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O impacto da religião/espiritualidade na saúde dos idosos na pandemia de Covid-19

The impact of religions/spirituality on the health of the elderly during the COVID-19 pandemic

Impacto de la religión/espiritualidad en la salud de los ancianos durante la pandemia de Covid-19

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Resumo: Esta pesquisa investiga como a religião e a espiritualidade podem ser benéficas na saúde mental dos idosos no contexto da pandemia de Covid-19. Desenvolveu-se uma pesquisa de campo qualitativa para registrar as percepções de idosos de diferentes religiões, que foram ou não infectados pelo vírus SARS-CoV-2, sobre diversos aspectos da saúde mental. Os participantes assinaram o termo de consentimento livre e esclarecido e os

dados qualitativos foram analisados a partir do software IRAMUTEQ®. Participaram 171 idosos e apenas 14 destes referiram não ter religião. Foram produzidas três técnicas de interpretação para os dados qualitativos: a nuvem de palavras, a análise de similitude e a classificação hierárquica descendente. Esta pesquisa também possibilitou a criação de um aplicativo para celular: "Eu confio". Foi evidenciado que religião/espiritualidade são benéficas em diferentes âmbitos da saúde mental, como a percepção sobre o envelhecimento e sobre a morte.

Palavras-chave: COVID-19. Espiritualidade. Idosos. Pandemia. Religião.

Abstract: This research investigates how religion and spirituality can benefit the mental health of the elderly in the context of the COVID-19 pandemic. A qualitative field study was conducted to capture the perceptions of elderly individuals from different religions, whether or not they were infected with SARS-CoV-2, regarding various aspects of mental health. Subjects who agreed to participate in the study signed the informed consent form, and qualitative data were analyzed using the IRAMUTEQ® software. 171 elderly individuals participated, with only 14 reporting no religious affiliation. Three techniques of interpretation for qualitative data were produced: Word Cloud, Similarity Analysis, and Descending Hierarchical Classification. This research also led to the development of a mobile application: "Eu confio". It was evident that religion/spirituality is beneficial in various aspects of mental health, such as perceptions of aging and death.

Keywords: COVID-19. Elderly. Pandemics. Religion. Spirituality.

Resumen: Esta investigación indaga cómo la religión/espiritualidad pueden ser beneficiosas para la salud mental de los ancianos en el contexto de la pandemia de

Covid-19. Se llevó a cabo un estudio cualitativo para registrar las percepciones de ancianos de diferentes religiones, ya sea que hayan sido o no infectados por el SARS-CoV-2, en diferentes aspectos de la salud mental. Los participantes que aceptaron formar parte del estudio firmaron el consentimiento informado y los datos cualitativos fueron analizados mediante el software IRAMUTEQ®. Participaron 171 ancianos y solo 14 no tenían religión. Se desarrollaron tres técnicas de interpretación para los datos cualitativos: la nube de palabras, el análisis de similitud y la clasificación jerárquica descendente. Esta investigación también posibilitó la creación de una aplicación móvil: "Eu confio". Se evidenció que la religión/espiritualidad son beneficiosas en diferentes ámbitos de la salud mental.

Palabras clave: Ancianos. COVID-19. Espiritualidad. Pandemia. Religión.

Introduction

Since December 2019, humanity has been having issues dealing with SARS-CoV-2, responsible for the most unexpected infectious disease of the century, COVID-19. On March 11, 2020, the World Health Organization (WHO) classified COVID-19 as a pandemic, with the elderly as an at-risk group. Following the Brazilian legislation, this group includes people 60 years or older, who comprise more than 32 million people in the country, according to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística,* IBGE). Being in an at-risk group increases the chance of contracting the disease, and, beyond that, it relates to a change in how they perceive the aging process and other negative factors associated with it, such as ageism and the prejudice of diminished value and fragility of this population.

From this perspective, stereotyping the elderly as a vulnerable and dependent individual is common and can cause issues among all generations; however, it is important to highlight that being chronologically old is not the same as being vulnerable, being in a precarious health situation, or less valuable (Silva *et al*., 2021). A study by Flett and Heisel (2021) found that ageism was more common among the elderly and young adults during the pandemic than among middle-aged people. While young adults reported suffering from ageism at their workplace, ageism toward the elderly

and middle-aged occurred more commonly when seeking products or services.

