

Precarity and the pandemic: The impact of COVID-19 on single men living alone

Camilla Lewis, PhD

School of Environment, Education and Development, University of Manchester, Manchester, Greater Manchester, UK

Christopher Phillipson, PhD

School of Social Sciences, University of Manchester, Manchester, Greater Manchester, UK

Luciana Lang, PhD

School of Social Sciences, University of Manchester, Manchester, Greater Manchester, UK

Sophie Yarker, PhD

School of Social Sciences, University of Manchester, Manchester, Greater Manchester, UK

*Address correspondence to: Camilla Lewis, PhD, School of Environment, Education and Development, University of Manchester, Humanities Bridgeford Street Building. Oxford Road, Manchester, M13 9PL. E-mail: camilla.lewis@manchester.ac.uk

Abstract

Background and Objectives: Existing research reveals that single men living alone are at a heightened risk of isolation and precarity. This study traced the impact of the pandemic on the daily lives of a group of single men over three waves of the COVID-19 pandemic in the United Kingdom.

Research Design and Methods: A qualitative longitudinal study with older people aged 50 and over (n=102), interviewed by telephone in 2020-2021. This analysis focuses on a subsample comprising single men (n=16) who lived alone and were interviewed three times (n=48). The men were White British, Black and Asian, age 58-88, and were identified as facing difficulties in their lives arising from long-term health problems and or/social isolation. Participants were asked about the impact of, and response to, three lockdowns. Data were analysed using themes identified in the secondary literature using thematic and longitudinal analysis.

Results: For single men living alone, precarity intensified during the pandemic due to worsening physical and/or mental health combined with restricted access to relationships and activities. Key moments in the life course influenced how these men experienced and viewed the impact of COVID-19.

Discussion and Implications: This analysis sheds light on the deepening precarity of older men living alone during the pandemic, highlighting the emergence of new vulnerabilities for some. The findings emphasise the need, given the likelihood of future waves of the pandemic, to target support at those living alone, particularly in relation to the provision of community health services, social infrastructure, and combatting digital exclusion.

Keywords: Relationships, Social exclusion, Isolation, LGBTQ+, Life course

Background and objectives

Older people were disproportionately affected by the emergence and spread of COVID-19, whether in hospital, the community, or in care homes, with adults aged 60 and over accounting for the majority of deaths over successive waves of the virus. Research also confirms that the pandemic has exposed ‘longstanding mechanisms of exclusion and entrenched multiple forms of disadvantage for heterogeneous older populations’ (Walsh et al., 2021:18), with an over-representation in deaths from COVID-19 of older adults living in areas of multiple deprivation (Kontopantelis et al., 2022), amongst those from minority ethnic backgrounds (Nazroo & Bécares, 2021), and those living in specialist settings such as residential and nursing homes (Burton et al., 2020). Particular concern has been expressed in respect to adults already at risk of social isolation (Bundy et al., 2021; Vlachantoni et al., 2022), and those living alone with some form of cognitive impairment (Portacolone et al., 2021). Amongst those who live alone, ‘widowers are especially vulnerable, as older men are not as embedded in family and social networks and longstanding relationships’ (Settersten et al., 2020:5). The numbers of men 65 and over living alone have increased rapidly in recent decades: in the case of the UK, from 783,000 in 1996; to 1,424, 000 in 2019 (Office for National Statistics, 2020).

An emerging body of literature has revealed the impact of the pandemic on older people, highlighting a range of negative outcomes, including mental health problems (Mental Health Foundation & Independent Age, 2021), the loss of social connections with friends and family (Portacolone et al., 2021), and a rise in ageism and inter-generational tensions (Ayalon et al., 2021). However, there is some disagreement about the impact of the pandemic on particular

groups. For example, Bundy et al. found that loneliness was not exacerbated amongst those ‘already-lonely’, with the pandemic rendering: ‘social isolation common...rather than pathological and self-inflicted’ (2020:874). In contrast, Portacolone et al. (2021) report that for older adults living with a cognitive impairment, COVID-19 led to feelings of insecurity and increased social isolation.

This paper aims to explore the everyday lives of single men living alone in the context of successive ‘lockdowns’ associated with measures to stem the spread of COVID-19. It examines the impact of the pandemic on everyday life, the routines and strategies adopted, and the impact of transitions through the life course. The discussion draws on qualitative longitudinal data examining the experiences of men in Greater Manchester, England aged 50 and over, living alone within the community.

Policies associated with the pandemic, such as restrictions on people’s movements outside their homes, brought greater challenges for some groups than others, with older men living alone potentially vulnerable to the effect of reduced social contacts. An important debate within the research literature concerns the extent to which events such as COVID-19 may exacerbate feelings of loneliness and social isolation amongst older adults (Bundy et al., 2021; Kim & Jung, 2021; Macdonald & Hülür, 2021). While definitions vary, loneliness is generally perceived as a subjective and unpleasant emotional state, whereas social isolation is defined as an objective or factual state that infers absence of contact with other people (Willis et al., 2022). This paper focuses on the latter, exploring its consequences for a group of single older people living alone through the pandemic in 2020 through to early 2021.

