

Original Article

Repercussions of the confinement due to the COVID 19 pandemic on the autonomy and participation of people over 75 years of age: an occupational perspective¹

Repercusiones del confinamiento por pandemia de COVID-19 en autonomía y participación social de personas mayores de 75 años: una perspectiva ocupacional

Repercussões do confinamento devido à pandemia de COVID-19 na autonomia e participação de pessoas com mais de 75 anos: uma perspectiva ocupacional

Matías Bernal de la Fuente^a , Josselyn Hernández-Salas^a , Camila Pineda-Caniulaf^a ,
Dania Rodríguez-Azócar^a , Jimena Carrasco-Madariaga^a 

^aUniversidad Austral de Chile – UACH, Valdivia, Chile.

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Abstract

Introduction: In Chile there has been an accelerated process of aging of the population while prejudices towards older people are maintained that can limit their autonomy and social participation. In this context, health measures were applied due to the COVID-19 pandemic that limited daily activities, especially in people over 75 years of age. **Objective:** To describe and analyze the repercussions of the measures adopted in Chile due to the COVID-19 pandemic on the daily activities of people over 75 years old in relation to autonomy and social participation and analyze them from the framework of Occupational Justice. **Method:** Qualitative and descriptive research with a narrative research design. Semi-structured interviews were conducted through video calls to nine people over 75 years of age, residents of different communities in Chile who have been in quarantine during the year 2020. **Results:** The measures forced older people to

¹ The ethical principles for research on human beings from the Declaration of Helsinki were considered. In accordance with current Chilean legislation, all participants read and agreed to the Informed Consent.

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modify their routines, affecting the range of occupations they previously carried out, causing social isolation, feelings of loneliness and a decrease in autonomy, mainly due to dependence on carrying out procedures through technological devices. Most of the interviewees consider that the specific measures for them were exaggerated, poorly contextualized and did not consider the heterogeneity of this age group. **Conclusion:** The measures adopted for people over 75 years of age have deepened stereotypes typical of ageism that were previously present. This has implied an occupational deprivation that, however, has led the participants to seek adaptation strategies that realize their potential.

Keywords: Pandemics, Coronavirus, Aged, Personal Autonomy, Social Participation.

Resumen

Introducción: En Chile se ha dado un proceso acelerado de envejecimiento de la población a la vez que se mantienen prejuicios hacia las personas mayores que pueden limitar la autonomía y participación social de éstas. En este contexto se aplicaron medidas sanitarias por la pandemia por COVID-19 que limitaron actividades cotidianas, en especial en personas mayores de 75 años. **Objetivo:** Describir y analizar las repercusiones de las medidas adoptadas en Chile por la pandemia de COVID-19 en actividades cotidianas de personas mayores de 75 años respecto autonomía y participación social y analizarlas desde el marco de Justicia Ocupacional. **Metodo:** Cualitativa y descriptiva con un diseño de investigación narrativa. Se realizaron entrevistas semiestructuradas a través de video llamadas a nueve personas mayores de 75 años residentes de distintas comunas de Chile que hayan estado en cuarentena durante el año 2020. **Resultados:** Las medidas obligaron a las personas mayores entrevistadas a modificar sus rutinas afectando la gama de ocupaciones que antes realizaban, ocasionando aislamiento social, sentimientos de soledad y una disminución en la autonomía, principalmente por la dependencia para realizar trámites mediante dispositivos tecnológicos. La mayoría de los entrevistados considera exageradas y poco contextualizadas las medidas aplicadas a personas de su edad. **Conclusión:** Las medidas adoptadas para personas mayores de 75 años han profundizado estereotipos propios del edadismo presentes de forma previa. Esto han implicado una privación ocupacional que, sin embargo, ha llevado a los participantes a buscar estrategias de adaptación que dan cuenta de sus potenciales.

Palabras-clave: Pandemias, Coronavirus, Persona Mayor, Autonomía Personal, Participación Social.

