REVISTA DE ENFERMAGEM REFERÊNCIA
homepage: https://rr.esenfc.pt/rr/
ISSNe: 2182.2883

RESEARCH ARTICLE (ORIGINAL)

Older people's social representations of their social isolation during the COVID-19 pandemic

Representações sociais do isolamento de idosos durante a pandemia da COVID-19

Representaciones sociales del aislamiento de los ancianos durante la pandemia COVID-19

Elenir Pereira da Silva [1]
https://orcid.org/0000-0002-7843-9342

Laércio Deleon de Melo [1]
https://orcid.org/0000-0002-8470-7040

Cristina Arreguy-Sena [1]
https://orcid.org/0000-0002-5928-0495

Paulo Ferreira Pinto [1]
https://orcid.org/0000-0001-7321-3160

Thelma Spindola [2]
https://orcid.org/0000-0002-1785-5828

Pedro Miguel Dinis Parreira [3]
https://orcid.org/0000-0002-3880-6590

[1] Federal University of Juiz de Fora, Juiz de Fora, Brazil

[2] University of the State of Rio de Janeiro (UERJ), Rio de Janeiro, Brazil

[3] Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESEnfC), Coimbra, Portugal

Corresponding author
Elenir Pereira da Silva
E-mail: elenirufjf@gmail.com

Received: 19.05.21
Accepted: 15.10.21

Abstract:
Background: Isolation is adopted worldwide during the different phases of the pandemic in an attempt to flatten the contagion curve and protect vulnerable groups.
Objective: To discuss the social representations of older people about their social isolation during the COVID-19 pandemic.
Methodology: Qualitative research based on the structural approach of social representations. 117 elderly people who sought immunization for influenza in a Brazilian Basic Health Unit in 2020 participated. Sociodemographic data and evocation technique were collected. Prototypical analysis was carried out after lexicographic, semantic reconciliation and co-occurrence testing in the EVOC and Iramuteq software.
Results: The results reflected the process of constructing social representations from a cognitive perspective. Thus, strategies should be developed to include older adults in the home routine by promoting interactive/recreational activities with families and professionals centered on quality of life and successful aging.
Conclusion: The representations were objectified by distancing and anchored in the expressed justifications necessary-safe, make-possible, stay-at-home, limit-out, danger-disease and prevention, which reflected the process of construction of representations in a knowable perspective.

Keywords: social isolation; coronavirus; health services for the aged; aging; community health nursing; psychology social

Resumo
Enquadramento: O isolamento é adotado mundialmente durante as diferentes fases da pandemia na tentativa de achatar a curva de contágio e proteger grupos vulneráveis.
Objetivo: Discutir as representações sociais de pessoas idosas sobre o seu isolamento social durante a pandemia da COVID-19.
Metodologia: Pesquisa qualitativa alicerçada na abordagem estrutural das representações sociais. Participaram 117 idosos que buscaram imunização para influenza numa unidade básica de saúde Mineira brasileira em 2020. Foram recolhidos dados sociodemográficos e utilizada técnica de evocação. Realizou-se análise prototípica após conciliação lexicográfica, semântica e teste de coocorrência nos softwares EVOC e Iramuteq.
Resultados: Os resultados refletiram o processo de construção das representações sociais numa perspectiva cognoscível. Desse modo, torna-se necessária a elaboração de estratégias de inclusão dos idosos na rotina domiciliar com a promoção de atividades interativas/recreativas com ações familiares/profissionais voltadas à qualidade de vida e envelhecimento bem-sucedido.
Conclusão: As representações foram objetivadas pelo distanciamento e ancoradas nas justificativas expressas *necessário-seguro*, *fazer-possível*, *ficar-casa*, *limitar-saída*, *perigo-doença* e *prevenção*, que refletiram o processo de construção das representações numa perspetiva cognoscível.

Palavras-chave: isolamento social; coronavírus; serviços de saúde para idosos; envelhecimento; enfermagem em saúde comunitária; psicologia social