Klinenberg refers to the gendered nature of social isolation, arguing that: ‘at all stages of adulthood men are less adept than women at making and maintaining friendships, and they are similarly less able to sustain ties with family members including children’ (2012:174). Research carried out in England found a greater percentage of older men, in comparison to older women, reporting moderate to high levels of social isolation (Beach & Bamford, 2013). Willis et al. (2022) studied experiences of loneliness amongst 72 heterosexual and gay men who were single and/or living alone. They identified a number of ‘key life changes and losses’ which triggered experiences of loneliness and isolation, including: ‘divorce or separation from long-term partners, extended periods of illness and poor health that impacted on levels of sociability, retirement from paid employment and...spousal/partner bereavements’ (Willis et al., 2022: 420). As yet, little is known about the extent to which social distancing measures disrupted older adult’s social connections during the pandemic, and any resulting consequences for everyday life (Fuller et al., 2022; Vlachantoni et al., 2022).

This paper applies the theoretical construct of precarity as a tool for examining the experiences of older men living alone. The concept offers a lens to understand new and sustained forms of insecurity affecting later life, associated with economic pressures on public services, unstable forms of employment, and negative perceptions about population ageing (Grenier et al., 2020; Standing, 2011). The theory sheds light on the politics of ageing, whereby older people may suffer from unequal access to material goods and diminished social networks. Precarity can become particularly acute in later life, as a result of the accumulation of disadvantage in the context of contemporary social, economic and political conditions (Dannefer, 2021). Portacolone et al. point to specific markers of precarity which are likely to be especially relevant to older adults living alone including managing

‘compounding pressures’ such as limited access to appropriate services and retaining independence (2021:251). Settersten (2020) argues that from a life-course perspective, precarity can occur in multiple life domains, such as family, employment, or education. He suggests that: ‘Precarity in one domain can interact with and spill over into others. So, too, can precarity in one domain be reduced or offset by the strength of stability other domains’ (2020:21). This approach is especially relevant for understanding how people manage public health crises such as COVID-19, in order to examine both their immediate circumstances as well as transitions and events experienced through the life course, and in different parts of their lives.

Design and methods

Qualitative methods were used to study experiences of the pandemic on people living in low-income neighborhoods in Greater Manchester, UK, where issues relating to limited social infrastructure, social isolation, and environmental pressures of different kinds, were apparent even before COVID-19 took hold (Marmot et al., 2021). The parent study involved interviews with 21 community organizations about their activities supporting older people during the pandemic. The organizations varied from those working with a broad range of older people, to those supporting particular individuals, such as those identifying as gay, lesbian or transgender. They were asked to identify people 50 and over who were considered to be at risk of social isolation: 102 individuals were recruited (mean age = 68; 48 per cent men; 38 per cent White) from 30 neighborhoods. The sample was drawn from those 50 and over in order to capture experiences amongst disadvantaged groups where cumulative disadvantage can lead to worse outcomes at earlier ages, compared to more advantaged groups. The research covered three periods when the UK imposed restrictions on movements

to limit the spread of COVID-19: first, beginning March 23rd 2020; second, November 5th 2020; and third, January 6th 2021. In addition to issuing advice to the general population, the Government used the age of 70 years and above to define those who may be clinically vulnerable and needing to take extra precautions including ‘shielding at home’.

Each participant was invited to be interviewed on three occasions by a member of the research team. Interviews were conducted by telephone in line with guidelines prohibiting face-to-face interviews. Participants were not paid for their involvement in the study. Interviews were recorded and transcribed, and pseudonyms have been used to protect the anonymity of participants.

Sample and data collection

This paper focuses on a purposive sample of 16 single men aged 58-88, living in neighborhoods across Greater Manchester selected from the parent study (n=102). The sample was chosen as the men lived alone, and came from a range of occupational and ethnic backgrounds (12 White, 4 from ethnic minority groups). All (with two exceptions) identified as being in poor health and/or experiencing social isolation. Table 1 summarizes the main characteristics of the participants.

The aim of the research was to track stability and/or change over the duration of the study, exploring daily life and relationships. Following Settersten et al., the researchers took the view that qualitative longitudinal research was: ‘...best suited for uncovering the breadth and

diversity of individual situations and subjective responses to the threat of illness and public health restrictions meant to contain it. For example, individual interpretations of experiences of quarantine, alterations to their sense of control, and efforts to exercise agency and maintain a sense of well-being in the face of the pandemic are varied and nuanced and not well-assessed by fixed-choice survey questions' (2020:9).

The telephone interviews were semi-structured and developed with pilot interviews. They were carried out as open-ended conversations, and included questions such as: How has everyday life changed since the pandemic? What does an average day consist of? How have relationships changed with family, friends, and neighbours? How has social distancing affected mental and physical health? The interviews were taped with each one lasting for an average of fifty minutes. The study was approved by the University of Manchester School of Social Sciences Ethics Committee (Ref: 2020-9024-13530).

