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« J'ai été... mis en cage » : l'expérience du confinement à domicile dans le contexte du COVID-19 chez des adultes plus vieux vivant seuls au Portugal

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JOSÉ MANUEL SOUSA DE SÃO JOSÉ, VIRPI TIMONEN, ANA RITA TEIXEIRA, CARLA ALEXANDRA DA ENCARNAÇÃO FILIPE AMADO, SÉRGIO PEREIRA DOS SANTOS, PATRÍCIA MARINA PAULO C. C. SEVERINO COELHO

"I Was... Put in a Cage": The Experience of COVID-19 Home Confinement among Older Adults Living Alone in Portugal*

This article presents findings of a qualitative study reporting older adults' experiences of solitary home confinement during Portugal's first COVID-19 lockdown in 2020. Home confinement was marked by negative experiences, with the exception of one participant who had a particularly favorable combination of resources and circumstances. Negative experiences involved losses in several areas, such as being deprived of out-of-home activities, independence and face-to-face social interactions. Losing out-of-home activities and independence promoted a sense of imprisonment, while losing face-to-face social interactions triggered a feeling of physical loneliness. Considering the potential negative implications of these losses, it is crucial to create innovative solutions that can mitigate them in future lockdowns.

Keywords: COVID-19; lockdown; loneliness; loss; one-person households.

Introduction

The World Health Organization declared COVID-19 a pandemic on March 11, 2020. Governments around the world implemented measures to control the progression of this pandemic, including lockdowns which significantly restricted mobility outside the home and physical contact between people. On March 18, 2020, a state of emergency was declared in Portugal, imposing the civic duty to remain under home confinement (HC) on the entire population, especially citizens aged 70 and over, the immunocompromised

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and those with chronic illnesses. These specific groups of citizens could only leave their homes to purchase basic goods and services, receive health care, go to post offices, banks and insurance brokers, go for a walk or engage in physical activity (albeit only individually), and take their pets for a walk. Although this first state of emergency ended on May 2, 2020, the requirement to continue under HC was only lifted on June 1, 2020. Therefore, the first lockdown lasted 74 days. The second state of emergency was enacted on November 9, 2020 and only ended on April 30, 2021.

The message "stay at home" was directed at entire populations, in particular older adults considered to be at greater risk of catching the virus and developing a more serious form, with potentially fatal consequences. Lockdown measures, especially during the initial weeks of their implementation, had high adherence among older adults (Brooke and Clark, 2020; Heid *et al.*, 2021), but concerns about their potential harmful consequences soon emerged, especially those issues dealing directly with the most vulnerable, including those who live alone, for whom these measures could imply a disruption in access to goods and services and face-to-face social interaction (Armitage and Nellums, 2020; Brown *et al.*, 2021). Considering that living alone in later life is a risk factor for loneliness (Dahlberg *et al.*, 2021) and for precariousness (Portacolone, 2013), COVID-19 HC likely exacerbated these two risks among older adults living in one-person households. Therefore, it is important to examine and understand how older adults living alone experienced COVID-19 HC.

This study sets out to generate an in-depth understanding of the lived experiences of COVID-19 HC among older adults who lived alone in the community, in Portugal, during the country's first lockdown in 2020. By focusing on those living alone, we are not implying that they are necessarily fundamentally different from older adults who live with one or more other individuals; rather, we wish to give voice to those who lived alone during lockdown orders and to identify the central themes in their accounts of home confinement. To better understand the effective implications of COVID-19 HC, we collected data regarding not only the HC period, but also the immediate pre-HC period (based on retrospective reports which are very close to the time of research and hence considered reliable).

1. Literature Review

Scientific evidence on community-dwelling older adults' experiences of COVID-19 HC, regardless of whether they live alone or not, is still scarce (Heid *et al.*, 2021). Some studies have focused on identifying the domains of older adults' lives most affected by HC. Social relationships, especially

face-to-face relationships (Heid *et al.*, 2021; Whitehead and Torossian, 2021), along with mobility and activities outside the home (Heid *et al.*, 2021; Rantanen *et al.*, 2021; Whitehead and Torossian, 2021), have been identified as the most affected domains.

Other studies have focused on the impact of the COVID-19 HC on loneliness among older adults, having compared the perceived loneliness before and during HC. Some have found increased loneliness during HC (e.g., Seifert and Hassler, 2020; van Tilburg *et al.*, 2020), while others found no significant changes in loneliness (e.g., Luchetti *et al.*, 2020). Most of these studies are also based on online surveys. van Tilburg (2021) concluded that having a partner, a high mastery, and enjoying good physical functioning were protective factors against loneliness both before and during the pandemic. Another study examined the impact of social isolation and loneliness on depressive symptoms in the old-age population (Müller *et al.*, 2021: 1), observing that "being lonely, but not isolated" and "being both isolated and lonely" were "associated with higher depressive symptoms".

