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“The Body Becomes Closed and Squeezed up in a Narrow Frame”: Loneliness and Fears of Isolation in the Lives of Older People in Rural Areas in Karelia during COVID-19.

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Introduction

This article examines the experiences of infrastructure deficits and changes in bodily practices for older adults in rural areas of South Karelia, Russia, during the COVID-19 pandemic. The focus is on how crisis-bound bodily sensations, anxieties and fears from older people living in this area reflect their loss of agency to overcome immanent features of the socio-geographical circumstances that make up aging lives in peripheral settlements.

For individuals, the body is the locus through which world cognition takes place and through which we are able to determine our place in the world (Csordas 1990, 1993). Through the practice of caring for one’s own body, and for the social body through caring for other human and non-human others, a person comes to know the world around him and immerse himself in it (Csordas 1990, 1999). The body, as Donna Haraway states, is *located*: it both originates from and makes up particularly patterned socio-biological locations that either allow or prevent certain experiences and actions (Haraway 1991, 197-198). The voices of older adults in Karelia remind us of the socio-materiality of this location, where geography, infrastructure, social relations and imaginaries of the future coalesce. As Arthur Frank (1991) argued, the body is not a constant in flux – an object, but an *epitome* of flux – an agent (as cited in Csordas 1997, 2). As “the existential ground of culture and self” (Csordas 1990, 4), modes of embodiment alter when cultures undergo radical transformations, such as during the COVID-19 pandemic.

Csordas has rightfully warned for the disappearance of ‘bodiliness’ in a phenomenological anthropological approach, yet my informants do not even allow such a disappearance (1997, 4). As the older body is deprived of the ability to choose where to go, to care for the physical body and for the self in a rural setting, they witness how the material body becomes present, as much as it gets locked up and disappears (Csordas 1997, 4; Leder 1990). This social nature of bodily and psychological well-being is largely invisible for individuals, until usual modes of embodiment get violated (Chao 2020), such as when serious illnesses or permanent disability take hold of the body, and even more so – or anew – in cases of an epidemiological threat that enforces a new normality (Csordas 1999). Although my

participants were used to being unhealthy before the pandemic, contemporary changes in habitualized practices and comportments make their older bodies “dys-appear” again (Leder 1990), and thus become present, obstructive, and alien.

A focus on bodily agency and sensations is more than just a methodological tool adding yet another dimension to data analysis (Csordas 1997, 6). The fact that informants semiotically use the body to express their feelings, does not reduce it to a mediator or a site for cultural symbolism (Csordas 1997, 12). The body is both a thing one has and what one is (Leder 2004, 60) and as such allows the researcher to transcend the dualism between space and location, between body and mind, between self and other, and particularly in moments of transformation. A phenomenological lens allows us to examine closely both the habitual affective dispositions and the psychosocial and somatic consequences of their distortion (Chao 2020, 2; Csordas 1990).

Research over the last six months has shown how body techniques and body care practices have changed (Arregui 2020; Chao 2020; Sear 2020). For example, many people have noticed that they use special sanitizers to clean their hands and surfaces more frequently and also the practice of medicated body care, such as the intake of dietary supplements, has changed (Chao 2020, 3). In general, what Elisabeth Behnke calls the “habitual body choreography” has undergone dramatic changes, that often have to do with distancing, cleaning, monitoring, and waiting. Such changes not only impact the immediate senses of freedom, agency, and well-being, but concomitantly influence the imaginary of the future (Behnke 1997, 181). Worries about one's psychological and physical well-being, together with fears about getting infected by the virus, might provoke depressive states linked to the loss of futurity that is already endemic in rural areas. Here, the isolation of the body in space is an immanent feature of the landscape, and even more so for older people. The ethnographic material on older bodies in Karelia presented in this article, clearly shows how the changes in habitual practices required by the COVID-19 pandemic, result in a compressed body: a body locked-up in space, time, and the self.