Data analysis

All interviews were coded and analysed by one of the authors using Nvivo, a computer software program designed to facilitate content and thematic analysis. They were then verified by the other members of the project team who analysed sub-samples of the data and compared results to check for consistency; any inconsistencies were then corrected. The coding was carried out according to themes identified in the secondary literature (using a deductive approach) and themes which emerged in the interview transcripts (using an inductive approach) were also incorporated into the coding framework. The themes included: experiences of social distancing, deterioration in physical and mental health and relationships

with friends and family. Parts of the transcripts which were relevant to each theme were selected. A *cross-sectional analysis* was then conducted, to look at how themes emerged across the whole data set in order to identify emerging patterns. The data was also analysed *longitudinally*, examining how responses changed (or stayed the same) *over time* from one interview to the next, per case. In this analysis the following themes are discussed: everyday life during lockdown; social life in the pandemic; relationships with family and friends; and biographical turning points.

Results

Theme 1: Everyday life during lockdown

All of the participants described how they adhered to government guidelines to stay at home during the three lockdowns, with the men adopting different strategies to cope with the restrictions. Despite the perceived difficulties associated with managing their lives, many of the respondents highlighted the ways they had tried to maintain their usual routines, and in some cases developed new interests and hobbies such as gardening and joining online groups. As research has shown, some individuals used unique adaptive mechanisms to preserve their well-being during the pandemic (Vlachantoni et al., 2022). For some, like Pat, who suffered from long-term depression, faith offered a valuable coping mechanism. When asked whether he missed people, he responded: ‘Yes but not that much. I am not a very people person, because when you’re into spirituality, you are gifted or you learn how to be on your own and still be reasonably content. You know like Buddhism, Hindu traditions...they tell you to meditate and you think about other things, and that’s how you can be happy with yourself.’

For others, such as Paul and Clive, coping with the pandemic ran alongside living with *pre-existing health conditions*, which amplified the impact of COVID-19 on their everyday lives. Conditions which prior to the pandemic were handled with support of various kinds, became much less manageable given the limits affecting daily life. Paul suffered a heart attack shortly before the start of the pandemic and used a walking aid. He experienced severe pain whilst standing, which made cooking and household tasks difficult. As a result, much of his time was spent watching television. Paul felt he was caught in a downward spiral where inactivity resulted in him putting on weight, worsening his back pain. In the first interview, he commented: ‘My back hurts so bad that I can’t do a lot now. Before the lockdown I was walking around merrily... even pushing my three-wheeled buggy thing and walking around with that... Sitting down a lot has really crippled my back in a way. My back was bad but it has got worse with not exercising.’ By the time of the third interview, he reported feeling ‘isolated’, ‘lonely and morbid’ as his life was ‘much quieter’ than before the pandemic.

Similarly, Clive suffered from limited mobility throughout this life, which resulted in him being unable to stand for long periods. Before the pandemic he attended a luncheon club, and volunteered at a charity shop. He said that he did not have any friends and did not ‘bother with anybody’, but as the interviews progressed he described how much he missed having the opportunity to be around other people in his volunteering role or when he went shopping on the high street. Clive struggled with the monotony of his daily life ‘stuck in the house’, which he described as: ‘same old, same old everyday’. He felt bored, mainly watched television and drank beer to relax and pass the time. By the third interview, he commented: ‘I’m not coping very well and I’m fed up with staying in. Lockdown makes me want to drink more...I drink 10 to 12 cans [of beer] a day...I don’t think I have a future...I can’t see one’.

Theme 2: Social life during the pandemic

Even though most of the men had fairly small networks prior to the pandemic, the interviews revealed how their social lives became further restricted during the period of research. Steve, who had lived alone for much of his adult life, was greatly affected by the social impact of COVID-19. He struggled with depression and found making friends difficult: 'I am not a great conversationalist to be honest...I don't really do small talk and I have only just realised that puts me at a distinct social disadvantage'. In the second interview he commented: 'I had not realised how much of my life I had shut down in that sort of way really...Over the year I have just lost my friends basically and I have not made the effort to make new friends. I need to now make the effort really'. Nine months later, Steve spoke again about his desire to try something new: 'I am seriously going to be looking to doing some voluntary work. I have just realised how empty my life is really...but it is something I can do something about. That is positive...With everything shut it has made me realise how insular I am'.

Three of the men, Leroy, Peter and Brian, had lived on their own for long periods of time, following the deaths of their wives. For these men the pandemic had disrupted routines involving social infrastructure of various kinds, which were developed to cope with their bereavements. Peter was involved in volunteering roles, and attended social clubs. During the lockdown he occupied himself reading, listening to the radio and cooking but explained how he felt 'lonely' as he only left the house for a weekly shopping trip by car and a daily walk. Asked how his life had changed during lockdown, he said: 'I am much less happy than what I was before'. Without his normal activities he found it difficult to remain positive. By the second interview, he had joined some online groups, but explained how he found the

experience frustrating; 'it is not the same is it?' ... 'Oh you really can't have a natter [chat] to anybody, there is only one person who can speak at once'.

