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# The Perimeter of the Home in Old Age: Reflecting on the Sense of Home in a Sheltered Housing Facility During the COVID-19 Pandemic

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## ABSTRACT

This article focuses on the concept of home in old age in the context of a sheltered housing facility. Drawing on regulation theory, we examine how the SARS-CoV-2 pandemic shapes the sense of home in this type of housing. The search for control over one's daily routine during the lockdown serves as an indicator of the dynamics of expansion and contraction in the perimeter of the home. The way in which sheltered housing tenants comply with stay-at-home recommendations during the lockdown reveals certain aspects of their sense of home. The unusual character of the regulatory measures introduced during confinement increases the importance of perceptions of the meaning of the home among older adults with regard to their self-image and relationship to the surrounding environment.



## KEYWORDS

Aging in place; older adults; regulation theory; sense of home; sheltered housing; social inclusion

## Introduction

### Background

Aging at home (frequently found in the literature under the acronym AIP: aging in place) is a widely shared aspiration among older adults. This phenomenon is well known and has been documented for many years (Bigonnesse & Chaudhury, 2020). The reluctance of many older adults to enter an institution indicates the need to develop alternatives that allow AIP. In the Vaud Canton (Switzerland), where the study was conducted, the sheltered housing (SH) model provides an alternative to long-term care facilities. This type of structure aims to prevent social isolation by offering tenants private dwellings in which each person has full autonomy to organize his or her interior and daily life. Promoted by local social and health

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policies, SH is governed by a set of laws intended to promote rental housing for vulnerable people. To obtain SH status, a facility should meet three minimal criteria: it should be devoid of architectural barriers, provide social assistance and include community areas (Simzac et al., 2021).

Moving into SH involves significant effort. It entails both giving up a familiar place that one may have lived in for many years, and thus filled with one's life experiences and deeply embedded in one's memories and habits, and also becoming accustomed to a new place.

In this article, we will explore the concept of home in old age in the context of SH. The conjunctural framework of the sanitary crisis due to the COVID-19 pandemic will serve as a lens to better understand how this feeling shapes daily life within SH. The public health measures related to social distancing enacted during the first lockdown in March–April 2020 targeted older adults in particular. This outstanding situation triggered a cascade of regulatory measures that had the dual effect of shrinking the perimeter of the home and, at the same time, triggering the emergence of multiple personal and collective initiatives to maintain social ties beyond the physical limits of home. We draw on Jean-Daniel Reynaud's (1997) theory of regulation to explore these dynamics. This theory helps to capture the close connection between the physical and symbolic investments made by tenants in the perimeter of their housing. The current study aims to examine the effects of regulation measures on the perimeter of home, and the relationship between the practical features of the regulation activities and the ongoing identity-building process.

### ***Sense of “home” and AIP***

Despite initiatives put in place to facilitate AIP, moving into SH remains a challenging decision. It often involves leaving a home where memories weigh more heavily than meterage. It is not simply a matter of entering a new location; it also involves embodying the new home and making it one's own. Beyond material aspects such as the location and size of the inhabited area, “home” is, above all, a feeling. This is true for everyone and in all circumstances. In the context of SH, however, it is far from obvious, as moving into SH is most often a deliberate process undertaken at an advanced age. What is needed for such an acclimatization to happen? To achieve the widely shared aspiration of AIP, it is important to clarify what older adults' sense of home is and how this sense is shaped.

Various authors working in the field of housing highlight the importance of the concept of home. Their work points to the subtle combination of the realities at stake in their objective and subjective dimensions. Home relates as much to the imaginary as to concrete, spatial and practical

dimensions; it simultaneously refers to affective, relational feelings of belonging and to objective conditions. The positive attributes most referred by the authors as the basis from which the sense of home emanates are sense of security, comfort, and privacy. However, while this set of ideals is always central, it is the interplay of physical, social and individual dimensions and their mutual influences at the material, social and individual levels that make the concept of home both valuable and complex (Bigonnesse et al., 2014; Blunt & Dowling, 2006; Cristoforetti et al., 2011; Gezici Yalçın & Düzen, 2021; Power, 2017; Rowles & Bernard, 2013; Rowles & Chaudhury, 2005; Shenk et al., 2004; Sixsmith et al., 2014). Rubinstein and de Medeiros (2005) focused on emotional ties to home and considered it to be a genuine identity-building process that binds people to their inhabited space. Following this, Bigonnesse et al. (2014) consider home as a performative construction of identity. Both Cristoforetti (2011) and Power (2017) use a very evocative metaphor in this regard, arguing that home is a showcase of the self, while Gorman-Murray (2006) sees it as an extension of the self.