Methodology

Unlike the bulk of gerontological works which analyze the loneliness of older adults during a pandemic in large cities or nursing homes, I consider the narrative shifts in the lives of older adults living in rural areas (Berg-Weger *et al.* 2020, 457; Krendl and Perry 2020; van Tilburg *et al.* 2020). These narratives tell of isolation, of the dependence on the few contacts with ‘unlikeable’ neighbors to see to their basic needs, and of the impossibility to care for oneself and of a lack of futurity (Basco *et al.* 2014, 2; Hinck 2004). This piece is based on an ethnographic study conducted in two villages in the South of the Republic of Karelia. The ten informants of this study range in ages from 66 to 99, have various chronic diseases, and live alone. Their education and professions vary, but most of them have worked in agriculture. They are also well versed in other skills, such as fluency in German, welding, driving, and sewing and embroidering national Karelian costumes. Some also participate in the national Karelian ensemble.

Based on a previous study with the same informants in 2019, in the context of an Oxford Russia Fellowship Program, I was able to have them keep a diary of observations on the peculiarities of their daily lives during the COVID-19 pandemic, which allowed for comparisons of their current situation with their situation a year ago. During interviews by phone, I asked participants questions about the peculiarities, difficulties, and changes during the pandemic and about the problems associated with living in rural areas at that time. These interviews served to supplement the information gained from the diaries.

Setting: rural infrastructure deficits

The field site is located in the south of Karelia on the shores of Lake Ladoga. The approximate distance between the villages is 15 km and the distance between the villages and the nearest town is 103 km. The names of the villages are anonymized for ethical reasons under the pseudonyms, Renelle and Pyatnoye. The number of residents in Renelle is 20 people in the winter, whereas in the summer it increases due to tourism. In the village of Pyatnoye the number of residents increases to up to 50 people in the summer for the same reason.

As Carrie Henning-Smith (2020) argues about the effects of the pandemic on older adults living in rural areas in the US, a generally lower standard of living – the fact that rural residents commonly have less financial resources and low access to health care – makes them more vulnerable to the consequences of the COVID-19 pandemic per se (396). The same can be argued about the living conditions in Karelia. Houses are heated with wood-burning stoves, as there is no gas supply in the villages. There is also no centralized water supply and the inhabitants have to carry water from the wells that are usually dug on their sites. There is no regular bus service to the city (Petrozavodsk) or to the district center, where the outpatient clinic is located. Medical care is limited to the primary health care point that all rural areas in Russia have. The only means of transportation for older people, for example to a hospital in the city or an outpatient clinic, is a taxi. Aging in rural areas in Russia is hence characterized by the gradual loss of mobility. The lack of transportation between villages and the regional center, prevents older adults from traveling to relatives over long distances and seeking the medical help they need (Barnes *et al.* 2006; Hoff 2008). Furthermore, older adults in rural areas generally do not have a computer and do not have access to the internet. Apart from Sergey, my informants are exceptions in this regard, as they all have access to the internet.

As in many peripheral, rural areas, Karelia thus faces a lack of infrastructure. While this lack is normalized in the inhabitant's lived world, when a person develops a chronic illness or grows older, the embodiment of this infrastructure also changes: an unhealthy body becomes aware of an imperfect landscape at the sensory level, as the modes of performing routine tasks change (Arking 2006; Carel 2018; Tanner 2001, 261). Brian Larkin notes, as socio-material infrastructures allow control over the environment, breakdowns in these facilities and the structural imperfections of infrastructures, provoke a sense of loss of agency (2013, 337). I use the term 'infrastructure deficit,' to indicate the discrepancy between the desired performance of everyday routine actions and practices of the self, and the defective state of infrastructures on the conjuncture of age, chronic illness, and pandemic restrictions. Every object and action in an inadequate infrastructure can affect the difficulties in maintaining "human status" (Hillman 2014, 499; Buse and Twigg 2014, 14; Lovatt 2018, 366). In my work, I analyze how this threat of 'inhumanity' becomes articulated in a body that becomes 'squeezed' and locked up due to physical conditions associated with infrastructure deficit on the one hand – which was in the villages before the COVID-19 pandemic – and due to restrictions and isolation caused by the pandemic on the other hand.

