Risk and Care in an Aging United States

Thesis submitted in partial fulfillment of the requirements
for the Degree of Doctor of Philosophy

by

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Trinity Term 2018

Word Count: 84,079

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Abstract

In the United States, an 'aging crisis' has been brewing around the rising number of older persons and the relations of care their longer lives require. New forms of neoliberal governance, which seek to manage this aging disaster, task elders with the individual responsibility to prepare and to control their aging futures. Through an ethnographic case study at Hollenbeck Palms, a Continuing Care Retirement Community in Los Angeles, this dissertation investigates how a risk framework shapes the everyday, affective experiences of aging through the examination of contracting care, rewriting kin relations, mobility practices, and playing bingo. It explores how strategies of care at once reflect this regime of risk and also defy and transcend it.

Through the analysis of elders' and caregivers' lives at Hollenbeck Palms, this dissertation contributes three insights: a logic of risk does not control aging futures, but instead generates even more uncertainty and insecurity in elders' lives; uncertainty is not only an indelible part of aging, but is also actively generated by elders; and contrary to the notion that the uncertainty of aging renders elders and caregivers into passive victims, elders and caregivers can learn to live alongside the uncertainty of aging care-fully. This dissertation rethinks aging in the twenty-first century United States as a site of generative possibility, instead of a site of danger.

Acknowledgements

At the heart of this matter is my love for Connie and Richard Van Vorst. Nana and Gaga, you instilled me with a faith that, by keeping close to the aging and dying, my life and worldview could be profoundly and beautifully transformed. You both have inspired the questions of my life.

For Hollenbeck and all of its residents and staff. You generously shared your lives with me, and taught me about love and loss, Bingo and care, and so much more. I consider myself enormously privileged to have been your student.

For David Pratten, whose kind guidance nurtured this dissertation into existence. I was lucky to benefit from your open, generous, and always thought-provoking direction.

For Richard O'Connor, who showed me through his lectures and his life that anthropology could be an avenue in which to engage the world with heart. For Mae Wallace and Donna Murdock, whose mentorship and belief in me helped me see I, too, could become an anthropologist. For Dixon and Annwn Myers, who taught me how to be with people in curiosity, heart and especially laughter. And for all my other Sewanee mentors, most especially Andy Weaver, Robin Hille Michaels, Jim Peterman, Eric Hartman, Mama Jo Willis, Gerald Smith, Betty Carpenter, Lisa Howick and countless others I cannot fit here, who modeled to me what it means to live a life of learning.

For Ed Raines, who was the first to help me truly see how scholarship can illuminate the complexities of our lives. By listening carefully to my stories from my nursing home work, you helped me understand at a young age the value of my perspective and voice. Your time and attention helped ignite a spark in me that made this dissertation possible.

For the Rhodes Trust and their generous sponsorship. For the people of Rhodes House, especially Bob and Dawn Wyllie, Andrew and Peggotty Graham, John, Juan, Sheila, and Ricky, for being a home away from home. And for the Rhodes Committee, who entrusted me with the responsibility to do well by the Scholarship.

For my friends at Oxford, who are too numerous to list here. You have filled my life in this city with joy and made my years here an adventure.

And finally, for my family. For Louise, Tanner, and Claire. For Chris, who is one of my greatest teachers and supporters. And for my mom and dad, who have fiercely loved me into being. You have modeled for me how to be kind, to value difference, and to care for others. And you have shown me how to engage the world with a full heart and open eyes.

At the end of my fieldwork, I received a very special card from a Hollenbeck resident, Lily, who came to the community quite early in life after she suffered a debilitating stroke. 'In whatever you decide to pursue,' she wrote, 'the possibilities are endless. Live your dreams.' Writing this thesis *has been* my dream, and I thank all of those individuals who helped remind me that this process to think, to write, and to ask questions that were important to me and to those I love was an incredible opportunity I was enormously privileged to pursue.

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Preface

In the United States, an 'aging crisis' has been brewing around the rising number of older persons and the relations of care their longer lives require. As elder needs intensify, new questions emerge about how to care for the practical, social, and physical aspects of the ends of their lives. Critically, the growing aging population and its demand for care intersect with a rise in resource anxiety. As income uncertainty and inequality in the United States grows, more families are busier and more stressed than ever, and fewer public funds struggle to span across countless social problems. As fears loom about the growing resource required by aging and dying futures, private and public conversations abound about the sustainability, value, and worth of elder life. This dissertation explores how old age and elder care are being made and remade through a logic of risk and under new, uncertain social and political conditions. I ponder these questions through an ethnographic study of how elders and their caregivers experience old age, practice care, and make meaning in their everyday lives.

This dissertation emerges out of my own concern that public conversations about the aging crisis seldom speak to the everyday, embodied experiences of growing older. I found that the global and national discourse on the aging crisis, often concerned with macro-level conversations about demographic shifts and biomedical choices, ignore how local political economies impact aging and dying trajectories and how sociocultural practices specifically articulate these conditions in time and place. But most especially, I was troubled that the aging crisis seemed to appear as a lifeless problem on the page, numerically cold and ethically abstract, and did not capture the personal, emotional, and physical stakes involved in aging and its care. Having lived through the slow, Parkinson's-induced death of my grandfather, and having worked at a nursing home, I conjectured that research which reflects the lived experience of being old and caring for the old might highlight not only the local

dilemmas that make aging treacherous and care difficult in a neoliberal United States, but also the practices that make old age meaningful and good caregiving possible.

This research takes place at a critical time, when significant political, medical, economic, and legal innovations have the potential to shape the aging and dying futures of individuals and societies. Critically, the current politics that awkwardly entangles the patient's rights movement with neoliberal forms of governance condenses complicated questions about the financing of retirement, the development of care networks, the use of life-extending technologies, and the passing of new legislation into matters of personal choice and responsibility. New activism suggests that 'planning ahead' will help avert the anxiety and crisis of aging and dying, and the production of new medical, legal, and financial technologies, such as Advanced Health Care Directives and 401ks, promise to enable individuals to 'control' their aging and dying futures. But in practice, old age and elder care require too much social negotiation for personal choice to be its significant principle, and remain fundamentally too uncertain and unwieldy for individuals to bear the responsibility to anticipate their futures alone. While these management philosophies of preparation and choice resonate with current, popular philosophies, and guide so many of the new political, medical, economic and legal innovations, it is crucial to interrogate their origins and assumptions, and analyze how their logics impact everyday life. My aim is to show, through empirical and theoretical research, how the current risk management practices of elder care intensify, instead of alleviate, the anxieties in old age and trouble instead of assist practices of elder care. My research also highlights local frameworks that align with the uncertainty of the elder body, and explores the everyday work of care that continues to sustain elders even in conditions that made it difficult.

Hollenbeck: The Ethnographic Case Study

Against moments of crisis that focus on urgent, new, and intractable dilemmas, this dissertation takes a historical, communal, and extended view of aging and dying. Studies about aging and dying frequently filter through biomedical frameworks, but I found that this narrowly interprets the dilemmas of these processes: focusing on the individual patient as the unit of concern; condensing dying into urgent momentary decisions around life extension; and dividing life and death matters into a narrow and unhelpful dichotomy between quantity and quality of life. Contrarily, many of the ends of life I had experienced looked differently and involved: not individual decisions, but negotiations made amidst care teams and families; slower, menial, and un-glamorous practice; and considerations about care and the worth of life that were filtered variously through social, political, economic, and familial contexts. I knew from prior experience that aging and dying do not happen in isolation, nor do they go according to plan; aging and dying are made by and remake social relations, and they often occur uncertainly because of the unpredictably unique and fleshy bodies that make such processes possible.

Since the logic of the hospital responds to and generates crisis, I decided it would be best to study individuals' aging and dying experiences in community, across time, and according to daily practice. I postulated that retirement communities would allow for this approach. I contacted several retirement communities in Los Angeles about my research and, while some communities were baffled by or skeptical about the premise, Hollenbeck Palms, a Continuing Care Retirement Community in Boyle Heights, Los Angeles, agreed to host my research. Their openness was made possible, certainly, by the personal connection I had to the institution. A non-profit, Hollenbeck Palms has a Board of Trustees to help govern its affairs, and one of its historical and beloved Trustees was a family friend. The

director of the home felt indebted to this Trustee, and envisaged my fieldwork as a form of reciprocity. This personal connection helped me navigate more easily the skepticism the institution had about my research and would, in ways that would become more apparent but never fully so, shape the nature of my fieldwork.

I pitched a fieldwork plan to the Director of Hollenbeck, where I would work for twenty hours with the Activity Department in exchange for a free room in an independent living apartment and complimentary meals. This contract laid the groundwork for my integration into the community and for the diverse insights I collected, from conversations with administrators to residents and janitors to nurses, in the daily routines and in the strange, small hours of the morning, and during Christmas celebrations, Shabbat dinners and the deaths of beloved members of the community. It also firmly grounded me in a different tradition of elder care, not primarily in nursing, but in 'activities theory' that considers how to build social practices to sustain and to infuse meaning in an elder's everyday life. I lived and worked at Hollenbeck for 16 months from January 2015 to April 2016.

Hollenbeck's Demographics and My Research Positionality

In 2015, Hollenbeck Palms had 231 residents occupying 146 available residential units and 99 skilled nursing beds. Of this population, roughly 45% were White (of which about 10% were self-identified as Jewish), 40% were Asian (of which the vast majority were Japanese), and 15% were Hispanic. Throughout my fieldwork, the percentage of Japanese residents increased significantly (by about 10%). And, although Hollenbeck was frequently touted as a diverse institution, there were no black residents. I asked the Director once why he thought black elders did not find Hollenbeck a desirable retirement community and he said that Boyle Heights was one area of Los Angeles where black people never lived, which was

historically not true. One nurse hypothesized that black elders did not live in retirement communities, but had families take care of them at home, but home care for elders was also the accepted practice of many Japanese and yet Hollenbeck was full of Japanese residents. The absence of black elders at Hollenbeck made conversations about the community's inclusive diversity and openness seem short sighted at best, and exclusive at worst. For all the talk about the community's friendliness, there were racial hierarchies and animosities, which were never discussed openly, but only in private interviews, one-on-one.

Many Japanese elders sought Hollenbeck as a new retirement destination because of the privatization of the all-Japanese retirement community down the street, Keiro. This notable shift in the ethnic population of Hollenbeck was the source of rising racial tensions during my fieldwork. Several White residents complained that the Japanese residents, many of whom did not speak English fluently if at all, were too cliquey. Hollenbeck, the White residents claimed, was a 'friendly community' where everyone was welcomed and where everyone should, ideally, be open to socializing with others. The Japanese created divisions in what the White residents perceived to be an open, all-welcome community vibe. This was evident, the White residents believed, in Japanese residents' attempt to create 'their own' social Activities, like Japanese Sing-a-long's and Karaoke nights. Although these activities were included on the main Activities calendar and open to all, the White residents believed that they were exclusive to Japanese residents, since they focused on Japanese culture specifically and not a cultural practice 'shared' amongst the whole. This complaint about exclusivity was only directed at Japanese activities. Mexican Bingo, for example, was not considered exclusionary and neither were Shabbat dinners.

The staff at Hollenbeck was largely ethnically organized, reflecting societal hierarchies. The administration at Hollenbeck was completely White, except for the

accountant who was Asian, and was also entirely male. There was an ethnic division between the nursing staff at Hollenbeck. The assisted living nurses were largely Mexican-American and the nursing staff at the nursing home was primarily Filipino. There were several speculations as to why this was so. One nurse surmised that most of the nursing home staff was Filipino because the head nurse herself was Filipino; another nurse said that Filipinos were naturally better at taking care of really sick persons. The janitorial staff were largely Hispanic, but unable to speak much English. Frequently, I witnessed nurses give direct commands to the janitorial staff with an heir of confident authority, even if the nurse was significantly younger than the janitor. Some janitors thought the nurses felt they were better than them, because they could speak English.

The Activities Department only had two women in it while I was working there, both of whom were Mexican-American. These two women were largely isolated from the nursing staff. The isolation was caused by several factors. First, the nurses and the Activity Directors operated on very different scheduling. Second, many of the nurses believed that the Activity Directors' work was not 'real work,' but 'just play,' and they resented their higher pay for what they considered to be less onerous tasks. Third, the Activity Directors were seen to be snobby, having higher educations and trying to impress the residents with their ability to put on 'cultural' events that could appeal to even the 'fancy White residents'. The nurses often complained that the Activity Director's were trying to 'put on a show' by wearing suit jackets and heels, trying to deny the common cultural and class background that they mostly shared with the nurses.

The Activity Directors resented their isolation and themselves had reasons to distrust the nurses. The Activity Directors believed that the nurses did not do their work with care, but just executed their tasks quickly so they could leave earlier. The Activity Directors often

challenged the nurses' judgment about a resident's status, suggesting that the nurses did not focus on the 'whole picture' of the resident, focusing on 'just their vitals and not what it means to live well.'

I already was perceived as a privileged outsider by most of the nursing staff at Hollenbeck, with insider access for a research degree that afforded me time to hang out with residents that they did not have, but this isolation and distrust was further intensified by the fact that I was associated with the Activities Department. The work that I was doing was not 'real work.' Mostly when I would pass nurses in the hall, they would quiet their conversation so that I would not hear what they were talking about. It was not until I began to help out the occasional nurse with bathing and feeding, about a year into my fieldwork, that they began to talk to me. Nurses also opened up to me when they saw that residents with dementia begin to form close relationships with me, which to them was a testament that I was a good person. Residents with dementia were seen to be able to judge the quality of person without regard to their social status. One nurse said they could feel the soul of people. If residents with dementia liked me, then, it was a sign that I could be trustworthy.

The staff members that were perhaps the most weary and critical of me were the dining room staff. The dining room staff was full of people my age, most of whom were Hispanic. Many of the staff members were children of the nursing staff, a fact which the administration loved to celebrate. The Director of the home used to say that Hollenbeck was a family institution, where families who dedicated their service to the place were looked after and where the work was so good, in both a financial and moral sense, that families would actively recruit their own kin to join. Since part of my contract included free meals in the dining room, I would be served by the dining room staff daily. Inevitably, the staff would serve me last, and the kindnesses that the staff gave to the residents were not shared with

me. Their work was difficult work, taking complicated orders from elders with varied dietary requirements and cleaning plates with hardened oatmeal on them, and they were not paid well by the Home, nor did they ever get the privilege to dine with fellow residents in Hall. The difference in privileges between my role in the Home and theirs was stark, and the benefits endowed to me because of my skin color and class background, that were inaccessible to them, played out daily in our encounters in the hall, where they would take my food orders and serve me. I tried my best to help them in their work as best as I was able, and to make myself useful in the hall by feeding residents who were not able to feed themselves, but all of this was a useless effort to disrupt the social distance between me and the hall staff that would remain vastly unequal.

Because there were so many different living options at Hollenbeck, from luxury, three-room apartments to basic, one-room options, the class profile of the residents was quite varied. Mostly, the population of Hollenbeck elders was middle class, though some of the residents were wealthy and some benefitted from Hollenbeck's non-profit subsidies. Hollenbeck was perceived as the most affordable Continuing Care Retirement Community in the Los Angeles area, different from the other luxury options that featured swimming pools, up-to-date aesthetics, and fine dining. Many of the residents had been public school teachers or had worked in non-profits. Some had small businesses that they kept in the family. Hollenbeck was unusual for recruiting such middle-class elders in Los Angeles, since their extended care model was usually only affordable for the very well off in the city (most middle-class, Angeleno elders would move South of Los Angeles or to Arizona and New Mexico for cheaper, extended care, like the kind Hollenbeck was offering). Its high-Japanese and Hispanic population made it particularly notable in the Los Angeles market, too. Hollenbeck's ethnic and class demographics make it a particularly unique case-study for

Continuing Care Retirement Community culture, though it is a model case study for the kind of financial volatility that middle-class elders are experiencing in the contemporary United States.

My position at Hollenbeck was shaped by my incapacity to speak various languages well. I was able to speak Spanish only very partially, and could understand more by ear than was evident by my speaking facility. This prevented me from forming a closer bond with nurses initially, since many of them spent their social time with other staff speaking in Spanish. I also did not speak Japanese, which meant that it was difficult for me to converse well with many of the Japanese residents whose English was not strong. Though I tried to ameliorate this distance by going to their Japanese Activities, like the Japanese sing-a-long, this only allowed me to interact with them in a very partial way. I was never able to interview Japanese residents one-on-one, like I could with most of the other residents.

The residents I became closest to in the home all happened to be social loners. One was a White male, one a Hispanic male, and one a Japanese female. Each one of them were all single or widowed, without a main group of friends, and found in me a way to cement their relation to Hollenbeck as both one of and distant from the rest of the community.

During my time at Hollenbeck, I became deeply integrated into the Activities Department and became very close to the Activity Directors. My integration in this Department was a product of my contract, which tasked me to work twenty hours a week with them. This research is concerned with thinking about social practices, like ritual, games and dance, as forms of care, largely because this was reflective of my everyday experience at Hollenbeck.

In order to delve deeply into the work of the Activities Department, I was careful to separate myself from close relationships with the Administration, of whom the Activity

Directors were very skeptical. But the Administration was also keen to keep me at a distance, too, and very rarely encouraged me to talk with them or introduce me to the financial figures, or business-model, that are a huge part of keeping places like Continuing Care Retirement Communities afloat. From my estimation, this was not because they were fearful of me snooping around their figures, since all of this data was published online (in accordance with state law), but because these male administrators seemed to think that this was generally not of interest to me as a woman. Frequently, the male administrators made comments about my natural capacity to connect and to care for residents, and residents themselves remarked on my soft touch with residents with dementia or with mobility differences.

I agreed to a contract at the beginning of my fieldwork with the Director to work for twenty hours with the Activities Department in exchange for a free room and free food. This contract did not stipulate that I pass my findings by him before I publish. The Director genuinely believed that Hollenbeck had nothing to hide and was confident that whatever would be published would be suitable public advertisement.

In writing this dissertation, I have been weary to include communal tensions around power, class and race, because often these tensions were shared in private, for fear of challenging the dominant narrative of Hollenbeck as a peaceful, welcoming community. When I have shared conflicts, I have tried to anonymize the source as best I can. I will be delivering a copy of my thesis to Hollenbeck, but will edit some sensitive material from it that might put some individuals at risk.

Throughout writing my thesis, I visited Hollenbeck twice to update them on my provisional dissertation ideas. This feedback loop was edifying. The first time I gave an hour lecture on my research, residents protested that I focused too much on death and made it

seem like 'all they were doing was dying.' They insisted that I focus on the life of the community, and the new hobbies they were taking up as interested, curious beings. The second time I gave a lecture on my research, residents were very enthusiastic about my use of risk as a concept. Many came up afterwards to share their obsessions about the future, their concern for safety-culture, and the precarity they felt living longer than anyone foretold. It has been a delicate balance to capture the social life of Hollenbeck, which residents were keen to have portrayed, with the very real risk logic that pervaded their lives, that inhibited them living fully physically, socially, and financially. This dissertation, then, has been an attempt to draw together the narratives that Hollenbeck residents wanted told about themselves, and to find where these narratives of living life fully and living life in the shadow of risk collide, depart, and contest each other.

Like many anthropologists, I have struggled to navigate my own indebtedness to Hollenbeck for allowing me to study there, while also maintaining my own ethical and disciplinary commitment to acknowledging and critiquing institutional relations of power. Additionally, I established very close personal relationships with some of the residents, some of whom began using kin terms for me like 'granddaughter', and it became an emotional task to navigate a relationship of care with them that was bound up in the complications of the anthropological gaze and the fieldwork project that forced me to leave to write up after some time. The way I became complexly implicated in the relations of care at Hollenbeck helped me understand how experiences of elder care emerge within particular experiences of hierarchies and intimacies, and how these daily navigations intensify the already high and difficult stakes of tending to persons in their final years and days.

Caring is an embodied activity, and this research made me acutely aware of how ethnographic knowledge is born out of sensorial, embodied practice. While old age and

death are frequently discussed as provocative at the theoretical level, I show how the existential and social fear of death is made meaningful and tangible in the body, showing up in my physical responses, from disgust and grief, when encountering residents' drool, facial hair on women, fragile, scabbed skin, and the pungent smell of the nursing home. I also learned that the care of the aging and the dying is affective, imaginative, and resilient. It involves heavy lifting and skillful feeding, emotional labor that seeks both to grieve and to enliven. And it taxes the body, social networks of support, and philosophies of life itself. Literature on broad-scale aging issues is often bereft of the stakes involved of the real work of changing an elder's diaper or the affective experience of engaging lonely elders. I therefore understood my fieldwork as an attempt to get as close as possible to the 'intimacies' and 'felt immediacies' (Desjarlais 1997) of Hollenbeck elders' everyday life. Anthropology has understood old age through various categories of analysis, including personhood, medicalization, institutions, and culture. The discipline has particularly explored the marginality of old age in industrial, Western countries, and specifically in the United States, studying their warehousing in segregated communities as a way to manage and to discipline their unwieldy bodies. Partly because many of the studies of old age communities have been done on nursing homes (Gubrium 1975; Kidder 1994; Savishinsky 1991), anthropologists have typically relied on Goffman's (1968) concept of total institution, Weber's (2009) understanding of bureaucracy and Foucault's (1976) conception of the clinic to analyze how elder lives are shaped by institutionalization and medicalization. While these studies show how institutions segregate elders from the larger societal whole, they typically also undersell the local cultural and political economic context in which older people come from and in which the institution is embedded. The logics of Hollenbeck's institution were not simply a product of institutionalized medicalization in the United States, but were

connected to a longer history of United States' politics, Los Angeles regionalism, and the flows of persons that entered and exited its space. Further, Hollenbeck, a Continuing Care Retirement Community, includes and yet transcends the clinical gaze. The ethnographic question for me was not to see the clinical gaze everywhere, but to see where and how it emerged, and the ways in which it seeped into the practices of the space and the people.

My study of Hollenbeck contributes to previous studies of elder care in the United States in three ways: it seeks to connect old age institutions to larger political and economic and social forces; it expands the anthropological focus on old age institutions from just nursing homes or retirement communities to Continuing Care Retirement Community, which gives an extended view of life course transitions throughout old age; and it speaks to the communal life of old age institutions, focusing just as much on power as it does ritual, just as much on bureaucracy as it does games, and by doing so, expanding the repertoire of what clinical and institutional life might mean.

Since Hollenbeck's inception over one hundred years ago, elder care in the United States has transformed significantly. Tracing Hollenbeck's lineage from philanthropic organization to welfare-funded home to a market-based model, this fieldwork speaks to the historical development of old age and elder care in the United States and the political ideologies that impact its praxis.

While Hollenbeck's institution is a living history, so too are its people: the sociology of Hollenbeck reflects Boyle Heights', its local community, pre-World War II ethnic population: Japanese, Latino, and Jewish. And its workforce, ethnically stratified by administrative, independent and nursing care, reflects how race impacts Los Angeles' political economy.

Some of the most significant anthropological studies of old age and death in the United States take place in California (Clark & Anderson 1967; Kaufman 2005), and specifically in Los Angeles (Myerhoff 1980; Smithers 1985). A native Angeleno myself, I chose to study old age and dying in this industrial city for three reasons. The first was that my own grandmother was growing old in the city, and I thought that my study of aging and dying in the United States would be deepened and made importantly complicated by the personal, intimate connection I had with her aging trajectory. The second was that old age in Los Angeles is particularly marginalized, so much so that I often described walking down the street with Hollenbeck residents as a form of social protest. The city is often imagined as a youthful paradise, where perfected beauty and chiseled bodies rule the streets. Older bodies, and the industry that cares for them, is marginally related, if not resistant, to the city's popular ethos. When anthropologists 'study at home', they often do seek out the margins of their homesteads, in order to make the familiar strange and the strange familiar. In this way, studying old age in Los Angeles complicated my own view of what it meant to 'study at home', and introduced me to an embodied experience of the city I had yet to encounter. Third, the city of Los Angeles is a prime example of significant political economic shifts in the United States' economy from Fordism to post-Fordism, and its resulting intensification of inequalities maps onto the geographical and racialized landscape across the city's urban sprawl. The city's paucity of public institutions exemplifies the privatization of the United States, and Hollenbeck, as one of the last-standing non-profit homes in the city, both reflected and alleviated the precarity felt by the city's vulnerable. Tropes about the elderly in the United States underline their resistance to change, their heavy nostalgia, and their lack of participation in social and political matters, but residents at Hollenbeck encounter frequent and often tumultuous change, not simply in bodily or institutional ruptures, but through

political and economic shifts that impact the flows of their care. This research shows that current social, political and economic trends were topics of regular conversation at Hollenbeck, because these new conditions intensely impacted the present and future lives of these elders. It explores how national politics emerge locally, and investigates how residents maintained their activism through participation in Resident Governance, advocacy, and resistance.

One of the most crucial features of Hollenbeck was its listing as a Continuing Care Retirement Community, which allows elders to 'age in place' by providing structures to allow independent, assisted, and nursing levels of care. It was assumed that elders throughout their aging career would move between each level of care as their body required it, but this dissertation shows that aging does not progress linearly or clearly. In fact, unexpected falls, unanticipated memory loss, and other kinds of unpredictable events disrupted the many plans and predictions residents had for their futures. This community model allowed me to see the surprising trajectories of an elder's life in one place, and it emphasized how aging trajectories often involve ruptures and re-integrations, and are not always defined by decline, but also by recovery and renewal.

Watching elders age over time in one place also provided insight into how an elder's financial condition shifts radically at the end of life. During a resident's time at Hollenbeck, funds would deplete swiftly, and sometimes elders died bankrupt. While Hollenbeck's public mission had a safety net built into its community that other privatized homes lack, residents still remained skeptical about their future security there, and often questioned, amidst social devaluation and financial precarity, who would take care of them until the end. As elder care is increasingly privatized, and discussed as good or bad 'investment', Hollenbeck sits as a

crucial case study to show how the marketization of the end of life shapes experiences of precarity, anxiety, security, and doubt.

While the bulk of my fieldwork involved daily interactions of elders and their caregivers in the institution, I was also careful to investigate the larger political economy of aging and dying in Los Angeles and in the United States. By meeting with estate lawyers, gerontologists, hospice workers, coroners, funeral home directors, Death with Dignity advocates and death midwives, I explored how the local economy speaks to the growing privatization, medicalization, and legalization of elder care and the dilemmas elders encounter as they forge their way through these new, thorny, and insecure terrains. Casting this wide net, I learned that the discourse on advanced planning for old age was far more popularized than I anticipated, and was quickly becoming a myth and ethic by which a 'good old age' could be achieved.

Chapter 1. Averting the Crisis: Risk and Old Age in the United States

Sometimes I would stare at the line of saliva flowing down Gerald's chin and wait to see when it would fall to his shirt collar. Every once in a while Gerald would wipe it away, but mostly he just got on with things. Life was too short always to dam up the holes strokes caused. It meant that he walked around with a perpetually wetted left side of the shirt and a damp, glistening chin. Though I learned to expect this from him, when we sat close to one another in the computer lab I had to inspect the process: I wanted to watch what it meant for things to become loose, when the idea of controlling the body got in the way of life instead of facilitating it.

Gerald was 87 when I met him and by that point he had already been living at Hollenbeck Palms for 23 years. A White resident who had taught high-school math his entire career, Gerald decided to move into Hollenbeck when his mother and father lived there; single, retired, and admittedly lonely, he thought it would be good to join them in community for their last months. For being the resident with the longest stay at Hollenbeck, Gerald believed his historical awareness made him a community expert. Other residents just called him a 'know-it-all'. But Gerald and I were a perfect match: marginal, Gerald finally found in me an interested ear for his social theories and insights, and I found in him a resident who was willing to pontificate on the social politics of the community. We also really liked one another and became close friends.

Gerald and I shared our lengthy talks in front of computer screens in the library downstairs, in the main Hollenbeck building that housed the administration and the assisted living residents. The computer lab, like all of the 'recreational areas' for residents, was underground and illuminated by flickering fluorescent lights overhead. Things in the lab, like

all of Hollenbeck's décor, felt antiquated: black and white photos from 19th century Hollenbeck life hung on the walls, clunky computers looked like early vestiges of the technological era, and old wooden chairs creaked and hummed when used. The newest world atlas in the library was from 1983, and the cassettes next to the radio included the works of Ella Fitzgerald, Hank Williams, and Billie Holliday.

Before we would meet in the computer lab, Gerald would go to breakfast and sit near the doors of the dining room to watch residents enter and exit. His strategic position allowed him to prompt residents with questions, to get updates, and to inquire about their day's schedule. This meant that Gerald would usually take the first chunk of our back-and-forth with a stream of briefs, reporting who had fallen ill, who had died in the nursing home, and what new residents had just moved in.

While Gerald and I chatted, Gerald scrolled through his Facebook. He did not have many family members left, only a brother who lived a state away and a spattering of nieces and nephews across the country, none of whom he knew very well. He was also always a bit lonely at Hollenbeck. Facebook was a place for him to create a new network for himself. There, he connected with past high school classmates, fellow members at his church, and long lost cousins, whom he enjoyed wishing happy birthday by Facebook post. During our chats, I would watch Gerald post 'Hello!' on his new friends' pages and send 'How are you?' to them through private messages. Gerald refreshed the Internet page constantly during our conversations, hoping his messages might receive a swift reply.

Though our banter had a relaxed and casual flow, one day Gerald wanted to share something significant. 'You've got some time?' he asked. He began by telling me, almost in a confessional tone, that he had been in and out of a mental institution throughout his time at Hollenbeck.

It all started, he said, when he realized he was going to outlive his original actuarial date of death. When Gerald entered Hollenbeck, they conducted what is commonly referred to in Continuing Care Retirement Communities as an 'actuarial', a mechanism that computes a resident's life expectancy and the various services their longevity will require (predicted use of the institution's resources) against their assets. This equation, required by law in California for the institution to perform in order to ensure financial solubility, calculates the risk Hollenbeck would inherit if they accepted Gerald into the community. Gerald desired a life-care contract, an option where he could hand over all his assets to Hollenbeck and, in turn, receive life-care. Though Hollenbeck calculated Gerald as controllably risky, and consequently promised him life-care, regardless of his legal contract Gerald's anxiety mounted as the years went on and his money declined. He formulated calculations in his head about how many more years he could live financially soluble, and as his heart kept beating and his account kept dwindling, he began to obsess over all the future possibilities he might not be able to control and to pay for. And while Hollenbeck all those years ago decided Gerald was a 'safe risk' to take for a life-care contract, their projection of his life expectancy and the rise in healthcare costs made him quite the opposite: he was now costing them money he did not contribute.

Gerald was sure Hollenbeck would try to abandon him. He was aware that institutions like Hollenbeck had gone bankrupt for enduring several false predicted cases like his. In all this anxiety, Gerald had visions of Hollenbeck loading him and all of his possessions in a car and dumping him on the side of the road, underneath one of Los Angeles' freeway bypasses where other homeless lived. He had, after all, seen several elders living in spaces like this already. What, he wondered, was going to stop him from suffering the same fate?

Gerald could not believe anyone would take care of him when the money finally ran out. After all, Gerald knew he wasn't fun to take care of. He was well aware of his tendency to get cranky and he knew his physical ailments were difficult to tend to. 'I'm not a good patient,' he said to me once.

Gerald also felt responsible for his own precarious condition. He lamented the fact that he failed to secure his future. He wondered why he didn't save more and he often chastised himself for not anticipating his current reality. 'I should have known this was going to happen,' he said. He questioned whether he should have bought that house thirty years ago, or if he should have worked longer. He wondered why anyone should 'shoulder the burden' for him since, he reasoned, he brought this on himself.

His dread for the future all got to be too much. So Gerald stopped eating. He even stopped talking for some weeks. He said he was trying to bring death closer.

