapses (Piaget, 1971; Jungwirth et al, 2004; Parente, 2006; Caramelli and Beato, 2008).

Synaptic plasticity refers to the adaptation of the nervous system to stimuli, and most brain systems are plastic, meaning they change with experience and learning. This occurs in all stages of development and continues into adulthood, demonstrating the brain's constant adaptability to stimuli and the biological basis of individuality (Ledoux, 2002; Fonseca, 2014; Yim et al., 2017).

Regarding this topic (concerning cognition and its changes, especially in the elderly), concerning memory loss, some authors discuss changes in memory, especially in the context of the COVID-19 pandemic, such as Kiely, Brady, and Byles (2019), Barber and Kim (2021), Fiorenzato et al (2021), Mattioli et al (2021), Paolini et al (2021), Menze et al (2022), Vernuccio et al (2022). Additionally, other important studies discuss the direct relationship between COVID-19 and cognitive changes, as seen in Miskowiaka et al (2021), Yu-Hui et al (2022) – these issues will be further addressed in this study.

2.3 PSYCHOSOCIAL: EMOTION VERSUS SOCIAL INTERACTION

Erik Homburger developed the Psychosocial Theory of human development in the mid-20th century, building on Freud's concepts but emphasizing the influence of society on personality. His theory focuses on psychosocial stages where individuals face crises that affect their sense of self and extend throughout their lives (Rabello and Passos, 2001).

Erikson highlights the importance of the environment in shaping the identity and subjectivity of each person. He argues that psychological development occurs through stages and phases, and in each stage, the individual grows in response to internal demands and the influences of the social and cultural environment. Erikson emphasizes the central role of the ego in his theory, considering it the result of the interaction between internal organization and social influences, and the individual's ability to unify their experience and action adaptively. His focus moves away from Freud’s focus on sexuality towards social aspects and interpersonal

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2 Sigmund Freud (1856-1939) was an Austrian neurologist and psychiatrist. He is the founder of Psychoanalytic Theory. He conducted the study of psychic life and demonstrated that the individual is not conscious of everything that happens in their mind because there is an unconscious part that governs their life. He broke with the prevailing scientific rationalism of the time and the idea of the individual being capable of controlling themselves and the world. Freud formulated the concepts that underpinned the first topic or schema proposed by him for the structure of the psyche: conscious, preconscious, and unconscious.
relationships. In other words, Erikson proposed a theory of psychosocial development that emphasizes the influence of society on personality formation throughout life, with a focus on psychosocial stages and the importance of the ego in integrating emotional experiences (Carpigiani, 2010).

Starting from this, some concepts are essential to be understood: sensations, emotions, and feelings, within the 'psychosocial' concept.

Sensations can be defined as the impression that a stimulus (internal or external) produces in a receptor organ. Therefore, sensation is a purely perceptual phenomenon, essentially an activity of the senses (Ries, 2004; Reeve, 2006;).

Emotions, according to Bock, Furtado, and Teixeira (2008), are expressions of affection that are accompanied by intense and brief bodily reactions in response to events, whether unexpected or imagined. These organic reactions are involuntary and beyond an individual's control, highlighting the close relationship between feelings and physical responses.

Emotions are brief and intense responses accompanied by bodily reactions that act as tension releases in an organism, as mentioned by the authors in the previous paragraph. Reeve (2006) emphasizes that emotions are multidimensional and involve subjective, biological, and social aspects, with a defined purpose. Biological reactions prepare the organism to adapt to situations, while social signals communicate the intensity and quality of the emotion to others. Emotions are coordinated and synchronized processes that involve states of feelings and activation, helping the individual adapt to challenges and opportunities in significant life events. Feelings are conscious emotions and require the existence of three procedural components: the representation of the emotional stimulus, the retrieval of associated meanings, and the conscious perception of bodily states (Manca, De Marco, and Venneri, 2020). In summary, sensations are bodily reactions to stimuli, feelings are subjective experiences, and emotions are intense and brief expressions observable by others. Furthermore, feelings last longer and are less explosive than emotions, as mentioned by Gustavsson and Beckman (2020) and Hammerschmidt and Santana (2020).