Karelia has a large proportion of older adults. It is hence no coincidence that all of my informants are more than 65 years old. Yet, aging well in Karelia is difficult. In Russia, both legally and at the level of care provision, priority is given to family care for older adults as well as for people with chronic diseases and impairments (Bogdanova 2019; Popova 2009, 179). Family and informal networks of support (e.g., neighborhood care) gain particular significance in peripheral settlements, since alternative care centers or volunteer organizations are simply absent in these areas. Over the past 15 years there has been a pronounced outflow of the younger population to cities, which has left many older adults living in the villages without family care. This has also led to an increase of the role of neighborly care ("Russia - the land of dying villages" 2016, 11-15). At the moment of research, because of the security measures taken

to control the pandemic, relatives of older people – who live in cities far away from the villages – were not allowed to visit, and the aged inhabitants found themselves cut off from their networks, relying even more on neighborly care.

In this article, I focus on three interviews with informants, which I call, for reasons of confidentiality, Marina, Ekaterina and Sergey. I have chosen these three cases out of ten collected during fieldwork, as the informants have different histories of embodying village life. For example, Marina has lived in the village all of her life, while Ekaterina has been living in the village for 18 years. Sergey has been living in the village for only five years. Also, Sergey's case is particularly different in that this story recounts family life, in contrast to the cases of Marina and Ekaterina, who live alone. While they have a different relation to living in the village, their stories of living through the pandemic show striking similarities.

Stories of remoteness

Marina

Marina is a 73-year-old woman, who has lived in Renelle for almost all of her life. Seven years ago, Marina was diagnosed with a severe spine disease for which she underwent an operation a year ago. Now, she can barely walk without her cane. She has a stooped posture, and takes careful steps, especially on surfaces that are slippery from ice or rain, so as not to injure her sore legs. She is nevertheless engaged in farming and gardening to keep herself active. In the springtime, Marina is busy working in the yard and preparing the necessary seedlings for planting. She loves to talk about her life with me and tells me during an interview:

If I wouldn't have this backyard, I would get very bored, sitting here all day. That's why I asked seasonal workers to take care of the garden, and we pay them for it, because the pensions will not increase. And, of course, the garden allows me to escape from everything.

Marina lives alone in Renelle. As she notes:

I used to live here with my son, but everything changed when he died, five years ago. Now I need to do everything by myself. That's actually pretty easy, because I have my neighbors that live in these three other houses here, and there are still some younger people living here too.

Once a week, Marina usually takes the bus into town to buy groceries and to go to see her friend whom she met when they were together in the sanatorium, "to communicate." Marina clearly differentiates between live interaction and the "communication notebook." "No one and nothing can replace a live chat, I don't feel this satisfaction of being close to someone when talking on the phone, or via the internet," she says. She stresses how much she loves chatting with her close friend who lives in the city. Communicating with her friend became especially important for Marina during the pandemic, when offline contacts became as limited as possible.

With the beginning of the COVID-19 pandemic, Marina's life dramatically changed and her 'pandemic' life became the diametrical opposite of her 'normal' life. The most important change was the feeling of a gradual increase in physical and social distance, she told me. While she tried to hide these feelings for herself, and not let them get to her or reflect on them too much, she did share that she literally *feels* the effects of this isolation. When she looks in the mirror, she sees "how aged this body is, and it has nothing to do, because it just sits here, at home and doesn't see any need to make herself look better, to go out."

