

Ethical Citizenship and Contested Notions of Aging During the COVID-19 State of Emergency in Latvia

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Abstract: COVID-19 governance and its related forms of risk perception produced tensions between emergent and pre-existing understandings and practices of aging. This has resulted both in novel forms of biopolitical control and creative forms of resistance and practices of intergenerational care. This paper uses the concept of ethical citizenship to explain how older adults saw their role in the collective project of defeating COVID-19 despite partly being excluded from it. The research is based on a qualitative research-based learning project that was carried out in Latvia in 2020 at the time of the first pandemic-related state of emergency. We argue that the biopolitical approaches of successful aging and the designation of risk groups were ambiguously intertwined with the relational practices of aging while both processes were linked to the broader post-socialist socioeconomic context. We focus on care relations in the daily lives of older adults during the state of emergency to illustrate how the seemingly irrational opposition to state-imposed restrictions was the result of the socio-economic and relational realities of elderly people. We argue that the recognition of relations of mutual care and support is necessary to improve the lives of current and future older adults.

Keywords: COVID-19; ethical citizenship; state of emergency; biopolitics; aging; care; intergenerational relations; moral individualism

Résumé: La gouvernance de la COVID-19 et les formes de perception du risque qui y sont associées ont généré des tensions entre les compréhensions et les pratiques émergentes et préexistantes du vieillissement. De nouvelles formes de contrôle biopolitique en résultent, ainsi que des formes créatives de résistance et de pratiques de soins intergénérationnels. Cet article utilise le concept de *citoyenneté éthique* pour expliquer comment les personnes âgées ont perçu leur rôle dans le projet collectif de contrer la COVID-19, bien qu'elles en aient été exclues, en partie. La recherche est basée sur un projet d'apprentissage qualitatif fondé sur une recherche menée en Lettonie, en 2020, au moment du premier état d'urgence lié à la pandémie. Nous soutenons que les approches biopolitiques d'un vieillissement réussi et la désignation de groupes à risque se sont entremêlées de manière ambiguë avec les pratiques relationnelles du vieillissement, tandis que les deux processus étaient liés au contexte socio-économique post-socialiste plus large. Nous nous concentrons sur les relations de soins dans la vie quotidienne des personnes âgées pendant l'état d'urgence pour illustrer comment l'opposition, apparemment irrationnelle, aux restrictions imposées par l'État était le résultat des réalités socio-économiques et relationnelles des personnes âgées. Nous soutenons que la reconnaissance des relations de soins et de soutien mutuels est nécessaire pour améliorer la vie des personnes âgées d'aujourd'hui et de demain.

Mots-clés: COVID-19; citoyenneté éthique; état d'urgence; biopolitique; vieillissement; soins; relations intergénérationnelles; individualisme moral

Introduction

Questions of age and aging have been central to policies and debates surrounding the COVID-19 pandemic: from the display of age-based mortality statistics to the establishment of vaccination priority groups. However, the ways in which pandemic-related constructions of aging interact with other dominant practices and discourses of aging have received less public scrutiny. In this paper, we explore how one COVID-19 state of emergency produced tensions between emergent and residual understandings and practices of aging.

In 2020 we carried out a qualitative research-based learning project on care in families in Latvia. In March, just when our fieldwork was to begin, the first COVID-19 case in Latvia preceded the government announcement of a state of emergency. Since most inter-household informal care practices were abruptly paused, we shifted to online fieldwork on care in the context of COVID-19. While we had initially planned a minor focus on intergenerational care, we soon realized that the first weeks of the pandemic were challenging the

ways participants thought about old age and aging. Old age and older adults suddenly became a question our research participants were forced to reflect on.

While multiple groups were deemed vulnerable by national and global health authorities, our research participants and the public discourse suggested that those at risk were primarily older adults. As noted by Sadruddin and Inhorn (2020), many politicians positioned the COVID-19 governance dilemma as choosing between either “sacrificing” the older adults or the economy. Making this choice, the Latvian government declared a state of emergency on March 12, 2020, focused on “saving the older adults.” However, during the first weeks of the state of emergency, many elderly citizens were frustrated by and did not fully comply with this ethical project of “saving” themselves.