While most studies have shown the negative consequences of HC on community-dwelling older adults' lives, a minority has depicted a less negative picture. For example, a longitudinal qualitative study, conducted in the United Kingdom (UK) and Ireland, revealed that in the initial weeks of the HC people over 70 adapted to restrictions on physical contacts and activities outside the home by using social media and neighborhood resources (Brooke and Clark, 2020). Other studies reveal that the lockdown experience was enjoyable (Stephens and Breheny, 2021) or that it had positive aspects, such as having more time with neighbors and friendlier relationships with them (Brown *et al.*, 2021). The evidence about the experience of COVID-19 HC among older adults is even sparser if we only focus on those living alone. A qualitative study conducted in the United States (US) (Portacolone *et al.*, 2021), examining older adults with cognitive impairments and living alone, found that they often felt distressed, isolated and confused in relation to the pandemic. With respect to isolation, many participants felt trapped inside their homes.

To the best of our knowledge, there is only one study focusing on older adults without cognitive impairments living alone during lockdowns. This survey study, carried out in the US, revealed that when compared to individuals living with others, older adults living alone reported less in-person contact during COVID-19 HC and, contrary to what one might expect, did not report high levels of phone or electronic communication (Fingerman *et al.*, 2021). The findings of this study suggest that in-person contact during lockdown was important for the emotional well-being of older adults

living alone, and that technologically mediated communication was not a satisfactory replacement for the physical presence of others.

Thus, despite the available emerging research on the impacts of the COVID-19 HC on older people's lives, we still have insufficient information on how the lockdown was experienced in everyday life by older people, especially those who live alone. In addition, the contexts of the daily experience of the lockdown have also been neglected. Lastly, the existing research has been predominantly quantitative, based in large part on online surveys, which tend to omit older adults with limited digital skills and access to information and communication technologies, and does not allow for comparing the realities before and during HC, limiting the understanding of the real impact of HC.

2. Theoretical/Conceptual Framework

The sociology of everyday life underpins this study, as its focus is on the everyday experience of the COVID-19 HC. Everyday life is a core concept of this theoretical perspective, which Sztompka (2008) describes as comprising several elements: social relationships that occur in certain contexts; repeated events, which sometimes become routines; ritualized actions, sometimes not fully conscious but which reflect "deeply internalized scripts"; bodies; spaces and locations; and episodes that have a certain time duration (*ibidem*: 32). Although routines are a central element of everyday life, it is also made up of the exceptional and the unexpected (Neal and Murji, 2015; Pink, 2012; Sztompka, 2008).

According to this theoretical perspective, the micro (the everyday life) "reflect convergences with and manifestations of wider social factors, forces, structures and divisions" (Neal and Murji, 2015: 813). This means that "It is the realm of the everyday that brings the structure-agency knot directly into view, but more than this it brings close the immediacy and intensity of being in, and part of, social worlds" (*ibidem*).

As seen previously, the literature indicates that living alone in later life is a risk factor for loneliness and precariousness; therefore, these two concepts are used in this study in a sensitizing way. The two types of loneliness most frequently referred to in the literature are social loneliness, which refers to the absence or insufficiency of social contacts/relationships, and emotional loneliness, which refers to the absence or insufficiency of close emotional relationships (Buecker *et al.*, 2020; Weiss, 1973).

For its part, precarity and precariousness in later life exhibit the following properties: uncertainty (resulting from having to cope with several and cumulative pressures); limited access to appropriate services; importance

of maintaining independence (wanting to be independent in a context with limited individual and collective resources, making it difficult to manage the various pressures alone); and cumulative pressures (resulting from the combining effect of uncertainty, limited appropriate services and the desire to maintain independence) (Portacolone *et al.*, 2021).

3. Research Design

In view of the research objective, we opted for a qualitative research strategy, which embraces the epistemological positions of interpretivism and pragmatism (Ritchie *et al.*, 2014). Interpretivism is reflected in the importance given to understanding older adults' interpretations in the context of their life circumstances (which may be further interpreted by the researchers). Pragmatism is reflected in the assumption that it is more important to choose the methods of data collection and analysis that best suit the research objectives as opposed to blindly adhering to the methods traditionally associated with each epistemological tradition.

