

# “LABOUR OF LOVE?” Informal Eldercare Work and Domestic Space in Contemporary Croatia

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In recent years, domestic work has become the centre of many scientific studies. Still, in most cases, disregarding its specific aspects and features, domestic work is displayed as a homogeneous category. In contrast, by observing daily activities and narrations of the live-in eldercare workers, specific working conditions, dispositional attitudes, duties and obligations are disclosed. The article suggests that in order to fully comprehend the extent of the eldercare work it is equally important to place the research where care work is located – within the domestic space. Hence, only by entering the deepest void of this work, space for exploitation, struggle and invisibility can be reduced to a minimum.

**Keywords:** domestic work, elderly care, live-in care assistant, domestic space, everyday challenges

“Be nice to your kids – they will choose your nursing home!” is a joke written on a fridge magnet sold in a gift shop of the Graz’s Museum of contemporary art. However, in contrast to the joke, nowadays in Croatia, for most urban upper middle-class families keeping their elders in need at home is regarded as the only suitable option of care linked to ideas of intergenerational solidarity, duties and responsibilities within the family as well as economic capital available to the families. For them, hiring an eldercare live-in assistant becomes an everyday reality.

Over the last three decades there has been a wide range of publications regarding domestic work and its role in the process of feminization of migration, global division of reproductive labour, new forms of exploitation and so on. The large scale of this phenomenon and its consequences, where finally recognised by the International Labour Organisation (ILO) and in 2011, the Domestic Workers Convention was adopted. The Convention, which was ratified by 22 countries excluding Croatia, defined domestic work as “work performed in and for a household”.<sup>1</sup> Although the Convention generally recognises the “specific conditions” under which domestic work is carried out, cleaning, cooking, caring for and looking after children and the elderly, all are considered as being part of one big homogenous category.

In contrast, I suggest that specific features are part of everyday eldercare assistant’s work. In fact, eldercare work consists of a set of activities as well as dispositional attitudes. This article considers the complexity and the interrelation of those two elements, which can only be fully comprehended by focusing on narratives and practices of the eldercare work within the domestic space. More so, by showing that emotional and relational work, besides other everyday activities, is an inherent part of eldercare work, the question of what care is can be addressed. Equally important, this article suggests the answer to the question where care is located. Methodologically, this meant to follow Daniel Miller’s approach and go behind the closed door, into the private domestic space, observe its physicality and the actions taken

<sup>1</sup> [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C189](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189).

during practices of care of the elderly (Miller 2001: 3). In here, domestic space becomes essential for negotiating relationships between families and care workers. So, as Zuzana Búriková suggests in the case of Slovak au-pairs working in London, the location of domestic work is crucial not only because it is a site of work but also because it is imposed on the worker and acts upon them by being the embodiment of the employer's agency (Búriková 2006: 100). In my research, my main focus was to analyse what care work actually consists of, but also how and where it was performed.

Finally, based on 25 in-depth interviews, with eldercare assistants for people with dementia and on participant observation within the domestic space, undertaken in the city of Rijeka, contrary to the "global care chain concept", within Croatian context local care chain prevails and care is performed by local female workers who enter informal elder care market (Salazar Parreñas in Hrženjak and Humer 2011: 99).

### Being a domestic worker in today's world

Care and domestic work was, and still is, mostly regarded as a women's natural role and part of her duties. In fact, many middle class women in Europe "pay somebody to do the unpaid work formerly performed by them" such as cleaning houses, looking after the children and nursing elders and the disabled (Lutz 2008: 1). By somebody, Lutz means women from poor regions or countries. So, nowadays, within the process of reproduction and consolidation of global inequalities, a very important role is placed on domestic employment. Those contemporary forms of domestic work are similar to the past ones only up to a point. According to Rosie Cox, across Europe, before and during the industrial revolution, servant employment in large households of the nobility, landed gentry, smaller farmers and urban merchants and craftsmen, was widespread (Cox 2006: 14). Some of those servants were considered lucky. Beside a small income, they were given a daily meal and a roof over their head. Within the households they were trained to become better domestic workers and move up the ladder of domestic employment. Further on, after the Second World War, as dual-career families increased more and more, so did the demand for domestic help (Henshall Momsen 1999: 115). This need for female domestic workers was met by former colonies such as Algerians in France or Irish and West Indians in Britain. Sometimes, women engaged in distant journeys in search for work. Such is the case of Slovenian migrant workers from the region of Goriška, the so-called *aleksandrinke*, who went all the way down to Egypt to be employed as wet-nurses, nannies and maids (Barbič and Miklavčič-Brezigar 1999: 164).

