# "We're protecting them to death"—A Heideggerian interpretation of loneliness among older adults in long-term care facilities during COVID-19

**Contact details:**

**Kevin Aho[1]**

## Abstract

In this paper, I draw on Heidegger's phenomenology of "moods" (*Stimmungen*) to interpret loneliness as a diffused and atmospheric feeling-state that often undergirds the lives of older adults, shaping the ways in which they are attuned to and make sense of the world. I focus specifically on residents in long-term care facilities to show how the social isolation and lockdown measures of the COVID-19 pandemic dramatically intensified the mood. The aim is to shed light on how profound and totalizing the experience has been for residents. Making use of Heidegger's account of the affective "collapse" or "breakdown" (*Zusammenbruch*) of meaning, I argue that when older adults are functionally locked in their rooms for months at a time and cut off from the orienting routines and rhythms of the relational world, the result is a crumbling of the fundamental meaning-structures that constitute subjectivity. The global sense of abandonment and disconnection strips away the possibility for self-understanding, and residents are often left confused and abandoned to an existence that has been drained of meaning and significance.

**Keywords** COVID-19 · Heidegger · Loneliness · Long-term care facilities · Moods · Older adults · Phenomenology · Relationality · Spatiality · Temporality

In a recent article in *The New Yorker*, health journalist Katie Engelhart (2021) documents a new industry booming during the COVID-19 pandemic. The toy company Hasbro had created a brand called Joy for All that had begun manufacturing cuddly robot cats for older adults to keep them company as their lives became increasingly

✉ Kevin Aho
  kaho@fgcu.edu

[1] Florida Gulf Coast University, 33965 Fort Myers, FL, USA

isolated and lonely. Sales went through the roof when "stay at home" orders were issued, and long-term care facilities went into lockdown. Inspired by animatronic pets marketed to four-to-eight-year-old girls, these realistic machines were not viewed as toys but as wellness companions designed to provide older adults with a sense of emotional connection. Promotional videos showed despondent elders suddenly enlivened and filled with joy at the arrival of their fuzzy friends. Engelhart goes on to cite a 2020 study in *The Journals of Gerontology* which suggests that older adults who interacted with these machines for sixty days were less lonely and experienced heightened optimism and a renewed sense of purpose. (Hudson et al. 2020) But she quickly exposes a flaw in the study, that it did not consider how these robopets measured up against actual human beings. And she goes on to explore a deeper problem, that older adults are supposed to be willing participants in their own delusion. As if living in an episode of *Black Mirror*, they are expected to believe the machine is real, that it is dependent and vulnerable, that its pixilated eyes are expressing care and love for its owner. The fact we live in a world where robopets are being distributed to older adults to alleviate loneliness rather than engaging the social conditions that make this kind of loneliness possible is a commentary on modern life, and it exposes how systemic and wide-ranging the experience of loneliness among older adults is today and how the pandemic may have increased and exacerbated the experience.

There is, of course, a vast body of research on loneliness among the elderly. These studies examine how, in the latter stages of life, as we retire from work, as friends and spouses die, as health deteriorates and mobility declines, we are often forced into situations of social isolation and face deteriorating emotional and physical health as a result. Here, the empirical research generally focuses on the social and psychological causes of loneliness. What is often missing in these studies is a phenomenology of loneliness, an interpretation of the first-person experience that captures what it means and feels like to be old, vulnerable, and abandoned. From a phenomenological perspective, then, the aim is not to "explain" (*erklären*) the etiology of loneliness; it is to "understand" (*verstehen*) the experience, that is, to enter or sink into the phenomenon as it is lived. And this kind of investigation is especially important in shedding light on the experience loneliness in older adults living in long-term care facilities during the pandemic.

In the following, I turn to Heidegger's phenomenology of "moods" (*Stimmungen*) to interpret loneliness as a diffused and atmospheric feeling-state that often undergirds the lives of older adults, shaping the ways in which they understand and are attuned to the world. Drawing on recent empirical studies, I explore how lock-down measures intensified the mood for older adults, focusing specifically on those in long-term care facilities. And it is important to make this qualification because, against expectations, several large-scale studies have shown that social isolation and stay-at-home orders did not necessarily result in an increase in loneliness for already-lonely older adults who were living independently, or if loneliness did increase, it did not adversely affect mental health as it did children and younger and middle-aged adults. (Bundy et al., 2021; Benke et al., 2020; Heidinger & Richter 2020; Kotwal et al., 2021; Lind et al., 2021) But this unexpected resilience among the elderly did not manifest for those restricted to nursing homes and other residential facilities. Confined in their rooms for months at a time, reports emerged of a distress that esca-

lated dramatically, with residents becoming noticeably apathetic and listless, losing interest in eating and bathing, sleeping most of the day, and becoming indifferent to the idea of living altogether. (Simard & Volicer 2020; Somes 2021; Span 2020) And this points to how profound and totalizing the experience of loneliness has been for long-term care residents. By employing Heidegger's notion of the affective "collapse" or "breakdown" (*Zusammenbruch*) of meaning, I suggest that when older adults are functionally locked in their rooms and cut off from the orienting routines and rhythms of the relational world, the result is a crumbling of the fundamental meaning-structures that constitute subjectivity. In Heidegger's words, they are "no longer-able-to-be" (*nich-mehr-dasein-könnens*) because the global sense of disconnection "strips away" or "overtakes" (*überholt*) their self-understanding. And they are left confused and abandoned to an existence that has been largely drained of its meaning and significance.

