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A Qualitative Study of Older Adults' Emotional and Cognitive Responses to COVID-19 Confinement in Brazil

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ABSTRACT

The COVID-19 pandemic imposed unprecedented challenges on global public health, disproportionately affecting older adults, who are considered a highly vulnerable population. Social distancing and confinement measures, while essential for infection control, disrupted daily routines, social interactions, and emotional well-being, necessitating adaptive strategies among individuals aged 60 years and older. This qualitative, cross-sectional study investigated the cognitive, emotional, and social experiences of older adults living in two municipalities in the interior of São Paulo, Brazil, with distinct demographic profiles: Inúbia Paulista-SP, a small town, and Ribeirão Preto-SP, a large city. Data were collected through individual, semi-structured interviews conducted between October and December 2022, and analyzed using an interpretative approach to identify thematic axes emerging from participants' narratives. Four central themes were identified: fear, spirituality, happiness in being alive, and anxiety regarding illness. Participants also reported coping strategies to maintain mental and emotional well-being, including reading, handicrafts, physical activity, and spiritual practices. Spirituality emerged as a particularly relevant protective factor, providing psychological support, meaning, and social connection. Engagement in cognitively and creatively stimulating activities complemented these strategies, enhancing memory, planning, emotional regulation, and self-expression. The findings underscore the complex interplay of emotional, cognitive, and social dimensions in fostering resilience among older adults during periods of health crisis. Public policies and interventions should integrate cognitive, cultural, social, and spiritual resources to support mental health, autonomy, and quality of life in aging populations, particularly during crises that impose isolation and uncertainty.

Keywords: COVID-19, older adults, resilience, spirituality, cognitive engagement

Introduction

The COVID-19 pandemic represented an unprecedented challenge to global public health and, in particular, to the older population, considered the most vulnerable group to the disease (WHO, 2020). Social distancing and confinement, essential measures to contain the spread of the virus, profoundly impacted the daily lives of adults aged 60 years and older, altering routines, social relationships, and mental health, and requiring adaptive strategies to cope with fear, anxiety, and isolation. These measures also disrupted access to routine healthcare, community support programs, and group activities that traditionally provide structure and social engagement for older adults, intensifying feelings of uncertainty and vulnerability during prolonged periods of isolation.[1,2]

Population aging, which is accelerating in developing countries such as Brazil, adds complexity to this scenario, as older adults present not only specific health conditions but also distinct life experiences, cultural repertoires, and social support networks.[3,4] During health crises, these dimensions become central to understanding how older adults face risk situations, deal with uncertainty, and maintain psychological and cognitive well-being. Moreover, the heterogeneity of the older population implies that interventions must be flexible and context-sensitive, recognizing variations in literacy, mobility, family structure, and prior exposure to health education. Failure to account for these factors can exacerbate inequities and reduce the effectiveness of coping strategies.[5]

Previous studies highlight that coping strategies such as engaging in cognitively stimulating activities, performing handicrafts, participating in physical exercise, and mobilizing spiritual or religious resources significantly contribute to resilience, self-esteem, and quality of life among older adults.[6-10] Reading, in particular, plays a neuroprotective role, promoting synaptic plasticity, memory, planning, and social interaction, while artistic and spiritual activities provide emotional support, existential meaning, and opportunities for personal expression. Engagement in these activities is also associated with a sense of agency and autonomy, countering the helplessness and passivity that can accompany prolonged confinement, and may buffer the effects of stress hormones on cognitive function.[11-14]

Furthermore, the pandemic exposed and intensified existing social inequalities, including disparities in access to health services, digital technologies, safe public spaces, and community support, which are critical for older adults' engagement in protective and leisure activities.[15,16] Older adults with limited socioeconomic resources, lower education levels, or living alone were at higher risk of experiencing psychological distress, loneliness, reduced cognitive stimulation, and decreased participation in meaningful social interactions. In this context, digital exclusion became a major barrier, as many older adults were unable to participate in virtual social interactions, telehealth appointments, or online learning opportunities, further amplifying feelings of isolation and frustration.[17,18]