This feeling came gradually and grew stronger with each passing day. During an interview Marina said this feeling was due to the fact that she could no longer drive into the city. On April 10, 2020, she writes in her diary:

I only have the shop trailer [who passes by the village every day], but he does not take the products I want. Now that I cannot go to the city, I just sit here, at home, and can only hope for myself. If it would only be possible to ask the other neighbors, but we just don't get along very well.

During a subsequent interview, Marina also emphasizes that the feeling she has in this situation is associated with "being locked up": "With this epidemic, I have lost almost everything: the ability to communicate or even to visit a friend in the city. They locked me in here and now we all seem like neighbors that are voluntarily imprisoned." The emotional discomfort of loneliness, which is the consequence of this feeling of physical isolation and being stuck or "locked up," is compounded by the aggravated fear of being isolated from civilization and of not receiving the necessary assistance, when, for example calling an ambulance. Marina recalls:

Before, I was also afraid that ambulances would not come in time, or wouldn't drive at all, but now I am even more afraid of what we have here [in Karelia] ... So now these viruses are circulating, and this means that just waiting for them to come is useless. So, I could just as well sit here waiting until I die.

Fears about her health and the provision of medical care are not only related to deficit medical infrastructures, but also point to how informal care infrastructures have changed during the pandemic. On April 19, 2020, she writes:

... it is better not to go there [the city], but now it has also become impossible to buy medications. So, I have to ask the neighbor who lives there, in the last house, whom I have a good relationship with, to buy them and bring them to me. That's life around here now.

Marina is not only afraid that she will have to buy the cheaper drugs – not the ones 'from the city' – and that this will affect her physical health, but also regrets that she is now forced to deal with the neighbors in such a way that makes her dependent on them. Marina reports that she used to have little contact with neighbors, and did not even very much like talking to them, but that the circumstances have developed in such a way, that now she has to talk to the neighbors and ask for their help. As she told me during an interview:

In the past, the contact with my neighbors was limited to 'hello' and 'goodbye.' Ok, you know that they have some problems, but now even all this communication is reduced to zero. But now that I am isolated, all hope rests on the neighbors and other people, because they are the only ones who are still there.

All this contributed to what Marina found the most difficult in this pandemic life: a bodily experience of isolation and closedness. This feeling resonates with the existential fears of other informants, who clearly associated the fear of isolation and the lack of communication with a loss of agency. For Marina, who was used to being 'restricted' in a particular way, such fear is associated with the inability to go where she needs and wants to. As Marina noted in an interview:

I used to always go somewhere here, but now, to sit here, in a confined space and within four walls, you can hardly call that pleasant. I'm afraid this is how I'll sit here for the next year and that my brain will ultimately give up, that I will forget everything and go completely mad here.

Marina's fear of isolation is infused with fears of psychological and physical deterioration, of the loss of joy and freedom in life (through travel and communication with friends) and of a general loss of agency. In this situation, where she feels deprived of high-quality physical care, of her privileged social contacts and of her daily activities, the body, as Marina notes in her diary, "becomes closed and squeezed up in a narrow frame." She doesn't feel safe or protected in Renelle, but feels herself aging rapidly through the 'squeezing' of the body, which she sees reflected in her mirror image of an old woman, locked up in a small village, with a lack of communication. Not being able to go and see her friend in the city increases her sense of isolation, and the poor relations with her neighbors only further affect the fact that Marina feels alone in the countryside.

Ekaterina

Ekaterina is a 79-year-old woman, living in Pyatnoye. Two and a half years ago she suffered from a heart attack and, after a period of rehabilitation she returned to live in the village. Ekaterina has two children, a son and daughter, who live and work in St. Petersburg. As she told me during an interview before the pandemic, her health problems were gradually developing into the "right direction," but anxieties around her health and well-being have remained:

Yes, I've degenerated already, but I can say that I've gotten used to living with the disease like this. Still some problems remain: there are the pains in my back, but most of all I suffer from the fear that there are problems with my lungs. Especially in the current situation I don't have peace of mind about my lungs, especially since, when the virus hits me, it can immediately stick to them.