In time, both the pool of domestic employees and employers grew and, as in the case of eldercare givers in Italy, from luxury, domestic service became a necessity (Van Hooren 2010: 22). Nowadays within this framework, global inequalities are inscribed and new, as well as pre-existing, hierarchies once again redefined. Many contemporary studies across the world have shown the various aspects and this hidden dynamics of the marketization of home. Latter became a site of struggle, negotiation, new gendered division and exploitation (Henschall Momsen 1999; Salazar Parreñas 2001; Ehrenreich and Hochschild 2002; Grilli 2013). Behind this global phenomenon two major causes of increased demand can be identified. First of all there is the failure of the governments to "meet the needs created by its women's entry into the workforce" making the search for a domestic worker a "private solution to a public problem" (Ehrenreich and Russell Hochschild 2002: 9, 18). Secondly, within the domestic space, the persistence of gender division continues to prevail. So, due

to a heavy overload of work or in order to maintain a certain lifestyle, women look for help outside of their homes. By doing so it has been argued by feminist scholars that “traditional household patriarchal system is preserved” and gender roles are reinforced (Henshall Momsen 1999: 4).

On the other side of the spectrum, multiple push factors drive millions of women to move around the globe (Lutz 2008). For those women in search for a higher income, in order to provide for their families back home, domestic work is usually the only available form of work. Here loose verbal agreements are made. Thus by placing care work behind closed doors, under the radar and away from authorities, workers are put in an extremely vulnerable position often reduced to marginal, invisible and subaltern voices within our society. So, according to feminist scholars, paid domestic work is a means through which “asymmetrical, intersecting relations pertaining to gender, race, culture, class and citizenship status are structured and negotiated” (Henshall Momsen 1999: 1). In addition, for those workers “time and energy are not all that’s involved; so, too, is love. In this sense we can speak about love as an unfairly distributed resource – extracted from one place and enjoyed somewhere else” (Russell Hochschild 2002: 22). So, the concept of care chain which stresses the outsourcing of care work to migrant workers, also emphasises its immaterial and emotional aspects (Salazar Parreñas in Hrženjak and Humer 2011: 99). However, although on one hand love and care have become valuable resources, according to Russell Hochschild “the unpaid work of raising a child became the paid work of child-care workers, its low market value revealed the abidingly low value of caring work generally – and further lowered it” (Russell Hochschild 2002: 29). Hence, in order to formalise this type of work and combat exploitation the ILO has adopted the Domestic Workers Convention. This is the first step which will help Unions and NGOs around the world to create a platform for a future dialogue with Governments in order to gain recognition, proper legislation and protection for domestic workers across the globe. However, the Convention in itself unites under one single category different types of domestic work, obliterating specific features and aspects of each and every one of them. By doing so, it fails its purpose to protect and recognise specific working conditions. Here, I suggest that detailed research and analysis has to be relevant to domestic workers as well and become a tool for recognition and improvement of their working conditions. Much work is ahead of us.

## Round the clock informal care for people with dementia

As mentioned before, the increase of women’s participation in gainful employment and the deconstruction of extended nuclear families, slowly but steadily left our society with what Hochschild has defined as “care-deficit” (Russell Hochschild in Degiuli 2008: 193). In general, the possibility to provide an effective care within the domestic space is widely based on resources of the families. In the case of eldercare, some families resort to signing up to two to five years long waiting lists in understaffed and overcrowded public nursing homes. For others, like the urban upper middle class families I have interviewed, the high costs of hiring a full time carer<sup>2</sup> is feasible and it becomes an active choice, rooted in a promise made to the parents of “allowing them to die at home”.