Resumen:
Marco contextual: El aislamiento se adopta en todo el mundo durante las diferentes fases de la pandemia en un intento de aplanar la curva de contagio y proteger a los grupos vulnerables.
Objetivo: Discutir las representaciones sociales de las personas mayores sobre su aislamiento social durante la pandemia del COVID-19.
Metodología: Investigación cualitativa basada en el enfoque estructural de Representaciones Sociales. Participaron 117 ancianos que solicitaron inmunización contra influenza en una Unidad Básica de Salud de Brasil en 2020. Se recolectaron datos sociodemográficos y técnica de evocación. El análisis prototípico se llevó a cabo después de pruebas lexicográficas, de reconciliación semántica y de co-ocurrencia en el software EVOC e Iramuteq.
Resultados: Los resultados reflejaron el proceso de construcción de las representaciones sociales en una perspectiva cognoscible. Por lo tanto, se hace necesario desarrollar estrategias para incluir a los ancianos en la rutina del hogar con la promoción de actividades interactivas/recreativas con acciones familiares/profesionales dirigidas a la calidad de vida y al adecuado envejecimiento.
Conclusión: Las representaciones fueron objetivadas por el distanciamiento y ancladas en las justificaciones expresadas necesarias -seguro, posibilitar, quedarse en casa, límite fuera, peligro-enfermedad y prevención, que reflejaban el proceso de construcción de representaciones en una perspectiva cognoscible.

Palavras clave: aislamiento social; coronavirus; servicios de salud para ancianos; envejecimiento; enfermería em salud comunitaria; psicología social

How to cite this article: Silva, E. P., Melo, L. D., Arreguy-Sena, C., Pinto, P. F., Spindola, T., & Parreira, P. M. (2022). Older people's social representations of their social isolation during the COVID-19 pandemic. *Revista de Enfermagem Referência*, *6*(Supl. 1), e21075. https://doi.org/10.12707/RV210075

Introduction

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus is the cause of an infection known as coronavirus infectious disease 2019 (COVID-19). This worldwide epidemiological event has mobilized the media and the daily conversations of different groups. This event has changed people's lifestyles and created problems in social interactions due to the recommendations for physical distancing to prevent and control the spread of the virus (Brooks et al., 2020; Do Bú et al., 2020). Adhikari et al. (2020) point out that the prophylactic measures for preventing and controlling the spread of infections include recommendations for physical distancing, home isolation, hand hygiene practices, use of face masks, and early case detection and contact tracing.

The current social context is one of (inter)national discussions about how to reconcile the fight against COVID-19 through measures for promoting public health safety with individual and collective quality of life. According to the Brazilian Ministry of Health, both individual and collective responsibility are needed because this disease is transmitted by the respiratory route. For this reason, it is important to avoid crowded places to reduce the risk of transmission and protect vulnerable population groups (Adhikari et al., 2020).

Thus, the object of this study was older people's social representations (SRs) of their social isolation during the COVID-19 pandemic. It aimed to discuss older people's SRs of social isolation during the COVID-19 pandemic.

Background

Several countries have implemented social isolation during the different phases of the pandemic in an attempt to flatten the curve of transmission. Older adults, people with chronic diseases, and immunocompromised patients are more susceptible to infection and severe illness (World Health Organization [WHO], 2021).

Concerning older people, the social coping strategies to deal with the COVID-19 pandemic are contrary to elderly care guidelines, which advocate intense socialization and intergenerational interaction to promote social engagement and ensure a healthy and successful aging (Lim et al., 2020; Melo, Arreguy-Sena, Pinto, et al., 2020). Given this context and the fact that this phenomenon is a long-lasting epidemiological event, which was officially declared a pandemic in March 2020 by the WHO, there is a gap in the literature about older people's perceptions of social isolation as a measure to prevent the transmission of COVID-19 and other prevention strategies.

Older people's feelings, behaviors, knowledge, values, and beliefs about their social isolation due to COVID-19 trigger different SRs in a process of construction and transformation. Knowledge of these SRs can contribute to understanding human responses and their impact on the process of healthy aging and coping with the pandemic to prevent the transmission of the virus to older people (Do Bú et al., 2020).

The Social Representations Theory (SRT) was chosen as the theoretical-methodological framework based on the understanding that SRs are the principles that organize the social practices and symbolic relationships established between people and the social objects to which they are exposed (Moscovici, 2017). Jean-Claude Abric's Central Core Theory was used to analyze the structure, components, representational functions, and roles of SRs (Abric, 2013).

This study is based on the following arguments: i) The aging process is associated with multiple comorbidities and polymedication, for which reason older people are more vulnerable to COVID-19 infection or complications; ii) Social isolation as a preventive strategy is a paradigm contrary to the social/intergenerational interaction recommended for successful aging; iii) Older people's SRs of social isolation describe this social group's human responses and should be considered in the planning of educational interventions directed at older people.

Research question

What are older people's SRs of their social isolation during the COVID-19 pandemic?

