

ARTICLE

Experiences of COVID-19 lockdown among older people in Aotearoa: idyllic or dystopian?

Mary Breheny¹  and Christine Stephens² 

¹School of Health, Victoria University of Wellington, Wellington, New Zealand and ²School of Psychology, Massey University, Palmerston North, New Zealand

Corresponding author: Mary Breheny; Email: Mary.Breheny@vuw.ac.nz

(Accepted 21 July 2023)

Abstract

The COVID-19 pandemic prompted concern about the wellbeing of older people, however, there have also been accounts of increased sense of community in response to the disruption of established routines. To explore how older people experienced lockdown in Aotearoa/New Zealand, we analysed 635 written comments on the 2020 wave of the Health, Work and Retirement longitudinal survey of people aged 55–85 years. Using narrative genre analysis, we discuss two narratives of lockdown: a narrative of lockdown as ‘idyllic’ and a ‘dystopian’ narrative of distrust. Using the idyllic narrative, people described pleasant activities and linked these stories to earlier times when community life was less time-pressured and people were more connected to one another. The dystopian narrative was used to describe politicians and the media as untrustworthy and to depict new vulnerabilities created by the rules of lockdown. These narrative genres provide different positions for older people. In the idyllic narrative, older people are treasured and supported by younger community members, whereas in the dystopian narrative older people feel abandoned and manipulated. These genres draw on possible late-life futures that are familiar to older people: either treasured or discarded. Identifying these narrative genres reveals the different vulnerabilities older people experience. This information can be used to support older people to experience security and to flourish in uncertain times.

Keywords: COVID-19 pandemic; COVID-19 lockdown; older people; narrative analysis; narrative genres

Introduction

In 2019, a coronavirus which caused severe respiratory symptoms was identified and the disease was labelled COVID-19. COVID-19 spread rapidly throughout the world among all age groups, however, infection with this novel coronavirus presented an increased risk for older people, with hospitalisation and death rates increasing with age (Centers for Disease Control and Prevention, 2021). Older people with existing health conditions were particularly at risk of serious health outcomes (Lekamwasam and Lekamwasam, 2020). This age–risk profile was

© The Author(s), 2023. Published by Cambridge University Press. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution and reproduction, provided the original article is properly cited.

prominent in public health messaging. Age was foregrounded as the main predictor of severe outcomes (Morgan *et al.*, 2021) and older people were strongly recommended to avoid contact with others. Beyond physical health risks, there was widespread concern regarding the impact of pandemic restrictions on psychological wellbeing (Lekamwasam and Lekamwasam, 2020; Miller, 2020; Morgan *et al.*, 2021; Wang *et al.*, 2021). This included social distancing reducing opportunities for socialising and leading to altered patterns of interaction even after restrictions lifted (Miller, 2020). These concerns led to expectations that older people would experience distress and become dislocated from their community both during and following lockdowns.

Some of these predictions for older people were largely speculative. In particular, there was an assumption that existing mental health challenges and loneliness would increase vulnerability (Miller, 2020). Evidence so far has suggested a more complex picture. Research with older people already lonely before the pandemic found that lockdown imbued their experiences of social isolation with new meaning (Bundy *et al.*, 2021). Instead of compounding their situation and increasing loneliness, isolation was now evidence of their responsibility to their community. Similarly, Luchetti *et al.* (2020) found that people living alone and with chronic conditions did not experience increased loneliness during lockdown, despite having a higher baseline level of loneliness. Like Bundy *et al.* (2021), they suggest that people identified as part of a communal effort to overcome the pandemic, strengthening the meaning of their experiences. Further, studies have suggested that resilience was common among older people (Kang *et al.*, 2021). Minahan *et al.* (2021) found older people were more resilient than younger people and there is evidence that older age may strengthen the ability to cope with adversity (Lind *et al.*, 2021). Such findings point to the complexity of lockdown experiences among older people and the nuanced ways that older people make sense of the lockdown restrictions in the context of their community.

Making sense of COVID-19

People use a range of resources to integrate the unfamiliar into everyday life. Earlier personal experiences, historical accounts and literary sources are all used to make sense of novel experiences. Research on coping with natural disasters has found that older people use personal experiences of historically significant events such as epidemics and natural disasters to make sense of disruption (Tuohy and Stephens, 2012). Beyond personal or vicarious experiences, resources available to make sense of events include literary texts (Atchison and Shames, 2019), movies and television, and historical non-fiction. Stories in newspapers and novels are a way to share experience beyond the immediacy of direct interactions with others (Wald, 2008). Pandemics represent a familiar script in fiction, particularly dystopian and science fiction, where disease either eliminates much of the world population (Snaith, 2017) or concerns with disease spread bring about totalitarian regimes. Together, these resources furnish the narrative storylines people have available to represent their experiences.

The COVID-19 pandemic required people to make sense of unusual experiences and, in response, people often tell stories. Narrative is particularly valuable for

understanding older people's experiences of lockdown for four reasons. Firstly, when asked to describe their experiences, people often tell a story to lead the reader to the conclusion that is important to them (Murray, 2003). Secondly, stories involve characters interacting in place to achieve a plot which displays the meanings of experiences for the listener or reader (Wiles *et al.*, 2005). Thirdly, storytelling is a powerful way of making sense of disruptions and unfamiliar events which have the potential to threaten ontological security. Finally, narrative has an emancipatory potential (Ellingson, 2017). By examining the narratives that older people use to explain experiences of the COVID-19 lockdown, we can propose alternative social arrangements that might enable different storylines in response to future crises. This makes narrative useful for understanding the places and people that shape pandemic experiences.

Imagery from literary forms shapes the tone of the stories people tell. This includes fears and hopes and imaginings, which become the vehicle for linking personal experiences of exceptional circumstances to a broader social story of relations between people within specific contexts (Woods *et al.*, 2019). This paper uses narrative genre analysis to understand the experiences of lockdown reported by older people in Aotearoa/New Zealand (A/NZ) to answer the following question: What kinds of stories do older people tell about their experience of the COVID-19 pandemic lockdown?