## 1 What is Loneliness?

Loneliness is generally defined as the subjective feeling of emotional distress that emerges when a person feels alone, abandoned, or rejected by others, or lacks appropriate social connections that provide a sense of belonging and integration. (Andersson 1998; Kitzmüller et al., 2018) But the first thing to consider when discussing this form of distress is its diversity. Loneliness is not a one-dimensional experience. It manifests on a spectrum, mediated by the unique ways that persons are positioned or situated in the world. Heidegger refers to this sense of "situatedness" with the cryptic neologism *Befindlichkeit*, referring to a fundamental structure (or "existentiale") of human existence whereby we invariably "find" (*finden*) ourselves involved and embedded in concrete situations that attune us to the world, shaping the way things count and matter to us.[1] There are innumerable variables to situatedness that can come into play and contribute to the duration and intensity of loneliness in old age, including wealth or economic hardship, access to health care, cultural background, illness and disability, difficult childhood experiences, or the loss of a spouse or contact with family and close friends. (Kitzmüller et al., 2018) And these variables, taken together, can determine how acute and wide-ranging the experience can be.

In the context of phenomenological psychopathology, I am interpreting loneliness as a mood rather than as a discrete emotion. Emotions are affective states that are generally understood to be fleeting and transitory, directed at specific objects or events, like the feeling of being alone when one moves to a new city or after a relationship ends. They are, in this regard, intentionally focused and have the character of being "for" or "about" something. Moods, on the other hand, are more global or atmospheric affects, and they are not directed at specific things but to everything; they constitute how we find ourselves in the world and permeate and shape the signif-

---

[1] In the standard Macquarrie and Robinson translation of *Being and Time*, *Beflindlichkeit* is interpreted as "state of mind," but I follow Charles Guignon (1984) in thinking this rendering is too mentalistic or mind-centered for Heidegger, and that "situatedness" is not only more etymologically accurate, but it better captures the idea of how we find ourselves affectively thrown into socio-historical situations.

icance of our experience. (Aho 2019; Ratcliffe 2013; Stanghellini and Rosfort 2013) In Heidegger's words, a mood is "already there [...] like an atmosphere in which we immerse ourselves in each case and which then attunes us through and though." (Heidegger 1995, 67) For older adults, especially those in long-term care facilities, loneliness can be viewed as constitutive of what it means to be, which means they are "attuned" or "mooded" (*stimmungsmässigen*) to the world through loneliness, where feelings of estrangement, lack of belonging, and disconnection serve as the affective background of their lives. This is what Heidegger means when he says, "the mood has already disclosed, in every case, being-in-the-world as a whole and makes it possible first of all to direct oneself towards something." (1927/1962, 137).

On this account, loneliness cannot be reduced to a psychological or mental phenomenon, as if the feeling resides somewhere inside the mind or brain. Indeed, Heidegger employs *Befindlichkeit* specifically to dissolve the traditional inner/outer distinction, suggesting moods are already embodied and bound up in the world. "A mood assails us," he writes. "It comes neither from 'outside' nor from 'inside,' but arises out of being-in-the-world [...] Having a mood is not related to the psychical [...] and is not itself an inner condition which then reaches forth in an enigmatical way and puts its mark on things and persons." (1927/1962, 137) There is, then, a kind of physicality to loneliness. It is a mood that can impact movement, making us feel sluggish and lethargic; it can disrupt our orientation in lived space, alter sleep patterns, appetite, and digestion, and unsettle ordinary concerns about hygiene and personal appearance. And this suggests that loneliness does not, in Heidegger's words, "stop at the skin." (2001, 86) As a mood, it is already *out there*, affectively shading the things we're involved with in daily life.

And the mood of loneliness has nothing to do with being physically alone. Indeed, it is often most pronounced when we are surrounded by others but are unable to feel connected or "at-home" (*heimelig*) with them. As Heidegger writes,

> Being-alone is a deficient mode of Being-with (*Mitsein*) [...] [And it] is not obviated by the occurrence of a second example of a human being 'beside' me or by ten such examples. Even if these and more are present-at-hand, Dasein can still be alone [...] Dasein-with is encountered [here] in a mode in which they are indifferent and alien. (1927/1962, 120)

This sense of feeling "indifferent and alien" (*Gleichgültigkeit und Fremdheit*) is a common one for older adults who have been removed from their homes and placed in long-term care facilities. Heidegger would describe this situation in terms of "uncanniness" (*Unheimlichkeit*), a word that conveys an eerie and disorientating sense of displacement that literally translates as "not-being-at-home." (1927/1962, 188) Thrown into this unfamiliar setting, older adults find themselves surrounded by others, but there is no shared history or meaningful ties that bind them together. And opportunities for sociability and togetherness that occurred prior to the pandemic—for instance, during mealtimes or periods of recreation—are generally superficial and forced which can further exacerbate feelings of estrangement.