Under the lens of lockdown restrictions, some important components of the sense of home are highlighted, particularly that of belonging and control over daily routines. In an earlier anthropological study, Rubinstein (1989) described home as an embodied reality that is simultaneously the result of two opposing influences: “entexturing”—the assimilation of sensations generated during the routine activities of daily life—and “environmental centralization”—the development of one’s inner space as one’s motor faculties deteriorate. Milligan (2009) investigated the sense of safety associated with home, noting that home is the place where one feels least vulnerable and where one can welcome visitors with confidence but also a place to which one has the right to refuse others entry. In other words, being at home means being master of one’s place, understood in both the physical and social sense. Understood also in the sense of control on one’s inner space and of circulation in the outdoor. The precariousness that comes with a refugee status, as studied by Gezici Yalçın and Düzen (2021), highlights the relevance of this statement.

### ***The perimeter of home in SH in the COVID-19 context***

Feeling safe where one lives is not an incidental detail in building a sense of home. Indeed, many authors count safety as one of the three pillars, alongside comfort and privacy, that contribute to the feeling of home. The lockdown has particularly affected the elderly population, designated as a group at risk (Herron et al., 2021). The way in which SH tenants complied with the stay-at-home recommendations during this outstanding period

reveals something of their sense of safety at home. In our interviews we could observe two opposing movements at work simultaneously in reaction to the regulatory measures triggered by the health crisis.

Gerontologists unanimously recognize social isolation as a risk factor for the health of older adults (Gerst-Emerson & Jayawardhana, 2015; Holt-Lunstad et al., 2010; Routasalo et al., 2009). SH is specifically designed to promote social interactions among tenants. The idea is that without having to move, inhabitants have many opportunities to establish relationships with their co-tenants. In normal time, in each of the facilities, social assistants organize monthly meals and/or meetings with coffee and snacks in order to create opportunities for tenants to socialize. These shared activities, which is included in the rental package, is complemented by other optional cultural activities, such as excursions, films, and lectures, as well as various physical activities, all of which are designed to encourage social contact. The positive impact of integration into a neighborhood community is felt retrospectively and is reflected in the sense of belonging to the place and the pleasure of living there.

In Switzerland as in all countries where the number of COVID-19 infections is spread, the stay-at-home strategy meant to reduce the transmission of the virus has been imposed with varying degrees of strictness and for varying lengths of time. Physical distancing instructions were particularly targeted at the over 65 population. The regulatory discourse of health authorities has simultaneously designated two different targets for protection measures: elderly people themselves, considered as a whole as a vector of risk for overloading the health care system because of their age, and the external environment, considered a risk for vulnerable elderly people because of their age. In this regard, the SH population was particularly concerned. Family gatherings, welcoming one's grandchildren, meetings at people's homes, visiting leisure sites such as restaurants or cinemas, meeting up with friends in parks or on walks, and going to the gym... all this has been strongly discouraged, with the result that social interactions got restricted to virtual contact (Gezici Yalçın & Düzen, 2021). Being a free citizen meant, during the time of the lockdown, doing what one could do at one's own home.

It is recognized that attachment to the land contributes to the sense of home (Falk et al., 2013). However, it is precisely this dimension that was challenged when the epidemic broke out. A sort of "prophylactic confinement," as Labrèque-Lebeau (2009) puts it, was imposed, with the effect of the immediate contraction of the living area. As it has been the case elsewhere, the freedom of movement has been affected on an unprecedented scale. One of the major attributes of a sense of home has thus been undermined (Bigonnesse et al., 2014; Cristoforetti et al., 2011). In normal

times, for people with mobility impairments, SH offers the advantage of reducing barriers to outdoor movement by allowing them to flexibly increase the limits of their home perimeter. The lockdown compressed this flexibility, hence leading to confusion about the genuine nature of risk.