Method

Setting

A/NZ is an island nation of five million people in the southwestern Pacific Ocean. The first case of COVID-19 was reported in A/NZ in February 2020 in a resident returning from overseas. As the virus spread through the community, a national state of emergency was declared in March, followed by lockdown two days later. People were instructed to remain at home and associate only with their immediate household members and access only essential services. Designated essential workers were permitted to work under strict social distancing protocols. Cases and contacts were traced and tested by the public health system, which promoted clear public messages about the regulations. The prime minister, ministers and officials communicated regularly with the public. These messages promoted a common national purpose to eliminate the virus from A/NZ (*see* Henrickson, 2020). Lockdown was eased progressively through April and May 2020 and restrictions were lifted in June 2020 as the virus was eliminated at that time. Later cases were identified at the border and community cases were identified across the country in later outbreaks.

Participants

The data analysed here are from a postal survey sent to participants in the longitudinal Health, Work and Retirement study of ageing in July 2020. The survey included questions on mental and physical health, social networks, work and financial circumstances. At the end of the survey, participants were invited to write their experiences of the Covid-19 lockdown in response to the following general prompt: 'We are interested in hearing about your experiences of the COVID-19 pandemic.'

There is space on the back page of the survey to write about these experiences if you wish.' The prompt was included to answer an *a priori* research question, *i.e.* to understand older people's experiences of COVID-19. A robust and reflexive approach to analysis was applied, which generated meaningful conceptual insights to answer this question. As such, the data and analysis meet established guidelines for rigorous qualitative analysis of open-ended survey data (LaDonna *et al.*, 2018).

Nine hundred participants responded to the invitation to comment on their experiences. Comments on the survey were transcribed with the original spelling and grammatical constructions. As the focus of this analysis was experiences of lockdown, comments that focused solely on explanations for the COVID-19 pandemic or participants' ongoing health concerns were excluded from this analysis. Comments about changes in work situations, unemployment or changes in care arrangements were removed. Some of these findings are reported elsewhere (Stephens and Breheny, 2022). Single-sentence comments, commands or questions without any narrative structure were also removed at this point. After removing these responses, 635 narrative responses remained for this analysis. Participants ages ranged from 55 to 85 years (55–59: 100; 60–64: 153; 65–69: 150; 70–74: 112; 75+: 120) and included 446 women and 189 men.

Narrative genres

This paper takes a narrative genre approach (Murray, 2003), which identifies the literary forms used to convey meaning to the reader. Frow (2015) argues that all language use rests on genre as a fundamental way of conveying information. Genre refers to the ways we have of telling a story (Georgakopoulou, 2007), which includes the organisation of the story, the rhetorical structures used and the thematic content (Woods, 2011). The use of genre signals to the reader what to expect as the story unfolds (Hyvärinen, 2015). Genre directs the reader's attention to certain features of the story, which is central to the audience's acceptance of the plausibility of the account (Frow, 2015). Genre shapes the use of time, space, character development and moral rules (Madill and Sullivan, 2010). Although the use of a particular literary genre brings expectations for the storyline, authors can disappoint expectations or deliberately subvert them for narrative effect (Woods *et al.*, 2019). In everyday storytelling, genres seldom demonstrate pure genre types (Georgakopoulou, 2007). Categorising accounts in terms of specific genres is a local process; accounts emerge from and respond to prevailing social conditions (Bawarshi and Reiff, 2010; Georgakopoulou, 2008). This is particularly salient when examining the accounts of the COVID-19 pandemic, where local responses and public health messaging shape the stories told.

The data collected were particularly appropriate for a narrative genre analysis. Older people were able to characterise their experiences anonymously, on their own terms, without the constraint of interactive interruptions experienced during narrative interviewing. Writing on the survey meant the participant included only what was necessary to encapsulate their experience. In such accounts, the topics covered are less important than the tone and storytelling conventions. Many of the written responses were not long; however, Brekhus *et al.* (2005) argue for the utility of brief data for specific analytic and empirical purposes.

Love (2013) describes combining close reading and thin description as analytically useful to make specific features of the data available for study.

Analytic procedure

Analysis began with close reading of the data. Each story was first coded according to the topics and narrative features such as the characters, the settings where the stories took place, the plot and the resolution. These codes were used to establish the narrative genres used by the participants to describe their experiences. Literary sources were also used to establish and refine the criteria for each narrative genre. The stories were further analysed in terms of style of writing, imagery and rhetorical devices (Georgakopoulou, 2007; Frow, 2015). Stories about lockdown as a special time spent engaging in pleasant activities were categorised as belonging to the 'idyllic' genre. Stories which described life continuing as usual were labelled 'ordinary life'. Stories that included untrustworthy characters or changes in social order inducing fear or distrust were categorised as 'dystopian'. Once the set of narrative genres was established, all data were re-coded using these genres to ensure consistency. Participants were explicitly addressed as older people, both as participants in a longitudinal study of ageing and as recipients of public health messaging on the risks of COVID-19 to older people. Because of this, the analysis also specifically considered the positioning of older people within the genres.

Rigour was maintained in several ways. Firstly, by refining the dataset and only including comments with a narrative structure that directly addressed experiences of lockdown. Secondly, both frequent and uncommon narrative genres were coded and evaluated as analytically important. Thirdly, the data extracts were coded and discussed by both authors and alternative interpretations resolved. This included refining the key characteristics of each narrative genre and discussing overlaps between genres. As the stories categorised as dystopian demonstrated more varied presentation than those categorised as idyllic or ordinary life, these required greater discussion. Finally, during analysis the authors were alert to disconfirming evidence (Morse, 2015). Elements in the data that could potentially contradict the developing analysis were carefully examined as 'deviant cases' (Mays and Pope, 2000). These processes were used to refine the narrative genres and ensure the analysis provided a useful and faithful interpretation of the data.

Extracts were selected to best illustrate the analytic points made from the large dataset. The gender and age of the participants is indicated after the extract in parentheses. Some stories are abridged. Deleted content in the middle of an extract is indicated with an ellipsis. These edits were made to remove unrelated content from longer extracts or to anonymise comments where identifying personal details were included. This research was approved by the Massey University Human Ethics Committee.