Beyond the issue of ageism and discrimination toward the elderly, a study by Meng *et al.* (2020) indicates another important matter: the elderly's mental health during the pandemic. The results of this research show a prevalence of 37.1% of depressive and anxiety symptoms among individuals aged 60 and older, which corroborates the idea that the pandemic is not restricted to the coronavirus; it extends to other areas of health, such as psychosocial well-being.

A quantitative, cross-sectional, and analytical study conducted in Lima, Peru, displays results that the pandemic triggered feelings such as fear about a family member's death and concerns about the disease in subjects.(Arpasi-Quispe *et al.*, 2023). There was also a higher connection between fear and anxiety due to the promotion of negative news about the pandemic and correlated misinformation.

Another relevant topic is the impact of social isolation and solitude, considering the elderly's perspective on death. The study by Guner, Erdogan, and Demir (2021) analyzed the effects of solitude caused by social isolation during the coronavirus pandemic, considering the negative view of death. It concluded that this negative perspective can be reduced by diminishing the feeling of loneliness in the elderly population.

Considering this, this paper aims to answer the following questions: What do the elderly do to reduce psychological damage in the context of the pandemic? Is religion a helping factor? Can social media help socialization and improve the psychosocial situation? Several studies have pointed out religion as a beneficial factor for the elderly in the process of dealing with the disease. Koenig *et al.* (1992) found that one in five older people reported that practicing religion or engaging in religious thinking was the most crucial strategy for coping with the disease, whatever it may have been. Nonetheless, studies concerning COVID-19 and the elderly's religion must be encouraged to improve the evaluation of the situation during the pandemic.

Moreover, social media can support social interaction between people, and it is plausible to see them as a mitigation factor for the decline in mental health. However, few studies investigated the possible benefits of social media in the psychosocial well-being of older people during the pandemic (Hajek; König, 2020).

Therefore, this paper also aims to clarify how religion and spirituality can benefit the elderly's mental health in the context of the COVID-19 pandemic and how social media can help this process. In addition, it seeks to investigate the prevalence of the elderly population that uses social media to interact and foster their religiosity; identify what beneficial feelings religion and spirituality bring about for the elderly, and if the same would occur if they were non-religious; and, finally, investigate the prevalence of

mental health improvement considering the religious practices and religious thinking.

Studies on this theme are extremely significant because, although the elderly population comprises a considerable portion of the population and is expected to increase, they are often neglected and treated as less important.

Methodology

This is a qualitative field study that employed a direct approach through semi-structured interviews to register the perceptions of older people from different religions, who were or weren't infected by SARS-CoV-2, considering aging, fear of death, and mental health. In addition, it also questions the role of religion in such perspectives. The research occurred in Brasília, Federal District, Brazil, from mid-2022 to mid-2023. It presents the Certificate of Ethical Appreciation Submission (*Certificado de Apresentação de Apreciação Ética,* CAAE): 51397821.0.0000.0029, with the approval decision number: 4.983.852.

The adoption of the qualitative approach considers the higher leeway for the elderly to present the main aspect of their religion, which, supposedly, offered comfort during the pandemic. Older people with cognitive impairments, dementia, and those diagnosed with psychiatric conditions did not participate in the study.

Volunteers who felt emotionally uncomfortable discussing the proposed themes were also excluded.

The total number of interviewed subjects in the research includes 171 older people, between 60 and 81 years old. The subjects belonged to one of the following religions: Roman Catholicism, Protestantism, Spiritism, Kardecism, Umbanda, Buddhism, Candomblé, Judaism, and Islam, among others. Non-religious participants were also considered.

The survey recruited participants through social media groups, instant messaging apps, and by handing out flyers for the research project at various locations. Access to instant messaging groups was permitted through contact between the researchers and subjects. Additionally, a social media profile was created, named after the research project's title, and exposed its goals and possible benefits for the general public to attract more participants.

