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The trouble with vulnerability. Narrating ageing during the COVID-19 pandemic

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ABSTRACT

In this paper, we have used the exceptional circumstances created by the COVID-19 pandemic as a window for investigating the ambivalent, stereotypical and often-incongruent portrayals of exceptional vulnerability and resilient self-management that define the self-constructions available for older adults. From the onset of the pandemic, older adults were publicly and homogeneously presented as a *biomedically* vulnerable population, and the implementation of restrictive measures also raised concerns over their *psychosocial* vulnerability and well-being. Meanwhile, the key political responses to the pandemic in most affluent countries aligned with the dominant paradigms of successful and active ageing that build on the ideal of resilient and responsible ageing subjects. Within this context, in our paper we have examined how older individuals negotiated such conflicting characterisations in relation to their self-understandings. In empirical terms, we drew on data comprising written narratives collected in Finland during the initial stage of the pandemic. We demonstrate how the stereotypical and ageist connotations associated with older adults' psychosocial vulnerability may have paradoxically offered some older adults novel building blocks for positive self-constructions as individuals who are not exceptionally vulnerable, despite ageist assumptions of homogeneity. However, our analysis also shows that such building blocks are not equally distributed. Our conclusions highlight the lack of legitimate ways for people to admit to vulnerabilities and voice their needs without the fear of being categorised under ageist, othering and stigmatised identities.

Introduction

Contradictory assumptions related to images of exceptional vulnerability and resilient self-management and adaptability in later life have been discussed widely. A limited but growing body of research has examined the mundane ways older individuals navigate and negotiate these images (Hurd, 1999; Pack, Hand, Liberte Rudman, & Huot, 2019; Timonen, 2016). This paper contributes to that literature by seizing the unique opportunity the times of the COVID-19 pandemic offered for investigating this question. From the outset of the pandemic, the novel coronavirus was framed as a disease that specifically affects older adults, who were publicly portrayed as a biomedically vulnerable population with an exceptionally high risk of suffering from and dying of the virus (Ayalon, 2020). In many countries, a consensus quickly

emerged around concern for those of advanced years. They became the priority in policy responses to the pandemic and restrictive measures were often more stringently applied to older individuals (Ahosola, Tuominen, Tiainen, Jylhä, & Jolanki, 2021; Ayalon, 2020; D'cruz & Banerjee, 2020). In turn, the implementation of restrictive measures, such as instructions about physical distancing, led to raised concerns over the negative repercussion of the reduced social and physical activity and the psychosocial wellbeing of older adults (Richter & Heideringer, 2020). Therefore, two kinds of vulnerability have dominated public discussions: biomedical vulnerability and psychosocial vulnerability.

While the long-term impacts of the pandemic experiences of older adults are still unknown, it is obvious that related experiences are highly diverse. Some studies report negative effects, such as distress and

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loneliness (Macdonald & Hülür, 2021), while others foreground creative coping strategies (Ahosola et al., 2021; Fuller & Huseeth-Zosel, 2021; Lamb, 2020). The one-sided and homogenous, publicly endorsed image of older adults as both biomedically and psychosocially vulnerable fails to capture this diversity. This does not mean that any other single and homogenous image or identity – such as an image of exceptional resilience – would be better or more valid (Katz, 2020; Naughton, Padeiro, & Santana, 2021). Rather, the diversity of experiences points to an ambivalence of overarching images and identities related to older adults. To understand this ambivalence, it is necessary to analyse the processes through which such identities and images are socially constructed, negotiated and/or resisted in the pandemic context and beyond.

Although some commentators see the COVID-19 pandemic as a mark of the fall of the atomistic neoliberal ideal of the independent, self-governing and self-reliant subject (Springer, 2020), the key political response in most liberal-democratic countries has still been a familiar one: the discursive cultivation of the resilient individual who can live through the pandemic by practising meticulous self-management and self-care (Constantinou, 2020). From the outset of the pandemic, governments largely relied in their responses on experts in epidemiology, virology, and public health that consistently rendered individuals responsible and accountable for following instructions related to physical distancing and isolation, avoiding travel, and improved hygiene, whilst non-compliance with the instructions was presented as the principal culprit of the uncontrolled spread of the virus and its economic and human consequences (Constantinou, 2020; also Clotworthy & Westendorp, 2020).

Regarding these policies and expectations, public discussions have portrayed older adults in contradictory ways. First, as Vervaecke and Meisner (2021, p. 160) argue, “paternalistic age stereotypes and assumptions of older adults’ competence that frame older people as dependent have homogenized older adults, cultivated the conditions of high risk with ageing, and demonstrated the intersections between ageism and ableism during the pandemic”. These discussions have portrayed older adults as a homogenous group that is psychosocially vulnerable regarding their ability to live through the pandemic and to follow governmental safety instructions (see also Clotworthy & Westendorp, 2020; Verbruggen, Howell, & Simmons, 2020). Second and in contrast, equally ageist and homogenising assumptions have glorified older adults’ exceptional competencies (e.g., wisdom, resilience) and societal contributions (e.g., care for family members) in the pandemic context (Naughton et al., 2021). The latter assumptions largely align with the paradigm of “successful ageing” that has dominated the public discourses regarding later life in recent decades (Naughton et al., 2021). This paradigm builds on the ideal of active and responsible subject. While suggesting that all older adults – or at least the so-called third-agers – have the potential to perform actively in society it establishes standards, options and moral obligations for ageing people on how they can and should understand themselves and act in relation to their age in order to remain productive members of, and as a resource for society (Higgs, Leontowitsch, Stevenson, & Rees Jones, 2009; Laliberte Rudman, 2015; Lamb, 2014; Pack et al., 2019; Van Dyk, Lessenich, Denninger, & Richter, 2013).

