



# No place to go? Older people reconsidering the meaning of social spaces in the context of the COVID-19 pandemic

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## ABSTRACT

Under COVID-19 restrictions, older people were advised to avoid social contact and to self-isolate at home. The situation forced them to reconsider their everyday social spaces such as home and leisure time places. This study approached the meaning of social spaces for older people by examining how older people positioned themselves in relation to social spaces during the pandemic. The data were drawn from the Ageing and social well-being (SoWell) research project at Tampere University, Finland, and they consisted of phone interviews collected during the summer of 2020 with 31 older persons aged 64–96 years. The data were analysed using the frameworks of positioning analysis and environmental positioning. Results showed the positions of older people being manifold, flexible and even contradictory. Within home, the participants portrayed themselves as restricted due to limited social contact, but also as able to adapt to and content being alone. Virtual spaces were depicted as spaces for younger and healthy persons, and the participants themselves as sceptical technology users not satisfied with technology-mediated interaction. Within an assisted living facility, the participants described themselves as sensible and responsible persons who wanted to follow the facility's pandemic-related rules but also as independent persons having nothing to do with these rules. In the spaces outside the home, the participants portrayed themselves as persons who followed pandemic instructions but also as persons who were not required to follow the instructions because they could use their own judgement. These self-positions shed light on the social needs of older people in the spaces of their everyday lives. Our results provide useful insights for policy makers and professionals working with older people and will help to promote spaces of living, care and everyday life that can enhance and maintain social interaction and well-being both in times of change and in more stable times.

## Introduction

The COVID-19 pandemic re-emphasised the vital importance of social relationships and social interaction in everyday life. As the virus began to spread, governments around the world introduced social distancing measures to protect citizens from transmission. In Finland, measures to limit the spread of the disease included, for example, limiting the number of attendees in public events; closing schools, universities and other educational institutions; closing museums, cultural venues, libraries, hobby and leisure centres and other such facilities; closing cafés, bars and restaurants or restricting their opening hours (Ministry of Economic Affairs and Employment, 2020; Ministry of Social

Affairs and Health, 2020c). Finnish citizens were advised, if possible, to work from home and to avoid travelling and close contacts with other people (Ministry of Social Affairs and Health, 2020b). Older people, both in Finland and elsewhere, were advised to avoid social contact because they were at the highest risk of severe illness (Singhal, Kumar, Singh, Saha, & Dey, 2021). People aged 70 or older were given targeted instructions on how to protect themselves and how others should protect them from the virus. Older people were 'obliged to refrain from contact with other persons' and advised to stay at home in quarantine-like conditions (Ministry of Social Affairs and Health, 2020a, para. 2). Family and friends were advised to avoid any non-essential visits to anyone over 70. In addition, as visits to care and housing facilities for

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older people, such as assisted living facilities, were forbidden (Ministry of Social Affairs and Health, 2020c), older people were particularly affected by the restrictions put in place during the pandemic.

These restrictions raised discussion about the well-being and quality of life of older people living in isolation. Older people reported feeling stressed about the sense of loneliness and isolation and concerned about the well-being of other people (Morgan et al., 2023; Whitehead & Torossian, 2021). Studies also indicated an increase in loneliness among older people during the pandemic, although others showed that loneliness remained stable (Dahlberg, 2021). Social contacts, on the other hand, were thought to give a sense of meaning in everyday life and to bring joy to older people (Tiilikainen et al., 2021; Whitehead & Torossian, 2021). Older people were differently affected: some saw very little change, and others reported a significant decline in social relationships to the point of almost complete isolation (Kulmala et al., 2021).

There has been less research into how the pandemic restrictions impacted the different social spaces in which people interact, despite their obvious significance in view of the limitations placed on mobility (Burns, Follis, Follis, & Morley, 2021). The pandemic not only affected older people's social relationships but also made more visible the different spaces in which their social life takes place. Even before the pandemic, older people's homes were described as restricted spaces with limited social connections (Pulkki & Tynkkynen, 2020), and the COVID-19 self-isolation rules arguably enhanced these depictions. Older people were advised to avoid spaces outside the home, and places for hobbies, events and gatherings were closed. Virtual social spaces, meanwhile, assumed increasing importance as relatives of older people were told to use the phone or Skype, for example, to keep in touch (Ministry of Social Affairs and Health, 2020a). Care facilities did not allow visitors and thus became spaces only for staff and residents (Ministry of Social Affairs and Health, 2020b). Overall, it can be argued that social spaces and the possibilities they enable for older people's social life changed during the pandemic.

The places and spaces inhabited by older people are of much interest to gerontologists, as well as researchers in other fields, who are interested to understand how they are interconnected with ageing (Wiles, 2005) and care (Milligan, 2009). The concepts of space and place are sometimes used interchangeably, but Wiles (2005) points out that in geography, place is conceptualised as a portion of space that holds meaning, is experienced and shapes relations between people and societal processes. Thus, space is understood as not holding meaning but rather referring to universal and abstract ideas, like geometrical distance (Wiles, 2005). However, space can also be conceptualised as more dimensional: as a social space that is used, experienced and navigated by older people (Andrews, Evans, & Wiles, 2013) that holds complex emotional and symbolic connections between social relations, activities and places (Wiles et al., 2009). Social space can be understood as those settings in which older people's everyday lives take place: their homes, friends' and family members' homes, retail locations and formal care environments, for example (Andrews et al., 2013; Wiles et al., 2009). Relational thinking, in addition, takes into consideration the temporality of such spaces: instead of being isolated and fixed, space can be understood as ever-developing, changing over time and related to other spaces (Andrews et al., 2013). Indeed, space can provide a fruitful concept for studying older people's social life during the pandemic.