Evidence from longitudinal and cross-sectional studies during COVID-19 indicates a marked increase in depressive and anxiety symptoms among older adults globally, with prevalence rates ranging from 20% to 35% in some settings. These effects were particularly pronounced among those experiencing social isolation, chronic illnesses, or caregiving responsibilities. The cumulative impact of these stressors can accelerate cognitive decline and exacerbate preexisting mental health conditions, highlighting the need for early identification of at-risk individuals and targeted psychosocial interventions.[19,20]

In addition, digital literacy and access to online communication platforms became key determinants of social connectedness and mental resilience. Older adults with limited familiarity with digital technologies faced barriers in maintaining contact with family, friends, and support networks, leading to heightened feelings of exclusion, anxiety, and decreased quality of life.[23,24] The integration of

remote health interventions, telemedicine, and online social activities has emerged as a potential strategy to mitigate these impacts, yet unequal access remains a significant challenge. Research suggests that peer-led digital training programs, community-based technology support, and simplified platforms could enhance engagement and reduce disparities, while also promoting cognitive stimulation and social integration.[25,26]

Cultural and community factors also play a pivotal role in shaping responses to confinement. In Brazilian contexts, family cohesion, intergenerational living arrangements, and neighborhood networks can buffer the negative psychological effects of isolation, while urban density, perceived safety, and availability of green spaces influence opportunities for physical activity and social engagement. Additionally, cultural practices such as community rituals, informal neighborhood assistance, and local volunteer initiatives can provide emotional support, reinforce social norms of solidarity, and foster a sense of belonging even in times of restricted mobility.[27,28]

Given this context, the present study sought to understand the cognitive, emotional, and social factors experienced by individuals aged 60 years and older during the confinement imposed by the COVID-19 pandemic in two municipalities in the interior of São Paulo with distinct demographic contexts: Inúbia Paulista-SP, a small town, and Ribeirão Preto-SP, a large city. By exploring differences between urban and rural experiences, including access to services, social networks, and community engagement, this study aims to identify specific protective factors and vulnerabilities, contributing to the design of interventions tailored to the characteristics of each setting.

The aim is to describe subjective experiences and coping strategies, contributing to the formulation of public policies aimed at promoting mental health, well-being, and resilience among older adults in situations of health crisis. Insights from this study may inform not only emergency preparedness and mental health programs but also long-term strategies to enhance social inclusion, cognitive engagement, and adaptive capacity among aging populations, reinforcing the importance of integrated, person-centered approaches in public health.[24,27]

Methodology

This study was an observational, cross-sectional academic research project with a basic scientific nature and a qualitative approach, conducted with individuals aged 60 years and older residing in the municipalities of Inúbia Paulista-SP and Ribeirão Preto-SP, Brazil, during the last quarter of 2022.

The municipalities selected present distinct demographic contexts. Inúbia Paulista-SP is a small town with approximately 3,800 inhabitants, of whom around 725 are older adults, whereas Ribeirão Preto-SP is a large city with approximately 710,000 inhabitants, including 113,652 older adults. Thus, the sample size for each municipality was calculated, resulting in a sample of 257 elderly individuals from Inúbia Paulista-SP and 417 elderly individuals from Ribeirão Preto-SP (with a 95% confidence level and a 5% margin of error). This territorial diversity was considered relevant for understanding the subjective experiences of the elderly population during the COVID-19 pandemic.

Inclusion criteria encompassed individuals aged 60 years or older, considering March 11, 2020 – the official start of the COVID-19 pandemic – as the temporal reference point. Participants were required to have sufficient physical and mental capacity to participate in individual interviews. Exclusion criteria included individuals younger than 60 years at that time, healthcare professionals, institutionalized older adults, and those with significant cognitive impairments that would prevent effective communication and comprehension of the questions. Additionally, participants who did not provide written informed consent were excluded.