To understand this paradox, we explore (1) how aging is framed, imagined, and performed in Latvia and (2) the effects these framings had on how elderly people experienced the first wave of the COVID-19 pandemic in Latvia. The pandemic-focused biopolitical and ethical framing of old age was not only protective, it also intensified negative aspects in post-socialist, neoliberal and relational discourses and practices of aging and thereby contributed to various forms of demand for care as well as to the exclusion and neglect of elderly people in Latvia.

The Discourses and Practices of Aging in Latvia

In this section, we situate three dominant discourses of aging in Latvia in the events of the first weeks of the state of emergency and suggest two concepts for analyzing their impact on older adults. These first weeks were an uncertain and difficult time for most of our research participants. However, in comparison to the later struggle in the fall of 2020 with the daily COVID-19-related mortality rate at times exceeding 30, during the first wave of infections in the spring of 2020, only a few hundred cases of infections and 30 deaths in total were reported¹ (CDPC 2021). Thus, during this first wave, Latvia had one of the lowest numbers of COVID-19 cases and deaths per 100,000 in Europe² (ECDPC 2021). The healthcare system was able to accommodate those who needed in-hospital treatment and the epidemiological safety measures were gradually relaxed. The Latvian government was quick to assess this as a result of the “many early steps taken by the government” (Malnick 2020) and the decisive actions of healthcare professionals. However, the perceived success of the Latvian government during this time has been critically evaluated by Hamilton and Putniņa (2020), who argued that emergency policies primarily addressed “responsible” and

“independent” ethnically Latvian working-age middle-class adult citizens and, in doing so, prevented the government from adequately responding to the challenges experienced by the more marginalized groups. “The older adults” here emerge as members of one such group.

To understand how the project of “saving the older adults” could produce mixed effects for older adults, we must consider the dominant discourses of aging in Latvia. In general, three discourses relevant to our discussion can be distinguished.

First, aging in Latvia is conceived in the context of its post-socialist welfare system. As elsewhere in the post-socialist sphere, the economic reforms, support systems, and welfare benefits in Latvia are often perceived as geared towards the support of younger generations (Caldwell 2007) and the relations older adults have with the state are embedded in historically formed grievances and investment expectations directed at the post-socialist healthcare and pension systems (Lulle 2018). The pension system that was formed in the 1990s prioritized payments in the state social insurance system, while people’s labour during the years of the Soviet Union counted only as years of experience. As a result, pensions for many are at risk-of-poverty level and considered a burden in the state budget paid by those who work.

Kalēja and Mileiko (2016) note that in Latvia this forms a retirement-based notion of the elderly person as a “pensioner” that invokes mostly negative connotations. Similarly, Wilińska and Cedersund (2010), in their exploration of the discourse of aging in post-socialist Poland, found only two domains where older adults were valued and portrayed in a positive light in the Polish media: for caring for the family’s grandchildren and for contributing to the market either by accumulated wealth or by continuing to work after the standard retirement age. In this context, older adults are often seen as having trouble adapting and changing their future expectations and as experiencing a sense of being rendered redundant (Martínez 2018; Shevchenko 2008). In combination with scarce and stigmatized elder care services, the post-socialist figure of the “pensioner” in the COVID-19 state of emergency inevitably evoked the image of the older adult as a burden in already deficient support systems.

Second, aging in Latvia is conceived in neoliberal terms. As described by Lamb, the Western model of successful aging describes a highly individualistic approach to aging with the aim that “healthy, fit, active older persons can take care of themselves by pursuing the ideals of health and life” (Lamb 2014, 43).

This notion of the active, self-reliant, self-sufficient, pro-active elderly person is cultivated by the Latvian aging policy (Kalēja and Mileiko 2016) and expressed in state campaigns about the benefits of light daily exercise for older adults. The neoliberal character of this discourse is most notable in policy that aims to portray older adults as responsible citizens, prioritizing the experience of aging and responsibility over quality of life. This allows different experiences of aging to be positioned as a matter of individual choice, physical discipline, and habit, rather than differing social, physical and financial capabilities, availability of services, and social support networks. Importantly, such choice has a moral dimension, especially in times of crisis. As has been argued by Ozoliņa (2019) in her analysis of the Latvian response to the austerity policies post-2008 economic crisis, those most affected framed their precarity as a matter of their own responsibility. Such “moral individualism” works in concert with policies of successful aging as both reveal state ambitions over the management of elderly bodies through the individualization of responsibility.