3.1. Data Collection and Analysis

Semi-structured telephone interviews and telephone diaries were used to collect data during the first lockdown of 2020. Semi-structured interviews were selected to characterize the research participants from a sociodemographic point of view, as well as to portray their daily lives before lockdown. This characterization focused on two dimensions: the life space (Peel *et al.*, 2005), which refers to the geographical space in which daily activities would take place, and daily activities, particularly those where participants spent most of their time. Reporting on the entirety of this data in the present article would be impossible due to the word limits of a single paper; instead, we mobilized these data sporadically, and whenever necessary, to clarify the arguments. The interviews were conducted between April 9 and 11, 2020, with each one lasting 30 minutes on average. They were recorded and transcribed in full.

Telephone diaries were selected to gain an in-depth understanding of how research participants experienced HC. These were carried out during seven consecutive days (from Monday to Sunday), and took place between April 13 and 19, 2020. This means that the first diary started 25 days after the beginning of the lockdown. Each day, participants were asked to provide an account of their day, focusing on their activities, any positive and negative aspects, and finally the accompanying feelings. In each diary, we asked participants to consider three periods of the day: morning (from waking up until lunchtime), afternoon (from lunchtime until dinnertime), and evening

(from dinnertime until bedtime). Telephone diaries took place during the evening (the reports regarding the period from the time of our calls to bedtime were forward-looking rather than retrospective) and lasted, on average, 20 minutes. All of them were also audio recorded and transcribed in full. Telephone diaries have several advantages: capturing change very close to when it happens; reducing attrition, as they promote a closer relationship between the participants and the researchers; and facilitating the discussion of sensitive topics, as they offer greater privacy/comfort to discuss them (Carduff *et al.*, 2015).

The collected data (23 semi-structured interviews and 161 telephone diaries) were analyzed according to the procedures of Framework Analysis (Spencer *et al.*, 2014a, 2014b), a specific type of thematic content analysis. The analysis was carried out independently by two researchers (José de São José and Ana Teixeira) with the support of NVivo software, later agreed upon between the two and next commented on by the remaining authors. This analysis was underpinned by the sociology of everyday life in the sense that special attention was paid to routines before and after confinement, to the places and duration of these routines, to changes in daily activities resulting from home confinement and to the meaning of these changes for the research participants.

3.2. Sampling and Recruitment Strategy

The sample was gathered through a combination of convenience, snowball and purposive sampling. The criteria for inclusion in the sample were: being 65 or older, living alone, and being able to provide informed consent. At the time of the interviews and diaries, the participants could not: have a diagnosis of COVID-19, be in quarantine due to contact with someone infected with COVID-19 or have acute symptoms of COVID-19 or other diseases (asking COVID-19 positive or quarantining people to participate in this study was considered ethically inappropriate). The recruitment of research participants was carried out through organizations that provide services to older adults (six participants) in combination with snowball sampling that started with researchers' own networks (17 participants). In the recruitment through organizations, the initial contacts with the participants were made by staff responsible for those organizations, who assessed their interest in participating in the study and checked the possibility of giving their telephone numbers to the researchers. In both recruitment strategies, all the contacts between the participants and the researchers were carried out remotely.

3.3. Participant Characteristics

The sample consists of 23 older adults, who, broadly speaking, reflect the profile of the older population (65 and older) living alone in Portugal (Guerreiro and Caetano, 2014), with the exception of the over-representation of divorced/separated participants (see Table 1). This over-representation resulted from the contingencies of the sampling process (the sample had to be collected rather quickly, as the window of opportunity to carry out the diaries was relatively short). Two participants were married, but in one case the spouse was living in a nursing home and, in the other case, with her children. Seven participants had support needs but only in instrumental activities of daily living (e.g., transportation and shopping). Participants were residing in several regions of the country, albeit with a greater concentration in the Algarve region.

TABLE 1 – Research Participants

Sociodemographic characteristics	N	%
Sex		
Male	6	26
Female	17	74
Age		
65-74	11	48
75-84	9	39
85+	3	13
Marital status		
Married	2	9
Divorced/Separated	10	43
Widow	8	35
Single	3	13
Level of education		
Illiterate	3	13
0 years of schooling, but can read and write	3	13
1-4 years of schooling	8	35
5-9 years of schooling	3	13
10-12 years of schooling	0	0
Bachelor's degree	5	22
PhD	1	4
Employment status		
Employed	3	13
Unemployed	0	0
Homemaker	1	4
Retired	19	83

Source: Elaboration by the authors.

3.4. Rigor, Validity and Ethical Issues

Several approaches were used to ensure rigor and validity of the study, namely negative case analysis (Miles *et al*., 2020) (involving the analysis and discussion of data that contradict the obtained results), triangulation by researchers (*ibidem*), as data were independently analyzed by two researchers, and provision of rich and thick description (Lincoln and Guba, 1985), enabling readers to assess the transferability of findings to other settings.

