Communication

Managing the Aging Present and Perceiving the Aging Futures: (In)Formal Systems of Care in (Pre-)Pandemic Croatia

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Abstract: The article is an ethnographic account of recent and contemporary narratives and practices of care and aging in Croatia in the pre-pandemic and COVID-19 pandemic period, within the framework of formal, informal, and "hybrid" systems of care. Its theoretical basis lies in the fields of the anthropology of family, and the anthropology of aging and care, as well as in the concepts of dignity and the conceptions of futures. The ethnographic data were gathered from 2018–2021, in four locations/regions, both in rural and urban settings. The aim of the paper is to initiate a discussion about the qualitative, socio-cultural aspects of aging and everyday life of the elderly, of its transformations and continuities, both in the spatial and temporal dimension, in urban and rural contexts, in crisis, and in "times of peace".

Keywords: aging; care; dignity; ethnography; (pre-)pandemic times; future(s); Croatia

1. Introduction

This paper provides ethnographic insights into the sociocultural aspects of aging regarding formal and informal support systems in a range of its performances: in formal, institutional frameworks, within the family, or combining both. The data derive from pre-pandemic and pandemic (COVID-19) periods. We conducted research on several occasions in the period from 2018 to 2021, in rural, rural-urban, and urban environments, with a research focus on the everyday lives of the elderly, the practices, needs and challenges in their day-to-day lives, the dominant providers of care and assistance to elders, but also on the expectations and perceptions of older people with regards to the present and future. The pandemic crisis profoundly changed everyday lives and perceptions of the present and future, directing our research focus to the ongoing local responses, practices, and narratives in thus changed and intensified times. Through qualitative research, from 2020, we have identified and highlighted some practical situations in which the elderly found themselves during the (still ongoing) pandemic crisis. Intergenerational (family) interaction and support, combined with formal systems of care, proved to be key in meeting the emotional needs of the elderly. We will name this overlapping type of support, as a "hybrid" one, one that includes both caregivers, family, and state (cf. Heady et al. 2010). The "smooth" interaction between those who were limited and threatened in the past two years, dominated by mechanisms of isolation of the elderly, restrictiveness, and bureaucratic obstacles to access for the elderly in institutional care. In the time of crisis, access and security limitations prove to represent the most visible distinguishing element between formal and informal care systems. Certain problem areas in the attitude of modern Croatian society towards the elderly had already existed in the pre-crisis period. In the context of the COVID-19 pandemic, from spring 2020 to spring 2022, these issues were intensified and became more visible. We were also interested in narrative elements of how the social position of the elderly in Croatia is (self-)perceived, before and during the pandemic. These elements included loneliness, isolation, and compromised dignity. Furthermore,

we examined what the elderly expected from the present and the future; recent and current complexities and peculiarities of everyday life, and (extra-)institutional mechanisms of support, protection, and interaction. The mentioned topics have been insufficiently researched in Croatian ethnology and cultural anthropology, both in times of crisis and "times of peace".

The share of the elderly population in Zagreb, the Croatian capital, amounts to 21% (https://stampar.hr/sites/default/files/udjel_starijih_osoba_u_ukupnom_stanovnistvu_2011_-_2019.pdf, accessed on 26 July 2022). An equally high percentage was recorded at the national level (European Commission 2014, according to Bađun 2017, p. 20), which makes the population of Croatia one of the oldest among European countries. Zagreb has experienced a "visible decrease in the share of young people in the population, and an increase in the share of older people", and certain parts of the city, such as the city center, have a higher share of older people (cf. Klempić Bogadi and Podgorelec 2009, pp. 242, 251–55). The population of people over the age of 65 is growing faster in number than all other age groups: by 2050, one in four people living in Europe and North America could be older than 65 (https://www.un.org/en/global-issues/ageing, accessed on 25 June 2022). However, it is important to note that different parts of the world have different shares of the elderly in their total populations. The perception of old age differs as well, as do the criteria by which old age is determined and the social roles of older people. In different parts of the world, aging also differs in terms of quality of life, and largely depends on the availability of social support, social roles, and economic resources available to older people in the specific environment in which they live (Buch 2015, p. 278).

In response to the aging of population trends, the World Health Organization, considering the global scale of demographic aging, is promoting the concept of "healthy aging" to be used in strategic documents and action plans from 2015 to 2030. Although the aging of the population is a "historic achievement that should be celebrated" (Zrinščak 2012, p. 73), the dominant Croatian and European public and political discourse is concerned about the aging population trend and the need to (re)organize and regulate public finances and social welfare systems. After the European Union (of which Croatia has been a member since mid-2013) published its models, recommendations, and strategies for (healthy) aging, Croatian associations and social welfare institutions also began to promote the concept of healthy aging in their own work.

Modern European cities, as well as rural development strategies, anticipate and base their development on the idea of inclusion and equality (European Commission 2014, p. 10). This includes the elderly: Several programs, strategies, legal frameworks, and recommendations deal with improving the quality of life for the elderly, both in cities and in rural areas. However, when it comes to cities, a gerontopolis, i.e., a city tailored to the elderly, is often not (more) recognizable and realized in practice. Cities are hotspots for social inequality (e.g., Kazepov 2007; Fischer-Nebmaier et al. 2015), segregation based on gender, class, race, ethnicity, age, etc.; the older population is often directly affected by discriminatory and segregating processes of urban transformation, such as gentrification (cf. Svirčić Gotovac 2010; Gulin Zrnić 2013). The urban public space also lacks infrastructure and facilities that would serve the needs of the elderly, i.e., that would ensure and promote visibility, inclusion, and healthy aging.