As Gerald lost weight rapidly and eyes grew sunken, darkened from long stretches without sleep, Hollenbeck sent him to a mental institution. He stayed there for three months. He came back feeling better, but, two years later, when his savings finally hit zero, Gerald encountered all of his anxieties again. He was sent back to the mental institution again, this time for longer. Nurses told me that, though he eventually returned, he had not been the same since. 'Sometimes I wonder,' Gerald muttered one day in the late afternoon lull, 'why I'm even here.'

Gerald began his tenure at Hollenbeck hopeful about his future. Retirement communities in the United States began as places to reinvent old age, to turn the stage of post-work from dead time into an American's second life. Having lived alone for most of his life, Gerald knew that Hollenbeck was a chance to gain a network of friends to live alongside. He also

looked forward to participating in fellow activities with residents, like playing cards and reading a nice book on the sun-splashed patio. He was also sure that he had made the right investment, justified also by actuarial science that made it statistically sound. Because of its careful predictions and measured spending, Hollenbeck was one of the most secure Continuing Care Retirement Communities around and was deeply respected as a Los Angeles institution. By moving to Hollenbeck, Gerald felt not just hopeful but secure about his future, beginning a new life that would carry him with care until his death.

Over a twenty-five year period, however, Gerald's hope turned to dread. The retirement future that once seemed secure now felt deeply precarious. The first change was that Gerald had suffered a stroke five years after he moved into the retirement community, paralyzing the left side of his body for a year. Because of the paralysis, he depended first on a walker and then on a sturdy cane. Shortly afterwards, he was forced to insert a colostomy bag, transforming his body into a vessel that oozed. Gerald's blood thinners, to prevent another stroke, made his skin fragile and his blood seep fast when cut. Oddly, his legs began to swell, too, and he grew tired more frequently, preventing him from attending social events whenever he wanted. The aging body announced itself to Gerald, told him he was mortal and fragile and fleshy. Gerald began to qualify his days by whether his body was or was not 'cooperating'. He learned that bodies often evade control and do not always bend to discipline. He learned how much elder bodies needed help to get by.

The second change was that Gerald began to realize that the actuarial science that undergirded his contract at Hollenbeck was wildly wrong. The formula used to suggest that Gerald had enough money saved to pay for his predicted length of life had severely underestimated both the steep rise in medical costs as well as the quickly lengthening lifespans of the old in the United States after the late eighties. Gerald needed more medical

interventions and was living longer than anyone foretold. Each year Gerald aged, his bank account declined swiftly, speeding its way to zero. Problematically, his bodily decline was not in line with his fiscal decline: Gerald knew he would still be living and may even live years after he used all of his savings. Though he had a 'life care contract' with Hollenbeck that ensured his care no matter his fiscal situation, Gerald still worried that his lack of money would transform the care he received within the institution. He worried that money-less, he would become powerless, a mere burden on an institution that had grounds to resent their obligation to him.

The third change was that the national conversation on old age was shifting, and fast. Reoccurring headlines about life extending technologies, inspired by cases like Karen Ann Quinlan, made people fret about biomedicine's tendency to want more life without question of its quality. The institutionalization of life-prolonging procedures made death's ambiguity a widespread conundrum, but because of patient rights reforms it was a conundrum that each individual American would have to solve for themselves. Americans perceived death now as a choice – to resuscitate or not to resuscitate, to ventilate or not to ventilate. But end of life choices were mostly less dramatic than mere instantaneous interventions. Smaller and more everyday interventions were an issue, like deciding whether to continue with medications or undergo a preventative surgery. Life itself seemed a matter of choice, and new distinctions arose around the 'natural' death and a biomedical one. Elders and everyday Americans were hoping they would just slip away in their sleep ('natural' death; see: Aries 1974; Huntington and Metcalfe 1979), for fear that they would be forced into 'playing God' and acting as sovereign over their own destiny ('choice'). Though there were dreams of death simply happening to you, elders could not now conceivably renounce these new responsibilities. Good citizenship now demanded death consciousness, decision-making, and preparation.

National conversations also obsessed over the upcoming aging boom that would take place at the turn of the millennium, when baby boomers would hit retirement age. Debates about the fiscal solvency of social insurance, like Social Security and Medicare, were brought into question and the future of these resources hotly debated in the politic. In an economy of lack, elders were pitted against the young, envisaged as a 'selfish' generation eating the resources of the future. Such thinking transformed retirement from the promise of a second life into wasteful, exorbitant, and self-centered leisure. Positioned as the catalysts of a potential national bankruptcy and as the enemy of future generations to come, elder life turned into a national threat.

On one level, the concern seems particularly embroiled in the social, political, and technological moment: the economic downturn, new biomedical technologies, and rising costs of healthcare. On another level, the aging crisis calls into question some of the United States' deepest ideological commitments. Over the years, the United States invested itself in a progressive faith that each generation would be better off than the last. And the spawn of Social Security made Americans hopeful that each advancing year could also be a part of an upward movement. Partly, this was a modernist tale of linear progression, of social advancements making life easier, better, and more fulfilling. And partly, this was an Enlightenment faith of human capacity to transform its condition, the idea that human misfortunes could be solved through scientific calculation, social organization, and effort. But twenty-first century brought both of these faiths into excruciating doubt, and this was particularly evident in conversations about the old. New scientific technologies only complicated, and sometimes even worsened, elders' quality of life. Statistical predictions were not accurately foretelling elder futures, and were creating dire fiscal complications. Social organizations were not making it easier to handle human misfortunes, but seemed

only to intensify them. Every effort to manage and to control the ailing body seemed only to spin out its own new problems.

Gerald's suicidal intentions speak to a broader existential malaise that has plagued the nation, which is motivated by an undergirding fear that the future will not be as kind as had been hoped. It is important to note that it is not just elders themselves that feel a precarious future, but a nation that fears their own future aging experience. Frequently throughout my fieldwork, I heard middle-aged Americans imagine old age as a hellish nightmare. Many of them half-jokingly said they had made contracts with their children to kill them before they were wheelchair bound, diagnosed with dementia and forced to play bingo. It is why the growing support for the Death with Dignity Act, and its various iterations, cannot simply be explained by the patient rights movement and the fight for individual choice and control. Indeed, Gerald's and several other residents' suicidal intentions at Hollenbeck, and many middle aged persons desire to be killed before they grow old, point fundamentally to the societal valuation and worthiness of elder life. How is it that American elders understand themselves, and are understood, to be better off dead than alive?

Aging Crisis

Gerald is not alone in the dilemmas and uncertainties he is facing in his aging and dying trajectory. Indeed, his growing precarity, vulnerability, and insecurity have become common experiences for elders not simply in the United States, but worldwide. There is a growing sense that aging has irreducibly changed through modern medicalization and industrialization, and that societal configurations of age at national, familial and personal

levels are changing at too rapid of a rate for innovations to understand and to meet the new needs they inspire. This has developed what has been popularly coined the 'aging crisis'.

'Aging crisis' is a term frequently used in global and national discourses to describe the new realities caused by a growing older demographic (World Bank 1994; Ermisch 2008). The aging crisis is explained by the entanglement of lengthening lifespans for the old as well as declining fertility rates, both of which increase the median age of populations. The United Nations (2017) reports that the worldwide number of older persons – those 60 years and older –will steeply rise in the near future: 1.4 billion in 2030, 2.1 billion in 2050, and possibly 3.1 billion in 2100. There is an abiding sense that existing social structures are not prepared for this significant and rapid demographic change. The discourse on the aging crisis portends that this demographic change will threaten the solvency of national health care systems, undermine national economies through pension demands, and stress communal and familial structures because of growing and intensifying care needs (Harper 2006). But it is not just population aging that is perceived as fundamentally and irreducibly new; the condition of old age itself is said to be entering different, unknown horizons. Globally, though unequally, older people are living longer than ever before. The population of old-old persons, those 80 years and older, is expected to triple by 2050 with a projected population of 137 million, and by 2100 it is supposed to be seven times this at 3.1 billion.

While the aging crisis discourse is a global phenomenon, it emerges specifically in national contexts. In the United States, the aging crisis materializes as an acute concern as the 'baby boom' generation, born between 1946 and 1964, began reaching the national status of old age – those 65 years and older – in 2011. The population of older persons in the United States grew from 35 million in 2000 to 49.2 million in 2016, a shift between 12.4 to 15.2 percent of the population (US Census 2017). It is projected that this growth in the old

age demographic will only continue to rise rapidly. The aging boom is expected to double the percentage of older persons in the nation, from 43.1 million in 2012 to a projected 83.7 million in 2050. And lifespans are increasingly lengthening. In 1972, the life expectancy at age 65 was 15.2 years and increased to 19.1 years in 2010. In 1972, life expectancy at age 85 was 5.5 years and in 2010 was 6.5 years (Ortman, Velkoff & Hogan 2014).

The 'aging crisis' in the United States is perceived not simply in demographic terms, but also in personal and existential terms. It has challenged the ways in which older people think about the meaning of their existence, the way they relate socially (not only as citizens, but also as family members, friends and community members), and it has shifted the way they think about their bodily states. This reflects Vigh's (2008:13) sense that 'social crises lead to personal or existential ones.'

Anthropologists note that many of the imagined existential crises involve biomedical questions about whether to continue or to halt end of life care technologies (Kleinman 1995). Kaufman's excellent work …*And a Time to Die* (2005) investigates the rising clamor around the 'problem of death' in the United States since the 1980s. As an increasing number of Americans began to die in the hospital, she observed the rising tension between biomedicine's ethic to stave off death for as long as possible and a growing public desire for a 'dignified' or 'natural' death. Much of this tension orbited around the use of life-extending technologies, like mechanical ventilators and feeding tubes, which made death's timing and definition open to negotiation. Public discourse on the 'problem of death' often focused on how to discern end of life decisions, like when to continue or to halt medical intervention, and queried how to navigate these critical junctures with seemingly intractable dilemmas.

However, while biomedicine generated new end of life problems, it did not have its own internal principles to navigate them. As Weber (2009) observed, 'natural science gives

us an answer to the question of what we must do if we wish to master life technically. It leaves quite aside, or assumes for its purposes, whether we should and do wish to master life technically and whether it ultimately makes sense to do so.' And as there was a growing sense that biomedicine did not have the tools to guide the American public through this crisis well, there was also a parallel sentiment developing in the United States that doctors' technical power at these junctures could be dangerously coercive and paternalistic. The patient rights movement, pioneered through the prominent case of Karen Ann Quinlan, established that patient autonomy at the end of life was of the highest ethical importance, and institutionalized the practice of patient control and choice in end of life matters against what could be a hegemonic medical regime (Rothman 2017).

The organization of death in the United States is said to produce particular psychological effects. After Ernest Becker popularly coined the phrase the Western 'denial of death' in 1973, several studies sought to engage this sentiment in the United States. Kubler-Ross's (1970) *On Death and Dying*, perhaps the most infamous text on American deaths, explores the 'inner state' of the dying person in a segmented, modern, individualized nation and suggested that there were five stages of death in American hospitals: denial; anger; bargaining; depression; and acceptance. She argues that there were several cultural factors leading to these five emotional, psychological stages, including most significantly the 'Western fear' of death and the rising bureaucratization, life-sustaining logic, and technological obsession of American medical hospitals. Echoing Kubler-Ross's assertions, Palgi (1984:400) notes that Americans generally 'have a problem dealing with death,' citing diverse studies that suggest the same sentiment: that they avoid dying persons (Glaser 1968) and the bereaved (Gorer 1965); that they have 'a fear of the fear of death' (Kastenbaum 1976); that they have an 'uncertainty about an afterlife' (Huntington & Metcalf 1979); and

that they are reluctant to face 'the process of dying' (Glaser & Strauss 1965). Kubler-Ross (1970:402) along with many other authors (Aries 1974; Glaser & Strauss 1968; Sudnow 1967) argues that the American medicalization and hospitalization of dying has made death 'more gruesome in many ways, more lonely, mechanical, and dehumanized.'

Questioning Crisis

The meta-discourse of crisis is not neutral, but has deep moral and political connotations. As Henrik Vigh (2008:11) notes, determining what is or is not a crisis involves both quantitative and qualitative assessments: the quantitative deals with 'that which we do most and/or that which there is most of' and the qualitative concerns 'how things should be or how we would like them to be.' Therefore, crises denote not only a shift in normative patterns, but also qualitative judgments about whether or not such shifts are veering away dangerously from desired standards.

The discourse of crisis indicates a rupture, a turning point, and a critical juncture where decisions need to be made (Cooper 2011). The discourse of crisis is not simply a reflection of contemporary conditions, then, but shapes temporality itself. Crisis derives its root from Greek, where krisis meant 'decision', and in Late Middle English it connoted the turning point of a disease, a 'decisive point' (Oxford Dictionary 2018). Its foundation in medical language make it particularly conducive to the dilemmas with aging, since the aging crisis connotes not only the turning point of aging (which has, by biomedicine, been turned into 'disease' and pathology'), but also the difficult end of life care decisions it involves with life-extending technologies and quantity versus quality of life.

The timing of crisis is not without its own political connotations. Calling a problem a crisis creates a temporality that needs urgent attention, and this effectively mobilizes quickly-

generated resources and attention towards the issue. Interventions that are abrupt, positivistic, and have clear, methodical answers are favored over slower-grown insights that seek to challenge structural conditions over time (Ferguson 1999). Klein (2007) suggests that the language of crisis has historically been used in the United States to usher in capitalistic responses to social problems. 'Disaster capitalism', as she calls it, strikes when threats are urgent, by intimating that the market, opposed to the perceived slow-moving and clunky government bureaucracy, is the only solution fast enough to respond adequately and efficiently. Marketizing crisis, 'disaster capitalism' turns potential burden into opportunity, allowing entrepreneurs new investment opportunities, and in so doing undermines the efficacy of any collective, structural response.

Given the subjective, political nature of crises, it is not surprising that discourses on crises are often contested. This is true, as ever, with the aging crisis in the United States. Popular American economic thinkers paint the aging baby boom as a 'demographic tidal wave' (Krugman 1996) and a 'revolutionary class… threatening the investments that all societies need to make to have a successful future' (Thurow 1996). The aging crisis is not simply about demographic size, but also about the baby-boomer's lengthening lifespan. Elders in the United States live 9.2 years longer on average now than when the Medicare bill was passed in 1965, as new life-extending technologies have become increasingly standardized under Medicare and their significant expense is beginning to be considered not only normal but necessary treatment (Kaufman 2011). For these reasons, several politicians and economists have cried that entitlement programs will soon bottom out, and have proposed that these programs decrease their entitlements to avoid national debt.

Yet Baker and Weisbrot (1999:3) call the Social Security dilemma in the United States a 'phony crisis.' They show that the language of crisis is not based on demographic or fiscal

reality, but on 'political assaults' on the program. Investigating the economist Lester Thurow's claim that American elders were 'bringing down the social welfare state' and 'destroying government finances' and projecting that 'the current 15 percent Social Security tax rate would have to be boosted to 40 percent by 2029 to provide the benefits that have been promised,' they reveal instead that the current Social Security tax rate (12.4 percent instead of Thurow's stated 15) will allow the program to continue fully until 2034. Their predictions further suggest that Social Security benefits will only need to increase by 1 percent for each employer and employee to continue paying full benefits until 2074 (ibid.:3). The only reason, they argue, that Social Security will encounter a shortfall in 2034 is not because of the 'demographic time bomb' of the baby boom, but rather because of an actuarial issue of people living longer.

Further, Baker and Weisbort (1999:5) show that several reformers fall for the 'entitlements trick' that combine Social Security and Medicare together as having the same financial future, conflating Social Security's stable future with Medicare's fragile one, through a 'fantastic prism of demographic determinism.' While Medicare does face financial problems, it is not because of the demographic boom, but is due instead to the privatization of the system. They show how the number of seniors receiving their Medicare coverage through health maintenance organizations (HMOs) tripled between 1992 to 1998. On average, senior citizens cost Medicare $1,200 each, but these HMOs charge $6,000 fees. They also select the healthiest seniors and continually refuse to pay for more expensive treatments.

Crisis is a 'fuzzy concept held in suspension between ontology and epistemology,' since it drives home that 'we can only count what we know, and how do we know what to know?' (Cooper 2012:32). In the midst of contestations over its reality, crises often become

sites where research congregates and multiplies. Indeed, Corsin Jimenez (2011) suggests that during crisis, there is an acute effort to recover order through knowledge. 'Because trust and social crisis are presented as natural enemies,' he remarks, 'the former rushing out when the latter drawn in, social robustness has been equated to a kind of omniscience, the capacity to know everything, in particular future events.' He points to the rise of knowledge and risk management industries during points of crisis, and the swelling values of transparency and responsibility. During times of crisis, risk gets employed as a strategy to intervene in the present in order to circumvent future harm. Risk and crisis, therefore, are entangled ideas, and involve questions about danger, responsibility, and knowledge.

Symbolic Risk

Gerald's story is rife with feelings of hope, anxiety, dread and confusion. It is plagued by a general state of crisis, precarity and vulnerability. And it involves questions about the future, human control and social insurance. The themes in Gerald's story overlap with many of the topics that emerge in anthropological approaches to uncertainty, including 'insecurity, indeterminacy, risk, ambiguity, ambivalence, obscurity, opaqueness, invisibility, mystery, confusion, doubtfulness, scepticism, chance, possibility, subjunctivity, and hope' (Cooper and Pratten 2015:1). In particular, his concerns reflect a contemporary American approach to navigating uncertainty: risk.

Classically represented by Beck (1992) and Giddens (1991), risk has long been understood as a characteristic feature of modernity. Risk and modernity share common meta-narratives: rationalization and disenchantment (Weber 2009, Durkheim 1933); ruptures and discontinuities (Harvey 1989); dialectics of both 'creative opportunities' and 'threat and

danger' (Geschiere and Meyer 1988:606), and a sense of 'novelty and crisis' (Englund and Leach 2000).

Becks (1992) and Giddens (1991) argue that a risk society is characterized by several factors: an eroding faith in science; a turn towards self-responsibilizing individuals for social problems; a future determined present instead of a past determined one; and a morality defined by individual disciplinary regimes (Caplan 2000:6-7). Deflating the faith in modern progress to solve problems, and instead ushering in its own seemingly intractable dilemmas, a 'risk society' leaves individuals both with a clearer sense of what might plague them and with the added responsibility to do something about it, and yet it also strands them with confusion about how, exactly, to mitigate the potential harm. Giddens (1991) notes this new consciousness breeds increased existential anxiety and doubt.

Yet anthropologists have long challenged modernity's ability to induce universalizing affects and dispositions, like risk thinking, suggesting its narrative of progress wrongly reduces history to chronology (Osborne 1992), its perceived homogeneous impacts hides the uneven effects of capitalism, nationalism, colonialism, and globalization (Eisenstadt 2000), and its conceptualization as generating distinct phenomena, including characteristic institutions and practices, overshadows the extent to which local ontologies both embed social forces into preexisting formations and articulate them anew (Wittrock 2000; Chatterjee 1997). Beck and Giddens suggest there is a climate of uncertainty because of modern forces, but this abstraction prevents investigation into what it is precisely about contemporary social forces that make life uniquely uncertain in specific times and places, and how such uncertainty is locally handled and made meaningful (Cooper and Pratten 2015). Problematically, too, Beck and Giddens' sense that risk is a society-wide condition makes its presence a socio-temporal fact. Such social determination makes it difficult to see how

individuals make meaning of uncertainty and time based on other social lenses (Whyte 1997; Jenkins, Jessen, and Steffen 2005).

In this dissertation, therefore, I rely on Mary Douglas's argument that risk is socially and culturally constructed. Douglas and Wildavsky (1982:1) do not believe risk emerges universally since 'substantial disagreement remains over what is risky, how risky it is, and what to do about it.' By suggesting that risk depends upon cultural perception, Douglas invites us to consider why Americans may perceive old age to be particularly risky compared to other social harms. This dissertation contends that Americans understand old age as a symbolic risk in four ways: first, elders trouble modern progress; second, they sit outside capitalist realms of productivity; third, they challenge norms of bodily control; and fourth, they upset biomedical and Enlightenment faiths of reason overcoming natural disorder.

There has been a significant trend in anthropology to conceptualize old age as a roadblock to modern progress. Historically, anthropologists have suggested that the significance and power of old age declines as societies grow more complex and change rapidly (in effect, when societies 'modernize'). Simmons (1960) notes that the old collate power in stable societies where they are bearers of cultural knowledge, and lose their position of authority when 'old' knowledge is outpaced by new demands and conditions. In old, stable societies elders are greedy with their knowledge and do not share it with the young, and this has generated what anthropologists call 'age conflicts' where the old suppress the power of the young and command power. But in modern societies elders cannot adapt as quickly as the young do – it is suggested that the structures of their minds are built by past conditions than current ones – and are therefore perceived as stubborn, unchanging, and in the way. As modern progress requires a break from the past and focuses solely on present conditions, elder wisdom is not only redundant, but also

dangerous, since it could potentially 'hold back' change in order to maintain the 'status quo' (Clark 1967). In modernity, elders are understood outside the modern project altogether: nostalgic and wayward, attempting to hold onto a life that 'no longer is', a mere relic of the past in a present that has no use for it. Elders are positioned as contra to, and outside of, modern change (Myherhoff 1992:113).

Unable to change or remain relevant, elders pose a threat, too, to American commitments to capitalism, and struggle to find value in societies that place an economic and moral emphasis on work. As Myerhoff (1992:126) notes, '[e]nhancing the meaning of leisure in an acquisitive society' is a significant problem, and there is great need to rethink how time outside work might be considered something other than simply selfish and a drain on national resources. Whether this is possible in a Calvinistic United States is doubted, as time is often a resource to convert into power, growth and money. In Weber's *The Protestant Ethic and The Spirit of Capitalism* (2013), he argues that time under modern capitalism was best spent through rigid discipline and productive labor. Quoting the American colonist Benjamin Franklin's view that 'time is money,' Weber shows how an American 'commodification of time' (see also Giddens 1981) demands that individuals control timing in the name of 'efficiency and convenience.' The American pursuit to convert time into productive, meaningful labor leads to daily schedules rife with calculation and intention. In *Busier Than Ever*, Darrah, Freeman and English-Lueck (2007) note that busyness, as a temporal experience, is an American good, revealing an individual's commitment and engrossment in purposeful activity. Since time in the West flows linearly, having a beginning, middle, and end, and is an objective measure, it can be 'added, subtracted, divided, multiplied, gained, lost, saved, earned, squandered, garnered, and allocated' (Myherhoff

1992:113). Given that Western individuals experience their own individual time as finite, 'then the close of life is an irredeemable tragedy, an irreversible loss' (ibid.:113).

Aging also poses particular existential problems for Western assumptions that bodies can be controlled. The United States, Kleinman (2006:7) notes, 'is founded on a myth of self-control (Jefferson's perfectibility of man), mastery of the environment (taming the frontier)… and denial of human limits, including the ultimate one, death itself.' Conklin and Morgan (1996:664) note that the United States's individualist notions of personhood 'prize egocentrism, self-containment, self-reliance, and social autonomy,' and value 'privacy, personal freedom, independence, and economic self-interest.' Ideal notions of personhood impact views on ideal bodies in the West as well. North Americans view bodies as naturally separate from other bodies, bounded by skin, and ideal when able to control itself and maintain its distinct, private, and separate existence (Martin 1994). Personal competency is largely tied in North America to one's ability to control both what goes in and out of the body and what the body can do. Clarke et al. (2003:182) argues that death's handling is both a product of biomedicine's presumption that it can transform and control the inner nature of biological processes through bodily regimes and medical intervention as well as modernity's presumption that time itself can be structured and altered according to the self's project. These ideas, she contests, have largely been facilitated by technological innovations that have made death an event organized by individual will, through pacemakers, ventilators and the like. However, elders' aging and dying make it difficult, if not impossible, to control their bodies, and their nearness towards death, and their eventual deaths, undermine the myth of self-containment and induce existential angst (Shildrick 1997).

And yet, Martin (1994) notes that scientific metaphors that positioned the body as an impermeable entity, closed off from a threatening outside environment, have now given way

to models of the body as deeply permeated by matter external to it. This reflects a new hope that bodies can be newly optimized through biomedical techniques (Rose 2007), but it also reflects a rising fear that bodies can be particularly susceptible to, and even sources of, contagion. Euro-Americans experience their bodies not only as at risk of external dangers, but potential sources of risk in and of themselves. Twigg (2000) notes that that care work for the elderly is often considered 'dirty work', for the polluting activities it involves like bathing and toileting. For all the contaminating fluids this work involves, caregiving is low status and often executed by transnational, female labor (Glenn 2010).

Medical literature shows how biomedicine perceives death as a 'risk', 'problem' and as a 'failure' (Cassell 1991; Kaufman 2005). Biomedical institutions, and their practitioners, therefore attempt to stave-off death and treat it as an illness (Foner 1994; Kaufman 2005). Disentangling pathology from normal decline in old age is difficult in biomedicine (Kaufman 2005). There is a skepticism of 'authorities', where doctors are being questioned about their capacity to govern over lives, and a deeper push to put the power back in individual's hands. While old age was often associated with loss and tragedy (Myerhoff 1992), Lamb (2014) notes that old age has been transformed by the hope and optimism of biomedical modes of optimization. 'Successful aging' is indeed a 'contemporary obsession' (Lamb 2014). With new technologies, elders are now encouraged to transform their conditions through exercise, hobbies, and medical therapies. However, none of these practices have yet to stave off death completely, and though there are still research attempts to 'halt' aging and to prevent death altogether, biomedicine has yet to fully transform the mortal, human condition.

Disciplinary Risk

Douglas's (1992) focus on risk included not simply how cultural perception socially selects danger, but also how social organizations respond to that danger. A risk logic is a particular rational, pragmatic, modern mentality that establishes mechanisms, like probability and decision-making, to determine how to act amidst an uncertain, open future (Luhmann 1993). It presupposes that humans are not passive subjects to fate, but have agency that can bend futures by will. Risk thinking emerges out of the rationalization and disenchantment of the Enlightenment, modern faith that 'one can, in principle, master all things by calculation' (Weber 2013:139). A modern risk mentality presupposes that knowledge allows agents to choose better and to transform the future, and it mines the past to discern relations of causality in order to establish methods for intervention (Cohn 2000). While 'rational' conduct is often opposed to magical thinking, the distinction between rational risk and irrational magic is not so clear. The West often operates by the implicit faith that things can be deduced, made clear, and can operate according to logical order even when there are accounts that suggest otherwise, and this kind of belief that their 'objective' models speak to the world coherently proves a kind of commitment to causality – especially scientific causality – is questionable at best (Douglas 1992).

Risk thinking is a 'colonization of the future' (Beck 1992:109-12), and tools like statistical assessments and the generation of probabilities act as calculative guides on how best to navigate the future. At the global, national, and institutional level, risk awareness is integrated into good governance, because it seeks to promise institutional conservation amidst uncertain change (Shaw 2009:6-7). A risk logic, as a disciplinary tool in a biopolitics, works under the progressivist assumption that with more precise insight, through public

health measures and biomedicine, life itself can be more effectively controlled to human ends (Foucault 1977).

Importantly, Douglas (1992) suggests that the power of risk language in a modern United States stems from its capacity to serve as a 'neutral' moral pillar in its secularizing democracy. 'The idea of risk could have been custom-made. Its universalizing terminology, its abstractness, its power of condensation, its scientificity, its connection with objective analysis, make it perfect' (ibid.:15). A risk logic, then, can be described as an ethic of care, as a common language through which an increasingly modern, global community can interact on parallel moral terms. 'To be at risk', Douglas and Wildavsky (1982:28) write, 'is equivalent to being sinned against… The neutral vocabulary of risk is all we have for making a bridge between the known facts of existence and the construction of a moral community.' Risk thinking, then, is both moral and political and, despite its moral ambiguity, it penalizes those that are risky or enact risky behavior (Shaw 2009:2).

A risk logic has been theorized not simply as a modern condition or a symbolic meaning, then, but as a specific, historical mode of governance, reflecting contemporary political and economic thought and conditions. For this reason, Caplan (2000) calls risk 'disciplinary'. Foucault (2003:244) notes that ageing individuals inspire intense biopolitical attention because they 'fall out of the field of capacity, of activity.' Because of 'the random element' often involved in their aging trajectories, like accidents, elders become critical sites of risk management and security discourses (ibid.:246-8). While Douglas notes that to mitigate risk, or to transform one's own potential risk, is a moral act, Rose (2007) shows how this morality is deeply tied to the new responsibilities of a neoliberal biopolitic. Ushering Foucault's concept of the biopolitic into a twenty-first-century political economy, Rose (2007:4) suggests that risk thinking emerges out of a new biopolitical entanglement between

marketization, autonomization, and responsibilization. With the rise of new technologies and with a turn towards what Rose calls 'advanced liberal democracies', there is an increased emphasis 'on the responsibility of individuals to manage their own affairs, to secure their own security with a prudential eye on the future.' Managing risk is not simply an ethical good for people to achieve, but a market imperative, and self-responsibility becomes the measure of a good or bad citizen.

In the midst of the aging crisis, the United States has sought to responsibilize elders for their own aging and dying futures. In order to avert what they think will be a national collapse of resources by the aging boom, they have asked aging individuals to manage their financial and medical futures, shifting financial risk from the welfare state to individuals and shifting medical decision-making from care teams to individuals.

Global and National Risk Shift

The rise of welfare states attempted to provide an insurance platform that would pool risk across national terrains, in order to lessen the blows of unequal misfortunes on individuals. The spawn of some welfare states, including in the United States, were inspired to resolve the increasingly dire needs of elders – most acutely elder poverty – and their articulation began from the vantage that the misfortunes of old age were to be socially account for, as a form of generational reciprocity. Yet, the rise of neoliberalism globally challenged this view of collective insurance, suggesting that states were not strong enough to inherit the needs and misfortunes of all its citizens, especially the rising tides of its elders.

Orenstein (2008) shows how the global aging crisis has been centrally preoccupied with the sustainability of welfare schemes, in the midst of a growing aging population that bloats the population of dependents relative to productive citizens. He explains how this

new demographic crisis reached a high-pitch clamor during the time when international economic consultants, like the IMF and the World Bank, were urging Latin American countries to restructure their economy and entitlements, shifting state-sponsored pension schemes towards individualized pension plans. These global consultants, adopting an ideology that market based solutions were better means in which to manage the aging population, stipulated that countries re-organize pension schemes in order to receive development funds. Orenstein (2008) shows how global entities – like the IMF, World Bank, and U.S.A.I.D. – have constructed the aging demographic as an insolvable burden on welfare states and advised nations to employ market solutions for elder care, by tying development funding to welfare reform and by dispersing their ideologies through international conferences and reports. He explicates how a neoliberal mentality explains global techniques that have both created and attempted to manage the global aging 'crisis.'

In the United States in particular, Hacker, in *The Great Risk Shift* (2006), shows how neoliberalism has significantly changed the course of retirement pensions since the 1980s, as the risk that, once pooled through social insurance institutions, is now figured squarely on individuals' shoulders. Retirement security for Americans was once facilitated by defined-benefit plans, where corporations contribute financial commitments to a worker's retirement on the worker's behalf. These plans, regulated by the Employee Retirement Income Security Act which passed in 1974, ensures that workers receive all their earned benefits and provides secure income guarantees to its recipients. In 1981, however, the Reagan administration ushered in the first 401(k) retirement plans. These plans require employees to contribute money for retirement on their own choosing. The 401(k) account, instead of under the company's name, is under an individual's name and control. The individual, therefore, becomes personally responsible for planning for their future, but also inherits the risk that

such planning entails. Hacker notes that in 1983, 6.6 percent of families had their private pension wealth in defined-contribution plans, like a 401(k) and in 1998 more than half did. And this private responsibility is precarious: individuals recognize that the investment of 401(k)s in stocks often produces a higher return, but there are few people who know how to invest in the market effectively. When they don't, there are no regulations in place to protect them from the potential economic loss. It also means that individuals' future retirement realities depend upon the strength of the market.