And this brings us to a final distinction, that to be isolated and alone is not the same as being lonely. Isolation, for our purposes, simply refers to an objective state

of affairs, indicating that one is physically, socially, or geographically separated from others. But this does not necessarily result in loneliness. One can be socially isolated and never feel alone. Indeed, people actively seek out isolation for the sake of contemplation and reflection, for the creation of works of art, or for simply communing with nature. Here, isolation is a choice, it is something that is sought out. And it is defined not by emotional distress but by the fulfillment and pleasure of solitude, what Paul Tillich calls, "the glory of being alone." (Tillich 1963, 18). There is, then, an important qualitative distinction to be made between "solitude" (*Einsamkeit*) and "loneliness" (*Vereinsamung*). And although Heidegger fails to differentiate between the two, often treating the terms synonymously,[2] his student Hannah Arendt is well-known for articulating the difference. In *The Origins of Totalitarianism*, she writes:

> Loneliness (*Vereinsamung*) is not solitude (*Einsamkeit*). Solitude requires being alone whereas loneliness shows itself most sharply in company with others … The lonely man finds himself surrounded by others with whom he cannot establish contact or to whose hostility he is exposed. The solitary man, on the contrary, is alone and therefore "can be together with himself" since men have the capacity of "talking with themselves." In solitude […] I am "by myself," together with myself, and therefore two-in-one, whereas in loneliness I am actually one, deserted by all others. (Arendt 1962, 476)

The recent story of Christopher Knight, the so-called "North Pond Hermit," is a case that clarifies Arendt's point. Knight lived for twenty-seven years in total isolation, camping year-round through the brutal winters in Maine's Belgrade Lakes region. He spoke to no one during these years of seclusion, but despite the extreme hardship he was, in Arendt's words, "two-in-one," together and composed with himself. He rarely described his experience in terms of feeling lonely or of longing for human contact. It was the simple delights of solitude that he experienced. He read extensively, listened to a small portable radio, walked in the woods, and swam in the nearby lakes in summer. It was the quiet and stillness of his isolation that left him enthralled with feelings of profound freedom and contentment.[3] Indeed, it was only after he reentered the world following his arrest (as it was discovered he was the source of thousands of petty burglaries of nearby cabins) that he experienced loneliness. Suddenly surrounded by others, he became, in Arendt's words, "a lonely man," abandoned and

---

[2] I am thankful to Richard Polt for pointing out several places where Heidegger uses *Einsamkeit* and *Vereinsamung* interchangeably, most notably, in his 1929/30 lecture course, *The Fundamental Concepts of Metaphysics*. Consider, for instance, the following passage:Diese Vereinzelung ist vielmehr jene **Verein-samung**, in der jeder Mensch allererst in die Nähe zum Wesentlichen aller Dinge gelangt, zur Welt. Was ist diese **Einsamkeit**, wo der Mensch je wie ein Einziger sein wird? (1995, 6).

[3] In his own awkward attempt to describe his experience, Knight says: "I was never lonely. Once you taste solitude, you don't grasp the idea of being alone. If you like solitude you're never alone. Does that make sense? Or is that one of those koan thingies I'm doing again […] Solitude bestows an increase in something valuable. I can't dismiss that idea. Solitude increased my perception. But here's the tricky thing: when I applied my increased perception to myself, I lost my identity. There was no audience, no one to perform for. There was no need to define myself. I became irrelevant […] My desires dropped away. I didn't long for anything. I didn't even have a name. To put it romantically, I was completely free." (Finkel 2017, 143, 147).

homeless because he was unable to establish any meaningful contact or intimacy with others.

Arendt's account sharpens the contrast between the experience of solitude and the pandemic-induced loneliness of older adults in long-term care facilities. Unlike solitude, loneliness for residents in lockdown is not a choice that one freely undertakes; nor is it a fleeting or transitory affect. It is, for Arendt, a totalizing sense of estrangement and disconnection, "an experience of not belonging to the world at all, which is among the most radical and desperate experiences of man." (Arendt 1962, 475) It is the feeling of being deserted and "superfluous." (478) This is why *Verlassenheit* can also be translated as "abandonment" or "desertedness" as in the phrase, "Ich wurde verlassen" ("I've been abandoned"). The term helps capture the distressing experience of older adults who suddenly found themselves trapped in their rooms and deprived of the orienting rhythms and routines of daily life, of the positive impact of sharing a meal or holding hands with a friend or family member, of the gentle embrace of a loved one, or of any other form of physical affection and communication. In applying the theoretical tools of Heideggerian phenomenology, we can begin to see how this global feeling of abandonment disrupted the fundamental meaning-structures that make it possible to cope with the world, relate to others, and make sense of who we are.

## 2 How is Loneliness?

In § 7 of *Being and Time*, Heidegger introduces his unique brand of phenomenology as an interpretive method that "let[s] that which shows itself be seen in the very way in which it shows itself from itself." (1927/1962, 34). This aspect of "allowing" or "letting" (*lassen*) things manifest on their own terms requires suspending traditional assumptions about *what* things are. For Heidegger, a phenomenology of loneliness is not concerned with the psychological "what-ness" of the experience, as if loneliness was some discrete event in the mind or brain. This means the usual scientific or naturalistic explanations of loneliness are largely irrelevant. As a background mood that is felt, experienced, and lived, loneliness is not an event to be observed from a standpoint of detachment and objectivity; it is a way of existing, of being-in-the-world. To this end, loneliness is not a "what," but a "how," and a phenomenology of loneliness will, in Heidegger's words, "say nothing about the content of the thematic object of science but speaks really only—and this emphatically—of the *how*, the way in which something is…" (Heidegger 1985, 85) But before we get to the "how" of loneliness among older adults in long-term care facilities, we have to first get clear about the "how" of Dasein itself.