In the period before the COVID-19 pandemic and lockdown, the institutional organization and coordination of educational, cultural, and social activities for the elderly took place at several locations in Zagreb. Since Croatia joined the EU, projects strengthening intergenerational and local ties, both within and outside the family, are encouraged with European funds, although they have a limited duration. In the cities that served as the locations for this research, such as Kutina and Zagreb, in addition to political parties of pensioners, city unions and pensioners' associations, religious charities, foundations, and cultural and artistic groups, programs for the elderly aimed at improving their position in society and quality of life (through the concepts of lifelong education and healthy/active aging) were also offered by educational and cultural institutions. After the pandemic, from

the beginning of 2022, these activities are gradually being resumed after being interrupted or limited in scope during the pandemic period. Although there is an increase in projects focused on improving the quality of life of older people and activities that are formally and institutionally organized and continuous in rural areas after Croatia's accession to the EU, they are nevertheless less frequent than in cities. In rural areas, care is mainly provided through informal support and interaction systems, such as neighborhood and family gatherings and assistance in the regions of Žumberak and Dalmatian Zagora.

In line with the demographic situation in Croatia, data on the number of single-person households, most of which are composed of elderly people, also show continuous growth in both urban and rural areas. We have even found some instances in which entire streets in the city center are made up of single-person households, mostly older women—widows. When it comes to older citizens, single-person households in rural areas are rarely the choice of the elderly, but rather a consequence of young people moving out. They are also somewhat formed by choice, despite the poverty that afflicts single-person households in rural areas, as older people do not want to leave their homes, even when faced with difficult living conditions. Single-person households in cities are diverse: they were partly created by the dissolution of three-generation households, i.e., the separation of young people from their parents' home (neo-local housing) while remaining close to the elderly. New households are frequently found within the same urban settlement as an informal social security strategy (Rubić and Leutloff-Grandits 2015). Some of the elderly live in "traditional" institutions for older people (nursing homes with up to a hundred residents), with organized meals, health care and social programs, and accommodation in a double room. For several years now, institutionally supported independent housing for the elderly has seen an increase in implementation, an example of good practice, organized and coordinated by the "Zajednički put" foundation in Zagreb, which will be discussed in more detail below. This is a type of housing for the elderly that is in its infancy and actions for making it more prevalent are welcomed. In this arrangement, the elderly live outside the institution, independently, in a city apartment, with professional and technical support provided by city social welfare institutions and/or civil society organizations.

2. Theoretical Framework

Our dominant research paradigm is qualitative and cultural anthropological. The ethnographic data and accounts presented here are combined with theoretical insights and concepts related to aging as a sociocultural category, that dominantly frame our research interests, perspectives, and interpretations. These are: care systems (Buch 2015; Tronto 2013), dignity (Rusac et al. 2016; Nordenfelt 2003), and (adherently) future(s) of aging and care (Heady et al. 2010; Gulin Zrnić and Istenič 2022). Next to rituals, religion, and customs, one of the "classical" anthropological topics is family and kinship, or precisely, various systems of care within this universal (and diverse in its structure etc.) social group. It was, for example, recently confirmed that family and state are the main care providers to the individual in contemporary Europe. It is not the case that when there is less state, there is more family, or vice versa. It is more that family is always present, no matter if it is the "golden age" or a declining period of formal social security systems and a welfare state (Heady et al. 2010). Overlapping and merging systems of care and support are omnipresent and form the larger part of caring mechanisms on the microscale and in the everyday. Various recent approaches and ethnographic accounts from the field of anthropology of family and kinship, and anthropology of care, prove the capillary, merged, overlapping, and hybrid nature(s) and realities of belonging, relatedness, and care (e.g., Carsten 2000, 2004; Heady et al. 2010).

2.1. Dignity

Dignity is a complex socio-cultural concept. Dignity can be discussed in terms of the individual or communities (cf. Fukuyama 2020). When it comes to the individual, "it primarily means promoting the quality of life in accordance with (. . .) the potentials, needs

and interests" of the person (Rusac et al. 2016, p. 15). When it comes to the elderly, dignity, or more precisely, its endangerment and violation, is one of the main narrative motives and elements in self-perception and experience of old age, which speaks volumes about how society is set up to be dominated by the "dream of rejuvenation" (de Bovoar 1987, p. 109), and old age is perceived as a social problem (Milosavljević 2012). Identifying the trend of negative perceptions of aging and the elderly and violations of their rights have led to strategic health and social care documents of many European countries to listing the preservation of dignity of the elderly as one of their priorities. A study on how the dignity of older people is perceived, conducted in six European countries (Bayer et al. 2005), showed that the prevailing ageism in society is recognized by members of all ages and that the dignity of older people needs to be continuously promoted. Research has also shown that older people have an easier time recognizing situations in which their dignity is violated than those in which their dignity is intact, and that respect, autonomy and equality are often used as synonyms for dignity (Stratton and Tadd 2005). Respect from others and having respect for oneself is fundamental to experiencing dignity, which is somewhat related to the problem of (a lack of) participation of older people in various aspects of social life, after retirement and due to reduced income and diminished physical capabilities. All this contributes to the feeling of isolation and loneliness. When it comes to losing physical capabilities, it is important to emphasize that partial, gradual, or complete (physical) dependence on other people strongly affects the feeling of loss of independence in the elderly and is one of the most recognizable aspects in violations of their dignity (Bayer et al. 2005). The mentioned aspects of understanding dignity are related to what is called "dignity of personal identity" in the literature, its key components being integrity, physical identity, autonomy, and inclusion (Nordenfelt 2003).