Another cornerstone of the sense of home is the feeling of *entre-soi* (Tissot, 2014). For an inhabited space to be recognized as a warm, humanized and enjoyable environment, it is important that social ties cement the shared living space (Machielse & van der Vaart, 2020; Puplampu, 2020). Relational circles weigh more heavily in this formula than the boundaries of the built environment. In a previous study (Simzac et al., 2021), we have noticed that by sharing stories about intruders seen in the building or calls from strangers on the intercom, tenants displayed their perception of the perimeter of their home. In a gathering around the table of the community room, the question of security provided a subject for discussion about the organization of the common boundary beyond the private housing and showed the reality of the collective housing perimeter. The epidemic has changed the nature of the neighborhood paradigm, which is so important in the maintenance of a social network of proximity.

### **Conceptual framework**

The main premise of Reynaud's theory of social regulation (Reynaud, 1997) is that there can be no social groups without functioning rules. In Reynaud's theory, regulations are not a disciplinary measure but a spontaneous reaction emanating from any social body in a perpetual search for balance. In his view, social reality is binding, and the adoption of social rules is a condition of functioning. From the perspective of this theory, acting in a social environment involves regulatory activities. As such, regulatory activities should not be seen as a hindrance to social interaction but, on the contrary, as a motor for it. As he states, they are the essence of social reality: "cooperation could not occur without normative constraint" (Reynaud & Richebé, 2009).

The health crisis gives a particular highlight to this vision. The theory of regulation provides a way to go beyond an overly simplistic binary vision that would oppose the fearful to the skeptical at the onset of the epidemic, and later on the pro to the anti-vaccines. It allows us to apprehend the consubstantiality of the realities simultaneously at work in the usual quest for a new ordinary normativity where each one finds his place. Enforcement of sanitary control measures, aiming at the reduction of contamination risks, as well as the individual ways of coping with them - whether through resistance or compliance -, jointly produce a single social reality, which in the present context is characterized by social distancing.

We view the multiple mundane arrangements that emerged, starting in the spring 2020 semi-confinement and since then, as the implementation of regulatory activities, in the search of a new transitory stability.

The approach Reynaud advocates is clearly pragmatic and not theoretical, nor ideological. As Reynaud states it, “But in all cases, the legitimacy of those rules is procedural, not substantial: rules are not made legitimate by the values that may or may not underlie them; what makes them legitimate is the procedure that allowed for constructing them” (1997). Upstream, or even independent of the associated values, it is their combination with procedures, agreements and deals that ensures their operative character. Regulatory activities have practical effects that are sought by social actors. Reynaud identifies two types of dynamics concomitantly at work in the quest for balance and stability: “control regulation” and “autonomous regulation.” Both are necessary for social functioning. All types of procedures, regulations, and formal or informal arrangements such as tacit or explicit agreements are regulatory measures of either control or autonomy (Reynaud, 1988).

Since Reynaud first published his theory of regulation in the late 1950s, his analytical framework has been applied to many social contexts, including health and justice. As Reynaud (1997) puts it, living in a society implies always having to deal with regulatory constraints. This means that collective life is never given but always the result of a negotiated balance between organizational and collective rules, and individual freedoms. In this sense, collective life is the product of an interpenetration of objective and subjective dimensions. Abiding by these constraints entails a process of self-regulation.

In light of this analytical framework, one can understand the tensions that have pervaded the dynamics of home since the onset of COVID-19 pandemic crisis as the effect of collective regulation mechanisms. We will see how the sanitary measures have generated a new transitory stability—which Reynaud and Richebé (2009) designate an “ordinary normativity”—based on simultaneous movements of control regulation and autonomous regulation (Figure 1).