From the outset, we know that Dasein should not be viewed as a substance or thing, an encapsulated mind, a machine-body, or some union between the two. The phenomenological standpoint is unconcerned with Dasein's mental, physical, or spiritual composition. The focus for Heidegger is on the dynamic self-interpreting "movement" (*Bewegung*) or "happening" (*Geschehen*) of existence itself, with how we understand, give meaning, and feel about our everyday lives. The starting point of his phenomenology, then, is a careful interpretive analysis of life as it is lived in ordi-

nary circumstances. And this analysis reveals that Dasein already understands how to be in the world, a pre-reflective capability or "know-how" (*können*) that it grows into by absorbing shared social practices and customary ways of doing things. To this end, Dasein embodies what Heidegger calls, a "vague and average understanding of being" (*durchschnittliche und vage Seinsverständnis*) (1927/1962, 5), a tacit and seamless familiarity with the world, where things already mean something to us, and we feel as if we know what to do, as if we belong and are at-home in the habits of everyday life. Absent any major crises or upheavals, this stable and orientating sense of "everydayness" (*Alltäglichkeit*) can endure largely unscathed through youth and middle age where we live in a kind of pre-reflective autopilot. In this state, as Heidegger puts it, "Dasein … is nothing … but concerned absorption in the world." (Heidegger 1992, 197).

But as we move into our later years, this tacit absorption begins to collapse or break down. And the breakdown generally takes place in stages as we age, perhaps first with retirement that threatens our identity; then a critical illness that limits our mobility; then the withering away of mental dexterity; then the loss of a spouse or family member; and perhaps finally, the disorienting upheaval of being placed in a long-term care facility. These successive breakdowns can create the conditions for loneliness and have the power to disrupt the fundamental structures that make it possible to exist. This is what Heidegger means by "dying" (*Sterbend*) in *Being and Time*, an experience that occurs when the structural totality that holds our identity (or being) together "collapses into itself" and "the world takes on the character of completely lacking significance." (1927/1962, 186) On this account, pandemic protocols created the conditions for dying when residents in long-term care facilities were suddenly cut off from the world, deprived of any meaningful physical contact, and left to confront the "total insignificance" (*völlige Unbedeutsamkeit*) of their situation. (187, translation modified)

## 2.1 Affectivity

As we saw earlier, one of signature structures of being human is that we always find ourselves in a mood. Moods orient us in the world, allowing things to affectively matter to us in ways that they do. And the more basic and wide-ranging a mood is, the more inconspicuous it is. "The most powerful moods," as Heidegger explains, "are those that we pay no heed to, those moods we least observe, those moods which attune us in a such a way that we feel as [though] there is no mood there at all." (1995, 68) On this view, the mood of everydayness manifests as an inconspicuous feeling of being secure, connected, and at-home in the world, but it is a feeling that is often missing in first-person accounts from older adults who are socially isolated in long-term care facilities. The background sense of familiarity and belonging is replaced with an atmospheric feeling of alienation. And this feeling is not a singular affective state; it is a blanketing sense of disorientation and estrangement that makes possible an array of different and oftentimes conflicting emotions—grief, sorrow, fear, depression, anger, and boredom that can all emerge at different times and with different levels of intensity and duration.

Prior to the pandemic, residents would frequently refer to feelings of depression that emerged out of this sense of disconnection. "It feels like you are a nonentity," said one woman. (Kitzmüller et al., 2018, 220) Another remarked: "you feel like you are abandoned … you don't fit in … you are not part of it … ostracized like … a leper." (McInnis & White 2001, 135) Although this affect would often manifest in anxiety, restlessness, and shame, what frequently occurs in pre-pandemic narratives are references to feelings of emptiness, exhaustion, and boredom. "[I]t feels so incredibly empty," said a resident in her late eighties "I don't have the strength to do anything … I feel so lethargic and strange… [It] is some kind of … boredom in a way." (Taube et al. 2015, 636) Another woman said, "Yes, you feel a sense of emptiness. And think, Oh hell, what am I going to do?" (Casey & Holmes 1995, 177) And a resident in her eighties remarked, "to me, loneliness is feeling empty. Feeling like you have nothing to reach for… nothing to dream of." (McInnis & White 2001, 134).