Brian had developed various routines and activities since his wife had died. However, with the lockdown he felt his life was 'on hold'. Before the pandemic: 'I could go, if I had got nothing else to do, I could go and sit in one of the libraries but the library's been closed. I will sometimes...sit in a café somewhere.' By the third interview, Brian talked about how much he missed going on holiday and 'wandering round places' like shops in the city centre where he would browse and have a meal, seeking out company.

Leroy described how he would 'sometimes feel depressed' as he could not go out and mix with others. Throughout the pandemic he remained an active member of his church, joining online prayer groups. He talked to friends on the telephone but lamented the loss of physical contact; 'The most difficult part is not being able to sort of you know... hug your loved ones... even sometimes your own friends, shake hands...for me it's sort of more or less you become like a recluse.' This feeling was echoed by Wes who in his second interview commented that: 'It's the lack of physical contact, even to see a friend or family and give them a hug. I don't think I have hugged anybody for six months'.

Theme 3: Relationships with family and friends

Access to supportive relationships emerged as an important theme in the interviews, especially ties linked to family and friends. Prior to lockdown, the men's social networks

varied in size, in some cases just one or two people; in others, a much larger number. The interviews revealed issues about the resilience of these networks during the pandemic, and the extent to which existing relationships helped the men through extended periods of isolation.

Rod kept in regular contact with his daughter by telephone but had not seen her for over a year. He described how his social network had disappeared since the death of his wife. He said, ‘when you’re living on your own, because your wife has passed away, and when you’ve spent the last 15 years looking after your parents, all of your own local friend base drifts away. So, now that my parents have died all my friends are just no longer there and I am literally just on my own’. Lack of a support network emerged as a significant issue for Rod. In the second interview he commented: ‘Well, I was supposed to be shielding, I was not really supposed to be even going out of the house because of the risk to my health. With heart failure, seven heart attacks, all that sort of thing, I should not be taking any risks whatsoever but I was having to take risks and like I said [in a previous interview] I felt like I was risking my life for a loaf of bread and a pint of milk.’ In the third interview, he added: ‘...but considering I’m supposed to be shielding, you might as well forget it, because the amount of times I have to go out, because that’s one of the hazards of living on your own and living like this. I have no alternative but to go out.’

Paul, who had significant health problems which pre-dated the pandemic, had a small family network, including a daughter and mother in her nineties, but ‘no friends’. Prior to the pandemic, he talked to his neighbours in the communal garden in his housing complex, but during lockdown he ‘started shutting himself up’. The majority of his time was spent in his room which made him feel as though he was ‘climbing the walls’. Paul described how his

mother's longevity inspired him to cope with various illnesses. But by the time of the third interview, he felt that spending time alone was becoming more difficult, as he was feeling 'morbid'. Paul described how when he went to bed at night he felt breathless and anxious. Living alone, he was concerned about what may happen to him: 'Well life and death problems, if you have a heart attack you wonder what is going to happen next. You are always on the edge of things'.

While Paul felt increasingly isolated, he spoke positively about his relationship with his daughter, who brought him shopping every week, describing her regular visits as a 'lifeline'. Family was also important for Brian who before the pandemic would regularly visit his sisters who lived some distance from his home. However, by the time of his third interview, Brian reported feeling very isolated, longing for a holiday, and a 'change of scene'. He explained how he missed company: 'being on my own, I've perhaps got no-one to talk to, so I can't always think, oh yes, you know, I could be worse. You know, I'm thinking, oh, I've, I've got no one to you know'. Brian commented on how his relationship to his sisters felt more distant than before the pandemic, as he was unable to visit them, but at the same time, he felt more connected to them as they chatted weekly on Zoom.

Amongst those identifying as gay, friendships were singled out as being of particular importance. Michael maintained good relationships with his ex-wife and daughter and was in a support bubble with friends. He felt that his relationships had not changed during the course of the pandemic. James had been in a long-term relationship but his partner had died nine years previously. He felt that the pandemic affected him 'mentally more than physically'. In the first interview, he commented on the problem of living alone and not knowing whether you were ill with COVID-19 or something else: 'It's difficult when you're living alone

sometimes and you get a bit of illness and you don't know whether its mild symptoms, you know, whether it could be the virus, you get a bit anxious and worried about it'. In the second interview, he lamented not being able to see a close friend for a number of months: 'And I really miss, well miss him but just miss the fact that I can't do ordinary things when I want to do them and that is what makes me feel a bit down'. In the third interview, James described how relationships with friends seemed to have become more distant. 'Just because you're not seeing people face-to-face. Simple things but they haven't felt so simple, like just meeting a friend and having coffee, and having a catch-up, you know it's very difficult'.