The research was conducted in accordance with the Code of Conduct of the Portuguese Association of Sociology. Oral informed consent was obtained from all participants. Data were stored respecting anonymity and confidentiality, in line with the General Data Protection Regulation of the European Union. All participant names are pseudonyms. No unforeseen ethical issues arose during the research process.

4. Experiencing COVID-19 Home Confinement

COVID-19 HC was experienced by the research participants in two different ways: as a pleasant experience and as an experience marked by losses. This does not mean that in the former no negative aspects emerged, nor in the latter that no positive aspects resulted from confinement. In other words, these two ways of experiencing COVID-19 HC should not be seen as dichotomous but rather as dominant patterns which do not exclude dissonant aspects.

4.1. Home Confinement as a Pleasant Experience

This experience was reported by one research participant, Vítor, a 66-year-old man, divorced, still employed (in the education sector). When asked how he assessed his lockdown experience, Vítor clarified that it was a pleasant one:

> It doesn't affect me [the HC] because I think I'm privileged to be here [in the countryside]. I go out, I get some sun, I do some gardening. I do whatever I want… I am not confined like many people cooped up by three or four walls [like in a flat]. […] Obviously, you can't spend your whole life closed up in a house, can you? But this being confined has not bothered me at all. On the contrary, it gives me a lot of pleasure.[1]

[1] All the participants' quotes have been translated from Portuguese to English by the authors.

Vítor recognized that he was in a privileged situation to cope with the HC. In fact, he enjoyed a variety of relevant resources: he was in good health, of a high socioeconomic status (high level of education, home owner), living in the countryside, in a house with a large garden and Internet access, and had a personal means of transport. These resources allowed him to work remotely, carry out outdoor activities, and have remote daily contact with family and friends, amongst other activities. It is important to add that being at home gave him more autonomy to organize his daily life and offered him the opportunity to undertake certain activities that gave him pleasure, such as riding his bicycle.

4.2. Home Confinement Experienced as a Set of Losses

Among the remaining individuals participating in the research, the experience of HC was marked by an overarching sense of loss, characterized by a discontinuity or a significant change of the relationship between the self and the environment (other people and enjoyable activities). Although this experience was intermittently punctuated with some pleasurable activities, the predominant overall sense is that of loss. The primary loss process is losing out-of-home mobility, from which two secondary processes arose: cessation or significant reduction in (1) out-of-home activities and (2) face-to-face social interactions. The process of losing out-of-home activities was, in some cases, associated with the process of losing independence. The loss of out-of-home activities created a sense of imprisonment, and the loss of face-to-face social interactions brought about physical loneliness. Most research participants experienced both processes of loss and associated feelings, while others faced only one of them.

4.2.1. Losing Out-of-Home Mobility

All research participants who experienced HC as a set of losses considered that the primary consequence of HC in their lives was losing freedom of movement outside the home. They felt that their corporeal mobility (Parkhurst *et al.*, 2014) in the space outside the home was seriously restricted during HC. Even those who sometimes left their homes (e.g., to go shopping or to go for a walk) felt loss of out-of-home corporeal mobility. The inability to move freely in the space outside the home is underscored by the following statement:

> What has been difficult for me is not being able to go out. It is extremely difficult feeling that my movements are cut off. […] My problem is not being able to go out and that is the worst for me! (Susana, 67)

The ability to go outside for activities that combine fresh air, exercise, shopping, socializing and enjoying meals or drinks is of distinct importance as a ritual woven into everyday lives of most participants.

4.2.2. Losing Out-of-Home Activities

The loss of out-of-home activities is essentially characterized by the inability to freely carry out valued yet mundane activities outside the home. Some of those who participated in the research emphasized that what was most relevant was the out-of-home activity in and of itself, without the need to closely connect with specific family and friends. Examples of such activities are listed here by Dolores:

> [The most difficult thing for me has been] not being able to go to my second home, to no longer go out to a café, to no longer go to mass. To stop going to certain places where you feel good. To stop going to the hairdresser […] and to the beautician… It is something that I also miss. (Dolores, 77)

Dolores' everyday life during HC was not very different from her life prior to HC, as her life-space continued to be centered around the house, with her attention devoted to domestic chores which would occupy most of her time. Nevertheless, she missed secondary (less frequent) activities that, when taken together, shaped her everyday life and constituted a source of enjoyment. This happened with other participants who suffered from the loss of out-of-home activities although most of them experienced major changes in their life-spaces and daily activities with the transition to HC.