Third, aging in Latvia is conceived in relational terms. Despite widespread notions of individualism, Kalēja and Mileiko (2016) have concluded that people in Latvia evaluate their performance of aging as appropriate not only in relation to bodily processes and perceived contribution to society but through activities of caregiving in relationships with family members via roles such as grandmother and grandfather. While caregiving is the discourse that contributes most to one’s sense of dignity, it can nevertheless be experienced as a loss of independence when one takes the role of the care subject (Buch 2018). Accordingly, shifts in how COVID-19 measures produced categories of aging held a strong potential to create shifts in who takes on the role of the caregiver in families.

To better understand the connection between these discourses of aging, the local COVID-19 response, and its effects on older adults, we employ the concepts of biopolitics and ethical citizenship. Central to COVID-19 management has been the designation of older adults as a “high-risk group,” a term that itself has been central to biopolitics (Rose 2009). Thus, to examine how the COVID-19 state of emergency constructed aging, we draw on Foucault’s (1990, 137) understanding of biopolitics as the practice of exercising political power over populations to administer, optimize, and multiply life. As the biopolitical perspective of the Latvian state defined the older adults primarily through their biological bodies as subjected to more risk, the bulk of support given to them was the enforcement of restrictions on the elderly body and its location. This,

however, resulted in solutions having a limited capacity to address the needs of older adults and intensified the negative connotations ascribed to old age.

The concept of ethical citizenship attends to the ethics of older adults' protection and the tensions the older adults experienced when observing COVID-19 mitigation measures. Muehlebach (2012) defines ethical citizenship as a process of orienting oneself to a larger collective whole and the state through formal rights and duties and a practice of exhibiting the capacity to bring value to society. For Muehlebach, ethical citizenship is what mobilizes citizens on moral and ethical grounds to carry out affective and care work without monetary compensation, considering it high in value, and thus unwillingly contributing towards the survival of the neoliberal project that underfinances the welfare sector. In our case, we take the COVID-19 measures of protecting and supporting high-risk groups as a state-encouraged ethical project that people either willingly participate in as ethical citizens or risk being shunned as moral transgressors. For example, such ethical actions could be considered the correct wearing of a face mask, avoiding physical contact with older adults, or supporting older adults so they can stay at home. Since the biopolitical framing of risks was distributed unevenly, many evaluated their actions as ethical citizens in relation to older adults instead of to their own viral vulnerability. Thus, the analysis of biopolitical containment and ethical citizenship allows us to reveal how the COVID-19 state of emergency brought out and intensified tensions in everyday relations and between dominant notions of aging.

Methodology

This article is based on a secondary analysis of qualitative data collected on the care systems and practices in Latvia during the first weeks of the state of emergency in the spring of 2020 (Aniņa et al. 2020) that was part of a broader three-year project. The original project focused on how different socioeconomic axes maintained and supported the unequal distribution of family and public responsibility during the state of emergency. To minimize the risk to everyone involved and comply with the government restrictions, the data was gathered using semi-structured remote interviewing via video and audio calls. A research team of 13 interviewed 23 people, of which 16 were women and seven were men. The age of participants ranged from 19 to 87, thus covering both the experience and the imagined position of the older adults. The interview data was transcribed and coded using the coding software MAXQDA. We then re-coded the data during secondary analysis.

The data exemplify an inimitable period soon after the first state of emergency was announced. We started our fieldwork at the end of March after adjusting our methodology and focus on the COVID-19 situation, as our initial focus was on care responsibilities in families. The fieldwork was completed in mid-April, which meant that our participants' experiences during the middle portion of the state of emergency had already become mundane, but not so long that the research participants would have forgotten their initial reactions and experiences. In this context, we treated our research participants as an "elusive population" (Fielding 2004, 100) in time, making secondary analysis the most suitable analytical approach. We also saw the severe emotional and psychological effect of the state of emergency on our research participants and therefore did not want to exhaust them with repeated interviews. We noticed that the significance of age, and the ways in which it interacts with dominant discourses of aging and dictates certain responses to the pandemic remained unexplored in the initial report. We therefore applied additional in-depth analysis as defined by Heaton (2008) by focusing on the experiences of older adults as a particular aspect of the primary research. This meant going back to the coded material and analyzing the codes that were seen as relevant to the research question. We used the re-coded material to design the structure for this article.³