According to Naughton et al. (2021), it is evident that pandemic policies have mobilised ageist discourses. However, the exact nature of these discourses remains under scrutinised. Even fewer studies have examined how older adults negotiate their identities and self-constructions in relation to these discourses in their daily lives. This paper addresses the case of Finland that represents an extreme example of policy responses targeting older adults specifically. On 15 March 2020, the Finnish government instructed people over the age of 70 to avoid physical human contacts, if possible, to protect themselves, to safeguard the capacity of the health care system, and to keep the rest of the society open. No sanctions were issued, but this instruction was interpreted as an order to self-quarantine in practice.

Although from the biomedical perspective, the risk of having a severe coronavirus disease demonstrably correlates with higher age, it also correlates with many other health factors such as having asthma, diabetes or heart disease. Crucially, the problem in using an age-based risk profiling model is its inevitably hazardous nature (Rose, 2001) and, as Naughton et al. (2021, p. 1) argue, “discriminatory policies based solely on chronological age are unequivocally ageist”. In turn, Verbruggen et al. (2020, p. 231) note that “segregating policies that are introduced to keep older adults safe during the pandemic result in ‘othering’ a large group of adults based solely on chronological age”. In Finland, the arbitrary threshold of 70 years meant that individuals in good health were also guided to consider such susceptibilities in their everyday lives to redeem socially acceptable statuses (see also Clotworthy & Westendorp, 2020). This caused heated discussion around whether this kind of homogenisation based on mere chronological age was appropriate and as a result, on 4 May the government reiterated the instruction. This time, the emphasis was on the importance of individuals exercising discretion regarding their overall health and situational ability to avoid contacts.

Within this context, our paper examines how older adults negotiated conflicting characterisations such as biomedical and psychosocial vulnerability and resilience, in relation to their self-understanding. In empirical terms, we have drawn on data comprising written narratives ($N = 11$) collected at the initial stage of the pandemic, in April–June 2020, from English-speaking migrants aged 65 years or older living in Finland. While the study was conducted among migrants, we claim that our data illustrate more general patterns of how the self-constructions available for older adults were narrated and performed during this period. Hence, for this paper we used the exceptional circumstances created by the pandemic outbreak as a window for investigating the broader tendency to govern later life through the parallel, ambivalent and often-incongruent portrayals of exceptional vulnerability and resilient self-management that define the identities available for older adults.

We start by outlining how the discourses around successful ageing and old age vulnerability have been discussed in the preceding literature, and how the pandemic context has accentuated these contradictory images. Next, we describe our narrative data and methods. We then move to present an in-depth analysis of four narratives chosen from the data, followed by discussion on how these findings reflect a wider societal context in which political and normative standards are set for successful ways of ageing. We also discuss the different and unequal social locations from which older adults perform and narrate such positive self-constructions. Our conclusions highlight the trouble with vulnerability for individuals who lack legitimate ways to voice their needs without the fear of being categorised under ageist and stigmatised identities.

The dual positioning of older adults

An extensive body of literature shows how Western societies conceptualise ageing in dualistic terms, in which a positive trajectory of healthy, successful, independent, active, and productive ageing is drawn against negative attributes such as being sick, unsuccessful, dependent, passive, and unproductive (Biggs, 2012; Dillaway & Byrnes, 2009; Gilleard & Higgs, 2010; Katz & Calasanti, 2015; Timonen, 2016). In the Western cultural imaginary, the former trajectory is often associated with the so-called third age, a phase of life beginning at the time around retirement, while the latter attributes are linked to the so-called fourth age, a time of dependency and disability before eventual death (Gilleard & Higgs, 2010; Laslett, 1989). Accordingly, a failure to live up to the normative expectations of self-sufficiency during the third age is seen as an indication of lack of self-control, irresponsibility, or even failed (dependent, unproductive, deficient) citizenship (Conway & Crawshaw, 2009; Higgs et al., 2009; Katz & Calasanti, 2015; Laliberte Rudman, 2015; Westerhof & Tulle, 2007). Health behaviours are particularly

placed under scrutiny (Higgs et al., 2009; Pack et al., 2019), and the ideal of successful and active ageing presupposes that “third-agers” practise various types of self-care and self-management to meet its standards of productive engagement in life (Dillaway & Byrnes, 2009; Katz, 2020; Laliberte Rudman, 2015).

As a result, a certain stigma is assigned to expressions of vulnerability in later life. According to Brown (2011, p. 314), the notion of vulnerability is “loaded with political, moral, and practical implications”. As a discourse, it can therefore expand the mechanisms for self-governance so that individuals begin to regulate their own behaviour in ways that conform to norms about correct or appropriate behaviours (Brown, Ecclestone, & Emmel, 2017). Also, the currently fashionable notion of resilience contributes to this by encouraging individuals to take responsibility for their own social and economic well-being (Joseph, 2013; Katz, 2020).

The paradigm of successful and active ageing thus encompasses a particular normative model, and as such, it forms a part of the wider neoliberal impetus towards every citizen becoming “an active partner in the drive for health, accepting their responsibility for securing their own well-being” (Rose, 2001, p. 6). Several authors (Conway & Crawshaw, 2009; Higgs et al., 2009; Laliberte Rudman, 2015; Timonen, 2016) suggest that the power of successful ageing discourses is based on individuals’ enrolment in ways of thinking and acting that stem from textual and visual representations of “ageing well” in an array of public spaces and texts ranging from media, governmental policies and academic literature to advertisements and self-help books (Lamb, 2014).

As Conway and Crawshaw (2009; also, Dillaway & Byrnes, 2009; Katz & Calasanti, 2015; Pack et al., 2019; Timonen, 2016) note, narrowly defined discourses regarding successful ageing disregard how differential structural conditions and social resources limit an individual’s opportunities to “age well” or the unattainability of these ideals for many, due to the inevitability of physical decline. In addition, these discourses disregard the views that older adults themselves may have on what constitutes successful ageing (Conway & Crawshaw, 2009). Hence, it is not clear the extent to which the policy ambitions related to “successful” and “active” ways of growing old reflect the actual expectations and realities of older adults themselves (Timonen, 2016, p. 5).