Ekaterina's fear is legitimate, because about a year ago she suffered from pneumonia. In despite of these physical discomforts, Ekaterina's life before the pandemic consisted of constant traveling:

I'm not used to sitting still and I don't like it either. It is important for me to go somewhere. I go to the children almost every week or I go to my friends. One friend of mine lives in Pskov and a second friend lives in Moscow. I mostly take off for three to four days a week and now what!? I wanted to go to Sochi in April, but everything got cancelled. Then I planned on going to Abkhazia in the summer, but maybe that won't happen either.

For Ekaterina, it's vital to have the possibility to be mobile and to constantly be in different places:

When I am at home, I always think about where to go next, for a weekend, or on a trip somewhere for just a day or to Petrozavodsk by bus, that's not so far away and not expensive. Sometimes I even go there for a long weekend, like it was the eighth of March, or I go for two or three days to the children in Peter [Saint Petersburg].

Ekaterina often refers to the space of the village as an unfriendly and unhomely place, that she doesn't like, and often adds: "What's there to do?" The isolation due to COVID-19 security measures have

violated the future plans of Ekaterina, who also experiences the loneliness as closely related to closedness, reticence and sitting in one place. In an interview I had with her before the pandemic, she said:

For me, to sit here would be a death penalty. In the summer there may be some work in the garden, something to plant or to take care for the vegetable garden. But in autumn, and especially October, when at four or even three it's already dark, it is like death. Therefore, I don't love this time of year, and I want to go somewhere, and not sit here all the time. I would die of boredom if I did.

Little did Ekaterina nor I know that this dreaded life in the village would soon become an everyday reality. Now, during self-isolation, Ekaterina feels her daily life gives her a sense of uselessness and of being unable to exert control over her life and her time. As she told me:

What they have now invented [self-isolation] is essentially just to restrain people. I can't tell you how many movies I sent in WhatsApp, saying that it's all invented, and that there really is another story, that's not being told. But what is there to do about it?! In the meantime, I am just sitting at home, not knowing when this will eventually end up in complete degradation.

Like Marina, Ekaterina felt the solitude physically: she feels that the ability of her body to move, to act, to socialize, has become redundant. As she cannot dispose of her own body, and cannot control its movements, isolation affects her emotions and sense of self, articulated in a bodily sensation of being obsolete. Physical isolation – the restraining of the (social) body – has contributed to the depersonalization or anonymization of Ekaterina's body. If, previously, Ekaterina's body was skilled in navigating her social terrain, and able to exert agency and claim independence (for example, through choosing the right medical treatment or going to the city and communicating with relatives and friends), the current restrictions limit her personal agency and thus affect her bodily sensation of self. She feels her particularity being dissolved into the general situation of quarantine. Whereas, before, she could take up the power over how to live with her disability, even when basically restricted by the space of the village and its deficit infrastructure, this is no longer the case.

These changes in daily routines and sense of self both Marina and Ekaterina experience, are primarily associated with how the immanent restrictions of living in a peripheral settlement were now exacerbated. The psychological and health consequences of the pandemic make salient how isolation is a constant threat for older adults living in these rural areas, and how easily they can lose the possibility to overcome this threat.

Sergey

Sergey, a man of 82-years-old, has always worked as a truck driver. He used to live in the south of Russia with his wife, but when he developed cancer in the soft tissues of the hand, they had to move up north. They had already bought a house in Renelle five years ago, and now they live there permanently and rent an apartment in the city for Sergey to stay for two to three days when he needs to go to the oncologist in St. Petersburg twice a month. Sergey and his wife live alone as their son died in the war in Afghanistan. Sergey's cancer is now in remission, yet he also had cataracts for which he had surgery just a month before the outbreak of the pandemic. For Sergey, the greatest difficulties of life in isolation are caused by his relationship with his wife. If, earlier, he had the opportunity to go somewhere and

spend time away from his wife, now, during the period of isolation, Sergey notes in an interview, life with his wife causes him a lot of problems:

Before the pandemic, I could decide to go to the city, for two or even three days, but now what happens?! Now I am here, with her, constantly, within these four walls. We are just sitting here, day in day out, and do nothing. That's why this isolation is hard labor for me: I am constantly seeing her.