Advanced Health Care Directives: Patient Control and Self-Responsibility

There has been an increasing concern around the high cost of healthcare in the United States (Turnbull et. al. 1979; Scitovsky 2005; Coppa 1996), and critical attention has been geared towards the rising resources expended for end of life care during the person's last six months of life (Reschovsky et. al. 2011; Riley & Lubitz 2010; Hogan et. al. 2001). These studies lament the expenditure of such significant resources at the end of life, because it is understood that these medical interventions are rarely intentional attempts to enhance quality of life but are instead thoughtless, routine decisions made to attempt futilely to stave off death. While several studies disprove the popular sense that the healthcare crisis is caused by mismanaged deaths alone (Aldridge & Kelley 2015), and suggest they are also caused by chronic illnesses, a common discourse still looms in the United States that the cultural 'denial of death' (Becker 1975) and the biomedical aggressiveness to stave off death at any cost (Kaufman 2005) may soon cause the healthcare system to collapse. In response, there have been systematic attempts for individuals to think 'consciously' about their deaths – what has been called the 'death consciousness' movement – to get individuals to infuse intention into the last months that for so long have been personally and institutionally avoided.

Advanced Health Care Directives (AHCDs) are medical-legal forms that allow an individual to specify how they would like to die. While these forms differ state by state, and even have religious and non-profit organizations creating their own, the template typically involves two main criteria for the individual to detail: first, naming an agent to carry out end of life wishes in case the individual in question is incapacitated; and second, identifying what kinds of medical interventions they do or do not want at the end of life (e.g., Do Not Resuscitate orders, no ventilators, no feeding tubes, etc.). These forms emerged out of the patient rights lineage, and sought to counter doctor's paternalism and encourage patient control in medical decision-making (Rothman 1991).

Drought and Koenig (2002:115) suggest that patient choice at the end of life rests on three fundamental beliefs: first, that death's timing can be predicted; second, that choice can meaningfully impact ends of life, uninhibited by resource access or physical condition; and third, that individuals can contemplate their mortality in a 'rational' and 'engaged' manner. Nevertheless, this new responsibility to take care of our health has endowed the American public with a new faith that this kind of advanced planning will help avert crises, even though there have been several studies done that have showed that Advanced Health Care Directives seldom meaningfully direct care, enact patient 'choice', or save resources (Emanuel 1996; Emanuel & Emanuel 1994; Teno, Lynn, Connors, et al., 1997; Teno, Lynn, Wenger, et al., 1997; Drought & Koenig 2002).

Several anthropologists have long been critical about the extent to which patient autonomy actually exists (Drought & Koenig 2002). Kaufman (2005:26) suggests that the patient control movement in the United States that has sought to reform death experiences largely focuses on individual initiatives. Most of the efforts of the patient control movement target their efforts for reform at individual interventions, instead of systematic and

institutional processes. These efforts for reform are largely pursued, she notes, by 'an educated, informed middle class,' who have the capital not only to plan in advance, but also to interrogate with confidence an authoritative biomedical hierarchy. Current estimates suggest that a third of Americans have AHCDs, and most studies agree that those who do fill out these forms have more education, higher incomes, and tend to be White (Lorenz et al., 2005; Wenger et al., 2000; Rao et. al. 2014).

While many critiques of choice in biomedicine question whether 'choice' fits into questions of mortal futures, what few of these critiques fail to see is how this move towards choice in biomedicine is also fundamentally a product of the neoliberal privatization of care in the United States. During my fieldwork, I noticed how Advanced Health Care Directives were being connected to other forms of advanced planning, especially evident in the discourses around financial preparation for retirement and funerals. The link was rather explicit. During my fieldwork, I encountered the common practice of accountants and funeral directors to include Advanced Health Care Directives in their 'advanced planning kits' to ensure that their customers were thinking holistically about their aging and dying futures. While much of the literature on choice in death is narrowed into a hospitalized framework, a broader view illustrates that advanced planning is not simply a burgeoning right for dying patients, but is in fact a burgeoning responsibility for citizens that has political and economic roots and moral implications.

Patient control is an odd mix between right and imperative. Building on Foucault's (1991) concept of the 'technology of the self' – the various ways individuals internalize and act on their new responsibilities to take control of their health and their bodies, as moral imperatives set out by the state – Rose (2007:23) suggests that patients have become '"activated" by the new cultures of active citizenship' and have become 'consumers actively

choosing' medicine 'in order to maximize and enhance their own vitality.' Medical decision-making and patient 'control' is understood by medical anthropologists, then, as an entanglement between agency on the one hand and structural power and institutional control on the other.

However, in a neoliberal United States, it is increasingly becoming a moral imperative to take responsibility for your own health. Indeed, for American elders, to shirk one's responsibility to plan for their aging and dying futures is not only to put oneself at risk, but also to put the wider national whole's financial and social solvency at risk. And, as Douglas (1982) notes, to not avert one's own riskiness, to be risky in the social politic, is akin to modern sin and flies in the face of the neutral ethics of modern life. The moral impetus behind 'control' is not simply about an American cultural value of individualism or independence, then, but is a political economic imperative mobilized through the use of promised control and shame. While Advanced Health Care Directives are often explained as technologies that allow individuals to 'gain control' over their futures, these forms are not simply choices Americans are free to use, but are instead better understood as choices they are forced to take on, since people are moralized if they don't do so. In matters of aging and dying in the United States, therefore, it is difficult to disentangle patient autonomy and self-responsibility. This dissertation joins a long line of academics who argue that the values of liberal democracies are susceptible to and often encourage the project of neoliberalism.

Neoliberalism

As is evident in the previous sections, this dissertation employs the concept of 'neoliberalism,' and uses it to speak to several concurrent processes at once, like: economic restructuring globally, in the United States, and in Los Angeles; the emergence of a political-

economic form of governance that treats citizens like consumers, self-responsibilizes subjectivities, and privatizes public goods (Comaroff and Comaroff 2000; Ferguson 1999; Rose 2007); the experience of failed expectations of modern progress and the increasing reality of social abjection in the American politic (Ferguson 1999:236); and the 'harsh and brutal' landscape resulting from the gaping inequalities of capitalism (Ortner 2016:49). Many of neoliberalism's categorical themes helpfully articulate the variety of ways in which the aging crisis is managed, produced, and experienced, and how it newly impacts American subjects.

Some anthropologists have contested the vague use of the neoliberal concept and its tendency to erase ethnographic specificity. Brenner, Peck and Theodore (2010:183) argue that "'neoliberalism" has become something of a rascal concept – promiscuously pervasive, yet inconsistently defined, empirically imprecise and frequently contested.' Schwegler (2009) suggests that neoliberalism is often used to discuss the global political economy at a generalized scale, without understanding its specificities. Ong (2006:12) notes that neoliberalism is often pictured as a 'tidal wave' emanating from the West to the rest. These homogenizing glosses of the concept are perceived to threaten the anthropological project of 'inductive orientation' (Ganti 2014:100) and the importance of local particularities (Ong and Collier 2005).

'Although broad,' Ganti (2014:100) notes, 'encompassing analytical frameworks such as neoliberalism can enable the project of comparison and make it easier to demonstrate the relevance of our particular research outcomes.' Indeed, Needham (1975) suggests that categories are like polythetic sets, gathering a diverse amount of phenomena that can helpfully articulate possible associations, while also not determining them. I use the category of neoliberalism as a polythetic set, and not a determinative orientation. Indeed, this

dissertation argues and shows that neoliberalism is both uneven and indeterminate in its flows.

In order to prevent the concept from homogenizing local differences, this dissertation accounts for what Brenner and Theodore (2002) describe as 'actually existing neoliberalism,' showing how neoliberalism's specific flows reveal themselves in the everyday experiences of elders' everyday lives at Hollenbeck and across the Los Angeles terrain. Anthropologists have long understood that economic processes are shaped by cultural values, and that economic processes are always embedded in particular social formations (Sahlins 1972; Chibnik 2011). This thesis shows how neoliberalism shows up differently across national landscapes, through medical institutions, and in relation to old age. It engages the concept not as an abstracted gloss, but as an idea to test: where does past scholarship of neoliberalism illuminate features of Hollenbeck lives, and how do Hollenbeck lives show how neoliberalism has not been as even or devastating in its reach as many might imply?

Generating, instead of Averting, Uncertainty

Just as this dissertation examines the effectiveness of the concept of neoliberalism, so too does it investigate the extent to which a logic of risk is as pervasive and total as it is made to seem. While risk thinking is imagined as a tool that tames uncertainty, does it deliver on its promises? Recent literature on American aging and dying experiences shows that as much as medicine promises to control problems, it also produces anxiety in its attempts and inabilities to do so fully (Fox 1980). Risk thinking therefore generates uncertainty, instead of taming it. It is no mistake that risk strategies to control uncertainty can actually increase anxiety around the unknown, not only by heightening conscious of the unwieldy (Lupton 1999), but also by setting expectations for control that are made impossible by life's

intractable changes and impediments (Whyte 1997). A risk logic's orientation towards the future also establishes a particular 'subjunctive mood,' where people dwell on the uncertain and the yet to happen (Wagner-Pacifici 2000), and this mood involves experiences of 'doubt, hope, will, and potential' (Whyte 2005:250-1) as well as fear and anxiety (Hofstede 2001:148).

While risk thinking presupposes that everything can become knowable and that its methods and tools will discern the world's order through revelation, Jenkings, Jessen and Steffen (2005:28) identify that 'medical rationalization and disenchantment are not only uneven – at best – but that the progress of science inevitably produces its own uncertainties, and, indeed, its own new mysteries.' This builds on Dewey's (1960) sense that uncertainty is a central feature to practice and, thus, life itself. But Jenkings, Jessen and Steffen (2005:28) go further to postulate that humans generate uncertainty as much as they attempt to kill it off, and that this desire to continue to make the world mysterious and enchanting is itself a signal that uncertainty may be central to meaning-making, to the mattering of life and death, and to living in the world where actions, creation, and wonderment decenter the possibility of a fully known humanity.

However, uncertainty is not simply an existential state of being, or is a phenomena that is culturally handled. It is also a material condition, and includes insecurity, fragility, and precarity. Paul Farmer (1999) suggests that conversations about 'cultural difference' in approaches to illness, death, and suffering do not address, and can often hide, the structural inequalities of health systems, where access to and experience of health is largely shaped by political economic factors. As Whyte (2005:263) says, 'the pressing concerns of most people are not problems of interpretation or existential issues of ontological uncertainty. They are worries about the money and supportive relationships that can give them steerage in getting through the uncertain passages of suffering.' The United States's attempt to control death

through a risk logic is a cultural logic that has intensely impacted the material conditions of older persons, and have induced material uncertainty in their lives instead of alleviated it.

There is a real risk of outliving one's retirement savings in a 401(k), unlike in a defined-contribution plan that promises a lifetime guaranteed income. Often people cannot anticipate the kinds of resources they will need in the future, nor the kinds of misfortunes that will come their way. Further still, several employees barely make enough money to get by each day, making retirement savings become a kind of luxury they cannot afford. The reality is dire: Hacker (2006:128) notes that 'among Americans aged sixty-four to seventy-four in 2005 (that is, those born between 1931 and 1941), nearly a third lost 50 percent or more of their financial wealth between 1992 and 2002 – a rate of wealth depletion that will soon leave them confronting a complete exhaustion of their assets, a much-reduced standard of living, or both. The rate of wealth depletion was even higher among those who reported they were in poor health.' But when elders meet such difficulties, their misfortune is perceived to be nobody's fault but their own.

This volatility shows up in several ways in American elders' lives. According to OECD measurements, about 20 percent of American elders between 66 and 75 years old are in poverty, increasing to 27.4 percent for elders above 75. As McCarthy (2017:13) notes, American elder poverty is much higher than other rich countries. The United Kingdom, in comparison, has only 11.7 percent of their elders between 66 and 75 years old living in poverty; the OECD average is 11.7 percent. McCarthy (2017:13) also notes that Americans, given the financial volatility, are becoming increasingly more worried and ill-prepared for their aging and dying futures. He cites a 2008 survey (Munnell 2009:12) that shows that 18 percent of respondents indicated they were confident their retirement funds were sufficient, 28 percent had no funds saved, and 53 percent were unaware of what sufficient retirement

savings meant. The Employee Benefit Research Institute examines how the debt of American families headed by individuals aged 55 or older has steadily increased throughout the years: in 2013, 65.4 percent had some level of debt, an increase of over ten percentage points from the 1992 level of 53.8 percent. Aging and dying, therefore, is not merely a reflection of the social inequality inherent in the social order, but is an intensification of it. Aging and dying often beget and are products of unpredictable misfortunes and in an economically volatile era, such misfortunes can and often do breed chaos for the financially precarious.

Should uncertainty be a concept that is understood as a universal experience of existential unwieldiness, or should it speak to the uneven ways in which the political economy destabilizes lives and makes them more precarious than others (Mackenzie 2014)? This question resonates with long-held debates about risk, and the question as to whether it is a subjective or objective reality. Sociological theories like Beck's (1992) and Giddens' (1991) suggest risk thinking is a real product of modern times, where cultural theories like Douglas' (1982; 1992) seek to show how ideas about risk are constructed through perception (Caplan 2000:12). In both instances, epistemological questions loom around these claims: sociologists were critiqued that the 'real' they were describing was not a reflection of local practice, but a conclusion drawn from their abstracted theories of modernity (Osborne 1992; Eisenstadt 2000; Wittrock 2000); culturalists were critiqued that their focus on the cultural perception allowed dangers, like environmental catastrophe, to be a matter of social interpretation (Kaprow 1985; Fardon 1999). Boholm (2015) instead suggests that the dichotomy drawn between the 'real' and the 'constructed' is a false one. Building on a long anthropological tradition to subvert the divide between the given and the made and the

natural and the nurtured, she suggests instead that risk thinking is both 'factual and normative.'

This dissertation suggests that older people's enhanced physical and existential uncertainty – being closer to death, living in more fragile bodies – interacts with their economic precarity, and that elders' economic precarity intensifies their experience of existential and physical uncertainty. In other words, this thesis proposes a dialectical production wherein the existential and cultural shapes the material, and that the material shapes the existential and cultural.

In a risk society that treats lack of control as sin (Douglas 1992), unwieldy elders, unable to control their bodies, get moralized and materially persecuted for their inability to plan. This generates a vicious cycle, where elders' uncertain lives force them into uncertain conditions, and their uncertain conditions further marginalize them, inducing them into greater insecurity. This connects to scholars' sense that a neoliberal biopolitics attempts to make individuals fit into productive and efficient economic and bodily states, and when unable to do so, segregates or marginalizes them so as to protect the 'safety' and 'health' of the society (Rose 2007). Neoliberalism therefore treats unproductive, interdependent people, like elders, as 'redundant,' 'useless,' and 'unnecessary' (Lemke 2011:61), and its practices of exclusion do not simply produce social deaths, but 'ravage a person's mind and body' (Biehl 2013:38).

When ethical citizenship is connected to the capacity to control one's own future, and when uncertainty breeds harsh penalties, fear looms about old age, which is physically endemically unwieldy, and has been made ever more so by the United States's neoliberal policies. Genuine questions arise around the point of old age and few have good ideas about

how to answer this question personally or socially. New social conditions have fundamentally questioned the worth and valuation of elder life writ large.

Living Alongside Uncertainty: Tenacious Care in Extraordinary Times

It would be tempting to depict Hollenbeck elders' experience of aging and dying solely as a time of crisis. Indeed, there is worth in underlining the growing insecurities of old age and of highlighting the political and social conditions that continue to penalize fragility and to intensify anxieties in late life. Such a targeted view forces viewers to contend with the intensity of the issues of the aging and dying in a world where the multiplicity of struggles can easily distract and overwhelm. And, with greater visibility and concentration, there is hope that concentrated change might follow.

I began this introduction with a brief view of Gerald's intimate life at Hollenbeck. I showed how Gerald's anxiety about his aging future subsumed him in dread to such an extent that he could barely see out of his predicament, other than to kill himself. I did this to illuminate how risk thinking generates uncertain and anxious lives in a neoliberal United States, but in attempting to drive a theoretical point home, I eclipsed much of Gerald's historiography from view.

A more complete narrative would require me to address how Gerald experienced his anxieties in a community of social relations. Each time Gerald came back from the mental institution, nurses attempted to fold him back into the community. They told him he mattered to them. Residents visited him often, and would bring him the community news and gossip on which he used to thrive. Activity Directors knocked on his door each to encourage him to participate in communal events, and were frequently successful in

corralling him to bingo and to movie nights. Administrators came by to profess their commitment to him, telling him that he was a fixture to the community and that they would take care of him for the rest of his life. The first narrative showed Gerald isolated and alone, but my ethnographic experience of Gerald was that he was embedded in social relations that continued to show up for him, even when he felt they were doing so insignificantly.

While Gerald's life did involve moments of rupture and crisis, as the previous narrative entails, so much of Gerald's life was spent in ordinary, and not extraordinary time. Following Gerald in his everyday, ordinary practice helps to show that the despair I envisaged him flanked in was not a constant state of worry, but emerged occasionally. For most of the time I knew him, Gerald got on with things with ease and some might say comfort. This dissertation seeks to understand why the ordinary time in Gerald's narrative matters. What does his experience of friendship have to tell us about broader questions about how best to structure care? What does his love of bingo contribute to our sense of what it means to spend time well as an older person? And how does his experience riding the Hollenbeck bus contribute to our notions of what it means to experience freedom?

Biehl (2013) focuses on the idea of recognition as a means not only of governance and care that creates and sustains life, but also as a political project, vis-à-vis ethnographic attention, that can recover subversive life forms not normatively considered as life at all. In this way, this dissertation seeks not only to write about the care strategies employed at Hollenbeck, but to serve as a source of care in its writing. Since 'cultural fictions are based on systematic, and contestable, exclusions' (Clifford & Marcus 1986:6), I seek to include aspects of elder life that often go unnoticed or have been made to be unintelligible. This thesis, therefore, attempts to see life where others cannot, and not only diagnoses the

collective blindness that prevents such acknowledgment, but also challenges the politics which attempts to erase its very existence at all.

Telling a Different Story

In an exploration of fiction writers who have attempted to write old age, Dovey (2015) suggests that, often, old age in literature is dwindled down into the stereotypic caricatures of the life stage, often reducing the life stage into a struggle with decline, depression and loss. She notes that so much writing focuses on the perils of old age because much of it has not been written by older people themselves; highlighting the difficulties of the life period seems to render older people into passive subjects at the will of mortal bodies and forces beyond their control. Bailey (2011), writing about life at an old age institution, intentionally wrote the elder protagonist as an unlikeable, repulsive character to provoke the image of elders as 'put-upon plaster saints.' 'More sentimental rubbish has been written about the "plight of the elderly",' he wrote, 'than I can bear to contemplate.'

I am mindful of this trend to sentimentalize the plight of the elderly. I am also aware that there has been a concerted effort within gerontology to counteract the dismal picture of old age which sees this part of the life course not a period of decline, loneliness, and depression, but one of renewal, new connections, and liberation from prior social constraints and responsibilities. This movement has been described as the 'successful aging' discourse (Lamb 2014). However, by isolating the virtues of old age from its other realities, this positive messaging over-corrected: it still painted old age as a mythic experience, reducing the complexity of the lived lives of elders for an ideological stance. There was the added dilemma that many of the positive aging messages were co-opted by corporations seeking to transform aging into a lifestyle, suggesting that the dilemmas of old age could be averted,

and transformed, through the market, reflecting the sense that capitalism is 'messianic' and 'salvific' and has 'magical manifestations' (Comaroff and Comaroff 2000:293). Instead of romanticizing old age or depicting it as disaster, this dissertation seeks to sit with what Segal (2013) calls the 'radical ambiguities' of aging itself. While the discourse on risk and modernity tend to draw comparisons between dialectics of both 'creative opportunities' and 'threat and danger' (Geschiere and Meyer 1988:606), I seek to avoid this binary thinking and discover a way to tell a narrative that neither sentimentalizes old age nor depicts it through selective narrative arcs.

Maintaining complexity in the narrative has not been easy. In fact, the grief I experienced after fieldwork – mourning my separation from the community as well as the many deaths of residents – made it difficult for me to see anything past deaths, falls, and depression at Hollenbeck. Though my fieldwork notes were full of everyday, mundane fodder, like visits to the 99 cent store, trips to museums, and conversations about antiques in resident rooms, I was drawn to the moments of crisis, because they bore and spoke to the intensity of emotion I was feeling personally. I was not aware of this tendency until my supervisor pointed out my own fascination with these ruptures and intensities. From then on, I worked to contend seriously with the oft-used phrase Marc Auge (2016:74) repeats, 'Five minutes before his death, Monsieur de La Palisse was still alive.' In this dissertation, therefore, I seek not to condemn elders to an early, social death, but to see how they are struggling to build their lives right up until they die.

Balancing Extraordinary with Ordinary Time

Concerns around elder care and old age obsess over how to handle extreme events, like life and death decisions, and very rarely take an extended view to see how crisis is 'endemic

rather than episodic' (Vigh 2008:5). Crisis, itself focused with emergency scenarios and decisions made at crossroads, filters aging and dying studies into momentary conflicts around life and death decisions, critical interventions of care, and diagnosis of diseases.

Full of junctures with intractable dilemmas, current depictions of end of life care make this time of life seem too overwhelming for everyday people to navigate, and usher this time of life into the territory for experts and professionals, like bioethics committees and doctors. These pastoral powers, as Rose (2007) calls them, attempt to engage and to clarify messy cases through scientific and ethical principles, but they are very rarely the ones who will organize the everyday care after the decision has been made. Kleinman (1995:51) critiques bioethics, where the 'extreme is emphasized over the routine' and in which 'medical morality is configured as crisis.' He notes that because bioethics obsesses over high-technology hospitals at the expense of 'places alive with ordinary doctoring and nursing and patienthood,' like nursing homes and retirement communities, these sites of everyday care are not given 'the same moral weight' and have therefore 'been made to count for less.'

It is not insignificant that care and guidance in extraordinary moments and ordinary moments is gendered. As O'Connor and Van Esterik (2017:10) note, 'The grand narratives of epoch change do not resonate with the daily cycles of nurture more familiar to women,' and tend to ignore 'women, children, care, and nurture.' In elder care, the pastoral powers that apply principles to cases are often male doctors, and it is often female nurses who have to figure out how to remake lives in everyday ways after those decisions have been made. The invisibilization of this female care reflects the values of biopolitics, and the ways in which those values are integrated into systems of power that hierarchically organize men over women, white over brown, and theory over practice.

There is such deep concern about how to get the medicine, finance, and legality of aging and dying right, but there is little critical talk about how to create social practices that help sustain elders in community. And, as Mol (2010:7) suggests, 'if care practices are not carefully attended to, there is a risk that they will be eroded. If they are only talked about in terms that are not appropriate to their specificities, they will be submitted to rules and regulations that are alien to them.' Anthropologists ponder rituals, food, dance, song, and kinship, because they know these elements form the glue that bind us together. Steeped in the social practices that sustain elders' daily experience, my fieldwork spends time thinking about how these facets of social life emerge in a local elder care community, the way these social practices incorporate residents into time, the body and place, and the risks these practices face in a context that denies their importance. The choice to spend more time on social rather than medical practices is a political one: I seek to show that amidst the medicalization of aging and dying, elders and their caregivers continue to craft robust, rich, and multifaceted meanings around growing older outside of the narrow medical lens.

Tinkering to Make Viable, and Valuable, Lives

There is a tradition within anthropology to focus on both extraordinary and ordinary time, and the interrelationship between the two. While much of the discourse on the risk of aging focuses on critical moments – what Johnson-Hanks (2002) calls 'vital conjunctures', like moving into the retirement community, critical falls, end of life decisions – how people emerge out of these events is never clear or straightforward. Das (2007) acknowledges that critical events shift everyday life, but that the ways in which people learn how to 'repair' relations after these junctures can only be understood through the 'descent into the ordinary', where people learn to put theories of response into practice that can generate 'new

norms' through such experiments. As Cooper (2011:48) notes, everyday life is 'not a straightforward matter of translating plans into practice,' but instead demands that people 'navigate their own courses from the markers set down in critical events through the immediacies of everyday relationships.'

Annemarie Mol's *The Logic of Care* (2008) argues that good care is not about patient choice and individual decision making, but about collaborative negotiations that arrange practices and knowledge to fragile bodies and complex lives. Mol suggests that the logic of choice falsely presumes both that the body can submit to desires and advanced planning, and that the patient is capable of making a choice at all, or effectively. Instead, bodies are messy and unpredictable, and persons are not free-willed autonomous entities but interdependent and in need of help. Investigating how patients handle their diabetes in and through clinical engagements, Mol notes that bodies change uniquely over time and that caring for them requires a 'persistent tinkering in a world full of complex ambivalence and shifting tensions'. Mol envisages the body not as an object, but as a task. Thrown into bodies that cannot be escaped, 'the world - or so the logic of care reminds us - is not something we may look at and judge from the outside. Instead, we are caught up and participate in it, body and all. Chronically, until the day we die' (94). The task, then, is learning how to live in a body that is mortal, fragile and fleshy, and how to cope with it, use it, and live in it along the way. Disposing of the idea that choice gives freedom and dominion over a life, the question for care 'is to act without seeking to control. To persist while letting go' (28).

Drawing on Mahmood's (2001) notion of subjection as constrained agency, Jackson (2013:19) understands that recognition of intractable limitations is as much a 'coping strategy' as agency is. Elders did not try to halt their aging, but learned to endure its provocations. Life required a daily struggle to adapt to new conditions and to find ways of

getting by: learning how to push the wheelchair with a stiffer arthritic hand, sensing that cupping the ear with both hands helps to hear the bingo caller better, and positioning the chair as close to the table as possible to make sure a semi-paralyzed hand does not have much clothing space on which to spill itinerant peas and sloppy gravy. Instead of thinking about elders either being active or passive patients in their aging experience, it is instead better to think about them enduring the conditions of an aged, mortal body. Indeed, Mol (2008:79) suggests that the logic of care and of life 'calls for tenacity. For a sticky combination of adaptability and perseverance.' The logic of care, too, 'starts out from the fleshiness and fragility of life' (11). It also begins with the presumption that living and caring are never easy and full of 'ambivalences, disagreements, insecurities, misunderstandings and conflicts.' As Shildrick (2002:82) notes, care work that does not sentimentalize but honestly engages worldly flesh does not shirk vulnerabilities, but owns up to them: in care work, one must 'take the risk of working through the incommensurable layers of power and emotion that mediate the relational economy.'

From helping elders 'feel at home' after first moving into Hollenbeck, to assisting elders with increasingly arthritic hands, to finding new ways for elders to maneuver their bodies with wheelchairs and walkers and canes, nurses helped residents repair their worlds after shifts and changes in their lives. While sometimes lives needed repairing after significant ruptures – like the death of a spouse, or a broken hip, or a move into the nursing home – much of the integration work nurses helped facilitate were smaller, more mundane shifts that occurred everyday – like how to eat with shakier hands or how to get by with decreasing capacities to hear and to see. Much of this work was individualized to each resident's needs, but there was a learned approach on how to be responsive to uncertain events and how to transform constraints into possibilities. The changes in residents' lives

was so constant that nurses learned to get comfortable not in new states of normal, but amidst ever-changing conditions. They had to learn how to tend to the difficult messiness of aging, fragile lives, and seek a kind of tenacity to help them navigate well such unpredictability. Nursing work in old age communities is frequently denoted as 'dirty work' for its association with bodily fluids, but in a typical Douglas analysis, nurses who care for elders do 'dirty work' because their labor often throws them into situations where classificatory categories break down and uncertainty reigns, where danger, taboo, and confusion run amuck. Nurses are more closely aligned with the irreducible complexity of life, instead of the ideas that try to make our worlds ordered.

Though from afar American public logics of progress, independence, and freedom deny the possibility of mortality, the practice of elder care in the United States tells a different story. The everyday work of elder care is slow, navigated by small adjustments, and is often informed by situated, social logics that make sense of social bodies in time and place. Care is seldom triage, and more often a 'dance' that combine communities together over time (Mol 2008; Van Esterick and O'Connor 2017). In this ethnographic research, debility and mortality are taken as givens, and the question is not how to solve the body, but to live alongside it. Crisis language suggests that Americans are at a new critical stage of aging and dying, but ethnographic insights of aging and dying in community show that there are their precedents of care capable not only of supporting aging and dying, but also of integrating them as inevitable features of a life course.

Hollenbeck therefore reflects the ways in which, during precarious neoliberal times that inspire little hope for the future, residents construct for themselves and imagine new modalities of care that will inspire hope and security. Hollenbeck residents learned to build networks of support for themselves in order to make sure they would be cared for in their

last years. Whether it was investing in a life-care contract or establishing friends as family, residents did their best to lessen their own precarity through and to disperse their own individual responsibility amongst social ties. While structuralist theories of aging and dying as well as American risk strategies point towards the secularization of the United States, this thesis shows how elders enchanted their world towards hope, love, and care in precarious times.

Dissertation Organization

This dissertation is divided into five remaining chapters.

Chapter two examines the sociology of Hollenbeck and its historical arc as an institution. Hollenbeck sits at an epochal shift between philanthropic-based care and state-based, late-capitalist self-responsibilization, and its history reflects broader queries about the politics of care in the United States. By looking at how and why residents chose Hollenbeck as their retirement destination, this chapter dwells on how history, place and form enticed, unsettled and calmed older people as they prepared for their last years. Further, it contemplates how Hollenbeck's status as a Continuing Care Retirement Community, and its focus on 'aging-in-place' and life-care contracts, answers the new ethic of 'advanced planning'. Hollenbeck sits as a crucial case study, then, for how institutions and the elders within them navigate a precarious late-capitalist world, and it highlights the extent to which institutions act as agents of care for the old in uncertain times.

Chapter three focuses on practices and relations of care at Hollenbeck. Seeing care not simply as a methodology, but as a practice that creates forms of life, this chapter shows

how Hollenbeck's care strategies transform residents' kinship relations and depend on ideations of personhood. Families, nurses, administrators, and fellow residents often debated what good care meant in practice, and these contestations often involved questions of knowledge, power, and notions of life itself. Looking at case studies, this chapter shows how care both responds to and creates the social body. Revulsion, disgust, as well as love act as animating feels in the process of care, and important avenues through which to explore how people experience the provision of care in difficult conditions.

By looking at Hollenbeck residents' experience of losing a driver's license to driving on the communal bus, chapter four questions how mobility trajectories capture an elder's growing interdependence. Cars symbolize freedom in the United States, and in freeway layered Los Angeles, access to automotive transport transcends self-rule and becomes a precursor for self-actualization. Especially in this context, losing a driver's license acts as a significant rite of passage in an American elder's life, and symbolizes the loss of an elder's independence and a return to a 'child-like' stage. Connecting bus riding to other forms of mobility, like moving from canes to walkers to wheelchairs, this chapter explores how forms of mobility restrict as well as enable, and how personhood, independence, and debility entwine.

Chapter five considers how retired Americans struggle to make their time meaningful. The Activities Department hosted several events to engage elders, morning aerobics, computer classes, and various arts and crafts arrangements, but none of these neared the popularity of bingo. Though elders' enchantment with bingo acts as a persistent trope in elder culture, the reasons why this age set enjoys the game so intensely continues to mystify and to depress. This chapter explores how the distinction between bridge and bingo reflects larger debates about what it means to spend time well in the United States. It then

explores bingo as a powerful and transformative ritual, especially within a biomedical, retirement community context, and seeks to articulate a framework through which to make its importance legible.