In his first interview, Arthur highlighted the extent to which the pandemic had made him realise the potential isolation of being single: 'Some of my friends, gay friends and straight friends, they're either married or they've got a partner living with them, and so they've got somebody else to chat to, to lean on, to talk to, share things with; and I think that must make a huge difference. And that's one thing I have felt, the kind of isolation of being a single man, 70-years-old, who suddenly is cut off from all the normal social activities that he would do. So I'd say that that's had quite a big influence on me really'.

Michael did not see much change in his relationships except being unable to see people face-to-face: However, he found digital technology vital for maintaining contact: 'I've been in touch with people through Zoom and Facetime, and I haven't lost touch with anybody...I would not have done this before the pandemic'. Michael had good support from neighbours; he was in a bubble with one of them who helped him with shopping when he was shielding. He also felt as a gay person that he had a different experience of close relationships: 'People who've had their personal relationships disrupted I understand. But I don't have those kinds of relationships if you see what I mean...I think that because I'm gay, because of when I

came out years ago, because those experiences of alienation and so on, over many years, I think I'm in quite a different situation compared to other people'.

Theme 4: Biographical turning points

All of the participants mentioned key biographical turning points in their lives, which influenced how they experienced or viewed the impact of COVID-19. As well as deepening precarity in later life, these turning points provided some of the men with the skills and resources to cope with the challenges brought about by the pandemic (Settersten et al., 2020). The interviews reflect how both positive and negative features of turning points prompted different kinds of responses to the pandemic.

For David, an accident on a building site early in his working life left him in chronic pain and problems with mobility. The accident was an important turning point in his life, a 'precursor of all my mental health problems, because I had a breakdown, basically, not long after'. This precipitated a sequence of negative events; 'one thing led to another' and it finished 'breaking up my marriage'. David reflected on this incident as a moment which changed the course of his life, for better and worse. On the one hand, it led to a mental breakdown and the loss of his marriage and family; on the other, it provided an impetus to reach out for support, going onto further education, and retraining as a nurse. He reflected on these experiences to make sense of his worsening mental health during the pandemic and what he saw as a positive shift in societal attitudes: '...these days, if you say 'depression', you don't have to be ashamed of it because – the pandemic alone has caused another epidemic, another pandemic of mental health problems, especially depression'.

Brian described how the death of his partner at the age of 48, ‘knocked me for six.’ Following his bereavement, Brian had got involved in voluntary work with his local church as a way of getting out of the house. In the second interview, when asked about whether he felt lonely before the pandemic, Brian answered: ‘No, not to such an extent. I mean alright my wife died 20 years ago, and as the saying goes, you never get used to it, but you learn to cope with it. So I was coping with it by going to different groups, friendship groups and the church... so at least I got some sort of human contact. So of course everything stopped in March [with the first lockdown] and that made me realise just how isolated I am.’

For Ray and Leroy, moving to England in their twenties was a pivotal moment. Ray described how he was used to living alone on his own prior to the pandemic following his divorce but he also commented on the circumstances of him growing up in Jamaica which he felt helped him manage on his own. His parents migrated to England with his siblings: ‘I was the last one in Jamaica with my grandmother and so I spent a lot of time living in a sense without my siblings, without...on my own so I didn’t have a problem with my own company.’

All of the LGBTQ+ participants spoke about the impact of ‘coming out’. A crucial turning point for James was his early 20s when he came out as gay, and was subsequently rejected by his family: ‘I have a brother and sister who have not spoken to me in 40 years’. He went on to say that: ‘So, basically, I have no family members, I only have a family of friends that I’ve made and so I’ve become quite a resilient person’. He highlighted how he had had a fulfilling life with work and volunteering: ‘And so, having that full life I have to rely on my resilience really of being a strong person and trying to see the positive side of things’.

An important turning point for Arthur came in the mid-1970s when he came out as gay, leading to the breakdown of his marriage and the loss of his job. Arthur had had two sons and the divorce also ruptured relationships with them – they had not spoken for seven years. In the third interview, Arthur commented on how these experiences helped prepare him for the restrictions imposed by COVID-19: ‘I had to work my way through a divorce after 15 years of marriage so that was tough, so there have been certain experiences in my life that have helped me to kind of, you’ve got through all that, so you know, not being able to speak to my children for seven years. I have to mentally adjust to that. I’ve not seen my grandson since he was five, he’s now nearly 12. But things like that, somebody else maybe would cave in and collapse under all of that but what’s the point in feeling sorry for yourself? I have other family who do care for me and support me. I’ve got lots and lots of friends, I’m involved in lots of groups, lots of activities, and I’m very proud to be a member of the LGBTQ+ community, and my role within it, and I’m quite respected within that’.

Throughout the interviews, Michael emphasised the extent to which COVID-19 had to be placed in the context of other events which have affected his and other people’s lives: ‘You know the plagues that we’ve had were, [there was] polio in the 50s which was terrible, with, then AIDS of course, which was awful, and now this one, so on the whole, it seems, it’s like we’re all really fortunate’. He also placed the experience of AIDS in the context of wider injustices which affected gay men when the disease developed: ‘Well, remember of course that we were still, we still didn’t have equal civil rights or anything like that in the 80s and, and this affected a discrete community of people, it’s quite different from this, this thing [the pandemic] which, which affects everybody’.