## Methods

This article is based on data from an in-depth study of the SH contracted by public authorities in different areas of Vaud Canton (Switzerland). It was conducted between September 2019 and December 2020 with the objective of identifying factors that promote AIP. The outbreak of COVID-19 health crisis in March 2020 in the Swiss territory, motivated the opening of new questions not foreseen in the initial research plan. The data were



**Figure 1.** Schematic description of the concept of Reynaud's theory of social regulation (Reynaud, 1997).

collected approximately three months after the outbreak of the epidemic from respondents who reside in different sheltered housing facilities, supported by the Canton's social authorities. All SH tenants were informed of the study by a personalized letter in which their participation in individual interviews was requested. Participants in the interviews about their life in SH during semi-confinement were selected from the positive responses received to this initial letter.

Twenty qualitative interviews were held with tenants who were selected according to the following criteria: living alone/in a couple; male/female, belonging to one of 3 age groups ( $\leq 64$ ; 65–79; 80+), living in an urban or rural area (Table 1). Due to the sanitary restrictions the interviews were conducted mostly by phone. They were recorded and transcribed in their entirety. The interviews aimed at determining the tenants' perceptions of



**Table 1.** Qualitative interviews: characteristics of the tenants interviewed.

	Urban area			Rural area		
Gender (F/M)	7/3			5/5		
Living in a couple (y/n)	0			3		
Age	≤64	65–79	80+	≤64	65–79	80+
	1	3	6	1	1	8

the situation related to the lockdown (experience with social restrictions, coping with the prohibitions on their freedom of movement, feelings of loneliness, and options for withdrawing from the facility). Thanks to field observations conducted before the epidemic had restricted direct contact, and to additional interviews conducted with SH managers ( $N=6$ ) and social assistants employed in the facilities ( $N=6$ ), we were able to put into perspective the narratives collected from tenants and better appreciate the regulatory measures that the crisis prompted. Altogether, the interviews informed us about the rules that prevailed before the crisis and about the exceptional provisions introduced during the lockdown.

### Data analysis

The interview guide addressed respondents' perceptions of their sense of safety within the facility and their sense of well-being. The transcripts of the interviews were coded and organized using NVivo 12 software. Three researchers coded the first transcript inductively, focusing on the most significant aspects from the prior field observations. The same three researchers then coded the transcripts independently, meeting regularly to review the coding scheme, discuss their contrasting interpretations, and reach a consensus. Finally, the relevance of the interpretations was discussed in a focus group composed of providers and managers of SH sites.

### Results

In the following section, we present some extracts from interviews conducted with a sample of tenants. In order to provide readers with a better understanding of the context of the exchanges with these tenants, here is the interview guide used on this occasion. We draw readers' attention to the fact that these interviews were conducted in French and that their translation remains faithful to the spontaneous expression of their authors. (Table 2: Interview guide here)

Even before the outbreak of COVID-19, the feeling of security expressed by the SH tenants refers, above all, to the watchfulness of the housing manager over each of them. Operating at the interface of medicalized home care services and solitary living, this professional connects with each of the tenants. It is his or her intervention that links the collective space and the

**Table 2.** Interview guide for sheltered housing tenants – March 2021.

- 
- How did you get through the crisis?
  - How did the crisis influence the organization of daily life in your SH structure?
  - What was interrupted or disrupted because of the epidemic?
  - Which solutions or alternatives were put in place?
  - Based on your experience of living in the SH during the confinement period, do you find that this type of housing brings added value compared to living alone?
  - In light of the sanitary crisis, do you feel that the SH model better meets the needs of the elderly than does ordinary housing?
  - Do you find that living in SH during an extreme situation such as this coronavirus crisis is an advantage for people in your situation?
  - Did you have the feeling of particular loneliness while living in this place?
  - Do you think that living in an SH is useful for developing better resistance to this type of extreme situation?
  - Have you noticed any changes in terms of support or solidarity during this crisis?
- 

private perimeter of the apartment. This is particularly true for the most fragile tenants and is a major argument in favor of moving into SH. Everything in SH has been carefully thought out to avoid what the people in our study stated that they dreaded the most and was their primary reason for moving into SH: to avoid finding themselves alone in their homes during times of difficulty. The presence of a professional within the housing structure justifies the additional cost of living associated with SH compared to ordinary housing:

I'm reassured, reassured to be here; if I'm bothered, it's because I have arrhythmias, but then I can call someone, and then there's always someone who comes to check on me. (Mrs. G., 85 years old)

The sense of security provided by the shelter persisted during the period of confinement, despite reactions of annoyance, and even disappointment, in the face of diminishing support services.