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<sup>2</sup> In average, a full time live-in carer can earn from 4000 to 6000 kuna. Therefore a payment for the caregiver plus expenses as food, bills, medications and so, can rise up to 10000 kuna.

In 2010, around the world, 35,6 million patients were diagnosed with some kind of dementia (Rusac, Laklija and Milić Babić 2012: 86). Within this category, it is estimated that 15 million people are affected by Alzheimer's dementia (Uzum, Kozumplik and Folnegović-Šmalc 2011: 1333). In Croatia, according to Duraković et al., there are approximately 76 000 sufferers from mostly unrecognised and unrecorded dementia, the most common of which is Alzheimer's dementia (Duraković et al. in Rusac 2013: 415). Although dementia is a very debilitating disease characterised by acquired deterioration of cognitive functioning and emotional capacities, which impairs everyday activity and quality of life, according to Rusac, Laklija and Milić Babić, the inadequate Croatian welfare and state policies lack any systematic recording of this diagnosis, therefore making it impossible to develop a specific, well-rounded response (Rusac, Laklija and Milić Babić 2012: 87). Due to the complete lack of systematic care of the afflicted, most families are being left in the dark to search for alternative solutions (Clarke et al. in Kenner 2013: 389). Placing the financial burden of the illness on families and individuals, the gap between the haves and have-nots becomes more visible by stratifying care and services according to social and economic privilege. In fact, for lower class families the load mostly has to be borne by the spouse, grown up children or close family member.

The fieldwork for this research began in 2013 and for now has been mostly carried out in the city of Rijeka. At the beginning, locating women for interviews was a considerable challenge. Initial contacts were established through informal channels by word of mouth, via friends and acquaintances. Later on in my research I could rely more on the snowball effect in reaching care workers and the families where they worked. All the women I have interviewed have various backgrounds, but mostly similar working conditions. They are usually from Rijeka and its suburbs, but sometimes they come from rural parts of the country as well. One thing they all have in common is that they are all in search for vital, money earning opportunity as eldercare assistants within Croatian urban centres. Regarding their age, those women are in their 50ties and 60ties, they are retired or waiting for retirement, with very low income (between 1500 to 2000 kuna per month) which is making them, and their families, vulnerable and subject to poverty. As one woman from Vukovar said:

I went to an early retirement, my husband died and the pension was very low. So I needed the job and I said yes! She (the elder lady) was eating only bananas and pudding at the time. So, it was very hard to make her start to eat again. Seven years later and I'm still here, she is getting worse and worse, and for me it's harder and harder to work because I'm not getting younger neither.

Almost exclusively, all these women are found by their employers through informal channels and hired to cohabitate for longer or shorter periods of time. Although they are not trained nurses and lack any medical knowledge, when asked, they will define their work and their duties as giving their best to relief the physical and emotional pain of the elder, looking after their general wellbeing and preventing them from wandering around. As already mentioned, they are live-in workers, meaning that for longer periods of time they cohabitate with the elder. For those who are migrating to Rijeka for work, the typical duration of their engagement is 15 days up to 1 month, after which a replacement comes for another 15 days – 1 month. For others, there is usually a twelve hour shift after which they go home to rest and twelve hours later it all starts all over again. In one case, I have interviewed a woman who worked for 3 years in a row twelve hours long night shifts, not having a single night for herself. This seriously damaged her health forcing her to make new arrangements with her employer.

However, at the beginning of the illness, care workers are hired just for couple of hours per day. Usually around lunch time, they buy groceries, cook, clean the kitchen and go for a walk with the elder. In most cases these women are locals and are usually looking for a slight improvement of their home budgets. With time, as the elder's health deteriorates, families are forced to look for women who are willing to move into the elder's home, work 24/7 and share the daily life, intimate domestic space and time of work and time of rest with the elder in care.

As mentioned before, in my research I wanted to focus as much on the narratives as well as on the practices of care in order to identify multiple features of this work. In order to do so I stayed for longer periods of time within the domestic space and observed daily routines and activities of eldercare work. Since eldercare work is still largely regarded as taboo within the larger public discourse, many relevant aspects of this work still remain hidden. However, this placed or self-imposed silence can put both care workers and elders in a highly vulnerable position, masking what happens behind closed doors. This article is an effort to reveal this hidden truth, and open up a discussion regarding the challenges and dynamics of eldercare's work.

