Memories and social representations of COVID-19: fear and its repercussions in the daily lives of older adults
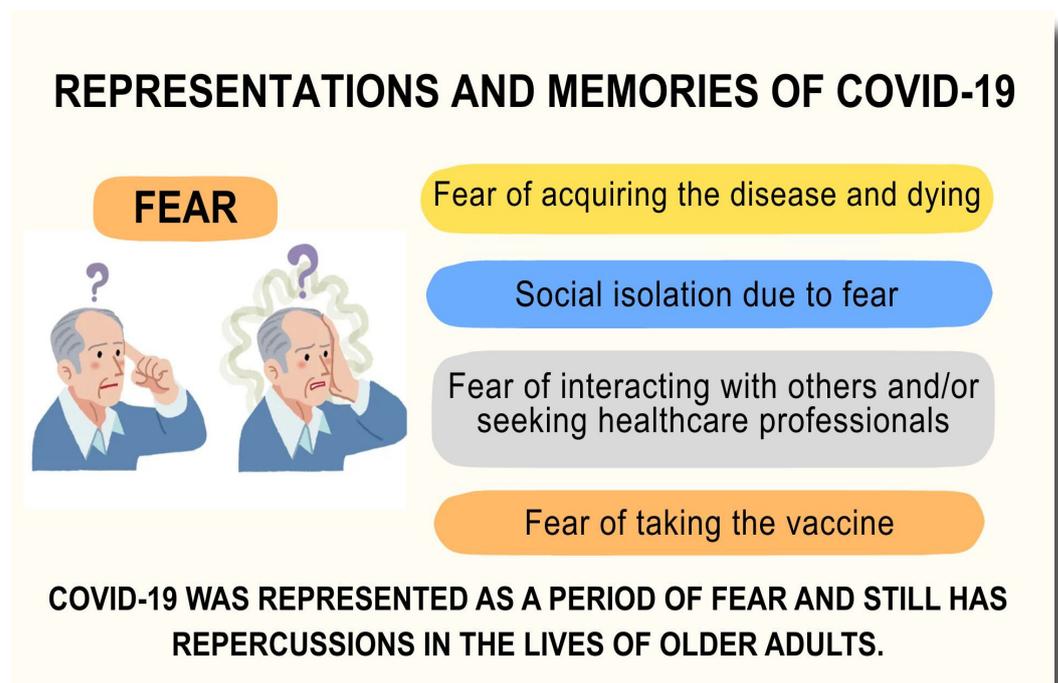
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Graphical Abstract

Highlights

• The memories and Social Representations of vulnerable individuals influence thought and, consequently, individual behavior, impacting their health care.
• Fear is a basic aversive emotion whose function is adaptive and may impact the emotional, social and physical life of the individual.
• This study observed that fear of acquiring the disease, interacting with other people and receiving the vaccine impacted the lives of older adults.

REPRESENTATIONS AND MEMORIES OF COVID-19

FEAR

Fear of acquiring the disease and dying

Social isolation due to fear

Fear of interacting with others and/or seeking healthcare professionals

Fear of taking the vaccine

COVID-19 WAS REPRESENTED AS A PERIOD OF FEAR AND STILL HAS REPERCUSSIONS IN THE LIVES OF OLDER ADULTS.