Five questions aimed at capturing aspects of religiosity to verify the involvement of the elderly in religious/spiritual matters. Moreover, most of the procedures occurred remotely through specific smartphone apps (WhatsApp) and computer programs (Zoom or Skype) to conduct the meetings. The subjects who couldn't attend due to a lack of resources were met in person. All of the interviews were recorded on video with audio.

The sample characterization occurred through a sociodemographic questionnaire, which allowed for a better understanding of the subjects' characteristics. The

questionnaire included name, date of birth, sex, area of residency, level of education, monthly income, number of household members, and residential arrangements (e.g., renting, owned housing, granted housing, etc.). Additionally, the health information considered aspects highlighted by the Pan-American Health Organization (*Organização Pan-Americana de Saúde*, OPAS), which understands that the elderly's health is the capability of functioning alone or managing their own life, and taking care of themselves. The physical aspects were assessed through direct questions to the elderly about their capacity to walk on their own around the block, without a tool or person. The prevalence of disease and medications was also registered through direct questions, lasting a maximum of 45 to 50 minutes.

The data collection procedures involved a meeting to present the project to subjects, the signature of the Informed Consent Form (ICF)[1], completion of the sociodemographic and health questionnaires, and the interviews. The questionnaires were registered on an online platform during the interview. This approach guaranteed the safeguarding of the data and ethical integrity.

The data was analyzed through the IRAMUTEQ® software (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), which was chosen considering it allows the analysis of certain textual content. The content on IRAMUTEQ® was analyzed, organized, and summarized considering the most significant information.

[1] **In Brazilian Portuguese:** Termo de Consentimento Livre e Esclarecido (TCLE).

The final construction was the production of correlated words, their creation, then the word cloud, the similarity analysis, and the descending hierarchical classification (DHC).

Results

Among the 171 subjects, between the ages of 60 and 81 years old, 120 of them were female, while only 51 of them were male. Furthermore, only 14 claimed not to belong to a religion, while others claimed to follow a religion, such as Catholicism, Evangelicalism, or Spiritism, among others. The main sociodemographic data are organized in Table 1.

The assessment indicated that 92 subjects (53,8%) reported using social media apps to interact and foster their religiosity, which encouraged the development of a mobile app titled "*Eu confio*" [I trust, in our translation]. This resource offers messages about gratitude, hope, faith, charity, and prayer, in addition to a separate section for chatting so users can vent with someone trustworthy and seek professional help when needed. It is important to mention that this aspect of the study significantly improved its applicability.

Table 1. Main sociodemographic data

Variables	n	%
Sex		
Male	51	29,8
Female	120	70,2
Age group		
60 to 65 years old	62	36,3
66 to 70 years old	37	21,6
70 to 75 years old	35	20,5
76 to 80 years old	16	9,4
Over 81 years old	21	12,3
Education		
Up to 4 years		
From 5 to 8 years	7	4,1
From 9 to 11	16	9,4
years	47	27,5
Graduate level	62	36,3
Post-graduate	39	22,8
level		
Income ranges in MW*		
Less than 1 MW	7	4,1
Up to 1 MW	24	14,0
From 1 to 2 MW	10	5,8
From 2 to 3 MW	10	5,8
From 3 to 4 MW	11	6,4
From 4 to 5 MW	19	11,1
More than 5 MW	90	52,6
Frequency of visits to the temple		
More than once a		
week	49	28,7
Once a week	53	31
Up to twice a	16	9,4
month	4	2,3
Up to three times	6	3,5
a semester	37	21,6
Around twice a	6	3,5
year		

Doesn't attend	
NR**	

*Minimum wage[2]; **No reply

Source: The authors.