Discussion and implications

This paper fills an important gap by shedding light on the experiences of single men living alone during the first twelve months of the COVID-19 pandemic. The men entered the pandemic through contrasting pathways, drawing on a range of resources and strategies to cope with what proved for many a transformative period of their lives. Many of those interviewed had somewhat precarious lives before the study, due to poor health and/or restricted social networks. The analysis shows that COVID-19 increased existing insecurities for some of the men, especially those coping with the effects of bereavement or poor health (see also, Portacolone et al., 2021).

Extending this argument further, the findings also suggest that the pandemic *introduced new vulnerabilities*, exacerbating the already precarious lives of some of those interviewed: first, *certain behaviours which were 'under control' before the pandemic, became 'out of control'* as COVID-19 progressed, for example those relating to diet and alcohol consumption. Second, for some of the men, *successive lockdowns disrupted routines created to ward off feelings of isolation*, or to fill the gap created by the loss of a partner. And for others, being 'alone' over a sustained period created fresh anxieties: uncertainties about whether something was just an 'ordinary illness' or 'the virus'; worries about dying 'alone'; or having no one to put things in perspective: 'someone to talk to'. Third, for some of the men, spending twenty-four hours a day at home, led them to *reflect on living alone in a new light*. Some insights about their lives were positive: 'I have found support from friends and neighbours which I did not know existed'; but many of their reflections were negative: 'I had not realised how empty my life was'.

The results show that life course circumstances and biographical turning points influenced people's reactions to, and experiences of, rules such as those associated with social distancing. These findings support Settersten's et al.'s argument that older people place events such as the pandemic in the context of 'a broader range of experiences...[to] judge its relative significance' (2020:4). Those who had migrated to Britain or who identifying as gay fostered a degree of resilience from past experiences – for example rejections by family or discrimination– to cope with the challenge of being forced to isolate during the pandemic. The analysis also shows how COVID-19 was interpreted by some in the context of other public health crises – such as polio and HIV-AIDS – which had been experienced earlier in the life course.

The pandemic should also be understood within the broader context of ageing itself becoming a more *precarious experience*, with (in the UK) reductions in social protection, the raising of pension ages, and the privatization of health and social care (Grenier et al., 2020). This context influenced how people reacted to and managed the pandemic, and in particular the resources which they had at their disposal. For many of the single men who we interviewed, the pandemic exposed the fragility of their pre-pandemic lives, and the challenges faced in dealing with the crisis associated with COVID-19.

The research has a number of implications for understanding issues faced by vulnerable groups, during a public health crisis such as that represented by COVID-19. First, the findings show how precarity is produced by unequal social arrangements, which can become particularly acute in later life, as a result of the accumulation of disadvantage and the contemporary social, economic and political context (Grenier et al., 2020). For those living with co-morbidities, the pandemic represented a particular challenge as the men struggled to

manage existing illnesses, in the context of reduced services and restrictions placed upon their social networks. This underlines the importance, given the likelihood of future waves of the pandemic, of strengthening community health services and organizations which can provide targeted support to those living alone, especially those with long-term physical disabilities, depression, and related conditions (see also, Portacolone et al., 2021).

Second, the research highlighted how prior to the pandemic, many of the men relied on facilities in their local communities, what Oldenburg (1989) defines as ‘third places’ such as libraries, shopping centres, cafés, which encourage social interaction (Klinenberg, 2018). Lack of access to what has been termed ‘social infrastructure’ created considerable anxieties for almost all of the men, and the desire for the reopening of such facilities was a recurring theme. The pandemic itself, with the move to online shopping, combined with cuts in public expenditure which have led to the closure of libraries and community centres, may continue to create problems for those such as single older people who depend on such places to find company. This paper recommends that strengthening social infrastructure must be a priority, especially in those communities which have suffered the full force of the pandemic, combined with the effects of austerity and long-term multiple deprivation (Yarker, 2022).

Third, some of the men used the internet to sustain, and even expand social networks during the pandemic. Much research has focused on the health and well-being implications of the pandemic, while less attention has been paid to how older adults’ patterns of social engagement and support have changed (Fuller et al., 2022). Filling this gap, this study shows how those with resources and confidence in digital technology used online platforms to maintain activities and relationships with family and friends. Some participants ‘regrouped’ virtually to make up for what was no longer possible face-to-face. Whilst commenting on the

limitations of the medium, the move online provided the men with companionship over the period of the three lockdowns. In contrast, those lacking access to the internet experienced what Seifert et al. (2021) refer to as a ‘double burden of exclusion’, with restrictions placed on physical contact compounded by inequalities in access to information technology. In our study, community organizations often played a crucial role in helping people living alone to get ‘online’ during the pandemic, but the demand for their services was considerable. The pandemic demonstrates the need for a major public policy intervention to address digital exclusion – particularly in low-income and minority communities to support individuals to maintain social relationships during challenging times (Macdonald & Hülür, 2021).