Abstract

Studying Social Representations (SR) and the memories of older adults in contexts of adversity, such as the COVID-19 pandemic, is relevant, as such representations influence individual thought and behavior, impacting their ways of caring for health and living in society. From this perspective, the present study aimed to understand the memories and SR of older adults regarding the repercussions of COVID-19 in their daily lives. This is an exploratory, descriptive study with a qualitative approach, theoretically grounded in the Theory of Social Representations. The study was conducted in a Primary Health Care Unit in a municipality in the interior of Bahia, Brazil, with 22 older adults with preserved communication and cognition. Data were collected through a sociodemographic questionnaire and semi-structured interview and analyzed using the Iramuteq software for coding and Bardin's content analysis. A predominance of women was observed (82.0%), aged between 60 and 75 years (54.5%), without a partner (54.5%), with declared religion (100.0%), living with family members (63.6%), and with low schooling (77.3%). Textual analysis revealed the category "Fear as the structuring core of the social representations of the pandemic". Fear was related to the risk of illness and death, social distancing, changes in care practices and ambivalences surrounding vaccination. The narratives indicate that such perceptions influenced protective behaviors, isolation and reconfiguration of social relationships, with repercussions that, in some cases, remain in the post-pandemic period. It is concluded that fear constituted an organizing element of the memories and SR of older adults about the pandemic, highlighting the importance of communication and care strategies sensitive to subjective dimensions in contexts of health crises.

Keywords: Elderly. Pandemic. COVID-19. Fear. Social Representation.

INTRODUCTION

At the end of 2019, the SARS-CoV-2 virus triggered a health crisis of global proportions, being classified by the World Health Organization (WHO) as a pandemic[1]. Beyond its biological effects, characterized by high transmissibility and risk of morbidity and mortality, COVID-19 exposed structural weaknesses in health systems and intensified political and social tensions in several countries. In Brazil, the management of the crisis was marked by controversies, delays in implementing sanitary measures, institutional conflicts and difficulties in coordinating strategies such as social distancing and vaccination. This context contributed to increased collective insecurity, especially among vulnerable groups such as older adults, who were widely identified as the population at greatest risk.

In situations of concrete threat, fear emerges as a central emotional reaction, a fundamental adaptive mechanism for survival that mobilizes self-protective behaviors in the face of threats. However, when prolonged or disproportionate, it may assume a chronic character and produce significant psychological, social and economic repercussions[2,3]. Intense feelings such as fear, insecurity and uncertainty not only influence individual behaviors but also contribute to the construction of social memories. Thus, emotional experiences lived in a specific political, social and economic context tend to integrate into the representations collectively constructed about the event.

In the context of the COVID-19 pandemic, fear was not restricted to the risk of illness but was also associated with political instability, economic crisis, social isolation and the massive circulation of inaccurate or contradictory information. Such a scenario favored the production of uncertainties and amplified feelings of stress and anxiety, particularly among older adults, who were exposed to the most severe outcomes of the disease and impacted by social restriction measures.

Social Representations (SR), as formulated by Serge Moscovici and later expanded by Denise Jodelet[4] and Celso Pereira de Sá[5], constitute systems of socially elaborated and shared knowledge that guide how individuals interpret reality and organize their everyday practices. Inserted within the field of social psychology, Social Representations express forms of common-sense thinking that allow groups to understand, communicate and give meaning to phenomena emerging in their social context[4,5,6]. In this way, they are not limited to the assimilation of new information but operate through sociocognitive processes such as anchoring and objectification, which enable the integration of the unknown into a universe of knowledge and experiences previously shared.

In this sense, collective events with significant social impact, such as the COVID-19 pandemic, tend to be interpreted in light of symbolic repertoires already present in culture and social memory. Thus, the pandemic was not understood only as a biological or epidemiological event, but also as a social phenomenon permeated by beliefs, values, historical experiences and socially constructed images regarding disease, death, risk and vulnerability[4,5]. These elements contribute to the production of meanings that guide perceptions, attitudes and practices in situations of health crisis.

In the case of older adults, the analysis of Social Representations becomes particularly relevant, since these representations influence how this group perceives risks, organizes care strategies and interprets the transformations imposed on daily life[4,5]. Furthermore, it is necessary to consider that old age occupies a social position historically marked by ambiguities, often associated with processes of stigmatization, infantilization and social invisibility. During the COVID-19 pandemic, public and media discourse emphasized the condition of vulnerability of older adults, which may have contributed to reinforcing certain social images about aging, impacting feelings, memories and ways of coping with this period.