Data were collected through individual, face-to-face, semi-structured interviews conducted in private settings to ensure comfort, privacy, and confidentiality. Before the interviews, participants received detailed

explanations regarding the study objectives, procedures, potential risks, and benefits. They were informed of their right to refuse or withdraw at any time without any consequences. Informed consent was obtained prior to conducting the interviews.

During the interviews, the researcher documented not only the participants' verbal responses but also contextual observations and nonverbal expressions in a field diary. This approach allowed for a deeper understanding of subjective experiences while maintaining methodological rigor, consistent with qualitative research principles.

A pre-prepared interview guide with open-ended questions was used to explore participants' perceptions, experiences, and feelings regarding life during COVID-19 confinement. Interviews were transcribed in full to preserve the authenticity of participants' narratives.

Qualitative data analysis followed an interpretative approach guided by relevant literature and theoretical-methodological frameworks of qualitative health research. The analysis focused on identifying meaning cores and emergent thematic axes from participants' discourses.

The authors declare no conflicts of interest. The study was approved by the Municipal Health Departments of Inúbia Paulista-SP and Ribeirão Preto-SP and submitted to Plataforma Brasil. The CONEP designated the Research Ethics Committee of the Centro Universitário Barão de Mauá, Ribeirão Preto-SP, which reviewed and approved the study under CAAE nº 55625822.2.0000.5378, opinion nº 5.588.847, dated August 18, 2022.

Results

The analysis of the interviews with older adults revealed four main thematic axes: fear, spirituality, happiness at being alive, and anxiety regarding the disease. Additionally, strategies used to stay mentally active and cope with confinement were identified, including reading, handicrafts, physical activity, and spiritual practices. Selected quotes from participants illustrate each theme.

FEAR

Many participants expressed feelings of fear. Statements included (participant 13 from Inúbia Paulista-SP):

> *"I have been very afraid," "I am still afraid of this disease," "Oh God, I am very afraid that my children will get COVID-19," "I fear not having enough to eat due to lack of work."*

Participant 075 from Ribeirão Preto-SP said:

> *"I am afraid of contracting the disease [COVID-19]. I know I will be admitted to a hospital… look, I have so many health problems. Will there be a bed for me? Will they take care of me? There are younger people with better living conditions. They have no reason to spend time and resources on an old man like me… it's just a matter of time, Italy has been an example"* (and cried afterward).

Participant 245 from Ribeirão Preto-SP reported:

> *"Oh, how I miss my family. But it is better this way, at this time. Missing them will not kill us. But COVID-19, that will. And I fear they will get sick… I think I fear them getting sick more than myself. If I get it [COVID-19] and go to heaven, I know they will be fine without me. But if they leave me... aahh, I could never bear that."*

SPIRITUALITY

Spirituality emerged as an important coping resource during the pandemic. Participant 001 from Inúbia Paulista-SP said:

> *"I am sure I will never catch this plague [COVID-19]. While I keep doing my part, wearing a mask and socially isolating, I know my God is taking care of me, protecting me and doing the best for me. This plague will not kill me!"*

Participant 194 from Ribeirão Preto-SP stated:

> *"I am calm. God is taking care of me. I am not afraid, nor do I fear tomorrow: I know God is in control, and this [COVID-19 pandemic] will pass. Then I will return to my family, who is also being cared for by God."*

Participant 257 from Ribeirão Preto-SP reported:

> *"I lost my son and my husband to COVID-19 at the beginning of the pandemic. What pain! But if it were not for God sustaining me every day, I surely would have taken my life already"* (speaking through tears).