Biopolitical Contestations of Aging During the Pandemic

We start our analysis by outlining the ways in which the biopolitical control of older adults was based on already existing notions of old age and related factors. An analysis of the biopolitical perspective of older adults and its contestations reveals how older adults were imagined and understood themselves as being more vulnerable, and how their actions were seen as transgressive in the context of the project of collectively defeating COVID-19. During the first weeks of the state of emergency, our research participants were trying to grasp their vulnerabilities to the virus. In this, they often positioned themselves within or outside of the category of a "risk group." Nevertheless, group-based risk evaluation was often ambiguous and not unchallenged. Ojārs, for example, thought of himself as exposed to risk but described it as a type of gamble: "I worry about myself (laughing). I'd say I'm healthy, healthful. But you never know. I had that heart surgery. I'm the so-called risk zone." (Ojārs, 70-80)

The older adults often thought of their own risk in the context of their health issues. While they were worried about their vulnerability to the

virus, this was not their main concern. Instead, several research participants described increased concern for their (grand)children even when they had categorized themselves as being in the “high-risk group.” Astrīda, 66, for example, considered her pension a safety net that put her in a less precarious situation than a relative whose business had closed down. Thus, the risk evaluations in relations of care for the older adults extended beyond them as a risk group. Similar to the findings of Lamb et al. (2020) according to which healthy older Americans saw themselves as privileged in the pandemic, our elderly interlocutors imagined their lives as being comparatively less disrupted. Importantly, some research participants proclaimed this while describing making many significant changes to their daily routines.

While individualism was characteristic of both successful aging and being one of the “risk group,” Ojārs and our other participants wavered between seeing themselves as active, healthy, and independent, and as a part of a “risk group.” These tensions had consequences not only in terms of self-discipline but also on the relationships of care for the older adults. In contrast, but similarly influenced by publicly popular evaluations of risk, our younger participants’ worries were more focused on their parents and grandparents, rather than on themselves. Liene worried about the vulnerability of her grandmother:

I talked with my grandma on the phone. She was worried and anxious, of course. But she lives in the countryside. Especially now, no one wants to visit her. Surely, she is watching all the news and so on. And there is such an emphasis on the whole thing. Of course, you are worried about it. She knows how to be caring but with all of this going on. (Liene, 20-30)

Liene’s narration of her and her grandmother’s calls to each other evoked the sense that one of them is not only more vulnerable but also more anxious than the other. As with other accounts, here the interpretations of media messages, even if they acknowledge their anxiety-inducing qualities, were also crucial. Based on preconceived notions of elderly persons in Latvia, the older adults were portrayed as either taking the measures too seriously, not taking enough measures, or being excessively worried. Our interviews show that, while the worry of younger people was recast in the contemporary notions of stress and care, the worry of the older adults was seen as a result of their incapacity to adequately grasp the situation.

Oh! We recently sent flowers to my mother-in-law! It was her eightieth birthday. Albeit she got the delivery man to leave the flowers on the porch and then proceeded to spray them with disinfectant. I am not sure if that counts as caring! *laughing* (Ričards 50–60)

As can be seen from this excerpt, the actions of an elderly person were seen as amusing and excessive even though they were perfectly valid according to the local public health guidelines at the time. Importantly, while certain safety measures became homogenized later on, participants told numerous stories about excessive caution that amused them during the first weeks of the pandemic. The figure of “the elderly” was prominent. At the same time, some remarks described the carelessness of older adults. Amanda, for example, sought to convince her mother-in-law to limit her social activity:

My mother-in-law lives in the city, she is quite old and socially active, walks around, goes to shops and supermarkets, she is a bit careless. I tend to worry about her somewhat. (Amanda, 40–50)

Thus, in the context of COVID-19 mitigation measures, the otherwise promoted practices of active and successful aging had come to be seen as “careless.” In combination with Ojārs’ evaluation of his health as rather good, this shows a tension between the biopolitics of active aging versus active aging in the circumstances of the COVID-19 pandemic.

In summary, the older adults perceived the biopolitical project as contradictory. On the one hand, they were advised to be active and healthy, and on the other, to see themselves as a vulnerable “risk group” in need of protection. This contradicted the daily experiences of older adults and their idea of self, which often led to disagreements with their younger relatives. While the actions of the younger participants were guided by the image of the feeble old person in need of care, for older adults this meant being cast as a transgressor while trying to maintain their self-respect.