In this context, understanding the memories and Social Representations constructed by older adults regarding the repercussions of the pandemic becomes fundamental for apprehending how this group attributed meaning to the changes imposed on their daily lives, as well as the meanings attributed to the experiences lived during this period. Thus, this study aimed to understand the memories and Social Representations of older adults about the repercussions of COVID-19 in their daily lives.

METHODOLOGY

This is an exploratory and descriptive study with a qualitative approach, grounded in the Theory of Social Representations, proposed by Serge Moscovici and later developed by authors such as Denise Jodelet[4] and Celso Pereira de Sá[5]. This theoretical-methodological perspective allows understanding how socially constructed knowledge, values and meanings are produced and shared in everyday life, guiding

individuals' and groups' perceptions, interpretations and social practices. The qualitative approach, in this context, is particularly appropriate as it enables the apprehension of meanings, experiences and interpretations socially constructed by participants about a given phenomenon.

The research was conducted in a Primary Health Care Unit (PHC Unit) located in a peripheral neighborhood of the municipality of Vitória da Conquista, Bahia, Brazil, selected because it constitutes a scenario of professional activity of the researcher, with care provided to the older population through geriatric consultations, and a privileged field for access to older adults followed in Primary Health Care. Twenty-two older adults who were users of the unit participated in the study. Selection occurred among those who attended previously scheduled geriatric consultations and were consecutively invited to participate in the study according to eligibility criteria. The sample was convenience-based, composed of older adults attended at the unit during the data collection period.

The inclusion criteria were: age equal to or greater than 60 years, residence in the area covered by the PHC Unit, preserved communication ability and cognitive performance compatible with understanding and participating in the interview. For cognitive screening, the Brazilian version of the Short Portable Mental Status Questionnaire (SPMSQ) by Pfeiffer, validated in Brazil in 2020[7], was used. The instrument was used exclusively to ensure the minimum cognitive aptitude necessary for participation in the interview and was not used as an analytical variable in the study. All 22 participants presented preserved cognition. In order to maintain confidentiality and comply with the requirements of the research ethics code, participants were assigned names of plants typical of the Caatinga biome.

Data collection took place between October 2022 and August 2023 through a sociodemographic questionnaire and semi-structured interview. The questionnaire included sex, age, marital status, schooling, religion, family income (based on the minimum wage in force at the time, R$ 1,320.00) and household composition. The interview script addressed memories of the pre-pandemic period; experiences during the pandemic, including changes in routine, access to health services and social relationships; perceived repercussions on physical and mental health; feelings associated with the period; coping strategies and preventive measures adopted.

Interviews were conducted at the PHC Unit itself or at the participant's home, according to their preference, taking advantage of the moment of attendance at the geriatric consultation to facilitate access and reduce additional travel. Each interview lasted approximately 40 to 60 minutes. The semi-structured interview contained questions related to the pre-, during and post-pandemic periods of COVID-19, with emphasis on issues related to physical and mental health as well as preventive measures for transmission of the SARS-CoV-2 virus. The objective was to elucidate memories about the pandemic period and the possible impact on health resulting from the various situations experienced by older adults as a consequence of the disease itself or of preventive measures imposed, such as social distancing, reduction of assistance and closure of institutions, among others. The criterion of theoretical saturation was used to conclude data collection, that is, when the addition of new information no longer resulted in changes in the understanding of older adults' memories about the repercussions of the pandemic on their health.

Interview recordings were properly consented to by the participants and subsequently transcribed in full with the assistance of a digital tool and manually revised to ensure fidelity of the content. The material was submitted to thematic Content Analysis according to the proposal of Laurence Bardin[6], developed in three stages: pre-analysis, exploration of the material and treatment/interpretation of results. For organization of the textual corpus, the software Iramuteq (version 0.7 alpha 2) was used, assisting in the systematization of recording units and the construction of analytical categories. The study was approved by the Research Ethics Committee of Faculdade Independente do Nordeste, according to the Certificate of Presentation for Ethical Appreciation (CAAE nº 4.351.219).