While the successful ageing discourse highlights the resilience and self-management of older adults, the COVID-19 pandemic has clearly highlighted the public focus on their vulnerability, especially biomedical vulnerability regarding the virus and potential infection. From the perspective of pandemic governance, the categorisation of older adults as a particularly vulnerable population can be interpreted as an attempt to manage and control the pandemic. When a certain group of people, such as those aged over 70, are categorised as vulnerable and in need of special protection, they are simultaneously defined as objects of observation, regulation and control. In addition to their biomedical vulnerability, there have been public concerns over the psychosocial vulnerability of older adults and their ability to follow pandemic instructions and endure these unusual conditions (Richter & Heidinger, 2020).

Evidently, not all individuals share the same resources, and in some cases maintaining social relations and high levels of physical activity in the conditions of increased isolation may be extremely difficult. In their study on people aged 60 years or older in Austria, Richter and Heidinger (2020, p. 279) concluded that people who were “far from the ideal proposed by the successful ageing concept” were also “more vulnerable to negative changes in behaviour because of the pandemic”. This concern over the most vulnerable older adults can be seen as a sign of compassion and a counter-discourse to the homogenising successful ageing discourse that expects all older adults to practise resilient self-management. However, if this type of concern loses the sight of diversity within the older population and begins to portray all older adults as psychosocially vulnerable and different from the middle-aged population, it risks turning into a form of “compassionate ageism” (Vervaecke

& Meisner, 2021; also, Clotworthy & Westendorp, 2020; Skipper & Rose, 2021; Verbruggen et al., 2020). Indeed, Verbruggen et al. (2020) note that compassionate ageism in which older individuals are viewed at risk runs in parallel with a discourse of hostile ageism in which older adults are viewed as a risk. In the pandemic context, compassionate ageism conceives older adults as deserving of care and protection, but simultaneously assigns them with homogenising and othering images of “incompetence, frailty, dependence, passivity, and victimhood” (Vervaecke & Meisner, 2021, p. 160). In their joint statement, the editors of five American journals of gerontology argued against this type of ageism as follows:

Ageism is the implicit bias that older adults are less resilient and less capable to adapt to challenging events such as COVID-19. Older adults have shown remarkable agency in this crisis as witnessed by their willingness to engage in positive public health practices such as social isolation, shelter at home and basic hand washing (Colenda et al., 2020, p. 1787).

In sum, attempts to criticise the successful ageing discourse by foregrounding the vulnerability of older adults may end up being homogenising, othering and stereotyping, as in the case of compassionate ageism. Compassionate ageism may in turn call for critical responses, such as the above joint statement, that foreground the resilience and capability of (many) older adults. We argue that this constant, dialectic movement between different images related to older age indicates a certain “trouble with vulnerability” and calls for novel discursive conceptualisations. The emerging literature approaching ageing through the concept of precarity indeed asserts that certain precariousness, dependency on others and social support defines *all* life – an assertion that also highlights the political responses to this generalised precariousness that condition how protection and support against precarity in later life is distributed (Butler, 2016; see Grenier et al., 2017; Grenier, Phillipson, & Settersten, 2020; Katz, 2020).

The above complex dialectic regarding the images of vulnerability and resilience in later life seemed salient during the pandemic. During its initial stages, many Western governments resorted to political communication strategies that highlighted the responsibility of all individuals in protecting themselves and each other from the infection (Constantinou, 2020; Lamb, 2020). The Finnish case is of interest, since the Finnish government launched a social experiment that invited community dwelling older citizens to make rational choices and to practise self-governance in the name of their own and each other’s health, wellbeing and security rather than using direct force or coercion (e.g., lockdowns). Finland never entered the stage of full lockdown, and the government relied more heavily on recommendations than restrictions. Abiding with the recommendations was rewarded with positive social recognition, while failing to do so was socially, if not formally, sanctioned (Lohiniva, Dub, Hagberg, & Nohynek, 2020). This resembles Tyler and Slater (2018) idea of the stigmatisation of individuals who fail to live by the standards of neoliberal self-governance as a key mechanism of “government at a distance” (Rose, 2001). The stigmatisation of allegedly incompetent or immoral citizens is not necessarily accomplished by any explicit authority, but through diffuse and often hard-to-notice social and peer-practices. Discourses that highlight the exceptional vulnerability of older adults while simultaneously stigmatising vulnerability, expecting all individuals to display resilient self-management – and giving them credit for doing so – can be conceived as one mechanism of such a form of government.

Analysing written narratives

The data for this paper comprise written narratives collected during the early stages of the COVID-19 pandemic, in April–June 2020, as an attempt to react quickly to the exceptional situation. The call for narratives was targeted at English-speakers aged 65 years or older living in Finland. We received 11 accounts written in English by older adults

originating from the UK, the USA, Canada, Australia, Malta and Zimbabwe. Five respondents were women and six were men. The youngest respondent was 64 years old and the oldest 82. In the call for narratives, we invited respondents to write about their experiences regarding the coronavirus pandemic and the governmental measures adopted to confine it, asking them to describe how these had impacted their everyday lives.

The initial interest in studying the experiences of older migrants was based on earlier research which on the one hand had indicated the presumed “double-jeopardy” of older migrants as vulnerable both due to their position as migrants as well as their age (King, Lulle, Sampaio, & Vullnetari, 2017; also, Grenier et al., 2017) and on the other hand, the elevated expectations of migrants regarding their performance as self-reliant “good citizens” (Anderson, 2013). Revealing vulnerability may indeed hold a particular stigma for migrants who are expected to demonstrate self-reliance and productivity, or risk being deemed “undeserving” (Pellander, 2018). However, our sample included individuals in relatively advantageous positions. Our narrators may be considered to be people in more privileged positions in comparison to other immigrants: all except one had completed post-secondary education and most of them had worked in middle-class occupations before retirement. Some were EU citizens or otherwise privileged in terms of their legal migration status. Furthermore, most of them had lived in Finland for several decades and four of them mentioned having children also living in Finland. To paraphrase Torres’ (2006) distinction, they were becoming old as migrants, not migrating as old people. Consequently, even during the initial coding of our data with Atlas.ti software, it became clear that our respondents’ position as migrants was not a major defining feature in their narratives. Instead, the coding highlighted the all-pervasiveness of the discursive means drawing from the successful and active ageing paradigms throughout the entire data. Therefore, in this article we have not analysed these narratives as “migrant narratives”, but rather as narratives of older adults living under conditions of semi-lockdown and self-isolation in Finland.