Resumo

Introdução: No Chile tem ocorrido um acelerado processo de envelhecimento da população enquanto se mantêm preconceitos em relação aos idosos que podem limitar sua autonomia e participação social. Nesse contexto, medidas sanitárias foram aplicadas devido à pandemia de COVID-19, que limitou as atividades diárias, principalmente em pessoas com mais de 75 anos. **Objetivo:** Descrever e analisar as repercussões das medidas adotadas no Chile devido à pandemia de COVID-19 nas atividades diárias de pessoas com mais de 75 anos em relação à autonomia e participação social e analisá-las a partir do marco da Justiça Ocupacional. **Método:** Qualitativa e descritiva com desenho de pesquisa narrativa. Foram realizadas entrevistas semiestructuradas por meio de vídeo chamadas a nove

peças com mais de 75 anos, residentes de diferentes comunidades no Chile que estiveram em quarentena durante o ano de 2020. **Resultados:** As medidas obrigaram os idosos entrevistados a modificarem suas rotinas, afetando a gama de ocupações que exerciam anteriormente, causando isolamento social, sentimento de solidão e diminuição da autonomia, principalmente pela dependência para realizar procedimentos por meio de dispositivos tecnológicos. A maioria dos entrevistados considera as medidas aplicadas às pessoas da sua idade exageradas e pouco contextualizadas. **Conclusão:** As medidas adotadas para as pessoas com mais de 75 anos aprofundaram os estereótipos típicos do etarismo, que antes já estavam presentes. Isso implicou uma privação ocupacional que, no entanto, levou os participantes a buscarem estratégias de adaptação que concretizassem seu potencial.

Palavras-chave: Pandemias, Coronavírus, Idoso, Autonomia Pessoal, Participação Social.

Introduction

The aging of the population is a global phenomenon that increases year after year and that, in Chile, has occurred in a shorter period of time compared to other countries in the region (Díaz-Franulic, 2017; Godoy, 2020). The percentage of elderly people in Chilean territory was estimated at 11.9% of the country's total population, projecting that by 2035 this number will be close to 18.9%.

We understand old age as a process accompanied by strong tensions that, in many cases, occurs in a context of lack of protection, so that elderly people often experience situations of exclusion (Abusleme et al., 2014). The stresses that accompany this stage of life are related to the loss of significant roles and the limitations to live life according to one's own choice, in addition to the anticipation of one's own death. The lack of protection of the elderly is related to the low amount of pensions, poor health coverage, problems to access public transport, all of which have an impact on limitations to access recreation and socialization (Centro de Innovación UC, 2020). Added to this is the growing impact of the technological gap: in our society, more and more social interactions and procedures occur mediated by technologies that are not easily accessible to older people.

According to the fifth national survey on Quality of Life in Old Age, (Pontificia Universidad Católica de Chile y Caja Los Andes, 2019) among the issues that most concern elderly is, first of all, having to depend on other people, that is, losing their autonomy as age increases. The same study also shows that the feeling of receiving unfair treatment just for being elderly has increased, especially in health services.

The latter can be related to what, from social analysis, has been called "ageism" (Butler, 1980; Bytheway & Johnson, 1990; Bytheway, 1995) to refer to a systematic form of stigmatization towards the elderly that links this stage of life with negative stereotypes, so that being old becomes a pejorative concept. Since the first formulations of the concept "ageism" several decades ago, there has been a sustained increase in research in the field of social sciences around this category, driven by the relevance that the social problems associated with the increase in life expectancy and population aging

(Levy & MacDonald, 2016). However, in the last years, based on the research review in this field, the need to broaden perspectives, diversify methodologies and "[...] expand the contexts under study towards greater cultural diversity [...]" has been proposed (Levy & MacDonald, 2016, p. 5), with which the approach of the ageist perspective becomes relevant in contexts like ours, where a sufficient number of investigations in this regard have not yet been generated.

A relevant area in the field of ageism is research on health systems, professionals and workers; Elderly people are increasingly making use of health services (Wyman et al., 2018). Thus, the relevance of considering this perspective in the study of health actions has been proposed, based on the fact that the prejudices held towards the elderly tend to permeate the agents and policies of the sector at different levels, with the consequent decrease in the access to health by the elderly. In this sense, a critical and reflective vision of the ideas that health professionals have about the elderly is relevant.

This is not alien to the practice of Occupational Therapy as shown by different researches: age discrimination is also seen in attitudes and speeches in the practice of Occupational Therapy (Klein & Liu, 2010) and can be found in the undergraduate students (Friedman & VanPuymbrouck, 2021).

In addition, from the perspective of Occupational Justice it has been proposed that ageism can limit the opportunities that people have to engage in desired activities and, therefore, something that Occupational Therapy should consider (Rudman, 2015).