What has become clear in recent reports is that lockdown and social distancing protocols have greatly magnified these feelings of dulled affect and lethargy. Clinicians began to refer to this emergent condition in terms of "a failure to thrive," where residents who were talkative and engaged prior to the pandemic were now presenting a profoundly dispirited mood, decreased appetite, lower activity levels, and loss of interest in life. (Abbasi 2020; Somes 2021). And what was alarming to healthcare workers was the abruptness of this change. "Normally, it would take months to years," said one staff member, "now we are seeing it in weeks." (Khimm 2020) Confined to their rooms, physically isolated from friends, family, and fellow residents, they found themselves trapped in a debilitating and totalizing apathy. And this listless affect was not directed at a particular thing or situation. For residents, it was atmospheric, directed at everything, to existence *as a whole*. In Heidegger's words, the experience is "diffused throughout one's entire situation," and it "penetrates us and attunes us … [like an] insidious creature that maintains its monstrous essence in our existence." (1995, 79, 128, translation modified) Geriatrician Louise Aronson saw this creature take possession of numerous residents at a nursing home in San Francisco: "Sometimes the doors to their rooms [would be] open, and you just see someone sitting in a chair with tears running down their face." He was asked: "Is this the rest of my life? If so, I don't want to go on." (Khimm 2020) And this unwillingness to go on became evident in a precipitous decline in the ability to move, navigate lived space, and perform basic bodily tasks.

## 2.2 Embodiment and spatiality

When Heidegger refers to existence in terms of being-in-the-world he makes it clear this has nothing to do with spatial inclusion, as if the human being were a physical object inside a container. "Being-in" (*In-Sein*), rather, refers to the way we are pre-reflectively involved in the world, already bound up and oriented in the familiar setting of our lives. In this sense, we don't occupy space, rather, we make or constitute space by "bodying forth" (*leiben*) into the world, absorbed in the activities of daily life, negotiating obstacles, engaging with others, and handling equipment. (Heidegger 2001, 86) And this embodied orientation is, for Heidegger, a structure of being human. As he says, "I necessarily orient myself both in and from my being

already alongside a world which is 'familiar.'" (1927/1962, 111) This explains what he means when he says the body "is spacious (*raumhaft*) in the manner of spatial constitution (*Raumkonstitution*)," (Heidegger 2018, 426). Our embodied involvement opens and constitutes a horizon of familiarity, and it is because of this horizon that I understand things, navigate my way through social situations, and direct my attention to the "in-order-to" (*um-zu*) tasks of the day. When we are young and healthy, this horizon is expansive and easily navigable, but as strength and mobility deteriorate in old age so does our capacity for spatial constitution, and the horizon of our concerns begins to narrow and contract. The world no longer presents itself as an open, unobstructed, and familiar space but a region that is hostile and frightening. And confinement in long-term care facilities exacerbates the experience as older adults try to adapt to a strange and unfamiliar setting.

In pre-pandemic accounts, we hear descriptions of confusion, homesickness, and dislocation as residents confront this upheaval. (Stanley et al. 2010; Reis et al. 2018) We also find metaphors of spatial delimitation, of feeling imprisoned, stuck, or held captive. (Roos & Klopper 2015; Taube et al. 2015) And the lockdown measures enflamed this disorienting experience. The forced isolation, the halting of face-to-face visits, the end of group activities and exercise classes, even the presence of masks and hand washing protocols, all disrupted the embodied flow of daily life, stripping away the familiar hold we have on things. And this is, for Heidegger, the very definition of the uncanny, of not feeling at-home. "What is 'it' that makes one feel *unheimlich*?" he asks. "[It is when] we can get no hold on things. In the slipping of beings only this 'no hold on things' comes over us and remains." (Heidegger 1998, 88) Of course, when we lose our hold on things in this way, it is not as if the chair, the coffee cup, or the neighbor down the hall cease to exist. It is, rather, that social isolation disrupts the orienting routines and intersubjective rhythms that gave these things meaning. And when this relational context of involvement breaks down, ordinary things are stripped of their significance; they reveal themselves as eerie, strange, and out of place. Healthcare workers began noticing how this affected basic movements and ambulatory competence. Confined in their rooms, the horizon of familiarity collapsed, and "failure to thrive" began to manifest in the resident's inability to constitute space or body-forth into the world. The result was a dramatic increase in falls, a loss of mental and physical dexterity, difficulties in standing up, moving, and handling the tools of daily life. Florida Physician Joseph Ouslander saw this as a sign of simply "giving up" when even the rudimentary acts of chewing and swallowing food suddenly became problematic. (Khimm 2020) And this structural collapse of embodiment and spatiality has a temporal corollate.

## 2.3 Temporality

One of the distinctive features of Heidegger's interpretation of existence is that Dasein's temporal constitution is invariably forward directed or "futural" (*zukünftig*), which is to say that we are always "running ahead" (*vorlaufen*) of ourselves into situated possibilities that are "not yet" or "on the way" (*unterweg*). This means we understand or make sense of who we are only in terms of the possibilities that we project for ourselves. But as we get older, the range of choices and possibilities available to

us begins to contract and this alters our temporal structure, where the future begins to close down, and the meaningful projects of youth and middle age can no longer sustain or give shape to our identity. Here, loneliness is often expressed in terms of existing without a future. An elderly resident says, "it feels as if you no longer have something to live for, no future … as though you've reached the end of your life." (Roos & Klopper 2010, 284) Another says, "It is the future that's hard … the day when you won't be able to go out and be part of things." (Taube et al., 2015, 635).