In this case, family relationships and interactions, in the form of communication with his spouse, become a limiting factor that suppresses agency and brings to the fore the immanent restrictions of the village for him. These relations appear to be insignificant and unfulfilling for Sergey. As he mentions in an interview:

We sometimes don't talk for two or three days here, and just sit, in silence. So, in the end, I don't know what's worse: being infected with the virus or being forced to put up with her.

The situation of the pandemic that forced many people to constantly be in the company of the family, has affected the quality of life in many households. Family relationships have become a burden for people, and this leads to numerous quarrels and scandals in the intimate sphere. An important factor which changed the life of Sergey with the advent of the pandemic is the loss of the ability to communicate and be mobile:

Life has always been like in prison here [in the village], and now it's even worse. It has really become even harder now, as involuntary imprisonment; you are expelled from the real life; you just have to walk when you have to and otherwise sit still.

Physical distancing and the fear of contracting the virus from neighbors have become the main satellites of Sergey's life. He feels he leads "some kind of maniac life; when you can only think about 'distance' and how to consider keeping this distance."

For Sergey, as for Marina and Ekaterina, the inability to travel during the pandemic is highly problematic. As he tells me during an interview, he can't even go to the grocery store anymore. Before, he notes, he stayed in the village for two or three days, but not more. Then he wanted to go somewhere "to party or just relax, even just to go to the city." Now the question arises as to the possibility of making such a trip. Besides the fears of being locked up with his wife, unable to "relax" or go to the city, Sergey also faces the fears associated with the inability to receive any medical care. Sergey writes in his diary (April 29, 2020) that he fears catching the virus:

Two weeks ago, I had a splinter in my arm which causes me pain. Now, next week, we have to go to the doctor's, and it will most likely have to be cut out. But who knows if there's not an infection in the clinic, because generally there is where you pick it up. So, I will just sit here and suffer to the last.

Sergey, thus, says that he will not go to the doctor to seek medical help unless for example, the pain in his hand would become intolerable: "If it's absolutely necessary, as with the hand, then yes, you have to," he tells me, "But of course you will try anything not to go, because otherwise you also risk to catch something there, and die." Coronavirus changed the life of Sergey completely. He feels being "put in a situation where every day you have to deal with the same neighbors." Distanced from the city and

forced to share the house with his wife, Sergey is increasingly lonely. On top of that, he faces the fear of contracting the virus. While relatively safe in the village on the one hand, he suffers from “the space of boredom.” For Sergey too, these bodily restrictions negatively impact his ability to manifest agency and autonomy. This lack of agency might have been immanent before the outbreak of the pandemic, but is felt primarily now, as he loses his previous ability to escape these constraints. Sergey reflects what appears to be the characteristic plot of an isolated body in Karelia: a body deprived of the possibility to choose its own leisure or to move where it is needed – for either physical or psychological well-being, to purchase necessary medicines or “to relax.” Enclosed and entrapped, he feels he is without future perspective.

Conclusion

These ethnographic cases consider the experiencing older body in Karelia, as it hampers and suffers to transition from one mode of isolation and impairment to another. They highlight how, as social and material resources necessary for an older person to live a life worth living here are changing due to physical restraints and a concomitant loss of agency, multiple, interlocking sensations of enclosedness become prominent. The fear of losing out on ‘proper’ health care and ‘proper’ communication, impact the physical and mental health of older adults living here, and both are felt in the perception of space. These specific changes make rural areas the most dangerous and disadvantaged for older people. “It’s even worse than prison,” Sergey notes, while Marina and Ekaterina feel they are left to die.