In order to capture the different ways social spaces are experienced by older people, we drew from positioning theory (Davies & Harré, 1990; van Langenhove & Harré, 1999) and environmental positioning (de Medeiros, Rubinstein, & Doyle, 2013), which allowed us to investigate how older people located themselves in the social world and, more specifically, in relation to spaces. In brief, the aim of this study was to explore how older people positioned themselves in relation to social spaces during the pandemic.

### *Positioning theory and environmental positioning*

Positioning theory is an approach grounded in social constructionism and the concept of discourse (van Langenhove & Harré, 1999). The theory states that what people say and how they respond to what others say matters in constructing social reality. In other words, everyday language use and discourse constitute people's understanding of themselves and others by making available positions that determine the perspective from which they see the world. The notion of positioning is used as a more flexible alternative to the more static concept of role, drawing attention to the dynamic aspects of encounters. Individuals are thus constituted and reconstituted through various discursive practices, and they can position themselves and be positioned by others (Davies & Harré, 1990). Positions are elaborated through storylines that serve as a sensemaking tool: storylines provide the context in which positions are taken (Allen & Wiles, 2013b). People position themselves not only in relation to others but also in relation to storylines that give credibility to what has been said. What has been said needs to be looked at in relation to the larger normative system in which people live (Harré, Moghaddam, Cairnie, Rothbart, & Sabat, 2009). What people say, their positions and the unfolding storylines are interconnected and mutually determining (Allen & Wiles, 2013b; van Langenhove & Harré, 1999). In other words, when individuals position themselves by what they say, they locate themselves within different familiar and personal narratives which, in turn, affect the position taken up in the situation.

Positioning theory has proved to be a relevant framework in ageing research (Allen & Wiles, 2013b). Allen and Wiles (2013a) used it to study childlessness among older people. They found that a childless identity was positioned as positive, as an active choice and as a matter of discernment. Older people made sense of their childlessness by locating these positions in different cultural and personal storylines, such as 'married with children' being the only acceptable way of life or 'breaking the cycle of family violence'. Another study investigated how older people position themselves as older active information and communications technology (ICT) users and as different from younger users and non-users. Against different storylines, such a position emerged as favourable, as a privilege and as exceptional. For example, against the storyline of socio-economic inequalities that contribute to the reproduction of the digital divide, the position of an active older user emerged as a privilege (Kania-Lundholm & Torres, 2015).

Österholm and Samuelsson (2015) found that while older people are positioned by others, they can also re-position themselves. In meetings to assess older people's support needs, persons with dementia were ignored, talked about as if they were not present and talked to using 'elderspeak'. Both social workers and relatives positioned persons with dementia as less competent. However, this was sometimes rejected by affected older persons who instead re-positioned themselves as competent and capable individuals, allowing them back into the conversation from which they first were excluded. Other studies using positioning theory have examined, among other things, how older people position themselves as if they are not older people (Jones, 2006), how receiving support is positioned (Allen & Wiles, 2014) and how people with Alzheimer's disease position themselves in a support group (Hedman, Hellström, Ternstedt, Hansebo, & Norberg, 2014).

These studies show how positioning theory can offer valuable insights into the way older people understand themselves and how they are understood as part of the social world. This study directs attention to positioning in social spaces and thus draws also from environmental positioning (de Medeiros et al., 2013). This approach draws from the larger framework of positioning theory and focuses on how people negotiate multiple meanings of self and places. Environmental positioning holds that the environment itself contributes to the positioning of the actors and observers: that the human and non-human dimensions of space matter in taking up positions. The meaning and the relationship between a person and an environment are not unchanging but rather relational, fluid, contradictory and contested. Thus, space is not only

seen as physical but containing also relational aspects between past, present and anticipated future (de Medeiros et al., 2013). For example, living in a senior housing complex was given meaning by comparing it to one's previous, current and future living environments (Jolanki, 2021). In the context of the pandemic, the views of older people of different social spaces were seen in contrast to life in those spaces before, and after, the pandemic.

Social spaces and individuals' roles or positions in these spaces are inherently complex even in normal times, but doubly so during the infectious COVID-19 pandemic. The approach of environmental positioning is especially useful in trying to understand the multiple meanings different spaces hold and how they were negotiated by older people living amidst a pandemic that forced them to consider these spaces from a novel point of view. For example, distance to others in spaces suddenly became an important part of life, as did limited access to different spaces. The cultural store of space rules, rules associated with uses of space, were interrupted and thus affected the discursive process through which self can be made known (de Medeiros et al., 2013).

Perhaps not surprisingly, the pandemic laid bare the enduring global problem of ageism, with older people described as a vulnerable group who need to be segregated (Jen, Jeong, Kang, & Riquino, 2021; Lichtenstein, 2021). In a sense, older people were positioned by others as not having the same opportunities as younger people for social life during the pandemic. Positioning theory and environmental positioning offer a useful tool to study how older people themselves experienced the pandemic and their relation to different social spaces during that time.

## Data and methods

Our data came from the Ageing and social well-being (SoWell) research project at Tampere University, Finland. In June–August 2020, we interviewed by phone 31 (19 women and 12 men) persons aged 64–96 years about their experiences and thoughts of everyday life during the COVID-19 pandemic. The interviews lasted between 5 and 51 min (most usually around 20 min) and were recorded and transcribed verbatim. Although a couple of interviews were relatively short, the interview framework was built in a way that it allowed the participants to explain their thoughts in their own words, even in the shorter interviews. The interview framework consisted of three main topics: 1) everyday life during the pandemic, 2) restrictions targeted to persons aged 70 or older and restrictions in care facilities, and 3) digital technologies. The interviewers asked some elaborative questions (e.g., experiencing loneliness, running errands), but the aim was to allow the participant to tell freely about their experiences and thoughts.