This research had a number of limitations. First, *the sample*: this analysis focused on single men living alone, drawn from a particular region of the UK, centred on people living in areas of multiple deprivation. Further papers will examine the views of other groups who were involved in the parent study. Second, *the methodology*: interviews were conducted by telephone, thereby excluding those with hearing impairments. Also, many of the interviewees highlighted stressful events affecting their lives and the researchers were mindful of the limitations of using telephone interviews for exploring sensitive issues (see also Bundy et al., 2021). In this context, participants were given the opportunity to have a break from the interview or for it to be arranged for another occasion.

Notwithstanding these limitations, a key contribution of this research comes from analysing qualitative longitudinal data to produce insights into the impact of the pandemic over an extended period. The lives of men living alone remain under-explored. One important lesson from our research may be that the idea of the pandemic ‘ending’ is unrealistic for many groups. We support Christakis’s argument that: ‘Social variables and values also play a role

when we think about for whom a pandemic has ended. For the elderly, the chronically ill, the poor, the imprisoned, and the socially marginalized, the SARS-2 pandemic might continue to be a biological threat long after the majority of the population has moved on psychologically and practically and long after overall levels of the virus are low' (2020:318). This certainly applies to the men interviewed in this study, whose vulnerability may increase with the lifting of restrictions associated with the pandemic. A reminder that community supports of various kinds will continue to be important for many groups, in recognition of the long-term harm brought about by COVID-19.

Accepted Manuscript

Funding

This work was supported by funding from the UK Centre for Ageing Better, Manchester City Council, and the UK National Lottery Fund's Ageing Better Programme.

Conflict of interest:

None

Acknowledgements

The data are not available to other researchers for replication purposes. The study reported in this manuscript was not pre-registered.

We are extremely grateful to the large number of people and organisations who provided support and advice through the various phases of the research. The authors are also grateful to the editor and anonymous reviewers for their helpful comments on an earlier version of this manuscript.

Accepted Manuscript

References

- Ayalon, L., Chasteen, A., Diehl, M., Levy, B. R., Neupert, S. D., Rothermund, K., & Wahl, H. W. (2021). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 76 (2), e49-e52. <https://doi.org/10.1093/geronb/gbaa051>
- Beach, B., & Bamford, S. (2013). Isolation: The emerging crisis for older men. *Independent Age*. <https://www.independentage.org/sites/default/files/2016-05/isolation-the-emerging-crisis-for-older-men-report.pdf>
- Bundy, H., Lee, H. M., Sturkey, K. N., & Caprio, A. J. (2021). The lived experience of already-lonely older adults during COVID-19. *The Gerontologist*, 61(6), 870-877. <https://doi.org/10.1093/geront/gnab078>
- Burton, J. K., Bayne, G., Evans, C., Garbe, F., Gorman, D., Honhold, N., & Guthrie, B (2020). Evolution and effects of COVID-19 outbreaks in care homes: a population analysis in 189 care homes in one geographical region of the UK. *Lancet Healthy Longevity*; 1, e21-23. [https://doi.org/10.1016/S2666-7568\(20\)30012-X](https://doi.org/10.1016/S2666-7568(20)30012-X)
- Christakis, N. (2020). *Apollo's arrow: The profound and enduring impact of coronavirus on the way we live*. Little, Brown, Spark.
- Dannefer, D. (2021). *Age and the reach of the sociological imagination: Power, ideology and the life course*. Routledge.
- Grenier, A., Phillipson, C., & Settersten, R. A. (2020). Precarity and ageing: new perspectives for social gerontology. In A. Grenier, C. Phillipson, & R. A. Settersten, Jr. (Eds.), *Precarity and ageing: Understanding insecurity and risk in later life* (pp. 1-18). Policy Press.
- Fuller, H. R., Huseth-Zosel, A., Hofmann, B., Van Vleet, B., Kinkade, E., Carlson, S. L., & Sturn, E. (2022). Shifts in Older Adults' Social Connections throughout the initial year of the COVID-19 Pandemic. *The Gerontologist*. <https://doi.org/10.1093/geront/gnac030>
- Kim, H. H. S., & Jung, J. H. (2021). Social isolation and psychological distress during the COVID-19 pandemic: A cross-national analysis. *The Gerontologist*, 61(1), 103-113. <https://doi.org/10.1093/geront/gnaa168>
- Kontopantelis, E., Mamas, M. A., Webb, R. T., Castro, A., Rutter, M. K., Gale, C. P., & Doran, T (2022). Excess years of life lost to COVID-19 and other cause of death by sex, neighbourhood deprivation, and region in England & Wales during 2020. *Plos Medicine*, 19(2). <https://doi/10.1371/journal.pmed.1003904>
- Klinenberg, E. (2012). *Going Solo: The extraordinary rise and surprising appeal of living alone*. The Penguin Press.
- Klinenberg, E. (2018). *Palaces for the people: How to build a more equal and united society*. Bodley Head.