Where I was before there was no one who came to see me. But here people come to see me. And then if I need something, yes, I can ask, even during the virus and still now. She [the social assistant] passes, she comes in, but she just stays 3–4 meters by the door. They came to ask yes several times a week how it is going. (Mr. B, 89 years old).

Very soon after the lockdown began, the principle of safety gave way to cascading regulatory mechanisms, passing from restrictions on access and social contact issued by public authorities to more local levels of responsibility. Institutional governance measures<sup>1</sup> echoed health policies, producing an overlay of constraints on social interactions, with effects on limitation of movement both in public and private spaces. Between March and June 2020, all activities, and opportunities to meet that normally animated life in the SHs were prohibited. Communal meals were stopped, community spaces were left empty, and some facilities were closed altogether. The closure of common areas and the interruption of

all collective activities were the most brutal marker of the exceptionality of the situation.

All of a sudden we were cut off from gym, we were cut off from choir, we were cut off from the “sunshine meetings.” In fact, we don’t even see each other. Everyone is locked in their homes. (Mrs. C., 81 years old)

One single respondent claims simultaneously for restrictions and openness:

I contacted the director, and she did what was necessary within 24 hours, so she closed that room [the community hall]. In my opinion, with good reason. (...) It is still closed; it will be closed until the end of the month. But what they could have organized, I talked about it because the weather was nice in April, it’s true that we had a nice month, uh, they could have very well organized us outside because there is still room, there is a terrace, uh, a small gathering with a cup of tea or things so that people are not too isolated. I think they could have done that here. (Mr. F., 71 years old)

The nature of the neighborhood paradigm has changed with the lockdown. Formerly “close ones,” family members and neighbours/friends, were kept at a distance. Conversely, perfect strangers, young volunteers mobilized by municipal services to help elderly populations, became for a time “familiar,” as residents had to entrust them with their shopping lists and money. Sometime with bad experiences.

For the groceries we had the civil protection. We also had the commune, the scouts. (Mr. Z., 69 years old)

Yeah, so there are prohibitions that were given by the management or the owner. And then, uh, let’s say the commune provided staff for those who needed to go shopping. (Mr. E, 81 years old)

So on the other hand, the commune has put quite a few things in place. The parish sent us a letter saying that if we needed someone. Because we still have to be careful with whom we entrust our money, someone wanted to put a letter at the entrance saying, if you need us to go to the bank for you, et cetera, to get the money, to do your shopping, to get things at the pharmacy. That was taken away quickly, by the director. Because there were complaints to the police from people who had given money for shopping. And then they didn’t see anything coming back from the commissions. Neither one nor the money. (Mrs. L., 88 years old).

Closure of the collective facilities was not only top down decisions. Strict self-limitation measures have also been initiated by some tenants in reaction to the health discourse disseminated by the national authorities. For instance, this tenant who narrated about some of her co-tenants who gave up on going out:

I think most of the people here were terrified, so there are people who didn’t go out for 8 weeks here. ... I heard that there are even people who didn’t want to have the social assistant or whatever for fear of being contaminated. (Mr. F., 71 years old)

This sign of autonomous regulation has also manifested itself in a completely opposite way, namely through the adoption of practices accompanied by a modestly subversive flavor. Some tenants reported about arrangements they have initiated in an attempt to somewhat circumvent the distancing rules and thus limit the isolation imposed upon them, such as shifting their usual walk time to reduce the probability of contact with others:

I'm out all the time. In the morning at 6 o'clock I'm out. There's not a soul outside. So how do you think I will catch the virus? (Mrs. R., 81 years old)

But what we do is we don't see many people anymore. We try to avoid ... not to avoid people but to avoid the crowd if you like. (...) We go for a walk anyway; we go for a walk around there. Well, for example, yesterday we took the car to go to the woods, and then we walked in the woods for a long time, and we met almost no one, so I think that at this time we should stay, as much as possible, away from this virus. And then we don't contaminate anyone else if, by chance, we have it. (Mr. D, 76 years old)

Others changed their shopping habits as to go out during the day when there is less activity.