For this article, we selected four out of the 11 narratives for in-depth reading. We chose these narratives because they include particularly articulate expressions of the ambivalence vis-à-vis the presumed vulnerability of older individuals during the pandemic, and the tensions between the dominant paradigms of successful and active ageing on the one hand, and experiences of vulnerability on the other. As such, these narratives were from some of the study’s “key informants”. Our analysis focused on how the sometimes competing and conflicting ideas, such as those related to vulnerability and self-management, intertwine in a process through which conceptions of selves are being constructed. Storytelling is thus understood as a situational and relational activity in which the “personal troubles” participants represent in their narratives – and the analysis of such narratives – reveal contemporary understandings, as well as convey insights from larger social and historical processes (Bruner, 1990; Riessman, 2008), in line with what Mills (1959) called “sociological imagination”.

As Cederberg (2014) notes, dominant discourses and paradigms can constrain the narratives people tell others about themselves. Therefore, it is important to consider the ways in which narrated selves are enabled and restrained by narrators’ differential access to various resources understood as the wider social and cultural context of their lives. Resources not only refer to material conditions and other more objectively measurable factors such as wealth, education, or social networks, but also to more fluid and situational factors such as potentials and grand narratives heard before that prevail in the social and cultural contexts of storytelling. Shared narratives can thus act as discursive resources (Taylor, 2007). Discursive resources are the basis from which interpretations and constructions of self are derived (Cousineau, 2017; Taylor, 2007).

In the sections that follow, we present a selection of quotes from four narratives to illustrate how our respondents draw on the dominant discourses of successful and active ageing, how the imperative of self-

management operates at an individual level, and how the demands embedded in these ideals may complicate the ways individual vulnerabilities can be expressed. The first section demonstrates how the normative ideals of ageing have been inherently contradictory in the pandemic context, whereas the second section illustrates the ways the ideals of successful ageing may contradict expressions of vulnerability. To protect the narrators’ anonymity, we have removed some identifiers from their original stories. Removals are indicated in square brackets.

Negotiating vulnerabilities

The first story was written by John, a man in his early seventies, who has been living in Finland with his wife for decades. From the beginning of the narrative, John makes it clear that he and his wife are managing through the pandemic together, as a unit. The main storyline focuses on the ability to adapt to necessary conditions.

Extract 1.1: John, May 22nd, 2020. *My wife and I are [over 70] – in the so-called risk-group but both without underlying health issues – and have lived in [name of a city] for the last 30+ years. One daughter and family [with children] live on the other side of [the same city], and our other daughter and family lives in [another city close by] [with children]. My wife’s elderly mother lives alone and needs assistance with shopping, showering, washing and cleaning. We have kept ourselves to ourselves, maintaining a good distance from others should we choose to go out. We see our daughters and their families only outdoors and standing or sitting across the garden from them. We don’t use public transport.*

At the beginning of the story, John identifies himself and his wife as members of “the so-called risk-group, but without underlying health issues”. This particularisation (“but”) indicates that the category “risk group” does not necessarily offer meaningful and appealing identities to individuals who, nevertheless, formally belong to the category. Also, combining the category “risk group” with the attribute “so-called” hints to John’s thinking: although he accepts his formal membership in the category, he demonstrates some caution towards the accuracy of age-based risk profiling.

The story portrays John and his wife as third-agers living relatively active lives, in contrast to John’s mother-in-law who “needs assistance”, and who thus occupies the cultural position of the fourth age (e.g., Laslett, 1989) in the story. John distances himself from this position by characterising himself as source of help, and by doing so he offers proof of his competence as he is able to help someone else, and hence not in need of support himself in the category of vulnerable (Verbruggen et al., 2020). However, he does not question his or his spouse’s overall biomedical vulnerability to the virus nor the need to take safety measures seriously. John assures the audience of the story that they gather and evaluate available information and take all necessary precautions.

Extract 1.2: John (continues) *We need to visit my wife’s mother twice a week, to deliver her shopping and do her chores. It was decided it was safer for us to do that, rather than her other children who have more social interaction than we do. One of us wears gloves to enter her building and operate the lift, and the other doesn’t touch anything outside but opens the inner doors. We then shed gloves and wash hands and door handles and do what we need to do maintaining distance from her, then sit across the room to chat. We have hand cleanser to use on returning to the car.*

John describes meticulous procedures which they take to protect his mother-in-law and themselves from infection. He does not seem to question the validity of his mother-in-law’s need for support per se, but he hints with “was decided” to a situation in which the choice over the primary care provider was not his to make alone. This display of external obligation, instead of personal decision or overt eagerness to meet the mother-in-law which might appear irresponsible, indicates John’s concern for the increased risks involved with regular contacts indoors.

Extract 1.3: John (continues) *I try and limit the shopping to one visit a week. Our local supermarket has a quiet period at 7:00 am and has hand cleanser at many points around the shop. It’s quite easy to gather what one wants without needing to be anywhere near other people. If something is*

needed during the week I do go to another smaller shop (but only if their car park looks empty). The pandemic has changed the way we shop, buying food that can be used for more than one meal, and to be prepared for freezing. This hasn't been any sort of hardship. We haven't needed any help, but our daughters have on occasions delivered stuff, home-made cakes, for example. If we needed help, we would turn to our daughters in the first instance, or the health services if it was a health problem. We are not worried for ourselves, just cautious.