Participants were recruited in an earlier stage of the SoWell project when they took part in qualitative one-on-one interviews related to well-being in late 2018 or early 2019. Some had also participated in group discussions in autumn 2018. The one-on-one interviews and group discussions were conducted to learn about older people's perceptions of well-being and various topics related to it (e.g., social relations, living environment, digitalisation). The participants were recruited by contacting organisations and associations providing activities, support and counselling for older people and by contacting older peoples' service centres, providing assisted living and activities for older people. Inclusion criteria were being of pensionable age (approximately 63 or older) and being able to give an informed consent to participate in the study. All participants had given their written consent to participate in the study and to be contacted for follow-up interviews. Altogether 36 persons were interviewed in the earlier stage of the research project, and 31 of them were reached and agreed to participate in the follow-up interview. The study protocol was approved by the Ethics Committee of the Tampere Region.

The participants lived in the Pirkanmaa region in southern Finland, most in urban and a few in rural areas. Functional level and care needs of the participants varied. Most of the participants lived independently in their own home and needed no care. Some of the participants received

care regularly, needed help with some daily chores and used moving aids, such as a walker or a wheelchair. None of the participants were bed-ridden. Nine interviewees lived in an assisted living facility; the others were community dwelling. Most of the participants (22) lived alone, while nine lived with a spouse or a partner.

## Analysis

Drawing on positioning theory (van Langenhove & Harré, 1999) and environmental positioning (de Medeiros et al., 2013), our analysis was interested in the way older people talk about social life and social spaces and how this talk constructs self-positions for them. The analysis is based on discourse analysis (Potter & Wetherell, 1987), one form of which is the methodological application of positioning theory – positioning analysis. In the first stage the interviews were read and re-read to gain a holistic grasp of the material. Next, we turned to coding the data, that is, identifying the sections in the data in which the participants talked about social life (e.g., family, hobbies, getting help, loneliness). These sections were again carefully examined and coded based on the space they referred to (e.g., social life in the home environment). Once these sections had been examined multiple times, we formed four groups representing the different spaces referred to in the sections: home, virtual space, assisted living facility and outside of home.

In the second stage, we looked at how the participants positioned themselves in relation to social spaces. We aimed to identify the different ways the participants talked about social life in the context of various spaces, that is, recurring patterns of talk or discourses. These discourses were then examined to see what kinds of positions they construct: from what kind of perspective(s) does the participant see the world in different sections and how these perspectives are related to the human, non-human and time-contingent aspects of spaces. For example, to physical distance, accessibility, surveillance in and past experiences of spaces. As the unfolding positions can be understood by identifying the storylines (Allen & Wiles, 2013b), we then proceeded to identify these larger normative stories related to the positions that unfolded. For example, the position of being restricted, of not being 'allowed' or able to meet people, can be understood within the storyline of 'following the rules' under the COVID-19 pandemic, but also within the personal storyline of having an illness that prevents social contacts. Thus, the position of being restricted becomes understandable within the storyline that locates it in its wider context. Table 1 describes the positions identified in the analysis. These positions are presented within the social space in which they unfolded. In addition, the Table presents the storylines and examples from the data.

## Results

In this section we describe how our participants positioned themselves in relation to the four social spaces identified: home, virtual spaces, assisted living facility and spaces outside of home. All the names used are pseudonyms to protect the privacy of the participants. Interviews were conducted in Finnish and the data excerpts used were translated into English by the authors and checked for accuracy by a professional language reviser and translator.

### Home

Leaving the home was avoided by most of the participants. Instead of going out themselves, they received help with everyday tasks from friends and family. For example, most participants had had groceries delivered to the door. For some, staying at home was a change compared to life before, but for some not so much.

For example, Sirkku had led an active life outside the home before the pandemic. In the interview excerpt below, she portrays herself as an active person who usually attends handicrafts groups, does volunteer work and goes to the gym. However, she adapted to the new, changed,

**Table 1**  
Examples of positions from the data and storylines.

Positioning oneself in relation to home as	Examples	Storylines
Adaptive	<i>'You just have to find all sorts of things [to do] here for yourself.'</i>	Resilience
Content being alone	<i>'I'm used to being alone.'</i>	Old age/widowhood is a time of solitude
Restricted	<i>'I'm still here and sort of isolated in a way' 'I haven't been allowed to maintain social contact.'</i>	Personal storyline of illness Following the rules
Active	<i>Taking part daily in 'remote discussions in the yard.'</i>	Using initiative
Positioning oneself in relation to virtual social space as	Examples	Storylines
Sceptical user of technology	<i>'I want to meet people in person, in services and as friends, like closely, or as they say, face to face.'</i>	Technology cannot substitute for real-life social contacts
Old and incapable	<i>'We don't really want that anymore, that even learning is hard for us.'</i>	Technology is not for older people
Positioning oneself in relation to assisted living facility as	Examples	Storylines
Sensible	Being doubtful about masks: <i>'But now that research has shown it has no effect.'</i> <i>'It's been very good in the sense that outsiders can't get in. Even family members or other relatives so that's how they have kept the disease out.'</i>	Being up to date
Responsible	<i>'And because I live in a rented apartment I can live a normal life, normal homelike life.'</i>	Older people are rational adults
Independent	<i>'But you shouldn't complain, when you think about all those older people, when you think about them who are even more lonely than I am.'</i>	Assisted living facility is a normal home
Privileged		Old age as a time of vulnerability
Positioning oneself in relation to spaces outside the home as	Examples	Storylines
Restricted	<i>Giving up activities 'feels bad.'</i>	Victim of circumstances
Compliant	<i>Not being 'allowed' to go to the shops so relatives deliver groceries. 'I viewed it [instructions on social isolation] as a mild recommendation. I didn't literally start taking actions and staying at home like some others did.'</i>	The parent/child or family storyline
Sensible	<i>'I've kept my distance and been, I'm cautious, and made sure to wash my hands.'</i>	Older persons are rational adults
Responsible		Responsible citizenship

situation by keeping herself busy with solitary activities at home. By locating herself in the storyline of 'resilience' she positioned herself as adaptive in this new situation. Sirkku was asked whether she had been affected by the rule that prohibited visitors to care facilities:

I have, it was the same thing at the assisted living facility where I used to go to do handicrafts and other things and was a volunteer, you couldn't get in. Yes, and nor in the gym. Yes, so that's that now. But you just have to find things to do here for yourself, we've been knitting and weeding and, yes. Yes, so no, it hasn't affected us mentally at all.

The position of being 'adaptive' contradicted with the one that was ascribed to the participants during the pandemic situation. The rules that suspended the active life outside the home, positioned the participants as victims of circumstances. This was however rejected by describing oneself as still active and being able to adapt, rather than just accepting the situation and feeling sorry for oneself. It is worth noticing, however, that Sirkku also talked about 'us'. She lived with her husband so perhaps for her, having to give up social contacts outside the home was not all that difficult; after all she had her husband's company.

The pandemic did not bring major changes to the social life of all our participants. Some, such as widows Anna and Ritva, said they were 'used to being alone' and the recommendations to stay at home and avoid social contacts were not a big deal for them. Locating themselves in the storyline of 'old age/widowhood is a time of solitude', they described themselves as persons who were content being alone: for whom being alone at home is natural part of life. This did not, however, prevent participants from taking up a more socially active position during the interview. Alli, for example, described herself as a 'loner': 'Well I don't know if that means I'm a loner or a special case but, for me, I don't find it hard being with myself.' However, she also acknowledged that she had struggled with the lack of social contacts because she was a 'social person.' This was not uncommon: participants said both that it was fine being alone and that they missed social contacts. They were able to position themselves flexibly both as a person who needed social contacts and as loners who could manage on their own.

For some, life had been restricted even before the pandemic because of illness or lack of close relationships. Markku had had very limited mobility within his home even before and could not go out on his own. The interviewer asked him how he saw the worsening epidemic situation in Finland affecting his life in the future: 'Well it's not really having any effect at all. I'm still here, existing and sort of isolated in a way. – My illness is so advanced that it's taken my ability to move in any case.' He portrayed himself as restricted in his home and located his assessment of his situation during the pandemic in his personal storyline of illness rather than in the storyline of 'older people as victims of the COVID-19 pandemic' offered in the interview, as the interviewer was assuming the pandemic had an effect on his life. Thus, the position he took up relates to his assessment of the home space as having been restricted in the past, continuing to be so, and also in the future, regardless of the pandemic.

During the pandemic the social space of home seemed to expand to the garden, yard or other outdoor spaces, which served as places for meeting other people. However, a few participants also said they had met other people in their homes or their friends' or relatives' homes, while taking precautions such as keeping their distance and not touching one another. Reijo had met other people outside in the yard. In the next excerpt, he explains how the pandemic had affected his life:

Well I've lost friend-, not lost but people have become more distant, I haven't been allowed to maintain social contact. That's the first thing that comes to mind. I mean I would have wanted to maintain more social contact. Because I wasn't all that afraid of the virus but I wasn't sort of defiant either. I kept my distance, but there were a few of us here who talked with one another, even daily in the yard, remote discussions.

Meeting others in the home's outdoor areas was located in the storyline of 'following the rules' but also in the storyline of 'using one's initiative', that is, taking control of one's life within the given restrictions. Above, by saying he was not 'allowed' to meet others, Reijo referred to the instructions for older people to socially isolate themselves and thus he took up a position of being restricted by these instructions. However, he continued to describe a new way of having social contacts with his neighbours in the yard when close contact was not possible, portraying himself thus as an active and resourceful person. Distance to other people became an important aspect in the social spaces of the participants and it was best provided by outdoor areas. Thus, the possibility for keeping a distance in a space allowed for positioning oneself

as active despite the restrictions that came along with the pandemic.

As physical social contact with other people was restricted, some participants used technology to stay in touch with others. Technology allowed the participants to stay at home but still be connected with friends and family. Next, we turn to examine how the participants positioned themselves in relation to virtual social space.

#### *Virtual space*

Digital contact with other people gained increasing importance during the pandemic. All interviewees were asked about their thoughts on using technology to run errands and stay in touch.

Phone calls were the most important method of communication and served as the principal substitute for physical social contact during the pandemic (see also [Ahosola, Tuominen, Tiainen, Jylhä, & Jolanki, 2021](#)). Computers, laptops and smart phones were used to communicate and stay in contact with others, to make videocalls, receive and send photos, receive and send emails, to use social media and for video conferencing. A slight majority of the participants used some of these digital devices. Most of those who used digital technologies said they made it possible to stay in contact with others and to run daily errands but added that these technologies do not and should not be considered a substitute for face-to-face social contact. Some also pointed out that these technologies can involve risks (e.g., social media scams) and be addictive. Within the storyline of 'technology cannot substitute for real-life social contact', the participants described themselves as sceptical users of technology. Virtual social space was not enough for them in this situation, nor had it been so before.

Reijo: But I do use this to pay the bills, with my daughter's assistance.  
Researcher: Your phone.

Reijo: Yes. Although I am firmly opposed to electronic contact, I mean I want to meet people in person, in services and as friends, like closely, or as they say, face-to-face.