### "Just another way to make a living" – everyday challenges of the eldercare work

As previously mentioned, within the vast area of social research, domestic work in general is presented as a single category. However, Degiuli defines home eldercare work as "opposed to domestic and child care work", due to the fact that there are "different requirements entailed in each occupation in terms of tasks, skills, hours and above all emotional labor", which alternatively affect and/or empower the workers (Degiuli 2007: 205). Without clear definitions and organizations of work along with the absence of regulation, all domestic workers are left vulnerable to arbitrary working conditions. However, I argue that due to the highly sensitive nature and conditions of work, with a usually ill and disabled person, eldercare assistants require more skills than other domestic workers, underlying the immaterial and emotional aspects or dispositional attitudes. Here, specific aspects of this job are underlined by strict everyday regime and rules, huge imbalance of emotions and the lack of capacity to relate to the elder, as well as challenges which arise from different definition of care between care workers themselves as well as family members.

In the interviews collected on the field I have found testimonies of how the consequences of what Alison Marie Kenner defines as *ageing in place* or "the option to grow old in one's home instead of institutional healthcare facilities", can be overwhelming, not just for the family members but for the care worker as well (Kenner 2013: 83). Despite the desperate need for an income, after looking for an elder with dementia for the past five years one care worker said:

I think she should go to the nursing home, she is extremely ill, she is barely recognizing her daughter, I don't know, but I am starting to question if we are doing her good by keeping her here, at home.

In this case the eldercare assistant considered formal eldercare, such as a nursing home, a suitable option. In fact, according to her, in the last stage of the disease when the elder in care

is almost totally unaware of her surroundings and the person trapped by the disease is fading away, medical and technical aspects of care are highlighted and regarded as more fitting.

The National Association of Alzheimer disease defines that particular disorder as a lack of ability to carry out everyday actions and it "specifically refers to a collection of disorders that causes irreversible progressive cognitive impairment affecting memory, communication, judgment and visual mapping in the ways that interfere with everyday life."<sup>3</sup> Here, consequences like the one mentioned above, are directly linked to the distinctive nature of dementia, where the position of the care worker is underlined by extreme social isolation, continuous commitment and emotional overbearing. In their research in the Italian context, Mugnaini and Grilli define care work as a *symbiotic condition* marked by the dissolution of boundaries between private spaces of the worker and the elder and the time of work and the time of rest (Mugnaini and Grilli 2009: 182). More precisely, a 58-year old care worker of a 90-years old woman confirms that the hardest aspect of her work is: "It is like I am in her head, absorbed by her fears, feeling her emotions." This overlapping of life and work space, including potential overwhelming emotional rollercoaster, is part of the daily dynamics for the live-in workers.

Also, another major aspect of this work is the need for vigilant eye – a constant state of alert that I was able to observe in every household I visited. In fact this constant need for surveillance is materialized in a number of objects around the house like child proof locks, door alarms, baby monitors or even a big white sheet of paper attached on a door with the name of the daughter and the care worker and a sign "DO NOT GO OUTSIDE" written on it. Basically, whole day long the caregiver needs to minimize everyday complications, constantly being two steps ahead, whilst battling her own extreme exhaustion. However, sometimes, this is easier said than done and accidents can, and do happen. For instance, in the middle of the night, an 84-year-old lady went out in her nightgown, but luckily her neighbours recognized her hours later and brought her back home. S., the caregiver in charge, was mortified, the whole time she didn't suspect a thing:

I was so tired, she didn't sleep for days and days and I guess I was so tired that I forgot to lock the door and fell asleep (...) I got so scared that for many weeks on I slept on the chair in the hallway thus blocking the exit door.