This is somewhat corroborated by research on narratives about the dignity of older people in Croatia, which identifies prominent aspects of personal dignity in old age: the need for socializing, preserved health and energy, assurance of food and assistance, material security, family support and recognition of work contributions (Rusac et al. 2016, p. 94). The feeling of loneliness, according to this research, especially affects those who live alone in their own household, and those with movement difficulties caused by illness. In that study, an individual statement recorded in the research gives a good outline of the issue: "Well, mostly loneliness, it kills you the most" (Rusac et al. 2016, p. 94). The link between dignity and healthy aging depends on the individual's personal decision and past habits, but also on their health; "for successful and dignified aging, i.e., life satisfaction, social activities and interactions are very important, which become increasingly limited by aging after retirement" (Rusac et al. 2016, p. 101). Uncertain income, limited access to health and social care, and isolation are the predominant experiences of aging in Croatia. Violation of dignity and self-worth also presents a great challenge, as older people feel their dignity is violated in public space (e.g., when nobody gives up their seat for them in public transport, physical threats, and theft), but also in "objectification" in various social situations, when people talk about them in the third person, as if they were not physically present. The issue of discrimination in institutional care (nursing homes) is a major topic in the professional literature and in the media.

Nursing homes operated by the city and the state are regulated and supervised, and extremely negative experiences are reduced to isolated cases. Nursing homes are complex places where privileges and restrictions overlap—one is assured they will receive food, but there is no diversity. "Residents" (the elderly) state the following as positive aspects of living in traditional nursing homes: the availability of hairdressing and/or pedicure services, contacts with peers, availability of entertainment and recreational facilities, availability of medical staff. However, at the same time, they are often dissatisfied with the persons providing these services (e.g., medical staff) and the inability to move freely and make decisions (Rusac et al. 2016), which is a particularly important aspect for this paper. In the past few years, examples of physical and emotional neglect in the newly established network of private nursing homes have been highlighted (cf. Vukušić 2022),

with such nursing homes traditionally being recognized for violating the dignity of the elderly (Stratton and Tadd 2005).

2.2. Care

　　Care is an ambivalent concept and practice. It is impossible to precisely cover all the diversity (sometimes even mutually opposing) meanings and practices that are associated with the term caring in different contexts. Therefore, in understanding care, it is necessary to embrace the polysemic understanding of care as simultaneously resource and relational practice, bearing in mind that care practices depend on the characteristics of the subjects who participate in them, but also on the role of institutions and national policies in shaping these practices (Buch 2015, p. 279). Speaking about care for the elderly, Elana D. Buch emphasizes that, instead of insisting on the definition of care, it is necessary to consider integrative theoretical approaches that "attend to its multiple qualities as a form of moral, intersubjective practice and a circulating and potentially scarce social resources" (ibid.) Often, in reflections on the quality of care, emphasis is placed on incentives and the relationship that develops, which is maintained during care activities and associated with moral engagement. In this sense, there is a recognizable contradiction between caring about ("the ability to perceive needs") and caring for ("recognizing the real relationships between those who have needs and those who could satisfy them") (Tronto 2013, p. 49). This dichotomy is often questioned in light of research on the quality of care and starts from the assumption that paid care for the elderly is an instrumental task in which caregivers see their role as helping with the most basic needs (food, hygiene), while unpaid care (family, relatives, volunteers) is mostly associated with a stronger influence on the emotional and social life of old people ("capability building", Team and Markovic 2013). Approaching the concept of care from a cultural-anthropological perspective, and to clarify the empirical and conceptual distinctions between different activities associated with the concept of care, Droptbohm and Alber (2015) identified three key research areas that reflect the cultural-anthropological understanding of care: work, family, and life cycle. In research dealing with life cycles, care is often understood in the context of rights and obligations to give or receive care at a certain stage of life, and these rights and obligations, as well as their scope, are largely shaped by social "attitudes" and social and value contexts. When researching family and kinship, care is seen as an integral part of family relations and assumes that care not only confirms biological kinship, but also represents a way of forming kinship in the absence of biological ties (e.g., when adopting children).

　　When it comes to understanding care from the perspective of work, research primarily shows a focus on the issue of work as a professional (paid) or unpaid activity, wherein unpaid work (e.g., childcare) is often constructed within the family as work done by women, as opposed to public, paid, productive work. From the point of view of research on migration and ethnicity, care is identified as an activity that goes beyond the economic sphere in many aspects. The intertwining of work with migration is one of the most noticeable cultural anthropological areas of research in which the issue of care is also explored. What is particularly important in the context of such research in terms of contributing to the cultural-anthropological understanding of care is the notion of care as a multifaceted phenomenon that incorporates not only medical but also emotional, social, moral, and economic aspects that may be provided and maintained at proximity or from a geographical distance (Rubić and Leutloff-Grandits 2015; Palmberger and Htromadžić 2018, p. 3). Although caring relationships are always to a certain extent characterized by intervention in the lives of care receivers, which ranges from mild to completely paternalistic (McKearney and Amrith 2021), it is important to emphasize that our research showed that paid caring work does not necessarily and always mean only basic, emotionally neutral, or "cold" care about the old ones. In contrast, in monitoring the work of individual caregivers, we found that they greatly respect the autonomy of the people they care for, give them freedom in making decisions if it does not endanger their health, discuss with them the advantages and disadvantages of these decisions, and the like. In contrast, our insights into the attitude

towards old people living in nursing homes, especially during the pandemic, confirm a completely paternalistic attitude towards care receivers, which manifested itself in such a way that the users could not decide independently even about the most basic aspects of their lives, e.g., walking or buying coffee from the drinks machine that was only a few meters away from their room. We discuss this in more detail below.