To combat the feeling of a collapsing future, older adults often orient themselves in the past, to a time of belonging and social connectedness. In these moments of sentimental longing or "reverie" the past becomes a haven. (Bound Alberti 2019, 85) Instead of pressing forward into diminishment and death, reverie reverses our temporal orientation, where the past is no longer past; it is an illusory future, reigniting a sense of fulfillment and purpose. These memories temper feelings of loneliness by recreating a sense of shared identity, where a widow once again experiences herself as a mother or wife, immersed in purposive roles and projects. But the consolations of reverie generally emerge in the context of relaxed and open-ended conversation, in the casual back and forth with neighbors, friends, and family. But these opportunities ended abruptly during the lockdown. And it soon became clear that the dialogical space that makes reverie possible cannot be easily reproduced with window visits or with phones, texts, or digital media. Indeed, a recent study of older adults in the UK and US revealed that virtual contact during the pandemic often led to *increased* feelings of loneliness and that the stress and confusion for less tech-savvy residents was often worse than having no contact with others at all. (Hu & Qian 2021)

In this way, the pandemic not only created a disorienting sense of "desynchronization" (Fuchs, 2006) for residents by disrupting the joint routines and rituals of daily life; it exposed a deeper threat to our temporal constitution. If, as Heidegger says, we exist only in the horizon of possibilities that we project for ourselves, then the lockdown measures effectively shuttered this horizon. Prior to the pandemic, the future still held open the possibility for a family visit or the sharing of a meal with a neighbor, where one could look forward to reminiscing about events that gave meaning and coherence to their lives. But without the forward directed momentum of these possibilities, the future breaks down and residents are abandoned to a thick and formless present, with no sense of when they might reclaim their existence. Heidegger uses the term "indefiniteness" (*Unbestimmtheit*) to capture this experience. The message is that the collapse of meaning is always possible, but we don't know when it will happen or how long it will last. The possibility is certain, but the time is always uncertain. "[It] is possible at any moment," writes Heidegger. "[But] along with the certainty […] goes the indefiniteness of its 'when.'" (1927/1962, 258, translation modified) And living in this state of collective uncertainty exacerbates feelings of confusion and despair for residents. Time becomes shapeless; it just drags on, with no meaningful human contact to count on and nothing to distinguish one day from another. (Aho 2020) And this contributes to the crumbling of another fundamental structure, relationality, or what Heidegger calls, "being-there-with-others" *(Mit-dasein)*.

## 2.4 Relationality

It is true, for Heidegger, that Dasein exists in the future, in the horizon of forward directed possibilities. But this temporal horizon also stretches backward into the past, into our "having-been-ness" (*Gewesenheit*), which means the possibilities Dasein presses into are always conditioned or mediated by the shared socio-historical context into which we are "thrown" (*geworfen*). This is why he writes, "Dasein is thrown into the kind of Being which we call 'projecting.'" (1927/1962, 145) To be thrown in this way is to be already bound up with others, absorbed in a relational context of intersubjective meanings and shared social practices. There is, then, no solitary subject or ego for Heidegger; being-in-the-world is always a co-existence, always being-with-others. This means existence is inescapably shared and communal, and we are structured in such a way as to be concerned, to worry about and "care" (*fürsorge*) for each other. But Heidegger makes it clear that care can be expressed negatively, in terms of a lack of care, what he describes as "indifferent" (*Indifferenz*) or "deficient" (*Defizienz*) modes of caring, where we are simply "passing one another by" and "not 'mattering' to one another." (121)

The experience of loneliness as an enveloping sense of "not mattering" (*nichts angehen*) is one that is all too familiar among older adults in long-term care facilities. Residents often describe dismissive treatment by staff that made them feel "useless" and "insignificant." (Reis et al. 2018) Others described their experience in terms of feeling "invisible." (Taube et al. 2015). For Heidegger, we understand who we are only in terms of our relations with others. The way others feel for and care about us as persons shapes and nourishes our self-interpretation. But if others express their concern only in deficient modes, this can undermine our capacity to exist altogether, resulting in a kind of dissolution of the self. And this seems to be what happened to many residents during the lockdown. The only physical contact they had throughout the pandemic was with worn out and overworked staff who encountered residents not so much as relational beings in need of intimacy and physical connection but as interchangeable bodies to be managed and controlled, an indifferent mode of being that is, for Heidegger, akin to the way we handle equipment. (1927/1962, 121) This is how the relational bonds of the "with-world" (*Mitwelt*) broke apart during the pandemic. And without these bonds, "the 'world' can offer nothing more … taking away from Dasein the possibility of understanding itself." (187, translated modified) Arendt makes this point explicit when she writes:

> What makes loneliness so unbearable is the loss of one's own self […] In this situation man loses trust in himself as the partner of his thoughts and that elementary confidence in the world which is necessary to make experiences at all. Self and world, capacity for thought and experience are lost at the same time. (Arendt 1962, 477)

This illuminates why it is so important for residents to have access to quality face-to-face connections, where their stories can be heard, and they can be touched and held by others. Without this kind of physical intimacy and recognition, they feel deserted

by the world, left alone to endure the anguish of, what Heidegger calls, "the impossibility of existence" (*Daseinsunmöglichkeit*). (1927/1962, 251)