Methodology

This qualitative study was grounded in the general theory of SRs (Moscovici, 2017), based on the structural approach to the SRT (Abric, 2013), and discussed in light of (inter)national scientific evidence on the topic. The consolidated criteria for reporting qualitative research (COREQ) checklist was used for manuscript review. A SR occurs through two social and cognitive formative processes: 1) Anchoring: when faced with an unknown object, individuals search in their memory for familiar contents and transform them into prototypes, comparing them to the new objects that are being questioned. Thus, in anchoring, the new object is assimilated into the existing one; 2) Objectification: an unknown/abstract concept of reality is turned into something concrete, visible, tangible, and palpable. These two processes make the unfamiliar familiar (Moscovici, 2017).

This study was conducted at a Basic Health Unit (BHU) with a traditional care model, located in a city in Minas Gerais, Brazil, with approximately 15% of older adults in its population. The majority of older people went to the BHU for consultations, dressings, vaccinations, prescription renewal, and medications available in the network. This setting was chosen because the authors were developing teaching and research activities in this unit during the data collection period, that is, the first semester of 2020.

The typicality sample consisted of older people, and the sample size met the recommendations for conducting studies with a structural approach to the SRT, that is, greater than 100 (Wolter, 2018). Participants were individually recruited at the entrance of the BHU by active search when they went to get their influenza vaccine. They were invited to participate in the study by people who developed teaching activities in this unit, which helped to establish a relationship of trust/empathy.

The following eligibility criteria were applied: people aged 60 years or older who sought the UBS to get their influenza vaccine during the first phase of the COVID-19 pandemic (March-June 2020), from 8 am to 11 am; people with verbal, mental, and cognitive skills necessary for the application of the evocation technique; people who scored 21 points or more in the Mini-Mental State Examination (Melo, Arreguy-Sena, Gomes, et al., 2020). Older people who sought the BHU for purposes other than immunization against influenza during the data collection period were excluded. There were no losses, totaling 117 participants.

The data collection tool was structured as follows: participant characterization (variables: gender, age, self-reported skin color, religion, or religious practice; retirement, benefits, and sick leave, marital status, education level, presence of children, occupation) and non-hierarchical free word association technique (FWAT). This projective technique consists of the evocation of responses to inductive stimuli previously defined by the researcher, making it possible to identify semantic universes related to a representational object and/or social phenomenon (Abric, 2013).

In the FWAT, participants were asked to mention the first three words that came to mind when they heard the inducer *older person's social isolation during the COVID-19 pandemic*. This inducer was chosen because the social subjects could easily understand it. The interviewers recorded the information about characterization cursively and evoked cognemes and the order in which they were mentioned in the FWAT. Participants were only asked to mention three cognemes to reduce the amount of time they spent at the BHU in compliance with (inter)national recommendations in times of pandemic.

The sociodemographic data were consolidated in the Statistical Package for Social Sciences software, version 26.0, and analyzed through descriptive statistics (measures of central tendency and dispersion). The evoked cognemes were analyzed through the dictionary technique using semantic and lexicographic criteria. Then, they underwent prototypical analysis using the *Ensemble de Programmes Permettant l'analyse des Evocations* (EVOC).

The following parameters were used in the prototypical analysis: 351 words-expressions evoked, 16 of them were different; use of 88.3% of the corpus under Zipf's law; minimum frequency 12; intermediate frequency 59; and rank 1.8. This technique made it possible to obtain the four-quadrant chart: upper left quadrant (ULQ), lower left quadrant (LLQ), upper right quadrant (URQ), and lower right quadrant (LRQ).

The evoked cognemes underwent similarity analysis to confirm their centrality using the *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (Iramuteq) software, version 0.7 alpha 2. This technique identified co-occurrences of cognemes mentioned simultaneously by the same social subject. The following parameters were used: construction of the similarity tree with community and centrality analysis representing the links in a dynamic graphic presentation according to the Fruchterman-Reingold layout and including the contents of the corpus resulting from the dictionary technique (Wolter, 2018).

All ethical and legal aspects of research involving human beings were met. The parent study, entitled *Representações sociais dos idosos sobre a pandemia da COVID-19* (Older people's social representations of the COVID-19 pandemic) was approved by the Research Ethics Committee, on 12 June 2020, under Consubstantiated Opinion No. 4.084.204, CAAE No. 30572220.3.0000.0008. Participants gave their consent by signing the informed consent form, after being assured anonymity and confidentiality through alphanumeric codes including a letter and two numbers (e.g., P40).