Mental Health Foundation and Independent Age (2021). *The mental health experiences of older people during the pandemic*. <https://www.mentalhealth.org.uk/explore-mental-health/publications/mental-health-experiences-older-people-during-pandemic>

Macdonald, B., & Hülür, G. (2021). Well-being and loneliness in Swiss older adults during the COVID-19 pandemic: The role of social relationships. *The Gerontologist*, 61(2), 240-250. <https://doi.org/10.1093/geront/gnaa194>

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2021). *Build back fairer in Greater Manchester: Health equity and dignified lives*. Institute of Health Equity. <https://www.instituteoftheequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives>

Nazroo, J., & Bécares, L. (2021). Ethnic inequality in COVID-19 mortality: A consequence of persistent racism. *Runnymede Trust*. <https://www.runnymedetrust.org/publications/ethnic-inequalities-in-covid-19-mortality-a-consequence-of-persistent-racism>

Office of National Statistics (2020). People living alone aged over 65 years old by specific age group and sex, UK, 1996-2019. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/adhocs/11446peoplelivingaloneaged65yearsoldandoverbyspecificagegroupandsexuk1996to2019>

Oldenburg, R. (1989). *The great good place*. Marlowe & Company.

Portacolone, E., Chodos, A., Halpern, J., Covinsky, K. E., Keiser, S., Fung, J., & Johnson, J. K (2021). The effects of the COVID-19 pandemic on the lived experience of diverse older adults living alone with cognitive impairment. *The Gerontologist*, 61(2), 251-261. <https://doi.org/10.1093/geron/gnaa201>

Settersten Jr, R. (2020). How life course dynamics matter for precarity in later life. In A. Grenier, C. Phillipson, & R. A. Settersten, Jr. (Eds.), *Precarity and ageing: Understanding insecurity and risk in later life* (pp. 19-40). Policy Press.

Settersten Jr, R. A., Bernardi, L., Härkönen, J., Antonucci, T. C., Dykstra, P. A., Heckhausen, J., & Thomson, E. (2020). Understanding the effects of Covid-19 through a life course lens. *Advances in Life Course Research*, 45. <https://doi.org/10.1016/j.alcr.2020.100360>

Seifert, A., Cotton, S., & Xie, B (2021). A double burden of exclusion? Digital and social exclusion of older adults in times of COVID-19. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 76(3) e99-e103. <https://doi.org/10.1093/geronb/gbaa098>

Standing, G. (2011). *The precariat: The new dangerous class*. Bloomsbury.

Vlachantoni, A. Evandrou, M. Falkingham, J. Qin, M. (2022). The impact of changing social support on older persons' onset of loneliness during the COVID-19 pandemic in the United Kingdom. *The Gerontologist*. <https://doi:10.1093/geront/gnac033>

Walsh, K., Scharf, T. Regenmortel, S.V., & Wanka, A. (Eds.). (2021). *Social exclusion in later life: international perspectives*. Springer Publishing.

Willis, P., Vickery, A & Jessiman, T. (2022). Loneliness, social dislocation and invisibility experienced by older men who are single or living alone: accounting for differences across sexual identity and social context. *Ageing & Society*, 42 (2), 409-431.
<https://doi.org/10.1017/S0144686X20000914>

Yarker, S. (2022). Understanding Social Infrastructure and Social Connections. In *Creating spaces for an ageing society*. Emerald Publishing Limited.

Accepted Manuscript

Table 1. Participant Characteristics (n = 16)

Name (pseudonym)	Age	Years living alone	Ethnic background	Relationship status and identity	Sexual orientation	Health conditions
Arthur	70	30	White	Divorced	Gay	HIV-positive
Brian	73	21	White	Widower	Heterosexual	Sight problems, limited mobility
Clive	58	Always	White	Never married	Heterosexual	Mobility problems
David	76	15	White	Divorced	Heterosexual	Respiratory disease, diabetes, anxiety, depression
James	65	9	White	Widower	Gay	None
John	88	40	White	Widower	Heterosexual	Diabetes, chronic anxiety, limited mobility
Leroy	84	25	Black	Widower	Heterosexual	Heart problems, recovered from prostate cancer
Michael	74	9	White	Divorced	Gay	Respiratory disease
Pat	74	6	Asian	Divorced	Heterosexual	Long-term depression
Paul	71	4	White	Separated	Heterosexual	Hearing problems, heart disease, chronic pain
Peter	73	17	White	Widower	Heterosexual	Mobility problems
Ray	59	2	Black	Divorced	Heterosexual	Diabetes
Rod	64	7	White	Widower	Heterosexual	Long-term mental health issues, heart disease
Steve	65	Always	White	Never Married	Heterosexual	Long-term depression
Stewart	72	22	White	Divorced	Heterosexual	None
Wes	66	Always	Black	Never Married	Heterosexual	Diabetes