## 3 Conclusion

These phenomenological reflections reveal how loneliness can erode the meaning-structures that make existence possible and expose how serious the lockdown and social isolation measures were for older adults in long-term care facilities. Again, the despair of loneliness correlates strongly with the lack of physical contact and nurturing and empathic relations. Stripping away the possibility for these connections has proven, in many cases, to be lethal. As geriatrician Ken Covinsky says of the lockdown protocols, this is "not just touchy-feely stuff. Isolation is a real [health] risk … We have restricted something that's pretty essential [for life]." (Span 2020) And although new communication technologies have been useful during the lockdown, connections of intimacy cannot simply be replicated by Zoom, FaceTime, or other social media platforms. Heidegger, of course, was deeply suspicious of these kinds of technological substitutes for human relations. He recognized how telecommunications are helpful insofar as they obliterate distance and bring remote things into the "nearness" (*Nähe*), but it is a peculiar and alienating kind of nearness, one that is strange and far away. (Heidegger 1971, 163–64) A disembodied face on a computer screen is detached from a familiar living space or region of shared concern. It is removed from what is close by, from the sounds and smells of the room, from the materiality of the bed or the couch, from the tenderness of hand holding, a gentle embrace, and other forms of physical affection and communication. (Abbasi 2020) And this is reflected in recent pandemic studies that have shown how technological alternatives cannot replace the value of physical contact in sustaining the mental health of long-term care residents. (Hu & Qian 2021; Seifert et al. 2021)

Heidegger already anticipated these limitations, suggesting the modern trend toward digitization betrays, what he calls, Dasein's "essential tendency towards closeness." (1927/1962, 140) And he goes on to suggest that to experience genuine connection and belonging, of being "face-to-face with another person … we must … first rid ourselves of this [technological] frame of mind." (1971, 103) Here we see one of the cruel ironies of the pandemic. It was those who were most vulnerable and in need of closeness, of meaningful interaction, of being held and heard, who were the most deprived of it. And the costs have been dire. As David Grabowski, health policy professor at Harvard Medical School, says, "We've locked these older adults in their rooms without thinking about the unintended consequences here. In many respects, the side effects are worse than the […] risk of infection." (Khimm 2020).

Of course, the lockdown measures were understandable. By April 2021 in the United States, over 132,000 long-term care residents had died of COVID-19 including over 13,000 in the state of California alone. But the psychological and emotional toll on older adults in these facilities cannot be overstated. There were countless stories of family members watching loved ones fall into despair in their loneliness and there were reports of increased use of psychotic drugs, antidepressants, and sedation to manage the emergent despondency. (Abbasi 2020; Marshall-Chalmers 2021)

Melody Taylor Stark, a California woman whose husband Bill was in a nursing home, described his rapid deterioration after the lockdown. "I'd call him, and he'd be crying and say, 'This is no way live.'" Even with a mask, a face shield, and gloves, she wasn't allowed to touch or hug him. He died alone of congestive heart failure and pneumonia. In expressing her frustration with the facility's pandemic precautions, Stark said, "We're protecting them to death." (Marshall-Chalmers 2021) But we now see that even if lives were saved because of the lockdown, a phenomenology of loneliness shows us that without the nourishment of social connection and the physical intimacy and recognition that comes from being-with-others, we are compelled to ask, to what extent were these residents existing in the first place?

# References

Abbasi, J. (2020). Social Isolation—the Other COVID-19 Threat in Nursing Homes. *Journal of the American Medical Association: Medical News and Perspectives*, 324(7), 619–620

Aho, K. (2019). Affectivity and its disorders. In G. Stanghellini, M. Broome, A. Fernandez, P. Fusar-Poli, A. Rabollo, & R. Rosfort (Eds.), *The Oxford handbook of phenomenological psychopathology* (pp. 459–464). Oxford University Press

Aho, K. (2020). The uncanny in the time of pandemics: Heideggerian reflection on the coronavirus. *Gatherings: the Heidegger Circle Annual*, 10, 1–19

Bound Alberti, F. (2019). *A biography of loneliness*. Oxford University Press

Andersson, L. (1998). Loneliness and interventions: A review of the literature. *Ageing & Mental Health*, 2, 264–274

Arendt, H. (1962). *The origins of totalitarianism*. Cleveland, OH: Meridian Books

Benke, C., Autenrieth, L. K., Asselmann, E., & Pané-Farré, C. A. (2020). Stay-at-home orders due to the COVID-19 pandemic are associated with elevated depression and anxiety in younger, but not older adults: Results from a nationwide community sample of adults from Germany. *Psychological Medicine*. Volume 1–2, doi:https://doi.org/10.1017/S0033291720003483

Bundy, H., Lee, H., Sturkey, K., & Caprio, A. (2021). The lived-experience of already-lonely older adults during COVID-19. *The Gerontologist*, 61(6), 870–877

Casey, M., & Holmes, C. (1995). The inner ache: An experiential perspective on loneliness. *Nursing Inquiry*, 2, 172–179

Engelhart, K. (2021). Home and alone. *The New Yorker*, May 31

Finkel, M. (2017). *The stranger in the woods: The extraordinary story of the last true hermit*. New York:Knopf

Fuchs, T. (2006). Implicit and explicit temporality. *Philosophy, psychiatry, and psychology*, 12(6), 195–198

Guignon, C. (1984). *Heidegger and the problem of knowledge*. Indianapolis, IN: Hackett

Heidegger, M. (1927/1962). In J. Macquarrie, & E. Robinson (trans.) (Eds.), *Being and time*. New York: Harper and Row. All references are to the German pagination

Heidegger, M. (1971). In W. Lovitt (trans.) (Ed.), *Poetry, language, thought*. New York: Harper and Row.