RESULTS AND DISCUSSION

Analysis of the sociodemographic questionnaire showed that 82.0% of the older adult participants were female, 54.5% were between 60 and 74 years old, 54.5% did not have a partner, 77.3% had up to four years of schooling, 100% declared having a religion, 63.6% lived with family members and 50.0% had family income of up to one minimum wage (MW) in force at the time of data collection (Table 1). Thus, a predominantly female profile was observed, with low schooling and limited income, characteristics frequently associated with greater social vulnerability in old age.

Table 1 - Sociodemographic characterization of the older adults participating in the study. Vitória da Conquista, Bahia, Brazil.

Sociodemographic characteristics	N	%
Sex		
Female	18	82.0
Male	4	18.0
Age group		
Between 60 and 74 years	12	54.5
75 years or older	10	45.5
Marital status		
With partner	10	45.5
Without partner	12	54.5
Religion		
With declared religion	22	100.0
Without religion	0	0.0
Education		
Up to 4 years of study	17	77.3
More than 4 years of study	5	22.7
Living situation		
Living alone	8	36.4
Living with family members	14	63.6
Income		
Up to 1 Minimum Wage	11	50.0
More than 1 Minimum Wage	11	50.0
Total	**22**	**100.0**

Note: Minimum wage in force during the data collection period: R$ 1,320.00.

The textual analysis conducted through Descending Hierarchical Classification, processed in the Iramuteq software, identified a class corresponding to 16.41% of the total analyzed corpus (f = 64 text segments), whose lexical organization was composed of the following words with greater statistical association: "fear" (χ^2 = 52.08), "person" (χ^2 = 42.31), "people" (χ^2 = 31.04), "vaccine" (χ^2 = 30.96), "we" (χ^2 = 29.76), "catch" (χ^2 = 28.67), "right" (χ^2 = 26.0), "go out" (χ^2 = 23.9), "disease" (χ^2 = 19.14), "arrive" (χ^2 = 17.97), "take" (χ^2 = 10.46), "see" (χ^2 = 10.46), "tell" (χ^2 = 10.29), "time" (χ^2 = 10.18), "vaccinate" (χ^2 = 10.11), "street" (χ^2 = 8.62), "house" (χ^2 = 8.61), "ask" (χ^2 = 7.4), "place" (χ^2 = 7.4) and "stay" (χ^2 = 6.88).

From this class, the analytical category "Fear as the structuring core of the social representations of the pandemic" was constructed, unfolding into axes that encompass fear of death and illness, disruption of funeral rituals, anticipatory grief, fear of contamination mediated by health professionals and ambivalences surrounding vaccination. The analytical focus was directed toward words with greater associative strength and thematic density, highlighting "fear", "vaccine", "disease" and "catch", which are directly articulated with the experiences reported and the objective of the study. This lexical configuration indicates that fear constituted a structuring element of the narratives, organizing the memories and social representations of older adults regarding the pandemic period and articulating perceptions of risk, protective practices and reorganization of daily life.

The content of the interviews reveals the presence of fear strongly associated with the large number of cases and deaths reported daily, as well as with the perception of personal vulnerability. The risk of contamination and death, either one's own or that of family members, was experienced in a concrete and reiterated manner, crossing both direct experiences and community narratives, as observed in the statements of the interviewees:

Mr. Ipê: "*Some people from Itabuna died there, then came here and died here. A young person. Then everyone got scared. I did too.*"

Mrs. Jitirana: "*He was hospitalized very quickly, urgently, and nobody was allowed to visit. His case was serious and he died. Then I became very frightened and scared when I saw those cemeteries.*"

In this context, collective memory is not limited to a factual record of events but constitutes a dynamic and creative activity that articulates past and

present, reorganizing lived experience in light of the social impact of the event[8]. Fear, therefore, not only accompanied the pandemic but also began to guide ways of acting and positioning oneself in the world, either through isolation as a protective strategy or through the intensification of practices considered essential for survival and care[8]. Studies developed during the pandemic indicate that fear assumed a central role in the emotional aspects related to COVID-19, configuring itself as a figurative element of objectification, anchored in psychoemotional factors and shared perceptions of risk[9,10].