Based on the aforementioned evidence, we consider that it is necessary to incorporate ageism in the researches carried out in Occupational Therapy. But, in addition, this becomes even more relevant from the measures that have been adopted in different countries due to the COVID-19 pandemic and that have resulted in the reinforcement of negative ideas associated with the old age (Fraser et al., 2020; Bravo-Segal & Villar, 2020; Ayalon et al., 2021). This is due to the fact that statistics have shown that the elderly are the ones with the highest risk of evolving into severe complications of COVID-19, with which the association between the elderly and the risk group has been magnified. The epidemiological and health risk management logic has prevailed in the decision-making of the authorities in different countries, legitimizing actions that, in another situation, would be considered to violate the most basic rights of the elderly (Amezcuca, 2020); Measures such as prolonged confinement, mobility and social contact restrictions, among others, although they have prevented higher levels of mortality in this group, have had serious psychosocial consequences, such as fear and anguish, insomnia, isolation, changes in emotional states and increase in depressive symptoms (Pinazo-Hernández, 2020).

In the case of Chile, the Coronavirus Action Plan promoted by the authorities in March 2020 established a national quarantine for all adults over 80 years of age or older, as this group is considered the highest risk for Covid-19. Then, as of May 15, 2020, this measure was extended to those over 75 years of age, which was maintained until September of the same year (Chile, 2022).

That Plan came along with the declaration of a State of Constitutional Exception of Catastrophe, also in March 2020 and a curfew between 10:00 p.m. and 5:00 a.m., which was maintained until September 30, 2021. In addition, as of July 2020, the government implemented the Step by Step Plan, according to which 5 stages were defined according to the health situation of each commune. Thus, in the communes declared in stage 1, a

total quarantine was decreed: people could only access two two-hour permits a week to leave their place of residence, permits that had to be used to carry out essential activities. On the other hand, in the communes in stage 2, a total quarantine was maintained during weekends and holidays (Chile, 2020). Surveillance of compliance with the quarantines was left in the hands of police officers and the army.

All these measures have impacted the daily life of the population, limiting and modifying the ways in which we carry out productive, leisure and free time activities and the ways in which we relate to each other; consequently, the occupational dimension of life has been impacted (Hernando-Pina & Valverde-Eizaguirre, 2021). However, the greatest restrictions fell on those who are considered part of the risk population, that is, those over 75 years of age, with which the possibilities of promoting occupational participation in all areas of performance of this group were restricted, which is a relevant aspect for the promotion of quality of life and well-being, it is special, in this group (Prieto & Cartagena, 2018).

In the field of occupational therapy, where intervention with older adults is becoming increasingly important, these measures may have limited the possibilities of incorporating social and community aspects that, based on the premises of the profession, are recognized as essential (Reinoso et al., 2018).

Taking the contributions of the Occupational Justice framework (Durocher et al., 2019), we assume that elderly people in Chile may have been subject to unfair situations by seeing their participation limited in occupations that they carried out before the pandemic measures were implemented due to COVID-19. Thus, the purpose of this research is to investigate the situations of Occupational Injustice that may have affected people over 75 years of age in Chile as a consequence of the confinement measures. For this, we believe it is necessary to consider that, although the confinement measures were a response by the authorities to the health emergency caused by the COVID-19 pandemic, we must pay attention to the social and power relations involved in the implementation of such measures. This is because we assume that situations of Occupational Injustice are the result of certain social, political and economic conditions and, therefore, cannot be understood only by looking at the health situations of the individuals (Malfitano et al., 2016). In this sense, we believe that ageism is a relevant social aspect to study for a better understanding of the situations of Occupational Injustice experienced by elderly people (Rudman, 2015). Even more so if, as we have pointed out, age discrimination has been strongly expressed in the measures that have been adopted due to the COVID-19 pandemic.

Based on the ideas presented above, our research question is: How does confinement affect the autonomy and social participation of people over 75 years of age in different regions of Chile? And can these repercussions be considered Occupational Injustices? In this way, the current research seeks to describe the occupational repercussions of the sanitary measures adopted due to the pandemic in people over 75 years of age in Chile, especially in regards to autonomy and social participation and, from there, to identify possible situations of Occupational Injustice based on the social conditions that allow and maintain.

Methodology

We position ourselves in the qualitative research paradigm from where we focus on understanding the phenomena by exploring them from the perspective of the participants in a natural environment and in relation to their context (Baptista et al., 2014). This approach provides us with the epistemic foundations that allow us to examine the way in which individuals perceive and experience the phenomena that surround them, delving into their points of view, interpretations, and meanings. Thus, from the experiences of the participating individuals, we seek to generate an understanding of the phenomenon that we are interested in learning about. More specifically, we use a narrative design based on the approaches of Bruner (1986), Gubrium (1997), Holstein & Hinchaman (2001), (as cited in Denzin & Lincoln, 2012).