Lexical-textual analysis of the interviews

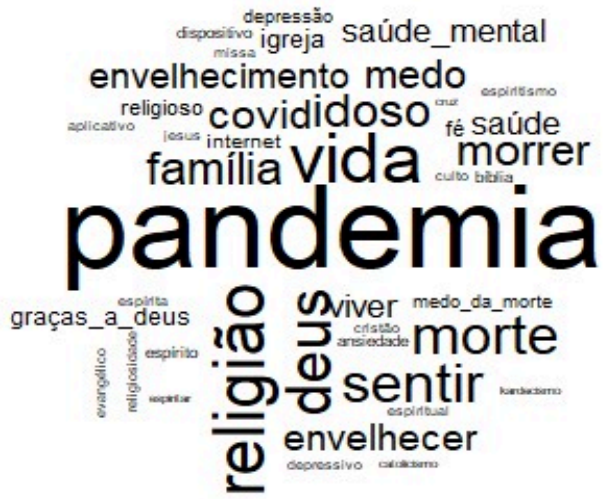
The data was organized through the material assembled during the interviews, aimed at identifying what was relevant to the study, and analyzed through Bardin's content analysis technique with the software IRAMUTEQ®, which allowed the employment of three interpretation techniques: word cloud, similarity analysis, and the descending hierarchical classification (DHC).

The analysis of the word cloud, created based on the interviews, indicated that the most mentioned words were: "pandemic" (f=1778), "life" (f=995), "religion" (f=922), and "God" (f=786). At first glance, a general word cloud of the study was generated, without filters and word selection. Later, a second and refined word cloud was generated considering word selection with a closer relationship with the research.

[2] The national minimum wage in Brazil is R$1,518.00 per month, effective as of January 1, 2025.

Figure 1. Word cloud.

Source: The authors.



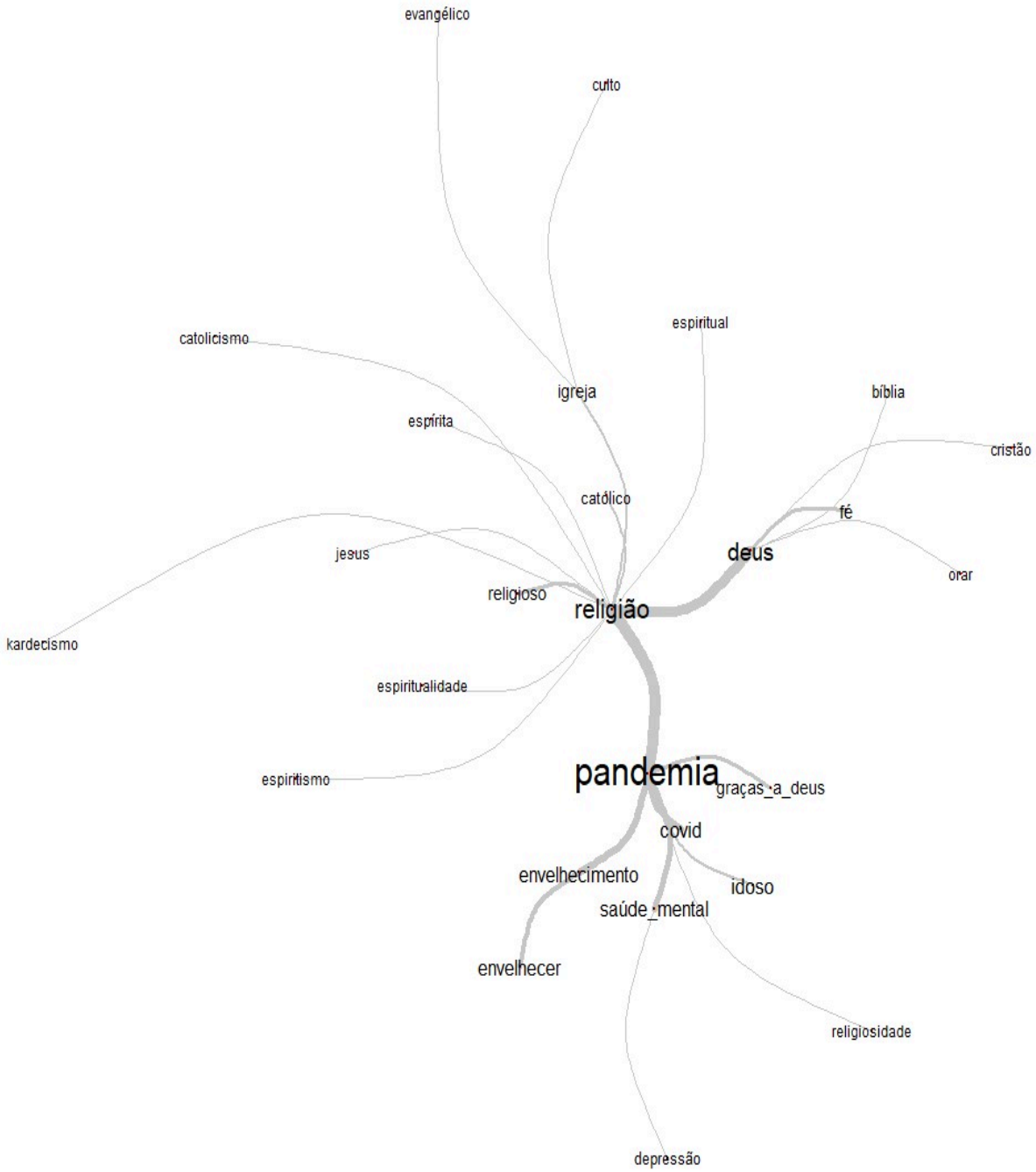
A similarity analysis was conducted to better understand the collected material, considering 27 words. Through analysis based on graph theory, it is possible to identify textual occurrences among words and indications of connectivity between them, aiding in the identification of the content structure of a textual corpus. We highlight three words that stand out within the discourses: “religion,” “pandemic,” and “God”. Other words derived from them imply more specific meanings (see Figure 2).