In addition to fear of death and the discomfort generated by the impossibility of providing care, some older adults mentioned situations related to funeral ceremonies during the pandemic period.

Mr. Ipê: "*If I catch this disease, it's difficult. Nobody can visit those who are sick there. And if you die, you'll be buried there.*"

Mrs. Palma: "*When her grandfather died, he was buried there. Oh my God, that was so hard for us, right doctor? And people died and we couldn't go see them. They were in the hospital and we couldn't visit. They were buried and we didn't see them. Like many others... Very sad. It was very sad.*"

These statements reveal that the limitation or suspension of such practices did not represent merely a necessary sanitary measure but constituted a significant symbolic rupture. Death, beyond a biological event, is a socially and culturally mediated phenomenon, permeated by rituals that organize the separation between the living and the dead and provide meaning to loss. Farewell rituals play a structuring role in the mourning process, allowing the sharing of grief, the public confirmation of death and the reorganization of affective bonds[11]. Their interruption displaced suffering to a more solitary and silent sphere, impacting how death was experienced and signified in that context.

Deaths occurring during the pandemic were subjected to strict protocols for contagion prevention; bodies did not receive traditional preparation and were delivered to funeral services in sealed coffins. Identification of bodies in hospitals was carried out by only one person, meaning that many relatives and friends in mourning did not have the opportunity to recognize their deceased[12,13]. The discontinuity of traditional cultural practices weakens the concreteness of farewell, which may affect the intensity and duration of mourning, since the absence of the body, collective gathering and ritualized gestures compromises the symbolic elaboration of loss. A study analyzing newspaper reports from the period includes statements such as "The absence of family members is the saddest part" and "Those who come to the funeral carry the suffering of the whole family", demonstrating that the impacts transcend family loss and affect society as a whole[13]. Thus, the pandemic not only produced deaths on a large scale; mourning was experienced by humanity in different ways and profoundly altered social forms of dying and dealing with death, influencing the memories and representations constructed by older adults about that period.

The narratives refer both to experiences of death among acquaintances and to the impact generated by the supposition of one's own death or illness, known as anticipatory grief, amplified by the intense media coverage with daily numbers of infections and deaths that promoted a continuous feeling of alarm and proximity. The repercussions of anticipatory grief may be long-lasting, as evidenced in reports indicating feelings of seclusion and loneliness that persisted even after the end of quarantine measures. For some individuals, the desire to leave home and participate in social life did not return, with fear remaining even unconsciously:

Mrs. Cumaru: "*But there was that thing that terrified us. We saw the cities, those images of everything closed. That was something that made me very thoughtful. I even thought I would see many people dying, as happened.*"

Mrs. Jurema: "*After the pandemic I felt like a prisoner. I became reclusive, I couldn't go anywhere, I couldn't visit my friends. First because I could harm myself and the other person, right? Because I was limited, diabetic, I couldn't. So for me it was terrible. Terrible, terrible, terrible. The pandemic ended, at least for me, I think.*"

The pandemic also cast a new light on health professionals. Some interviewees' statements clearly demonstrate the adaptations required in coexistence with health professionals due to fear of contamination; minimal contact with clothing and utensils or social interactions generated apprehension. Furthermore, when medical care was required for health conditions unrelated to COVID-19, seeking assistance was often avoided or surrounded by considerable fear.

Mrs. Palma: "*I kept that fear, that concern about washing clothes because my granddaughter is also a nurse. I have two daughters, a granddaughter and a niece who are nurses and work at the hospital. They didn't even tell me anything when people died.*"

Mrs. Quixaba: "*I went to the hospital and when I arrived I asked them not to put me with the pandemic patients in the emergency room. They put me in a room and called the vascular doctor and the hematologist. During the night I had stomach pain and diarrhea that wouldn't stop. The doctor did tests, even for COVID. It wasn't COVID, she told me it*

was all anxiety."