Results

Three main narrative genres were identified in accounts of lockdown experiences: idyllic, ordinary life and dystopian. Idyllic was the most common with 51.6 per cent of the accounts categorised as idyllic. A narrative genre of being largely

unaffected by the lockdown was labelled 'ordinary life'. Nine per cent of the stories were categorised as narratives of ordinary life, a literary genre best characterised as an account in which nothing much happens (Georgakopoulou, 2007). Ordinary life stories described similar activities as those in the idyllic genre, but these experiences were described as life continuing as usual rather than as a special time because of lockdown. The 'ordinary life' genre is not elaborated further as it was used to describe the experience of being largely unaffected by the COVID-19 lockdown. A narrative of lockdown as a time of distress which drew on dystopian imagery regarding distrust in authority and the media and fear in public space was also identified. Seven per cent of the responses were classified as including dystopian features. Although the dystopian narrative was much less common than the idyllic narrative, it is worthy of examination for the way it reveals the difficulties and distress some older people experienced. Consequently, the analysis below presents two narrative genres of lockdown experiences and their contrasting positioning of older people: as an idyllic time when older people felt embedded in their community, and a narrative of distress and governmental control in which older people felt patronised and manipulated.

Idyllic narrative

The dominant narrative genre of the first lockdown was of an idyllic time. This genre has been identified in stories of people facing adversity or life change (such as in palliative care) in which events are portrayed through idyllic and nostalgic interpretation of the past (Synnes, 2015). To be categorised as idyllic, the stories needed to describe lockdown as an especially enjoyable experience.

In the idyllic genre, lockdown was described as special and people filled their time with home-based activities such as baking bread, sewing, gardening and home maintenance. People described walking and bicycling around streets in which vehicles were a rare sight. The empty streets of the idyllic narratives were peaceful and strangers unusually friendly. These stories linked new routines to historical understandings of community life as less time-pressured, more connected to others and home-based. People in these stories were represented as different: compassionate and connected to one another. Even strangers were reported to be friendlier, smiling and waving when out on walks and biking.

I loved the peace and quiet of levels 3 and 4 of lock-down. So little traffic. The lovely sight of families walking the streets happily together. The pleasure of walking in the company of a beautiful caring neighbor. The return of favorite birds to the area. Putting petrol in my car for the first time in 3 months! (Female (F), 78)
I feel some of the 'old values' could be seen with families having more time together, less demands of work- slowing life down. It reminded me of the 1970s, with my own children. A slower pace of life, maybe? (F, 75)

The idyllic narrative genre focused on outward manifestations of social life, the activities, people and places where lockdown occurred. Recurring characters of the idyll included spouses, children and grandchildren, friends and neighbours, and friendly strangers. Many participants wrote of long walks with other members of

their households, online connections with family outside the household, and physically distanced interactions with neighbours over the fence or in the street. The setting was supportive of this idyllic narrative as A/NZ is a remote island nation which initially had good success in controlling the spread of COVID-19 through lockdown measures.

A time to breathe

In the idyllic narrative, experiences during lockdown were linked to geographical features of communities. Some stories were set on farms or lifestyle blocks, others highlighted the importance of having animals to care for or interactions with nature on bicycle rides or walks. These common features of the idyllic genre demonstrate nostalgia regarding community life and national identity. Older people felt that lockdown meant returning to an uncomplicated existence among a close-knit community. It drew on imagery of a simpler time when the pace of life was slower and people less frantic (see Yarwood, 2005):

Covid19. Lock-down was the best 7 weeks of our lives. No pressure, no stress, we learnt to just 'be'. Enjoyed our space, didn't have to go anywhere. The earth had time to breath, the air cleared, the energy came down and a sense of peacefulness. Our community was kind, caring and compassionate- to thrive and survive mankind doesn't need a lot. Perhaps the world or even just NZ needs to lock-down for 4 weeks totally every year so we can all breathe and our Earth can heal and breathe too. (F, 69)

Stories of nostalgic communities also incorporated new anxieties around environmental degradation and recognition of the interrelatedness of human, animal and environmental wellbeing. These experiences of lockdown pointed to what older people felt was missing in their typical daily routines: time and space for physical activity, social connections and a sense of shared purpose. Time was a regular feature of these stories; time to complete home maintenance and garden chores, time to spend with family and neighbours, time to devote to physical activities and hobbies. Time was framed in this narrative as used productively, whether it was 'getting ahead' on home or garden tasks, making masks for schools and hospitals, or time spent with others or renewing a sense of purpose and direction.

Part of this idyllic narrative included disappointment regarding the return of usual routines following the lifting of restrictions. For some this was linked to the pandemic as an opportunity to make wider structural changes in community lives:

With regard to Covid19, I firmly believe this has been a 'wake-up call' to the whole world. We urgently need to change our actions towards other people, the animals, and plant worlds. I believe it is not too late to change. (F, 79)

This idyllic narrative links to utopian longings for a different future (Lewis and Kahn, 2005).

A common purpose

As part of this narrative of idyllic community life, people wrote of their pride in A/NZ's response to the pandemic. Participants described how the community

was not merely taking a collective holiday, but working together to achieve a common purpose:

The lock-down period for me was superb. After the first week of adjustment, the rhythm of the days flowed peacefully, quietly, often with a definitive sense of purpose, i.e. that NZ was deliberately tackling the situation as a cohesive unit. Living rurally with a large and demanding garden meant that there was always plenty to do outside. (F, 67)

Pride in the situation in A/NZ was linked to faith in the government response to the pandemic. The idyllic narrative regularly named two characters, Prime Minister Jacinda Ardern and Director-General of Health Dr Ashley Bloomfield, who were highly visible in daily media reporting on the cases detected and the government response. These characters featured regularly as part of the narrative of comfort and confidence in the workings of government in responding to the COVID-19 pandemic:

Each day we looked forward to the 1pm news on TV1: the live presentation by the PM and Ashley Bloomfield was very assuring and professional. (Male (M), 79)

When the rules around lockdown were mentioned in the idyllic narrative, it was to report that the rules were followed and kept people safe:

I wasn't afraid as we followed the rules of being part of the family of 5 million, stayed safe, and be kind. (M, 61)

The narrative genre of a rural idyll includes a sense of interconnectedness and compassion for others, and correspondingly stories of lockdown included recognition that others might be struggling with more difficult situations. This is important for two reasons. Firstly, recognising the plight of those struggling forms part of the evidence for a united community. Participants used this genre to demonstrate their knowledge of and empathy for others:

I am sad for the people whose livelihoods are adversely affected by the pandemic. I am very grateful for the efforts of our government in their response, and sharing the caring for our communities. I hope the lessons learned are not forgotten, and that we continue to look out for people who need help. (F, 60)

Secondly, this recognition of the disparity in experiences reflects the strong public health messaging about New Zealanders as 'all in this together' and the importance of 'being kind'. This was linked to wage subsidies for businesses, higher welfare payments for those who became unemployed due to COVID-19 and increases in welfare to cover home heating as the lockdown occurred in winter. The idyllic stories mentioned these changes as evidence for community cohesion.