Throughout the story, John describes himself and his wife as careful and meticulous, but not as particularly vulnerable – neither psychosocially nor biomedically – due to their overall good health and social networks. The narrative includes accounts of their rational and competent decision-making, and John is careful to take a step back from the imagery of older people as people in need of special protection, and as people not capable of making informed rational choices. They will ask for help if they need, but the choice is their own to make. John's narration actively highlights his and his wife's ability to adapt and to take care of themselves. Indeed, John depicts them as people following the governmental instruction to stay home as much as possible. In line with that instruction, they are making their own, rational and responsible decisions on what is considered possible and sensible.

In sum, the story portrays John and his wife as self-reliant, responsible and capable ideally acting citizens who are not merely blindly following instructions, but who are making informed decisions, adapting to the situation the best they can and taking care of themselves and others (see also Clotworthy & Westendorp, 2020). They are not over-reacting, they are “just cautions”.

A similar kind of adaptation is a key theme also in the following story that is written by Lisa, a woman in her late 60s.

Extract 2.1: Lisa, April 16th, 2020. *This is my first year of retirement and little did I think it would be like this! After retiring last [autumn] I gradually built up new routines, hobbies and ways to fill my weeks. It was all going nicely until recently when I went from a rather full diary to an empty one. And it all happened so suddenly leaving me sort of in shock. So, I had to think what to do now in order to fill my days. Luckily, I am very healthy with no illnesses, and I have always been active. Meetings friends has been important, and I've continued to do so even though we are restricted. Usually, I meet one friend at a time, and we take long walks. As a result, I've discovered lovely nature trails that were unfamiliar, and have kept fit too.*

Like John, Lisa actively highlights her resilient ability to practise organised and careful self-management in the pandemic context. Further in line with John, Lisa does not position herself as specifically vulnerable, other than being biomedically vulnerable to the virus. Her self-construction as an active third-ager caring for herself supports and explains her overall ability to manage through the pandemic. Simultaneously, there is a tension between her self-understanding and the pandemic safety requirements. In John's story, the most visible tension relates to John's and his wife's ability to care for the mother-in-law and, respectively, remain “productive” in the community. In Lisa's story, the conflict is in relation to the tension between self-isolation and her self-understanding as an active, social person.

Extract 2.2: Lisa (continues) *I live alone so am used to that but sometimes the days seem long and lonely. I message more with friends and relatives who live in my home country, in Britain, and have also had time to write real letters! I've been reading every day and last week we had our monthly book club meeting online. [...] I have been shopping and love shopping so find it frustrating that I cannot browse to my heart's content! I feel a bit guilty every time I dally in a shop. The Corona situation hasn't affected my sleep and I've always been a good sleeper, but I did make myself a daily schedule to follow when this all began. I felt I needed a framework for my day. It helped for the first couple of weeks but as time has gone on, I find I don't need it anymore and I just do as I please. Quite a lot depends on the weather in fact, as going out in the rain isn't very tempting. It's surprising how quickly humans adapt to new situations, and in some ways, I'm used to many aspects of this strange time. In some ways I feel privileged to be living in such an historic time, the Corona Age, but hopefully I won't have to live through*

another pandemic.

Like John, Lisa communicates careful self-management along with flexibility and the use of her own consideration. Lisa has not stopped shopping completely, although she feels guilty about it. Like John, Lisa assures her audience that she is not only following the safety instructions, but also trying to continue active life – and successful ageing – even if in a modified manner. Her story is not without tensions, but she is able to end it with a positive note that communicates adaptation, resilience and confidence in her abilities to manage through the pandemic – not only regarding biomedical safety, but also more holistic psychosocial wellbeing.

Hidden discords

Narratives by John and Lisa depict an ability to adapt and to find ways to reconcile embedded tensions between the inherent struggles within the biomedical safety requirements of pandemic self-management on the one hand, and the ideals related to successful and active ageing on the other. In Peter's and Helen's stories below, struggles continue but disintegrate into more allusive threads. Peter begins his story by referring to his current situation.

Extract 3.1: Peter, April 16th, 2020. *Well, I'm a year under the [age] threshold [of the call for stories], but... I like to be out, even though I can barely walk 100 metres. I'm blessed where I live – forest outside, so I guess it's time for a bit of exercise. Discovered the joy of watching good (usually BBC) streamed programmes on both yle.fi/areena [Finnish national broadcasting company], and the free ones on dplay.fi. using my trusty 10-year-old computer. If it fails, I'm stuffed!*

Unlike the above stories by John and Lisa, Peter begins by describing himself as one in poor health, albeit not one without resilience. For reasons that are not explained in the narrative, Peter is staying in self-isolation although the governmental age-related isolation recommendation does not directly apply to him. Otherwise, Peter's story resembles John's and Lisa's stories in the way they all foreground their attempts to live according to the successful and active ageing paradigms. While Lisa was taking “long walks” with “usually one friend at a time” (indicating active social life in normal circumstances), Peter's physical abilities and social circles appear less prominent. However, he compensates for this by describing how he appreciates the forest in his close surroundings, watches quality documentaries, and uses his computer. Despite his physical condition, and accompanying frailties that come with living with certain physical health challenges, Peter is careful to underscore his mental will and psychosocial resilience. Resilience typically refers to the capacity of individuals to cope with and bounce back from adversities, and as such, offers a corrective to pathologising stereotypes of older adults as deficient in adaptability and agency. It is often framed as a positive concept, but Katz (2020) notes that it can reiterate the successful and healthy ageing models in case it views inability to manage vulnerability and frailty as a personal deficit and failure. Katz (2020, p. 54) concludes: “While not everybody can age healthfully or successfully, they can age resiliently and even find new ways of flourishing in the face of disability and frailty.” Thus, at first, it seems that Peter's story is about biomedical vulnerability and psychosocial resilience. However, as the story continues, the displays of psychosocial resilience become increasingly fragile.