These statements express an ambivalence between recognizing the importance of these professionals and fearing the potential risk they represented. Qualitative studies on the repercussions of the pandemic are still limited, and few address the families of health professionals directly involved in care for potentially contaminated individuals. The existing literature demonstrates a predominance of negative repercussions in the daily lives of these families, expressed as "fear", "conflicts", "changes" and "prejudices", as well as experiences of fear, concern and anxiety regarding the professionals and their relatives, and the existence or exacerbation of conflicts resulting from these mental health issues. Among the necessary adaptations described are the interruption of visits to elderly family members and experiences of prejudice[14,15]. In summary, it is suggested that relatives of healthcare workers experienced intense fears, conflicts and changes in routine.

Within this class, the words "vaccine", "take" and "vaccinate" were also identified, referring to the vaccination process against the disease. Vaccination was frequently mentioned in the interviews in a positive manner, with notable trust and adherence. However, some statements referenced false information circulating at the time about the risks of the vaccine, generating fear and insecurity among older adults, as illustrated in the following excerpts:

Mrs. Palma: *"I believe in the vaccine. Because you see, after people got vaccinated, people stopped dying, right? People stopped filling hospitals. And many people still don't take the vaccine. Sometimes they take one dose but not the others. I took it and didn't feel anything. My family, thank God, we all took it and felt nothing."*

Mrs. Sabiá: *"I stayed more inside the house, afraid of catching the disease. And I was afraid of the vaccine. Afraid that it could harm other things, the diseases... I got vaccinated because I was going to have surgery. I thought: 'What if they don't want to operate on me because I didn't take the vaccine?' So I took it. I took up to the third dose, but I still haven't taken the fourth."*

The pandemic amplified the role of social media in interpersonal communication and intensified debates about the spread of fake news. In Brazil, narratives questioning vaccine safety circulated widely, associating them with dangers and negative consequences and contributing to amplify feelings of insecurity and fear among the elderly population. Studies indicate that misinformation also affected adherence to vaccination against other diseases, such as poliomyelitis[16], demonstrating that its effects extend beyond the specific context of COVID-19. In addition to fake news, other factors influenced vaccine hesitancy, including pre-existing chronic diseases with risk of worsening, concerns about the lack of scientific knowledge regarding the vaccine and its manufacturers, and insecurity regarding political and economic interests involved[17].

These elements appear concretely in the narratives of the interviewed older adults and demonstrate that fear was not restricted to contagion but was also transferred to the act of vaccination itself, anchored in conversations, memories and previous experiences:

Mrs. Cumaru: *"I got vaccinated. I still haven't taken the bivalent dose. I'm afraid because there's so much talk, but I will take it. I kept that nonsense people say, you know... People say a lot of things, right?"*

Mrs. Carnaúba: *"I stayed at home. But it was mainly because of the vaccine that I didn't take. [...] Because I had never been vaccinated [...] All the others who got vaccinated at that time became ill."*

The circulation of misinformation occurred within a context of political polarization and weakening of institutional trust, a scenario that intensified fear. False information did not produce only rational doubt but also mobilized emotions, amplifying insecurity and shifting fear from contagion to the act of vaccination itself. Thus, fear assumed a dual dimension: fear of the disease and fear of protection. Although scientific production regarding the impacts of the pandemic has expanded in recent years, qualitative studies exploring the subjective experiences of older adults in relation to vaccination and misinformation remain relevant, precisely because they reveal how such feelings are structured in everyday life.