Some of those who had digital devices did not know how to use them or want to. Others had no devices at all. Most of those who did not use digital technology portrayed themselves as old or incapable. They did not know how to use digital technology because they thought – or had been told – that it would be too difficult to learn. Some said they were not interested in digital technology but acknowledged that it could sometimes be useful. However, they thought technology was not for older people, but for the younger generation who are familiar with it and know how to use it. The term 'younger' is relative: Elina said that she and people her age (86 years) don't know how to use digital technology, but 'it's different for younger people, those under 80 will probably have different possibilities.' For people her age, she felt digital technology was 'beyond reach.' Some had physical impediments that prevented them from using technology, such as hearing problems or hand tremors. Riitta had talked about using technology with other people living in the assisted living facility: 'But we've discussed this several times earlier, that we don't really want this anymore, that even learning is hard for us. So we wouldn't like normally, we wouldn't learn anymore.' Riitta thought she and other older people do not want to use technology and that it would not be easy for them to do so because learning is difficult for them. The positions of an old or incapable person were taken up within the 'technology is not for older people' storyline in which older people are seen (by themselves or others) as not knowing how to use or not interested in digital technology.

#### *Assisted living facility*

During the COVID-19 pandemic, life in an assisted living facility differed from living in a private home because no visitors had been allowed into care facilities and strict rules were applied regarding social contacts. Nine of our participants lived in an assisted living facility and all were asked what they thought about the restrictions in care facilities.

In the following excerpt, Jussi, who lived in an assisted living facility, describes his daughter's visit:

Researcher: So have you been able to see close relatives at all?

Jussi: Well in the yard there's a bike shelter and it's been possible to see friends and relatives there. It's just that they have to have a mask. But now that research has shown it has no effect, I don't know if they still have to wear masks. My daughter was there the other day and then a nurse turned up and said they'd been informed there was an outsider here, that you should be wearing a mask. So she had a mask of course and took it out of her pocket and put it on. But we residents don't have to wear them.

The new rules in the assisted living environment became visible to residents by the monitoring of their everyday interactions in the facility. This affected how the residents were positioned within this environment. Jussi's relative's visit was supervised by the staff members, and he was not allowed to assess himself what kind of risks he was prepared to take when he saw his daughter. For example, he was not allowed to make his own decision about meeting someone without a mask. The staff member in this situation positioned Jussi within the 'nurse/patient' storyline as a resident of an institution who must follow the rules, whereas Jussi portrayed himself as a sensible person capable of weighing the need for restrictions such as masks himself. The two positions contradict each other: the social space of the assisted living facility is on one hand supposed to be a place where institutional rules are followed, but on the other hand it is a place of residence for older adults capable of evaluating the situation themselves.

As most other residents, Jussi nevertheless accepted these rules, and thought that they were there for a reason. Keijo's wife lived in the same assisted living facility, but in a group setting for people with more demanding care needs. He had had some problems meeting his wife because of the restrictions in place. The interviewer asked what Keijo thought about these restrictions:

Keijo: No. I mean yes, it's been very good in the sense that outsiders can't get in. Even family members or other relatives so that's how they have kept the disease out. – this is a big facility, there is this one group unit where we have those who live alone, that's where my wife is, there are five group homes. So these people who live alone are cared for on a different level and with lots of people so I mean it's quite right what they are doing.

Researcher: Yes, yes. So even though it has affected your chances to get to see your wife, you still think it's a good rule that outsiders can't get in.

Keijo: That's right, that's right, I mean it meant my wife got into a safe place in that regard.

Keijo thought that the decision not to allow any outside visitors is a good way to protect the most vulnerable residents, such as his wife. Although the residents sometimes accepted the pandemic rules without questioning them, they did also talk about how and why they did this. By locating themselves within the 'older people are rational adults' storyline, they rejected the position of a powerless patient within the 'patient/care professional' storyline available in the context of the assisted living facility and positioned themselves as sensible and responsible persons who actively considered the situation and the need for the restrictions. In reality, residents had no choice whether to follow the COVID-19 rules, as was seen in the case of Jussi's daughter. However, the positioning as a sensible and responsible person allowed them to consider the restrictions from the point of view of a rational adult rather than a vulnerable patient.

Although assisted living facilities were sometimes perceived as places where residents had little control over their social life, as in the case of the visit by Jussi's daughter, the position of a powerless or vulnerable assisted living resident was not always accepted. The next excerpt is from an interview with Anna:

Researcher: I was just wondering that in your assisted living facility, have you seen any indications that the staff would have, like during the epidemic, acted somehow differently or adopted new practices?  
 Anna: Well I have very little contact because I don't need a lot of services, I've used the hairdresser's and the pedicurist's services and of course I've noticed that they have these face coverings or masks. But otherwise it's all been perfectly normal. And I know that they've changed the meal arrangements. But in these last few years I've cooked for myself so for me there have been no changes. And because I live in a rented apartment I can live a normal life, normal homelike life. So I mean, of course when you see staff members you'll notice that they are wearing face coverings and like, times have changed. But no I haven't, I haven't noticed any major changes.

Anna refused to see her living arrangement in the assisted living facility as having changed because of the pandemic. For her, the facility still was the same 'normal rental apartment' as before. Thus, she was not accepting the interviewer's framing of being a patient in an institution by assuming she would know about the nursing practices in the facility, but portrayed herself rather as an independent person continuing to live 'a normal, homelike life' in the facility. Within this positioning, the storyline of 'assisted living facility is a normal home' is invoked and the expectations related to living in such a place during the pandemic challenged. Indeed, the positions and storylines in the assisted living facility were related to the facility being a place for older people with different levels of care needs. The facility was just a normal home *in relation* to the place not being a normal home for those with more demanding care needs.