Chapter six, the concluding chapter, uses insights from the dissertation's overall argument to position Hollenbeck Palms, and the lessons learned there, in a broader national context. As elder poverty is on the rise, as reports of elder abuse multiply, and as more and more die feeling unsafe and uncertain, this dissertation asks how communities of care, like Hollenbeck, at once reflect and address some of the rising problems of old age in the United States. Three blocks south from Hollenbeck, Los Angeles' largest encampment of homeless count more and more elders amongst their streets every year; three blocks north from Hollenbeck, each year Los Angeles County buries, in a mass grave, over a thousand Unclaimed Dead, those who die anonymously, unnoticed, or without funds for individual burial. Saddled between such poles of inequality, Hollenbeck's context shows that in a neoliberal economy that shifts risk to individuals, winners and losers are etched into the urban fabrics. At the same time, Hollenbeck also testifies to the potential generative possibilities of this aging demographic.



Figure 1.1: The various levels of care, independent, assisted and nursing, at Hollenbeck Palms Continuing Care Retirement Community were spatially segregated and linearly placed across the campus. The independent building, called Magnolia Court, was placed in the far left corner. Rush-Allen Hall was near the middle of the campus and housed both independent and assisted living residents. Assisted living residents lived in Rose Terrace, the main building of Hollenbeck that also included office space for the administration, the Activity Rooms, and the grand dining hall. And Hensel and Heideman Halls, the far right buildings on the map, had one section of the building designated to general nursing care and the other for dementia care.

Chapter 2. Retirement Institutions: Imagined Lifestyles in a Precarious United States

Mary, a 53 year-old, White woman, dragged on her cigarette vigorously and picked at her nails. She was in the thick of recalling how her mother found Hollenbeck and how she helped manage the transition. It was throwing her back into a state of anxiety.

> You've got your mom in the hospital with a broken arm, because she fell in the middle of the night, and it's her fourth bad fall that year. And the doctors are telling you she should be watched a bit more carefully, like they are judging you that she keeps falling, that you should have done something. And you start to feel bad that you didn't. But then mom says she doesn't want to go to an assisted living place, that she wants to live on her own, on her own schedule. And so what am I supposed to do? Was I just supposed to live in fear of her falling every day? I was getting to the point where if she didn't answer my phone, I'd imagine she was on the floor with a cracked skull or something…
> We went looking around at these places. And you know, they all say they have the best food, the best nurses, the best facilities, and then you walk around and see residents who are drooling in the corners. And then some of them are really nice, like five star hotels, but you wonder how you are going to afford it. When I went to each one, I was trying to point out all the really nice things to mom, who was hating having to do this. Little did she know I was crying on the inside. It was just awful. One of the most stressful times of my life. You want your mom to be safe, but the thing is… you don't know if this is the right thing, if she *will* be safe here. And then you think of them having to *bathe* her. You know, it's just so important to get it right…

Mary sought to secure her mother's aging future by contracting care. While her mother resisted an institutionalized form of security, Mary was overwhelmed by the fear that her mother might fall again, and was receiving pressure from doctors to 'take the right precautions.' Mary oscillated thinking that it was too early to move her mom into an institution and too late, but ultimately, the fear of unknown risks made a preemptive move more persuasive. As many children and residents reasoned, it was better to be safe than sorry.

While contracting institutional care enabled some risks, like falling, to be avoided, it also generated new sets of uncertainties. The disjuncture between the institutional marketing façade and daily functioning of these institutions made it difficult for children to discern what was real and true. Further, fears loomed about the growing reports of physical and

sexual abuse in retirement communities and nursing homes. Mary believed that elders' physical vulnerabilities made them perfect victims of potential dangers and threats. She therefore felt especially responsible to find a place she could trust, because these communities were going to help her mother do not just everyday tasks, but the most intimate tasks, like bathing.

However, Mary had a gnawing sense that, while trustworthiness was essential to good elder care, this quality could never easily be discerned. Uncertainty, second-guessing, confusion, and anticipation plagued the retelling of her search. Though she attempted to secure the future, it seemed an elusive and illusory task. Had she made the correct elder care choice, and how would she know?

While the narratives of many Hollenbeck residents search for elder care involved fear, dread, and stress, they also included themes of hope, relief, and promise. Contracting care was not simply about getting needs met, but also of transitioning into new social networks. The possibility of these new communities proved enticing for many residents, a promise not of an end, but of a new beginning. Gloria, an 89-year old, Jewish resident, described her decision to come to Hollenbeck this way:

> I'm single, and I didn't want to be a burden on my brother or his kids. I was a public school teacher all my life, so I didn't make a lot of money. You have to think about the future, you see. My mom said you are never as young as you are in this moment. I wanted to make sure I figured things out before anything bad happened. And not working anymore at the elementary school… I guess you could say I was lonely. I thought it might be nice to have a group of friends and a place I could try new things. People seemed so nice here. And they go all over Los Angeles, to the theatre, to museums. I guess you could say I wanted a fresh start.

Like Mary, Gloria operated on the logic that it was better to plan preemptively for needing more intensive care than to look for care in the midst of a crisis. Gloria felt isolated as a single, aging woman, and felt insecure without many friends and family members to care for

her. Gloria saw her care contract as a relief from burdening distant kin, freeing them from her own future, possible dependence. She envisaged Hollenbeck as a community that would enable her to launch into future possibilities, like the promise of new friends, new hobbies, and new experiences. She hoped she could explore all Los Angeles had to offer.

While Mary concentrated on the potential dangers of contracting care, Gloria emphasized the possibilities it would afford her. Where Mary underlined elders' vulnerability in these contracts, Gloria concentrated on the relief she felt in contracting care. Mary was suspicious about care networks and the future, but Gloria was hopeful. When asking residents to describe their search for a future elder care option, their stories were rife with the hopes and fears present in Mary and Gloria's narratives. However, though Mary and Gloria represent opposing ends of imagining the future, most residents' experiences of searching for care tangled these variant emotions together, often juxtaposing them mid-sentence.

While scholars note that the uncertain future tangles together feelings of both 'doubt, hope, will, and potential' (Whyte 2005:250-1) as well as fear and anxiety (Hofstede 2001:148), there was also a sense that these paradoxical emotions were products not simply of the future orientation of contracting care, but also of seeking care in a biomedical setting within a neoliberal, urban Los Angeles in the twenty-first century.

Biomedicine posits old age as both a site of disaster and as a source of possibility. Old age can represent the failure of biomedicine to cure and to stave off death. However, biomedicine has also critically reimagined the trajectory of old age, extending life, making elders healthier for longer, and instilling in this new age set an optimism of renewal and health. These dual visions of old age show up in the discourses around elder care

institutions, which seek both to optimize old age while also managing its decline and promise both to enable the beginning of a new life and cause the end of an old one.

As the baby boom generation grows older, an emerging elder-care market blossoms to meet its demand. Though the aging tide is seen as a threat to national security, capitalists, with a 'salvific' notion that the market can heal (Comaroff and Comaroff 2000), attempt to transform the aging drain into an aging boon, marketizing elder care and seeking to profit from this burgeoning supply. Tsing (2005:269) notes that it is a feature of neoliberal times and market logics to generate 'states of emergence – and emergency' and create conditions where 'hope and despair huddle together.' Comaroff and Comaroff (2000:298) call this the 'experiential contradictions at the core of neoliberal capitalism', 'to produce desire and expectation on a global scale (Trouillot 1999) yet to decrease… the security of persons.'

Older sociological and urban theories suggest that precarity and confusion are indelible features of contracting care. With the rise of modern trends like rationalism, industrialism, and individualism (Durkheim 1993 [1893]), sociologists noted a shift from feudal organizations that once inspired intimacy and collectivity to modern urban societies that deliver impersonal bureaucracies and relationships based on contracts between individuals (Henry Maine 1917; Durkheim 1993 Weber 2009]). In these new times, contracts of care, once tightly knit and 'given', were seen as more tenuous, impersonal and anonymous (Weber 2013; Stevenson 2014). However, scholars also note that this trend towards individualism and personal control help facilitate American desires for independence, autonomy, power, control, and choice. This tension between dependence and independence, freedom and constraint are long-noted tensions within American medicine and care (Lock and Gordon 1988; Morsy 1996). Contracting care can be both security inducing, as well as anxiety producing. As Pratten and Cooper (2015:2) note, 'in some situations social relations

create uncertainty, while at other times social relations alleviate uncertainty, and often the equilibrium is held in suspense.'

Contracting care is already an emotionally and socially charged activity, but doing so in Los Angeles is even more so. Bonhomme (2012:226) notes that suspicion often arises in economically anxious, modern times, and especially in urban areas, where people interact often with those anonymous to them. Los Angeles cultivates a special kind of suspicion and confusion. During the late twentieth century, urban theorists recognized the city as the exemplar of a postmodern, 'capitalist spatialization' (Soja 1989), and turned it into a critical site to reflect on changing urban dynamics in the twenty-first century. Los Angeles disordered the centered, ordered modern city with its disparate urban sprawl, it operated as an influential site of global flows, and had its own post-Fordist, neoliberal restructuring that obliterated industrial work in the dense city center and relocated information-based jobs throughout the suburban peripheries. The resultant inequalities led to frictions and turbulent uprisings, most notably the Watts Rebellion in 1965 and the Rodney King uprising in 1992, and articulated the possibility of future, urban nightmares produced by unequal, racialized landscapes (Soja 1989).

At the same time, Los Angeles' Hollywood gloss glorified the lives of the rich and famous, locked behind securitized enclaves dotted with palm trees and surrounded by manicured lawns, and imagined itself as a city twinning as a cinematic destination. These disjunctive images of the city, 'noir' and 'sunshine' (Davis 2006), only emphasized the growing disparity in experience across the landscape. It also laid bare that the 'reel world' of Los Angeles merely simulated its laid-back, coastal utopia; the hopeful images of the city as paradise could no longer be believed, since, bubbling close to the surface, were wellsprings of hunger, animosity, distrust and greed. As de Boeck (2012) comments, it is helpful to

analyze the city not simply as an individualizing force generating dead-ends, but also as a site of possibilities and imaginations; a place, therefore, of both paradoxes and disjuncture.

Amidst biomedicine's optimism for and aversion to old age, the fears and promises of the market, the relief of and concern in contracted care, and the sunshine and darkness of Los Angeles, Hollenbeck was flanked in these 'experiential contradictions' of in/security and un/certainty. Hollenbeck was at once the source of new life and the place of death, safe and unsafe from danger and risk, and perceived as both financially secure and insecure. Since residents were looking for a place in which to invest their futures, they sought models of care they could trust. But amidst these perplexingly mixed messages, residents found it difficult to discern where they might safely spend their final years absent of risk. There was a looming sense that this kind of security and clarity might never be known.

This chapter therefore investigates how an elder's project to secure their future is complicated in a biomedical, neoliberal, urban Los Angeles, involving affective experiences of both hope and despair, and relief and concern. Instead of resolving these experiential contradictions, this chapter, like Goldstone and Obarrio (2017:2), seeks to 'think *within* the paradoxes [and] perplexities' of contracting care, illuminating it as a critical site of confusion, doubt, and intensity of emotion. By exploring how Hollenbeck resident's understood the institution as a space of future security and insecurity, this chapter shows how an elder's search to ensure their future is never a fixed project, nor a certain one. It also examines how the experience of insecurity and security in institutional elder care transcends the four walls of the institution, and involves wider considerations about the larger geographical, political and economic context in which the institution finds itself.

Institutional Structure of CCRCs: Creating Secure and Insecure Futures

When residents discussed the reasons they chose Hollenbeck as their elder-care destination, they cited its identity as a Continuing Care Retirement Community (CCRC) as the central reason motivating their choice. However, while residents frequently discussed the merits of the CCRC structure, they were quick to add caveats: though these institutions help to avert some future dangers, they generate their own new dangers, too.

CCRCs as a Risk Management Institution

The model of Continuing Care Retirement Communities emerged to remedy the problems retirement communities and nursing homes created for elders and their families in the late twentieth, early twenty-first century. From the 1970s on, retirement communities in the United States were fast becoming an attractive option for independent elders (Trolander 2011), offering access to accommodation and leisurely outlets amongst similar-aged neighbors. However, as years progressed, these communities' (purposeful) lack of resources to support more dependent elders made them questionable investments. Some elders were moving into retirement communities only to move out shortly thereafter when needs progressed more quickly than anticipated. As transitions in and out of communities are often difficult social ruptures, many questioned the logic of investing in a new community when they would inevitably have to leave these new relations soon.

While retirement communities were solely for independent elders, nursing homes were envisaged as sites primarily for the care of critically dependent elders. Since nursing homes in the United States are envisaged as places of 'social abandonment' and 'social

deaths' (Biehl 2013), they are often treated as a last resort for care, and an elder's transition into one is often staved off for as long as possible. This means that elders frequently move into the nursing homes after an intense crisis, like a fall or a heart attack, where an elder's needs quickly turn from manageable to critical. Elders and their families are forced to find a permanent nursing home option, then, under urgent duress. This causes families to feel both unsure about and insecure in their ability to find adequate nursing homes with such little research.

Amidst fear, duress, and crisis, the retirement community and nursing home models were creating multiple and fraught ruptures in the elder's aging trajectory, and these sites of intensive reorganization and unsettling were perceived as dangerous to the elders' and their family's well-being. These disruptive transitions were only intensified by the parallel development of longer, more complicated, and more nuanced biomedical, aging trajectories. The retirement community and nursing home model envisaged two stages of old age: health and illness. But gerontologists at the time were recognizing that new biomedical technologies were enabling more years of subtler and more intensive dependence. Scholars were inspired to expand the now unhelpfully broad category of 'old age' into a more diverse categorical set of 'young old', 'middle old', and 'oldest old' (Cicirelli 2002; Chou and Chi 2002) to reflect these new aging realities.

Continuing Care Retirement Communities (CCRCs) were imagined as a new model of elder care that reflected these new extended aging trajectories. In alignment with the new three stages of old age, CCRCs serve as a model of care that includes independent, assisted, and nursing home living. Hollenbeck believed there were multiple merits to this care.

The first was that it congregated several types of resources to respond to the variant uncertainties an elder might experience in their aging trajectory. While nursing homes were

used as places to oversee the potential risks of an elder's life, longer lifespans and new forms of elder dependency in the twenty-first century inspired extended risk management techniques and security discourses to account for 'the random element' that might occur before an elder's movement into a nursing home (Foucault 2003:246-8). CCRCs are imagined as flexible institutional structures that can adapt well to ever-shifting 'chronological frontier' (Fitzgerald 1987). While aging is often seen as a linear progression towards death through clear stages of transition, residents at Hollenbeck experienced nonsynchronous, indeterminate and uncertain 'vital conjunctures' in their aging trajectories (Johnson-Hanks 2002). During my time at Hollenbeck, I encountered several residents who, after a fall, for example, used the nursing home as a site of recovery and renewal. This meant that, when residents at Hollenbeck transitioned into more intense levels of care, they often experienced emotions of both resignation around dependency and hope that they might recover and no longer need such intensive support. The flexibility of the CCRC model enabled residents to move back and forth between levels of care as their body dictated. While this flexible approach often made transitions into and out of levels of care sites of intense contestation, a topic I will investigate further in the next chapter, it was seen as a vast improvement on the previous models of elder care, which required rather abrupt and permanent transitions between independent and dependent states of living.

The second benefit of the CCRC model was that it allowed elders to 'age in place' (what was fast becoming the catchphrase of gerontologists and policymakers to solve the new needs of elder care), thereby lessening the social ruptures of an elder's aging trajectory. While retirement communities and nursing homes often ruptured social ties throughout an elder's aging trajectory, a CCRC enabled elders to progress to more advanced levels of care while still in close proximity to their friends. It was also noted that caregiving between staff

and residents became infused with more love the longer the nurses and administration knew an elder. Given that there were multiple levels of care in the same community, elders would no longer have to be forced into two extreme structures of living (independent or dependent), but could have care strategies amidst a continuum developed for them that would be more sensitive and attuned to their individual needs.

Continuing Care Retirement Communities are considered as exemplar risk-management technologies, since their institutional structure anticipates, prepares for, and secures against potential future harm.

CCRCs and the Risks of the Future

While residents at Hollenbeck believed that ensuring their future in gradated care was the moral and responsible thing to do, and provided them a physical and social security for their uncertain aging and dying trajectories, they also recognized that the very qualities that made CCRCs potential sites of security were also the qualities that made them vulnerable to potential insecurity.

Residents knew that what made CCRCs a source of security was that it was an institutional structure that had the future in view, but its reflection of futurity was also precisely what destabilized residents' sense of existential security. Since CCRCs congregate elders across all levels of aging and dying trajectories, they render visible multiple, future, embodied possibilities. Though the structural separation between each level of care at Hollenbeck was severe – for example, each level of care had separated dining areas (independent residents frequently ate in the café in the Independent building, Assisted living residents primarily ate in the dining hall in the Assisted living building, and nursing home residents ate in the nursing home), and each level of care had distinctions between their

Activity Schedules, creating different schedules for different forms of embodiments – it was nearly impossible not to hide from view the realities of life in each stage of care. On the common grounds, nurses pushed nursing home residents around in wheelchairs in the rose gardens, where assisted level residents ambled through, which was next to the putting grass where independent residents often used to practice their golf swing. 'I know all the ways I might die,' one resident said. 'It could be a stroke like Sally, Parkinson's like Jim, or dementia like Hank.'

While seeing the future brought experiences of both anticipation and malaise to residents, they could not avoid confronting the future, and believed it irresponsible to do so. For example, since many residents knew they would inevitably live at the nursing home, they thought it essential to partake in communal conversations about the adequacy of care there. When conversations emerged about the nursing home building a new 'Memory Unit,' it was independent residents who were most vocal. 'They're building that for me,' Ken, an independent resident, said. 'The building will be done in two years, and that just might be the time I'll need it.' Looking forward to the possible future, therefore, was an inevitable anxiety they had to face.

CCRCs are perceived as secure models of care because they anticipate future aging and dying possibilities and orient their organizational plans accordingly. While anticipation of the future is what makes some residents feel like it is an investment in insurance, it also makes some residents feel like they are taking a gamble. CCRCs are institutions that anticipate the future well; they create financial models that attempt to balance anticipated costs with fees. However, because these models require good predictions of the future, they are also vulnerable to unexpected events.

One of the unanticipated 'events' CCRCs are struggling to contend with is the lengthening lifespans of the old. As Gerald's case showed, CCRCs perform actuarial predictions in order to discern how long a resident will live and whether or not they have the financial capability to pay institutional fees for that duration. However, actuarial predictions are notoriously inaccurate in predicting length of life in a new biomedical era that has extended and continues to extend the realm of the possible.

These fears of CCRC bankruptcy were fueled by cases of CCRCs across the country going bankrupt, closing, and leaving their residents insecure and uncertain about their futures. CCRC is an elder-care model particularly susceptible to economic downturns, and was acutely stressed by the foreclosure crisis in the United States in 2008. The sunken market for real estate made it difficult for elders to sell their homes at high enough profit to buy their way into a CCRC. This financial crisis also created roadblocks for these facilities to access credit in order to complete construction or refurbish older buildings to be able to remain relevant in the elder care market. Both of these effects created large amounts of vacancies in CCRCs across the nation. Since many CCRCs depend on close to full occupancy in order to carry out everyday operations, and are dependent on independent-living residents who often subsidize the more expensive care-requirements of assisted and nursing levels of care (GAO 2010, 10), several filed for bankruptcy. Headlines of CCRC bankruptcy generated public concern about the viability of this care generally, and especially in challenging financial times. One Hollenbeck resident expressed their own concern about a retirement community in California that closed in 2007 after having lost $11 million over ten years. She recalled how the residents were 'essentially thrown out unexpectedly,' suffering a huge disruption in their care network (GAO 2010:22).

While the CCRC market was perceived as having inherent insecurities, many believed that consumer choice gave elders some agency amidst these uncertainties in their ability to choose 'smart' investments in care. While elders were able to pick amongst a wide variety of CCRCs in the Los Angeles eldercare market, they were also able, within these institutions, to choose from multiple options of care packages. The variety of care plans was perceived to be yet another way to give power to elder consumers. At Hollenbeck, residents are faced with the decision to choose from four different entry plans, all of which contain varying levels of institutional commitment.

> Plan A: Plan A, or Lump Sum Payment for Life, requires that residents assign all or a portion of designated assets and income into Hollenbeck's account for their continuing care. These assets and income are accepted as full payment and no additional fees are charged. Residents will have access to the account for their personal needs.
>
> Plan B: Plan B requires that residents pay an entry fee. Residents also pay a monthly fee, which is significantly less than the Plan C plan below.
>
> Plan C: Plan C does not require an entry fee. Residents pay a monthly fee only.
>
> Plan D: The Plan D Refundable Option requires an entry fee, which is 85% refundable after the apartment has been re-assigned to a new resident. Residents also pay a monthly fee.

Plans B, C, and D give Hollenbeck the room to increase fees annually to adjust to the changing trajectories and needs of their residents. While these plans give residents more flexibility to respond to the wavering tide of Hollenbeck's financial model, allowing residents to leave the institution if the fees are growing too fast for their liking, these plans also put residents more at risk when weathering the changing financial tides. With continually adjusting fees, not only because of changing care needs but also because of rising market trends, residents face difficulty in predicting whether or not they have the money necessary to sustain care across a lifetime at Hollenbeck under these plans.

Plan A, the life care contract, requires residents to invest all or a portion of their assets and income into Hollenbeck in exchange for lifetime-care. This plan eliminates the

need to worry about whether personal assets will be able to weather uncertain, future financial conditions, and it secures residents, who felt particularly uncertain about their care in their aging and dying futures, into a care contract that will cover them until the end. But Plan A is also a lock-in investment that generates its own risks. Residents wondered what would happen after their full-time investment if it turned out that Hollenbeck was not the community for them. They feared feeling 'stuck' for having made a premature investment, and they worried that they would feel trapped in a social situation that was not right or comfortable for them. But perhaps more commonly, residents wondered if Hollenbeck was a 'smart investment' to make, and frequently mentioned their fears about the institution going bankrupt and the potential of losing all of their personal wealth along with its demise.

While these plans were advertised as choices that allowed residents to gain control and agency over their possible futures, the selection of these plans were not free choices, but structured by resident's unequal wealth. Wealthier residents often chose the most flexible Plans, because they had enough wealth to pay for the potential price increases. Residents with lesser savings often chose Plan A, because it was the cheapest option and provided a security for the future that their finances might not otherwise allow. However, while investing all of their wealth into the institution allowed poorer residents to distribute the potential risks of their financial condition to Hollenbeck, the investment of their whole wealth into the institution made them much more vulnerable to institution's financial risks. As anthropologists have noted in other contexts, it is the most vulnerable who inherit the risks and dangers of a volatile financial market (Farmer 2004; Scheper Hughes 1993).

Consumer choice was not the only form of agency Hollenbeck elders had in engaging the institutional risks. Residents also inherited new powers to regulate and to participate in institutional decisions.

Because of the structural vulnerability of these institutions, amplified by the financial crisis and multiple CCRC bankruptcies and their management of vulnerable elder populations, the United States Senate Special Committee on Aging launched an investigative report to identify CCRC's risks to seniors (U.S. Senate Special Committee on Aging 2010). Due to the increasing number of American seniors investing in this care model, more than doubling between 1997 and 2007 from 350,000 to 745,000 (Ziegler 2009), the Committee actively sought public protection through increased regulations, and emphasized the importance of transparency and accountability. The report developed five key regulatory areas for State CCRC legislation: developing licensing requirements, standards of reserves, monitoring and analysis mechanisms, periodic reviews, and practices of disclosure to consumers (U.S. Senate Special Committee on Aging 2010). Various states took up these regulatory suggestions diversely. California is one of the states with most intensive CCRC regulations, requiring each community to undergo financial auditing and approval annually through the California Department of Social Services. California also developed extensive resident rights, including the right to organize a resident association, the right to resident representation on the board, the right to protection in temporary and permanent closure, the right to notification, and the right to financial information (CANHR 2015).

Hollenbeck residents took up these consumer rights in everyday life. The most popular right exercised at Hollenbeck was the Resident Council, which residents took seriously, convening bi-monthly. The Resident Council elected two of their members to participate in the Board of Trustees. During my time at Hollenbeck, they requested financial

information about Hollenbeck, questioned the administration about the future of the community's leadership, while also solving various community quarrels, like what kind of netting to use to cover the koi pond. They helped facilitate one of the community meetings held by the administration to inform residents about yet another annual increase in resident and service fees. Residents felt a responsibility to manage their aging and dying future well, and understood active participation in Hollenbeck's institutional life and viability as a key element of this. As Rose (2007:23) notes, the more responsibilities elders acquire to manage their health and their futures, the more they become 'activated' to participate fully in the institutions in which they have invested their health. Similarly, as elders encounter new demands to make the future more certain and secure through risk logics, they sought out transparency, demanding that Hollenbeck hand over their financial statements and keep them regularly informed about institutional decisions. This reflects Corsin Jimenez's (2011:181) sense that risk in an 'Information Age' generates 'visibility obsessed discourses,' where 'trust and information/communication are being hailed as two sides of the same coin, namely, moral robustness.'

While participation, engagement, and transparency were seen as key ways for residents to secure their future at Hollenbeck, there was also an undergirding sense that these forms of agency were not only vulnerable to local politics, but were also indelibly insufficient guards against uncertainty and insecurity. The most active members of the Resident Council were 'baby boomers', who had a generational disposition to questioning authority and asserting collective power. These boomers worried that the majority of the Hollenbeck population, born to what one called the 'Silent Generation,' were too trusting of authority and 'did not want to make waves.' They also blamed an overriding culture of inactivity on the rising Japanese population, whose culture, many surmised, instills

submissiveness and unquestioning respect for hierarchy. Since regulation and oversight was not simply about whistle-blowing, but also about attaining collective power to influence decision-making, baby-boomer residents worried that their ability to assert their power was compromised by the 'inactive politics' of the oldest and the Japanese residents.

However, even if residents made sure that Hollenbeck only made wise investments, residents knew that their attempts to ensure sound economic calculations would not protect the institution from its vulnerability to forces outside its control and prediction, like national financial flows and demographic life-extensions. While many residents were hopeful that their participation in the Resident Council would be consequential, they were also aware that such hope might also be a placating feeling of 'doing something,' yet never enough, in the face of uncertainty.

While CCRCs' structure of graded care helped residents answer their new responsibility to plan for their aging and dying futures in advance, its focus on the future was precisely what made it liable to generate insecurity at the same time. This confirms Beck's (1992) sense that the dangers of a risk society are circular: new industrial innovations create their own risks, which in turn inspire risk management technologies, which themselves generate new kinds of risks.

While risk seemed an incessantly persistent condition, residents were still flanked with the belief that various risk technologies could help them gain some semblance of control in a despairing time. Knowledge, transparency, and personal control were powerful forces, underlying the possibility of agency and creativity amidst an open future, even if that agency was and is fundamentally constrained.

Risky Investment?: Securing Aging Futures in Neoliberal Los Angeles

Hollenbeck was not the only Continuing Care Retirement Community in Los Angeles, but it was one of the last that retained its non-profit identity. This non-profit status was one of Hollenbeck's biggest draws for elders from across the urban terrain, especially since many of the city's long-existing retirement communities had been newly privatized and as for-profit models were fast popping up amidst the sprawl. This section explores Hollenbeck residents' experience of Hollenbeck as both a place of security and insecurity amidst the privatization of neoliberal Los Angeles, and the faith and doubt of its residents in its ability to fend off the increasing creep of the market into all arenas of city life.

The Strength of Spirit in Anxious Times

Because investing in a Continuing Care Retirement Community was an intensive commitment, both socially and financially, elders often did their homework and visited several options across the Los Angeles territory, looking for a place in which they could live the rest of their lives in enjoyment and security. But, like Mary's case, residents struggled to parse the gloss of marketing materials from the everyday realities of these institutions.

One resident, David, talked about his experience engaging the Los Angeles elder-care market. Residing in New York, David and his wife Linda, 67 year-old, Jewish residents, wanted to be what is popularly known in the retirement world as 'snowbirds' (Trolander 2011:24), people who migrate from the East to the West to enjoy the good life and to flee from the bad winters. When David and his wife toured various retirement communities in California, he was put off by what he called the variety of 'corporate' homes. 'They are all

cookie-cutter,' he said exasperatingly, and mentioned they all felt 'cold' to him when he walked in. He recalled watching a nurse roll an elder in their wheelchair down one of these corporate halls and instead of talking to the resident, she checked her phone robotically; this to him was symbolic of the transactional nature of relations in these profit-seeking places: 'you could tell she didn't really care about the resident; she was just doing her job.'

Hollenbeck, however, was different. 'We knew the moment we got here that something special was in the air.' David initially was attracted to Hollenbeck's 125-year history and, having worked in a non-profit himself his whole life, was drawn to the institution's non-profit status. He had noted that one of the CCRC's he had earlier been interested in had filed for bankruptcy, like so many others had during the height of the economic downturn, and that he knew he had to be careful before he just handed over his estate in exchange for a life-care contract: 'you know, it could all just be gone in a flash.' Hollenbeck 'had history,' clear as it was that it had lasted that long, and it seemed, he said, that it had therefore been under 'good leadership.' The place also was 'an LA institution,' and he thought that its endurance in that space afforded it a kind of insurance: 'no one in LA would let a place like this crash: it wouldn't be good PR.' David brought up the idea of trust again. 'Look, I was handing my life and my wife's over to people. That's – that's monumental trust there.' Hollenbeck's longevity through time made David think it would outlast the financial crests and valleys of the future. For him, it was a bankable investment.

But his trust went beyond mere financial solubility. Bringing up that distracted nurse, he said that he hoped he would not only be cared for until he died, but that the care he would receive would be of quality, would be 'human' care. 'Elizabeth Hollenbeck started this place for old vulnerable bastards like me, ok? It's in the bones here. That's why it's a non-profit still. The commitment is to people, not the bottom line.' David was not the only

resident who mentioned Elizabeth Hollenbeck as what differentiated Hollenbeck from other institutions. When a nurse would stay after hours to help a resident flip through the TV channels to find a movie, or when a resident knocked on the door every morning to wake up their friend for breakfast, or when the institution would accept a person who may not have enough money in their estate to last them the duration of their care, they explained such efforts as being inspired by the spirit of Elizabeth Hollenbeck, who was said to have infused the place with a kind of ethos of 'love.'

The memory of Elizabeth Hollenbeck was, in many ways, evoked to remember the institution's origins. Hollenbeck Palms was made possible by the philanthropy of a woman named Elizabeth Hollenbeck, who, fueled by her Presbyterian faith and in control of her husband's large estate after his death, wanted to bequeath her estate for the purpose of housing 'indigent women and homeless children' (San Francisco Call 1890). It was, in other words, a dream for an almshouse, a social safety net serving a variety of vulnerable persons unable to care for themselves: the 'worthy' poor, orphans, the 'mentally ill', and elders. When Hollenbeck Home opened, however, all those seeking refuge were elderly. Elizabeth thus narrowed her vision from catchall almshouse to the 'Hollenbeck Home for Aged People.' By 1900, the purpose of Hollenbeck Home, as stated in its 'Souvenir Manual,' was to 'offer to worthy aged people, residents of Southern California, who are left without means of support, a comfortable home for their declining years.'

Though David found Hollenbeck's philanthropic origin comforting, he also saw it is a potential constraint. He recognized that Hollenbeck's almshouse history had inspired the institution's current culture of 'respectability politics.'