Extract 3.2: Peter (continues) *Prior to corona virus, I'd take a bus into town, sit in my “local” with my Bluetooth headphones on, but I haven't been to town since 28 March, nor (apart from Easter Sunday, as a mark of respect) bothered to get dressed in the morning. Will my favourite pubs still be in business after the “lockdown”? Even bigger, will all my old friends still be alive? Both my partner and I are bored senseless, and as she “likes a drink” – can we tolerate each other much longer now that I can no longer escape to a bar/cafe in the city? Mercifully, my hobby is electronics, but with [spouse] getting rat-faced daily, I can no longer do my “kitchen table technology” anymore – just program Arduinos and Raspberry Pi machines.*

This extract is an unexpected twist in the plot and is in sharp contrast

with the content at the beginning of the narrative. Peter's words hint to signs of lost psychosocial resilience and activity, exemplified by such passages as the one in which he describes not bothering to get dressed. His feeling of isolation is reflected in his ponderings whether his favourite pub or his friends are still alive. This rhetorical equation is quite revealing as it offers a view to the wider landscape of his reality within the pandemic context, and his concern for the preservation of his way of life. It also offers insight into the discrepancy between what are considered socially acceptable worries, and what is not so easily spoken of or admitted to.

Peter no longer seems able to uphold the normative practices set by the ideals of successful and active ageing, and even appearances associated with it. His ways of doing successful ageing, such as watching good quality television or doing programming, are presented as substitutes, and thus difficult to construct as inviting activities even from his own subjective perspective. There is also another important way his story differs: whereas John's story presented the couple as a unit united in their efforts, Peter's relationship with his spouse is at stake as the effortless routines of everyday life seem to be lost. The ruptures of habits in his everyday life associated with the pandemic conditions reveal the delicate balancing acts, and the underlying tensions in the relationship with his spouse. He is careful in his remarks hinting at the difficulties of reconciling his routines with those of his spouse; he refers to her psychosocial stress, and subsequent over-use of alcohol, but seems to understate the problem with the use of irony ("she likes a drink"). Thus, even if Peter draws from the same paradigms as others, he is not telling a fully plausible story of successful adapting to necessary circumstances set by the exceptional time of the pandemic, and his attempt to construct a coherent narrative dissolves.

Peter began his narrative by referring to his nice surroundings and proximity of nature, which is one of the things that grew in value during the pandemic spring. Helen, who is in her 70s, also draws on these in her story by offering a detailed account of her everyday magnificent scenery that paints an almost idyllic pastoral of her frame of life (not shown here). Emphasis is on the material environment, and on her fortunate living conditions. Along with her opening statement of "I try to count my blessings", this is hardly something that one might associate with vulnerability. However, reminiscent of the turning point in Peter's narrative, Helen's story also takes a sharp U-turn, and gives other interpretations of her references to blessings.

Extract 4.1: Helen, June 9th, 2020. *However, there is a big hole: [some years ago] I lost the love of my life. Somehow this crisis, the lockdown, the restrictions, being in a so-called vulnerable group have exacerbated the sense of despair and of being alone. I don't worry unduly about the Corona virus, but of course I take precautions. I do worry about family and friends in the UK. Being [over 70] years old I'm classified as vulnerable, but I am not on heart medication, I am not overweight and I'm relatively fit, both physically and mentally. I made the conscious decision to continue to do my own shopping, and so far, I have avoided busy periods. As for moving around, I either walk or use my own car. My aim is to walk on average five kilometres a day – sometimes it is more, sometimes less, and again I try to avoid busy areas.*

This blunt announcement of tragedy is in sharp contrast with the harmonious beginning. It takes the audience by surprise, but Helen leaves no time for dwelling in her sorrow. She clearly states that being "classified as vulnerable" has exacerbated her sense of distress, thus admitting to an experience of stressful life events beyond the pandemic, but swiftly continues with accounts of her good health and everyday life practices during the pandemic in accordance with the successful and active ageing paradigms. She thus constructs a distance between herself and people who are physically or mentally vulnerable, specifically in the pandemic conditions. Like John and Lisa, her emphasis is on rational choices made by an informed individual who has assessed the risks involved, and who is not overreacting ("I do not unduly worry", "but of course I take precautions"). Helen abides to the imperative of taking responsibility, caring for herself and staying active. Indeed, this may

also be a coping mechanism, an attempt to step back from the deep sadness, and to pull herself back to her usual rational and resilient self, capable of dealing with whatever comes her way. According to [Auðardóttir and Rúðólfssdóttir \(2021\)](#), "positive thinking" belongs to the individualistic coping strategies that have been endorsed in the neoliberal responses to the pandemic.

The successful and active ageing paradigms portray the third age as a time of self-realisation, contentment, of having opportunities to live free from the pressures of the workforce. In this imagery, old age is not a time of sadness, dependency and frailty, but a time of being able to enjoy life to the fullest, preferably with a companion. With the loss of her spouse, Helen is left to find her way alone. She appears to need to remind herself and the audience that she is fortunate in many ways, but it is this recurring convincing of her "blessings" that provides a reason to question the apparent interpretations of her story. The fact that she knows "there are people who care about me" indicates that this situation is not to be taken for granted; she needs to assure herself of the continuing empathy of others.

Extract 4.2: Helen (continues) *I feel safe for the most part, but there is a reluctance among some people to show consideration on narrow footpaths and pedestrian crossings, for example. Other than that, I stay at home where I feel safe and comfortable. I realise that many people are not similarly blessed. Time passes quickly. I keep in touch with relatives and close friends by phone, email and via various chatting channels, and I know there are people who care about me. [...] I don't think I have much more to say about my life during the Coronavirus outbreak. One gets used to things, although I and several of my friends began to feel more dispirited the longer it went on.*

Helen highlights her ability to follow the safety instructions by invoking a contrast to others who are less considerate. She depicts herself as a well-functioning rational individual, but her footing in the comfortable routines of everyday life seem shattered, both by the pandemic and the loss of her spouse. She struggles to keep up an appearance of an active, resilient third-ager, but her story reveals a sense of distress that might be related to the life change associated with her bereavement, and this overall experience is only accentuated by the exceptional circumstances posed by the pandemic outbreak. She shares Peter's experience of things not being quite under her control, and of deeper ontological insecurity and vulnerability which are more difficult to admit to. Her narrative is characterised by the experience of vulnerability which conflicts with rationality and the will to control (life) embedded within the normative ideals of ageing ([Pack et al., 2019](#)). No matter how hard she tries to keep up appearances and convince herself, fend off these threats and feel positive, safe and in control, there is no triumphant victory at the end. This is what causes her story to be parallel to Peter's narrative: despite their best efforts, neither of them can fend off deeper vulnerability and to sustain true experience of agency and self-management. While John's and Lisa's narratives left the audience with an impression of coherent storylines, Peter's and Helen's stories echo with fading discords.