Older people

Both as participants in a longitudinal study of ageing and as recipients of public health messaging on the risks of COVID-19 to older people, the participants were explicitly addressed as older people. However, in storying their experiences, many of the idyllic narratives made no mention of age. When it was mentioned, older people, counterintuitively, positioned themselves as protected by their older age: 'As we are in our 70s, we both felt that Covid19 really didn't effect us' (F, 72). The protection of older age was expressed in three ways. Firstly, older age protected people from the negative financial impacts of the pandemic. Many participants appreciated the security of their universal superannuation payments and the additional winter warmth payments they received:

We [my husband and I] were very grateful to the government for the extra winter energy payment we received during the pandemic. It meant we used the clothes dryer and heater more during the lock-down. (F, 72)

Secondly, using an idyllic narrative genre, older people described being cared for by the actions of younger community members:

I learned how much our neighbors cared about us, ringing up to see if we wanted anything from the shops brought in, and offering to help if needed. I think in the long run this has brought people more together and more caring of older ones around them. And I was very grateful for the help. (F, 78)

Our street and neighbors were amazing- we had our own Facebook page where we all kept in touch and the younger ones did the shopping for us. (F, 70)

Thirdly, lockdown itself was viewed as a community response undertaken to protect the wellbeing of older community members. Using this narrative, older people felt cared for by younger community members, had financial security and trust in others and the government. In this idyllic narrative, older people were positioned as protected by small local caring communities and through large-scale action of state.

Dystopian narrative

Narratives were categorised as dystopian when the content and imagery of lockdown included at least one of three key features: firstly, distrust of government, authority figures, the media or strangers; secondly, disruptions to essential services which produced insecurity in ordinary aspects of daily life; and thirdly, fear and uncertainty in terms of the rules for behaviour and the consequences of rule breaking. In the dystopian literary genre (Atchison and Shames, 2019), these features are key to the collapse of social order. The dystopian genre was used both in stories that questioned the legitimacy of the government response to COVID-19 and in stories that described fear that others were not following the rules.

The dystopian narrative included surreal empty streets, unpredictable strangers, and discrepancies between media reporting and personal experiences. Older people used the dystopian genre to make sense of altered social rules and relationships and to express distrust of government and the media. A recurrent feature of stories

using the dystopian genre was of the government taking control and imposing new and often incomprehensible rules. The hallmark of dystopian systems of government is that they use excessive force, use threats to suppress dissent and lack legitimate authority (Atchison and Shames, 2019). These dystopian stories described lockdown experiences as evidence for illegitimate governmental regulation: 'Politicised poorly managed emotional response to a problem. Manipulation of the NZ public, using methods that are reminiscent of dictatorship' (M, 61). This account uses staccato sentences to attribute irrationality and exploitation to the government. The following story used a dystopian genre device of comparing personal experience to the version of events given by those in authority. Discrepancies between the two were used to argue that the rules were unnecessary and the government control was excessive and dishonest.

I think the pandemic was total rubbish. I don't know anyone that was sick. I have always washed my hands, so do my children and grandchildren. It's common sense. Who does not wash their hands? Being kind does nothing. We had huge queues at our local supermarket and no one got sick or were sick. It just took hours to get groceries. Then people said it didn't matter anyway because you had nothing to do anyway. But that's not the point. The point is the Prime Minister lied to all New Zealanders and all the world. I didn't vote for her, so why should I have to stand around like a twit and follow her stupid orders. (F, 70)

This is a key dystopian narrative device, that authority figures are dishonest and their pronouncements obscure the real workings of power. This is exemplified in rejection of the seriousness of the pandemic and complete distrust in those who set the rules, particularly the prime minister. Without trust, the rules were interpreted as arbitrary, pointless or deliberately deceptive rather than protective. The compromise of the COVID-19 lockdown was that people renounced their usual liberties of movement to achieve a sense of safety. In this dystopian narrative, the shared community purpose on which such loss of freedom depends is questioned; instead the rules are viewed as an opportunity to wrest control from individuals and the media are implicated in promoting fear to justify these rules.

Media scare tactics

The media were described as key characters in dystopian accounts of lockdown and these stories often credited the media with creating fear: 'We will look back on this in 10 years time and wonder why we fell for this media frenzy' (F, 64). Media communication around rule changes or reporting on limited availability of essential goods were described in this genre as threats: 'Threat of no sanitizers or towels, toilet paper, or flour was stress in itself. Shelves were emptied, as was milk and some goods' (M, 74). The media were described as deliberately using scare tactics and inciting fear to control older people: 'corral the olds' (F, 78). The media messaging around the special vulnerability of older people was criticised in terms of both the patronising nature of the delivery of the messages and the risk as exaggerated:

From 20 March 2020, the media reports of Covid19 spread scare tactics, making us 'oldies' over 70 years of age very 'vulnerable', especially if one has an underlying

illness such as diabetes. This severely affected our mental health and well-being: people I know, me included, in our age group became very fearful. (M, 73)

The dystopian narrative was predominantly framed in terms of fears that were viewed as systematically encouraged: 'I think the "fear" culture has been very negative on people's mental health' (M, 67). This disbelief of mainstream messaging was often signalled by placing contested words and phrases in 'scare marks' to highlight the writer's mistrust of such messaging. There was specific concern that the media were using scare tactics to encourage fear and compliance among older people, rather than fear being a legitimate response to the risk posed by the pandemic.