Concerning the word “pandemic,” there was a connection with the words “COVID,” “mental health,” and “depression,” which leads to the comprehension that the subjects related the coronavirus pandemic as something impactful to mental health, and depressive states constitute one of the consequences.

The word "religion" branches into multiple other words, such as "Catholic," "Spiritism," "religious," and "Jesus", which can be understood as the participants' numerous faiths.

Finally, the word "God" is related to "religion" and "pandemic" and branches into "faith," "bible," "Christian," and "prayer". Therefore, the subjects found the importance of God during the pandemic context, and their method of relating or connecting with God occurred through faith, the bible, and prayers.

Figure 2. Similarity analysis.

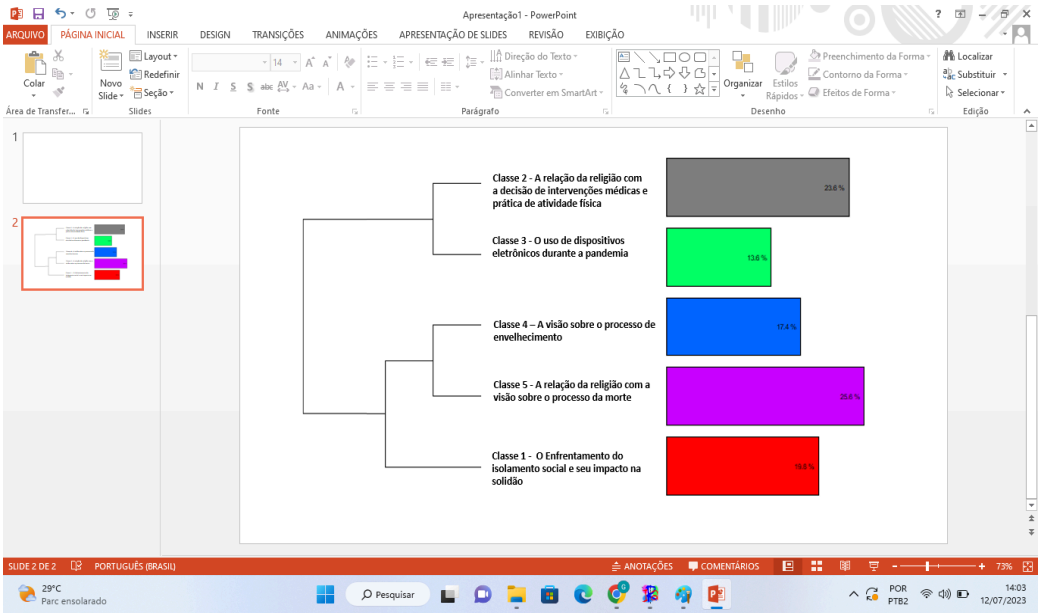


Fonte: The authors.