4.2.3. Losing Independence

Some participants who faced the process of losing out-of-home activities also experienced loss of independence. The main feature of this process involved becoming dependent on others; however, in some cases another aspect is associated with it, namely the inability to make choices. The respondents who dealt with this loss could no longer take part in certain domestic tasks, such as shopping at the supermarket. During confinement, buying groceries and/or dropping them off was done by other people, mainly by the participants' children, with this moment affording little to no significant human contact. This support, albeit appreciated, served to generate a sense of diminished independence and, in some cases, a sense of losing the ability to choose what to purchase (i.e., others were making choices on their behalf). Becoming dependent on others and losing the ability to make ordinary choices caused discomfort, as Catarina's testimony demonstrates:

> I'm a person who is used to doing things, […] I don't like to ask, to be asking [someone] to do this or that for me. I don't like it! And only as a last resort do I ask. And all of this makes me upset. […] Not being able to do my things [independently], to have my life, to make my own life. (Catarina, 83)

Some respondents reported that they would have liked to do their own shopping but their children constantly reminded them that they should not go outside because older adults were at higher risk of catching the virus and becoming seriously ill:

> I was preparing myself to go out and do some grocery shopping, but my daughter told me that 70 per cent of all deaths are found in those aged 70 and over. I got to thinking about going out, right? Look, I no longer felt like going! (Patricia, 79)

All the participants who dealt with the process of losing independence were women. They did not do online shopping before or during HC due to a combination of factors, including the low level of Internet use by the older cohorts in Portugal (Dias, 2012).

4.2.4. Feeling Imprisoned

Living as if one was in a prison was a pervasive feeling among the research participants who lost the freedom to do what they were used to doing outside of the home before HC, illustrated here by Sebastião:

> I was captured and put in a cage [laughs]. Imagine a sparrow that likes to fly free. Now it is captured and put in a cage [laughs]… Yes, yes, I'm sick of it. I always liked broad and far horizons and now my horizon is just from the window! (Sebastião, 71)

This feeling of imprisonment is evidenced by the participants' frequent and emphatic use of utterances such as "I'm under arrest", "I feel like a prisoner" and "I feel like I'm cloistered". These participants had not expected to lose their freedom to carry out activities outside the home. Expressions such as "I never thought I would go through this" and "I had never faced such a thing" were quite common. In addition, they placed great value on the freedom to go out whenever they wanted or to take part in specific out-of-home activities. Some clarified that the problem for them was not living alone, as they are already used to it, but rather feeling that they could not leave home to go out in the street. Most of these participants lived in urban areas, in apartments or houses with little or no outdoor space (a situation contrasting with Vítor's).

4.2.5. Losing Face-to-Face Social Interactions

When accounting for their experiences of HC, some research participants put the emphasis on losing face-to-face social interactions, that is, on losing the ability to participate in what Goffman (1961) called "focused encounters", especially those involving people who are relevant to the self, which Mead (1965) called "significant others" to refer to close relatives and friends. For these participants, it was difficult to deal with the situation of not being able to interact face-to-face with close family members (particularly with grandchildren) and close friends:

> […] those who live with someone, look… one-day laughing, another day arguing… But when one is alone, it's bad because it is over the phone, I talk and I have already spoken to my daughter and I have already spoken to my son.
> [Interviewer] Isn't talking on the phone the same thing?
> Of course not. For those who were used to a lot of physical contact, handshakes, hugs, kisses, this is nothing, right? (Sebastião, 71)

These individuals did not "lose" the relationships they had before the lockdown, as these did remain intact, albeit at a distance (and mainly through phone communication). In fact, remote interactions with family and friends even intensified during the lockdown. Nevertheless, the participants made it clear that remote relationships are not as satisfying as face-to-face relationships. They missed physical closeness to others, i.e., the physical presence of others, including, in many cases, positive physical contact with significant others (e.g., hugging, hand-holding, embracing, etc.), referred to as "affectionate touch" by Jakubiak and Feeney (2017).

With the transition to HC, most of these participants significantly shrank their life-space (now centered around the house) and introduced major changes in their daily activities. But even where no major changes in daily activities took place, loss of face-to-face social contacts did occur.

4.2.6. Feeling Physical Loneliness

Our study did not find evidence of an increase in social and emotional loneliness; instead, what emerged was a different type of loneliness that derived from the loss of the physical presence or company of others and, in many cases, from the loss of positive, sociable physical contact with others. Landman and Rohmann (2021) conceptualized loneliness that results from the lack of physical presence of others or physical contact with others as "physical loneliness".

The observation from Beatriz, a 71-year-old woman, indicates that her loneliness is related not only to the loss of face-to-face contacts with her close family members, but above all to the loss of physical contact with her grandson:

> I'm starting to feel lonely […] I miss my son and my grandson. This is the worst! It's something I was not used to! It's painful… I miss my grandson's hug! I really miss it! I really miss it! […] I talk with them every day on the phone, but it's not the same!