Already before, I never went shopping on Saturdays, I always went on Friday afternoons and now I don't go on Fridays anymore but I go on Thursdays at 1:30. Even if I have to go to 1, 2 or 3 stores, I do it at 1:30 and I know exactly what I want. (Mrs A., 81 years old)

Two tenants narrated how they strived to provoke contacts while still respecting the recommended social distancing. For instance, by taking advantage of small opportunities such as collecting meals or checking one's mail:

Yeah, well, when we went to pick up the meals at the entrance to the, or when we wanted to go to the mailbox, like that, we would meet people, we would exchange a few words. (Mrs M., 81 years old)

Well, we make a fist in our pockets. But it's true that I know that I have neighbours, well, I'm extremely careful, uh, we had set up a little code, like I need something, she'd put a note in my mailbox, and then I'd leave the bag behind the door. It's true that, I know that there are 2 or 3 neighbours who were very, uh, I can't say that they were in depression, but really not far from. (Mrs. S., 41 years old)

For some, coffee time has been a way to break the isolation:

During lockdown it was closed, everything was closed. So we did it at home. One at the end of the table and the other at the other, and then we drank a coffee, we called each other, don't you want a coffee this morning? "Yes, I'll come down or you come up?" Otherwise, "we would have become crazy!" (Mrs. L., 88 years old).

## Discussion

The demand for AIP currently dominating gerontology has led us to examine what contributes to the sense of home in SH. The concept of home is

complex because it combines subjective and objective dimensions that are both spatial and imaginary. The epidemic context is a useful framework for questioning how such a sense is formed insofar as it amplified the quest for feeling of home security SH tenants are engaged in.

Moving into SH, like moving into a nursing home, brings with it an element of grief. In both situations, the age of the people involved implies an element of loss regarding what they must leave behind (Dreyer, 2017). Like other studies (Shuv-Ami et al., 2021; Toder Alon, 2021), our shows that despite the old age of the tenants, recreating a new home in SH is possible, even, or may be even more, in time of crisis.

The COVID-19 health crisis has shaken up the contours of the perimeter of home. It has both restricted physical perimeters and eroded the self-image of SH tenants. The protective dimension indicated by the very name of the SH facility has been asserted more forcefully than ever before, unmasking the inhabitants' supposed intrinsic and collective vulnerability due to their age (Lindahl et al., 2018). On behalf of their safety, the pandemic has redefined the contours of the notion of freedom in an unprecedented way. Generally associated with the right to delimit one's space and social relations, the perimeter has been brutally compressed both spatially and relationally. As a preventive measure and out of fear of blame, external regulatory measures abruptly interrupted the usual modes of socialization, suspending for a time all the advantages of SH over ordinary housing. Never before has home been so abruptly reduced to the scale of one's private residence as it has been during this period.

Concomitantly, the lockdown measures imposed on older people have emphasized the home's role as a place of refuge par excellence and have prompted autonomous self-regulation initiatives. Restrictions on access to community spaces repositioned residents' intimate relationships with their homes. The epidemiological threat has created a dialectic movement establishing the "outside" as a risk zone for elderly individuals and private apartments as the ultimate refuge for the deployment of their autonomy the protection of well-being (McKinlay et al., 2021). These two antagonistic components have highlighted the identity dimensions of home.

In reaction to the regulatory measures enacted by health authorities to contain the spread of the virus, the tenants, each in their own way, responded with self-regulating initiatives, leading to a resizing of the perimeter of their homes. For some, the spatial contraction resulting from the lockdown produced a reactionary expansion of the living sphere within the home. For others who were already accustomed to integrating outdoor space into their usual environment (e.g., those living in rural areas), the perimeter of the home was not altered by the pandemic, but its meaning has been modified. What had previously been seen as merely functional

and utilitarian was now seen as a place of refuge and comfort. In both cases, the lockdown emphasized the identity component at work in the making of a sense of home. Pragmatic reactions were numerous as the virus spread and gained a foothold in everyday social reality, thus generating a new “ordinary normativity.” The various arrangements, adaptations, tacit agreements, and other efforts at reorganizing, reported in our interviews, are to be seen as a search of a new provisional equilibrium. Autonomous regulation highlights the creative dynamics of which social actors are capable. The operational dimension of regulation was revealed in the pragmatism shown by social actors in their search for compromise.