The last analysis employed the descending hierarchical classification (DHC) (see Figure 3), constituting an analysis of greater complexity. The general *corpus* considers 171 texts, separated into 7.735 text segments (TS), with a utilization rate of 6.348 (82,07%).

From the selection, 271,078 occurrences of words, forms, or terms were identified. Among them, 10,997 were distinct words, while 5,628 appeared only once. The content that was analyzed resulted in five distinct categories: Category 1 - The challenge of social isolation and its impact on solitude, with 1.253 TS (19,75%); Category 2 - The connection of religion with the decision for medical interventions and physical activity practice, with 1.501 TS (23,65%); Category 3 - The use of electronic devices during the pandemic, with 861 TS (13,56%); Category 4 - The perspective on the aging process, with 1.104 TS (17,39%); and Category 5 - The connection of religion with the perspective on death, with 1.628 TS (25,65%).

Figure 3. Descending hierarchical classification.



Source: The authors.

Category 1 - The challenge of social isolation and its impact on solitude

Comprises 19,75% (f = 1.254 TS) of the analyzed corpus. It includes words and radicals in the range between x^2 = 3.84 (“saint”) and x^2 = 474.45 (“home”). This category is made up of words like: “solitude” (x^2 = 220,39), “isolation” (x^2 = 219,41), “family” (x^2 = 73,23), and “depression” (x^2 = 22,06).

In this category, the subjects described their experiences while dealing with the social isolation imposed by COVID-19 as a period of uncertainty, moments of sadness, and a lack of habits considered typical before. However, the symptoms of depression and solitude varied, since some subjects reported they weren’t significantly impacted, because they already spent most of their time at

home, and others because they could stay with their families during the isolation period.

To exemplify, some subjects' comments follow:

> The pandemic social isolation was bad. Honestly, really bad because we couldn't leave the house or go out. Sometimes, we put our hands on our heads and thought: My God, when is this going to end? (Subject 40)
>
> It helps make the isolation go on faster. I didn't feel solitude, I don't know how, because I didn't leave the house, my daughter and I stayed strictly at home, we didn't go anywhere. (Subject 120)
>
> I didn't feel alone, I made a lot of video calls with my son to chat, and I finally started to go to his house after three months. Maybe if I had stayed alone, without going to anybody's house, I would have felt alone. (Subject 147)

Category 2 - The connection of religion with the decision for medical interventions and physical activity practice

Comprises 23,65% (f= 1.501) of the analyzed corpus. It includes words and radicals in the range between x^2 = 3,85 ("mobility") and x^2 = 1.812,23 ("take"). This category is made up of words like: "vaccine" (x^2 = 788,6), "exercise" (x^2 = 515,02), "medication" (x^2 = 422,78), "COVID" (x^2 = 291,52), and "decision" (x^2 = 111,03).

In this category, the subjects described their experiences with medical treatment and prophylaxis decisions. There were no occurrences of subjects who decided on medical interventions based on religion, thus,

they confronted these aspects independently. Additionally, this category approaches the practice of physical activity, which the subjects reported as more frequent during the pandemic - there wasn't a religious influence on their decision to practice physical activities either.

Here are some examples from the subjects:

> My spirituality didn't impact my decision to take the vaccine, the vaccine is science. I don't practice any physical activity, but before the pandemic, I did pilates on medical advice, but I stopped during the pandemic. My religion doesn't affect my practice of physical activity. (Subject 147)
>
> My religion doesn't influence my choice of medications and treatments. I took two doses of the vaccine, and my wife took three. I go on walks because I have knee issues, and I used to play soccer. (Subject 168)
>
> I don't think my religion has anything to do with my physical activity practice. (Subject 59)

Category 3 - The use of electronic devices during the pandemic

Comprises 13,56% (f= 861) of the analyzed corpus. It includes words and radicals in the range between x^2=3,91 ("to connect") and x^2=1.034,07 ("phone"). This category is made up of words like: "internet" (x^2 = 454,57), "WhatsApp" (x^2 = 384,92), "Facebook" (x^2 = 217,84), "bank" (x^2 = 110,69), and "app" (x^2 = 107,11).