Finally, one must consider the possibility of a relationship between the female gender and the presence of psychosocial effects, as shown by Parlapani et al. (2020) and Romero et al. (2021). However, on the other hand, other authors, such as Moustakopoulou et al. (2023), discuss the lack of a relationship, meaning the absence of consensus regarding this possible relationship.
Thus, studies on this subject need to be expanded, taking factors into account, such as the role of women in their families (Guiraldelli, 2012), the possibility of expressing their desires and emotions (Uribe et al., 2018), their NCDs, and others, including the outcome of female mortality (Faro et al., 2020; Pereira et al., 2022).

2.4 MAIN SIGNS AND SYMPTOMS IN MENTAL HEALTH IN THE CONTEXT OF OLDER ADULTS

Since diseases vary according to age groups, this section aims to present the main signs and symptoms in Mental Health in relation to the context of older adults, taking into account social and biological aspects (Zambrano-Calozuma and Estrada Cherre, 2019).

2.5 ANXIETY

The concept of anxiety, according to various authors like Banaco (2001), Zamignani and Banaco (2005), and Cõelho and Tourinho (2008), is better understood by considering the complex relationships between the organism and its environment. These relationships can involve corresponding contingencies, operants, and conditionings. Regardless of the approach used, anxiety involves aversive components in contingencies that generate this state. Estes and Skinner's conditioned suppression model (1961) describes anxiety as a response to conditioned aversive stimuli, which can act as motivation for negatively reinforced behaviors. When there is no possibility of escape or avoidance, the process of conditioned suppression is observed, where positively reinforced behaviors are reduced. This definition acknowledges the complexity of behavioral relationships that involve anxiety, whether in a respondent or operant context, highlighting the need for specific functional analysis for each of these relationships.

The description of anxiety presented by Estes and Skinner (1961) is based on two points: (1) the process of respondent conditioning that elicits certain physiological responses, and (2) the process corresponding to the effect of this physiological condition (state of anxiety) under operant conditions, thus identifying the process of conditioned suppression. In this way, based on a skinneriana conception, anxiety can be generally attributed to (A) respondents elicited by

3 Burrhus Frederic Skinner's theory (1904-1990) is based on the idea that learning occurs as a result of changes in observable behavior. Changes in behavior result from an individual's response to events (stimuli) that occur in the environment. Thus, a response produces a consequence. When a particular pattern of Stimulus-Response (S-R) is reinforced (rewarded), the individual is conditioned to react. The characteristic that distinguishes operant
a conditioned aversive stimulus; (B) which can serve as a motivating operation to emit negatively reinforced responses; and (C) but in the condition where there are no possible escape or avoidance responses, the process of conditioned suppression is observed, that is, a decrease in the emission of operant behaviors positively reinforced (Millenson, 1975; Banaco, 2001; Queiroz and Guilhardi, 2001; Zamignani and Banaco, 2005). This definition considers the multiple behavioral relationships that define what is known as anxiety, whether respondent or operant, emphasizing the need for specific functional analysis for each of these relationships.

Anxiety is a common emotion in people's lives and can serve a useful purpose by acting as an alert signal in conflicting situations. However, when anxiety levels become uncontrollable, they can lead to unpleasant symptoms such as palpitations, chest pain, abdominal discomfort, and restlessness. This can affect physical and mental health, especially in the elderly, whose age-related frailty can intensify these symptoms, impairing their quality of life (Oliveira et al., 2006; Uchmanowicz and Gobbens, 2015; Delphin-Combe et al., 2016; Machado et al., 2016).

Anxiety disorders are characterized by excessive fear and constant worry about threats, disrupting daily routines. These disorders are complex and can be influenced by environmental and genetic factors, as well as biological changes related to age. Anxiety is also linked to mood disorders and may be associated with depression, frailty, and other psychological issues. Overall, anxiety affects a significant number of people, regardless of their ethnic background, educational level, gender, or income, and is especially prevalent in the elderly population. Additionally, it can have a negative impact on the quality of life and increase the risks of suffering and disability (Antunes et al, 2005; Wolitzky-Taylor et al, 2010; Prina et al, 2011; Lampl et al, 2016).