Several research participants stressed that living alone in the context of the COVID-19 lockdown is a risk factor for physical loneliness, as there is no one at home to talk to and to touch. There is likely to be a cultural element to this, as in the Portuguese context the studied people generally tend to regularly express themselves via tactile behavior among family members and friends by way of hugging, kissing, and handholding. The loss of these gestures might be less acutely felt by older adults in contexts where social contact involves less tactile behavior.

5. Discussion

This research sought to understand the experience of COVID-19 HC among older adults who lived alone in Portugal, examining, as advocated by the sociology of everyday life, what was going on in their daily lives, without losing sight of social contexts. The results revealed that HC was experienced in two different ways – as an experience that was predominantly pleasant and as an experience predominantly marked by losses – although the latter is the most prevalent in our study, which is in line with what most studies carried out so far.

While the loss of out-of-home activities and the loss of face-to-face social interactions are found in other studies (e.g., Heid *et al.*, 2021; Whitehead and Torossian, 2021), the loss of independence is, to the best of our knowledge, a new finding in the context of COVID-19 HC.

The loss of out-of-home activities, and the feeling of imprisonment associated with it, draws our attention to the important role that routine/ /mundane practices play in the participants' lives. Academics in the field of the sociology of everyday life (e.g., Pink, 2012; Sztompka, 2008) underscore that the quotidian is the central social dimension of human existence, and this is borne out by our data where the painful loss of everyday routines was frequently emphasized by participants.

For its part, becoming dependent on others for the satisfaction of certain needs (loss of independence), in some cases restricting the ability to

choose, had harmful effects on the participants' social identity, and may bring the shadow of the fourth age into their lives, which is characterized by fragility, lack of agency, and abjection (Higgs and Gilleard, 2015) or may contribute to generating or aggravating precariousness (Portacolone, 2013). The loss of independence was, in some cases, an unintended consequence of a protective attitude expressed by the respondents' relatives, who strongly recommended that their loved ones stay at home. These recommendations echoed the message widely conveyed at the global level that people aged 70 and over were at higher risk in the context of the COVID-19 pandemic.

For most of the individuals participating in our research, the loss of freedom to perform commonplace activities that were part of their everyday lives prior to confinement was something unthinkable become reality. Even those who did not take part in many activities outside the home before confinement suffered greatly from the loss of this freedom, which is at the root of the feeling of being imprisoned. Although the feeling of being trapped at home has been reported (Portacolone *et al.*, 2021), our study is one of the first to identify the feeling of imprisonment (an intense sense of confinement) as a distinct element in the lived experience of HC among older adults. A recent quantitative study conducted in the UK and the US (Dhami *et al.*, 2020) compared experiences of the COVID-19 HC with experiences of actual incarceration with respect to five dimensions: activity, social contact, thoughts, feelings and rule-breaking. It concluded that parallels could indeed be drawn between these two experiences. The term "lockdown" is used in the prison system and refers to when the prisoners are confined to their cells, obliged to stay physically isolated for almost 24 hours per day (*ibidem*). COVID-19 HC, for those who live alone, may be closer to the lockdown system than to the normal incarceration system, where prisoners are given opportunities to establish face-to-face social interactions at certain times.

The loss of face-to-face social interactions is another feature of the experience of HC, which is linked to living alone. While all the participants who faced this loss process called our attention to the loss of physical closeness, which face-to-face contacts provide, many of them also underlined a particular aspect that face-to-face contacts may also provide: positive physical contact or "affectionate" touch (Jakubiak and Feeney, 2017). The loss of physical closeness and physical contact with others has been reported in other studies (e.g., Heid *et al.*, 2021; Whitehead and Torossian, 2021). Interestingly, positive physical contact was highly valued by several participants who made it clear that being in touch with significant others remotely is not as good as being touched by them and touching them. Fingerman *et al.* (2021)

also reported on how physical contact cannot be replaced by remote contacts. If we consider that mundane face-to-face contacts usually involve some kind of physical contact, manifested in "greeting touch" (Jones and Yarbrough, 1985) (e.g., handshaking and kissing), then the tactile dimension of social interaction assumes even greater relevance. This demonstrates that touch operates as a "powerful bonding mechanism", which is fundamental for humans' well-being (Tejada *et al.*, 2020), although the tactile dimension of social interactions has been neglected by social scientists (Upenieks and Schafer, 2021), including social gerontologists. There is evidence that affectionate touch promotes physical and psychological well-being and operates as a protective resource in stressful situations (Jakubiak and Feeney, 2017). Therefore, we infer that touch deprivation may have been detrimental to these participants.