3. Materials and Methods

Demographic data and their detailed analysis are not the subject of our interest in this paper, but they are nevertheless the national and wider demographic context and an important reference for emphasizing the fact that the consequences of population aging, labor emigration (external and internal), falling birth rates, the increase in the share of the elderly population, etc., are reflected in the daily lives of the elderly, their position in society, as well as the challenges in the health and social care system. Measures aimed at reversing or at least mitigating the negative macro trends in Croatia have been implemented (cf. e.g., Župarić-Iljić 2016; Rajković Iveta and Horvatin 2017; Stubbs and Zrinščak 2017; Mežnarić and Stubbs 2012), but only the future will show if they were sufficient and effective. Here, we will focus on the micro level and the everyday lives of a social group whose age is at the heart of these macro discussions as a social problem, and which has a dynamic position in the context of the pandemic crisis due to age as well. Our starting point is the fact that the experiences of age and aging are heterogeneous, as are the self-perceptions of age, present and future. We will present the insights gained through ethnography, in the theoretical manner of grounded theory (Strauss and Corbin 1998; Škrbić Alempijević et al. 2016). The data and analysis demonstrated heterogeneity, but also a certain commonality (of problems) regardless of the spatial (rural, urban, institutional, extra-institutional) or temporal dimensions (before, during and after the pandemic).

The qualitative, cultural anthropological research is based on participant observation (field notes), informal conversations and interviews (narrative analysis), and (content and discourse) analysis of media reports. It included twenty interviews and informal conversations with caregivers (middle-aged women) and old men and women (lower and (high-) middle class) across a wide range of ages, from 50 to 90 years. We talked to people who are independent and mobile and do their own shopping, bath, cooking etc., as well as to those who need daily assistance daily or occasionally. In rural areas, we encountered more persons of third and fourth age in a single household and with the field nurse/geronto-assistant visiting them weekly. We have announced our visits accompanying the caregiver and visited elderly who previously agreed to accept our observation and presence.

Such a broad focus group was intentional. The hypothesis was that the (self-)perceptions of old age differ; it is difficult to draw a line at which old age (as a sociocultural category) begins. We therefore relied on the self-perception and self-identification of older people very much expressed through several initial interviews—as members of the group of "older" people, but also in part on a person's formal position with regards to the labor market and the act of retirement. These were the very dominant (self-)narrative points. Our collaborators retired for different reasons and due to different circumstances. The act of formal retirement status is the point in their lives when they usually identify themselves as people of "older" age, no matter their chronological age. The act of retirement, in addition to their healthcare and labor market status, for example, provides them with the legal opportunity to use public resources (public transport, social transfers, cultural programs, financial support, etc.) intended for the elderly. Categorization according to chronological age in the context of the pandemic measures and the bureaucratized division into age groups in relation to planning institutionalized care for the elderly showed the complexity and unenviable position of older people when it comes to their social and public health rules and roles, especially for those in nursing homes.

Interviews and informal conversations included discussions on (self-)perceptions of age and "old age", and related notions of time and space: city, village, public space,

present and future, family and intergenerational relationships, insecurity, and crisis. Our research focused on both the spatial and temporal dimensions of old age and aging. We've announced to our interlocutors that the aging and the everyday life practices and experiences are in our focus, but through interviews we left the time for the wider range of topics with interlocutors, from daily politics to history. Prior to the COVID-19 pandemic in 2018 and 2019, research was conducted on various activities and events intended for "older people" in public outdoor spaces and in the homes of collaborators. During the 2020 and 2021 pandemic, our research focused mainly on monitoring media coverage of the elderly and establishing national public health measures and care systems aimed at older people. Observation (with participation) was also carried out, mostly in 2018 and 2019, through participation in cultural, educational and assistance programs with the elderly and professionals working in education or elder care. We also focused on informal support and care networks and on the dynamics of intergenerational intrafamily contacts and informal support systems in the local community. During the pandemic, observation (with participation) could take place mostly in the context of practices and experiences of older people in our immediate families or neighborhoods, related to the dynamics and content of the implementation of safety measures, vaccination rules and recommendations, the (im)possibility of contact in institutionalized care systems, and ad-hoc systems of informal (mostly family and neighborhood) mechanisms to help and support the elderly. Social activities and daily life with our family members and neighbours, who were engaged mostly in informal and short conversations for the purpose of the research, in a radically changed pandemic reality informed a vital part of field research, mostly through an autoethnographic lenses. They have stimulated our ideas about age and aging, as well as systems of care, in "times of peace" and in an unsettled times (concerning lockdown, safety measures, reducing physical contacts, etc.). It made us aware that in many aspects, ageism has become more visible, e.g., in politics of care, in public space, and public discourse. Although we cannot define family members and friends as a "representative" sample in the formal sense, their ideas about age and aging are important because they confirm that the pandemic has deepened the already existing inequalities in society (Vukušić 2022).