Based on semi-structured interview sessions, we sought to access the participants' reports focusing on the repercussions of the sanitary measures adopted by the Chilean authorities during 2020, especially on autonomy and social participation, understanding these reports as:

[...] a story that allows people to give meaning to their lives. It consists of an effort by the individual to connect his past, his present and his future in such a way that a linear and coherent story is generated with itself and with the context (Arias Cardona & Alvarado Salgado, 2015, p. 172)

In this way, we sought that the participants could capture the experiences, ideas and emotions in a narrative that, at the same time, would allow them to give new meaning to the experiences they wanted to tell, filling their own story with meaning by renaming and recreating the events (Landín Miranda & Sánchez Trejo, 2019). These narrations do not necessarily respond to a chronological order, but are based on a logical and subjective framework, which accounts for the complexity and configuration of the person who narrates the events experienced (Arias Cardona & Alvarado Salgado, 2015).

To obtain the narrated experience of the elderly, we used the interview as a means of data collection. Within the types of interviews we selected the unstructured or semi-structured interview model (Cerdeira, 1991) that uses open questions and is flexible in its procedures. This type of interview lacks a formal standardization. The interviewees respond in their own words and within a frame of reference to the theme that has been defined. Data collection occurs in the natural and everyday environments of the participants (Baptista et al., 2014).

The participants were contacted through the personal social networks of the researchers, so that everyone was, in some way, among the personal contact networks of the research team, including family, friends, and colleagues, among others.

The following inclusion criteria were established for the selection of participants: 1) elderly, Chilean person between 75 and 85 years old, 2) with access to the Internet or a mobile device that allowed making calls or video calls, 3) with the ability to understand the questions, 4) having resided in a private home in communes that have been in phase 1 or 2 of the step-by-step plan in 2020. A total of 12 participants were recruited, of which only 9 completed the research. A first approach was made, where the objectives and purpose of the research were exposed. Then, the interested parties were given an

informed consent through which they were informed of the research and had the possibility to revoke their participation in any phase of it. Although this research does not have an ethics committee report, it subscribes to the recommendations of the ethical principles of the Declaration of Helsinki; In addition to free and informed consent, the anonymity and confidentiality of all participants has been respected. The presidency of a report from a Research Ethics Committee is based on decree 114 of 2010 of the Ministry of Health of the Government of Chile (2010), by which we do not consider the participants as members of vulnerable groups nor were they recruited through health services.

Below is a table with the characterization of the participants who reached the final stage of the research (Table 1):

Table 1. Characterization of the participants: age, gender, context and level of education.

Participant	Age	Gender	Habitational context	Level of Education
Interviewee 1	83 years old	Female	Urban	Elementary – Incomplete
Interviewee 2	75 years old	Female	Urban	Elementary – Incomplete
Interviewee 3	76 years old	Female	Rural	Elementary – Incomplete
Interviewee 4	77 years old	Female	Urban	High School – Incomplete
Interviewee 5	82 years old	Female	Urban	High School – Incomplete
Interviewee 6	80 years old	Female	Urban	Elementary – Incomplete
Interviewee 7	86 years old	Female	Urban	Graduate
Interviewee 8	77 years old	Female	Urban	High School – Incomplete
Interviewee 9	78 years old	Male	Urban	Undergraduate – Incomplete

Two semi-structured interview sessions were conducted with each participant between the months of April and June 2021. In the first interview session, information associated with personal data, perception of confinement, occupational history, and level of knowledge of the disseminated health regulations in the media was addressed. In the second session, issues related to the modifications and differences in autonomy and social participation during the period of confinement were delved into. The interviews lasted approximately 60 minutes each and were recorded and later transcribed by the research team.

For the process of analyzing the narratives, the veracity of the information provided was assumed, so no triangulations of the information were carried out. The contextualization that each interviewee gave was considered for an interpretation of the experiential qualities of the stories. First, the particularities of the stories were considered and then a comparison exercise was carried out in order to identify differences and

similarities between the narrated experiences. In this way, we found similarities, meeting points and divergence that were initially organized into 11 categories, which after a new review were reduced to 6: 1) Sense of efficacy in old age; 2) Perception of discrimination in old age; 3) Impact of the measures on social participation; 4) Sense attributed to the measures; 5) Autonomy, technologies and information and 6) Adaptation process during confinement.