The framing of older people as victims of the pandemic was prevalent (Jen et al., 2021). This view was shared by most of our study participants. However, the victims were always somebody else, never oneself. The participants talked about how other, often older people (people they knew, had heard about, or just other people in general) were worse off than they were and, therefore, they were actually quite fortunate. It was assumed that other people were more alone and suffering more because of the various restrictions on social life. Tiina was asked about how she was doing during the pandemic:

Well I mean it's been a little weird, like, I mean it hasn't been very nice has it. But I can't say it's been all that hard either because I know people whose mother for instance has been in a care home and then no one was allowed to get in to see them or have a chat. And so for the mother it was really hard.

The participants portrayed other older people as the victims of the pandemic and themselves rather privileged in this situation. Care facilities often appeared as places where people have the hardest time compared to oneself. However, even people who lived in a care facility (assisted living) thought that others were having a harder time of it than they were. Many of them thought they were in a safe place and were pleased that there were other people around. The interviewer asked Siiri, who lived in an assisted living facility, about the effects of the pandemic on her life:

Well I suppose we have, there have been, you know, sometimes, sometimes I do miss people. But my son calls me and the children and, but you shouldn't complain, when you think about all those older people, when you think about them who are even more lonely than I am. - - so I have to say that for my part, things could be worse.

The participants saw their situation within their place of residence in relation to their knowledge and expectations of different spaces inhabited by older people. This was reflected in being able to position oneself as privileged compared to others no matter where one lived: there always was some imagined person having it worse. Thus, the storyline of old age as a time of vulnerability manifested itself in the talk of our participants, but this vulnerability concerned other older people, not oneself.

### Outside of home

Not all our participants had stayed at home and avoided social contacts. A small minority said they had continued to lead a normal life despite the pandemic: they had continued to run their own errands and saw their family and friends (almost) normally.

Most activities and events outside the home, such as handicrafts and exercise groups, concerts and voluntary work, had been suspended. This was a source of much sadness and frustration since there was a big contrast to what life for many had been before. Hobbies and activities were important; some participants said they normally took part in them very frequently. But now, it was felt that they had very limited influence over what went on outside their home. They described themselves as being restricted within the 'victim of circumstances' storyline.

Researcher: What if the restrictions are continued, what will the autumn look like?

Kirsti: I miss my hobbies because they are, it's like the social activity that I miss. But I mean, it's annoying not knowing how long this will go on. But erm, I've decided not to think about it. All hobbies basically, except for physical exercise, independent activities, they're all on hold, so that's not nice. None of these group activities, they're all off.

Those who continued to move in different spaces outside their home explained why they had chosen to do so. Olavi had to some extent restricted his social life but viewed the official rules about staying at home and socially distancing as 'mild recommendations.' He had therefore decided not to follow the recommendations 'literally' and not to 'stay at home like some others did.' Instead, Olavi relied on his own judgement and continued to run errands and visit places outside his home. Drawing from the 'older people are rational adults' storyline, he portrayed himself as a sensible person. He also compared himself to 'some others' who he felt passively stayed at home because they were told to do so. He located these 'others' in the 'old age is patronised' storyline that he himself was resisting.

Moving outside the home was often explained and justified by our participants, in contrast to staying at home and receiving support. Getting help was not seen as anything out of the ordinary: 'Because I mean I wasn't allowed to go to the shops or anything, so my cousin's daughter came round once a week and brought several carrier bags full.' Tiina thought she was not 'allowed' to run errands on her own, so it was natural for a relative to come round and bring her groceries. Within the parent/child or family ('children help their aged parents') storyline the participants portrayed themselves as compliant persons who stay at home and receive help from others, as expected.

In contrast, not receiving help with everyday tasks seemed a much more complicated issue and clearly needed to be explained. Reijo said he ran his own errands during the pandemic and needed no help: 'There was hardly anyone' in the shops and therefore 'plenty of room to do your shopping.' He said that disinfectants were made available to customers, and explained to the interviewer all the other precautions he had taken. Olavi, too, described how he constantly moved outside the home to run errands during the pandemic, although 'of course' he had made sure not to go to the shops during 'the busiest hours' and to keep his distance and wash his hands. Overall, he has been very 'cautious.' The amount of people in and roominess of the space as well as certain objects, like disinfectants, became important aspects of space one needed to take into consideration when moving outside the home. Taking these into consideration was considered an act of responsibility and of using common sense: Reijo and Olavi, on the one hand, portrayed themselves as sensible persons who can run errands on their own because they know how to be careful. On the other hand, they also positioned themselves as responsible persons being careful, even though they were not following the recommendations. They located their actions within the 'responsible citizenship' storyline, which involves weighing one's own decisions and their effects on others. At the same time, they rejected the position of a

bad citizen offered within the storyline of 'insurgence' for failing to adhere to the rules and thus to contribute to the collective effort to fight the disease.

## Discussion

When talking about life in different social spaces, participants contrasted their then current situation with the one before the pandemic. Because of the pandemic, respondents had to reconsider their position in these different social spaces. The participants, on one hand, perceived that the pandemic situation had changed their life within the different social spaces and, on the other hand, sometimes thought it remained unchanged. In some cases, the participants thought that there was a change due to the pandemic, but it did not concern them. We found there were several contradictions between the positions that were offered to the participants in the context of the pandemic or by the interviewer in the interview situation, and the ones they took up themselves. In what follows, we discuss in more detail these positions and how the different self-positions of older people construct different meanings of social spaces.