Pathologically, anxiety can be present in specific disorders such as Generalized Anxiety Disorder (characterized by excessive apprehension or worry about multiple everyday problems), Panic Disorder (unexpected and recurrent panic attacks unrelated to specific stimuli or situations), Agoraphobia (intense fear or anxiety occurring in various situations where the individual believes it is difficult to escape or get help if needed, such as using public transportation, being in crowds, or even being alone outside the home), Specific Phobia (excessive and marked fear or anxiety that occurs following exposure to one or more specific objects or situations, e.g., certain animals, air travel, heights, confined spaces, blood, or injuries),

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conditioning from earlier forms of behaviorism is that the organism can emit responses rather than merely eliciting responses due to an external stimulus. "Operant conditioning shapes behavior like a sculptor shapes clay."
Social Anxiety Disorder (excessive anxiety in social interaction or performance situations with other people), Selective Mutism (typically seen in children, causing them not to speak in social situations where there is an expectation or demand for speaking, such as in a school setting. At home, in the presence of immediate family, they speak without issue, but often do not do so with close friends or more distant relatives, and it is associated with other pathologies), and others (O'Connor, 2010; Eckholdt, Watson, & O'Connor, 2018; Sample, 2019; Frota et al, 2022).

Scientific literature has revealed an inversely proportional relationship between quality of life and clinical anxiety in the elderly, as evidenced by research by Oliveira et al. (2017) and Fazzi et al. (2015). This means that as clinical anxiety increases, the quality of life tends to decrease in older individuals. Studies have shown that older adults with anxiety experience higher levels of distress, functional impairment, and seek more medical attention, which can result in higher costs for healthcare systems. Additionally, memory problems in the elderly are also associated with high levels of anxiety and stress, which may be related to psychological changes (López et al, 2020; Philip et al, 2020; Röhr, Reininghaus, & Riedel-Heller, 2020; Whatley et al, 2020; Knepple-Carney et al, 2021).

Quality of life can be influenced by different circumstances, resulting in varying levels of anxiety, necessitating a deeper understanding of how anxiety influences the health of older individuals (Loureiro et al, 2014). Inappropriate psychological manifestations in terms of intensity, frequency, or duration, such as anxiety, can cause distress in well-being and, consequently, interfere with the quality of life, particularly by limiting social interaction (Uchmanowicz and Gobbens, 2015).

2.6 FEAR

The discussion about fear allows for different approaches. Delumeau (1989) presents some ways to study this emotion. The author refers to the different ways in which fear can be studied. First, he conceptualizes fear as a basic emotion, as a fundamental component of human experience (Santos, 2003; Oliveira, 2021; Oliveira, Lira, & Abreu, 2021).

In a strict sense, fear is conceived as an emotion triggered by the perception of a present and immediate danger threatening the individual’s preservation (Vrach and Tomar, 2020; Viana, Lima Silva, & Lima, 2020). It provokes a series of effects in the organism that make it capable of a defensive reaction like flight, for example.
Thus, fear is a basic emotion, not only in humans but also in different life forms, approaching it as a common biological response. This makes human fear resemble animal fear since fear is regarded as a physiological mechanism. Delumeau (1989), however, suggests that fear becomes more complex when it comes to the human sphere. The author cites Caillois (1961) concerning fear in animals, which he describes as "unique, identical to itself, unchangeable: the fear of being devoured," whereas in humans, fears are multiple because they are the product of imagination and, thus, subject to historical descriptions as they undergo changes (Caillois, 1961 apud Delumeau, 1989:19). Delumeau (1989) specifically refers to a more complex and distinct human fear. The continuous use of the same term may convey a sense of universal, ever-present, and unchanging fear in different life forms. Authors like Delumeau (1961) and Solomon (1995) clarify, however, that the meaning of the term has changed throughout history, not only in how fear is manifested but also in the nature of fear itself and its concept, undergoing modifications.