Indeed, during the 19th century, almshouses were for the purpose of 'rehabilit(ating) the poor' and were therefore used as mechanisms to instill social order at a time when,

nationally, the formal educational spaces for virtue – family, church and community – were seen to be disintegrating, especially during industrial rising (Rothman 1971). New models of philanthropy sought methods to cultivate productive, ethical citizens through giving. Philanthropy became technical and focused on reform, developing, for instance, mechanisms to distinguish between deserving and undeserving poor, guidelines on how to perceive willfulness and character throughout assistance trajectories, and contracts to establish agreements between the benefactor and beneficiary about ends that should be achieved (Villadsen 2007:314).

Hollenbeck Home for the Aged adopted this reformist approach from its inception. In order to distinguish between the deserving and undeserving, Hollenbeck demanded that its first potential residents pay a $300 dollar entrance fee, which 'prevents the home being filled by an excessive number of applicants, some of whom might be unworthy' (Los Angeles Herald 1896). Hollenbeck also required that elders provide proof that they lived in or very near to Los Angeles County for three or more years, be over age 60 years, and dislodge to the institution all owned property. In exchange, Hollenbeck promised each person care for the duration of their life. Once a full member of the institution, members had to abide by rules set forth in the member manual, including abstinence from 'intoxicating drinks, opiates or strong stimulants' and the attendance of two prayer services, one on Thursday and the other on Sunday. At meal times residents were to be punctual and to arise only when given permission; it was also advised that 'it is desirable that the Family should refrain from the discussion of politics, religion or other exciting subjects' (Spitzzeri 2015).

'Society ladies', upper- and middle-class women like Elizabeth Hollenbeck, believed it their 'social duty' to instill in the almshouse residents the proper moral virtues for a healthy

life. Several newspaper reports indicate frequent visits from 'society ladies' to Hollenbeck to better the residents through educational outings and classy entertainment: for example, a train expedition to Terminal Island (Los Angeles Herald 1902) and a luncheon that focused on good manners and pleasing aesthetics, like table decorations with 'a color scheme of pink and green' (Los Angeles Herald 1906). Almshouses frequently concentrated on these aesthetic and environmental impacts on health, and they sought 'to act upon the habits of each individual by reshaping the urban spaces and milieu within which they were to conduct their lives' (Rose 2007:53). Indeed, Elizabeth Hollenbeck made sure that the institution's surroundings acted as a spatial reprieve, a space aesthetically prone to the cultivation of moral persons through inspiring architecture and lush gardens. She built a stunning chapel in the middle of campus with stained glass windows, filled the land around the building with tropical plants, and funded the construction of a park, a stone's throw from the porch. These aesthetic and environmental efforts, also inspired by the City Beautiful movement (Bluestone 1988), were used to enhance wellbeing not only through the plant's natural healing powers, but also by creating an aesthetically pleasing environment in order to attract the 'best known citizens' near Hollenbeck's perimeters, in order to surround the indigent elderly with moral role models.

Residents felt that Hollenbeck's historical rooting in Christian-based philanthropy still influenced the everyday practices of the institution. There was an ethos of formality at Hollenbeck that felt a little heavy-handed to some residents, propped up by community rules that focused on etiquette and behavior. Residents, for example, were not able to wear jeans or open-toe shoes in the dining hall, were required to submit to seat-planning outside their own control, and felt that the content of their conversations followed a more controlled,

uptight ethos. David said, 'Sometimes you just want to wear blue jeans to lunch. This *is* California, for god's sake.'

While the member handbook did not prohibit political conversations as the original Hollenbeck handbook had in 1896, it did offer one proscription in the 'conduct in the Dining Room' section: 'Members are asked to refrain from discussing any medical problems or health issues at mealtime.' Though residents mostly ignored this rule, and frequently talked about their diarrhea and toothaches at the table, there were expectations over other kinds of social civility. Being kind and courteous were communal obligations, and thorny residents were often reprimanded, and sometimes, if serious enough, were threatened with expulsion, for making other people sad and uncomfortable. The administration would act as the disciplinary enforcement, and this kind of social mediation made some elders feel like they were bickering toddlers unable to create and manage their own social lives. 'We've got some tattlers in here that cry to daddy,' one resident bemoaned.

One resident, Charles, who had lived most of his life in Arizona, enjoyed sunbathing, but was chastised by one of the administration for the impropriety of taking his shirt off while on one of the public sun decks. While some residents appreciated the effort these rules required residents to put into their appearance and their public performance, other residents said that they felt like a chokehold and prevented them from kicking back, wearing sandals, and relaxing.

There was also a noticeable lack of alcohol in the community. Though some residents suspected that the institution did not want to apply for and pay for a permit to supply alcohol to its residents, others believed that the original prohibition remained. Residents could drink in their rooms, of course, and there was a designated suite in the independent building, which had a billiards table and televisions, where residents could drink

socially. But, one resident suggested that he felt embarrassed to drink a beer out in the open, even where it was 'acceptable.' 'You still feel bad for doing it,' he said.

Perhaps the most overt expressions of Hollenbeck's Presbyterian roots were the chapel that stood in the middle of its campus and the presence of the Chaplain. The Chapel was considered one of Hollenbeck's draws since it was an architectural marvel; it was also widely considered a community-gathering place, since it housed more non-religious activities than religious ones. The Chaplain was a welcome feature of the Hollenbeck community for many, but for those who were not Christian, the emphasis on 'Bible Study' and the prayers before meals felt alienating. While there were monthly Shabbat dinners in the Activity room, which several Jewish residents and their families attended, Al, a 91 year-old, Jewish resident, still felt like Hollenbeck were 'not his people.'

Nevertheless, Al, even though he knew it might cause him some social problems, said the Christian ethos at Hollenbeck made him think that they were serious about caring for the vulnerable. David shared Al's sense, and saw Hollenbeck's philanthropic commitment to the vulnerable, even if it came along with paternalistic social culture, as preferable to a corporate model whose culture was flexible to individual demands, but was also 'culturally thin,' 'cold,' and 'soulless.' 'It's better to have a heart,' he said. David knew that choosing any elder-care option would involve compromise, and would require that he put up with some organizational peculiarities he would inevitably dislike. But elder care, in his view, was never going to be a utopia. And his choice to invest in Hollenbeck, even though it was not perfect, was, for him, the safer option. He had faith, too, that Elizabeth's spirit was strong enough to continue to secure the institution's future, and thus his own, even in a tumultuous and trying political economy. 'She's battling for us bastards,' he quipped, and he raised his arms in defense, as if warding off potential threats.

The Strength of the Spirit in Neoliberal Times

While many residents had faith in the spirit of Elizabeth Hollenbeck to guide the institution, they also felt that this philanthropic orientation could be tested and overpowered by market demands.

Halfway into my fieldwork, the all-Japanese, non-profit retirement community, Keiro, a block away from Hollenbeck, had 'sold out,' David said. It had been purchased by a for-profit corporation, Pacific Companies, that ran a conglomerate of retirement communities throughout California. This acquisition left Hollenbeck as one of the last non-profit retirement communities left in the county, let alone the state. 'People got scared, believe me,' David said. 'And it made people wonder if Hollenbeck was headed that direction, too.'

What Hollenbeck residents found so scary about Keiro's privatization was that the institution had supposedly shared Hollenbeck's historical commitment to marginalized elders and the local community. Eight prominent Japanese community members started Keiro in 1961 to 'create a culturally-sensitive environment with familiar language, food, and values, a place for seniors in their twilight years to call "home"' (Sonksen 2015). Keiro emerged out of a longer lineage of Japanese-specific medical care in Los Angeles, whose cultural sensitivity became especially crucial during and after the internment of Japanese throughout World War II and the racism that remained after this wartime period. While cultural ideals tasked Japanese families to take care of their elders in their home, Keiro helped change the negative stereotype of retirement communities in the Japanese community in Los Angeles. Moving to Keiro was not seen as a consequence of family abandonment, but as a way to forge deeper connections to a broader Japanese family. Growing old at Keiro meant investing in, and

continuing, the Japanese community which had for so long been kept on the margins of the city.

It came as quite a shock and blow when the Keiro board sold its institution to an elder care monopoly, Pacifica Companies, for a profit of 41 million dollars. When they did so, they gave six reasons for making the sale:

> (1) Third and Fourth generation Japanese Americans do not need a Japanese senior health care facility, (2) Obamacare will result in ever-increasing health care costs that Keiro won't be able to afford, (3) Keiro residents will receive the same level of care under new ownership and management, (4) all the employees will retain their jobs, (5) a Community Advisory Board will ensure that during the 5-year transition, the residents will receive the same level of 'culturally-sensitive care' under Pacifica and its third party managers, Aspen and Northstar, and (6) the net proceeds will be used by the "new Keiro" to educate Nikkei seniors on health care issues (Sonksen 2015).

During the sale, the board required Pacifica Companies to agree to a one-year fee freeze and a five-year operation promise. But residents and activists found the Board's deal nearsighted: one year was hardly enough time for residents to figure out whether or not they would be able to afford future price increases. Residents had already been submitted to an increase in fees under the non-profit Keiro leadership, and they worried that a for-profit model would only intensify pricing. Staff feared they would suffer significant cuts to their pay.

Alongside fears, residents, staff, and community members also had their suspicions. There was a pervasive, lurking sense that Pacifica Companies did not want to continue Keiro's elder community but instead raze it in order to build a multi-family development. The concerns were not far-fetched. Parts of Boyle Heights were becoming quickly gentrified, and Keiro sat on some of the most precious land in the city, perched on a mountain edge, which had a spectacular view of Downtown Los Angeles. It was only a block away from the newly built Mariachi Plaza metro station, too, which made the city more attractive to young, downtown professionals.

Many of the fears of residents and staff at Keiro came true. After the sale, residents experienced a significant rise in their year-to-year payments. Many employees left the organization, since they lost seniority under new leadership and were forced into a new healthcare plan whose premium was far more expensive than they could afford (Nakanishi 2016). Volunteers stopped giving their time, not wanting to provide free labor for a for-profit model, and residents noticed a significant decrease in activities that were tied to their 'heritage' (Nakanishi 2016). After two years of ownership, Pacifica had already increased the fees by 10 percent, and planned to continue the cost escalation. Activists and residents still protest the sale, petitioning local and State government leaders (Nakanishi 2016), and holding marches in the streets of Los Angeles (Rafu Shimpo 2018). Many of the residents at Keiro, uncertain about their futures under private management, moved to Hollenbeck at the threat of the sale, during the sale, and continue to do so.

Keiro showed Hollenbeck residents that the market could seduce even institutions firmly rooted in a community-based ethos. What was most worrying about the Keiro case was that Keiro leadership perceived their privatization not as an abnegation of their community commitment, but as the only way to maintain their community commitment in the contemporary political economic context. They specifically stated that 'Obamacare will result in ever-increasing health care costs that Keiro won't be able to afford.' In this context, Keiro's leadership understood their privatization as an act of care.

Elizabeth's animating philanthropic spirit was strong, and Hollenbeck residents hoped it was powerful enough to ensure the organization's future solvency without having to go private. However, there was considerable worry that the possibility of future elder care outside of privatization was growing more and more impossible. Hollenbeck residents feared they, too, might inevitably have to succumb to the market's seduction.

In neoliberal Los Angeles, Hollenbeck Palms was a welcome respite for many, since it not only had philanthropic roots, but also had maintained them in their contemporary non-profit status. Residents often spoke about the spirit as a potential force that would keep Hollenbeck secure from the encroaching blood-thirst of the market. Anthropologists note that uncertainty and insecurity from the disorder of the market are often mediated through popular religion, witchcraft and spirit possession (Comaroff and Comaroff 1999; Geschiere 1997). Indeed, in a religiously saturated United States, the presence of animating and powerful spirits even in a modern, disenchanted institution, is unsurprising. Such active enchantment speaks to the ways in which residents frequently colored what would have otherwise been a difficult and bleak rational world.

However, residents believed that even the strength of Elizabeth's spirit might not be strong enough to withstand the power of the market, since its institutional neighbor Keiro, which was equally civic-minded, had fallen prey to its privatized conquest. Residents frequently revived the idea of Elizabeth's spirit to affirm its power amidst the institutional culture as if to fend of the encroachment of what had overtaken Keiro, but they also expressed doubt and fear about their ability to dodge what seemed like inevitability, too. If Keiro was not safe, Hollenbeck residents wondered, then who was?

Hollenbeck Securitizing in Place and Time

Residents imagined Hollenbeck as a site of potential security because of its CCRC structure as well as its non-profit status. However, another prominent theme that came up often in

residents' thoughts about the security of Hollenbeck was its geographical-temporal relation to its Boyle Heights context. There were generally two views about Hollenbeck's relationship to its position within Boyle Heights: Hollenbeck was either a site of security because it reflected the Boyle Heights that used to be, or Hollenbeck was a site of security because it reflected the Boyle Heights about to be.

Security in the Past

Boyle Heights historically was one of the nation's most multiethnic cities, serving as the front door of many immigrants newly arriving to Los Angeles. Before World War II the main ethnic communities that inhabited the city were largely communities fleeing the growing racism of the United States's East and South: Jews, Japanese, Italians, Armenians, Russians, and African Americans. But during World War II, all of the Japanese in the city were sent off to internment camps and the Jewish community – which comprised about 40% of the city's population (Los Angeles Conservancy 2018) – had migrated to the Westside suburbs of Los Angeles. The new wave of Latina immigration to Los Angeles began arriving and would soon make Boyle Heights the largest concentration of Latino Americans in the country, with 95.1% of its population registering in the Census as Hispanic. During this time, Boyle Heights became the center for community political activism, housing the Chicano movement that fought for the empowerment of Mexican-American civil rights and the rising labor movements of the city. Due to the city's ethnic change, the Los Angeles City Council passed a contested proposal to change the name of Boyle Heights main thoroughfare from Brooklyn Avenue to Cesar E. Chavez Avenue (LA Times 1993).

Jim, an 86 year-old, Japanese resident retired from a lifetime of working as a Los Angeles County social worker, came to Hollenbeck because he was nostalgic for the 'old Boyle Heights.' When deciding which retirement community to go to, Jim chose Hollenbeck over the all-Japanese retirement community down the street. 'I like all the different people at Hollenbeck,' he explained. Born before World War II, Jim's childhood was, in many ways, the typical Boyle Heights experience: on one side of his house lived the Garcia's, the other the Rosenbaum's. Today, when Jim's gut is acting up, instead of drinking the nutrient-fortified Ensure drink the institution wants him to drink, he asks one of the Hispanic nurses to bring him beans and rice from their home. 'Jim grew up eating enchiladas instead of sushi', the nurse said. And it was true: during his childhood, Jim ate not at his house, but at the Garcia's. Jim also attended the Shabbat dinners offered on Fridays in the Activity Room, because he used to attend with his Jewish neighbors as a kid. 'Hollenbeck felt like home when I visited.'

The phrase 'I wanted to come home' was used frequently as an explanation for why members, who once lived in Boyle Heights, came to live at Hollenbeck. Like Jim, many found its placement within their old geography already a link to home; they found the ethnic diversity familiar, as well. As so many elders came to Hollenbeck to return 'home', Hollenbeck's ethnic population began to reflect the diversity of the Boyle Heights community before World War II. Hollenbeck was widely perceived as a living history of Boyle Heights past. One nurse said that she told her daughter, who worked in a nearby school, to bring her schoolchildren to Hollenbeck for their history course. 'It's like a museum of what Boyle Height's used to be.'

Some residents found Hollenbeck a place of security not only because it reflected the ethnic diversity in which they had grown up, but also because Hollenbeck's non-profit status

was indicative of the Boyle Heights' commitment to, and imbrication with, fellow communal organizations. For example, the Los Angeles Opera invited Hollenbeck annually to participate in its Los Angeles-wide, outreach choral event, where citizens were able to sing along with some of the city's best musicians. And right next door to Hollenbeck was a non-profit organization called PUENTE (People United to Enrich the Neighborhood Through Education), which offered educational programs for adults and youth. Hollenbeck had for many years invited the children of PUENTE to their grounds for an Easter Egg Hunt, and while the children searched for the eggs their parents had hidden in the bushes, residents sat on chairs and watched them. The parents of the children were proud that this hunt could give some happiness to residents, and Hollenbeck residents celebrated that they could offer their home as a resource to the local neighborhood. Because of these community connections, Hollenbeck residents often felt that their investment in the institution also served as an investment in the community.

Residents often perceived Elizabeth Hollenbeck's mission to support the dispossessed elderly as part of the city's broader, historical commitment to the disenfranchised, like the Japanese population during and after World War II and its support of the Chicano movement for its rising Latino population. In many ways, Hollenbeck became a symbol of Boyle Heights' commitment to the vulnerable. This provided security, not only because the currents of its mission ran deep, but also because Los Angeles often used Hollenbeck as an exemplar of the kind of mission-driven community the city could be. 'Nothing bad will happen to this place,' Jim said. 'Los Angeles has a vested interest in maintaining it as one of its oldest community organizations.'

Home, suggests Cieraad (2006:3), and 'the concept of domestic space introduces not only an inevitable historical dimension, but also a temporal dimension often clad in nostalgic

times.' Home, here, is not simply a place, but the 'emotionalization' of a time and place (Saunders and Williams 1988), whose charge comes not only from the people that inhabit such a space, but also from the practices and relations that were contained within it. On more than one occasion, family members described coming to Hollenbeck as walking through a 'time warp,' since its aesthetics and aggregation of elderly seem to bend and tangle up time in such a particularly unique way. Its drastic feeling of alterity to those outside of its communal bounds only highlights the extent to which the space, and its interrelated project of time, are geared fundamentally towards an older generation.

Some residents observed that Hollenbeck had an aesthetic that felt 'homey.' Indeed, antique décor cloaked most of the public gathering spots. The lounge room open to all, where newspapers could be read and coffee drunk, was dressed with floral sofas and curtains. Around the institution countertops were flooded with small trinkets, like ceramic butterfly figures and porcelain bowls, to make the space feel intimate. A large portrait of Elizabeth Hollenbeck hung in the middle of the room as a reminder of Hollenbeck's reason for existence. Downstairs, in the casual Activity Room, the walls were loaded with pictures of current residents on outings to the beach and to local museums, and many of the residents' artwork and trophies from bridge tournaments crowded the bookcase shelves, giving the impression that even the public spaces were considered worthy of private and personal things.

The embodied memory of a Boyle Heights past in a current Hollenbeck is not the only nostalgia evident at Hollenbeck: as a community for persons 65 years and older, its activities reflect a generational aesthetic of 'fun.' When music was played on cassette tapes, it was almost always swing – 'that's the music this generation would have heard at school dances,' it was reasoned – and the hired performers dabbled more in Frank Sinatra than they

did in rock'n'roll. Cinema day found its biggest audience with movies starring the likes of Doris Day, harkening back to an era of film where fuzzy quality, dreamy camera filters and innocently suggestive dialogue was typical. In many ways, it felt like time, as if like a broken disc, was looping in past memorial, feeding back to the residents' images of yesteryear.

As Dominic Boyer (2012:25) suggests, 'Nostalgia always carries with it the politics of the future.' Nostalgia seems a logical consequence of a risk society: when the future is uncertain, the past serves as a time already unveiled, a time from which to sense order and discernment. Such order is no doubt comforting, and it may be this strong link between the past and the present that may make the future bearable. As Myerhoff (1980) notes in her ethnography of a Jewish Senior Center at Venice Beach, many of the elders she worked with fiercely drew on old, traditional beliefs during times of radical uncertainty.

Hollenbeck's reflection and nostalgia of, and rootedness in, the past made it feel like a secure place to live for many Hollenbeck residents, not only financially, but also aesthetically.

Security in the Future

While many residents felt that Hollenbeck's nostalgic, aesthetic affect and community reflection and integration were sources of security, many felt that these qualities were exactly what made Hollenbeck insecure. Boyle Heights was known across Los Angeles for its poverty, crime, as well as the prominence of its gangs, many of which were rumored to congregate at and to patrol the Hollenbeck Park across from Hollenbeck Palms. East Los Angeles, of which Boyle Heights was a part, was considered to be on the 'wrong side of the river' of Downtown Los Angeles, and the tangle of freeways that encapsulated Hollenbeck

on all sides was both a symbol of and the reason for the area's devaluation, congregating pollution and traffic.

The marketing team at Hollenbeck was conscious that their surrounding community depreciated Hollenbeck's value on the elder-care market. They were careful to advertise the presence of the 24-hour guard on hire, and underlined Hollenbeck's tag line 'retirement oasis' to imply that Hollenbeck was a uniquely peaceful spot in an otherwise difficult land. The institution had, bordering the edge of its land, a tall, black fence, which would be difficult, if not impossible to scale. Hollenbeck was, in many ways, what Davis (2006) calls a 'privatopia', a representation of one of many of Los Angeles' gated, private utopias that reflects the city's security-obsessed urbanism, and the ways in which in a neoliberal order persons turn from 'producers from a particular community' into 'consumers in a planetary marketplace' (Comaroff and Comaroff 2000:304). These guarded spaces were places where the wealthy secede from the city's everyday life, and a way for the rich to abandon community participation or reciprocity (Vesperi 2005; Low 2000).

While some perceived Hollenbeck as a symbol of Boyle Heights, and emphasized its history in the community, its identity as a non-profit, and its connection to other community organizations as proof of its embededness, other community members in Boyle Heights wondered if Hollenbeck was yet another instance of the increasing creep of gentrification in the area. Its name change from Hollenbeck Home for the Aged to Hollenbeck Palms, and its recent development of a grander, more modern independent-living building specifically to recruit wealthier baby boomers, made it seem like it was internalizing the 'urban renewal' wave that was quickly enveloping Boyle Heights, a movement that made institutions reinvent and thus distance themselves from the local community in order to attract new capital from the outside.

During my fieldwork, a sign was placed on a newly-built apartment building with a café occupying the front floor declaring, 'Alto a la Gentrificacion, A Boyle Heights, Por Boyle Heights, Para Boyle Heights', which translates as 'Stop Gentrification, Of Boyle Heights, By Boyle Heights, For Boyle Heights.' The building was, like Hollenbeck, on the cliff of Boyle Heights, the first part of the city closest to downtown Los Angeles. This real estate was tempting to young professionals, not only for providing one of the best views of downtown Los Angeles and for its proximity to so many transportation outlets like the metro, bus, and freeways, but also because it offered a 'diverse Los Angeles experience,' appealing to what urban anthropologists have recognized as 'cosmopolitan consumers' with the New Urbanist, progressive desire to refuse the scripted suburbs in favor of the creative, strange, unexpected urban centers (Lloyd 2011). Hollenbeck's physical proximity to the edge of downtown made it seem already contaminated by the creep of gentrification, and a supple and likely site for this new trend to transform.

While some were threatened by Hollenbeck's inclusion in this gentrifying sweep, some residents found it encouraging. For David, a self-proclaimed baby boomer, he believed that in order for Hollenbeck to remain financially viable, they had to look to the future and become competitive in the market economy. He also was adamant that Hollenbeck correct its nostalgia, and orient its environment and programming to fit the upcoming generation. 'If they want to attract people like us,' he said wagging his finger back and forth indicating himself and his wife, 'then they have to change the experience.'

Changing the experience required an aesthetic update, David believed. The sleek, clean lines of the new, independent, modernist building at Hollenbeck, he said, were more akin to the aesthetic of what a baby boomer would like; not the frills and flowery prints that once indicated home and security to the older generation at Hollenbeck. He brought up a

newly arrived resident to Hollenbeck, a baby boomer, who, dependent on his iPad, tried to set up internet cables in his room, but found that the old, 'outdated' building he was living in (Rush Allen Hall, which was next door to Magnolia Court) could not support the kind of circuiting he was trying to install. The resident ended up leaving Hollenbeck shortly thereafter. 'These buildings *have* to be more functional,' David said.

Changing the experience of Hollenbeck also required an updated vision about how Hollenbeck related to the city. David noted that many of the community activities that Hollenbeck engaged in involved outings that were too proximate to be interesting. He noted that his favorite part of Los Angeles was the booming area of Downtown, where a new arts scene, craft breweries, and restaurants with local food were appearing. Los Angeles was full of 'cultural opportunities' that baby boomers would want to take advantage of, he said, and the institution would have to embark out into these new terrains in order to appeal to the tastes of the new generation. Indeed, David saw retirement as an excuse to do something different, and as a time not to localize himself in one place, but to explore new horizons. This reflects Vesperi's (2005) sense that baby boom retirees often migrate to new cities for retirement precisely to cut ties from their civic responsibilities, so that they can pursue activities out of volition and not obligation.

While Jim believed that Hollenbeck was a site of security because it reflected Boyle Height's past, David believed Hollenbeck could only become a site of security if it embraced the future that at once transformed and transcended Boyle Heights' locality. These two different ways of thinking about security, whether as rooted in the past or the future, cut across generational, class, and ethnic lines. Jim's view was largely representative of the older

generation at Hollenbeck, where David's view captured the thoughts of many of the baby boomers. David's faith in the productive nature of gentrification as a form of development was largely a faith of the wealthy, and Jim, less well-off, feared the potential threats of this marketization and its potential to widen the gap of inequality. Jim saw Boyle Height's ethnic diversity as a source of comfort, as did many of the Latino and Japanese residents at Hollenbeck, but many of the White residents, including David, saw Boyle Heights ethnicity as a potential source of danger.

These differentiations along various demographic identities show how divergent visions of secure futures were at Hollenbeck. The diversity of the resident population at Hollenbeck, across varying ages, ethnicities, and classes, created communal tensions in present, everyday governance and experience, and also posed a difficult, forward-looking conundrum. In its own institutional attempt to provide security for its residents and to also secure its institutional future, whose future would Hollenbeck choose? During my time at Hollenbeck, this was not an abstract debate, but an urgent one, since there were rumors that the leadership team was going to retire. In their imaginings of the institution's possible futures, residents debated about the virtues and vices of its CCRC identity, its financial ethos, and its entanglement with its urban surrounds and hoped and prayed, lamented and scorned, what might become.

Conclusion

As elders are made responsible to secure their aging futures, many seek elder-care options that they can trust for their aging and dying trajectories. However, discerning trustworthy institutions for elder care in the strange, unequal Los Angeles landscape was difficult, and

the pursuit to find elder care filled with both dangers and opportunities. While many felt Hollenbeck was an excellent form of insurance for their uncertain aging and dying futures, others felt that the general privatization of CCRCs might mean that Hollenbeck could, in the future, become just another unaffordable option in the Los Angeles terrain. This dual experience of hope and despair, uncertainty and certainty would seem to support the idea that risk logics in a neoliberal society, where rumors and fears run rampant, both ensure control and, at the same time, accentuate instability (Jenkins, Jessen, and Steffen 2005).

It is not just that risk thinking cannot discipline uncertainty. In our attempts to control futures, we may very well *generate* more uncertainty. The risk logic requires elders to plan and to prepare for their futures, in order to control them. But in orienting their minds towards the options, possibilities, and "what-ifs" of the future, elders and their families did not conquer aging, but only became more familiar with its inherently uncertain terrain. For example, in seeking a secure elder-care option, Hollenbeck elders invested in the institution, because the Continuing Care Retirement Community promised to take care of all of its inevitable, physical needs. But in addressing their potential physical requirements, elders inherited new uncertainties, like the financial risk of investing in the CCRC model and the general anxieties that come along with contracting care in an urban environment. This reflects Beck's (1992) sense that a risk society generates a never-ending escalation of dangers.

However, elders at Hollenbeck focused on the aspects of Hollenbeck that made it feel like a secure option. Amidst the risks of privatization and a market-driven thirst for profit, Hollenbeck had at its heart, most residents believed, the philanthropic 'spirit' of its philanthropic founder, Elizabeth. This was not seen simply as a latent historical narrative, but an active, animating energy that infused the work and the future of Hollenbeck with a special kind of attention and devotion. Against the cold, calculating, individualistic and

market-driven pursuit of a neoliberal institution, Hollenbeck was infused with the warm memory of its founder, a spirit of community, and a specific commitment to the vulnerable. This connects to scholars' enduring claim that amidst the anxieties of neoliberal, modern disenchantment, Americans seek ways to enchant their worlds, and to infuse them with a commitment towards underlying values of community and connection (Berger 1999; Heelas 2008).

This chapter also seeks to position Hollenbeck and neoliberalism in greater specificity. While risk, uncertainty, and its affective experiences of anticipation, hope, and anxiety are often talked about in abstract terms, this chapter shows how these projects and emotions of the future were grounded in the particular environment. This is especially acute as more and more people move into the 'business' of elder care, and market themselves with opaque advertisements about their care. It also becomes more acute as anxiety rises over rumors of resident abuse and of institutional bankruptcy. However, these anxieties and insecurities are not abstract fears, but resolutely particular and local, enmeshed in the daily fabric of elders' everyday lives.

Fairbanks and Lloyd (2011:7) note that previous studies on neoliberal, urban cities primarily reflect on abstract levels of restructuring, and fail to speak both to how such restructuring impacts everyday social and personal experience in time and place and to the ways in which particular social geographies express these broader sociological trends uniquely. They suggest that the ethnographic project should concern itself with how urban, market-based policies shape the ways in which people navigate, experience, and understand 'the self, the sensory, the neighborhood, the civic and the institutional.' This chapter shows that elders at Hollenbeck did not simply understand neoliberalism as an abstract concept, but experienced it socially and spatially in the privatization of the Japanese CCRC down the

street, the construction of the sleek apartment building at Hollenbeck to attract the baby boomers, the infiltration of cafes in the neighborhood, and the intensification of inequality in aging and its care both at Hollenbeck and outside of its bounds. It therefore joins Garcia (2010) by breaking open the four walls of the institution and seeing how institutions, and the individual experiences within them, are deeply impacted by the socio-historical landscapes and the imaginaries of the past and future they represent and produce. This therefore contributes to the ways in which the complex interaction between geographies of the self, community, and environment produce particular affects and experiences (Moore, Pandian, and Kosek 2003). It also attends to de Boeck's (2012) sense that cities are full of 'paradoxes, disjunctures, closures and possibilities' all at the same time.

This chapter, therefore, continues the tradition within medical anthropology to understand American biomedicine as a diversely experienced institution (Morsy 1996:32). Hollenbeck was not simply another institution, easily explained by Foucauldian or Goffman-esque theories. Instead, Hollenbeck was both impacted and separated from the community's flows, perceived as a reflection of the local community and a source of the invading gentrifying crawl. This chapter troubles previous analyses that old-age communities in the United States are 'enclaves' positioned marginally away from the rest of society (Goffman 1968; Foucault 1977; Shield 1988). While institutionalization theories allow us to question the ways in which older people in the United States are peripherally located, in Hollenbeck's case the relationship between the retirement community and the surrounding community depends upon more complex social factors than simply medicalization, including class and ethnicity, as medical anthropologists interested in political economies have been arguing for some time (notably Scheper-Hughes 1992; Morsey 1996; Farmer 1999). This case shows us the importance of not taking for granted elder institutions' alienation, but instead to question

how a retirement community and its local community are related, and the ways institutions at once reflect and transcend their local context. Even though elder care is positioned as a dystopic realm, this chapter shows that the search for elder care in the United States can be experienced as both a nightmare and a dream. It also shows how elder-care institutions are places where security is pursued, and new social connections developed.

Chapter 3. Contested Care: Remaking Relations at the End of Life

It was rare to see 'family visits' during the week at Hollenbeck. Mostly, the visitor parking lot would be full on weekends, when residents' children were off from work and could drive sometimes five minutes, other times a state over, to visit. Most residents had family visits irregularly and many residents did not have family visits at all. Families that did regularly come were seldom seen within the institution walls, preferring to take residents out for a wheelchair stroll through the gardens or outside of Hollenbeck altogether, to their favorite restaurant in the city, for example. For residents who could not leave the institution's walls, either because they were too sick or too immobile, families would take them to their private rooms to talk. Families seemed to feel out of place at Hollenbeck and did not know how to integrate themselves into their elders' lives there. During my time at Hollenbeck, I knew of only two family members, both women, who visited their mother and father each week, who also chose to participate in the social life of other residents. One woman brought her pet Chihuahua to visit during coffee time on Wednesdays, to the joy of several residents; the other woman came weekly to assist her mother during bingo.