Uncertainty and fear

The public health messaging in A/NZ presented the lockdown rules as a shared community response to a common enemy, conveyed through the 'Unite against Covid-19' campaign. Within the dystopian narrative, the rules were presented as arbitrary, enforced differently in different places, or the basis for intimidating treatment by those in authority or people in public spaces. Some participants used the dystopian genre to describe their fears regarding doing the wrong thing or being subject to verbal abuse in public spaces:

I found Covid19 restrictions quite stressful. I felt we were preparing for 'war'. We employ 3 people, so we had to make sure they followed the rules. One didn't and the whole experience was terrible, thinking of the possible ramifications. Plus, I was absolutely abused outside the local supermarket. So, not easy ... I was scared of doing the 'wrong thing', when I was out getting groceries. (F, 57)

Inconsistency around how these rules were policed in different places or who decided the rules increased fear of wrong-doing. People were encouraged to observe the actions of others to see whether they were following the newly imposed rules. This surveillance was viewed as an example of the imposition of authoritarian regimes: 'I despise being asked to "dob my neighbor"' (F, 72). Policing the rules and monitoring the conduct of others was viewed as undermining relations between people.

Older people used a dystopian narrative genre to tell stories of vulnerability as well as distrust. These were often centred around specific places where rules had shifted, particularly supermarkets, hospitals and health centres, and residential aged care facilities. For example, typical shopping practices were disrupted by needing to queue to enter, and these practices impacted older people with disabilities most. One woman described how her requests for help at the supermarket was met with disinterest described as a 'shrug of the shoulders' by the checkout staff (F, 62). This account attributes her new vulnerability and staff disdain to the rules imposed by the COVID-19 lockdown. In these places, the vulnerabilities of ill or disabled older people were described as both created by new rules and then ignored. Hospitals, too, became scenes of isolation and fear in the dystopian genre, and older people described fearing dying alone:

It was a little frightening, but at 76, prepared for death. Found it strange and frightening having no-one with me, left at the door. Family had to leave me. (F, 76)

Using a dystopian genre, this personal experience of being left alone at the hospital was linked to changing rules which separated older people from trusted family members, a familiar dystopian control strategy. Older people used the dystopian genre to tell personal stories of abandonment in unfamiliar health and hospital settings, and disinterest from others in public space, attributed to the changing social order.

Older people

The dystopian narrative focused on the public health messaging as inciting unnecessary fear and manipulating older people to increase their sense of vulnerability. The security of community response was absent in this genre, and older people were left fearing their ability to manage alone.

I felt that the older person was spoken to/addressed as 'kiddies'. As a group I think that they would be the most compliant of all. They had it hard and manage various aspects of the situation with limited support. (F, 77)

In the dystopian narrative, older people described pre-COVID-19 practices and routines as providing certainty of one's place in the world, security that was disrupted and undermined by the lockdown restrictions. Media messaging on risk profiles to encourage older people to recognise their vulnerabilities and protect themselves was viewed as part of a regime of political manipulation. Older people used this narrative to express both insecurity in their local communities and their resistance to being infantilised by the rhetoric of governments who did not seem to have their best interests in mind.

Discussion

Many participants described their enjoyment of lockdown using a familiar narrative of the rural idyll, a romanticised and idealised representation of a time and place that is harmonious and healthier than contemporary urban life (Shucksmith, 2018). This was linked to an imagined past in which community life was slower paced, more connected with others and activities provided greater meaning. A dystopian genre was also present; older people used this to express distrust of authority figures, uncertainty about the loss of routines and concerns about their own vulnerabilities. We agree with Shames and Atchison (2020) that 'dystopia' is not personal distress or having a miserable time; it includes features of distrust and disruption of social rules. The idyllic narrative included both time and space: time spent walking and cycling in spaces characterised by the natural environment and neighbourhoods (Dehaene and De Cauter, 2008). In the dystopian narrative, places were described in terms of altered rules that created new place-based vulnerabilities.

Crises are often implicated in sweeping changes to ensure the safety of citizens, but such changes are predicated on agreement regarding whose interests are being served. In this analysis we are not asserting that the situation *was* dystopian or that the government of A/NZ acted illegitimately. Instead, we argue that some accounts were organised to lead the reader to this interpretation. Genre analysis

acknowledges that the reader brings assumed knowledge to the reading. This includes knowledge of legitimate authority and of rights and responsibilities between people, which shape their receipt of the story. Coercion can be understood as legitimate (Atchison and Shames, 2019), where there is general willingness to forgo individual freedom for community gain. When the shared community purpose is questioned, new rules may be viewed as an opportunity to establish authoritarian regimes and the media are implicated in promoting fear to justify these changes. The purpose of this analysis is to show how the genre of the story contributes to revealing these features. Using narrative genre analysis goes beyond these personal accounts of experiences to see them as shaped by broader literary forms available to make sense of crisis situations.

Disruption of normal life

The idyllic narrative of lockdown suggests that the pandemic instituted a sense of time and community that had been lost. This nostalgia for a different and slower pace of life can be interpreted as a resistance to neoliberal imperatives to maximise time use and productivity (Davies and Bansel, 2007). The pandemic lockdown provided a temporary respite from these neoliberal regimes. As such, the use of this narrative reveals fantasies of escape (Allen *et al.*, 2014) and accords with outbreak narratives that suggest that it is ultimately progress and globalisation which is making us sick (Wald, 2008). The idyllic narrative reflects critically on the present (Lewis and Kahn, 2005) and proposes a better future as either a temporary respite or a necessary fundamental shift. Rather than promoting self-sufficient and individualistic selves, lockdown provided some older people with opportunities for communal and local relations of care. Similarly, Kremers *et al.* (2021) found that older Dutch people had a sense of being 'in it together' and adapted to the situation of reduced opportunities for social interaction during the pandemic. As in the present study, both Kremers *et al.* (2021) and Ratcliffe *et al.* (2022) found many people described the impact of restrictions as greater on others than on themselves. Ratcliffe *et al.* (2022) suggest that this may be due to older people wishing to be viewed as knowledgeable of the needs and priorities of others. The idyllic account of lockdown similarly was used to acknowledge and mourn inequities in lockdown experiences in A/NZ.

A key element of the idyllic narrative was the sense of supportive community and a connection with local people and places. Although Morgan *et al.* (2021) noted the passivity implied in focusing on relations of care for older people, in this study, older people saw care generally in terms of their value to others. Older people reported younger people offered to shop for them and described how they supported frail neighbours. This reflected widespread calls for solidarity in response to the pandemic (Gaztambide-Fernández, 2021). These idyllic enactments are not universally available; they require that people feel safe in their neighbourhoods and experience a sense of belonging to a supportive community.