HAPPINESS AT BEING ALIVE AND BELIEF IN HUMANITY

Some participants expressed joy and gratitude simply for being alive. Participant 416 from Ribeirão Preto-SP said:

> *"I am alive, my love! I had COVID-19, I was admitted, I almost died. But no, I did not die. I am alive!"* (tearful, yet smiling). *"How I want to live! I want to live fully, becoming a better person each day."*

Participant 99 from Inúbia Paulista-SP remarked:

> *"It is impossible for people to go through all that we are going through and not become better people. No one can emerge from this experience without being a better person."*

ANXIETY REGARDING THE DISEASE

Many participants expressed high levels of anxiety related to their own health, the health of family members, and uncertainty about the future. Participant 201 from Inúbia Paulista-SP said:

> *"I was anxious by nature even before this [COVID-19 pandemic]. But I feel worse now. It seems uncontrollable."*

Participant 143 from Ribeirão Preto-SP stated:

> *"I do not know what the future will be! I do not know if I will be alive tomorrow. If I do not die from the disease [COVID-19], the financial problems caused by COVID-19 will kill me. Honestly, I cannot handle the present, imagine not knowing what the future will hold"* (biting nails).

MENTAL AND COGNITIVE ENGAGEMENT DURING CONFINEMENT

Participants reported strategies to stay mentally active and improve wellbeing during confinement. The most frequently mentioned activity was reading (newspapers, magazines, books, tablets, or phones), with higher adherence in Inúbia Paulista-SP (83.65%) compared to Ribeirão Preto-SP (50.60%). Participants highlighted reading as a protective cognitive exercise, enhancing memory, planning, social interaction, and language skills.

Handicrafts and artistic activities were also important coping strategies. Participant accounts indicated that engaging in these activities increased creativity, aesthetic appreciation, self-esteem, and emotional balance, providing a sense of purpose and satisfaction.

Physical activity, when feasible, was emphasized as crucial to reduce sedentary behavior, which was exacerbated by prolonged time in front of screens during confinement.

Faith and spirituality complemented these activities, supporting resilience, meaning-making, and coping with stressors, illness, and grief. Participants practiced rituals or personal devotional acts to manage anxiety, fear, and uncertainty. These strategies were used by participants from diverse religious and cultural backgrounds, highlighting the universality of spirituality as a coping resource.

The interviews revealed a complex interplay between emotional experiences (fear, anxiety, and joy), coping strategies (mental engagement, arts, physical activity), and spirituality, showing how older adults navigated the challenges of the COVID-19 pandemic.

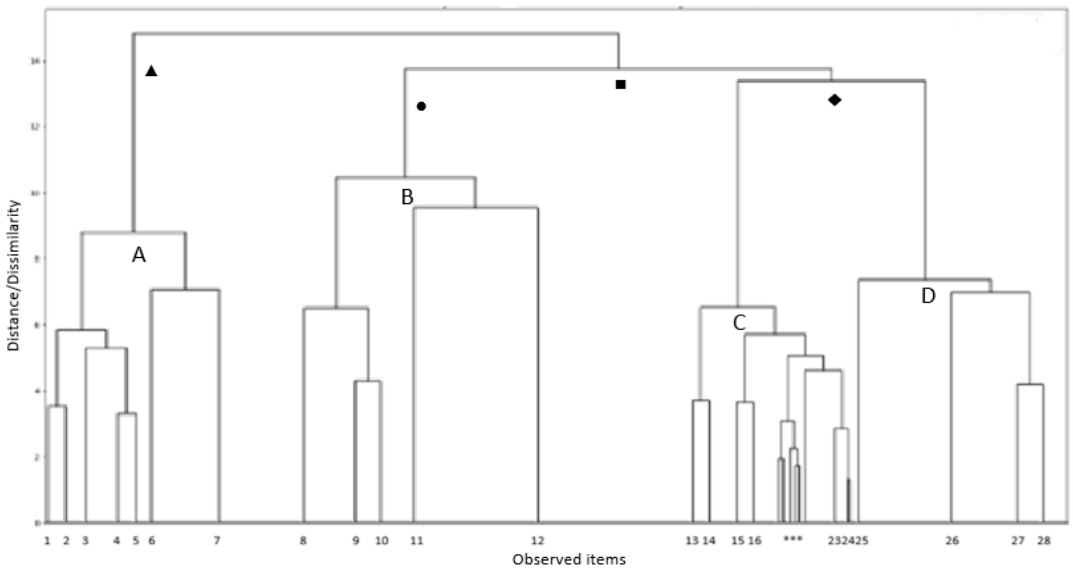
To provide a visual overview of the main themes emerging from the interviews, a word cloud was generated from the 10 participants' verbatim responses. This graphical representation highlights the most frequently mentioned words, allowing for a quick identification of the central topics and concerns reported by older adults during the COVID-19 confinement period.