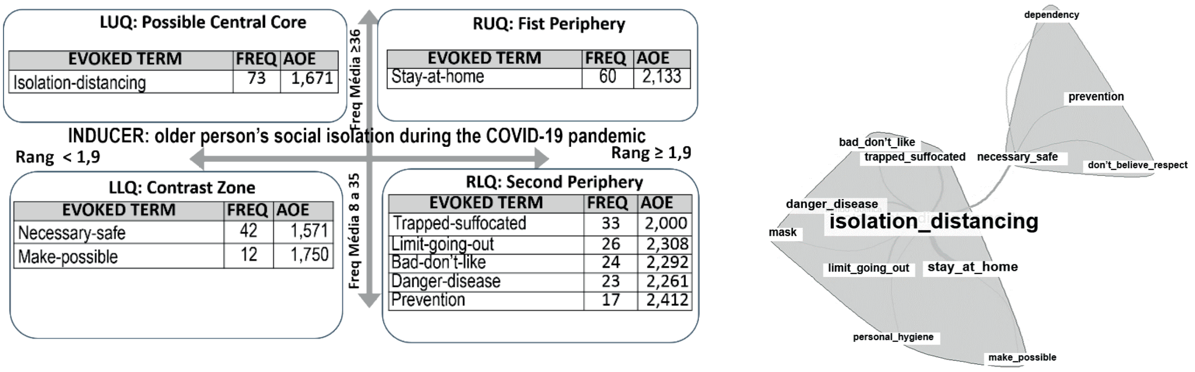
Results

The 117 participants were characterized as follows: 59% were women; 65% were aged 65 years or older (60-87 years; *Mdn* = 67; *SD* = 6.818); 72.6% had 8 or fewer years of schooling (0-16 years; *Mdn* = 4 years; *SD* = 4.984); with an average of 2.86 children (0-15 children; *SD* = 2.303); 61.2% earned less than 1.4 minimum wages (0-8.3 minimum wages; *Mdn* = 1.3 minimum wages; *SD* = 1.477); 90.5% were catholic or evangelical; 56.4% self-reported brown or black skin; 51.7% had children; 51.3% had a partner; 55.6% were retired or on leave from work; 45.2% of retired people had an average of 11.69 years of benefits; and some retired people engaged in informal activities, especially those developed the care home (18.8%), at home and in construction work (4.5% respectively). Based on the daily field notes, some people used their retirement benefits to contribute to the family budget.

The structural approach allowed obtaining the four-quadrant chart and the similarity tree, with the co-occurrence of cognemes prompted by the inducer *older people's social isolation during the COVID-19 pandemic*, which are shown in Figure 1.

Figure 1

Four-quadrant chart and conglomerate similarity tree based on the inducer "Coronavirus prevention Structural approach to the SRT (N = 117)



Note. EVOC (2003) and IRAMUTEC.

Discussion

Participants had a low education level and income, used the Unified Health System, had a self-reported black or brown skin color, and were retired or informally integrated into the job market. These characteristics portray structural racial discrimination to the extent that this social segment is distanced from urban centers, has access to the primary health care network as the predominant health system, and is subject to social control by majority religious practices (Melo, Arreguy-Sena, Pinto, et al., 2020). The field notes show that, depending on their socioeconomic status, participants were concerned about reconciling the prevention of COVID-19 with their daily socioeconomic activities to complement their monthly income, sometimes putting themselves at odds with the official recommendations for social isolation.

Therefore, the authorities are responsible for reconciling the restrictions necessary for local control of the disease with the needs, perceptions, experiences, and lived experiences that people incorporate into their behavior and knowledge about daily life. Coping with everyday uncertainties associated with poor living conditions, isolation, fear of being infected, boredom, insufficient information, and frustrations about not knowing when the situation will be controlled affects the health-disease process and the survival instinct (Brooks, 2020; Do Bú et al., 2020).

However, it should be noted that the most of the Brazilian right-wing parties' discourse seems to justify or encourage a non-quarantine posture due to economic reasons related to the capitalist paradigm, which is contrary to the recommendations. The President of the Republic and his supporters have suggested that an acceptable number of lives can be lost as long as the economy does not stop. In this way, as a vulnerable group, older people also seem to be disregarded because they are considered 'unproductive' (Do Bú et al., 2020).

For a structural approach to SRs, it is necessary to understand the four functions and roles of SRs for the social group, namely: 1) Knowledge/cognitive function, which allows the group to understand and explain the reality that surrounds it, being possible to reconfigure a specific social phenomenon based on common sense and making it an understandable reality for the group; 2) Identity function, which situates the social group within its culture through its specific characteristics and protects its values and identity; 3) Guidance function, which guides the group's practices, behaviors, and social conduct; and 4) Justificatory function, which allows the actors to explain and justify the behaviors adopted in the various social spaces (Abric, 2013).