Latvian Older Adults and the Ethical Project of COVID-19 Mitigation

The framing of older adults as a risk group not only creates increased visibility and an intensified sense of threat, it also suggests limited appropriate ways of interacting with older adults. We now turn towards the notions of aging, ethics, and responsibility in the context of overcoming the pandemic. Although older adults were primarily defined through a biopolitical lens during the state of

emergency, interacting with them and forming and performing relationships inevitably meant coming to terms with a contrast between the biopolitical framing of older adults and their existence beyond the biopolitical.

A: I have started communicating with my grandparents more often, to keep track of what they are doing and try and convince them to stop meeting with other people regularly, like they have been doing before.

Q: Did you manage to convince them?

A: (laughs) Not as much as I would like. (Santa, 20–30)

What Santa would ultimately like to happen is not simply her grandparents fitting more with her imagination of the older adults within the COVID-19 pandemic. Instead, such instances of seeing older adults as needing to “properly take care of themselves” indicates participation in the larger ethical project of collectively defeating the COVID-19 pandemic. For younger participants who did not perceive themselves as a risk group for COVID-19 complications, their participation in the moral project was built around dealing with the potential guilt of transmitting it to someone and caring for older relatives. Maintaining physical distance from others was perceived by the younger participants as the most important practice, which might explain their frustrations when they witnessed older adults not maintaining distance despite the risks. The reasons why an older person would still leave their house or visit their friends and family were framed in a negative light by emphasizing the older person’s irresponsibility. Because older adults were seen as the primary risk group, their public neglect of the rules and guidelines not only drew the attention of others, their interactions were depicted as failures regarding the ethical project. This, of course, created tensions with others:

Some arguments yes, we have had some negativity. Even when going for groceries with my daughter. And especially, there is the case with the pensioners. You must observe the two-metre distance but no, they are crawling at you. (Linda, 40–50)

While it might be the case that older adults fail to practice social distancing in public spaces, more often, as Linda suggests, it is likely that these cases were more visible than others because of the older adults’ perceived vulnerability. While for the younger person, participation in the ethical project meant some social interactions needed to be managed carefully, for the elderly person this related to all social interactions. Many of our interlocutors saw older adults

as mentally less capable and flexible, but still expected them to observe the restrictions attentively and demonstrate higher levels of responsibility.

Even though the elderly people we interviewed held different views on the origins of the virus and the appropriate safety measures, most of them recognized the ethical project, at least to some extent, recognizing their role within it and expecting others to participate in the project as well:

I wish everyone observed the [emergency] situation. Acknowledge how risky it is after all. All these youths who have come back from England. Do they really wish to witness their grandparents dying from some shitty kind of flu, forgive my language? It is awful. We do not know what disease this is. Maybe it is a biological weapon. That is why I say, please, listen to what the state representatives are telling you. And please respect each other. (Ojārs, 70–80)

This recognition of the project, however, did not mean that full participation in it was also deemed as the best course of action by older adults. Caught between the need to be responsible and limit all social activity and the desire to remain independent and feel useful to others, elderly people remained at an impasse. In some cases, not accepting help from younger relatives led to conflict. For the younger relatives, not providing help felt contradictory to both the ethical project and wider societal notions:

Well, when it all started, my grandson appealed to bring me groceries and we made a deal, but then I changed my mind. That I will make it on my own. He lives quite far away [...]. It means that when his work ends at six, seven, he also needs to drive here. I didn't want to burden him and told him not to come. I found a solution that I can go to this small grocery store where the danger is less significant [...]. And this is how I manage. (Ivars, 80–90)

Examples such as these challenge the notion of others “having to convince the older adults to properly take care of themselves” by demonstrating the awareness and agency of older adults. This awareness and agency not only was used to participate in the ethical project, but also to individually reflect on priorities and think about the self as connected to relatives and others in their immediate circle. For Ivars, this meant acknowledging one's vulnerability and the legitimacy of the ethical project, yet to some degree not accepting the compliant ethical citizenship. We conclude that many elderly people weighed sustaining their ethical citizenship against practices related to identity and sense

of self. Understanding whether or not to accept help from others is grounded in the conceptions of the pensioner and active aging, as older adults try to both be useful to others and take on daily chores independently. These examples suggest that participation in the ethical project is both a question of morality and a matter of historical inequality and relational identity. In cases, however, where family assistance is not possible, it is also a matter of volunteering and inefficiencies of neoliberal welfare.