Figure 1. Word cloud illustrating the most frequent terms mentioned by participants in interviews about their experiences during the COVID-19 pandemic. Larger words indicate higher frequency of mention. Words are displayed in black and white for clarity and visual contrast.

Source: own elaboration, 2026

The dendrogram represents the hierarchical clustering of emotions, feelings, and situations reported and observed during the 674 interviews conducted in Inúbia Paulista-SP and Ribeirão Preto-SP. It visually illustrates how these experiences group into four major clusters (A–D), reflecting distinct emotional and adaptive domains among participants. Each number corresponds to a specific symptom, feeling, or experience identified in the participants (Figure 2).

Figure 2. Dendrogram of emotions, feelings, and situations observed in the interviews



Source: own elaboration, 2026

Note 1: the symbol *** corresponds to numbers 17 to 22.

Note 2: the symbols and leters relate to: ▲: Intense emotional distress; ■: Emotional and adaptive responses; ●: States of emotional alertness and tension; ◆: Resilience and well-being strategies; A: Intense emotional distress; B: Emotional states of tension and alertness; C: Resilience capacities and strategies; D: Positive experiences and beliefs.

Note 3: the numbers relate to: 1: loneliness; 2: sadness; 3: discouragement; 4: apathy; 5: depression; 6: anger; 7: frustration; 8: worry; 9: insecurity; 10: stress; 11: anxiety; 12: fear; 13: determination; 14: overcoming; 15: adaptation; 16: learning; 17: growth; 18: hope; 19: optimism; 20: patience; 21: courage; 22: gratitude; 23: confidence; 24: flexibility; 25: faith; 26: spirituality; 27: God; 28: religion.

Discussion

The qualitative findings of this study illuminate the complex interplay between emotional, cognitive, and social dimensions experienced by older adults during the COVID-19 pandemic. The thematic axes identified – fear, spirituality, happiness in being alive, anxiety regarding illness, and strategies for mental engagement – reveal how older adults navigated a period marked by uncertainty, social isolation, and heightened vulnerability. Moreover, these findings underscore the importance of context-specific experiences, as urban and rural environments shaped access to social support, healthcare services, and recreational opportunities, influencing how coping strategies were adopted and maintained over time. This multidimensional perspective highlights that resilience is not solely an individual trait but emerges from the interaction between personal resources and environmental conditions.[15]

Fear and anxiety, prevalent among participants, can be understood through the lens of psychosocial stress theory, which posits that uncertainty, threat to life, and perceived lack of control exacerbate stress responses.[1] Participants' narratives illustrate that fear extended beyond personal health to include concern for family members and socioeconomic stability, demonstrating a multidimensional nature of pandemic-related stress. This aligns with prior research indicating that older adults, especially those partially dependent on family for economic or emotional support, experience heightened vulnerability to anxiety during health crises. In addition, prolonged exposure to pandemic-related news, conflicting information, and social media narratives may have amplified stress responses, creating a feedback loop where anxiety intensified vigilance and hyperawareness, further affecting sleep, appetite, and daily functioning. Fear, when persistent, becomes a critical determinant of both psychological and physical health, underscoring the need for supportive interventions that address both emotional and practical needs.[2]