Further on, a relevant feature of live-in elder care work is to look after the physical and mental wellbeing of the elder in care, which is based on various definitions of care as well as on the attempt to restore everyday life by establishing strict regimes and schedules. Family members and care workers together try to recompose the idea of everyday life and the recollections of it by the person and body in care. Here, apart everyday washing and personal hygiene practices, different rituals of prettifying are installed in order to "temporarily suspend the psychologically disastrous state of emergency" caused by the illness (Geiger Zeman and Zeman 2014: 239). Days, and nights, are defined by the needs of the elder in care and sometimes around the clock work never stops. "It is one of those days", says N. "when the *burra* (wind) is strong it gets worst – she is restless, I don't think I will do much today". So the personal daily routine of the live-in worker is, always and absolutely, secondary to the daily routine needed for the elderly. The work time and life time are merged into one. This need to share the lifestyle of the elder in care leads almost to a total marginalisation of the social existence of the care worker as if her body is "without a history (...) merely a human tool for work (Grilli 2013: 4). As another care worker confesses:

<sup>3</sup> <http://www.alzheimer.hr/>.

I find it very hard to live like that, locked in a cage like an animal. Because A. doesn't go out anymore, I'm also trapped in here with her, for days and days. All we have is this balcony.

Although the eldercare assistant is not a maid, looking after an elder and cleaning the house, cooking meals and so on are all, unspoken, parts of the agreement.

As mentioned at the beginning of the article, location matters. The sense of home created within the physicality of the domestic space acts upon its inhabitants and becomes an embodiment of the agency of the owner. So, the workers need to adapt to the strange new environment, interact with its material surroundings and often compromise and negotiate for their private space. For example, many times I saw how they were forced to sleep on improvised beds in the living rooms without any available surface on which to put their personal belongings and so on. Even more so, as shown by many scholars of material culture studies, home is not merely a place but also a process, carefully created, selected and organised sensorial unity and catalogue of memories and emotions (Garvey 2001; Marcoux 2001; Petridou 2001). For the elder, his/her spatial orientation and familiarity within her/his space is crucial for recognizing the order within the house they (or past household members) have established in a time preceding a live-in carer's engagement. For the care worker, this can mean a big burden added to her work:

It is really incredible she doesn't know who she is, but if I misplace a certain tea cup, use a wrong pot or saucepan she will get furious.

So, especially during the initial phase of the disease along with cleaning, cooking, washing and other daily chores, the care worker needs to follow instructions and meticulously restore order inside the domestic space which is sometimes very hard to keep up with. Furthermore, within the domestic space problems of spatial deference arise. The latter is defined by Judith Rollins as the "unequal rights of the domestic and the employer to the space around the other's body and the controlling of the domestic's use of house space" (Rollins in Salazar Parreñas 2001: 165). Here, control of the domestic spatial movement in the workplace is more obvious because it is related not just to the parts of the house which are and aren't reachable but, as well, how and when they are cleaned, entered and utilised.

This spatial and material dimension of the domestic work space is also translated into the difficulties of creating a clear division between the time of production and the time of care, which is related to the way we measure emotional labour and intangible outputs and services like being patient, trying to understand, to listen and so on. Within this ambiguous space, misunderstandings, questions of exploitations and incongruent distributions of power, place the worker in a disadvantaged position in negotiations around her wage and working conditions (Salazar Parreñas 2001; Degiuli 2007; Grilli 2013). A carer of an eighty year old lady recalls:

Many nights O. would cry herself to sleep and I would sit by her bed, just holding her hand. But the next morning her daughter would come and tell me off because the laundry wasn't done or the floors haven't been mopped yet. She didn't understand that it took me so long to calm down her mother and that by the time I was done I needed to rest too.

Even if many aspects of work, such as dispositional attitudes, remain unnoticed, still, on the other side of the spectrum, high appreciation of this work is guaranteed by the deeply corporeal experience of eldercare, caused by the need for constant using of the care assistant's body for daily tasks (Grilli 2013: 9). This body must be strong, in good health and suitable

for labour and strain and in this way it becomes a capital activated along with a strict physical and psychological discipline. So changing diapers, washing, lifting, holding and dressing an infirm body, along with calming down, minimizing the stress level for the elder by holding their hands while whispering in their ear, hugging and cuddling, are all part of this job's daily requirements. Sometimes, some of the latter aspects of work, the assistants find difficult to manage due to the direct implication of a deeper emotional involvement. As one care worker said to me while recalling an argument she had with her own family:

How can I close the emotional doors? My family tells me to shut down, do the job and don't put my heart in it. But if I do that I won't be able to do the job anymore. If I don't feel love I cannot do this work.