Most of the ethnographic material utilized originated from Zagreb, the urban center and the capital. Additionally, the elderly, from small towns and villages of diverse demographic and socioeconomic characteristics, were also in our scope, as part of short field visits, or by following media articles about the elderly, in the pre-pandemic and pandemic period. These locations are the city of Kutina (urban-rural settlement, population of 15,000, 80 km from Zagreb), and some hamlets in the Žumberak area (rural area, 40 km from Zagreb) and Dalmatian Zagora (hinterland of Dalmatia made up of areas around Knin, Drniš, Sinj, Vrlika, Imotski and Vrgorac, mostly rural areas, some urban-rural settlements, 300–500 km from Zagreb). The whole area of Žumberak, like the rural parts of Dalmatian Zagora, is extremely sparsely populated, with individual hamlets often having a single-digit population. In the years this topic was explored, the continuous research focus was on everyday life in urban and rural areas, in institutional and intergenerational (intrafamily) informal relations, and in the "hybrid" forms when both sides are engaged and overlapped.

In the context of the pandemic, our focus was on the media representation and self-perception of older people in society and in the institutionalized formal elderly care systems. The notions of care and dignity in old age stood out through our ethnographic research. We have continuously (intuitively or in a focused manner) framed our research in accordance with those two, as well as the adherent perceptions of future(s) in unsettled times (cf. Gulin Zrnić and Istenič 2022). The paper goes on to explain the related ethnographic insights from the mentioned field sites.

4. Results

4.1. Care Systems within the Family

The number of single-person households in Croatia, which mostly comprise of old people, is continuously increasing (https://www.dzs.hr/hrv/censuses/census2011/censuslogo.htm,

accessed on 17 April 2022). Rural areas of Croatia have been areas of emigration since the 1970s (not only to richer countries in the West, but also to larger cities in Croatia). Formal forms of elder care have been improved development since the Second World War, but its capacities have been continuously insufficient (cf. Rubić and Leutloff-Grandits 2015). Older people rely on informal forms of care, i.e., the help of family, relatives, and friends, whose numbers, as the trend of emigration from certain areas increases significantly, are decreasing, which greatly impacts the possibility of providing informal care. This is especially noticeable in areas that have been permanently marked by emigration, such as Žumberak and Dalmatian Zagora regions. Sociologists Podgorelec and Klempić observed: "Older people who live alone are much more at risk of not having anyone to provide them with care and assistance within their home, and older people today are at greater risk of this happening than older generations" (Podgorelec and Klempić 2007, p. 122).

When compared to urban areas, their study shows that in rural areas, in addition to families; relatives, friends and neighbors, are significantly more involved in caring for the elderly by providing services, such as transport, groceries, cleaning, chopping firewood, etc. (Podgorelec and Klempić 2007, p. 126). Informal care is extremely important for the well-being of the elderly because it alleviates the stress accompanying aging (Rusac et al. 2016, p. 51). However, as the demographic situation in some areas of Croatia is such that some hamlets are inhabited by only ten, five or even less people (sometimes just a single person), that households are separated by several miles from each other, with people having no access to cars or public transport, it is evident that no previously mentioned, "make-do" forms of assistance for basic daily needs are possible, because there are no neighbors nor relatives that could help out in such a way. Apart from volunteers and foundation initiatives, which will be discussed in more detail in the next section, made possible by project dynamics (which has its advantages and disadvantages), mostly since Croatia's accession to the EU in 2013, NGOs and local governments are trying to provide certain forms of care in some of these settlements.

Research conducted by monitoring the daily visits of a nurse and geronto-assistant in the Žumberak area and a settlement in Dalmatian Zagora, as well as foundations and project frameworks for care for the elderly organized by the civil sector and neighbors (in Kutina), showed that the dominant aspect in the lives of older people in smaller, depopulated areas is loneliness. Most of the people we met during research in rural parts of Croatia voluntarily decided to stay in the location and not move away. The result was inevitably living alone in their homes after their children moved to larger Croatian cities (Zagreb, Split) or to other countries for better living conditions and job opportunities. Some of the elderly confirmed that they tried to live with their children in their new homes in the city, but they did not manage (noise, daily rhythm, not being used to living in an apartment, lack of nature and a peaceful environment, etc.). This coincides with the results of research from different parts of the world that suggest that older people prefer staying and ageing in "their", familiar place, even if it implies lower socioeconomic conditions (Granbom et al. 2014). In urban centers such as the capital (Zagreb), the key motive is the lack of dignity, much more than loneliness, although loneliness, and not just when it comes to the elderly, is an urban feature. Loneliness is a subjective category—this is a subjective phenomenon, an emotional reaction to an unfulfilled need to connect with other people, dissatisfaction with the absence or lack of quality social relationships, which provide fulfillment to the individual (Svendsen 2017). As one of the collaborators pointed out: "Everything is fine, I have my health and I have, thank God, everything, and my children call me and buy what I need . . . , but the loneliness, loneliness is killing me". Many of the older people we met pointed out that their children and grandchildren take care of them financially or in some other way (transport, staying in touch, helping with the administration and/or medical care) and contact them on the phone daily, weekly, or monthly, which means a lot to the elderly not just practically, but also emotionally and symbolically. Staying in touch and nurturing intergenerational ties within the family, if they live in separate households and even regions, is very much supported by new and accessible communication technologies (self-phone, video-calls etc.). However,