The unprecedented upheaval that has affected even the smallest details of the daily lives of billions of people in the wake of the pandemic has provided a rare opportunity to better understand the dimensions of home. Sanitary confinement, with its combined mechanisms of control regulation and self-regulation (Reynaud, 1997, 1988), has drawn attention to the expansion and contraction dynamics that affect the perimeter of home. This observation confirms what the literature on the concept of AIP tells us, namely, that the notion of home is relative (Bigonnesse & Chaudhury, 2020).

The double meaning of the notion of security associated with SH for the elderly has appeared in all its paradoxical force: It is both protective and isolating. The results of our study highlight the stigmatization felt by the people locked in their homes in the name of protection. If the label “population at risk” always carries a risk of stigmatization, the social distancing directives issued by public health authorities during the height of the pandemic only accentuated the dialectical conflict inherent in the subsequent efforts to protect a specific group of population. Due to the viral threat, the added value of the SH model—a living community with significant others that avoids loneliness of the older persons living alone—has become a reason for regulation. In-between isolation and stigma, people considered as a whole as a vulnerable population were faced with a marginalized identity perimeter. On behalf of protective barriers against the risk of contamination, some social and other health needs of SH tenants have suddenly been deprioritized. That resulted in the reinforcement of the very pair of impediments - isolation and stigmatization - that SH is intended to distance. Exclusion is no longer caused by external factors, such as a lack of security in the neighborhood or inconvenient topography, but by reasons intrinsic to the residents. The expanded perimeter of the home, which is normally one of the assets of SH due to tenants’ ease of access to the surrounding space, has been abruptly limited to the small space enclosed by the four walls of their homes. Thus, the mix of positive and negative feedback from SH tenants should not be understood as a contradiction, but

as their way of expressing the undefined nature of home (Gezici Yalçın & Düzen, 2021). Overnight, making tangible what is the foundation of home, namely being able to control one's immediate environment, meant reacting to regulatory measures.

### **Limitations**

Our study has some limitations. It is based on a sample of only twenty interviews which were not totally focused on reactions to the effects of the epidemic. For the sake of generalizing the results, it is also necessary to keep in mind that the enquiry was conducted in an area where the sanitary measures due to the pandemic were not as restrictive as in some countries where much stricter lockdowns were imposed on the populations. Our results reflect the freedom of movement that was preserved in our context, although strongly limited by social distancing measures, and was unique among most countries.

It should also be noted that our study preceded the peak of the pandemic and the regulatory measures it generated. While we found it insightful to question the meaning of home in light of this exceptional situation, it goes without saying that the control and autonomous regulation measures put in place during the health crisis were not anticipated in the items of our questionnaire. A specific study of SH in a confinement situation should provide more detailed results.

### **Conclusions**

The concept of home refers to intertwined subjective and objective dimensions. The COVID-19 health crisis has altered the freedom that individuals have in their social interactions and affected what actions they take to inhabit their space and acclimate to it. We did not find a strict ontological separation between internal and external norms, between health guidelines and residents' resistance. Rather, what emerged was a search for compromise in order to cope with the "disorders" caused by the sanitary crisis while continuing one's usual way of life. We did not observe a protest against new norms imposed from the outside, but rather different ways of adjusting to them according to one's own living conditions. While social distancing has been imposed as a control regulation measure, the perimeter of the home has been concentrated more than ever on the space of the dwelling, a place of refuge and security par excellence. Striving not to give up one's scope of self-determination has become a challenge for imagination. Different accommodations and ways to manage housing perimeters reveal the tenants' autonomous regulatory movements still at work in the quest for a new, albeit temporary, ordinary normativity in everyday life.

## Ethical approval

All participants in this study gave their informed consent and their anonymity was maintained (the data were fully anonymized).

## Note

1. By governance measures, we mean the set of guidelines governing movement within the housing facility, as well as the management system responsible for organizing the daily lives of tenants within the facility (Power, 2017).

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No potential conflicts of interest were reported by the author(s).

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