Discussion

With the in-depth analysis of the above four narratives written in spring 2020, we have sought to display how older adults have negotiated their identities vis-à-vis the governmental policies and public discourses that have categorised them as exceptionally vulnerable to COVID-19 in both biomedical and psychosocial senses. Regarding biomedical vulnerability, the narratives of John, Lisa, Peter and Helen all suggest a certain acceptance of this categorisation and a respective sense of responsibility that they demonstrate through, for example, practices of physical distancing.

However, regarding these practices, the age-based risk profiling ([Rose, 2001](#)) of the Finnish government and its respective instruction for people over the age of 70 to avoid all physical human contacts if possible, seemed interestingly irrelevant to our narrators: similar practices of social distancing were enacted by narrators who were under and

over the age threshold (Peter and Lisa, and John and Helen, respectively). The latter narrators further emphasised their good physical health and lack of medical conditions despite externally ascribed membership in the so-called risk-group. Thus, while they did not question their biomedical vulnerability, they challenged the governmental rationale according to which their chronological age alone makes them *exceptionally* vulnerable.

When it comes to psychosocial vulnerability, particularly John and Lisa assured the audience that they are not only careful and meticulous regarding biomedical safety measures (e.g., hand washing), but also mentally able to live through the semi-lockdown and self-isolation. Their narratives thus defied the ideas embedded in the compassionate ageing discourse, which portrays older individuals as the ones with less agency and fewer abilities and thus in need of help and support. Speaking against the ageist predispositions of (all or most) older individuals as vulnerable and in need of protection (see e.g., Laslett, 1989; Verbruggen et al., 2020), John and Lisa sought to convince the audience that they are well able to act rationally and responsibly and keep their mental health intact.

It was thus not only the biomedical risk profiles and categorisations that motivated and shaped the physical distancing practices of John, Lisa, Peter and Helen. In their own self-understandings and narrative self-constructions, they were not (only) practising physical distancing because of their biomedical vulnerability, but also because *not* practising physical distancing would have been a sign of psychosocial vulnerability – that is, a sign of inability or unwillingness to “adapt to challenging events” and “to engage in positive public health practices such as social isolation, shelter at home and basic hand washing” (Colenda et al., 2020, p. 1787). The need to distance themselves from these images of “frail others” in need of protection seemed to motivate the four narrators as much as (or more than) the governmental and biomedical risk profiles and recommendations (see also Verbruggen et al., 2020, p. 231).

The narratives of John and Lisa in particular drew on the discourse of successful ageing, and by doing so, they also foregrounded an internal contradiction within this discourse: the successful ageing discourse highlights every subject’s personal responsibility (Katz & Calasanti, 2015) for one’s biomedical health, but it also highlights the importance of active social life, responsibility for others, and self-expression and pleasure-seeking through consumption and hobbies (Dillaway & Byrnes, 2009; Gilleard & Higgs, 2010; Westerhof & Tulle, 2007). However, not all forms of “active life” self-evidently sustain biomedical health. Tensions may thus emerge as older adults not only seek to combine the ideals of biomedical self-management with the pandemic realities, but also the ideals of biomedical self-management, active social life, community value (e.g., helping others) and the expressive and consumerist ideals of the successful ageing paradigm (see also Richter & Heidinger, 2020). These tensions are omnipresent beyond the pandemic context and surface, for example, when active caring for others does not serve the older person’s own wellbeing. In the initial stages of the pandemic, these tensions may have been resolved easily since the responsibility for one’s biomedical health overruled any other ideals of successful and active ageing (i.e., the alternative of continuing one’s activities regardless of the biomedical risks involved). However, these tensions may have become more pressing and complex in the later phases of the pandemic as a more holistic perspective to human wellbeing has gained more ground from the strictly biomedical safety perspective (Liiten, 2022; Martelius, 2022). These trajectories may be further exacerbated if the deaths of vulnerable others as means of managing shared existential dangers become more acceptable (Lamb, 2020; Lincoln, 2021).

Notably, by drawing on normative ideals of ageing, John and Lisa positioned themselves as active and capable individuals who do not need special support in the pandemic context: neither to stay safe from the virus nor to help manage through isolation. They were managing the pandemic time. By contrast, Peter and Helen had more difficulties managing this impression in a convincing manner regardless of their clear attempts to portray themselves in accordance with the normative

ageing paradigms. However, this was also related to their overall life circumstances and life events that had impact beyond the challenges posed by the exceptional time. All four narrators emphasised the resources available to them and the opportunities associated with the pandemic self-governance and active and successful ageing. While all four narratives draw from the same imagery of successful and active ways of ageing and communicated the message that there is no need for the audience to be overly worried about the narrator, a careful reading uncovers Peter’s and Helen’s underlying distress and lack of control – an experience related to psychosocial vulnerability caused by the personal events over their life course and exacerbated by the pandemic conditions. Such a reading demonstrates that in contrast to dichotomies often present in public discussions over the pandemic (Vervaecke & Meisner, 2021), an older person can be simultaneously resilient *and* vulnerable. At the same time, the narratives of Peter and Helen show a trouble with vulnerability, that is, that foregrounding vulnerability can be narratively less appealing and glamorous than foregrounding resilience. However, John and Lisa also had to undertake extensive amounts of narrative work to counter the age-related assumptions of exceptional vulnerability and to present themselves as resilient third-agers (see also Hurd, 1999; Krekula, Nikander, & Wilińska, 2018), regardless of the pandemic context. This work demonstrates the culturally valued constructions of the third age are not instantly available even for older individuals with access to a wide array of resources.