not all regions have sufficient and stable network coverage. Furthermore, many elderly people discuss the limitations of online communication and share impressions that, despite the immeasurably powerful advantages of modern technologies that allow them to hear (and see) their family members (Ahlin 2017), face-to-face communication and physical closeness, is evaluated as irreplaceable. Certain behaviors, gestures, changes in intonation when talking about their lives, and especially undisguised happiness or satisfaction when the possibility of communicating with someone "new" presents itself, as well as trying to prolong that communication, i.e., meeting someone outside of their everyday environment, strongly suggest a feeling of loneliness in older people (Vukušić and Belaj 2022). In this sense, recognizing loneliness and solving this problem is exclusively in the domain of the feelings of the individual and recognition by the environment when making live contact. This is also confirmed by the service providers (geronto-assistants) for household help within the framework of foundations and organized European projects (to help the elderly in their home). We noticed that in both cities and rural areas, the elderly asked visitors to "just" sit down and talk to them, instead of doing cleaning work, which is the reason for their visit in the first place.

4.2. Care Systems and NGOs

The care system for the elderly in pre-COVID-19 times was undergoing the process of transformation from the traditional institutional (nursing homes) (many interlocutors colloquially name it reservation concept of aging) into a system with independent housing, social inclusion, and close relations with neighbors in the local community, in line with the paradigm of healthy aging. Among the various forms of assistance to the elderly in modern approaches to aging, the most prominent format in Europe is the one in which the elderly person lives in his/her/ . . . own household and receives organized institutional support for everyday life. Such a hybrid model in Croatia is promoted and supported by two foundations aimed at supporting the elderly through the concept of care in the local community: "Zajednički put" foundation in Zagreb and the aforementioned "Sandra Stojić" foundation in Kutina.

In Zagreb, the "Zajednički put" foundation has several apartments in which the elderly live independently, with practical and emotional help provided by the Foundation, and the capacity of such housing in Zagreb and Croatia is in the process of expansion because this project is currently in its infancy. The COVID-19 pandemic has meant that several organized programs and services for the elderly within the foundation had to be halted. However, this showed that in the past few years, in times of crisis and public health pandemic measures restricting movement and contacts, the pilot project of independent extra-institutional housing for the elderly allowed older people more choices when compared to organized traditional forms of accommodation and care in nursing homes.

The "Sandra Stojić" foundation has been operating in Kutina for ten years, encouraging neighborhood assistance and support networks for the elderly within the local community through European projects and funds. The foundation operates regionally and locally, but its involvement over 10 years of activity has led to its emergence as an actor on the national scene, e.g., in proactive reactions to proposals and draft laws concerning civil society and civil society funding, in which the foundation form, unlike some other forms of civil association, had been marginalized. They encourage the inclusion of women in the labor market, especially vulnerable groups of women who are unemployed and still of working age, and who help the elderly in single-person households in the wider area of Kutina, mostly in isolated rural settlements. Assistance primarily involves purchasing groceries, cleaning, and tidying up. However, they also provide emotional and social support to their fellow citizens with direct contact and visits. Many women had already provided this kind of informal assistance to the elderly for no financial compensation. Through the foundation's system of funding from European projects, this type of community assistance has been supported by providing salaries to the women who assist the elderly.

An example of organized help for the elderly who live in their own households, but require occasional care and community contact, are the projects "Help at Home" (Pomoć u kući), "Make a Wish" (Zaželi) and "Women Are the Strength of the Community" (Žene su snaga zajednice) in the areas of Žumberak, Dalmatian Zagora and Kutina, which provide various services of direct support and assistance for the elderly in their own, single-person households. One of the collaborators, a geronto-assistant, testified about how many people in sparsely populated rural areas have a strong need for communication and how much it suppresses the need for basic forms of assistance organized at the local government level (cooking, cleaning, etc.). When she was faced with the fact that the elderly does not allow her to help with the chores, which she believes is her duty due to her employment, she asked herself if she earned a "fair" salary if she "just" sits down and talks to the elderly. "Support" for the elderly is thus often spontaneously provided by socializing, in addition to the cooking and cleaning, purchasing, and delivering food and medicine, or contacting a doctor. Older people, women for the most part, often do the cleaning, tidying, and cooking before the geronto-assistant arrives, physically exhausting themselves, but they thereby support the socially accepted concept of a woman who, regardless of her age, keeps the household tidy. Then, they ask the geronto-assistant to "just" sit down and talk:

> "All the women I visit are mobile and they do everything themselves. They tell me that I don't need to do anything [referring to cleaning and cooking], because according to them, they would sit around and do nothing all day. So, I think to myself, maybe this is a good thing for them, to move around a bit. So, I let it go, what choice do I have … But when I see that they can't do something, for example, if there is some stain high up on the window that they can't reach, then I take care of it. I think I would hurt their feelings if I insisted on cleaning and cooking."

> "When I go to M. to bring her what she needs, she doesn't want me to clean for her. I'm not allowed to do that if she doesn't let me … But she doesn't even need it because she cleans everything herself. And then what? So, you talk to her. Because that's what they need the most, conversation. It seems that way to me. And then you come, and you go through all the topics, you cooperate with them, they can't wait to tell you something. I cooperate, I talk to them about everything they want to talk about, I talk about what they want. Although things are often repeated, but so what, it does not matter! I don't find it difficult, you put yourself in their shoes and that's it, it's not hard. And then they're happy and satisfied because they are sure [that the content of the conversation will remain private]."