The dystopian narrative was used to highlight disruptions which opened sites of new vulnerabilities for some; often exacerbating existing inequities (Kupietz and Gray, 2021). This can be understood in terms of precarity in later life. Portacolone *et al.* (2019: 271) define precarity as 'uncertainty deriving from coping

with cumulative pressures while trying to preserve a sense of independence'. Precarity is not an attribute of individuals; it arises at the intersection of personal characteristics, community supports and public policies, and expectations regarding later life (Portacolone, 2013). The ideal of independence is particularly challenging to achieve for older people who experience poor health and financial insecurity; they may struggle rather than accept help that undermines their independent identity. In this study, older people used the dystopian genre to story distress, vulnerability and abandonment. These dystopian narratives reflect themes in Portacolone *et al.*'s (2021) study of older people with a cognitive impairment. Their participants reported feeling scared and isolated, and felt that media consumption fuelled their distress. All people may be vulnerable to COVID-19, but they are not all equally vulnerable (Kelly, 2021; Lacey and Jutel, 2021). Using a genre analysis reveals the different ways older people make sense of these challenging experiences, and points to intergenerational concerns and age-related vulnerabilities that some older people experience while others do not.

This analysis demonstrates the nuanced ways that media messaging and political speech provide a gateway for the transmission of assumptions between people without direct contact (Wald, 2008). The widespread media messaging in A/NZ of 'the team of 5 million' working together to 'Unite against Covid-19' provided the backdrop for narratives of lockdown as idyllic for those with sufficient resources and supportive neighbourhoods. This narrative is peopled with heroes whose job it is to safeguard the citizenry, a narrative trope familiar in fiction and non-fiction accounts of pandemics (Wald, 2008). For others, the gap between this rhetoric and their experiences worked to undermine their trust in politicians, media public health messaging, and strangers in public space. When assumptions accord with one's experiences, it leads to a sense of trust; when they conflict, it can lend itself to a sense of dislocation and fear. Older people were encouraged to stay home more stringently than others and some interpreted these directions as illegitimate coercion. Kamin *et al.* (2021) found a distrust of government in some accounts of restrictions in their study; participants drew on reverse causality to explain the lack of cases as evidence for the unnecessary nature of the restrictions rather than the success of protective measures. Similarly, in the dystopian narrative genre in the present study, a lack of cases was used to undermine the need for restrictions and to question the media and political rhetoric. Older participants in Kamin *et al.*'s (2021) study also expressed concern that the restrictions might be a way to establish an authoritarian regime, used by governments as an opportunity to alter relations between people beyond the pandemic. Fear appeals and patronising messaging tended to provoke suspicion about the motives behind the lockdown restrictions (Kamin *et al.*, 2021). Repeated calls to trust authority figures are ineffective when those in authority are viewed as serving unknown or unreliable purposes. Evidence from sources deemed untrustworthy does nothing to sure up confidence (Sunstein and Vermeule, 2009). Emphasising unquestioning compliance may fuel dystopian fears; instead of feeling directives to stay home were reflective of care and community concern, some older people interpreted these messages as manipulative fear-mongering. This points to the delicate balance between COVID-19 containment measures and disruptions to essential services that incite fear (Kupietz and Gray, 2021).

Intergenerational social relations

In this dataset, the differential treatment of older people was analytically important as the research context was a longitudinal study of ageing. The idyllic and dystopian narratives use recognisable characterisations of older people in our society: either as treasured members of family and community or as vulnerable and discarded by society (Breheny and Stephens, 2019). Older people as a burden on society and either abandoned or actively culled is a common dystopian trope (Snaith, 2017). Margaret Atwood points to the ways that dystopia creates enemies who are subsequently vilified and dehumanised (Higgins, 2016). This is based on public discourse of older people as having brought about environmental degradation and having commandeered societal resources, leaving young people unemployed and angry (Bubanja, 2018). Ridding society of the financial and economic drain of elderly people is presented as a solution to societal instability, a trope that was used in the social media response to the COVID-19 pandemic. The Twitter hashtag '#BoomerRemover' was widely shared on social media at the beginning of the pandemic (Monahan *et al.*, 2020; Soto-Perez-de-Celis, 2020; Morgan *et al.*, 2021). This also aligns with public discourse on intergenerational inequity (Hurley *et al.*, 2017), which shapes these lockdown stories. Older people take up and reproduce the accounts made available within an ageist society. As such, this can be viewed as a specifically gerontological dystopia which reveals feared social relations between age groups in society. Intergenerational inequity arguments are built on caricatures of wealthy and selfish baby boomers, yet older people likely to experience dislocation and vulnerability in older age are not those with financial and social resources (Breheny, 2017).

Strengths and limitations

The participants in this study were recruited as a representative population sample of people aged over 55 years in A/NZ as part of a longitudinal study of ageing. Much of the research on experiences of COVID-19 have been conducted through online surveys (*see* van Tilburg *et al.*, 2021; Whitehead and Torossian, 2021). As a postal survey, this study addresses concern with online research capturing only digitally literate older people (Sands *et al.*, 2020). Analysing written responses on postal surveys has both advantages and limitations (Brekhus *et al.*, 2005; LaDonna *et al.*, 2018). Answers tend to be brief and any ambiguities in the accounts cannot be clarified. This means that researchers must analyse the account as a carefully curated description of participants' experience. In this case, these limitations are balanced against the ability to analyse experiences from a large sample of older people. Few qualitative studies can include large sample sizes or such diverse experiences. In-depth studies of COVID-19 experiences have tended to focus on at-risk populations, such as those already lonely (Bundy *et al.*, 2021), or those living alone and cognitively impaired (Portacolone *et al.*, 2021). These studies draw necessary attention to older people at risk but neglect the experiences of older people without risk factors. Research has found that the COVID-19 pandemic brought both joy and stressors (Whitehead and Torossian, 2021). Our data collection enabled us to provide a detailed analysis of contrasting narratives of lockdown. This demonstrates that some older people experienced a strong sense of community and certainty in lockdown, whereas for others lockdown revealed vulnerabilities.