In this category, subjects shared their experiences using electronic devices, and most of them frequently used smartphones. One of the most widely consumed forms of

content is social media, primarily used for communication. Some subjects also reported using devices to handle banking issues, entertainment through streaming, and searching for prayers, although less frequently.

Examples from the subjects follow:

> Yes, I used technology before the pandemic, I use my phone a lot, WhatsApp, and Facebook. I think technology has come for the better. (Subject 52)
>
> I used to watch worship services with my brothers in faith from São Paulo because churches were shut down, but they held the service online. (Subject 79)
>
> The content I watch the most on my phone is religion for worship. Since I started using these technologies, I have seen changes for the better because I learned a lot. This device is rich in just about everything you can use it for. (Subject 21).

Category 4 - The perspective on the aging process

Comprises 17,39% (f=1104) of the analyzed corpus. It includes words and radicals in the range between $x^2 = 3,94$ (“respect”) and $x^2 = 702,63$ (“to age”). This category is made up of words like: “negative” ($x^2 = 515,34$), “positive” ($x^2 = 350,78$), “wisdom” ($x^2 = 45,83$), “limitation” ($x^2 = 44,75$), and “psychologic” ($x^2 = 36,56$).

In this category, the subjects described their experiences with the aging process, highlighting positive and negative aspects. The positive aspects approached were the gain of maturity and the possibility of watching their family grow; the negative aspects mainly encompassed the loss of physical stamina and appearance changes. Some subjects also described that the process was sad in some

moments, and that their perspective remained the same before and after the pandemic. A portion of the respondents mentioned religion and the aging process; for many, religion helped them face it.

> I see aging as normal; it's a natural life process. Being born, growing up, aging, and dying have positive and negative parts. The positive one is our life experiences. (Subject 90)
>
> I live my life without thinking about aging or sadness. I wasn't born to be sad but to be happy. I don't even think about the negative part of aging. In the last few years, I even got some wrinkles, but I used some creams, and that's it, everything's fine. (Subject 150).
>
> So, religion helps me age better, I feel like I'm aging with the perspective of living one day after the other, and I ask God that my understanding of people improves and that my aging has a good quality. (Subject 66)

Category 5 - The connection of religion with the perspective on death

Comprises 25,65% (f=1628) of the analyzed corpus. It includes words and radicals in the range between $x^2 = 4,08$ ("better") and $x^2 = 843,71$ ("death"). This category is made up of words like: "God" ($x^2 = 803,95$), "fear of death" ($x^2 = 203,46$), "religion" ($x^2 = 347,66$), "belief" ($x^2 = 51,18$), and "hope" ($x^2 = 36$).

In this category, the subjects described their experience with the perspective of death and how religion can aid this issue. Most of the subjects reported that religion and the belief in God significantly helped in confronting death, and they expressed happiness with the natural

process of life's end. Some subjects also compared their views on death before and after the pandemic, and none reported a shift.

Some examples follow:

> The perspective on death it's scary. It isn't scarier because God's word tells us God has in store for those who are really His followers, and religion gives us relief. (Subject 75)
>
> I have the same perspective before and after the pandemic. If it weren't for religion, we wouldn't bear knowing we're going to die because no one wants to die. Our faith makes us believe that God is Father. (Subject 129).
>
> In death, we go to God and Our Lady, so we shouldn't be afraid to die, because when the day comes, we'll go in good taste. (Subject 35)

Discussion

This research aimed at investigating how religion and spirituality can benefit the elderly's mental health in the context of the COVID-19 pandemic and how social media can help this process.

It highlighted how religion/spirituality can positively affect different areas of mental health, such as confronting the aging process and the process of death. Moreover, a cross-sectional study conducted in Canada brought to light the strong association between mental health and religion/spirituality, and the positive impact was higher in subjects 65 years old and older (Manoiu *et al,* 2023).

The study from Britt *et al*. (2022) aimed at analyzing how religiosity and spirituality impacted the lives

of the elderly with Alzheimer's disease. Among other issues, religiosity/spirituality was critical to improve their mood, promote security, and enhance the elderly's well-being. These results are similar to those found in the present study, in the areas of mental health and general perspective on life.