The view of fear as contingent implies an acceptance that, even though the name is the same, the characteristics that constitute the emotion and what is accepted as typical of the emotion vary in each culture and each historical period. In this sense, fear is not just an emotional reaction but carries beliefs behind it. Therefore, fear does not imply a single and immutable nature (Solomon, 1995). It is a historically constructed feeling, learned and taught in different ways depending on the era. There are various emotions recognized as fear, and there are certain behaviors recognized as fear based on public agreement in language. Fear, in this context, is treated as something known, as most people recognize the feeling or sensation of fear, leaving no doubts about having fear. It can be a response to escape, withdrawal, denial, caution, inhibition. Such responses are part of other emotional complexes but with different configurations. Characterizing fear is not simple, and in this regard, it differs from other similar emotions such as terror, fright, panic. It is an attempt to think of the emotion from the standpoint that cannot exclude or minimize the importance of the social aspect (Santos, 2003).

2.7 LONELINESS

According to Murthy (2022), loneliness is a subjective feeling indicating the lack of social connections that an individual needs. It can be a sense of helplessness, abandonment, or separation from the group to which one belongs, even when surrounded by other people. What an individual needs when they are lonely is the feeling of closeness, trust, and affection from true
friends, loved ones, and their community. In contrast to the feeling of loneliness, which is subjective, isolation describes the objective physical state of being alone and without contact with other people. It is considered a risk factor for loneliness because individuals are more likely to feel lonely if they have little interaction with others.

It is true that feelings of loneliness can emerge in humans at different stages of life and tend to be more prevalent in cases of diminished social relationships. Nevertheless, it represents the rupture of the fundamental relationship between the individual and the world (Pocinho and Macedo, 2017). The psychoanalyst Gregory Zilboorg published the first psychological analysis of loneliness in an article in the late 1930s. Even though Freud had only marginally addressed the topic, despite extensive and ancient reflection on solitary conditions in art, literature, and philosophy. Thus, Zilboorg distinguished between being alone and being lonely, defining the former as a normal and transitory state and the latter as an overwhelmingly persistent experience (Zilboorg, 1938). In other words, loneliness is not simply what one feels when alone but can occur when one cannot find the desired company or feels isolated in some way or experiences a disconnect between themselves and others (Pocinho and Macedo, 2017).

Feelings of loneliness can arise in people of all age groups, but they are particularly significant not only because of their prevalence but also due to their consequences, in adolescents and the elderly. In the case of the elderly, the situation worsens when they need to be institutionalized after having lived with their family and enjoyed the support of genuine and healthy intergenerational solidarity (Neto, 2000; Azeredo, 2008; Azeredo, 2011). Feeling lonely is, therefore, an increasing phenomenon in modern and postmodern society, influenced by demographic changes and the urbanization of rural areas. This issue can become a plague that requires urgent solutions. It is necessary to recognize loneliness as a health and social problem, which tends to worsen (Azeredo, 2008).

In this perspective, Harry Stack Sullivan defined loneliness in the 1950s as an 'extremely unpleasant experience leading to an extreme and inappropriate need for human intimacy' (Sullivan, 1953, p. 290) and influenced the thinking of Frieda Fromm-Reichmann, who became a reference in this field at that time. Like Sullivan and Zilboorg, Frieda Fromm-Reichmann also traced the origins of loneliness to childhood experiences, arguing that loneliness is one of the most important psychological phenomena in the development of mental illness, an extreme and destructive state associated with panic and anxiety (Azeredo and Afonso, 2016).
There are some studies analyzing the relationship between loneliness and depression, alcoholism, physical illness, and grief, but research on the relationship between loneliness and psychiatric disorders is lacking. In this regard, a German study demonstrated that those who feel lonely are more likely to experience dementia within three years, compared to those who did not experience loneliness (Harison, 2012).