Here we find a dismissal of the definition of care work as a mere job reduced to tangible tasks and services, and feelings of love, commitment and devotion emerge. Yet, the treatment of the eldercare assistant as an adoptive member of the family can also be an employer's strategy to perpetuate inequalities. According to Salazar Parreñas "de-emphasizing servitude by embracing intimacy is a source of authority for employers" (Salazar Parreñas 2001: 153). In fact, by manipulating with emotions and including the care worker in the family inner circle during festivities or while making important decisions regarding the elder's health, requests for a rise and better working conditions can be avoided. Overall, some control and manipulation over the worker's behaviour can be installed. In many occasions, I could witness the profound dedication and emotional relation created between the elder, the worker and at least one member of the family, making the worker paralysed by the situation and incapable of asking for a rise or quitting a job that has become unbearable:

I will do this until D. dies. I cannot leave them now, but this will be the last time. Never again will I do this job again.

In this statement, the caregiver implies that no other worker is capable as she is and therefore she is preserving control over a potential replacement during her absence while on leave. Many times employers acknowledge this dependency. Therefore they can find themselves eager to do whatever it takes to make the assistant stay, as to be willing to give them a rise or, more often, create better working conditions and give small gifts. Although the care worker herself can become a victim of this rhetoric as well, nonetheless she can also use it in order to put herself in a better negotiating position. At the end, we find visible signs of what Salazar Parreñas calls a cycle of dependency when defining an employer-employee relation (Salazar Parreñas 2001: 184). By treating care worker as one of the family they can induce them to do a "good", reliable job and avoid complaints. On the other hand, the care worker does need to feel as a part of the family, to be "like a daughter" in order to psychologically ease the emotional labour but also to gain more control, trust, autonomy and recognition. So at the same time "feelings of affection can be rewarding and debilitating" (Salazar Parreñas 2001: 185).

The emotional involvement helps to ease and manage the discomfort when body boundaries are crossed. Fudge argues, referring to Carol Wolkowitz studies, how we need to expand the concept of care in order to include body work as well (Fudge 2013: 5). Body work is precisely defined as "the paid work that takes the body as its immediate site of labour, involving intimate, messy contact with (frequently supine or naked) body, its orifices or products through touch or close proximity" (Wolkowitz in Fudge 2013: 5). So, according to Fudge there is an urgent need to underline body work as a crucial part of care work because it extends beyond affective-oriented care work to more mundane physical tasks. In fact the



“benefit of the term allows for an analysis of different types of paid care work that is sensitive to the different statuses of care work – those closer to the messiness of the body have a lower status” (Fudge 2013: 5). When the assistant’s body and the old and ill body of the elder, are constantly put in close contact, they both get reduced to mere objects of care and of work (Grilli 2013: 7). So, a whole set of boundaries of the intimate space are being loosened or dissolved. Despite that, as I have noticed, different strategies are being placed in order to cope and combat some specific aspects of this work. For example the use of humour is used to ease the discomfort of the elder in the attempt of respecting their sense of self and their dignity. Therefore, involuntary “making a mess” during a morning bathroom routine can become a trigger for telling an anecdote when similar thing happened to someone much younger and healthier.

In addition, another major element of discomfort in performing this job on a daily basis is the fact that, with time, the elders become more and more passive spectators and a huge imbalance or absence of any reciprocity in the relationship emerges. According to medical specialists, dementia sufferers are not able to express gratitude and kindness so the assistants are often exposed to unpredictable feelings of bitterness and anger (Rusac 2013: 421). This can become a site of struggle if the other members of the family are not collaborating or are having difficult time in accepting the disease and its consequences. However, I could witness in more than one occasion that this was not the general rule and after a while they would try to ease, at least to a point, the unmanageable mood swings of the elder. One assistant says that she is lucky that her employer often comes in her rescue when she has difficulties in calming down the elder lady in her care:

When I don’t know what to do, how to handle her I start making threats by telling her that I will call her daughter or her son and if they came and see her misbehave they will get very mad.