The participants viewed the social space of the home in relation to the experiences of home and other spaces in the past and in the anticipated future. Normal life outside of home had become, to a certain degree, prohibited, and a few of the participants felt they were able to adapt to that by engaging only in solitary activities in their homes. This has been found in other studies to be an important coping mechanism and a way of maintaining a sense of a meaningful life (Portacolone et al., 2021; Tiilikainen et al., 2021). Some viewed being alone at home as natural for their stage of life as an older person now and in the future: the position they took, being content alone, reflected their expectations of living at home as an older person. The meaning and relationship between a person and a space is fluid and contradictory rather than fixed and unchanging (de Medeiros et al., 2013). Thus, positioning oneself as content being alone at home did not mean these people denied the importance of social relationships. In fact, a couple of participants positioned themselves as loners but also as social persons who needed social contact in one and the same interview. This shows that positions are flexible: they allow understanding oneself and others in a multitude of different, even contrary ways.

Older people often met others in outdoor spaces where it was possible to socially distance (see also Kremers et al., 2022; Kulmala et al., 2021; Tiilikainen et al., 2021). Indeed, spatial distance from others became an important aspect of social life: spacious outdoor spaces provided an opportunity to remain socially active and in control of one's social life despite the restrictions. Although some positioned themselves as being restricted in their home because of the pandemic rules, social isolation was an enduring reality for other older people, as was found also by Morgan et al. (2023). Positioning oneself in relation to home space was relative to past, present and anticipated future experiences: not all our participants positioned themselves as restricted in their home within the available storyline of 'older people are victims of the COVID-19 pandemic', but in their personal storyline of illness or lack of close relationships. COVID-19 raised much concern about the loneliness and isolation of older people self-isolating in their homes (Armitage & Nelums, 2020). However, we should not forget that loneliness and isolation existed long before the pandemic and will continue to do so.

In the positions taken up by older people in relation to the social space of the home, the home was constructed, on the one hand, as a lonely social space isolated from other people. This is in line with earlier accounts of older people's homes (Pulkki & Tynkynen, 2020). However, these positions also constructed the home as an adequate social space where the lack of social connections is a natural part of life and something one can adapt to, rather than an unpleasant situation. Home was also constructed as a social space that can be adapted to one's social needs and allows for inventing new ways to stay in touch with others, such as meeting others in the yard or from a distance.

Given the pandemic restrictions on physical social contact, virtual social spaces gained increasing importance as places where people kept in touch and communicated. The majority of our participants used digital technologies to communicate and stay in touch (see also Kremers et al., 2022; Kulmala et al., 2021; Tiilikainen et al., 2021). Nevertheless, we found that even those persons who used information and communications technology (ICT) to compensate for physical social contact were not satisfied with having access to virtual contact only. In the virtual social space, participants positioned themselves as sceptical users who acknowledged the benefits of ICT as a way of staying in contact, but they were also wary of using technology as a substitute for physical social contact. This finding is not unique to older persons, but there is indication of virtual social contact not substituting for in-person contact also among younger people (Rouxel & Chandola, 2023; Williams, Armitage, Tampe, & Dienes, 2020). Additionally, a few of the participants positioned themselves as old and incapable and thought their age and health prevented them from using or learning how to use technology. These participants' age-based stereotypes of themselves as too old to use technology (internalised ageism) affected their willingness and possibilities to use ICT, similarly to the study of Köttl, Gallistl, Rohner, and Ayalon (2021). These positions constructed virtual spaces as social spaces for younger, healthy and capable persons and, thus, inaccessible to older people and those with declining physical abilities. Virtual spaces were also constructed as insufficient social spaces that could to some extent replace physical social contact, yet not satisfy the need for real-life social contacts. In relation to other social spaces, virtual spaces appeared as inferior sites for social interaction.

Nine of our participants lived in an assisted living facility, and all interviewees were asked about their thoughts regarding the restrictions in these facilities. Nursing homes received extensive media attention during the pandemic (Miller, Simpson, Nadash, & Gusmano, 2021), with the spotlight turned on the health and well-being of residents. Our study showed that older people residing in assisted living facilities might not see themselves as victims of the pandemic, yet that seems to be the prevailing thinking in our social imaginary. The social lives of our participants were affected by the pandemic rules and restrictions in that they were not allowed to have visitors indoors, and even visits in outdoor spaces were regulated. However, our participants positioned themselves as sensible and responsible persons who followed the rules because they recognised their importance, not because they had no choice. They did not see themselves as victims of the restrictions but instead as being in control. The facility was also constructed as a normal home, rejecting the expectations of what it means to live in a care facility during the pandemic. However, all our participants residing in an assisted living facility were relatively independent, had no memory disorders, and none of them resided in facilities with 24-h assistance. It is quite possible that older care facility residents with more demanding care needs or cognitive impairments would have reported very different experiences.

Our participants assumed that other people were more affected by the pandemic restrictions than they were. Some who lived in the community assumed that people living in care facilities were worse off. However, even some assisted living residents thought that there were other (older) people who were having a harder time of it. In other words, our participants positioned themselves as privileged compared to others. This finding is in line with a persistent and widely reported dynamic in ageing studies: that people do not want to describe themselves as old. For example, Brooke and Clark (2020) found that their participants did not believe they were stereotypical older persons and did not want to identify themselves as old and in need of support: those stereotypical older persons were somebody else. Pirhonen, Ojala, Lumme-Sandt, and Pietilä (2016), reported that even the oldest old persons thought that true old age was represented by someone else, not by them. In our study, we saw that the 'vulnerable old age' storyline was not perceived to apply to oneself but others. Thus, our participants did not position themselves straightforwardly as older people (Jones, 2006).