Losing face-to-face social interactions brought about a feeling of physical loneliness, a kind of loneliness that the participants had not experienced before lockdown. Evidence of physical loneliness in the context of COVID-19 lockdown was also found in a longitudinal quantitative study conducted in Germany that included older adults (Landmann and Rohmann, 2021) and concluded that the dimension of loneliness most affected by lockdown was the physical, not the social or emotional dimensions. Hence, in a context of public health measures that impose restrictions on human face-to-face contacts, the risk of physical loneliness will be greater among older adults living alone than among those living with other people. Therefore, it is possible to be in touch with others (not suffering from social loneliness) and to have close emotional relationships (not suffering from emotional loneliness), while missing the physical presence of others or the touch of others (suffering from physical loneliness).

The way in which COVID-19 HC was experienced in everyday life results, in part, from the social and economic contexts in which the participants lived before and during the HC. As we saw, the loss of out-of-home activities and the accompanying feeling of imprisonment are associated, above all, with a person's living in urban apartments/houses with little or no outdoor space. For the most part, these are individuals with low economic resources who do not own a car, which would allow them to leave home with no need of close contacts with others. In addition, we also saw that the feeling of physical loneliness was particularly pronounced in people whose close relationships before HC were marked by "affectionate touch". It is important to add that physical loneliness is a direct implication of living alone in the context of COVID-19 HC, as those who lived with someone did not completely lose the opportunity to establish positive physical contact with significant others.

Given that in most countries (Portugal included) there are more older women than men living alone (Esteve *et al.*, 2020), the feeling of physical loneliness might be a gender issue. Gender is also salient regarding the loss of everyday activities (shopping) that was linked to loss of independence and choice, exclusively experienced by the women in our sample. In this vein, our results are in line with some studies suggesting that the COVID-19 and the measures introduced to manage it have exacerbated existing social inequalities (e.g., Carmo *et al.*, 2020).

Considering that the possibility of future lockdowns cannot be excluded (Kissler *et al.*, 2020), these findings point to the need to develop interventions that help to mitigate the side effects of lockdowns. In this vein, in future lockdowns, and specifically with regard to older adults living alone, it would be important to think of ways to minimize the loss of freedom of movement outside the home, so that, as much as possible, it is possible to maintain mundane/trivial activities, independence/agency, and face-to-face contacts, including physical contact. This could help to prevent the emergence of feelings of imprisonment and physical loneliness, or, at least, reduce their intensity. In line with de Vries *et al.* (2022: 136), the policy principle could be "Yes, unless…", i.e., out-of-home activities and social contacts are allowed unless there are crucial objections. We believe it is possible to develop innovative solutions to make this viable. Some solutions may be based on Information and Communications Technology (e.g., enhancing access to online shopping, conversation circles, and social activities such as games played with other participants online), but these solutions, even if provided free of charge, would not be suitable for all older adults due to lack of sufficient digital skills (Seifert and Hassler, 2020) or cognitive and physical impairments. Regarding this, "old media" (e.g., radio, television and telephone) should not be neglected, as many socially vulnerable older people use them for daily information and activities (de Vries *et al.*, 2022). Therefore, solutions will have to be diversified in order to be as inclusive as possible.

The present study collected accounts of the experience of COVID-19 HC in Portugal in 2020, using telephone diaries carried out over seven consecutive days. These diaries allowed us to obtain reliable and rich data. To our knowledge, very few studies have used this data collection technique on the experience of COVID-19 HC among older adults. In addition, in order to better understand the impact of HC on the participants' lives, we also collected information on their daily lives before HC based on retrospective accounts which are nonetheless reliable as they related to the very recent past (less than one month prior to the data collection point).

These are the main strengths of our study. The composition of the sample and the observation period are the main limitations. The sample had an overrepresentation of divorced/separated participants and excluded those without a telephone or who had hearing problems. In turn, data were collected at a relatively early stage of the HC, leaving it open as to whether the identified loss processes and associated feelings would have intensified or, conversely, diminished over time due to adaptive strategies. This should be the subject of future research.