Spirituality emerged as a powerful coping mechanism, providing psychological relief and promoting resilience. Participants emphasized trust in a higher power, framing the pandemic as a challenge to be met with faith and moral fortitude. These findings are consistent with studies showing that spiritual beliefs and practices enhance coping during crises by fostering hope, reducing anxiety, and facilitating adaptive meaning-making.[15,16,17] Additionally, spirituality often motivated participants to engage in community support and acts of altruism, which not only reinforced social bonds but also generated a sense of purpose and efficacy, mitigating feelings of helplessness during confinement. Importantly, spirituality functioned not merely as a private, individual resource but also as a social one, connecting participants to broader networks of support through shared beliefs and rituals. This highlights the universality of spirituality as a protective factor, transcending specific religions or cultural contexts.[17,18]

The promotion of mental activity, particularly through reading and creative engagement, represents another critical dimension of resilience. Literature consistently demonstrates that cognitively stimulating activities, including reading, enhance synaptic plasticity, memory, planning, language skills, and overall cognitive reserve, thereby offering neuroprotective benefits.[5,6,13] The educational and cultural dimensions of reading, as emphasized by Freire (2003) and Araújo & Silveira (2012), further suggest that literacy is a social as well as a cognitive resource, facilitating symbolic thinking, social interaction, and lifelong learning.[11,12] Engagement with narratives and problem-solving tasks also promotes emotional regulation

and perspective-taking, enabling older adults to reinterpret challenges, manage uncertainty, and reinforce adaptive coping strategies, which are particularly crucial under prolonged confinement. The challenge of low literacy among older adults underscores the need for inclusive public policies that enable access to education and reading opportunities, which in turn can mitigate risks of cognitive decline and support autonomy.[19,20]

Engagement in creative activities such as handicrafts and artistic work complements mental stimulation by promoting self-expression, aesthetic appreciation, and emotional well-being.[7,8,21] These practices not only enhance personal fulfillment but also foster social connection and resilience, functioning as therapeutic resources that support emotional regulation and psychological equilibrium.[10] Moreover, participation in group-based or community-centered creative activities, even in restricted forms such as small household clusters or online workshops, can strengthen social identity and collective efficacy, providing a protective buffer against isolation and depressive symptoms. When combined with physical activity, these strategies counteract sedentary behaviors exacerbated by confinement and prolonged screen time, which have been associated with adverse health outcomes.[22,23]

The intersection of these dimensions – emotional, spiritual, cognitive, and physical – reflects an integrative model of aging that highlights the capacity of older adults to adapt to crises. Participants' accounts illustrate that the combination of mental activity, spiritual practices, creative engagement, and social support fosters resilience and enhances quality of life, even in conditions of extreme stress. Moreover, participants' reflections on happiness and the appreciation of being alive reveal a profound existential dimension, indicating that the pandemic served as an opportunity for reflection, re-evaluation of life priorities, and reinforcement of prosocial attitudes. This integrative perspective suggests that interventions aiming to promote well-being among older adults should address multiple dimensions simultaneously, rather than focusing solely on physical health or cognitive stimulation, to achieve sustained improvements in resilience and life satisfaction.[3,17]

Finally, these findings suggest important implications for public health and social policy. Interventions targeting older adults should not only address physical health but also facilitate cognitive stimulation, creative expression, social connection, and spiritual engagement. Policies promoting literacy, access to educational resources, and inclusive cultural programs can have protective effects, particularly for populations with lower socioeconomic status or limited formal education. Furthermore, supporting spiritual and creative practices can enhance coping, reduce anxiety, and strengthen resilience in the face of ongoing or future crises.[15] Importantly, the development of age-friendly urban and digital environments, integration of culturally sensitive mental health programs, and promotion of intergenerational initiatives may amplify the protective impact of these interventions, creating sustainable pathways for healthy aging.[19-22]

Finally, the dendrogram illustrates the hierarchical organization of the emotions, feelings, and situations reported and observed during the interviews, providing a visual representation of how these experiences cluster together according to their similarity. The analysis reveals two primary roots, reflecting the overarching structure of participants' emotional experiences.