Despite uncertain or false information disseminated about the vaccine, studies on acceptance demonstrate good adherence to immunization. A meta-analysis that evaluated 82 studies worldwide found an estimated acceptance rate of 63.9%, with higher adherence rates among younger individuals (20–40 years) and among people aged 60 years or older[18]. An integrative review that analyzed factors influencing older adults' adherence to the COVID-19 vaccine identified lack of knowledge associated with low educational level as a central factor contributing to hesitancy[19]. A qualitative study conducted with older adults in the state of Minas Gerais observed that this population generally received vaccination positively, with greater denial and rejection of the vaccine associated with lower educational levels[20,21,22]. In line with these findings,

statements expressing trust and perceptions of protection also emerged in our study, such as that of **Mrs. Palma:** *"I believe in the vaccine. Because you see, after people got vaccinated, people stopped dying, right? [...] I took it and didn't feel anything."*

In our study, therefore, the statements of older adults demonstrate significant adherence to vaccination, although there are reports of insecurity and distrust influenced by negative information and by individual experiences with other immunizations. Fear thus emerged as an organizing axis of the memories and social representations of older adults regarding the pandemic, articulating experiences of loss, disruption of cultural practices, reconfiguration of social relationships and positions regarding vaccination. It was not only fear of the disease, but also fear produced and amplified by circulating discourses in the social sphere. These representations not only record a historical period but also continue to influence ways of acting, perceptions of risk and forms of social participation in the post-pandemic period.

CONCLUSION

The present study aimed to understand the memories and social representations of older adults regarding the repercussions of COVID-19 in their daily lives. The results indicate that fear constituted a central element in the organization of these representations, especially related to the risk of illness and death, the impact of social distancing, changes in care practices and uncertainties surrounding vaccination. The narratives indicate that these perceptions influenced ways of thinking and acting during the pandemic period, resulting in protective strategies, voluntary isolation and reconfiguration of social relationships.

Although fear assumed a protective function by contributing to the adoption of care measures, the data suggest that, in some cases, it was also associated with emotional suffering, prolonged reclusion and persistent insecurity in the post-pandemic period. Thus, rather than establishing generalizing categories, the study indicates interpretative tendencies constructed from the narratives of the participants, situated within a specific social context.

As limitations, it should be noted that this qualitative research was conducted in a single Primary Health Care Unit with a small number of participants, which does not allow generalization to other contexts. In addition, the memories reported refer to a period that has already passed and may therefore be subject to reinterpretations over time and in light of subsequent experiences.

Despite these limitations, the findings contribute to expanding the understanding of the subjective dimensions of the pandemic in older age, reinforcing the importance of communication and educational strategies based on evidence, especially in contexts of health crises. Considering the social representations of older adults may support actions that are more sensitive to their perceptions of risk, contributing to the management of adverse situations without disregarding their autonomy, dignity and social participation.

REFERENCES

1. Lana RML, Coelho FC, Gomes MFC, Cruz OG, Bastos LS, Villela DAM, et al. Emergência do novo coronavírus (SARS-CoV-2) e o papel de uma vigilância nacional em saúde oportuna e efetiva. Cad Saúde Pública, 2020; 36(3): e00019620. doi:10.1590/0102-311X00019620.
2. Pereira JR, Fernandes D de S, Aguiar VFF de, Sousa F de J D de. Assessment of fear and stress by the elderly in the new coronavirus pandemic: a crosssectional study. Cogitare Enferm, 2022 [2025 dez 11]; 27: e86911. doi:10.5380/ce.v27i0.86911.
3. Lindemann IL, Simonetti AB, Amaral CP do, Riffel RT, Simon TT, Stobbe JC, et al. Percepção do medo de ser contaminado pelo novo coronavírus. J Bras Psiquiatr, 2021 [2025 dez 11]; 70(1): 3-11. doi:10.1590/0047-2085000000299.

4. Jodelet, D. Representações sociais: Um domínio em expansão. Em: As Representações Sociais. [s.l: s.n.]. p. 17–29.

5. Sá, C. P. DE. Sobre o campo de estudo da memória social: uma perspectiva psicossocial. Psicologia: Reflexão e Crítica, v. 20, n. 2, p. 290–295, 2007.

6. Patlagean, E. A história do imaginário. In: LE GOFF, Jacques (org.). A História Nova. Tradução de Eduardo Brandão. 5. ed. São Paulo: Martins Fontes, 2005. cap. 10, p. 391-427. (Título original: La Nouvelle Histoire, publicado em 1978).