In the Central Core Theory, the representational elements are organized around the possible central core. The evoked elements are hierarchically allocated to portray the socially contextualized contents and represented according to the frequency and position they were mentioned (rank). They are calculated based on the average order of evocation (AOE). Thus, the possible central core is the key element of the SR by determining the processes of signification and organization of SRs (Abric, 2013; Wolter, 2018).

The central core was objectified in the cogneme *isolation-distancing*, which refers to the social thinking under construction related to the social distancing recommended (inter)nationally by the scientific and health community for any physical environments with interpersonal contacts (WHO, 2021), reflecting the guidance function. It should be noted that this cogneme was confirmed by the similarity tree and reaffirmed by the normative function because it links the demand for social isolation to a rigid conduct aimed at interrupting or reducing transmission (WHO, 2021), in an objective dimension of the SR.

Thus, social distancing is perceived as a strategy to avoid interpersonal contact, with people keeping a distance of at least 1.5 meters away from each other. When the number of infections exceeds the expected rates for a given place and time, strict rules are recommended to interrupt the chain of transmission, such as a lockdown. This measure is justified because, during the extended quarantine period, the population is asked to stay at home, and suspected cases are monitored and asked to self-isolate at home during the incubation period, that is, at least 14 days in case of COVID-19 (Xavier et al., 2020; WHO, 2021). *Isolation-distancing*, as an objectification of SRs, serves the purpose of transforming an abstract reality - *older people's social isolation during the COVID-19 pandemic* - into something concrete (Moscovici, 2017) based on the existence of hope for the maintenance of older people's quality of life and health. Everyone restricted to their home environment must be patient as it can prove uncomfortable and lead to anxiety, stress, and distress. However, this situation can be minimized through alternative recreational activities and/or activities that promote non-face-to-face social interactions, such as the use of social networks to make video calls (Brooks et al., 2020).

Old age should be seen as a stage of the life cycle marked by various stereotypes, such as passivity, unproductivity, psychological and organic degeneration, asexuality, alienation and intergenerational disengagement, and expectation of the days to come. This social image of the older person leads to social isolation, which is one of the most common problems among older people, requiring immediate interventions to promote socialization and intra- and intergenerational interaction. From this perspective, it is necessary to reflect on the quality of the relationships established with older people and ensure that the social network is active and evaluated by them as satisfactory (Melo, Arreguy-Sena, Gomes, et al., 2020).

The contrast zone - LLQ - includes the cognemes that are important to a representational subgroup, which reflect possible social movements with the potential to migrate to the central core if the group is enlarged. These cognemes have a lower frequency and AOE and a higher rank (Wolter, 2018). The cogneme *necessary-safe* had the lowest AOE (1.571), low rank, and intermediate evocation frequency (42). It is linked to the central core and anchors it because the representational construct of *older people's social isolation during the COVID-19 pandemic* was objectified in social distancing and anchored in the perception that this is a necessary and safe preventive attitude to protect them against COVID-19.

The anchoring was expressed by the need to comply with the sanitary rules, as a normative, aiming at the safety of vulnerable groups such as older adults (Do Bú et al., 2020). It is worth mentioning that the cogneme reflects the behavioral/attitudinal and evaluative dimensions of the SRs, given that the understanding that it is safe and necessary to maintain social isolation justifies the engagement in the experienced reality (justificatory and identity representational functions).

It is necessary and safe to maintain social isolation because this attitude involves a prophylactic care, an action performed by the individual (self-care) for the protection of the collectivity (collective care), which portrays an affective variable that predicts behaviors in favor of the social context (Do Bú et al., 2020). The *necessary-safe* cogneme refers to an adherence behavior that contributes to coping with the pandemic and reflects the acceptance of preventive recommendations. Given the number of confirmed cases, hospitalized patients, bed occupancy rates, mortality rates, and the average number of cases and deaths in recent years, the authorities and health professionals are responsible for assessing the ongoing risks and informing the population about them and the reason for readjusting different preventive measures and social recommendations (WHO, 2021).

The contrast zone also includes the *make-possible* cogneme, which demonstrates older people's attitude of passivity and submission (behavioral dimension) toward the rules of social isolation imposed as a safety measure for vulnerable groups. This cogneme corroborates and expresses the normative and identity representational functions (Moscovici, 2017). The identity understanding can be dichotomous. On the one hand, some older adults prefer to reduce their social contacts, even if it implies less interaction with family members and intra- and intergenerational socialization, and believe that adopting social isolation measures does not impact their lives (Melo, Arreguy-Sena, Gomes, et al., 2020). On the other hand, (inter)national guidelines recommend engagement, socialization, participation in different groups and contexts, and reinforcement of intra- and intergenerational interaction (Melo, Arreguy-Sena, Pinto, et al., 2020). Thus, imposed isolation is likely to negatively influence these older adults' quality of life, self-perceived health, and successful aging. Attention should be given to the number of older people resistant to adopting safety measures such as isolation.