> "I have a woman who just wants to take walks. She doesn't need any help around the house, she does everything herself, she is well-situated, and she just needs a walk and socializing."

When older people ask for conversation, the collaborator becomes aware of and accepts the fact that she is often the only person they can confide in when communicating directly and that they feel better because of it: "And you realize after a while … conversation is work!"; "Then going through [something that bothers the old person], she's having a difficult time, all of that needs to be done with them. You know, you can see she's sad, she's lost, you must help her." We encountered such a situation during our research in Žumberk, while accompanying the field nurse. In one house, we met an elderly lady who was very worried about her health because she had taken too many doses of certain medicine and was not sure how she would manage until the next batch arrived in two weeks. The nurse reacted extremely calmly: they counted the remaining pills together, calculated the days remaining until she could get the next allowed dose, and planned to use a smaller number of pills so they would still be effective and last until the next allowed dose. The nurse also promised her that she would inform the doctor and check with him whether the pill-taking plan they had devised was appropriate. She also warned her how important it is to take the medicine on time and suggested that she keep a pill-taking diary in the future. Finally, she

reminded her that she could call her anytime. When we left, the lady was visibly calm and smiling, aware that the nurse would visit her again and bring her a new dose of pills, but also with the thought that she can manage her own life (Vukušić and Belaj 2022). In these ethnographic examples, there are overlapping relationships which help older people deal with loneliness, but also ensure their dignity. Live contact, help, dignity, and loneliness, they all overlap and are interdependent on each other. Over time, one of the collaborators who helps the elderly within the European project has accepted the role of the person who mainly offers company and conversation to the elderly. The examples also show that providing a sense of security, which here is also linked to the existence of certain social networks that individuals can rely on in times of crisis or need, is an extremely important element of care practice, but also that, given the fact that in projects in the care of the elderly that we covered in our research, women play a key role, when thinking about care activities, it is important to take into account the perspective of care as a gendered activity (Read and Thelen 2007).

During the pandemic, informal support systems, regarding families and local communities (neighborhoods), were extremely important and were maintained while respecting safety measures. In times of restrictions and crisis, informal systems of care proved to be "privileged" and resilient because face-to-face contact with family members in nursing homes was restricted and aborted, while informal support systems for the elderly, "in the field", was continuously performed during the pandemic—help from family and neighbors with groceries, household, and other chores, and, not less importantly, social, and emotional care.

In the spring of 2020, when direct contact with the elderly in traditional nursing homes ("the residents") was not possible due to lockdown, one collaborator described helping the elderly in her own family and single-person households:

> "So, like, you bring them what they need, groceries and whatnot, and talk on the phone with them. I'll stand in front of the house, and we'll look at each other through the window or door and talk. You talk to them like everything's normal. About things you would normally talk about."

4.3. Care Systems in Nursing Homes

In recent focused research in Croatia (e.g., Rusac et al. 2016), one can notice that the pre-pandemic period was rife with violations of the dignity of the elderly. During the period marked by the COVID-19 pandemic, lockdown, and adoption of measures aimed at preventing the spreading of the disease, from early 2020 to the end of 2021, this problem became even more pronounced in nursing homes, at least in terms of the elderly's self-perception. At the international level, the elderly has been recognized as the most endangered group from the very beginning of the pandemic, along with the chronically ill, and they were one of the most often cited groups in the appeals for infection prevention sent by the World Health Organization and national health and political institutions. Emphasizing chronological age as a criterion for predicting disease development is debatable and points to ageistic elements of the approach (Meisner 2021; Morrow-Howell et al. 2020; Vale et al. 2020). Older people internalized the benevolent ageism born out of the protection system developed for them during the pandemic, which manifested in intensified feelings of vulnerability, a lack of sense of control over their own lives, and a general increase in anxiety and depression (Aronson 2020). Benevolent ageism existed even before the pandemic. Older people internalized it in a way that they perceived themselves as a "burden" to young people and this issue has been noted at a wider, European level (cf. Rubić and Leutloff-Grandits 2015). During the pandemic, the elderly experienced intensified feelings of vulnerability, of a lack of control over their lives, capabilities, and ability to make decisions about their own health, as well as increased anxiety and depression (cf. Aronson 2020). The experience of living with/under safety measures during a pandemic is largely like the experience of aging in general, affected by the economic, social and health characteristics of everyone's life (Ayalon et al. 2020). However, it must be pointed out that the prevailing

pandemic discourse has undoubtedly affected the lives of many elderly people, primarily those in institutional care, such as nursing homes. Research of certain aspects of life in these kinds of institutions in Croatia during the spring and summer of 2020, based on the analysis of selected media reports (Vukušić 2022), and the observed circumstances of older people from our immediate family and neighborhood in nursing homes with institutionally impregnable and centralized pandemic crisis management practices and safety measures, showed that Croatia introduced a very restrictive regime for nursing homes very early, two days after the first case of coronavirus infection was confirmed in the country. This included, among other measures, a ban on visits to the elderly (the residents), prohibiting them from leaving the building (except in cases where this was unavoidable, e.g., for hospital treatment, after which the resident would be placed in self-isolation for 14 days upon their return) and introducing restrictions on their movement within the building itself. After safety measures were relaxed and almost completely abolished in March 2022, some measures, such as wearing masks, were retained in nursing homes. The logic of free choice, individual assessment and responsibility of the individual for self-protection and protection of contacts, unlike other social groups, did not apply to this group.