While families were largely absent from Hollenbeck, family was still a term used frequently in everyday discourse. But 'family,' in its frequent iterations, did not refer solely to blood relations, but also to relations made within the institution. For example, Hank, a resident, said that Thanksgiving was always a busy holiday for him. 'I have to have Thanksgiving with my new family here at Hollenbeck, and then I go have another Thanksgiving with my other family in Brentwood.' And many elders, single and without children, and with relatives only very far away, considered Hollenbeck their new home and called Hollenbeck their 'family.' Lonnie, one of these single residents, talked about wanting

to have her ashes spread in the rose garden at Hollenbeck. 'All the people I love and that love me are here. They're my family.'

The relation between 'family' and 'institution' at Hollenbeck was a murky one, and not always as easily distinguishable as the perceivably dichotomous entities are popularly believed to be. 'Old families' and 'new families' were terms regularly deployed in the everyday parlance of elders, and it was clear that ideas about relations were shifting and emerging at Hollenbeck in a variety of ways. At Hollenbeck, what Tocqueville (1899) said was true: 'Among democratic nations new families are constantly springing up, others are constantly falling away…'

This chapter builds on contemporary literature that focuses on how kinship changes in the face of demographic change, and the way contemporary care needs, amidst difficult economic conditions, demand that kin be responsive and be reinterpreted (Manderson and Block 2016). It explores how families are being tasked to inherit the new needs of elders amidst the aging crisis, and the way these discourses of responsibility impact the institution and family dynamic at Hollenbeck. Lastly, this chapter investigates local definitions of kin at Hollenbeck and explores how kin in the United States is a relation not only given by blood, but also made through practices of care.

In looking at a variety of kin forms in elders' lives at Hollenbeck, this chapter seeks to show the variety of relations in residents' lives. As new demographic and social needs emerge in the twenty-first century, Berlant (1998:286) suggests that we need to 'rethink intimacy.' Doing so, she says,

> calls out not only for redescription but for transformative analyses of the rhetorical and material conditions that enable hegemonic fantasies to thrive in the minds and on the bodies of subjects while, at the same time, attachments are developing that might redirect the different routes taken by history and biography. To rethink intimacy is to appraise how we

> have been and how we live and how we might imagine lives that make more sense than the ones so many are living.

The task to uncover the diversity of forms of intimacies at Hollenbeck, often hidden from view by the dominance of 'hegemonic fantasies,' is an attempt to lend legibility to their forms. It is also to question not only why new relations are emerging, but also the grounds in which they are doing so. While crises are often perceived as weakening social relations, this chapter shows that crises are also sites in which the emergence of new connections can materialize.

Elder Care: Moral Panics and Responsibility

In November 2015, an American elder was found stranded in a bus station car park in England (MacIntyre 2017). No one knew how he had gotten there or who he was. Given the elder had dementia, even he could not explain or identify himself. The English police placed him in a nursing home as they carried out an investigation and the BBC posted an online bulletin, attaching a photo of the elder, requesting the public's help in discerning his identity. After eight months of living under English care, a woman replied to the online bulletin with a high school yearbook photo of a man named Roger Curry. She went to school with Roger in Seattle, Washington, and thought the photo of the unidentified man now living in England looked similar to him. A BBC reporter followed the clue and traced the Roger Curry who used to live in Seattle to a now abandoned home in Los Angeles. The reporter visited the home and asked the neighbors next to it whether they recognized the unidentified man in the photo. 'That's Roger,' they replied. 'No question about it. No doubt.'

After English authorities identified Roger, he was immediately flown back to the United States and was thrust into the center of a conservancy battle between Los Angeles County and his family. The police were led to believe that Roger's son flew him from the United States to England to abandon him there. They surmised that the son did not want to inherit the practical and financial care needs of his father, deciding instead to offload them on a country whose healthcare system was less privatized and more robust. Because of this conclusion, the Social Security Administration in 2017 halted sending benefits to Curry's family for suspicion of 'elder abuse and abandonment' (Winton 2017). The son negated these accusations, however, saying that his father had merely gotten ill on their family trip to England and had stayed there to receive immediate support. But the court found the son's story difficult to believe and eventually decided to place Roger under the care of the County.

Curry's case ran for weeks in international newspapers, capturing the public's fascination and revulsion. It was the latest example of what is colloquially termed 'granny dumping' in the United States, the abandonment of the old in public spaces. In 1992, the American College of Emergency Physicians estimated that families unable or unwilling to care for their elder in their last years left 70,000 elders in public places, most of which were emergency rooms (New York Times 1992). The frequency of granny dumping, at the time, tapped into a rising, collective anxiety around the future of elder care, and the ways in which American primary infrastructures of care, families and public institutions, were being newly taxed under the surging wave of the aging boom.

But Roger's case was not just a continuation of the old narrative around granny dumping, but was in fact a new articulation of it. Families, like Roger's, were still shirking their responsibility to their old, but now they were abandoning in international, not national public spaces. Roger's case showed that not only was the United States's first, rightful line of

care family care failing, but that its second line of care, public institutions, were no longer being understood as robust enough safety nets.

Roger's case reveals a national, moral panic around the tenuous relations of care in the United States and what that will mean for the physical, financial, and emotively taxing trajectories of an elder's aging and dying, which are only becoming more complex, expensive and vulnerable as biomedicine extends lifespans. Aging and dying do not just demand good relationships of care, but extraordinary relationships of care, durable enough to withstand the transgressions, taboos, and existential angst aging and dying often provokes. Elders at Hollenbeck knew that it was difficult to find and nurture extraordinary relationships of care to withstand their complicated futures. In neoliberal times when every resource seemed squeezed, though, they often felt that finding extraordinary relationships of care seemed impossible.

Making Lonely Elders: Modern Individualism

The moral panic around the thinning of social relationships of care, and what that might mean for the new demands of elder care in the contemporary United States, bears the intensity of fresh urgency, but also the creeping sense that this issue was forthcoming all along.

Scholars have long noted the reorganization of caring responsibilities for the old in 'modern' societies. This reorganization is often explained by larger sociological theories that understand traditional relations shifting in the face of modern innovations of rationalism, industrialism, and individualism (Durkheim 1993 [1893]). Feudal organizations that once inspired intimacy and collectivity turn into modern, urban societies that deliver impersonal bureaucracies and relationships based on contracts between individuals (Henry Maine 1917;

Durkheim 1993; Weber 2009). In these new times, as individuals are '*dis*embedd[ed]' from social institutions like 'class, gender, family and religion' and '*re*embedd[ed]' into new legal, economic orders like pension schemes and welfare states (Cortois 2017:409-410), relationships of care are no longer 'givens', but becomes 'tasks' to achieve (Bauman 2001:142), and therefore are perceived as more tenuous, impersonal and anonymous (Weber 2013; Stevenson 2014). This induces experiences of what Beck and Beck-Gernsheim (2002:6) call 'precarious freedom.'

Frequently, comparisons between modern elder care in the West and Other places are made, where to be old in the United States is believed to be 'in sharp and disgraceful contrast to being old in traditional, non-Western cultures' (Shield 1988:11; see also Nydegger 1983). This comparison draws on ideas of the exoticized, premodern Other, where the East, untouched by the challenges of modernity, still abides by premodern contracts of sociality, age hierarchies and cycles of reciprocity, and where the West is flanked by the dilemmas of an advanced, industrial, modern order.

While Americans often blame their lack of commitment to the elderly on modern forces, there is also a sense that, relative to other Western, modern countries, Americans' cultural commitments to individualism and self-determination do not just reflect modern perils, but exacerbate them. This echoes scholars' sense that as modern forces of individualization span the globe, its variant emergence in space and time reflect not only the unevenness of global flows (Appadurai 1990; Cooper 2005; Trouillot 2001; Ferguson 2006), but also the local interpretation of them (Liebes and Katz 1990; Hannerz 1992; Merry 2006).

Tocqueville (1839:205) suggests that the United States's cultural commitment to individualism creates conditions where 'the bond of human affection is extended, but it is relaxed.' He continues,

> Among democratic nations new families are constantly springing up, others are constantly falling away, and all that remain change their condition; the woof of time is every instant broken and the track of generations effaced. Those who went before are soon forgotten; of those who will come after, no one has any idea: the interest of man is confined to those in close propinquity to himself… Aristocracy had made a chain of all the members of the community… democracy breaks that chain and severs every link of it… not only does democracy make every man forget his ancestors, but it hides his descendants and separates his contemporaries from him; it throws him back forever upon himself alone and threatens in the end to confine him entirely within the solitude of his own heart.

The very conditions that allow Americans to pursue freedom are also the conditions that are deemed to create precarious social relations, generational forgetting, and elder irrelevance. Indeed, as Shield (1988:11) suggests, Americans have a myth about themselves that it is their cultural custom to 'dump their elderly relatives in substandard nursing homes.' Though they recognize this perceived abandonment as a moral failure, they continue to seek out this form of institutional care anyways. Elder abandonment is both a regrettable, and seemingly inevitable, feature of modern, American life.

There is a sense that modern and cultural American trends have both created the aging crisis, and have weakened the social institutions required to respond to these growing care needs. As Beck (1992) notes, as the risk society continually and endlessly thrusts the world into new, uncontrollable dangers. The helplessness at the heart of the moral panic around the aging crisis encapsulates the risk society motto: 'I am afraid' (Lash 2000:42).

Roger, dumped in a car park, disembedded from his nation, community and family, and floating amidst strange networks as an isolated entity, symbolize the perils of being old in a modern United States, and embody the dangerous possibilities of being 'thrown back forever upon oneself' and 'confined entirely within the solitude of one's own heart' (Tocqueville 1839:205). The moral panic reflects concerns about the contemporary state of granny dumping, but also inhabits deep anxiety about what it indicates about the probable, dark future of the United States's aging crisis.

Blood, Home and Community as Modern, American Solvents

As the moral panic of elder abandonment, disconnection, and malaise hits high clamor, policies seek to ameliorate the problems surrounding elder care. Since modern progress seems only to have spun out more problems than it has answered, American discourses are filled with the sense that the best way to address both the spiraling needs and problems of elder care in the twenty-first century is to reverse the modern trajectory towards disembedded individualism and to retreat back to more pre-modern, 'natural' forms of care, seated not in institutional contracts, but in the family and in the community.

'Aging at home' (Loe 2017:219) and 'aging in place' are elder care trends that have newly emerged, imagined as 'natural', communal solvents to the increasing chaos and crisis of modern, cultural, and social innovations. They seek to reverse modern innovations, especially the institutionalization of elder care, to re-embed individuals back into given forms of relations, and to use American cultural solvents to rampant individualism, like community building, to reconnect elders to social relations of care, love, and purpose.

Current policies that champion 'aging at home' and 'home care' situate love and sentiment in the home. The home, in American discourse, symbolically represents 'a sense of identity, a locus of security, and a point of centering and orientation in relation to a chaotic world beyond the threshold' (Chaudhury and Rowles 2005:3; see also Altman and Werner 1985; Marcus 1995). Perceived as a pre-modern site, the home is perceived to be absent of, and a refuge from, the dangers of modernity.

The private home is also the site of the family in the United States. Aging at home initiatives seek to re-embed elders in their 'natural' relations of care, amongst blood. In times of moral panic around weakening relations, the turn back to 'natural' forms of social

organization is not simply about ease or lack of imagination. The 'natural' is culturally loaded with particular relational qualities and characteristics, especially in the United States.

In his foundational work on American kinship, Schneider (1980) argues there are two distinctive qualities to American cultural approach to kinship, both differentiated: one, the 'order of nature' that includes biogenetic links (shared blood between brother and sister, and the exchange of substance between mother and father to produce child), and second the 'order of law' that form relations through juridical means (relations formed through legal marriages, like mother-in-law). Schneider (1980:61) notes that 'given', biogenetic shared substance acts as a formative connection between parents and children, and that these links allowed for integration and durability, symbolizing 'enduring, diffuse solidarity,' relations that are long-lasting and irrevocable. It is why, he says, Americans believe that 'blood is thicker than water.' Even if, or rather especially when, family members are thorny or mean, Americans believe they cannot sever their ties with blood. 'They are yours,' Schneider writes (ibid.:54), 'and you stay with them as they stay with you.' This kind of durational commitment is particularly persuasive in anxious times, when elder needs intensify and resources dwindle. Indeed, instead of precarious, made bonds of care, families provide given, eternal bonds of care. In the twenty-first century United States, when care needs are intensifying and feelings of social precarity abound, the promise of given, soluble, and durational bonds of family appear especially promising.

Just as 'aging at home' offers pre-modern solutions to modern dilemmas, 'aging in place' seeks to counter cultural individualism by re-embedding them in community relations. Putnam (2000) suggests Americans have used civic association and participation to rectify the individualizing, silo-ing effects of urban cities' individualism. Putnam (ibid.:22), distinguishing between two kinds of social capital, 'bonding' that occurs between people of

the same age, race, gender, etc. and 'bridging' that occurs across differences, suggests that it is important to develop bridging social capital in a diverse society in order to develop 'habits of the heart' of understanding, cooperation, and responsibility to others different from oneself. Aging in place, therefore, seeks to counter the segregation of the old in old-age communities and re-embed them in a diverse community, where they will encounter intergenerational relationships, participate in local affairs, and, by doing so, become less lonely and more related, less purposeless and more engaged. Community efforts to produce intergenerational housing and projects (which often include some word interplay between 'bridging' and 'generations', a reflection of Putnam's own vernacular) reflect this concerted effort.

The Dilemma around 'Good Care'

The normative discourse that frames aging in place and aging at home as superior options of elder care in the twenty-first century United States identify the family and community as the source of thick relations, and the institution as a site of thin contracts; the family as a source of pure love, and the institution as a source of transactional intentions; the home as the site of identity, individualism and independence, and the institution as the site of anonymity, constraint and passivity; and staying at home and in the community as facilitating interconnection and relatedness, and moving into an institution as a segregating and rupturing transition. While new care trends posit that the home and the community are natural, superior forms of care and that institutional care is substandard and destructive, the political economy makes it difficult, if not impossible, for families and communities to inherit this care and thus to achieve these visions of the good.

Though this trend to naturalize kin is certainly a predictable, historical pattern where new emergences and old continuities oscillate (Clarke 2011), it is crucial to question why the naturalization rhetoric emerges in context. Indeed, in the United States, this retreat back to the home and to the family for good care is not simply animated by an a-historical reaction to modern ideals, but is inflected by particular social, political, and economic contexts and modes of governance.

Cooper (2017) argues that neoliberal cuts to welfare simultaneously named the family as a safety net replacement. Through her research, she shows how neoliberals and social conservatives joined forces in the United States in the 1980s to begin a campaign about the importance of strengthening family bonds. Both clung to the notion that it was family that was the 'natural' social unit of care, and believed that families deliver personalized, loving care against the impersonal, cold institutions of the state bureaucracy. Conveniently, moving care from the public sphere back into the home lowered costs, since home care relies heavily on the unpaid labor of women (Ventura 2012). In emphasizing the inadequacies of state care, and highlighting the virtues of the family and home, neoliberal logics create a moral hierarchy of right relations and caregiving. However, while it emphasizes the centrality of the home and the community to good care, it does little to support these social relations in the political economy.

Glenn (2010) shows that this conservative assumption about the family forces women into a double bind: women's ability to give care is posited as an a-historical thing of nature, but the new economic conditions in which women find themselves make this kind of caregiving difficult, if not impossible. Women in this new neoliberal economy are both required to work and to care for their aging parents, and must do both things in order to be seen as a contributing to their family as a good daughter, mother and wife. Women are

expected to be 'always on call,' especially if their elder is in great need of assistance (Levine 2000). Various studies show the intense emotional impact this has on women's security. In the United States, women make up 70 percent of the informal caregiving workforce, 50 percent of these female caregivers made several dire work accommodations to enable their elder caregiving (for example, fewer hours, earlier retirement, declining promotions), and these female caregivers were 2.5 times more likely to fall into poverty than those without care responsibilities (since their caregiving induced cuts to their wages, their Social Security benefits, and their pension wealth) (Glenn 2010:7). It is why 'natural facts' of good care often suit systems of power, where state interest and male hegemony entwine (Yanagisako and Delaney 1995).

Similarly, communities struggle to provide the kind of caring responsibilities that these neoliberal discourses encourage. As Bellah (1985:xxiii-xxiv) notes, it is a common tactic in American politics to dismantle public structures of care in hopes that the voluntary sector – including non-profit organizations, churches, charities, and foundations – will take over. But often these community resources are themselves struggling for resources. And, he notes that since so many of these organizations are run by affluent citizens, they often 'do more to protect the well-to-do than the needy.'

It is not just that the family and community are themselves struggling to gather sufficient resources to provide robust care for the old, it is also that, in the twenty-first century, these models of care are no longer perceived as adequate caregiving models.

While political discourses continue to situate good, loving care in the home, often in juxtaposition to discourses of fear about the drawbacks of institutional care, American families still recognize that biomedical oversight is a central, if not *the* central feature to good elder care, especially when the elder is in particular need of continual, physical oversight

(Estes and Binney 1989). Americans believe that medical tools are the right ones to handle issues caused by aging, and have developed and normalized late-life interventions in old age to such an extent that elders over eighty are the fastest growing group of surgical patients (Deviri et al. 1995; Olshansky and Carnes 2002). Disease prevention, symptom control, and preventive and risk-oriented interventions are now considered normal, expected features of old age in a biomedical United States, and to not take such health precautions would be considered egregious oversight and a moral failure (Kaufman 2015). Even though Americans try everything to keep their elders at home, many of them rely on medical institutions to care for their elders because they are seen as a way to keep elders safe, secure, and comfortable (Shanas 1979; Mace and Rabins 1981; Brody 1977). Indeed, in 21st century biomedicine, it is now increasingly common for kin to express their love and care by seeking out more care provision and intervention for their elders (Kaufman, Shim and Russ 2004).

The moral panic around elder abandonment in old age captures the concerns Americans have about the aging crisis and the capacity for American forms of social organization to handle it well. As a booming demographic lives out longer, more complicated, and more taxing aging trajectories, it is assumed that families and communities are best placed to inherit these difficult trajectories.

Inspired by this moral panic, new discourses have emerged that suppose family and community care will solve modern and cultural dilemmas, and seat good care within the home and in the community. Aging at home and aging in place have become paragons of good care and right relationships. However, the political economy makes it difficult, if not impossible, for families and communities to inherit this care and thus to achieve these visions of the good. Bellah (1986:xxv) suggests that blaming the crisis on failures of family or

community values ends up generating misplaced guilt on individuals, and distracts from the real point that these are political and economic failures.

Even though Americans have tried to solve the aging crisis by re-scaling it from national population to community and family issue, even these more intimate, interpersonal relations seem incapable of surmounting contemporary dilemmas. Narrowing the lens to individual cases seems only to change the scope of the complexity of aging trajectories, and not to reduce it. This intimate view, too, shows that the social relations, family and community, that were purportedly that bastion of security were flanked themselves by insecurity and inadequacy (Bledsoe 2002:21).

If the linear trajectory of modern development proves problematic, the retreat back to yesteryear is pointedly not its solvent. Instead, in uncertain times, approaches to good care involve an inherently 'ambiguous process… that reveals the shifting moral ground' where families and institutions are racing yet stumbling 'to reclaim their footing' (Livingston 2003:226).

Blood Ties and Institutions: Conflicting Modes of Care

Hollenbeck Palms acts as a productive site to explore how elder care in the twenty-first century, neoliberal United States is shifting in difficult and strained ways.

The tension in the debate on good care between the primacy of the home and the community, or the institutional and the biomedical, creates a difficult, paradoxical dilemma in care at Hollenbeck. As Buch (2013:279) notes, the definition of care in English implies both 'practical action (caring for)' and 'affective concern (caring about).' However, in a medicalized, neoliberal United States, the dual definition of care is being distributed to two

very different sites of responsibility. Medical professionals are seen as the most capable of providing practical care, but families, because of their historical and 'pure' relations, are considered best placed to provide love. These modern innovations, therefore, perceivably fragment the experience of robust, good elder care, and are assumed to disentangle affection from practice, and practice from affection. Though this chapter will challenge the assumptions of these fragmentations, American cultural scripts still rely on these normative constructions of care. Moralizing rhetoric emerges from these scripts, and plagues both medical institutions and families in their pursuit of quality care.

At Hollenbeck, institutional care actors and families stumble towards the good awkwardly, dependent on each other and yet in tension, and encased by moral stakes amidst power relations that continue to shift underneath their feet. Under new aging trajectories, economic demands, and political and moral imaginaries, care actors struggle to understand their obligations, and do so in both 'tentative' and 'partially successful' ways (Livingston 2003:226), and amidst experiences of guilt, regret, confusion, jealousy, and suspicion.

Maria and Jose: Institutional and Familial Care Tensions

Maria and Jose, Mexican-American residents, moved to Hollenbeck two months into my fieldwork. At 83 and 89 respectively, they had been married for sixty-five years and had run a small business together selling vacuum cleaners. They had met each other in high school in Boyle Heights, calling one another their 'high-school sweetheart,' and seemed still, to this day, bound up in each other's love. Wherever I would find them, they would be sitting close to one another, their arms tangled together, with one whispering into the other's ear.

Jose, who required a walker (which he referred to his 'Cadillac' or 'Caddy'), was quickly losing his mobility and eyesight, and Maria, who had long been his caregiver, was

becoming forgetful. As is the case for all newcomers, the Activity Department proactively sought out the couple to get them involved and integrated into the social life of Hollenbeck. The two became fast, devoted players of bingo, and met residents during these games who would, in time, become close friends.

A couple months into their time at Hollenbeck, the Activity Directors began to realize that the couple's daughter, Veronica, and granddaughter, Nina, began to form the habit of visiting during bingo hours. Often, they would come in the middle of a game and ask Maria and Jose to leave and to go to their room so they could have a 'quiet space to talk and catch up.' The Activity Directors thought this unnecessarily disruptive, and that Veronica was imposing her schedule on her parents. 'Doesn't their daughter know they have a life here, too?' Believing that bingo was precisely what was making Maria and Jose 'feel at home', the Activity Directors interrupted Veronica the next time she tried to pull her parents away form the bingo game and invited her and her daughter to stay and play with Maria and Jose before the game was over. 'It just means so much to them,' the Activity Director said. Veronica, surprised at the intervention, asked Maria whether she wanted to stay, hoping that the Director was erroneously projecting. But Maria said she did want to stay. She explained to Veronica that she enjoyed the game immensely, as did Jose. Veronica, now embarrassed and a bit irritated, sat down next to her parents and attempted to find a way to be anything but a distraction at the bingo table.

As months progressed, the nurses in the Assisted Living section suggested Maria and Jose needed more and more oversight. The institution would increase price levels for Assisted Living residents as nurses became more and more responsible for their care, charging for mobility assistance to and from the dining hall, bathroom assistance, among other tasks. Veronica immediately contested her parents' need for this increase in support,

suggesting that her parents were fine to accomplish these tasks on their own, and was skeptical this was yet another profit-thirsty retirement community looking to squeeze as much money as they could from its residents. Such backlash tended to unease nurses, as they were often already over-worked and completing tasks they did not officially or formally register on their worksheets. If there was a financial controversy here, the nurses believed, it was that Hollenbeck did not ask for or pay enough money for the jobs its nurses performed.

Shortly after Veronica contested the increase in care, she decided to downgrade her parents to a smaller, less expensive room. Instead of two rooms with two single beds, their new room had only one room and one bed and a reclining, leather chair. The Activity Director told me that Maria and Jose had been moved and expressed her disgruntlement. Maria slept in the bed, forcing Jose to sleep on the reclining couch, worsening, the director said, his already acute back issues. The nurse found this 'penny-pinching' immoral. She noted that Veronica often came to visit with new leather purses and designer jeans, fresh manicures and professionally blown-dry hair. 'She's keeping that money for herself,' one nurse said. 'She doesn't want her parents to live a good life at her expense.'

As if Maria and Jose's care trajectory was not complex enough, it became even more complicated when Maria became suspicious that some of the nurses were 'flirting' with Jose and were trying to break up their marriage in order, she seemed to think, so that they could marry him. The nurses dismissed these charges as 'paranoia', which was common, they said, of people with dementia. But Maria refused to let her discontent be treated as madness, and communicated her fears to Veronica, who already had reason to distrust the women who were working with her parents. Veronica called the administration to communicate her dismay that her mother felt unsafe, vulnerable and insecure in their care. The administrator was forced to tell the nurses. Consequently, the nurses, who had tried to be actively involved

in alleviating any difficulty in Maria and Jose's lives, began to distance themselves from the couple, for fear of intensifying what could become consequential misunderstandings. And Veronica visited her parents more frequently after the complaints had been made. 'She didn't have time to visit them before, but now she does when she has to check up on us now,' a nurse surmised, rolling her eyes.

Knowledge, Personhood, and Power in Elder Care

Maria and Jose's case shows well that the search for good elder care is often contested ground. It was never obvious or easy to discern what kind of care elders needed or how to deliver care they might perceive as 'good'. As Mol (2008) and Whyte (2005) suggest, there are always multiple ways of proceeding in uncertain, physical conditions, especially since there are multiple ways in which these uncertain situations can be interpreted. Maria and Jose's case reveals that institutions and families enact their care based on different epistemologies and values. While debates about perception and action between the institution and family create controversy, such fissure was made even more intense by the larger financial anxieties in which these debates were imbricated.

Veronica claimed to know what was best for her parents because of her historical relationship with them. She suggested that the nurses could not really know her parents, because, after all, they had only been living at Hollenbeck for a couple of months. Veronica said that the parents she knew would never willingly play bingo, let alone enjoy it. She surmised, therefore, that her parents were losing themselves at Hollenbeck, being forced to adapt to the institution, and were thus leveled by it. The Maria and Jose the nurses *thought* they knew, she said, were actually people who were assimilating to the institutional culture in order to be easy and likeable. The daughter believed that it was essential to have a historical

view to understand who her parents truly were. The transition alone to Hollenbeck was enough to destabilize her parents' sense of self, but the powerful tendency for institutions to change its inmates into docile, similar creatures was undoubted. What was important was to understand what remained constant about Maria and Jose throughout their lives.

Anthropologists have long noted that Americans, especially as the 'successful aging' movement grows, ascribe to the notion of 'permanent personhood', where the self remains constant and stable throughout the life course (Kaufman 1986; McHugh 2000; Lamb 2014). Societies that prize individualism and freedom, McIntosh (2009) notes, are especially committed to the idea of the persistent, omnipresent self. In the United States, where individualism is sacrosanct, the maintenance of 'permanent personhood' has become the standard of good biomedical care. Buch (2013) notes that American models of good elder care require caregivers to sustain a patient's personhood, even when it comes at a personal and societal cost. This becomes especially true for those at liminal moments of being at the end of life, for example those with dementia, since everyday care practices are understood either to maintain or degenerate personhood (Taylor 2015).

Indeed, biomedical ethics has positioned family members as the secondary force, only behind the individual themselves, responsible for maintaining an individual's personhood within the biomedical complex. The patient rights movement in the United States was catalyzed by the landmark case of Karen Ann Quinlan, who became unconscious, slipped into a coma, and then persisted on a ventilator in a vegetative state. While the doctors wanted to keep Quinlan on the ventilator, Quinlan's parents did not, believing these life-extending efforts extraordinary means to preserve life, which their Catholicism prohibited. The court decided to give authority to the parents to make this end of life

decision, since, the judge believed, they were the ones who knew Quinlan and her desires best (Kaufman 2006).

The patient rights movement, therefore, situated next of kin as the fallback option for caregiving responsibility and decision-making, when no surrogate for decision-making has been preemptively chosen. Next of kin, by legal standards in the United States (ABA Commission on Law and Aging 2018), are understood as those in closest 'degree' to the patient, and by law the order of precedence typically ranks the following relations from closest relation to lowest: spouse, adult child, parent, adult sibling, and sometimes the inclusion of an adult friend (who must be 'familiar with the patient's activities, health, and religious and moral beliefs'). Next of kin in medical decision-making are supposed to act with the patient's wishes in mind. It is assumed that the closest next of kin would be more familiar with the patient's worldview, even though there is ample literature to question this. Collating descent with knowledge and likeness reflects American's enduring sense that blood makes 'enduring, diffuse solidarity' and real (Schneider 1980), as opposed to constructed, connections.

The nurses believed that they were better positioned to speak to Maria and Jose's needs, because they were around them everyday. They postulated that good care for Maria and Jose required continually updating strategies that reflected their changing, aging bodies in the present. To enact care to keep Maria and Jose the same people as they had always been seemed cruel. Why force elders to maintain an identity they were unable to achieve, they wondered? One nurse suggested that families' 'fantasy' of their elders' permanence was part denial, part alienation: children were afraid to lose the parents they always knew, but they were also alienated from the very body work that would show them that their parents' transformation was unavoidably inevitable. Nurses believed that good care required everyday

attunement, especially for the old who changed frequently and in subtle ways. The everyday care work they engaged in did not try to make the elderly into people they were not, but instead tried to respond to the people they were that day, that hour, that minute. Personhood, for them, was not simply an abstracted identity, but one that was mutually imbricated in the physical materiality of the body in its specific manifestation.

In this way, nurses' view of elders' personhood aligned closely with critical theorists notion that the American view of 'permanent personhood' denies the social and physical realities of transformations that occur across the life course (Kaufman 1985; McHugh 2000; Lamb 2014). This reflects scholars' sense that Americans acknowledge caregiving practices form personhood, instead of simply maintaining it (Carsten 1997; Conklin and Morgan 1996). This joins other works that refute the notion that the United States has a monolithic conception of 'permanent personhood' (Geertz 1973; Carsten 2000), and instead claim that the nation contains diverse models of personhood that rely on both individualism and relationality.

Doubting Knowledge

However, while families and nurses operated with these two divergent views of personhood in mind, in everyday practice they understood that personhood might not be either about historical continuity or present change, but in fact might very well be both.

While Veronica suggested that her historical knowledge of her parents legitimated her vision of what good care meant for them, she also had doubts about this form of knowledge. Though she was shocked to hear about her parents' new love for bingo, and at first understood it as their loss of self in an overpowering institution, she said she was destabilized by her impression that her parents 'seemed to actually, genuinely enjoy the

game.' She recalled feeling embarrassed by the fact that the nurses knew something about her parents that she did not, and it made her question whether she was coming to visit her parents enough. Veronica was not the only child to express discomfort at the changing identities of their parents. One son who visited monthly shared with me that, while he appreciated that his mother enjoyed her life at Hollenbeck so much, he was also dismayed that her inclusion in the community came at the cost of him feeling linked to her. 'I feel like I don't recognize my mom anymore,' he lamented. 'She's got this whole life that I'm not apart of.' While elders are often envisaged as being abandoned in care institutions by families, it is clear that families can equally feel being abandoned by their parents who begin a whole new life and new chapter that does not include them.

The nurses, too, expressed concern about the limits of their knowledge. While they felt that they were Maria and Jose's advocates throughout their care journey, they were shocked when Maria accused them of flirting with Jose. This was especially destabilizing, since nurses prided themselves on their ability to provide attuned care. Nurses thought about their attunement to residents as what Scott (2008) calls 'responsive alertness,' and what Ash and Gallacher (2015) describe as not just a matter of 'feeling the vibe in a room and adjusting our emotional sensibilities to fit that vibe,' but also 'sensitizing our bodies to appreciate and understand the complex material forces that structure situations, beyond the envelope of human emotion.' Nurses believed that, through time and practice, they could not only become increasingly in tune with their residents' needs in the present, but that they could learn to anticipate them before the elder knew they needed it themselves. Maria's accusation that they were flirting with Jose meant that, instead of the nurses being in sync with the couple, there were gaps and holes of misunderstanding or, worse, non-understanding.