I like those programs, where people offer to go for groceries or take out someone's dog for a walk. It seems rather nice that there is someone who can help others who may be in more danger or for some other reason cannot do those things themselves. (Santa, 20–30)

The most notable of the grassroots initiatives during the first wave of the pandemic was organized by a movement called stayathome! (*paliectmājās!*) that called for volunteers to help older adults and others in need by delivering home groceries and medication to eliminate older adults' exposure to crowds. At the time, such services were not being provided to older adults by either the private or the public sector. This initiative quickly gained widespread recognition. Most people we interviewed had heard of it, praised it, yet no one participated in this initiative or shared with us that their acquaintances did. It was later reported that around 140 volunteers participated in this project daily in the Latvian capital, which has a population of roughly 630,000 (Viegli palīdzēt 2020). It was described as a responsible and moral action and could be seen as ethical citizenship par excellence as it entailed not only participating in the ethical project by observing the epidemiological safety guidelines, but also proactively taking care of those perceived as vulnerable.

At first glance, it seems this initiative worked well for the older adults. It allowed them to remain independent and not burden their relatives and receive the help needed in accordance with the ethical project, yet there were downsides. Knowledge of the existence of #paliectmājās led some to assume that the older adults they saw buying food were going for groceries out of spite instead of out of need, despite the fact that #paliectmājās was not necessarily used by all the older adults. Furthermore, while in the short term, this initiative supported the older Latvian adults, it also revealed the post-socialist neoliberal inefficiencies, namely, the lack of social support for older adults both generally and in times of crisis. The initiative also did not address or speak to the wider system of neglect, even though it inspired acts of selflessness and care. Similarly, as suggested by Muehlebach (2012), volunteerism did not encourage a change

in policy, such as new social services for older adults or directing more finances to existing ones. The #paliemājās movement served as a powerful image in the national imaginary of how the crisis was being managed despite it being a largely self-funded volunteer movement, not working statewide. While the solidarity of volunteers is remarkable, our research participants did not critically evaluate the responsabilization of citizens by the Latvian government (Hamilton and Putniņa 2020). Instead, they expected care from their closest friends and family, and normalized the lack of state-run or municipal social support and care mechanisms (Aniņa et al. 2021).

In summary, while viewing older adults as less capable, our younger interlocutors expected them to fully observe the virus-related guidelines. Our non-elderly interlocutors often expressed disappointment, perceiving older adults as sometimes ignorant of the ethical project of defeating COVID-19. While being aware of this project, older adults often determined their actions by weighing their own health risks against the gains of maintaining a degree of self-sufficiency or caring about others by refusing care. Paying for care or using state support were not options for most older adults as the availability of such services was limited. The emerging volunteer movements that rushed to fill the void in times of crisis were seen by interlocutors as admirable but also expected, as no one questioned the largely non-existing state support for older adults in this situation. To outline how aging was experienced and imagined during the first wave of the COVID-19 pandemic, we turn to describing how the older adults imagined, experienced and performed care.

Care Between Relational Aging and Moral Individualism

While the volunteer movement shows an intensified sense of responsibility towards older adults, it also reveals a lack of both informal care networks and business and state-organized care services. In this section, we synthesize the arguments of the previous two chapters to illustrate how both the biopolitical construction of older adults as a vulnerable population and the place of older adults within the ethical project of defeating COVID-19 fit into the larger socioeconomic context. According to the Central Statistical Bureau, 71.7% of older adults (age 65 and older) in Latvia who live alone are at risk of poverty (CSB 2021). In the meantime, state support is scarce and low-paid, but for-profit care services are largely unavailable. Nevertheless, post-socialist contexts have often been described as characterized by a sense of relying mostly on oneself in times of economic hardship (Ozoliņa 2019) combined with informal networks in

which a meaningful image of oneself is created. This creates fruitful conditions for aging to be understood in relational terms (Kalēja and Mileiko 2016). In this context, the tensions that the pandemic brought out in informal relations of care are potentially the most painful.