In the URQ (First periphery), the cogneme *stay-at-home* emerged in response to the social movement that became viral in social networks (#StayAtHome), which had an immediate impact on these older adults' social relationships to the point of being mentioned in this quadrant. It is the element with the highest frequency and rank (equal to or greater than 1.8) but low AOE (2.133; Abric, 2013; Wolter, 2018). Despite having the second-highest frequency (60), it emerged as an overactivated peripheral element, with strong centrality potential. It represents the attitudinal dimension towards the imposition to stay at home. The home environment is an expression of the objective dimension.

The knowledge, guidance, and justificatory functions also emerged in this quadrant because the participants recognized the reasons for staying at home and guided their behavior, justifying their isolation at home, even if it means reducing the opportunities for social interaction and leaving their home.

Staying at home reflects the recommendations for older people to adopt strict isolation measures to avoid exposure to and transmission of COVID-19. Social distancing - represented by the behavior of staying at home - is tolerated in a unique way by each older person, depending on whether they are alone or not, whether they are accompanied by significant others, and how they deal with the consequences of possible isolation and/or deprivation of social contacts with significant others, relatives, spouses, friends, or caregivers (Silva et al., 2020).

The LRQ (second periphery) includes the legitimate peripheral elements, that is, those with low frequency and lower rank and AOE. They express a low level of adherence by reflecting specific conditions and individualized experiences (Abric, 2013; Wolter, 2018). Among these cognemes are *trapped-suffocated* and *bad-don't-like*, depicting feelings and sensations experienced by the older adults after reducing their interpersonal contacts and expressing the evaluative/affective dimension of SRs with a justificatory function in the face of a 'new normal'. An anchoring process of expressions of negative feelings related to isolation also occurred. However, it should be noted that older adults are part of a group of people who often feel already isolated from family and friends due to the loss of a spouse or friends, family conflicts, or the onset of dependency resulting from the geriatric syndrome, social services, health services, and seeking unplanned consultations. These aspects justify the feeling of abandonment and lack of motivation experienced by many older people (Lim et al., 2020).

It is worth reflecting on the potential impact of social isolation in light of the recommendations for a healthy and successful aging (Melo, Arreguy-Sena, Pinto, et al., 2020, referring to the mute zone of SRs from a negative perspective that expresses the non-acceptance of the situation and the lack of recognition and adherence to the recommendations (Moscovici, 2017) for *older people's social isolation during the COVID-19 pandemic*. From a positive perspective, it portrays the notion of their own vulnerability because they know that they are in the process of aging, which brings about changes resulting from senility and senescence (Melo, Arreguy-Sena, Gomes, et al., 2020).

The *limit-going-out* cogneme refers to the understanding that social isolation requires them to leave home only when strictly necessary and is an essential behavior for maintaining their life and health in times of pandemic (behavioral/attitudinal representational dimension). Thus, it reinforces the possible central core, anchoring it. In this way, it is possible to identify the four representational functions among the cognemes allocated to the four-quadrant chart: knowledge, guidance, identity, and justificatory.

The *limit-going-out* cogneme can be analyzed as a coping strategy for suspected or confirmed cases of infection or cases that increase the risks of infection or transmission among older people. Thus, it is crucial to adhere to social distancing also from apparently healthy people to ensure the health of the population and minimize/prevent the collapse of the health system. This collapse can result from the abrupt increase in the number of hospitals and intensive care admissions due to the lack of hospital beds and the reduction or depletion of human and material resources to care for hospitalized patients (Xavier et al., 2020).

Despite acting as elements capable of reinforcing the possible central core, the cognemes *danger-disease* and *prevention* reflect the informational/cognitive dimension (knowledge and justificatory functions) of SRs. These expressions were evoked by participants who mentioned these cognemes less frequently, reflecting the social thinking of a small representational subgroup that sees social isolation as an act of health prevention and becoming infected with COVID-19 as a fact to which they are vulnerable.

Studies point out that older men and immunosuppressed people are more vulnerable to COVID-19, evolve to the most severe forms of the disease, and have higher mortality rates due to comorbidities such as hypertension, diabetes, and cardiovascular, respiratory, and kidney problems. The highest mortality rate due to COVID-19 is found among older people aged 60 years or older (8.8%) and 80 years or older (14.8%; Do Bú et al., 2020).