Analyzing incarcerated lives in the US, Drew Leder notes that phenomenological approaches are dedicated to “investigating and describing the structures of human experience: time and space as lived, movement and perception, the embodied self in its encounter with objects and Others” (2004, 52). The pandemic has revealed that, today, the village is experienced as “worse than prison” because the village as a lived spatio-temporality, appears to be only ‘homely’ due to the ability to overcome its boundaries, to escape it and nourish the future that comes from outside the village space (Leder 2004, 56). The space as lived is made up of possibilities and realizations that, due to the pandemic, are altered and shortcut (2004, 57). As the participants witness, this not only means that space becomes condensed, but also that the body itself feels “squeezed up,” left to the passage of time and to degenerating due to a lack of futurity. Leder remarks that the spatial constraints of the prison are capable of creating a direct opposition between body-self and the embodied self in space (2004, 60). The stories of older adults in South Karelia similarly remind that our bodies do not live in abstract spaces but in meaningful spaces, defined by a house, village or city where our life unfolds (Leder 2004, 56), and by the possibility to leave that space. As such, the space itself can be said to be made up of the possibility to meet friends who live far away, but with whom important emotional moments of our life are connected. The disorientation of the self in the rural spaces of Karelia demonstrates that the sheer spatio-temporality of the village changes as these possibilities are curtailed. COVID-19 restrictions have affected exactly these strategies, relations, and movements, that made up the village as a lived and livable space.

However particular, the stories of Karelia from Marina, Ekaterina, and Sergey are no exception. This situation is quite typical for many Russian regions, where the pandemic has further aggravated the inaccessibility and isolation of peripheral territories and has especially impacted the agency of older adults living there (Galkin 2020, 75; Zvyaginцев and Neuvazhaeva 2015). Sociological and anthropological work on the effects of COVID-19 restrictions on older adults living in the city has also noted that the pandemic primarily affects the sense of space, with familiar spaces becoming alien and inaccessible to older people and the very orientation in such spaces is lost (van Dorn, Cooney, and Sabin 2020; Furceri *et al.* 2020). Yet where there might be similarities in sensed freedom and belonging, this ethnographic analysis shows a particular pattern when ‘emergency’ restrictions expand on the usual

infrastructural deficits of rural areas and impact the habitual comportment of older adults in overcoming these limitations. Various anxieties about one's physical health (e.g., the inability to go to a hospital in the city or an outpatient clinic in the district center) have a severe impact on the mental health of older adults. Furthermore, one is not only limited in exerting agency over one's physical health, social well-being is affected due to COVID-19 related restrictions. The participants tell about the burden of communicating with their neighbors and the loss of a live chat. The space of the village becomes not just closed, but disorienting for people, as the cities where relatives and friends live are inaccessible, and the living space that held such promises for escape has lost this promise and has become limited to the spaces of the garden, the streets and the forests that outline the village (Philo, Parr, and Burns 2003, 259; Skinner, Andrews, and Cutchin 2017).

Fears that characterize the pandemic episode can be represented on a continuum, with on the one end the fear of isolation and the contingent psychological and physiological effects, and fears of possible infection on the other. While this toxic combination is crisis-bound, the sense of uselessness and a complete loss of agency and self is immanent to being "stuck" in the village, which, also before the pandemic, the informants described as unfriendly and not inviting for staying long in this one place. With the effects of infrastructural deficits exacerbated by the increased loss of mobility there is also the fear that the sick, older body will become completely invisible to the medical world. Whereas this was a structural threat before the pandemic, the older body that could buy the necessary medicines and dispose of his or her own body, self, and freedom, could escape this fate. In pandemic times, due to physical and social constraints, this option is increasingly less likely. While health decreases, the fear of contracting the virus increases day by day. Squeezed in between two poles, dangers lurking from both sides, the participants report the fear of becoming essentially nobody, with nowhere to go.

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