In Latvia, the dominant frame of aging emerges in the family context (Kalēja and Mileiko 2016). Our research participants often invoked age through categories of relatives, such as grandmother for Liene, mother-in-law for Ričards, and grandson for Ivars. As we outlined, the ethical project of COVID-19 mitigation was also expressed through care relations, but with rather particular imagery—the idea of older adults as cared for by younger relatives or other members of society that carry out the necessary care work. Yet this was not desired by either side. On the one hand, the older adults contested their “risk,” considering their lives less disrupted than those of their relatives. On the other, their concern for their health was partly motivated by wanting to avoid becoming a burden to their relatives. In this way, the biopolitical concerns became embodied in relations of care, but not without tension. Importantly, the categories of kin were often used both to describe one’s duties of care and to reflect on one’s age and vulnerability:

If I’m honest I don’t really show affection that much. [...] Well, [usually] I take the children candy to give them something. I try to make them happy with little things. I guess I’m too old to do it in any other way. I have neither the money nor the power (laughs), all that remains are the small joys. (Ojārs, 70-80)

While Ojārs sees his age as somewhat detrimental to his ability to care for children, he also sees himself as being in a position to practice care. In a sense, how Ojārs described his approach encapsulates passive resilience—by being aware of the limitations of his age and financial situation he strove only towards “small joys.” Similarly, when applying the same approach to the pandemic situation, he was not trying to control it, but rather, withstand it. This, however, inadvertently played into the perception his relatives had of him and served to perpetuate the rather passive role that older adults were assigned during the pandemic. For Ojārs, additional tensions arose from the changes to his living situation due to the pandemic:

I also have to live with my family. I cannot say they are on the edge, but it seems they have gotten a bit irritated. More tense maybe. There is no freedom, it is difficult not to argue, get into conflicts. It is really a shame

it is like this. I am used to living with no one bothering me. And I have learned not to be bothered by others. (Ojārs, 70-80)

This part of Ojārs' interview reveals that the passive agency adopted as a method for survival in a position where he had "neither the money nor the power" still depends on being able to maintain a certain degree of control over his living conditions, control he no longer had due to the restrictions on movement placed both on himself and his family. The restrictions thus impeded the few freedoms that older adults saw as still available and therefore created more tensions. As in the case of Ivars, this individualism was practiced and imagined despite being in contact with relatives, rather than because there was no other choice, as was the case for many others in the pandemic. This reveals that in a situation where there is an intensified concern about older adults and when informal care is the dominant form of support, there is still much space for individualism. Nonetheless, individualism in these conditions is a project of claiming independence and enduring hardship where not much is expected from the state, the market or the family.

At the same time, it was the role of the caregiver that the older adults cherished as more important than the accessibility of assistance. We could see how the older adult research participants maintained agency by developing their role as caregivers, one they saw as natural and socially acceptable for someone who had reached the status of a grandparent as well as having lived through other past crises. It has been noted that in post-socialist contexts, older adults have been seen as having trouble adapting in times of transition and crises (Shevchenko 2008) and the popular discourse often portrays "the pensioner" as a welfare recipient living in the past. We observed, however, that the self-image of the older adults was reversed—participants emphasized their skills and resilience even if their family members deemed some of their tactics "irrational." They saw their state pension as a secure income that provided them with security in challenging times. Further, the concerns of Ivars or Astrīda discussed in the third section show how their motivation is based on a relational perspective where concern and care for other family members may take precedence over their own wellbeing.

However, as the usual practices of care where the older adults took the role of the caregiver were often based on physical interaction, the state of emergency jeopardized their attempts. In our interviews, there was no consensus on whether the pandemic had increased emotional labour or the other way around, but phone and web calls had reached a new significance for many and

were used to provide and demonstrate care. This, however, needed to be done carefully, as the recipient of phone calls might perceive them as something being done due to a lack of socializing, and conversely signalling a need to be cared for:

It seemed to me at first that [the calling] would be too much. (laughing)
I thought it was going to be crazy, and I would not want to pick up the phone. But actually, it is something like this, you're picking up, you're talking. And you know how, there's this connecting with people that is so limited during the day, so to have a little of it, I suppose is nice. Well, I know they'll [elderly relatives] be delighted and. Well, yes. Those are usually the thoughtful conversations. Nice ones. (Liene, 20–30)

As we can see from this example, both making calls and receiving them can be an empowering and enjoyable experience. However, if these calls are either explicitly ignored or recast as merely a one-sided form of caring, the relationship may turn sour. It is important to note that our research participants mostly talked about duty, obligation, and care only when discussing phone calls with older adults, while remote communication with other people was not described in this manner. Such a perspective omits the emotional and communication needs of the younger research participants (“calling for the sake of [my] grandmother, not to have peace of mind myself”), thus reaffirming the imagined lack of communication for the older adults.