7. Shimizu HE, Sousa YSO, Apostolidis T. As representações sociais da COVID-19 dos usuários dos serviços da atenção primária no contexto da pandemia. Cien Saude Colet, 2025 [2025 dez 11]; 30: e14132023. doi:10.1590/1413-81232025302.14132023.

8. Teigão FCM, Moser AD de L, Jerez-Roig J. Translation and cross-cultural adaptation of Pfeiffer's Short Portable Mental Status Questionnaire (SPMSQ) for brazilians older adults. Revista Brasileira de Geriatria e Gerontologia, 2020; 23(4):e200051. doi:10.1590/1981-22562020023.200051.

9. Bardin L. Análise de Conteúdo. São Paulo: Edições 70, 2016.

10. Slomp Junior H, Barros MC de, Amaral IBST, Freitas FP de P, Merhy EE, Seixas CT. Fear when caring: reflections on a permanent education experience in Covid-19 times. Saúde Debate, 2022 [2025 dez 11]; 46(Esp 1): 399-410. doi:10.1590/0103-11042022E128.

11. Colì E, Norcia M, Bruzzone A. What Do Italians Think About Coronavirus? An Exploratory Study on Social Representations. Papers on Social Representations, 2020; 29:1-20.

12. Coutinho MPL, et al. Pandemia Covid-19 no contexto do idoso: estudo psicossociológico. Research, Society and Development, 2022; 11(6): e28311628932. doi:10.33448/rsd-v11i6.28932.

13. Eiguren A, et al. Exploring the Social and Emotional Representations Used by the Elderly to Deal With the COVID-19 Pandemic. Frontiers in Psychology, 2021; 11:586560. doi:10.3389/fpsyg.2020.586560.

14. Cardoso EA de O, et al. The effect of suppressing funeral rituals during the COVID-19 pandemic on bereaved families. Revista Latino-Americana de Enfermagem, 2020; 28:e3365. doi:10.1590/1518-8345.4519.3365.

15. Giamattey MEP, et al. uneral rites in the COVID-19 pandemic and grief: possible reverberations Escola Anna Nery, 2022; 26(spe):e20220105. doi: 10.1590/2177-9465-EAN-2022-0105.

16. Barreto M da S, et al. The COVID-19 pandemic: repercussions on the daily life of health professionals working in emergency units. Escola Anna Nery, 2021; 25(spe):e20210064. doi:10.1590/2177-9465-EAN-2021-0064.

17. Tekin S, et al. Impact of occupational stress on healthcare workers' family members before and during COVID-19: A systematic review. PLOS ONE, 2024; 19(9): e0308089. doi:10.1371/journal.pone.0308089.

18. Lira AI de O, et al. Health communication and misinformation about COVID-19 in the fact-checking of fake news. Revista de Enfermagem da UFSM, 2022 12: e56. doi:10.5902/2179769271263.

19. Hasanzad M, Namazi H, Larijani B. COVID-19 anti-vaccine attitude and hesitancy. Journal of Diabetes & Metabolic Disorders, 2022; 22(1): 1–4. doi:10.1007/s40200-022-01031-7.

20. Kazeminia M, et al. Evaluation of the Acceptance Rate of Covid-19 Vaccine and its Associated Factors: A Systematic Review and Meta-analysis. Journal of Prevention, 2022; 43(4): 421–467. doi:10.1007/s10935-022-00673-4.

21. Santos AJV, et al. Fatores associados a hesitação vacinal contra COVID-19: uma revisão integrativa. Revista Foco, 2023; 16(5): e1992. doi:10.54751/revistafoco.v16n5-1992.

22. Nascimento VF do, et al. Opiniões de idosos acerca da vacina anticovid e sua possível recusa. Persona y Bioética, 2023; 27(1):e2714. doi:10.5294/pebi.2023.27.1.4.