Below, we present the main results in each of these categories, from a storytelling perspective, that is, as a way of organizing the interpretations we have made of the narratives we have studied in order to present them to an audience (Denzin & Lincoln, 2015).

Results

Sense of efficacy in old age

When knowing and exploring the stories of our interviewees, it is relevant for our research objectives to present, first, their conceptions regarding old age and the sense of efficacy. We found an enriched story that is accompanied by perceptions and feelings to account for what they can do today. In this, he realizes a transformation process throughout his life cycle that is projected into the future

The body is the one that ages not us, we inside want to continue doing our things, but sometimes for A B or C reasons you stay seated and the others do things for you, which is bad, I want to continue being self-sufficient until the day I can't anymore, I am not afraid of the age., I am actually afraid that at some point I will stop doing my things and that I will have to depend (I.5).

The elderly people interviewed do not express fear of aging, but rather, of losing the ability to continue living their daily lives according to their own quality of life parameters due to loss of ability, which is consistent with the reviewed bibliography (Pontificia Universidad Católica de Chile y Caja Los Andes, 2019).

Regarding how elderly people understand the sense of efficacy, we see that they closely relate it to autonomy and to the opposite of dependence. Associated with this, we highlight the perception that the participants have of the changes they have experienced on a physical and psychological level and the adaptation forms that have allowed them to face the new difficulties, emotions and realities:

Today I need help from others, I no longer have the same strength as before, it takes me a little longer to do my things, but I always try to encourage myself to do them and do them well [...] I feel day by day with more desire to live, I don't feel old, I feel rejuvenated, [...] it is a great pride for me to be part of the third age, I have learned a lot throughout my life (I.3).

Although it can be observed how they relate their own aging process with the loss of some physical abilities, the acceptance of the evolutionary stage is also observed where, far from the prejudices associated with old age, they feel and perceive themselves as

courageous and useful beings in the tasks they still perform, even when they require the help of others.

Perception of discrimination in old age

When asked if they have felt discriminated due to belonging to the older population, the answer is generally negative, however, the narrative obtained shows the association established between old age, illness and death, especially at the beginning of the pandemic. As one of the interviewees states: “*And I was also concerned that the COVID only affected the elderly, that it was for the older adults only*” (I.2).

To the ideas of illness and death, some interviewees also associated the perception in society that older people are useless:

If you get infected, you are going to die as it happened with many adults already, because they think that, because you are old, you no longer have the right to live, which happened at the beginning with many older adults, a lot of people died there, because they think that after some age you are no longer useful (I.4).

In most of the stories we find that ageism in society is inserted in the way in which we normalize facts and opinions that threaten the integrity and freedom of the elderly. This is evidenced by our group of participants who express that there is a generalization of the capacities of people over 65 years of age, alluding to physical characteristics or identity documents, for example, the Unique Tax Number (RUT). It should be noted that in Chile this number appears on the identity document and that, since it is correlative to the inscriptions in the Civil Registry, it increases as it relates to younger people.

In reality there is a mistake in the evaluation of all this, not all those over 65 years of age are obsolete, I believe that there is a deception there, on behalf of all these authorities that take the responsibility of deciding on people's lives. In other words, they say that one is not fit for something. They are looking at the RUT, true, so they decide on that (I.9).

Also, in several reports, basic pathologies are mentioned as elements that justified a different treatment towards them. However, this is contradicted by the fact that, previously in the health services where they are controlled, they have been assured that such pathologies should not be considered limits for the performance of their functions.

Impact of measures on social participation

Once an interpretation has been made regarding how our participants understand the way in which society sees the elderly, we will enter more directly into the subjective experiences in relation to confinement. From the reports obtained, we can deduce that social participation decreased considerably with the confinement imposed during the study period.

The narratives of the participants tend to compare the routine they carried out before the pandemic with the one they had to establish later as a result of the measures that

restricted the possibilities of leaving their homes and receiving visits. This process of change meant a breakdown of routines and in several cases, loss of meaning of free time that was generated by the loss of other significant activities.

The confinement greatly influences how I have felt, because before we would plan what we were going to do, where we were going, but now it does not happen, we get bored just thinking about being locked up, there is nowhere to find myself, I'm back there, back here, you have to take advantage of just resting (I.4).

Most of the participants report an adaptation process to the routine change, even though this has meant the loss of activities that are significant, among which family gatherings are one of the most relevant.