Conclusion

These findings point to intergenerational concerns and age-related vulnerabilities that some older people experience which others do not. This provides a starting point for understanding inequities that are exacerbated by crises such as disasters and pandemics (Henrickson, 2020; Kupietz and Gray, 2021). Viewing these accounts in terms of their narrative genre points to why older people had such different experiences of lockdown. The idyllic narrative is predicated on pre-COVID-19 lives as lacking in time and space for meaning and fulfilment, a lack addressed through return to simpler routines. Using this genre, older people told stories of living in supportive communities where they were cared for by younger neighbours and family members. The dystopian narrative was used to describe disruptions which created difficulties and fuelled distrust among people. Media messaging encouraged older people to recognise their vulnerabilities at the same time as some began to doubt the motives of politicians and the media. These narrative genres reflect broader understandings of the place of older people in societies. Older people are often represented as a privileged cohort who have experienced relative economic comfort and social stability. Such generational arguments pay little attention to the significant disparities between older people. Older people may share some physical vulnerabilities that require specific public health messaging in response to crisis situations, however, they also have diverse life circumstances that require nuance in messaging. Older people who have developed distrust of those in authority over their lifetime may interpret messages of caution as unwarranted surveillance and control. This recognition of different audience interpretations may have been absent in public health and media messaging regarding the pandemic. Health and societal resources to enable older people to experience security and to flourish in uncertain times needs to acknowledge this diversity and complexity.

Financial support. This work was supported by the Ministry of Business, Innovation and Employment (grant number MAUX1705) and the Health Research Council of New Zealand (grant number 20/1384).

Competing interests. The authors declare no competing interests.

Ethical standards. The study was approved by the Massey University Human Ethics Committee.

References

- Allen K, Tyler I and De Benedictis S (2014) Thinking with 'White Dee': the gender politics of 'austerity porn'. *Sociological Research Online* **19**, 256–262.
- Atchison AL and Shames SL (2019) *Survive and Resist: The Definitive Guide to Dystopian Politics*. New York, NY: Columbia University Press.
- Bawarshi AS and Reiff MJ (2010) *Genre: An Introduction to History, Theory, Research, and Pedagogy*. West Lafayette, IN: Parlor Press.
- Breheny M (2017) Older people, inequalities and the lessons of universality. In Groot S, Van Ommen C, Masters-Awatere B and Tassell-Matamua N (eds), *Precarity: Uncertain, Insecure and Unequal Lives in Aotearoa New Zealand*. Auckland: Massey University Press, pp. 95–105.
- Breheny M and Stephens C (2019) Social policy and social identities for older people. In Hodgetts D and O'Donohue K (eds), *The Sage Handbook of Applied Social Psychology*. London: Sage, pp. 347–365.
- Brekhuis WH, Galliher JF and Gubrium JF (2005) The need for thin description. *Qualitative Inquiry* **11**, 861–879.

- Bubanja NM (2018) *Spring Clean: Crisis in a Deviation Dystopia in Atwood's Torching the Dusties*. Available at https://www.researchgate.net/publication/342159011_SPRING_CLEAN_CRISIS_IN_A_DEVIATION_DYSTOPIA_IN_ATWOOD'S_TORCHING_THE_DUSTIES.
- Bundy H, Lee HM, Sturkey KN and Caprio AJ (2021) The lived experience of already-lonely older adults during COVID-19. *The Gerontologist* **61**, 870–877.
- Centers for Disease Control and Prevention (2021) *Risk for COVID-19 Infection, Hospitalization, and Death by Age Group*. Available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>.
- Davies B and Bansal P (2007) Neoliberalism and education. *International Journal of Qualitative Studies in Education* **20**, 247–259.
- Dehaene M and De Cauter L (2008) Heterotopias of difference. In Dehaene M and De Cauter L (eds), *Heterotopia and the City*. Abingdon, UK: Routledge, pp. 87–98.
- Ellingson LL (2017) Realistically ever after: disrupting dominant narratives of long term cancer survivorship. *Management Communication Quarterly* **31**, 321–327.
- Frow J (2015) *Genre*, 2nd Edn. London: Routledge.
- Gaztambide-Fernández RA (2021) The trials of solidarity: a defence. *Perspectives in Biology and Medicine* **64**, 302–314.
- Georgakopoulou A (2007) *Small Stories, Interaction and Identities*. Amsterdam: Benjamins.
- Georgakopoulou A (2008) Narrative genre analysis. In Given LM (ed.), *The SAGE Encyclopedia of Qualitative Research Methods*. Thousand Oaks, CA: Sage, pp. 540–541.
- Henrickson M (2020) Kiwis and COVID-19: the Aotearoa New Zealand response to the global pandemic. *International Journal of Community and Social Development* **2**, 121–133.
- Higgins C (2016) Margaret Atwood: 'All Dystopias Are Telling You is to Make Sure You've Got a Lot of Canned Goods and a Gun'. Available at <https://www.theguardian.com/books/2016/oct/15/margaret-atwood-interview-english-pen-pinter-prize>.
- Hurley K, Breheny M and Tuffin K (2017) Intergenerational inequity arguments and the implications for state-funded financial support of older people. *Ageing & Society* **37**, 561–580.
- Hyvärinen M (2015) Analyzing narrative genres. In De Fina A and Georgakopoulou A (eds), *The Handbook of Narrative Analysis*. Oxford: Wiley Blackwell, pp. 178–193.
- Kamin T, Perger N, Debevec L and Tivadar B (2021) Alone in a time of pandemic: solo-living women coping with physical isolation. *Qualitative Health Research* **31**, 203–217.
- Kang Y, Cosme D, Pei R, Pandey P, Carreras-Tartak J and Falk EB (2021) Purpose in life, loneliness, and protective health behaviors during the COVID-19 pandemic. *The Gerontologist* **61**, 878–887.
- Kelly MP (2021) Ontological uncertainty and ontological threat: COVID-19 and the UK. *Perspectives in Biology and Medicine* **64**, 316–337.
- Kremers EM, Janssen JH, Nieuwboer MS, Olde Rikkert MG and Peeters GMEE (2021) The psychosocial adaptability of independently living older adults to COVID-19 related social isolation in the Netherlands: a qualitative study. *Health & Social Care in the Community* **30**, e67–e74.
- Kupietz K and Gray L (2021) Fear, history, stigma, and bias in the COVID-19 pandemic. *Journal of Emergency Management* **18**, 177–182.
- Lacey C and Jutel A (2021) More than a virus. *Perspectives in Biology and Medicine* **64**, 295–301.
- LaDonna KA, Taylor T and Lingard L (2018) Why open-ended survey questions are unlikely to support rigorous qualitative insights. *Academic Medicine* **93**, 347–349.
- Lekamwasam R and Lekamwasam S (2020) Effects of COVID-19 pandemic on health and wellbeing of older people: a comprehensive review. *Annals of Geriatric Medicine and Research* **24**, 166–172.
- Lewis T and Kahn R (2005) The reptoid hypothesis: utopian and dystopian representational motifs in David Icke's alien conspiracy theory. *Utopian Studies* **16**, 45–74.
- Lind M, Bluck S and McAdams DP (2021) More vulnerable? The life story approach highlights older people's potential for strength during the pandemic. *Journals of Gerontology: Series B* **76**, e45–e48.
- Love H (2013) Close reading and thin description. *Public Culture* **2**, 401–434.
- Luchetti M, Lee JH, Aschwanden D, Sesker A, Strickhouser JE, Terracciano A and Sutin AR (2020) The trajectory of loneliness in response to COVID-19. *American Psychologist* **75**, 897–908.
- Madill A and Sullivan P (2010) Medical training as adventure-wonder and adventure-ordeal: a dialogical analysis of affect-laden pedagogy. *Social Science & Medicine* **71**, 2195–2203.