Adhikari et al. (2020) and Velavan and Mayer (2020) point out that older people require additional care and continuous surveillance of their adherence to prevention measures. However, the investigated group represents older people's social isolation during the COVID-19 pandemic as mainly being imposed by the health care systems, the social networks, and society in general. This aspect portrays a normalizing act that causes suffering and changes social customs, leading to a lack of understanding and limited self-perception of their vulnerability and the overall risk for the disease.

When reflecting on these SRs, it is important to consider the influences, the saturation of these contents, and the toxicity that communication channels can trigger on the elderly population, especially given that most of these individuals spend a large part of their day watching television (the most used media by this population) or using radios, computers, or cell phones that repeatedly reported COVID-19 stories at short intervals. This excessive access to information ends up emotionally wearing out the older people with content that is often dubious or contradictory throughout the day, depending on the source they use to acquire their knowledge (Brooks et al., 2020).

Some evidence points to an increase in the suicide rate among American older adults during social isolation, which raises the relevance of this topic (Vahia et al., 2020). A study conducted in India found evidence of panic and sleep difficulties among participants after being repeatedly exposed to news of the pandemic via the news or other communication channels. In this study, 75% of participants agreed on the necessity for mental health care, and more than 80% felt the need for this intervention (Roy et al., 2020). Thus, maintaining healthy and frequent communication with relatives/friends, either through phone calls or social networks, is a support strategy capable of reducing the feeling of loneliness and social restriction among these older adults (Brooks et al., 2020).

This study had some limitations, such as the fact that data collection started at the time of the emergence of the pandemic; thuss the SR was still under construction for the investigated group and requires further scientific analysis. Overall, the authors believe that the participants share and identify their behaviors/attitudes, knowledge/information, values/feelings, images/objects embedded in a social environment characterized by the need to cope with the COVID-19 pandemic, reflecting individual and collective issues related to the several (inter)nationally recommended prevention measures. From this perspective, this study highlighted the potential for using the SRT as a tool capable of answering the research questions and capturing the representational elements related to the

COVID-19 pandemic, even if in an embryonic phase. The results of this study are expected to inform health professionals' intervention strategies for coping with the COVID-19 pandemic. It is necessary to know the specificities of social groups, such as older people, to make assertive interventions because a social group interprets a social object based on the elements available in their reality and social experience. The analysis of these symbolic constructs about the investigated object alerts to the need to establish effective communication, capable of contributing to the design/dissemination of social practices for the adoption of measures to prevent and stop the transmission of COVID-19 based on the new scientific evidence presented here. This evidence is the contribution of this research study, given that, until now, no indexed studies were found about older people's SRs of their social isolation during the COVID-19 pandemic.

Conclusion

This study showed that older people's SRs of their social isolation during the COVID-19 pandemic were objectified by isolation-distancing and anchored in the justifications *necessary-safe*, *make-possible*, *stay-at-home*, *limit-going-out*, *danger-disease*, and *prevention*, which reflected the process of constructing SRs from a cognitive perspective.

The SRs encompassed two types of extreme social positions: i) They reflect adherence to understanding the need to cope with the pandemic, sometimes in a restrictive way, through the adoption of prevention measures, expressing a concern, an awareness that they belong to the risk group, and a passivity regarding the imposition of isolation as expressed by the cognemes *isolation-distancing*, *necessary-safe*, *make-possible stay-at-home*, *limit-ging-out*, *danger-disease* and *prevention*; and ii) They show disbelief about the disease, lack of understanding, and/or reluctance to accept prophylactic social distancing as a preventive measure, thus underestimating its consequences. These individuals may expose themselves recklessly, not complying with social distancing, represented by the cognemes *trapped-suffocated* and *bad-don't-like*.

The approach to older people's health must be based on the integrality of care and include the home environment, the family, their contacts, and caregivers. Thus, there is a need to design strategies that integrate these older people into the social environment in which they live.

To better understand the representational constructs on this topic, this study should be replicated in other phases of the pandemic with a view to identifying peripheral or contrast SRs that may change over the course of the pandemic and be redefined as a result of the consolidation of the SR.

Author contributions

Conceptualization: Silva, E. P., Melo, L. D.
Data curation: Melo, L. D., Arreguy-Sena, C.
Methodology: Melo L. D., Silva, E. P.
Writing - original draft: Silva, E. P., Melo, L. D., Arreguy-Sena, C., Pinto, P. F., Parreira, P. M. D., Spindola, T.
Writing - review and editing: Silva, E. P., Melo, L. D., Arreguy-Sena, C., Pinto, P. F., Parreira, P. M. D., Spindola, T.