Not being able to go out and being locked up, if I want to buy something I can't go out. The other thing is that I can't see all my family, they can come and ask for a permit, but they have to come one by one so we don't get all get together on the same day, since we are 2 elderly adults in my home and because of that we protect ourselves more (I.4).

The contact with relatives or friends of the interviewees decreased drastically in the study period. The restrictions are mostly considered excessive and poorly contextualized by the interviewees; maintaining quality time with the loved ones became a complex task to execute, since it was necessary to have permits and manage the time to spend with others, depending on the limitations imposed.

On the other hand, productive activities were also limited, especially those that are carried out outside the home. However, the loss of these seems not to have affected as much as those related to instances of family gatherings.

I tried to go and sell my little things, blackberries, chestnuts, eggs, but now I have no locomotion and I am also afraid of getting infected again, avoiding all that, I have stopped doing it (I.3).

The participants value the possibilities of maintaining activities to which they were accustomed and relate them to the maintenance and improvement of their health. In this sense, the devices of the health system appear as important support networks.

Although at the beginning of the measures many of the participants had difficulties accessing health benefits that they would previously access on a regular basis, soon after the Primary Health Care Centers prioritized home care and delivery of medicines and food to the elderly people and enabled forms of telehealth. The main causes of the initial difficulties in accessing health care are related to the fear of contagion, which led the participants to stop attending the Health Centers and with it, to a loss of participation in the management of their own health, which was maximized by the press that insisted on the greater risk in older people.

More specifically, for the participants, the Health Centers that they attended prior to the measures and that already constituted an important support factor, played a fundamental role in response to their needs, among which highlight actions to maintain

cognitive, physical and communication skills, and counteract the loss of instances of social interaction.

The constant supply of medicines and access to care from health professionals, which before the measures were important aspects of their routines, appear as essential aspects that were maintained during the period in which they could not leave their homes

There was a man who did some exercises for our bones, a girl who was the one with memory and games and another one for how we spoke, but now they don't allow us to go out to the meetings, so now they send us books and exercises for home, because the book contains the exercises (I.1).

However, the participants maintain a feeling of loss of autonomy in the management of their own health, in relation to the period prior to the measures.

Sense attributed to government measures

Regarding the government measures, for our analysis we consider differentiating two elements: 1) the consequences of the application of the measures in daily life and 2) how these measures are interpreted. As we have seen in the previous sections, the application of the measures has a clear impact on the daily life of the interviewees, since they restrict their possibilities of carrying out occupations. However, in addition to the limitations imposed by the measures, the participants fail to identify their real usefulness in the fight against the pandemic. However, they assume and abide by them.

The statements of the interviewees mostly reflect a sense of conformism, repeatedly indicating that their opinions have no interference with the government's indications. This is how the following quotes expose it: *"We do not have to keep quiet, no more, what can we say, I think that quarantine was not necessary for older adults"* (I.6). *"I think that it's okay, they do it to take care of us, although some things are unnecessary or not understood"* (I.8).

The feeling of conformity despite not agreeing or not understanding the actions of the government results in the interviewees having to adapt to the decisions and measures imposed, regardless of whether they do not make sense to them:

It is a bit difficult to explain these things because no one can understand it, if they are good or bad, everything that happens with this step by step plan is strange, we are in quarantine, then all things are opened, then they go back and close them, I don't think that it is right, it has not been well executed (I.4).

The measures are considered generalized, that is, not adjusted to specific contexts. In addition, they are temporary and indefinite, that is, they are constantly changing, while there is no clarity until when they will be maintained. All this means that, for the interviewees, the measures are meaningless information; Difficult to understand and not very useful. In this way, the measures applied do not represent or make sense to the interviewees, since they restrict the right of access to occupations without there being an understanding of the purpose and/or the need for them.

Autonomy, technologies and information

The participants have stable and favorable support networks that have helped them with the activities that were carried out outside the home, such as pension payments, food purchases, medication withdrawal, etc., but this support has generated limitations in the autonomous performance of these occupations. Thus, the occupations that they carry out autonomously have had to be restricted to work within the home.

On the other hand, an element that appears as a limitation of autonomy in the narratives are the internet platforms that the government implemented to obtain permits and carry out procedures, for which our interviewees did not have previous skills development. In this sense, support networks played a fundamental role in the accessibility and connectivity of our interviewees. This is how some narratives show it: “*When I had to go to the doctor in Valdivia, Carlos just took my permits, now I haven't gone to the supermarket since it started*” (I.6). Relatives, neighbors or other younger acquaintances became a necessary support to access the platforms where to obtain permits to carry out daily activities.