Heidegger, M. (1992). In T. Kisiel (trans.) (Ed.), *History of the Concept of Time*. Bloomington, IN: Indiana University Press

Heidegger, M. (1995). In W. McNeill (trans.) (Ed.), *Fundamentals concepts of metaphysics: World, finitude, solitude*. Bloomington, IN: Indiana University Press

Heidegger, M. (1998). *Pathmarks*. W. McNeill (ed.) Various trans. Cambridge University Press

Heidegger, M. (2001). *The Zollikon Seminars*. F. Mayr & R. Askey (eds.). Evanston, IL: Northwestern University Press, 2001

Heidegger, M. (2018). In P. Trawny (Ed.), *Zollikoner Seminare (Abteilung: Hinweise und Aufzeichnungen*. Frankfurt: Vittorio Klostermann

Heidinger, T., & Richter, L. (2020). The effect of COVID-19 on Loneliness in the Elderly: An empirical comparison of pre-and peri-pandemic loneliness in community-dwelling elderly. *Frontiers in Psychology*, 11, doi:https://doi.org/10.3389/fpsyg.2020.585308

Hu, Y., & Qian, Y. (2021). COVID-19, Inter-household contact and mental well-being among older adults in the US and the UK. *Frontiers in Sociology*. 6 https://doi.org/10.3389/fsoc.2021.714626

Hudson, J., Ungar, R., Albright, L., Rifky, T., Schaeffer, J., & Wicker, E. (2020). Robotic pet use among community-dwelling older adults. *The Journals of Gerontology: Series B*, 75(9), 2018–2028

Khimm, S. (2020). The hidden COVID-19 health crisis: Elderly people are dying from isolation. *NBC News*. https://www.nbcnews.com/news/us-news/hidden-covid-19-health-crisis-elderly-people-are-dying-isolation-n1244853 Accessed Jan. 6, 2022

Kitzmüller, G., Clancy, A., Vaismoradi, M., Wegener, C., & Bondas, T. (2018). Trapped in an empty waiting room"—The existential human core of loneliness in old age: A meta-synthesis. *Qualitative Health Research*, 28(2), 213–230

Kotwal, A. A., Holt-Lunstad, J., Newmark, R. L., Cenzer, I., Smith, A. K., Covinsky, K. E. … Perissinotto, C. M. (2021). Social isolation and loneliness among San Francisco bay area older adults during the COVI-19 shelter-in-place orders. *Journal of the American Geriatrics Society*, 69(1), 20–29

Lind, M., Bluck, S., & McAdams, D. P. (2021). More vulnerable? The life story approach highlights older people's potential for strength during the pandemic. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 76(2), 45–48

Marshall-Chalmers, A. (2021). Protected to death. *USA Today*, May 23. https://www.usatoday.com/story/news/health/2021/05/22/covid-19-essential-caregiving-laws-nursing-homes/5168990001/ Accessed May 25, 2021

McInnis, G., & White, J. (2001). A phenomenological exploration of loneliness in the older adult. *Archives of Psychiatric Nursing*, 15(3), 128–139

Ratcliffe, M. (2013). Why mood matters. In M. Wrathall (Ed.), *The Cambridge Companion to Heidegger's Being and Time* (pp. 157–176). Cambridge University Press

Reis, C., Menezes, T., Freitas, A., Pedreira, L., Freitas, R., & Pires, I. (2018). Being an institutionalized elderly person: Meaning of experiences based on Heidegger's phenomenology. *Revista Brasileira de Enfermagem*, 72(6), https://doi.org/10.1590/0034-7167-2018-0763

Roos, V., & Klopper, H. (2010). Older persons' experiences of loneliness: A South African perspective. *Journal of Psychology in Africa*, 20, 281–289

Seifert, A., Cotten, S. R., & Xie, B. (2021). A double burden of exclusion? Digital and social exclusion of older adults in times of COVID-19. *Journal of Gerontology: Series B*, 76(3), e99–e103

Simard, J., & Volicer, L. (2020). Loneliness and isolation in long-term care and COVID-19. *JAMDA*, 21, 966–967

Somes, J. (2021). The loneliness of aging. *Journal of Emergency Nursing*, 47, 469–475

Span, P. (2020). Just what older people didn't need: More isolation. *The New York Times*. https://www.nytimes.com/2020/04/13/health/coronavirus-elderly-isolation-loneliness.html Accessed June, 2021

Stanghellini, G., & Rosfort, R. (2013). *Emotions and personhood: Exploring fragility—making sense of vulnerability*. Oxford University Press

Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis, M., Oxlade, D. … Young, B. (2010). Nowadays you don't even see your neighbors": Loneliness in the everyday lives of older Australians. *Health and Social Care in the Community*, 18, 407–414

Taube, E., Kristensson, J., Sandberg, M., Midlöv, P., & Jakobsson, U. (2015). Loneliness and health care consumption among older people. *Scandinavian Journal of Caring Sciences*, 29, 435–443

Tillich, P. (1963). *The eternal now*. New York: Charles Scribner & Sons