In the case mentioned above we can witness the existence of trust between the care worker and the family members, however those same family members would also make it clear that this was not their job by saying “we hired you because we couldn’t handle it”.

At last, but not least, adding to the wide range of tasks and services, eldercare work encompasses a variety of work situations linked to the voiceless state of the elders. This state is documented also by the fact that their life narratives and emotions unfortunately remain unrevealed. In fact, our culture is marked by “the absence of knowledge about the subjective, existential or moral experience of older people” (Kerner Furman quoted in Geiger Zeman and Zeman 2014: 224). Being old is presumably an undesirable condition and “elders do become almost second-rate social actors – a social category and a social problem” (Geiger Zeman and Zeman 2014: 227). At some point, care workers also start to view ageing as a backslide, a sort of regress to infancy. Unfortunately this becomes even clearer when the elder needs constant instructions and encouragement in completing the most elementary tasks like walking. During one of my visits I witnessed N. holding both M.’s hands, guiding her to the bedroom and telling her:

Come on... left leg, right leg, left leg, right leg... come on you can do it.

This disease, by wiping out memories, eradicates social status, family hierarchies and roles. Losing layer after layer of the basic knowledge of living, the elder and the care worker are united in their solitude. “We are still fighting to keep her walking, avoiding as much as we can bed rest” says N., using the plural since she views herself as a member of the family and

defines her job as a mission – as if she could somehow reverse the biological clock and as if she holds the key of the elders' recovery. Therefore, the definition of the eldercare work as a mission empowers the care worker and minimizes the difficulties created by the alienation, labour and exhaustion. In the end, the temporal and unpredictable nature of this job is characterized by one more sad and unavoidable fact – it usually ends-up with the death of the elder. Generally speaking, the work of the assistants gets harder and harder, due to the constant physical and mental decline of the elder, whereas their wages and negotiation capacities of the worker remain the same.

## Final remarks

By illustrating some aspects of elder care work and everyday activities of the work-in assistants, I argue that eldercare is a specific type of domestic work. In fact, we always have to bear in mind that different jobs lead to the creation of a different set of relationships, needs and conflicts. Specific schedules and rules are imposed which can sometimes be even harder to follow than a job itself. Social isolation, the spatial deference and the difficulties in the last stages of the dementia, can create an almost unbearable work conditions for the care worker. Unfortunately, those hard and emotionally difficult conditions do not translate into higher wages and easier working conditions or social recognition. Disregarding the fact that to be an elder care worker requires a variety of skills and dispositions, when the time for economic and social acknowledgments comes, it is reduced to a mere body work. To ignore its multiple varieties and aspects means to redefine it once again as a simple "labour of love". Much more needs to be done to research tactics and strategies of struggle of care workers. In a world of aging population and care chain migrations there is a big road ahead of us to regulate a predominantly informal sphere of domestic work. By adopting the Domestic Workers Convention the ILO made the first step. Still, only by entering the deepest void of this work, space for exploitation, struggle and invisibility can be reduced to a minimum. By shedding light on some of the hidden aspects of eldercare work, improved working conditions and social and economic recognitions can become a reality.

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## "Posao iz ljubavi?" Rad u kućanstvu i neformalna njega starijih i nemoćnih osoba u suvremenoj Hrvatskoj

### Sažetak

Posljednjih je godina rad u kućanstvu u fokusu mnogobrojnih znanstvenih istraživanja. No, u većini se slučajeva prikazuje kao homogena kategorija. Promatrajući svakodnevne aktivnosti i naracije dvadesetčetverosatnih njegovateljica starijih i nemoćnih osoba, ovaj članak ukazuje na specifične uvjete takvog rada u kućanstvu, koje podrazumijeva psiho-fizičku i emotivnu spremnost te višestruke obaveze i dužnosti. Međutim, ukoliko se žele u potpunosti shvatiti razmjeri i uvjeti rada njegovateljica starijih osoba, jednako je važno pristupiti analizi prostora u kojemu je taj rad lociran – kućnog prostora. Time se mjesto za eksploataciju, podređenost, nesigurnost i nevidljivost svodi na minimum.

Ključne riječi: rad u kućanstvu, njega starijih, njegovateljice, kućni prostor, izazovi svakodnevice