References

Abric, J. C. (2013). *Prácticas sociales y representaciones* (13 ed.). Ediciones Coyoacán.

Adhikari, S. P, Meng, S., Wu, Y. -J., Mao, Y. P., Ye, R. -X., Wang, Q. Z., Sun, C., Sylvia, S., Rozelle, S., Raat, H., & Zhou, H. (2020). Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: A scoping review. *Infectious Diseases of Poverty*, *9*, Article 29. http://dx.doi.org/10.1186/s40249-020-00646-x

Brooks, S. K., Webster R. K., Smith L. E., Woodland L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet, 395*(10227), 912-920. https://doi.org/10.1016/S0140-6736(20)30460-8

Do Bú, E, A., Alexandre, M. E., Bezerra, V. A., Sá-Serafim, R. C., & Coutinho, M. P. (2020). Representations and social anchorages of the new coronavirus and the COVID-19 treatment by Brazilians. *Estudos de Psicologia* (Campinas)*, 37*, e200073. https://doi.org/10.1590/SciELOPreprints.120

Lim, W. S, Liang, C. K, Assantachai, P., Auyeung, T. W., Kang, L., Lee, W. J., Lim, J.-Y., Sugimoto, K., Akishita, M., Chia, S.-L., Chou, M.-Y., Ding, Y.-Y., Iijima, K., Jang, A. C., Kawashima, S., Kim, M., Kojima, T., Kuzuya, M., Lee, J., . . . Arai, H. (2020). Covid-19 and older people in Asia: Asian working group for sarcopenia calls to actions. *Geriatrics & Gerontolgy International*, *20*(6), 547-548. https://doi.org/10.1111/ggi.13939

Melo, L. D., Arreguy-Sena, C., Gomes, A. M., Parreira, P. M., Pinto, P. F., & Rocha, J. C. (2020). Social representations elaborated by elderly people about being elderly or aged: Structural and procedural approaches. *Revista de Enfermagem da UFSM*, *10*, e53. https://doi.org/10.5902/2179769238464

Melo, L. D., Arreguy-Sena, C., Pinto, P. F., Gomes, A. M., Santos, J. C., & Brandão, M. A. (2020). Conceptions of the elderly on (inter) national policies on human aging. *REFACS: Revista Família, Ciclos de Vida e Saúde no Contexto Social*, *8*(4), 865-881. https://doi.org/10.18554/refacs.v8i4.4237

Moscovici, S. (2017). O fenômeno das representações sociais. In S. Moscovici (Ed.), *Representações sociais: Investigações em psicologia social* (11.ª ed., pp. 29-110). Vozes.

Roy, D., Tripathy, S., Kar, S. K., Sharma, N., Verma, S. K., & Kaushal, V. (2020). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*, *51*, 102083. https://doi.org/10.1016/j.ajp.2020.102083

Vahia, I. V., Blazer, D. G., Smith, G. S., Karp, J, F., Steffens, D. C., Forester, B. P., Tampi, R., Agronin, M., Jeste, D. V., Reynolds, C. F., III, & Reynolds, C. F. (2020). COVID-19: Mental health and aging: A need for new knowledge to bridge science and service. *The American Journal of Geriatric Psychiatry, 28*(7), 695-697. https://doi.org/10.1016/j.jagp.2020.03.007

Velavan, T, P., & Mayer, C. G. (2020). The COVID-19 epidemic. *Tropical Medicine and International Health, 25*(3), 278-280.

http://dx.doi.org/10.1111/tmi.13383

Wolter, R. (2018). Structural approach: Theory and method. *Psico-USF, 23*(4), 621-631. https://doi.org/10.1590/1413-82712018230403

World Health Organization. (2021). *Coronavirus disease (COVID-19) outbreak situation*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Xavier, B., Camarneiro, A. P., Loureiro, L., Menino, E., Cunha-Oliveira, A., & Monteiro, A. P. (2020). Impacto de la COVID-19 en las dinámicas sociofamiliares y académicas de los estudiantes de enfermería en Portugal. *Revista de Enfermagem Referência*, *5*(4), e20104. https://doi.org/10.12707/RV20104

Silva, L. L. S., Lima, A. F. R., Polli, D. A., Razia, P. F. S., Pavão, L. A., Toscano, C. M. C. (2020). Social distancing measures in the fight against covid-19 in Brazil: description and epidemiological analysis by state. *Cad. Saúde Pública*, 36(9), e00185020. https://doi.org/10.1590/0102-311X00177020