Finally, it is worth noting that the four narrators had different sets of extra-discursive resources to help them manage through the pandemic – and that helped them keep up impressions of successful and active ageing (see also, Westerhof & Tulle, 2007): John and Lisa had supportive spouses and children (John) or friends (Lisa) living close to them, good health and functional bodies, safe means of transportation (a car or otherwise the ability to move without having to use public transport), as well as technological skills that allowed them to stay connected with the external world despite physical isolation. Peter and Helen shared some of these resources, but not all. They also had to deal with challenging life events during the already otherwise demanding time of the pandemic – such life events and their effects should also be considered in order to understand the pandemic ageing experiences in a more nuanced way (Lamb, 2020).

Conclusion

The COVID-19 pandemic offers a unique opportunity to examine the ambivalent cultural assumptions associated with older age in affluent countries, some of which portray older adults as exceptionally vulnerable and others as resilient and well-capable of managing their lives despite their underlying vulnerability. Although there is little doubt that age has posed a major risk on COVID-19 mortality, coarse age-based definitions of the “risk groups” have reinforced ageist attitudes and stereotypes regarding the univocal and universal biomedical vulnerability of older adults (Ayalon, 2020; Clotworthy & Westendorp, 2020; D’cruz & Banerjee, 2020; Skipper & Rose, 2021). Framing all older individuals as vulnerable to the virus contributes to the normalising of discourses in which groups of older adults are homogenized (Grenier et al., 2020) and labelled as precarious and/or frail only due to their personal attributes, such as chronological age, instead of focusing on the situations exposing them to vulnerable conditions (Brown et al., 2017; Verbruggen et al., 2020). Furthermore, perhaps well-meaning but homogenising ageist discourses have positioned older adults as psychosocially vulnerable when it comes to understanding and following pandemic safety instructions and making rational decisions vis-à-vis biomedical risks, as well as surviving through the psychosocial stress caused by pandemic safety measures such as physical isolation (Vervaecke & Meisner, 2021).

In our data, older adults did not endorse the idea of having *exceptional* biomedical vulnerability simply because of their chronological age, but neither did they question the biomedical risks caused by the

virus. Rather, the fact of biomedical risk constructed a context for our narrators to distance themselves from the images of psychosocial vulnerability and to emphasise their psychosocial resilience – that is, their ability to make rational decisions concerning biomedical risks, care for themselves and manage through adverse conditions. Indeed, without biomedical risks, there would have been no need for them to demonstrate exceptional psychosocial resilience.

Paradoxically then, the negative and ageist connotations associated with older adults' vulnerability may have offered some older adults novel building blocks for positive self-construction as individuals who, despite assumptions, are not exceptionally vulnerable. This observation may explain why some older adults' experience of the pandemic has been surprisingly positive (Ahosola et al., 2021; Devaraj & Patel, 2021; Fuller & Huseth-Zosel, 2021; Tiilikainen et al., 2021). In the successful and active ageing paradigms, older adults who manage to demonstrate contributing to society hold greater value. In the pandemic context, simply staying at home can be conceived as a societal contribution. It is thus possible that those older adults who felt isolated, lonely, or excluded before the pandemic, have been able to construct new positive identities (see also Bundy, Lee, Sturkey, & Caprio, 2021), especially during the initial stages of the pandemic when the public focus on older adults was heightened and ageist discourses were salient.

At the same time, we argue that there is reason for concern. The building blocks of these positive self-constructions are not equally distributed, placing some older adults in positions in which they have lacked the ability to perform and narrate themselves convincingly as adaptable, resilient, and self-managing individuals. In our data, the responsabilisation of older adults on managing all aspects of their lives in conditions of the pandemic appeared to be particularly problematic for those with fewer social and/or material resources.

Critically, our data also indicate that older adults may have had trouble in recognising, verbalising and expressing their experiences of vulnerability, anxiety and need for help and support during the initial stages of the pandemic. If the cultural and political expectation of adaptability, resilience and self-management, and the simultaneous stigmatisation of vulnerability and dependency, continue to reign in future, one lesson that can be learnt from the COVID-19 pandemic is this: there should be more legitimate ways for people to voice their needs without the fear of being categorised as exceptionally weak, vulnerable, failing and dependent people not entitled to full membership of society. These legitimate, less troublesome ways of expressing vulnerability might be empowered through a transformation in the political language of vulnerability. As suggested by numerous feminist scholars (e.g., Brown et al., 2017; Fineman, 2008; Virokannas, Liusti, & Kuronen, 2020) such a transformation would abandon vulnerability as a concept that refers to the qualities of particular individuals or groups (e.g., older adults) and instead endorse the concept as one that depicts a universal human condition. Recognising vulnerability is at the other end of idealising resilience that depoliticises vulnerability by transforming challenging life events into opportunities for coping and bouncing back (Katz, 2020), thus refuting the idea of universal vulnerability as a human condition.

Importantly, the idea of vulnerability as a human condition does not overlook individual or group-wise differences and inequalities in the socio-political and environmental conditions that expose humans to unwanted danger, precarity, harm, risk and injury (Butler, 2016; see also Grenier et al., 2017). It is a radically different thing to state "I am exceptionally vulnerable", than to express personal concern by stating "I am at risk because of these particular socio-political and environmental conditions". In our study, the narrators seemed to recognise but avoid the former, troublesome expression, whereas the latter less stigmatising version, seemed to fall outside their pool of accessible narrative and discursive resources. As such, the latter framing – one that relies on a keen sociological imagination – reveals the critical role social sciences can and should continue to play in debates about the trouble with vulnerability.

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All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated sufficiently in the work to take public responsibility for the content, including participation in the concept, design, analysis, writing, and revision of the manuscript.

In practice, all authors have equally contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

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None.

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The data that has been used is confidential.

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