As seen in the media reports analyzed in the article (Poludit, puknit i to je to . . . To go crazy, to snap and that's it . . .) which looked at everyday life in nursing homes during the pandemic, the reaction of older people in these institutions to the new situation (the pandemic) was different: some of them accepted the new situation and safety measures as necessary to protect their own health and the health of other residents with a lot of understanding, benevolence or resignation; others found it very difficult to cope with the changes, they did not accept them, but they were nonetheless aware that they ultimately had to live with them (Vukušić 2022). Dissatisfaction grew, especially after spending several months indoors due to the restrictions on movement in or around the nursing home. They called it an abnormal situation, which gave birth to phobias, as something that is hard to bear. Emotionally charged statements by residents about the problems in their lives brought on by safety measures suggest that the pandemic had exacerbated feelings of loneliness and threatened the dignity of many residents, in addition to weakening their physical health due to restrictions on movement (both spatial and temporal). Prison iconography (wire, wall, "outside space", restrictions on leaving, movement) in describing the characteristics of their current life, as well as the perception of their invisibility to other people ("as if we aren't here", "as if we do not exist", "locked away") are just some of the narrative elements used by residents to describe the experience of isolation and restrictions in nursing homes during the pandemic period. Media reports also point to rationalizations and the astonishment of residents with regards to the established measures of isolation of the elderly in nursing homes, as evidenced by the statements of one resident cited in the previously mentioned article: "Would anyone ever think to LOCK UP everyone over the age of 65 in their apartments, so they wouldn't leave the building and spread the virus to other tenants? Of course not, because that would be insane"; "They did not want to take into account the fact that we came to the nursing home primarily because of our disability, because of our physical disability, and not because of dementia or weakness due to old age"; "I am coherent and able to respect the measures and act responsibly towards myself and others, I was never punished. There is a smaller chance of me getting infected, because my physical activities and contacts are diminished" (Vukušić 2022).

5. Discussion: Future(s) (of) Care Systems?

The ethnographic data presented in this paper reflect the everyday life of the elderly in both pre-pandemic and pandemic times. Although many forms of ageism depict everyday life experiences of the elderly, during the pandemic crisis, from the spring of 2020 to the spring of 2022, elderly people in Croatia were discriminated against based on age in the context of coronavirus safety measures and lockdown. Those who lived in institutions (nursery homes) experienced extreme forms of discrimination which other older people living outside the formal institutional care system were less exposed to. Reduced to passive

recipients of care aimed at keeping their bodies alive (cf. Fernandes 2020), their experience in formal institutional care (nursing homes) was much characterized by the caregiving approach implemented through human alienation (Cohen 2020) and depersonalization, which threatened the dignity of the elderly (cf. Vukušić 2022). In this paper, we present examples of extra-institutional care for the elderly in which the elderly has greater freedom of movement and choice, essentially a role in making decisions concerning their own health and life. This issue was, in various forms of formal and informal care presented in the research, the subject of professional and media discussions and a topic that the elderly themselves often pointed out in conversations, even before the pandemic. The pandemic has reinforced narratives and practices of isolation and the violation of dignity, and informal support systems (as well as newer, "hybrid", extra-institutional systems) have proven to be key ameliorators for these problems during the pandemic.

The problem of population aging is closely related to the problem of emigration or daily labor migrations of young people, which leads to challenges and transformations in family relations and social security systems, especially in rural areas that are traditionally emigrant in nature (Žumberak, Dalmatian Zagora, and partly Kutina). Caring for the elderly is a major challenge, both at the institutional and private levels. The lack of care for elderly family members is not only related to transnational migration, but is also present in situations of internal migration, when the working age population permanently moves, or migrates daily, to (larger) cities. Although many elderly people can take care of themselves in their own household, it is important to note that the need for partial and targeted care is increasing, especially when we do not perceive care in terms of basic survival or, traditionally, in terms of binary, parallel, and non-permeating options. One should strive to satisfy and nurture elderly's emotional needs and the need for companionship, dignity, and choice. In this way, the elderly also represents a social group (heterogeneous, as we have shown) with the potential to express and imagine (their) needs in the present, and act in/for (their) possible future(s).

The data presented in the paper multiply the challenges that old people face in their daily lives, regardless of the temporal dynamics before and during the COVID-19 pandemic. These challenges always persist and are more pronounced in times of crisis. The ethnographic insights should encourage imagining the future(s) of aging from the qualitative perspective and perspective of micro experiences and micro narratives of aging in the (pre-)pandemic period in Croatia. So far, elderly care is mostly strategically defined "from above" and relies less on the (self-)perceptions of the elderly themselves. Different care systems for the elderly, i.e., formal, informal, and newer (hybrid) ones, affirm different models and approaches to care for the elderly and aging itself. Some of them focus on homogeneous, bureaucratized systems for making decisions on the present and future of aging, while others encourage the freedom of choice and stimulate the elderly to have a say in the decisions impacting their lives. During the pandemic, informal and hybrid care systems enabled and nurtured the sociability of the elderly and the involvement of family members and the local community in their lives, in contrast to the isolation experienced by the elderly in nursing homes. Based on these insights, we try to encourage imagining the future(s) of aging, both in crisis and in "times of peace", as well as perceptions of what kind of care systems one prefers for himself/herself/ . . . when he/she/ . . . grows old in the near or distant future(s).

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