Participants constructed assisted living facilities and other care facilities, on the one hand, as lonely and miserable social spaces where one is at the mercy of institutional restrictions and where one lacks any opportunity for social interaction. On the other hand, assisted living facilities were positioned as safe spaces where one did not have to be alone because other people were around. Those who did not live in an assisted living facility had negative perceptions of nursing homes as social spaces during the pandemic, whereas residents seemed to take a more positive view. For example, Keijo was unable to see his wife who was in another unit in the same facility where he lived, but he still considered these restrictions important and thought they helped to keep his wife safe. In other words, aspects that were described as downsides of living in a care facility during the pandemic, such as not being able to meet loved ones due to visiting restrictions, might in fact be seen as benefits of living in such a facility.

The vast majority of our participants used to be active in different social spaces outside their homes. Most of them stopped taking part in activities during the pandemic. In fact, as these activities were suspended, they had had no choice. Therefore, they positioned themselves as restricted and located themselves in the 'victim of circumstances' storyline. This position constructed the social spaces outside of home where one usually would spend time as inaccessible and out of reach. Nevertheless, not all our participants avoided social contacts and stopped moving outside the home. The instructions about avoiding social contacts and staying at home could be dismissed, accordingly, if one was sensible enough and knew how to be careful. The positions of a sensible and responsible person were taken up within the 'older people are sensible adults' and 'responsible citizenship' storylines. These storylines were opposed to the narrative, evoked by the age-based guidelines and recommendations, that older people needed guardianship and, if they failed to adhere to the restrictions, would be irresponsible. According to [Brooke and Clark \(2020\)](#), their participants thought that those who did not follow the social distancing recommendations were selfish and irresponsible and that their behaviour was prolonging the pandemic. This position of a bad citizen was rejected by our participants through careful explanations and justifications for one's actions and talking about the precautions one took when moving outside the home.

The way that older people positioned themselves in relation to spaces outside their home constructed these spaces as negotiable: one's presence in these places needed to be explained and the different positions taken up justified. Staying at home and receiving help from others, on the other hand, was taken for granted and did not require any explanation. This contrasts with the findings of [Allen and Wiles \(2014\)](#), who reported that older people positioned needing support as negative, while being independent was described in positive terms. Their participants framed the position of support recipient as acceptable by carefully justifying their need for support. However, our participants did not think that receiving help positioned them in negative terms as incapable or dependent. Clearly, receiving help during the pandemic was not something our participants felt needed explaining because it was thought to have nothing to do with the person's capabilities or dependence. So, while being independent was positioned as positive in the study of [Allen and Wiles \(2014\)](#), in our study being independent and moving outside the home needed to be justified to avoid the position of a bad citizen invoked by dismissing the instructions on how an older person should act during the pandemic. This shows how receiving support as an older person has different meanings and can be understood differently at various times. Additionally, it shows how space is intertwined in our understanding of the morality and acceptability of our behaviour and actions in relation to other people and how rights and duties, such as the right to be active, or even present, in different spaces and the duty to acknowledge others in different spaces, are conferred by positions (see [Allen & Wiles, 2013b; Harré et al., 2009](#)).

Since the study was conducted in the early phase of the COVID-19 pandemic, the findings represent the experiences and thoughts of

older people at that time. It is likely that older people experienced the situation differently in later phases. Research suggests that well-being remained relatively stable among some older adults during later phases of the pandemic ([Fields, Kensinger, Garcia, Ford, & Cunningham, 2022; Matovic et al., 2023](#)), but well-being also decreased among some as the pandemic situation prolonged ([Hansen et al., 2022; Matovic et al., 2023](#)). Possible changes in well-being due to the prolonged pandemic situation and restrictions could have affected the answers of our participants had we conducted the interviews in a later phase of the pandemic. Countries were differently affected by the pandemic and took on different levels of control measures. Research suggests that feelings of loneliness among older people fluctuated according to the strictness of the control measures over time in one country ([Stolz, Mayerl, & Freidl, 2023](#)). Thus, it is possible that in countries with less strict or stricter control measures compared to Finland, the experiences of older people would have been different and resulted in different findings in relation to positions and social spaces. However, it is also likely that, especially at the beginning of the pandemic, not only the epidemic situation or strictness of control measures in the country affected people's thoughts about the disease and the need for restrictions, but also the large news coverage of the pandemic situation all over the world that created menacing visions of the dangers of the disease.

## Conclusions

The rise of ageism during the COVID-19 pandemic, as observed by many scholars ([Fraser et al., 2020; Jen et al., 2021; Lichtenstein, 2021; Previtali, Allen, & Varlamova, 2020](#)), is bound to have impacted the way that older people are positioned by others. This study showed how older people positioned themselves in diverse and flexible ways. These positions painted a very different picture to the one of older people being vulnerable, dependent and a problem. In fact, they represented older people as rational, cautious and resilient, as individuals who carefully analyse and evaluate the situation in order to cope. However, our participants also held negative assumptions about 'older people' with which they did not want to associate themselves, and they did feel restricted by the pandemic. Older people had diverse experiences of the pandemic that cannot be captured by the single, pejorative narrative of being a victim of the situation.

Our study highlights the meaning and importance of different spaces for older people that extend far beyond the time of the pandemic. One's own position in social spaces was negotiated in relation to various individual experiences that resisted the ones offered by the pandemic situation. The meaning of social spaces was related to the wider individual experiences of ageing in these spaces and not only to the time of the pandemic. Thus, this study deepens our understanding of the possibilities and challenges related to being an older person in these spaces. By understanding how social spaces are experienced and how they construct social life, policymakers and professionals working with older people can better promote spaces of living, care and social activities that can enhance and maintain social interaction and well-being in times of change and in more stable times.

## Statement of ethical approval

The study protocol was approved by the Ethics Committee of the Tampere Region.

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## Declaration of Competing Interest

All authors made substantial contributions to the conception and design, or analysis and interpretation of the data, drafting or revising the article, and have approved the final version.

## Data availability

The data that has been used is confidential.

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