Another problem derived from the lack of access to digitized information in times of pandemic is related to the possibility of accessing benefits that the authorities provided for certain groups, all through internet platforms. The interviewees depended on other people to access these benefits, which affected their autonomy.

Making a scope of the benefits that the government gives to the elderly and how the application process to access through online applications works, I consider it unfriendly for people who do not use technology. In addition, the queues only cause physical exhaustion and are also a source of contagion, there is the great abandonment. If I had internet connection, I would not be able to handle it, I don't understand it, the system is poorly oriented since access is difficult and restricted, since not everyone will understand it, more easily accessible options would be better (I.3).

Adaptation process during confinement

A large part of our participants experienced the beginning of the pandemic as mourning, that is, as a process of losing possibilities to carry out activities that they could carry out before. This loss, however, was assumed as something inevitable to which there was no choice but to get used to it.

They diagnosed me with severe depression, but they told me that I had to get used to being locked up because the pandemic was just starting, so the hardest thing was [...] because I was used to going out, walking out there, doing my things quickly because I had to go there, and now nothing, only making food, sitting down, and always being seated, just walking around the house and that was bad for me, but I was recovering and I could go through it (I.2).

As a result of the above, some of the participants have proposed to explore new interests within the home, and organize their time to carry out activities that keep them busy in this new lifestyle. This can be seen in the following quote:

I have to figure out how to entertain myself. The house is a little bigger, so I can go out to the patio, see the plants, walk, go and buy something, go around, go get some bread, depending on how I feel (I.4).

Meanwhile, a small group has managed to take advantage of the tools that technological advances offer us, making use of them as a means to keep social and family networks active and continue carrying out their activities through online platforms. This is how the following interviewee expresses it: “*Obviously we miss these physical meetings, but technology allows us to be connected, I even took online piano classes*” (I.7).

Most of the participants have managed to adapt to the context by seeking new ways to communicate with their networks, especially family members, through phone calls, video calls or meetings with reduced capacity. In this process, home visits by health care centers have been key, including the delivery of materials and tools to deal with at home. Help and guidance from the municipalities are also highlighted. Thus, as the months went by, there was greater acceptance of these new ways of relating, prioritizing safety in the face of contagion over face-to-face contact.

Discussion

After analyzing the data collected, the impact that confinement has generated in the daily life of our participants in social participation and autonomy has been evidenced.

We see in the narratives of the participants an understanding of old age as a process that is experienced in multiple ways, but a meeting point is the idea of transformation associated with loss of capabilities. Under this interpretive framework, the possibility of continuing to do the things that one wishes to do, even when help is required, becomes relevant. In this way, the sense of efficacy is strongly associated with autonomy and this, in turn, to continue making decisions regarding what to do, even if help is required to do so, which is consistent with the notions of autonomy typical of our discipline and the basic notion of Occupational Justice (Fernández Agudo & Moruno Miralles, 2012). Then, the interviewees did not identify forms of discrimination against them for "being old", even when the reports show that they do not feel considered as people who can contribute and do things as part of society. This can be related to the normalization that occurs in society, including the elderly themselves, of the marginalization of this group from certain spaces (Rudman, 2015). In this sense, it can be related to the concept of Occupational Marginalization since it would be an invisible normative standardization of when and where someone can participate (Gupta, 2016).

On the other hand, regarding the confinement measures for people over 75 years of age, the interviewees experienced that they were imposed without considering the particularities of their situations or their opinions, putting the entire group under the same category, marked by vulnerability at the risk of dying. These measures, despite not being fully understood or shared by the participants and having implied a clear loss of significant instances of social participation and restrictions to carry out activities independently, were assumed without much opposition at the beginning, because they were based on scientific knowledge and from experts. This is consistent with what was stated by Amezcua (2020) when affirms that the pandemic has given complete legitimacy to the scientific and expert speech and with it to actions that, otherwise,

would be considered attacks on elementary rights, especially of older individuals (Organization of American States, 2015). Backed by the scientific speech, the measures adopted cannot be questioned.

After more than a year of confinement, several participants say they are resigned to a situation that seems unfair to them: despite having been the first to be vaccinated, their activities in clubs for the elderly or neighborhood venues have not yet been resumed, while other public spaces that convene high levels of attendance are opened, for example, shopping centers. All of the above is consistent with the notion of occupational deprivation (Whiteford, 2000), as it constitutes an exclusion of activities considered necessary and significant for reasons that are beyond the control of those who suffer it (Fernández Agudo & Moruno Miralles, 2012).