The first root corresponds to intense emotional distress (A), encompassing emotions such as loneliness, sadness, discouragement, apathy, depression, anger, and frustration (numbers 1–7). This cluster clearly represents experiences of highly negative emotional states, highlighting the profound impact of isolation and emotional suffering among participants. Its separation from the second root underscores the distinct nature of these extreme distress experiences compared to other emotional responses and adaptive behaviors.[13,17,21]

The second root divides into two branches. The first branch, B (states of emotional alertness and tension), includes worry, insecurity, stress, anxiety, and fear (numbers 8–12), reflecting moderate negative emotions that, although distressing, are less intense than those in cluster A. These states likely indicate heightened emotional sensitivity and awareness, which may also act as precursors to adaptive responses.[24]

The second branch of the second root further splits into C (resilience capacities and strategies) and D (positive experiences and beliefs). Cluster C encompasses determination, overcoming, adaptation, learning, and items marked with * (growth, hope, optimism, patience, courage, gratitude; numbers 13–22), representing individual capacities and strategies for coping with challenges. Cluster D includes confidence, flexibility, faith, spirituality, God, and religion (numbers 23–28), reflecting sources of well-being, support, and positive experiences that reinforce resilience.[16-18]

Overall, the dendrogram demonstrates that participants' emotional experiences are hierarchically structured, with clear distinctions between high-intensity negative states and adaptive or positive emotional responses. The visualization also emphasizes the continuum between distress, tension, resilience, and positive experiences, illustrating how negative emotions coexist with coping strategies and sources of well-being. This hierarchical organization provides valuable insight into emotional patterns, coping mechanisms, and potential targets for psychological support in populations experiencing similar stressors.[7,12,18,26-28]

Then, the experiences reported by older adults during the COVID-19 pandemic highlight the interplay of fear, anxiety, happiness, spirituality, and cognitive engagement as fundamental components of resilience. These findings emphasize the importance of a multidimensional approach to health and well-being, integrating psychosocial, cognitive, cultural, and spiritual resources to support older adults in navigating complex social and health challenges. Future research should explore longitudinal effects of these coping strategies, evaluate their scalability across diverse populations, and assess their integration into formal public health interventions to optimize resilience outcomes in subsequent health crises[24,26]

Conclusion

This study provides insight into the complex experiences of older adults during the COVID-19 pandemic, highlighting the interplay of emotional, cognitive, and social dimensions in navigating unprecedented challenges. The findings show that fear and anxiety were prevalent, extending beyond personal health to include concerns for family members, financial stability, and broader social uncertainties. These emotions were closely intertwined with coping mechanisms such as spirituality, engagement in cognitive and creative activities, and physical exercise, which collectively fostered resilience and a sense of well-being.

Spirituality emerged as a particularly important protective factor, offering psychological support, existential meaning, and social connection, irrespective of specific religious affiliation. Similarly, reading, artistic practices, and handicrafts contributed to cognitive stimulation, emotional regulation, and self-expression, emphasizing the value of culturally and socially meaningful activities in supporting older adults' mental health. Physical activity complemented these strategies by mitigating sedentary behavior exacerbated during confinement.

The study underscores the need for multidimensional public policies and interventions that integrate cognitive, emotional, social, and spiritual resources, promoting literacy, cultural participation, and inclusive educational and recreational opportunities for older adults. Such approaches are essential not only to mitigate the immediate impacts of health crises but also to strengthen resilience and quality of life in aging populations over the long term.

In summary, the experiences of older adults during the pandemic illustrate the capacity of this population

to adapt to complex social and health challenges when provided with appropriate support. Integrating emotional, cognitive, and spiritual dimensions into public health strategies is critical for fostering resilience, autonomy, and well-being in aging societies.

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