Therefore, while loneliness results from the discrepancy between the quality of social relationships and the individual's prior expectations, it invariably corresponds to painful subjective experiences and even subversive ones. According to Augusto, Oliveira, and Pocinho (2008), loneliness is an experience inherent to human vulnerability in connection with alienation, loss, and isolation. Not all lonely people are depressed. Nevertheless, the simultaneous occurrence of symptoms of loneliness and depressive symptoms is widely observed in research in this area, and items measuring loneliness have been included in some measures of depressive symptoms, especially in the elderly, in various studies dealing with factors associated with conditions of loneliness and depression, their risks, and resilience (Cacioppo, Hughes et al., 2006). Thus, those who have experienced chronic forms of loneliness tend to have higher levels of depression than those who have experienced reactive or situational loneliness, with loneliness being an independent risk factor for depressive symptoms (Adams, Sanders & Auth, 2004; Cacioppo, Hawkley, et al., 2006; Lim & Kua, 2011).

Peplay and Perlman (1982), point out that feeling lonely is not synonymous with being alone. The latter represents an objective isolation, while the former is more subjective. According to Hossen (2012), whereas isolation is objective, measuring the number of social contacts, loneliness is subjective, expressing the person's dissatisfaction with these social contacts. The latter arises from the discrepancy between what is expected from a relationship and the observed reality. Nevertheless, it is necessary to differentiate loneliness from solitude. While loneliness arises from an unsatisfactory relationship, solitude represents the ability to be alone positively, as a search for self-awareness and a source of creativity (Mansur, 2008).

2.8 SADNESS

Sadness is a state in which a person no longer feels "full" and is considered one of the basic emotions, along with joy and fear. There are many reasons that can cause sadness, ranging from the loss of a loved one to not achieving a desired goal. However, perhaps the most severe
is the presence of an illness, especially if that illness is incurable or chronic. When a person feels unwell, for example, due to a chronic or incurable illness, their mood can change significantly, which can lead the patient into a state of melancholy, or even depression (as illnesses) (Davidoff, 2001; Lebrasseur et al, 2021).

Sadness often arises from a loss or an event that appears to be negative or simply because expectations are not met. Nevertheless, it is an appropriate, normal, and rational emotion that arises from an objective assessment of the circumstances that affect us. It expresses a lack of joy, consternation, distress, discouragement, or frustration related to something or someone (Oliveira, Brêtas, & Yamaguti, 2007).

Sadness can be fleeting and last only hours, days, or even weeks. However, when this sadness persists for more than two weeks and changes how the individual feels, thinks, and acts, it may be indicative of a more serious problem, that is, depression (Davidoff, 2001).

The consequences of sadness can vary depending on the cause and intensity, dividing into positive and negative aspects. Sadness leads to a certain bodily sensation that can either evolve or devolve, depending on how each individual copes with it. This emotion can be characterized by a sense of denial, attempting to hide the cause of one's distress, but it can also serve as a path to personal growth through reflection and acute observational skills. Suffering can be a condition that promotes maturity and individual growth, providing new meaning to human existence (Borges, 2005).

It should be noted that symptoms like depression, sadness, fear, and anxiety can show correlations with each other, even accompanying loneliness, as various authors suggest: Bobes-Bascarpan et al. (2020), Bruine (2020), Callow et al. (2020), Emerson (2020), Kwegyir (2020), Nwachukwu et al. (2020), Picaza Gorrochategi et al. (2020), Wong et al. (2020), Zhang et al. (2020), Arpasi-Quisque et al. (2023), and others.

3 CONCLUSION

Finally, the mental health of the elderly during the pandemic has been affected due to social isolation, fear of contracting the virus, and mobility restrictions. Loneliness and a lack of social interactions can lead to issues such as depression and anxiety. Additionally, concerns about one's own health and that of family members can exacerbate stress. Limited access to medical care and the worsening of pre-existing conditions also contribute to the challenge. Therefore, it
is essential to provide emotional and social support to the elderly, promote telemedicine, and implement strategies to mitigate the negative impacts on the mental health of this vulnerable population.


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