These moments of resistance made both Veronica and the nurses question whether they really knew Maria and Jose as they thought they did, and because of this, question whether they were capable of discerning the best path forward for care. These were the inevitable epistemological gaps about institutional care: families would never be able to be a constant presence in the everyday lives of their elders, and nurses would never have the historical knowledge about residents. While Hollenbeck, as other medical institutions have done, tried to ameliorate these gaps in knowledge by orchestrating care teams, which gather together institutional actors and family members and their diverse knowledge sets to decide jointly approaches to future care, this exercise proved difficult. First, orchestrating meetings amidst these diverse set of actors was like 'herding stray cats,' as one nurse put it, and the occasional meetings that did occur did not reflect the frequency of care decisions that needed to be made. Second, collaboration between the institution and the families was on both sides desirable, but filled, too, with tensions. While the family's historical knowledge of the person sometimes informed and clarified present conditions, sometimes the families view of their elder complicated or contradicted the institution's sense about how things were and how they should proceed. How to decide what good care might mean? When the future was contested, who then had the power to intervene?

Suspicion in Anxious Times

The dance between care provision at Hollenbeck amidst both family and institutional actors was not only complicated by differing versions of personhood, but also by animating suspicions about wealth and power.

Bonhomme (2012:226) notes that suspicion often arises in economically anxious, modern times, and especially in urban areas, where people interact often with those

anonymous to them. Anonymous interactions between people 'mutually unacquainted or invisible to one another' are 'fraught with uncertainty and opacity' and 'often involve diminished trust between participants.' A modern mood of crisis and fear skews the meaning of everyday interaction into something potentially hostile, distorting what would otherwise be mundane meetings into charged, layered, and suspicious activity. Indeed, for families at Hollenbeck, the practices and people of the institution were often opaque and unknown to them, perceived only through short visits but never fully 'exposed'. Families' uncertainty, however, was tainted also by widespread fears of elder institutions propensity towards financial swindling and physical and emotional abuse, and this activated families as watchdogs of potential institutional overstep.

Some families suggested that they visited frequently in order to monitor Hollenbeck's caregiving and to make sure they were providing the kind of technical oversight required. One son said he visited his father every week, but always at a different time, because 'I don't want them to only be on their good behavior when I come around. If I come randomly, then I'll see what their care is *really* like.' Families, then, were not simply additions to Hollenbeck's plan for good care, but were also advocates for their elders against a potentially neglectful, abusive institution.

Knowing that they were constantly being watched, nurses would perform everyday acts of care in front of family members in more robust, direct ways, to ensure that the family understood clearly their good intentions and love. Often, the familiarity they had established with residents allowed them to communicate love and affection in the smallest, most intricate ways, but nurses worried that these small signs of love would not be perceptible to an outside audience witnessing them on rare occasions. However, when nurses 'put to words,' as one of them put it, their love or exaggerated what was usually a quiet act of care, it

made family members more suspicious instead of less so. Family members often wondered whether this kind of grandiose performativity of love was just a show, and questioned whether it was 'authentic,' something that showed up in practice even when no one was looking. 'Do they keep this energy up all day?' a visiting daughter asked me one day.

Nurses were exhausted by the assumption that their love and care was less robust because it was paid. Caregiving was already a taxing emotional labor, but to have to perform their love demanded a kind of emotional performance that sucked them dry (Hochschild 2012). Nurses also resented, and found deeply problematic, the assumption that family was always best placed to provide good care (Manderson and Block 2016). From their experience, these moral scripts about the paucity of love in institutions and the abundance of it in families did not reflect reality and, more problematically, often enabled bad care.

Indeed, nurses had their own suspicions about families. For example, many nurses wondered how Veronica could wear such expensive clothing to Hollenbeck and, at the same time, complain that the family did not have enough money to provide the kind of intensive care her parents needed. Nurses had seen greedy children before, who often curtailed their parents spending at Hollenbeck in order to ensure the size of their inheritance. Nurses were also weary of children who visited infrequently and yet who still felt authorized to direct their parents' care. 'She doesn't know what she's talking about,' one nurse quipped. 'It's just a power trip.' Nurses surmised that family members felt guilty for not being the ones to tend to their everyday care, and took their feelings of self-frustration out on the nurses who were doing the hard work they felt they were supposed to be doing. Nurses were primarily worried that the intervention of children were self-involved, instead of primarily concerned with the care of the elder.

This section captures the fears, hopes, animosities, suspicions, jealousies, regrets, second-guessing, and confusion that plague elder care in the twenty-first century. Moral panic crafts narratives about good care that often frustrate everyday practice, moralizing care actors in families and institutions and assuming the qualities of care that both family and institutions provide.

Maria and Jose's case shows that local debates about good care reflect broader, systemic tensions: a Cartesian split between mind and body, between family and biomedical specialists, between the social and biological, and continuity and change in personhood. In twenty-first century biomedicine, views of kin are legitimated through legal procedures, but biomedical practitioners like nurses still powerfully shape elders' embodied experiences through their everyday acts of care. Often family and institutional actors sit in tension, and exert power when and where they can in order to shape what they perceive to be the best care for their elder.

The naturalization of kin care in the United States has created its own kinds of dilemmas, forcing families to take on new responsibilities in their elder's care and yet leaving them unsure of how to enact them, alienated as they are from the daily practices of nurturance. The naturalization of kin care also strips away the legitimacy of nurses' knowledge and love, and ushers in doubt about their capacity to care well for elders. This naturalization got in the way of actors' provision of quality care. In Maria and Jose's case, these moral discourses sowed suspicions, fueled animosities, and made both the family and the nurses feel inadequate. Consequently, these tensions resulted in worse, instead of better, care for Maria and Jose, who were caught up in a turf battle that was at once about them, and yet irrespective of their daily realities and needs.

The moral panic narrative dangerously moralizes actors and complicates the provision of quality care. It also exacerbated the anxieties and dilemmas of elder care, which is already plagued by difficult emotional and physical labor. In its attempt to fit abstract solutions on complex, everyday realities, these moral panic correctives ended up generating new quandaries and tensions. What was concerning to nurses was that these flare ups between nurses and family, and residents and institution, were only increasing as the years went by. As one nurse said to me, 'nothing is ever good enough anymore. This work, it's like a lose-lose situation.'

'New Families… Springing Up': Nurses and Friends as Kin

> Among democratic nations new families are constantly springing up, others are constantly falling away…
> -Tocqueville, *Democracy in America*

The moral panic narratives emerging out of the aging crisis oppose the given, solidaristic, love-filled, warm family to the made, isolating, self-interested, cold institution. These narratives cause tensions at Hollenbeck between family members and institutional caregivers, and often complicate, instead of generate, the possibility of good care. However, these moral panic narratives do not just complicate the provision of good care by enforcing 'hegemonic fantasies' on a changed social reality. They also dangerously silence and delegitimize alternative social forms that rebuke or fall outside of their ideal forms.

Frequently people surmised that Hollenbeck congregated a bunch of isolated, depressed, and abandoned elders. While the moral panic narratives might assume that elders at Hollenbeck had been abandoned to an institution by family members, and suffer weak care and disconnection from community as a result, the everyday lives and experiences of

Hollenbeck elders challenge these assumptions. Most Hollenbeck elders actively sought out Hollenbeck as their retirement option, and found their social lives vastly enriched for living in the community.

Indeed, extensive sociological literature challenges the assumptions commonly made about the social thinness of institutions. Contrary to the popular notion that elders feel abandoned when they rely on institutional support for late life care, Ethel Shanas (1968) suggest that elders' sense of loneliness has very little to do with proximity to relatives. David Hackett Fischer (1978) demonstrates that elders preferred to establish care networks through participation in individually chosen associations, like the Grey Panthers or local Senior Centers, instead of simply maintaining sociality within their blood relations. Indeed, he notes that a major factor within gereontological reform included a battle for elder 'freedom' which, among other things, would give elder individuals the 'right to *choose* their associate relations' and not 'to circumscribe them to the narrow limits of consanguinity.' While many lament the segregation of the old in generational enclaves, and actively attempt to reconnect the generations through intergenerational projects, Trolander (2011) suggests that, contrary to popular notions, the elders in her research *wanted* to take a break from active participation in society and *liked* the idea of segregated retirement communities precisely because they did not have children in them.

But it was not just that elders did not feel abandoned or dumped at Hollenbeck, it was also that Hollenbeck had become, for many of them, their 'new family.' Kin idioms dominated terms of relations at Hollenbeck, where nurses were 'daughters' and residents 'sisters' and 'brothers.'

Blood, therefore, was not a precondition of family relations for residents at Hollenbeck in their late life. While neoliberal and biomedical discourses continue to focus on

blood as an enduring symbol of Western kinship, this focus of Western kinship as biogenetic substance narrows the research on which practices matter to kinship formation and continues to extend the sense that American kinship formation is primarily about blood. This chapter seeks to contribute to how shifts in the biopolitical field continue to change kinship practices and relations by looking at how proximity, equality of condition, and everyday practices of nurturance, eating, feeding, dressing, and bathing also contribute to kinship formation in old age.

De-naturalizing Kinship

While past kinship studies in anthropology took kinship as a given relation by blood, new kinship studies in anthropology have sought to expand its horizons on what kin is taken to mean in context. It explores how kin is not a given relation, but a dynamic made through practice. Much of this new work on kinship emerges out of feminist anthropologists' challenge that there is something inherently biological about nurturance, especially since women were seen as 'natural caregivers' (Strathern 1992). The guiding question, they then surmised, is not how biology moves us to act, but 'what is culturally entailed by biology' (Carsten 2000:700).

Sidestepping the ethnographic bias at the heart of the category, anthropologists sought to reconstruct the category of kinship in order to make it less determinative and more open to ethnographic specificity. New kinship studies sought to describe different forms of 'relatedness' in time and place (Carsten 1995), and were careful to listen to how people used kin terms locally as a way to develop explicit connections amongst people according to varying degrees and differing ends (Edwards 2000). New central themes emerged to the centrality of kinship formation. Carsten (1995; 1997) underlines the importance of shared

substance and space, and Sahlins (2011) observed how central 'bodyness' and physical nurturance through food, time and proximity were to the feelings of kinship as 'mutuality of being,' 'people who live each other's lives and die each other's deaths.' Scholars have observed how crucial care is to the formation of personhood, particularly the practices of feeding and bathing (Kaufman and Morgan 2005; Carsten 1997; Conklin and Morgan 1996). Anthropologists began to see that practice was central to kinship formation, and that persons not traditionally designated kin, like friends, community members, and fellow citizens, could be as integral, if not more so, to the practices of kin, intimacy and nurturance.

Even in the West, where blood continues to be a prominent idiom to kinship connection, what kin is taken to mean is changing and expanding. Carsten's (2000) study on Scottish adoptees shows that even where biology is culturally understood to underscore a special kind of intimacy, people nevertheless recognize that time, effort and nurturance are central to the production of kinship. Though the adoptees felt it important to seek out their blood-relations, the adoptees also recognized that the everyday work of care could make kin. Weston (1995:103), in her study on gay and lesbian kinship in San Francisco, notes even though blood connections act as a prominent metaphor for kin in the West, the metaphor for kin formation can change throughout the life-course, just as the body changes in its needs and trajectories. Importantly, Weston suggests that culture alone cannot explain what biology is made to mean to kin, and that time and the body *in* time is crucial, also, further highlighting the importance of paying attention to kin relations in everyday, embodied practice. Drotbohm and Alber (2015) suggest that a life-course view is essential when studying the relationship between kin and care, since care is a 'life stage-specific practice' that 'connects individuals within and across generations,' and the 'roles of kinship in care… always have a temporal connotation.'

While practice is essential to kinship formation, cultural scripts that entangle blood with obligations of care are continually fortified through discourses and institutions, like the law, codes of ethics, and economic structures. Because of this, kin idioms are often used 'to legitimate non-kin relationships as if they are kin' in order both to stimulate and to reflect that these relations 'to do the "work" that kinship is supposed to do' (Manderson and Block 2016).

While there are debates in anthropology and gerontology between 'real' and 'fictive' kin in old age (Gubrium and Buckholdt 1982; Wentowski 1981), this section avoids placing external evaluations on local meanings, and instead explores how and why kin terms are used at Hollenbeck. In doing so, this section seeks to show how the reorganization of care is creating new experiences of kinship and intimacy, and the ways in which these new expressions of kin both uphold and transform the cultural ideals about what kin is and does. In so doing, it troubles previous dichotomies between family and market, and friendship and kin, to show that new organizations of care, and new care practices, create new social relations and forms.

Staff as Family: Taking Responsibility for Care

Moral panic discourses posit that robust love is in the home, and that contracted care results in thin relations. As the previous section showed, these scripts suggest both that family members are best placed to provide care and that institutional actors, like nurses, are incapable of providing care infused with love.

Scholars observe that the assumptions of these scripts emerge from ideological traditions since the 19th century that oppose a domestic, private sphere with women and their natural capacity for sentiment and solidarity, with a market, public sphere with men and their

inclinations towards rationality and self-interest (Boydston 1990; Cott 1977; Welter 1966). These opposing worlds are constructed as hostile to one another, separated by strict boundaries, and their mixing is perceived to cause contamination. Indeed, there is a belief that the monetization of care, and the institutionalization of it, corrupts the 'natural' feelings of care as an act of individuated love and turns it into a rational act, motivated by self-interest. Zelizer (2005:181-2) suggests that care outside of the household is often perceived to be 'steely, brisk, and efficient, thus a contradiction in terms…' since care in these settings is 'formalized and commercialized.' She observes that the assumption is only exacerbated by the fact that most care workers in institutions in the United States are low-income workers, who depend on this work to survive, and are thus seen as particularly motivated by finances. The increasing standardization of nursing work, into longer, standardized checklists, is also said to contribute to decreased feelings of love and sentiment.

However, research in hospitals and nursing homes shows that nursing has long been known to be the 'heart' of medical institutions, inserting a loving touch into an otherwise cold machine. Contrary to the dominant logic, Glenn (2010) suggests that nurses' love is enabled, instead of disabled, by better pay. And Buch argues that, despite the pressures of growing standardization, nurses continue to find time, that often comes at their own expense, to make an emotional connection with their patients (Buch 2013).

In warming a cold institution through practices of care, nurses do not just muddle the opposition between self-interest and love. They also challenge the separation between the public and the private sphere, and strangers and family. Chambliss (1996:64) notes that nursing work, which is primarily bodily and emotional care, makes them resemble other caregivers and care tasks that often take place within the household. 'Close patient contact, with all five senses, is nursing's speciality…,' he says. 'Nurses are constantly talking with,

listening to, and touching their patients in intimate ways...' Often, the work of nurses resembles that of 'kin work' (Di Leonardo 1987; Lomnitz Adler 1987). Kin work is not only everyday acts of care, but also the work required to enable the formation of family networks, like planning birthdays or holiday gatherings. Through their various practices, nurses can cultivate a deep form of intimacy.

At Hollenbeck, nurses fostered this deep intimacy with many residents; sometimes, the care of some nurses was so significant that it inspired many residents to classify nurses as kin.

Jim, the 86 year-old, Japanese reisdent, was quickly losing weight towards the end of my stay at Hollenbeck. Jim had various stomach issues that made it next to impossible to digest solid food properly and to sustain the nutrients from the food in his diet. Though he had told Hollenbeck's kitchen several times that liquid foods were more palatable to him, they never found the time to accommodate his specific needs. Noticing his declining condition, one of the nurses, Lola, decided to take responsibility for feeding him. In her own personal time, Lola purchased a cheap blender and an assortment of fruits and vegetables from the 99 cents store. After she clocked out from her shift, she would go down to the Activities Department kitchen and make three homemade smoothies for Jim for that night and the following day. Since Jim had grown up as best friends with the Mexican family across the street in Boyle Heights, he was also more accustomed to eating beans and rice. Mexican herself, Lola would bring containers of cooked down refried beans, knowing that food 'nourishes you better when it tastes good going down.'

Both Jim and Lola referred to each other as family, and it was clear that the extraordinary steps Lola took to nurture Jim intensified their intimate relationship of care. Lola was not simply doing the regular duties required of her as a Hollenbeck employee to

care for Jim, but was going out of her own way, and using her own resources to make sure he was doing well. This individuated attention was what made Jim recognize Lola's care as more than institutional obligation. It was also what inspired him to call Lola his 'daughter.' 'I don't have daughters, I never married. But if I had one,' he said, 'I'd imagine she'd be doing what Lola does for me.'

At Hollenbeck, funerals were considered 'kin work.' Funerals remained explicitly out of the realm of the institution's responsibility for both practical and formal reasons: if Hollenbeck was responsible for funerals, it would be overrun daily with the practical and financial duties to memorialize the occurrence of everyday deaths. Further, there was a general sense that blood kin had the primary duty and right to control their relative's funeral, because it was perceived that the loss of the elder to the family was more significant, affectively and socially, than it was to institutional actors.

Because Hollenbeck did not consider funerals the responsibility or 'work' of the institution, they required staff to take 'personal' time to go to resident funerals. If a funeral happened during work hours, staff had to take time off of work to do so, either by not getting paid for those hours or by using vacation hours, which would pay them when not working. Since going to funerals, then, often came at a personal cost to staff, it was perceived as an extraordinary commitment when staff attended a funeral. I went to several resident funerals where staff had either taken time out of work or had come on their off-days. When I asked the staff why they chose to come to these residents' funerals, and not others, they explained that they had shared a 'special' relationship with residents and would often use kin terms ('he was like a father to me,' one nurse said; 'she was like my older sister,' another explained) to qualify this intimate connection.

Sometimes shared ethnicity between nurses and residents allowed for a more intimate bond to be forged. There were two older women, both of whom had grown up in Mexico, who frequently spent time with nurses, many of whom had also grown up in Mexico, when they were between tasks or formal responsibilities. During these occasions, the women and the nurses would speak Spanish to one another, and the nurses would often exchange frustrations to these residents about their work. Noticeably, nurses were more relaxed in their exchanges with these residents, and if a non-speaking Spanish resident came in to ask for help, nurses would often change demeanor and shift into a different role. Nurses often spoke about these two women as *their* source of care within the institution, because speaking Spanish with them not only allowed them to 'be themselves', as one nurse put it, but also allowed them to express frustration in a hidden way and to receive support from a source of mutual understanding. One nurse described her relationship with one of the residents this way, 'She's like my mom, always checking in on me, making sure I take a break and have eaten that day.' Often, these two residents would call their beloved nurses 'mija' (from mi hija), literally translated as my daughter. Though this term is frequently used in a generalized way to refer to younger women for whom you have affection, many of the nurses would use it selectively, and only to qualify a special kind of love.

It was not just simple acts of nurturance that made nurses kin at Hollenbeck. Nurses were paid to carry out care tasks, so the practice of care through bathing, feeding, and dressing were often perceived as institutional tasks that were required of the caregivers. Nurses became kin when they went out of their way to care for the elder, past what their institutional obligation required. This made elders feel like they had established a deeper kind

of intimacy with these women. And these special connections worked the other way, as well. Nurses called residents kin, when they were able to engage with them outside the realm of work and through other mediums of care and connection. These relations were not just substitutes for the 'real thing', but considered to be deeply meaningful.

Extraordinary, and Ordinary, Friendships

Friendship takes a backseat to kinship in anthropology and at times is often defined in opposition to it. End of life care studies in the United States tend also to privilege questions about kinship, rendering kinship as relations amongst blood relatives, in accordance with the biomedical principle 'next-of-kin.' This bias may well stem, in both cases, from the common belief that kinship acts as one of the basic facets of social organization, from which 'regular, long-term patterns' (Bell and Coleman 1999:4) emerge. Friendship, seemingly too amorphous and without real responsibilities in the realm of end of life care matters, falls to the analytical wayside. It is presumed that friends do not bear the heavy burden of responsibility in a structural sense, and therefore offer little insight as a nexus to understand aging and dying issues.

But several scholars note that the rise of individualism, through capitalism and industrialism, has actually increased the productive importance of friendship in the West, especially as family reduces to the nuclear (Adams and Allan 1998:9-10; Giddens 1992:1999). However, unlike Pitt Rivers' (1973:90) evolutionary perspective that suggests friendship emerges in importance as 'civilized society' came into being through a 'contract made amongst equals', and despite many other anthropological studies that differentiate friendship as relations based on 'achievement/voluntarism' and kinship on 'ascription/constraint' (Bell and Coleman 1999:6), Killick and Desai (2010:4-6) suggest that the idea of a clear

progression from kinship to friendship, from ascription to choice, muddles a very complex reality. Instead, they articulate the importance of accessing local differentiations between kinship and friendship, while also being attentive to the practices that are ascribed to, and at times blend between, each relation.

At Hollenbeck, the distinction between choice and given-ness in friendship was not so clear. Residents would speak about their residence at Hollenbeck as a fact established for them, for which they had no real choice. Whether their family delivered them to Hollenbeck, or whether their or their spouse's needs required that they move to the institution, Hollenbeck residents spoke about inheriting one another as sets of relations outside their own design. Even when residents did feel like they made a choice to come to Hollenbeck, some did not see fellow residents as part of the process of selection. 'There's no way to know in advance who you are going to be dealing with here – you just see the facilities and meet the nurses. As far as the residents go, you have to deal with them whether you like it or not.' Even for those residents that chose Hollenbeck because they had friends already living there, often they would speak of their friends as those who made Hollenbeck feel not more 'friendly' but instead more like 'home.' Indeed, residents would often refer to Hollenbeck as a home, not as a community.

This dilemma between ascription/constraint played out most specifically within the dining hall. For breakfast and dinner, residents were able to sit with whomever they preferred, but at lunch residents were assigned to permanent seats at designated tables. One of the staff members orchestrated the seating plan and specifically chose to seat residents at a different table from the friends they spent most of their time with. Cliques were seen to threaten the cohesion of the Hollenbeck community, and the institution perceived lunch as an occasion in which to cultivate close relations across these social enclaves.

Once placed at a table, it was rare, and perceivably impossible, to ask to migrate to another table. Residents mentioned that migrating tables 'is just not something you do.' When asked how an elder could get out of their assigned table if they did not like their tablemates, a resident said 'you either move to the nursing home or die.' There was the sense that tables were a given contract that you could not refuse or revoke.

Many of the residents referred to their tablemates at lunch as their family. Rose, a Mexican-American, 83 year-old resident, referred to her tablemates as her brothers and sisters. She shared a table with four others, two women and two men, and had done so for the past five years. 'We love each other, but we don't necessarily like each other. That's just the nature of families,' she said. Rose mentioned that all the tablemates were dissimilar, differing on everything from political persuasion, religious belief, and taste in hobbies. She noted that during elections, conversations could get quite heated, and that sometimes news stories provoked bickering that could quickly turn sour. She and Charlie, a 81 year-old, White resident, one of the two men at the table, were often 'fighting over something,' and on one occasion, the tumult got so heated she was sure he was going to ask to switch tables. But after not talking to one another for a week, Charlie sat down at lunch and started talking to her 'as if nothing had happened.' She knew then that their lunch table would be able to survive anything.

Months later, Rose's daughter died and she was soaked in grief. 'When my daughter died,' she said, 'I couldn't eat for weeks, and I know I wasn't the most fun person to eat with. But they all kept encouraging me, and put up with me.' She mentioned that Charlie was even the one who got her eating again. Rose suggested that her relationship with Charlie and her fellow tablemates felt all the more soluble because it had been tested to such extremes. 'The fact that they were still there for me after all that? I knew it was something special.'

Rose described how the table had seen each other through some of their darkest darks and most joyous joys. No matter what happened in each other's lives, she noted, they shared it together.

Rose's narratives closely parallels myths that the American family is a group of people that you love (and have inherited), but do not necessarily like (and might not choose if you had a choice). While inheriting family you do not necessarily like often made social interaction with these given relations difficult, Americans still sense that they are essential relations because they stay with you 'through thick and thin.' Since people inherited their lunch tables, and there were conventions that made it seemingly impossible to excise oneself out of such relations, fellow seatmates were perceived as deeply soluble relations. Their gathering over everyday lunch provided a helpful structure that fostered between them what Sahlins (2011) calls 'mutuality of being.' Importantly, their relatedness also came through the sharing of food (Carsten 1995). Eating close to one another, they became concerned about and responsible for each other's diets, and were able to keep watch over the amount of nurturance each one received.

While ascribed relations at Hollenbeck often were made to feel like family, and since Americans believe family is given and friends chosen, residents also believed friends that you chose could be made into family. Though friendships often began through shared interests and activities, friendships at Hollenbeck also deepened in intensity over time and transformed into relationships not simply of convenience or enjoyment but of deep concern and obligation. Betts and Mary, both White residents, aged 92 years-old and 94 years-old respectively, for example, joined Hollenbeck at a similar time and became close friends while organizing the monthly community sale, where Hollenbeck elders' unwanted knick-knacks (or deceased residents' things which families did not want to keep) were sold to raise money

for the general Hollenbeck fund. After Betts' husband died, Betts and Mary became inseparable, spending most of their waking hours together: waking up and enjoying coffee together, eating at the same lunch table, and organizing their daily activity schedules to overlap. Their closeness was helped by the proximity of their apartments: Betts and Mary lived right across the hall from one another.

Mary during my fieldwork grew considerably weaker and, as Betts would say, more confused. Mary needed two canes to get around, and would often have to close her eyes while you spoke to her as if she needed to contribute all of her efforts to her ears to hear you, as if her seeing you would be a distraction. She suffered what the nurses' called 'dizzy spells,' one of which landed her on the floor in the middle of the night, which necessitated Mary's move to assisted living so as to be closer to the nurses station. While the distance was an inconvenience to their friendship, Betts nevertheless found her way over to the assisted living building often and it was as if their intimacy continued like it had been before, distance notwithstanding.

As Mary's state declined, Betts considered herself one of her more intimate caregivers. Betts gave me frequent reports about Mary's state. 'Today she's moving so fast even *I* can't keep up,' or, 'Mary forgot her son's name today,' or, 'Mary cancelled our movie tonight because she didn't sleep well last night. She's not sleeping well at all anymore, poor thing.' Often the first or second at Mary's door, depending on whether she had outpaced the pill-distributor nurse, Betts had a keen sense of Mary's 'good and bad days,' as she would call them, and she even once anticipated the need for a visit to the hospital before the nurses. 'I was the one who alerted them, you know, that she was talking funny in the morning. That she needed to be seen by a doctor.' So close were Betts and Mary that nurses often worried that Betts would decline just as quickly as Mary would, for all the 'caregiving' Betts was

doing for Mary. But Betts did not see it as an unfortunate obligation – 'it's what you do,' she said, not as an indication of nonchalance, but as an affirmation of the fact of their relationship.

And though Betts may have known Mary, and her evolving status, most intimately – down to the day-to-day, minute changes – she was seldom trusted as her advocate. Betts recalls, 'When Mary was getting really confused I thought she should go into Assisted Living. I told the nurses and the administration this. But they called the family to talk to them about it and the family didn't want her to move. They said they had talked to her – when, was what I wondered, because they never come around – and that she didn't want that.' Betts would later suggest she had suspicions that the family resisted the move because of the cost increase that moving to assisted living involves, due to its more intensive nursing. But she also knew she held a lesser status for these more intensive decisions compared to Mary's kin. 'You know,' Betts said defensively, 'I'm the one who knows her best.'

Small (2014:21) notes that 'equality of condition *is* the basis for a special kind of friendship that exists among the inhabitants' of retirement communities. Friendships between inhabitants have a kind of strength because they share everyday practices and similar physical conditions. Indeed, Betts could have insight into Mary's condition because she was not only spending more intensive time with her, but was also eating the same food ('I knew Mary felt dizzy that day, because the chicken pot pie for lunch was too heavy for such a hot day – *I* even felt ill') and were going to the same activities ('usually Mary knows all the trivia questions, but today she didn't know any of the answers. I realized then that Mary's mind was slowing down a bit'). When so many residents felt isolated from external relations because of their changing bodies, it was welcome to form intimacy with others through the similarity of their bodies.

The equality of condition that Small refers to enabled intimacy not only through practice, but also because of its power dynamic. In Smithers' (1985) ethnography on poor elderly residents in a housing project in Los Angeles, she noticed that they were able to stay in independent housing for so long because they developed a system of reciprocity by which they exchanged goods. They learned to survive through their mutual support. This mutual help was attractive amongst the elders not only because it was proximal and thus functional, but also because it established a kind of relation that was not based on dependency or hierarchy. As Smithers (ibid.:181) writes, 'being aided by similar others is minimally threatening to self-esteem.'

However, the equality of condition that allowed Betts and Mary to bond so intimately was perceived as the very factor that made co-resident bonds of care seem so precarious to others. One resident, Elvira, a 89 year-old, Jewish resident, who had worked as a secretary for the Catholic diocese of Los Angeles, came to Hollenbeck for security in her older years, because, as she said, 'she didn't have family who could care for her.' I began interviewing Elvira after one of the administrators asked me to follow up with her on completing a new Advanced Health Care Directive. In the past ten years, Elvira had to change her AHCD form three times, because each one of her designated agents, the person on the form who is asked to make medical decisions for you if you are not able, a role that is otherwise automatically filled by 'next-of-kin,' were all fellow residents who had died. 'I thought they would all outlast me, but I've outlasted them.'

Elvira pointed out that many of the friends she had made during her twenty years at Hollenbeck had all died, and that she was not as close to many of the 'new generation' of Hollenbeck residents. Still, needing to find someone who would volunteer to be her agent on her AHCD, she asked a Mexican-American, 68 year-old resident, Sara, to act on her

behalf. Elvira sat with Sara at lunch, and she figured that she was probably the person who knew her the best in the community. Plus, Sara was the youngest resident at Elvira's lunch table, and this made her the wisest choice. 'I *know* she will not die before me,' Elvira remarked.

But Sara felt uncomfortable. 'Elvira,' Sara said once during the consultations, 'I barely even know you. I don't know where you've come from or if you believe in God or what.' 'That doesn't matter,' Elvira said in response. 'You know me now, here.' Though Sara ultimately refused Elvira's request to serve as her agent because 'it was too big of a responsibility for her,' she was very willing to continue to check in on Elvira and make sure Elvira was getting the care she needed. Sara mentioned that Elvira was not even one of the residents that 'she felt closest to,' but it was also clear that the Advanced Directive's legal and contractual nature amplified a kind of commitment Sarah felt unable and unwilling to take on. Sara felt that this legal responsibility was a responsibility for family to assume, and that residents should not be taking these tasks on for one another.

While friends are often considered as voluntary choices and family given networks, Hollenbeck residents largely felt like they inherited their relations with fellow residents. This inheritance, combined with the daily practice of sharing the ends of their lives together, helped to create rich and robust relations between residents to such an extent that many of them referred to each other as family. Hollenbeck residents often suggested how living at Hollenbeck was a particularly unique experience. Residents often talked about how powerful of a link it was to share this institutional experience with other residents, many of whom were often going through similar changes and ruptures in their lives. This insider knowledge, produced from this equality of condition, was a special kind of intimacy. While Elvira's case

shows that it took significant intimacy for friends to take on the legal responsibilities of kin, Betts and Mary's case illustrates that residents' proximity and durability of friendship at Hollenbeck was the basis for a new kind of kinship, which had its own responsibilities and sentiments.