The loss of instances of social participation in the elderly entails a decline in health and well-being (Gallardo-Peralta et al., 2016; Sepúlveda-Loyola et al., 2020) and, therefore, from the Occupational Justice framework, we see that it constitutes a deprivation of necessary instances to maintain one's life and, therefore, a deprivation of fundamental rights (Wilcock, 2006).

The participants consider that they have lost autonomy; they can no longer go to usual places independently and must do so accompanied, for example, to health checks; nor can they make purchases from supermarkets and/or stores, having to leave the choice of products in the hands of others. The different internet platforms created by the authorities to access procedures and benefits have played a relevant role in this loss of autonomy, since the participants are not familiar with these media and have had to require support from others to gain access. Thus we see that technology has been an important agent in the marginalization of the elderly, as has also been proposed from the ageist perspective and the Occupational Justice framework (Fernández Agudo & Moruno Miralles, 2012).

The confinement implied an abrupt change in routines and its consequent destructuring. In turn, the loss of daily activities left empty times that led several of the participants to experience feelings of meaninglessness.

As a consequence, the participants of this research found themselves in the need to modify routines, ceasing to carry out activities that they previously carried out regularly outside their homes, with which activities related to domestic care became more important. In one case, new free time activities were incorporated through virtual means. It should be noted that the latter was found only in the narrative of the only male participant, while in most of the female participants there was an intensification of activities at home related to roles associated with gender, which is consistent with the differences in the impact of the pandemic that have been evidenced by gender in Chile (Osorio-Parraguez et al., 2021).

Conclusion

Based on the narratives of the participants in this research, we can say that the confinement measures for people over 75 years of age in Chile have implied a loss of spaces for social participation and autonomy that can be considered as leading to situations of Occupational Injustice: Participants identify having been marginalized from certain spaces prior to the pandemic, even when they do not consider this as a

form of injustice, as such. In this, we believe, ageism is a relevant aspect because it constitutes forms of age discrimination that are rooted in the social imaginary, which is why they become less evident even for those who suffer them. From the Occupational Justice framework, we can say that situations of occupational marginalization occur, to the extent that they are based on less obvious standardizations regarding who can participate in certain spaces (Gupta, 2016).

Then, due to the confinement, the participants experienced being victims of an unfair situation that, according to the literature, can be considered a form of occupational deprivation (Whiteford, 2000). This, however, is possible to the extent that there were already socially rooted ageist biases that validate the marginalization of elderly people in certain instances based on the age. But occupational deprivation should not be understood as something static or that is imposed from the outside without leaving possibilities for action (Gupta, 2016). Thus, we see that the participants, despite the harsh restrictions, were modifying their routines, even managing to explore new interests. In this, the health teams are identified as an important element in the maintenance of social relations and well-being.

Although the measures and the transmission of risk have not directly sought the establishment of ageist biases, the truth is that the COVID-19 pandemic exposed and accentuated social inequalities (Farias & Leite Junior, 2021) among which, the age discrimination has been one of the most relevant. In this sense, we believe that, in the face of upcoming pandemic events, a challenge for our discipline is to seek alternatives that combine the epidemiological and risk logics with those that seek justice and equal opportunities to access significant occupational participation, which promotes autonomy and participation on equal terms.

Limitations of the Study and New Questions for Future Research

Since the participants were recruited through the researchers' social networks, it should be considered that they are elderly people who have active social and support networks. In this sense, it is a less vulnerable group in relation to other older adults who do not have enough support networks. In addition, all the participants live at home, so the results cannot be extrapolated to institutionalized elderly people. Another limitation of the study is related to the very confinement in which the participants were, since the contact could only be made through digital platforms; the participants had some degree of knowledge of these platforms and/or support from others for their use, which is not representative of the reality of the majority of older adults in Chile. In addition, this prevented carrying out an observation in the contexts where the participants live, as well as face-to-face contact, which may have limited the obtaining of information.

Some new questions that arise from the analysis and reflection based on the information obtained are: What implications do gender roles have in the adaptation processes that elderly people had to experience due to confinement?

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Author's Contributions

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Corresponding author

Jimena Carrasco-Madariaga
e-mail: jimenacarrasco@uach.cl

Section editor

Prof. Dr. Vagner dos Santos