Concluding Remarks

This study provides an in-depth analysis of how COVID-19 HC was experienced daily in later life, a methodological approach rarely used to date, looking at those who live alone, a group about whom there is still very little information in the context of COVID-19 lockdowns. We conclude that confinement can be positively experienced under exceptionally favorable conditions, at least in the short term. However, in the absence of such conditions, confinement was experienced as a set of losses that triggered negative feelings, revealing the importance of "small" freedoms/opportunities to carry out mundane activities outside of one's dwelling, to make basic choices, and to be physically close to others. Research has tended to neglect or underestimate the processes that our study highlights as most central to older adults' daily lives, namely the ability to engage in daily interactions, including those that involve physical contact with others, and to simply leave the house or apartment. The pandemic, itself an extraordinary time, demonstrates the extent to which seemingly small acts, ones which tend to be taken for granted, are important in the everyday lives of older adults who live alone. In the light of the research on the consequences of loneliness, lack of physical activity and contact with others, as well as the evidence that COVID-19 transmission is unlikely in open spaces where physical distancing is possible, preparations for future pandemics should include careful reflection on risk-balancing for older adults and in particular whether strict stay-at-home orders are justified.

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José Manuel Sousa de São José
Faculdade de Economia, Universidade do Algarve | Centro Interdisciplinar de Ciências Sociais (CICS.NOVA), Faculdade de Ciências Sociais e Humanas (NOVA FCSH)
Campus de Gambelas, 8005-139 Faro, Portugal
Contact: jsjose@ualg.pt
ORCID: https://orcid.org/0000-0002-8657-6443

Virpi Timonen
Faculty of Social Sciences, University of Helsinki
Unionkatu 37, 00014 University of Helsinki, Finland
Contact: virpi.timonen@helsinki.fi
ORCID: https://orcid.org/0000-0001-7061-3943

Ana Rita Teixeira
Faculdade de Economia, Universidade do Algarve
Campus de Gambelas, 8005-139 Faro, Portugal
Contact: arteixeira@ualg.pt
ORCID: https://orcid.org/0000-0002-9519-2548

Carla Alexandra da Encarnação Filipe Amado
Faculdade de Economia, Universidade do Algarve | Centro de Estudos e Formação Avançada em Gestão e Economia (CEFAGE)
Campus de Gambelas, 8005-139 Faro, Portugal
Contact: camado@ualg.pt
ORCID: https://orcid.org/0000-0001-6944-5129

Sérgio Pereira dos Santos
Faculdade de Economia, Universidade do Algarve | Centro de Estudos e Formação Avançada em Gestão e Economia (CEFAGE)
Campus de Gambelas, 8005-139 Faro, Portugal
Contact: ssantos@ualg.pt
ORCID: https://orcid.org/0000-0001-9811-3799

Patrícia Marina Paulo C. C. Severino Coelho
Faculdade de Economia, Universidade do Algarve
Campus de Gambelas, 8005-139 Faro, Portugal
Contact: pmcoelho@ualg.pt
ORCID: https://orcid.org/0000-0003-0551-4409

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"Fui... colocado numa jaula": a experiência de confinamento domiciliário no contexto da COVID-19 entre adultos mais velhos que vivem sozinhos em Portugal
Este artigo apresenta os resultados de um estudo qualitativo sobre o modo como adultos mais velhos a residirem sozinhos em Portugal experienciaram o primeiro confinamento domiciliário no contexto da

« J'ai été... mis en cage » : l'expérience du confinement à domicile dans le contexte du COVID-19 chez des adultes plus vieux vivant seuls au Portugal
Cet article présente les résultats d'une étude qualitative sur la façon dont les adultes plus vieux vivant seuls au Portugal ont vécu le premier confinement à domicile dans le contexte de la pandémie de

pandemia de COVID-19 em 2020. O confinamento domiciliário foi marcado por experiências negativas, com exceção de um participante que teve uma combinação particularmente favorável de recursos e circunstâncias. As experiências negativas envolveram perdas em diversas áreas, como a privação de atividades fora de casa, de independência e de interações sociais presenciais. Perder as atividades fora de casa e a independência promoveu uma sensação de aprisionamento, enquanto a perda de interações sociais cara a cara desencadeou um sentimento de solidão física. Considerando as potenciais implicações negativas destas perdas, é crucial criar soluções inovadoras que possam mitigá-las em futuros confinamentos.

Palavras-chave: confinamento; COVID-19; famílias unipessoais; perda; solidão.

COVID-19 en 2020. Le confinement à domicile a été marqué par des expériences négatives, à l'exception d'un participant qui avait une combinaison particulièrement favorable de ressources et de circonstances. Les expériences négatives impliquaient des pertes dans plusieurs domaines, tels que la privation d'activités en dehors de la maison, l'indépendance et les interactions sociales face à face. La perte d'activités extérieures et d'indépendance a favorisé un sentiment d'emprisonnement, tandis que la perte d'interactions sociales en face à face a déclenché un sentiment de solitude physique. Compte tenu des implications négatives potentielles de ces pertes, il est crucial de créer des solutions innovantes qui peuvent les atténuer lors de futurs confinements.

Mots-clés: confinement; COVID-19; familles unipersonelles; perte; solitude.