To conclude, the struggle to maintain their agency was not a novel concern for the older adults. This is especially visible in relation to domestic care work, where older adults are intermittently seen as either the carer or the one who needs to be cared for. The advent of the pandemic allowed younger family members to affirm themselves as caregivers, which the elderly research participants in turn rejected to maintain their own agency and sense of self-worth.

Conclusion

Latvian older adults engaged with the ethical project of overcoming COVID-19 in a complex manner that sometimes seemed contradictory or illogical to their relatives and wider society. If their decisions and choices are considered in a wider context of precarity, biopolitics, and relations, it becomes clear that for Latvia, overcoming the societal crisis brought with the global pandemic was as much a question of biomedicine as taking honest stock of the current situation

of vulnerable groups within Latvian society. Throughout the article, we have illustrated how for Latvian older adults, the global pandemic was experienced as just another crisis instead of an exceptional and dangerous event. Rather, as most of the older adults were already living in precarious conditions, their responses to the crisis were connected to wider concerns about their autonomy and place in a network of relations.

Old age in Latvia is often perceived as something to dread rather than embrace. As we witnessed, this resulted in older adults attempting to maintain an image of themselves as caring and dutiful individuals. The arrival of the pandemic, however, upended these strategies, as older adults were expected to self-isolate, which for them meant giving up their participation in care work and accepting themselves as care subjects. This became a point of contention, as wider society readily accepted the image of the vulnerable pensioner, while older adults themselves often opposed being identified as such and acted accordingly. This led to what was perceived by others as either signs of senility or malicious opposition to the ethical project of overcoming the pandemic, both of which may have led to frustration and conflicts between older adults and their relatives. This, however, is not the result of reformulating the concept of older adults within Latvian society, but rather a consequence of conditions that exacerbated a confrontation of perceptions of the elderly person as self-sufficient versus a care subject, something that had been in conflict prior to the pandemic.

It does not appear that the COVID-19 crisis is going to radically change the current situation of these opposing perspectives. While the crisis has revealed how the often-stubborn opposition of older adults to be cast as care subjects is a result of deep insecurity and precarity experienced by older adults, it has not led to any structural or societal changes that would help older adults embrace this role or find an alternative sense of dignity. In a situation where wider social support mechanisms are either scarce or dependent on personal relations, older adults are hard-pressed to give up their current carer positions within these relations. In order to overcome the false dilemma of caring versus being cared for, it is crucial that the relationships be recognized as bilateral, where both the care provider and the care subject are perceived as fluid positions that can be switched depending on the conditions and removing the moral weight connected to being the one on the receiving end of the care. Recognizing the ways in which older adults are simultaneously vulnerable to the particular virus and capable actors who can care for others could serve as a blueprint for

moving forward toward a more inclusive and just society both for older adults and those who are eventually going to be older adults themselves.

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Notes

- 1 Centre for Disease Prevention and Control (CDPC). 2021. COVID-19 Izplatība Latvijā. Riga: Centre for Disease Prevention and Control. <https://covid19.gov.lv/en/node/100428> (accessed 4 May 2023).
- 2 European Centre for Disease Prevention and Control (ECDPC). 2021. Data on the daily number of newly reported COVID-19 cases and deaths by EU/EEA country. 10 December 2021. <https://www.ecdc.europa.eu/en/publications-data/data-daily-new-cases-covid-19-eueea-country> (accessed 4 May 2023).

3 This research as part of the broader project has been approved by the Research Ethics Committee at the University of Latvia. All research participants gave verbal consent prior to participating in this research as our means for digital written consent was limited at the start of the research. All research participants were informed of their rights to withdraw their participation in this research at any time. To avoid the risk of recognition, all participant names are pseudonymized and some minor details in interview excerpts have been changed. None of the researchers had full knowledge of the research participants in the process.

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