Furthermore, this study also analyzed the connection of religion with the decision for medical interventions, especially concerning the vaccine against the coronavirus, and physical activity practice. No relationship between religion and the decision for medical treatment and vaccination was found. However, the study from Tolstrup Wester *et al*. (2022), with 42.583 subjects 50 years old or more, conducted in 27 different European countries, demonstrated that the subjects with a higher frequency of prayers were more hesitant in vaccinating themselves against the coronavirus in comparison with subjects who never prayed.

In the present study, the effects of social isolation in solitude differed among subjects, with those reporting a lesser impact possessing a larger support network. The results are similar to a cross-sectional study conducted in India, which highlighted that the lack of a support network was one of the factors implicated in psychological distress in the elderly during social isolation (Sujiv *et al.*, 2022).

Concerning the use of electronic devices, it seemed to improve some aspects of the subjects' lives during the pandemic because it was used as an alternative

to search for prayers, solve daily problems (such as banking issues), and for entertainment. Thus, this displays the significance of it because, during social isolation imposed by COVID-19, the pursuit of these activities in person became unavailable. In this context, we highlight the creation of the mobile app titled "*Eu confio*" [I trust, in our translation], developed through this research.

Moreover, the perspective on aging is considerably approached and discussed in studies and society as a whole. The study found different opinions on aging, and the most mentioned positive aspects were the gain of maturity and following the family's development. In contrast, the loss of physical stamina and appearance changes. Within this context, the study from Galkin *et al*. (2022) reunited different aspects of aging, among them, psychological aspects, to compare the subjects' biological and chronological ages. The presence of positive feelings, such as happiness, hope, and security, was critical in defining biological age.

The results from this research, indicating that religion/spirituality is beneficial in confronting death, are corroborated by other studies, such as Freitas *et al.* (2020), which concluded that spirituality and religiosity pose themselves as important coping strategies used by the elderly with cancer, in the face of suffering, guilt, and thoughts about death that cross the unstable day-by-day. Beyond that, the study from Upenieks (2023) corroborates this result as it concludes that a greater sense of security in

your belief can lead to a more peaceful experience with your own mortality.

Final considerations

This study completed its goal of investigating how religion and spirituality can benefit the elderly's mental health in the context of the COVID-19 pandemic and how social media can aid this process.

It highlighted that religion and spirituality are important defining aspects of mental health as they can promote comfort in delicate situations, namely, the process of aging and death. Moreover, it indicated that most subjects with a more positive perspective on death and aging had a religion and expressed it in different ways, such as visiting temples, praying, or through sacred books.

A little over half of the subjects (53,8%) reported using social media apps to interact and support their religiosity, which became significantly important during the pandemic because in-person services were unavailable. This shows that, despite their age, the research subjects are also interested in social media in general, emphasizing the importance of developing applications for this population, such as "*Eu confio*".

The stereotype of a part of the population that religion can disturb decision making concerning medication and therapies in general wasn't observed in this study, since the subjects denied such a connection. However, as

previously discussed, other studies with a higher sample size displayed different results.

The impact of social isolation varied among subjects: for some, it didn't represent such a negative impact, but there was a more significant impact for others. However, all of the subjects noticed life changes. Concerning the positive coping mechanisms of social isolation, the existence of support networks, especially family, was the most important variable.

Concerning the perspective of death, the research indicated that positive coping is related to religion/spirituality, with most of the subjects reporting that faith helps them have good feelings about death and that it probably wouldn't be the same if they weren't religious.

It is also necessary to consider the study's limitations: the sample size (171) and the difficulty in recruiting participants, which is connected to the fact that most of the elderly people contacted didn't feel comfortable speaking about delicate and personal issues with unknown researchers.

Finally, the present study opens new possibilities about the impact of religion/spirituality on the elderly's lives and how it can impact delicate situations, such as the coronavirus pandemic and social isolation imposed by it. We emphasize the importance of other studies about the influence of religion/spirituality on the elderly's mental health and the significance of using apps/social media in their lives.

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