- Mays N and Pope C (2000) Qualitative research in health care. Assessing quality in qualitative research. *BMJ* **320**, 50–52.
- Miller G (2020) Social distancing prevents infections, but it can have unintended consequences. *Science*. Available at <https://doi.org/10.1126/science.abb7506>.
- Minahan J, Falzarano F, Yazdani N and Siedlecki KL (2021) The COVID-19 pandemic and psychosocial outcomes across age through the stress and coping framework. *The Gerontologist* **61**, 228–239.
- Monahan C, Macdonald J, Lytle A, Apriceno M and Levy SR (2020) COVID-19 and ageism: how positive and negative responses impact older adults and society. *American Psychologist* **75**, 887–896.
- Morgan T, Wiles J, Williams L and Gott M (2021) COVID-19 and the portrayal of older people in New Zealand news media. *Journal of the Royal Society of New Zealand* **51**, S127–S142.
- Morse JM (2015) Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research* **25**, 1212–1222.
- Murray M (2003) Narrative psychology and narrative analysis. In Camic PM, Rhodes JE and Yardley L (eds), *Qualitative Research in Psychology*. Washington, DC: APA, pp. 95–112.
- Portacolone E (2013) The notion of precariousness among older adults living alone in the U.S. *Journal of Aging Studies* **27**, 166–174.
- Portacolone E, Rubinstein RL, Covinsky KE, Halpern J and Johnson JK (2019) The precarity of older adults living alone with cognitive impairment. *The Gerontologist* **59**, 271–280.
- Portacolone E, Chodos A, Halpern J, Covinsky KE, Keiser S, Fung J, Rivera E, Tran T, Bykhovsky C and Johnson JK (2021) The effects of the COVID-19 pandemic on the lived experience of diverse older adults living alone with cognitive impairment. *The Gerontologist* **61**, 251–261.
- Ratcliffe J, Kanaan M and Galdas P (2022) Men and loneliness in the COVID-19 pandemic: insights from an interview study with UK-based men. *Health & Social Care in the Community* **30**, e3009–e3017.
- Sands LP, Albert SM and Sutor JJ (2020) Understanding and addressing older adults' needs during COVID-19. *Innovation in Aging* **4**, igaa019.
- Shames S and Atchison A (2020) *Are We Living in a Dystopia?* Available at <https://theconversation.com/are-we-living-in-a-dystopia-136908>.
- Shucksmith M (2018) Re-imagining the rural: from rural idyll to good countryside. *Journal of Rural Studies* **59**, 163–172.
- Snaith H (2017) Dystopia, gerontology and the writing of Margaret Atwood. *Feminist Review* **116**, 118–132.
- Soto-Perez-de-Celis E (2020) Social media, ageism, and older adults during the COVID-19 pandemic. *EclinicalMedicine* **29**, 100634.
- Stephens C and Breheny M (2022) Diverse experiences among older adults in Aotearoa/New Zealand during COVID-19 lock-down: a qualitative study. *Australasian Journal on Ageing* **41**, e23–e31.
- Sunstein CR and Vermeule A (2009) Conspiracy theories: causes and cures. *Journal of Political Philosophy* **17**, 202–227.
- Synnes O (2015) Narratives of nostalgia in the face of death: the importance of lighter stories of the past in palliative care. *Journal of Aging Studies* **34**, 169–176.
- Tuohy R and Stephens C (2012) Older adults' narratives about a flood disaster: resilience, coherence, and personal identity. *Journal of Aging Studies* **26**, 26–34.
- van Tilburg TG, Steinmetz S, Stolte E, van der Roest H and de Vries DH (2021) Loneliness and mental health during the COVID-19 pandemic: a study among Dutch older adults. *Journals of Gerontology: Series B* **76**, e249–e255.
- Wald P (2008) *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Durham, NC: Duke University Press.
- Wang Y, Fu P, Li J, Jing Z, Wang Q, Zhao D and Zhou C (2021) Changes in psychological distress before and during the COVID-19 pandemic among older adults: the contribution of frailty transitions and multimorbidity. *Age and Ageing* **50**, 1011–1018.
- Whitehead BR and Torossian E (2021) Older adults' experience of the COVID-19 pandemic: a mixed-methods analysis of stresses and joys. *The Gerontologist* **61**, 36–47.
- Wiles JL, Rosenberg MW and Kearns RA (2005) Narrative analysis as a strategy for understanding interview talk in geographic research. *Area* **37**, 89–99.
- Woods A (2011) The limits of narrative: provocations for the medical humanities. *Medical Humanities* **37**, 73–78.

- Woods A, Hart A and Spandler H** (2019) The recovery narrative: politics and possibilities of a genre. *Culture & Medical Psychiatry* **46**, 221–247.
- Yarwood R** (2005) Beyond the rural idyll: images, countryside change and geography. *Geography* **90**, 19–31.