New Intimacies

The moral panic of the aging crisis presumes that modern innovations are only causing families to fall away, yet this section shows that, as Tocqueville notes, 'new families are constantly springing up.'

Indeed, as more and more people live out their lives in institutions, it is crucial to think seriously about how this affects our sense of intimacy, how it is reconfiguring our notions of responsibility to the other, and how they are generating new, powerful forms of intimacy. Nurses powerfully shape the ends of lives in these retirement communities, and often form extraordinary bonds of the care with the people with whom they engage daily. Friends carry out significant labor, but very seldom receive the legitimation of their knowledge or for their commitment. Contrary to the moral panic narratives, the modern institution may very well be a new source for the creation of intimate ties.

While already there is an open question to whether kin means something different across the life course in the United States, and to American elders, it is clear that new political economic conditions contribute to the shifting notions of kin. At the same time there are tensions and growing insecurities in elders' care relations in the United States, within these uncertain conditions elders are also developing new relations that help them feel connected. This reflects anthropologists sense that 'uncertainty can encourage an ethos of

"thick sociality" and that 'uncertainty and insecurity may prompt people to extend and deepen their social relations and engagements' (Cooper and Pratten 2015:7).

This section suggests that what makes for kin in the United States is not necessarily blood as Schneider thought, but instead what blood is made to stand for: 'enduring, diffuse solidarity' and resilient commitment. Indeed, many elders at Hollenbeck used idioms of kin to describe relations of extraordinary care, and discussed how powerful it was to know that friends and nurses would show up for them in the most difficult of times, when they were confused, or bed-ridden, or cranky from lack of sleep. These relations were powerful precisely because they felt that their social relations in old age were precarious. This precarity was not for the lack of presence of blood kin in their lives. In fact, many elders frequently expressed relief that they lived at Hollenbeck and did not have to 'burden' their children anymore. Instead, the precarity was connected to a broader sense of social devaluation, a sense that intimacy writ large was difficult to achieve in old age, given all of its dangers, taboos, and thorniness. They often feared they were too difficult to love.

When residents used kin terms to legitimate extraordinary acts of care, it was a way to acknowledge the power and tenacity of the relationships of care that they had at Hollenbeck. Often residents remarked how significant it was that nurses and friends continued to show up for them, even in the most devastating times. By calling those extraordinary care actors family, residents sought not just to legitimate these relations in their own lives, but also described a very real love and commitment that they had established. To use Schneider's words, nurses and friends were there for residents 'through thick and thin.'

Conclusion

As neoliberal policies roll back state support and seek to divert money away from expensive elder care institutions, the family and the community are posited as a site of not only secure relations, but as enduring ones, filled with love, commitment, and integration. These ideas of good care often sentimentalize nostalgic visions of the past that are no longer viable in current demographic, economic conditions. This creates several problems. First, families and nurses seek to attain ideals of good care, but find themselves unable to given their current resources and context. Moralized by antiquated notions, tensions appear on the caregiving landscape, where, navigating the already difficult terrain of how to care well for the aging and dying elder, care actors struggle over power, and amidst feelings of guilt, shame, regret, and jealousy. Second, by accentuating the notion that security is found in community and family relations, individuals raise their expectations and hopes that they might find permanent support in these locales. But since families and communities themselves are struggling, these supposed locales of security turn out instead, to be sites of intense insecurity. While Berlant (1998:282) notes that there is always a 'latent vulnerability' to intimacy and care, such vulnerability is emphasized by the desire to concretize these relations. As Jenkins, Jessen, and Steffen (2005:17) note, 'attempts to control, reduce or remove uncertainty may actually lead to the generation of further uncertainty, or the accentuation of existing uncertainty.'

The other problem with these antiquated normative ideas of good care is not just that they are difficult to realize, and often get in the way of easing suffering and nurturing well-being, but also that they invisibilize, or erase, the capacities and existences of other sources of care. This chapter seeks to counter the 'hegemonic fantasies' of good care in the

United States and shows how robust, durable care can come from a variety of sources, including care staff and friends.

It was widely accepted that care practices at Hollenbeck were the glue that bound people together in intimate ways. While the work of the institution was to care, it was not just ordinary care that tied people together, but extraordinary care, moments when fellow residents or nurses went out of their way to show affection, to individualize routine treatment, and to lend a special kind of commitment to the other in affection and deed. While discourses on good care in the United States perceive care as flowing from given models of kinship, this chapter shows that, at Hollenbeck, the creation of kin also flowed from care. Sisters and brothers, daughters and sons, and granddaughters and grandsons were made through the daily acts of attention, and through life-giving and life-shaping acts of nurturance.

While kin flowed from care, kin also flowed from the shared lives of living at Hollenbeck. Friends and nurses at Hollenbeck felt that they had an intimate knowledge of elders' personhood because they shared their daily lives, ate meals, played, exercised, and grieved together. As Sahlins (2011:14) notes, kin are people who have a 'mutuality of being,' who 'live each other's lives and die each other's deaths.' Especially since elders felt disconnected and removed from their previous relations, and because many of them had anxieties about these thinning relations, the everyday durability of people showing up to breakfast, to your front door for coffee, and for bingo on Wednesdays was particularly comforting. Sharing a similar social reality, which very few people could understand outside of Hollenbeck, was a strong source of connection, as well.

But it was not just the shared reality of the social world that forged kinship between Hollenbeck residents, it was also their shared physical embodiment. Though this equality of

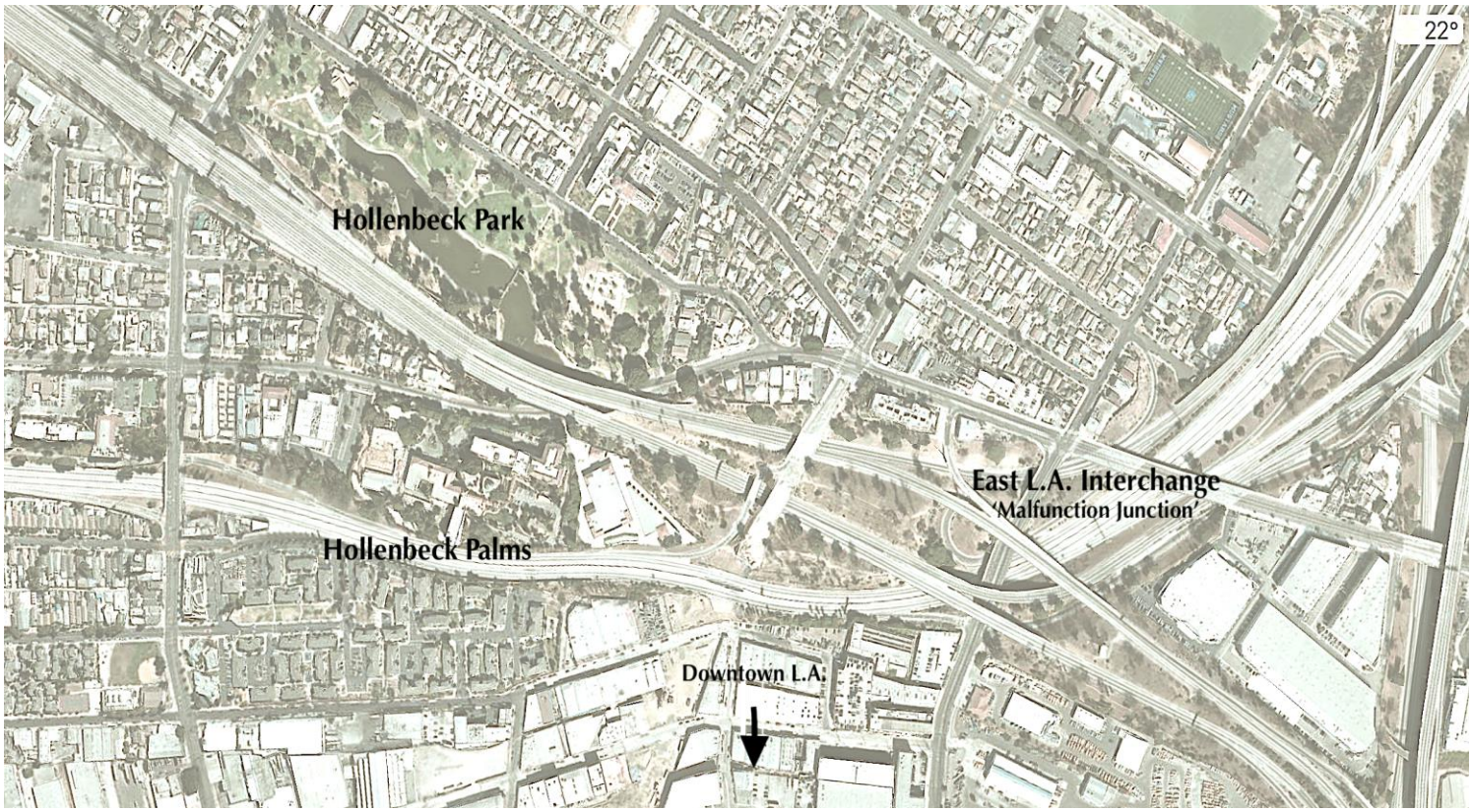
physical condition made the continuity of these relations difficult, since the possibility of losing fellow residents to more advanced levels of care or to death was a daily reality at Hollenbeck, sharing similar embodied experiences nevertheless made residents feel deeply known, a kind of known that very few others could not, but also did not want to understand.

In their work on families caring for children with disabilities, Rapp and Ginsburg (2010:540-1) reflect on the ways in which families are inspired 'to rewrite kin' in order to draw on wider circles of essential support for their children. They write,

> The complexities of mobilizing the necessary medical, therapeutic, and social support reveal the limits of kinship within a gendered nuclear family structure. It is through this revelation, we suggest, that some begin to imagine the boundaries and capacities of kinship and to recognize the necessity of broader support.

In the context of longer lifespans and a changing political economy, families struggle to provide care or sufficient care for their elders. In order to make sure elders' needs are met, elders and their families reimagine their social networks in order to secure nourishing care. However, rewriting kin was not simply a functionalist response to meet new needs. Instead, kin idioms flowed from the practices that newly emerged through changing structures of elder care. As new organizations of care have been written, new forms of intimacies emerge.

This ethnography at Hollenbeck shows that fellow kin at Hollenbeck, whether it was the fellow residents as brothers and sisters or daughters in the care staff, were not thin, imperfect substitutes for family, but experienced as robust, meaningful, and committed partners in life. By recognizing the power of these normative, naturalized discourses on good care, we might understand better the ways in which they constrain us, and the ways in which they fail to speak to rich sociality of, and variety of intimacy in, our lives.



Map 1. Throughout the 1950s and 1960s, the East L.A. Interchange, popularly known as 'Malfunction Junction', colonized the East Los Angeles landscape, tangling seven freeways together in a complex set of junctures: I-5 South in 1956, I-10 East in 1957, I-5 North in 1958, 1-10 West in 1961 as well as the 710, U.S. 101 in 1962, and finally in 1965 the State Highway 60.

Pictured here is an aerial view of Hollenbeck Palms, Hollenbeck Park and their proximity to the south section of the East Los Angeles Interchange. The Interstate 5 (I-5) and 10 (I-10) freeways cut off Hollenbeck Palms from Hollenbeck Park, disrupting Elizabeth Hollenbeck's vision to immerse Hollenbeck residents in healing nature amidst their urban surrounds, and also 'destroying what little green space' there was left in East Los Angeles (Kovner 1958). The U.S. Route 101 stands before Hollenbeck Palms' view of Downtown Los Angeles. Facing East and West of Hollenbeck, residents can watch traffic drive on 24 freeway lanes and off-ramps (Avila 2014:135).

Chapter 4: Risk, Care, and Elder Mobility in Los Angeles

An aerial view of Hollenbeck shows the institution flanked on both sides by the notorious 'Malfunction Junction,' the freeway tangle in Boyle Heights where five separate freeways meet and then flow out to diverse parts of the urban expanse. These thoroughfares often serve as cinematic drama for residents: on all sides, you can find elders peering from windows onto the automobiles and big rigs whizzing by.

The freeway saturates all of the senses at Hollenbeck. While walking around Hollenbeck's campus, you can hear terse car horns, the sliding of tires on hot asphalt to make a quick stop, and the ringing of police sirens responding to car accidents. The freeways even affected the flow of the institution: traffic levels determined how early or late employees arrived for work, and families would often plan visits on weekends to avoid the rush hour clog of work traffic. Car culture saturates the urban experience of Los Angeles, and the social life at Hollenbeck, sitting in the middle of the city's largest freeway interchange, is literally and figuratively framed by the drama of the roads.

Hollenbeck's entanglement within this nexus of freeways seemed only to intensify residents' experiences of immobility. Its speedy movement held up a mirror to their institutional enclavement, the loss of their license, and the institution's, and each other's, slow, plodding tempo. In Los Angeles, where the freeway has been likened by Joan Didion (1979) as the 'only secular communion the city has' and by David Brodsly (1981) as 'the cathedral of its time and place,' residents' exclusion from its daily activity was keenly felt (Dalaklagou 2010:460).

In the last decade, social science researchers have declared and announced the 'mobilities turn,' what has largely been characterized as an epochal shift in the centrality and importance of movement and mobility in modern and postmodern life. These scholars suggest that the 'mobilities turn' is caused by the shift in the spatial dimension of societies, where the 'rapid increase of movement, technology-based acceleration and the diversification of space-transgressing connections' (Endres, Manderscheid, Mincke 2016) is argued to have made the world fundamentally more open and accessible.

While there is an increasing flow of goods and services across territories, Turner (2007:289) argues that scholars of the 'mobility turn' frequently underestimate that there is 'emerging a parallel "immobility regime" exercising surveillance and control,' 'whose stated aim is to protect residential populations against the perceived risk of mobile populations.' This regime is fueled by what Shamir (2005) calls a 'paradigm of suspicion,' which names certain types of people dangerous and inspires the regulation and curtailment of their movement.

This paradox of increasing mobility and immobility was a central feature of elders' life at Hollenbeck. Los Angeles has long been identified as a city dependent upon the automobile, as the development of the city's infrastructure paralleled the rising popularity of automobile ownership in the United States. The car, and the city's freeway infrastructure, has enabled the movement of goods and people across a wide, urban sprawl. Amidst the city's constant flow, residents at Hollenbeck found themselves stationary. They were enclaved, excluded from the roads, and forced to keep slow and careful. Considered dangerous, Hollenbeck residents' movement was a site of intense risk-management regulations and control.

Foucault (2003:244-8) notes that, because of 'the random element' involved in their aging trajectories, elders' mobility becomes a critical site of risk management and security discourses. With a deep concern about the possible 'accidents, infirmities, and various anomalies' elder lives might generate, risk management and security apparatuses attempt to 'incapacitate individuals, put them out of the circuit or neutralize them,' both for the benefit of the individual's health and of the population's.

Hollenbeck itself was its own risk management strategy to keep elders safe and contained. Turner (2007:289-91) suggests that the aging crisis has inspired greater methods to manage and to control the elderly through sequestration efforts, what he calls an 'immobility regime,' through the development of retirement communities and nursing homes. These enclaves, he suggests, are very often designed 'not to keep out threats from the outside, but to protect local communities from internal dangers (possibly from self-harm).'

Indeed, risk-management practices not only entrapped and contained elders within Hollenbeck, but also managed and controlled residents' movement within Hollenbeck. As elders' movement became increasingly regarded as full of potential harm and dangers, residents were not only discouraged from leaving Hollenbeck's grounds and oversight, but were also encouraged to remain sedentary in order to keep safe.

The 'politics of mobility' approach seeks to account for the rising centralization of mobility in modern life and the impact of exclusion from participation in these rapid flows (Cresswell 2010). 'If we regard the freedom to be mobile as a resource,' Turner (2007:290) writes, 'it is clear that the capacities for mobility are unequally shared.' Shamir (2005) calls this the 'mobility gap', which is only becoming more pronounced, as the capacity to move continues to become central to participation (to travel, to work, to trade) in the increasingly

global political economy. Indeed, Hollenbeck residents' exclusion from mobility practices in a highly mobile Los Angeles shifted their relations of power, and their ability to achieve visions of the good life.

Harnessing the approach of the politics of mobility, this chapter ponders how a risk logic, and its attempt to keep elders 'safe' by preemptively curtailing movement, impacts elders' social relations, access, and their experience of self at Hollenbeck. It first explores why and how the loss of a driver's license is a significant rite of passage in an elder's aging trajectory in Los Angeles. It then investigates how a risk logic's preemptive control inspires a fierce kind of deviance.

The chapter then turns to examine how strategies of care at Hollenbeck attempted to live alongside the fragilities and 'random elements' of elders' bodies, instead of trying to control or dominate them. By attending to how care strategies transformed the experience of the bus and the wheelchair, this chapter ponders how care strategies convert old age from a site of passive decline into a site of activating possibility.

Risk and Movement: Preemptive Control and Deviant Edgework

The aging crisis has increasingly identified elders, and elder bodies, as dangerous. In order to control their threat, regimes of risk management seek to manage them.

This section shows how the loss of a license reflects the impact of a risk logic on the mobility practices of Hollenbeck elders. In exploring why the revocation of a license is an occasion of significant rupture in an elder's aging trajectory in Los Angeles, this section understands that the meaning and power of mobility practices always depends upon the social relations in which these practices are produced. Indeed, American discourses and

socio-material realities in Los Angeles shape the 'normative substance, social meanings, and the lived reality' (Endres, Manderscheid, Mincke 2016:4) of driving a car, and turn the vehicle into the enablement of independence, virtue, and freedom. Its loss, then, is experienced as a significant debasement in an elder's status.

Mobility practices conjoin the 'external world of expectation and compulsion' and 'the internal world of will and habit' (Cresswell 2010:20). While movement is always produced through social relations, it is never fully determined by them. This section shows, therefore, that the risk management strategy to try to 'incapacitate' and 'neutralize' elders (Foucault 2003:244) at once immobilized them from and mobilized them towards danger. This reflects long-standing observations in anthropology that 'discipline engenders resistance' and 'control creates deviance' (Becker 1963; Matza 1969; Foucault 1980; see also Jenkins, Jessen, and Steffen 2005).

Loss of License as Rite of Passage

People move through space, but they also move through the life course, transitioning into and out of different ages and roles along the way. Anthropologists have long noted that the meaning of old age varies cross-culturally, depends upon different social and physical qualifications (van Gennep 1960; Cohen 1994). What it means to grow older, and when one is perceived as doing so, entwine with particular social configurations such as kinship, gender, and economic or political factors.

Anthropologists note that the achievement of age coincides with locally dependent, critical events and the social redistribution of power, roles, and relations. Past theorizations of transformations in the individual life course focus on total shifts between stages, including most significantly van Gennep's (1960) work on rites of passage. Though new work on aging

deconstructs past efforts to formalize stages based on linear succession and clear progression, and instead seeks to show how aging is fluid, dynamic and often contested (Johnson-Hanks 2002), anthropologists still recognize that life courses still contain significant ruptures, transitions, and transformations, which are often fertile ground to learn about changing social relations.

In the United States, passing a driving test and receiving a license marks entry into adulthood, constituting a full membership into an automobile society and the achievement of independence, full citizenship, and freedom (Rajan 2006). An elder's loss of a driver's license is a stripping of that adult membership, and a descent back into a state of childhood dependency, non-personhood, and constraint. While Myerhoff (1982) and Keith (1982) argue that there is an absence of ritual to structure the rite of passage into old age in the United States, this section argues that, in car-dependent Los Angeles, the ritual of having a driver's license revoked structured the rite of passage of Hollenbeck elders into old age.

Cars are symbols of freedom in the United States. Dominant national discourses depict cars as central to the realization of the good life, from American literary work including Scott Fitzgerald and John Steinbeck (Bachmair 1991; Eyerman and Löfgren 1995; Graves-Brown 1997), to Hollywood movies (Gartman 1994:60), and to wartime propaganda throughout World War II that made explicit links between cars, citizenship, and freedom (Frohardt-Lane 2014). Cars often symbolize 'speed, security, safety, sexual desire, career success, freedom, family, and masculinity' (Urry 2004:26). Cars also enable freedom, providing access to resources, taking its driver anywhere they need to go to pursue the American dream of upward social mobility. Cars enable individualism and autonomy (Rajan 2006; Paterson 2007;

Seiler 2008; Urry 2004), since, in cars, individuals can pursue their own timetable over public ones (Urry 2004) and provide an experience of private space (Pinkney 1991).

Since the car is a symbol of freedom, its loss is, as Andersen (2003) notes, 'a form of symbolic castration,' and the deprivation of power, vitality, and vigor. This castration is not merely symbolic. It is also material. As Urry (2004:28) notes, while cars are often associated with freedom, they are also 'wholly coercive,' since car culture creates environments where driving becomes a necessity. Debord (1994:174) refers to this as 'the dictatorship of the car' and 'the dominance of the expressways.'

In Los Angeles, which is the epitome of the domination of the United States's car culture, driving a car is not simply an ideal, but a necessity. Scholars suggest that the mobile infrastructure of Los Angeles was both produced by cars and produces car users. Brodsly's (1981) history of the freeway in Los Angeles shows how the city's decentralized, urban sprawl is, in large part, due to the entanglement of the city's population boom and the advent of the automobile. Cars enabled these suburb landscapes to expand and flourish, becoming cities in themselves, as they helped people traverse greater distances easily. As Los Angeles became the epicenter of the nation's automobile ownership, with a population to car ratio of 2.2, outpacing even the center of automotive production, Detroit's ratio of 4.4, traffic became a central issue for the city's roads. The Traffic Commission of the City and the County of Los Angeles formed to address the congestion, and joined larger national movements to develop roads as infrastructure. Freeways became part of the city's central urban development thereafter, promising the cultivation of economic growth through the 'free' movement of people and things across the city.

Because the built environment of Los Angeles emerged in an entanglement with cars, it privileges car users, allowing them greater access to traverse the city's expanse.

Current policies further entrench the inequalities between the haves and have-nots by continuing to invest in freeway architecture at the expense of public transportation (Rodgers and O'Neill 2012). Lutz (2014) argues that the emphasis on the car, and the state's infrastructural investment in car transportation at the expense of public transportation, sows forms of 'infrastructural violence,' by creating inequalities in access and health (O'Neill and Rodgers 2012). Los Angeles is a key example of how this violence produces inequality. Activists in Los Angeles have long protested that city funds are often more readily used to expand and to upkeep forms of transportation used by Whites, like freeways and suburban rail services, over bus services often utilized by people of color and those with variant mobility needs (Bullard 2003; Garrett and Taylor 2003; Lutz 2014). Garrett and Taylor (2003) also note that most public transit systems tend to focus on 'recapturing lost markets' through suburban buses and fixed rail systems, rather than trying to update and expand the public transit systems in cities which are used most steadily and reliably, but whose non-white and poorer populations are less attractive. The vehicular domination of Los Angeles, Lutz (2014:238-239) suggests, also creates more 'vulnerable road users' who walk and who bike.

Preemptive Revocation and the Construction of Risky Subjects

Because the loss of a car could be so devastating not only for the elder's everyday life, but also for their sense of moral worth, social relations, and access to power, elders fiercely protested the revocation of their license. In fact, I knew of only one woman at Hollenbeck who willingly gave her license over. She said it was an easy decision for her to make, because 'my husband always did the driving anyway.' On the whole, women at Hollenbeck discussed the loss of their license as a frustration and a rupture, but their narratives were never as

severe or devastating as the men's. Men at Hollenbeck often discussed their license as a threat to self. It was especially difficult for men to forfeit their license, because in the United States, cars have long been associated with, and have enabled ideals of masculinity.

However, for both men and women, losing a driver's license was often a contested event in their aging trajectory, full of power struggles, animosities, and disputes. What was perhaps most difficult about the loss of the license was that very rarely did an animating event provoke its revocation. Many elders talked about the loss of their license as something that 'came out of nowhere' or was 'a shock.' This was because most of the license removal that took place happened preemptively.

Indeed, as children began to notice the failing driving skills of their parents, or the decline in associated capacities, like eyesight, hand control, and feet strength, they were moved to take preemptive measures to prevent their elder's future harm in the car. Children mentioned that they felt it was their responsibility to intervene, not only for the safety of their parent, but also for the safety of the public. 'I couldn't live with the idea that my mom ran a child over on the street and I could have done something about it,' a Hollenbeck resident's daughter remarked.

For many children, this was the first major intervention that they made in the lives of their parents. Revoking a driver's license symbolically and practically took away elders' independence, and rendered them dependent on their families for everyday support. Many talked about the importance of getting this transition 'right,' since it set the context for the relationship inversion that would only intensify in its powerful differentials as elders grew older and required more help. Indeed, Van Gennep (1960) and Myerhoff (1982) note that rites of passage represent points of crisis in the life trajectory, and that it is essential that individuals proceed through these crises orderly and well, since their habitation of their new

role within society depends upon it. Since individuals in transitions are 'aroused to self-consciousness or brought to the edge of profound questioning by the play with forms' through the stripping of old forms and the confrontation with new ones, they become particularly sensitive to the social context in which they are imbricated.

Given the elder's sensitivity to their potential loss of license, children relied heavily on external, somatic experts (Rose 2007:6) to convince elders that they were a risk to themselves and to others. They believed that these experts' formal, 'objective' criteria would help persuade the elder that they no longer had the capacity to drive. They hoped that a consultation with the somatic expert would ground the preemptive caution in hard, disinterested 'facts,' instead of a child's 'vague' interest. Children hoped that these formal, 'factual' grounds would legitimate the inversion of their relationship with their parents, and would instill in their elder a keen awareness of their own decline.

Since, as Elliott and Turner (2012:60) note, 'there is a range of new laws and technologies that allows states to categorize and track individuals who are deemed to be dangerous, in order to bring about their bureaucratic control through spatial seclusion,' children had a variety of somatic experts to choose from to check their elders' suitability for driving. Children often sought out the consultation of family doctors, who would often conduct measurable tests, like eye exams or reflex times, to discern whether the elders' driving capacities were intact. Children suggested that doctors were the preferable somatic expert, because they were often amenable to children's concerns. One resident's child said she had called her father's doctor ahead of time in order to prepare him for the consultation, and to provide background information about her father's driving abilities that would be difficult to discern in the consulting room. She said that the doctor was not only sympathetic to her concerns, but actively took them on as his own, eventually telling her father that he

should no longer drive. Children recognized that the DMV had a driver's test with objective measurements, too, but feared that their elder might perform better than usual and pass unexpectedly. Unlike responsive doctors, DMV workers were seen to be unaffected by personal narratives, upholding the neutrality of an anonymous, state bureaucracy. Some 'objective' facts were more pliable than others.

Even though 'objective' measures, like physical exams and driving tests, appealed to neutral criteria, some elders still disputed the results and refused to give up their license. While children desired elders to contractually sign their autonomy away, they recognized that forcible removal of elder's will and autonomy was necessary in order to stave off potential danger.

When elders refused to give up their license, or resisted it, it was common for their children to suggest that they were 'acting like children.' In doing so, the children of the elder legitimated the forcible removal of the license and the status inversion through infantilizing, and thus weakening, the elder's form of resistance, suggesting that their desire to drive was not based on rational, clear-eyed logic, but on youthful fantasies of dangerous whimsy. Shield (1988:22-3) notes that associating elders with child-like qualities also frames them as 'selfish,' with no clear sense about what is ultimately good for them and unable to see how their actions might pose harm to others. No longer committed to their own safety or the safety of others, elders are perceived as even greater risks, and children become protectors of the elder and the public.

What was difficult about the loss of the license was not just its loss, but also the way in which it was revoked. Children's use of a logic of risk to preemptively strip the license from the elder, in order to prevent future possible harm, inverted the social relation between child and elder and facilitated the construction of the elder's risky subjectivity. Residents

talked about how, through the loss of their license, they became increasingly attuned to, and aware of, their incapacities. 'When I lost my license,' Fred, a resident said, 'it was the first time I felt old.'

The Loss of a License: the Narrowing and Constriction of the World

Residents talked about how the loss of a license narrowed their world. Without a license, elders were no longer able to conduct everyday tasks easily, like going to the grocery store or pharmacy by themselves. Since many of these residents lived in suburban areas, most of their destinations were too far to reach by walking. Also, many of them did not have locally accessible bus stops. Since Los Angeles suburbs were built with the assumption of car use, life in the suburbs without a car could be experienced as a chokehold.

Elders with family nearby would rely on them for transportation, but elders did not like to be 'burdens' on their children, who they recognized as already being busy enough. Residents employed several strategies to decrease their burden on their children, by distributing their mobility needs across a broader social network, for example calling taxis instead or arranging carpools with neighbors nearby. However, taxi rates were expensive, and elders were also worried about being a burden to friends and neighbors. Worrying about the taxation of their needs, some elders tried to ask for help only when they were desperate. One resident, Linda, said that she waited until her whole refrigerator and cupboards were bare before asking her daughter to take her to the grocery store. At one point she ate a diet of tuna and fig cookies for four days straight. Enduring these sparse meals, she said, was a far better option than troubling her daughter.

Elders also lamented that, with the loss of their car, their social world shrunk. No longer able to go far distances, losing a car left many elders housebound; they felt 'stuck' and

'claustrophobic' in their homes. Elders' relationship with others also changed. 'The only time I saw anyone was when they came to me,' Charlene said. She worried that, by not being able to go visit her friends after they visited her, her relationships were developing inequalities. Because she could no longer reciprocate, Charlene felt like her friends were visiting her out of obligation and out of sympathy. She no longer felt like an equal in the exchange.

Because residents found it difficult to meet their basic needs without a car, and as it intensified the demands of care on their social network, an elder's loss of a car was often what catalyzed their move into Hollenbeck. Paul, a 82-year old, Japanese resident, said that his life was 'all downhill' from the moment he lost his license. Once his children revoked his license, they then 'forced' him to move to Hollenbeck. 'And now I'm here, and all the sudden I've got a cane!' Residents at Hollenbeck often talked about the quickening speed of decline. It was not just that their lives transformed from independent to dependent over night at the loss of a license, it was also that this major loss catalyzed further losses. Dependency seemed to have a ravenous momentum.

For Hollenbeck elders, losing a license was an intense rupture in their aging trajectory, as it not only excluded them from the dominance of car culture, but it also was a process that constructed them as a sites of danger, inverted their power (turning them in effect into elderly children), and narrowed and constricted their worlds.

Edgework: Flirting with Danger

At Hollenbeck, all residents' movement, at some point in their aging trajectory, posed possible dangers. While their driving seemed to provoke the biggest possible threat, an elder's occasion of walking was also a site of public and personal concern. Even a short amble, a resident once said, could result in a dangerous tumble. After I had given a

presentation on my research to the Hollenbeck community, Jack, an 85 year-old, White resident, approached me afterwards to affirm my use of 'risk,' and spent five minutes telling me how he visualized his walks. 'I am always looking down, and five feet ahead, to make sure I don't encounter a bad sidewalk.' He said the nurses taught him how to see dangers in his environment. In his daily walking, he had learned what crosswalks to avoid, and took special care to be 'careful.'

Indeed, as Jack's story suggests, the language and practice of risky movement pervaded the institution. Throughout the nursing home, residents were tagged with bright orange wristbands declaring, 'Fall Risk.' Nurses used these bracelets to categorize residents, so that nurses throughout the different shifts would be aware of their dangerous possibility and take special caution. Of course an elder's fall could be devastating for the elder, resulting in sore bruising or broken hips, but it also posed problems for the institution. Nursing homes across the United States receive governmental oversight annually, to maintain standards and to ensure the proper expenditure of Medicare funds. These annual reports produce ratings for nursing homes that families use as they choose their future elder care option. The amount of falls reported in an institution are a key component to these ratings and serve as one of the primary indications of whether or not these institutions are keeping their elders safe (Medicare.gov 2018).

To care, then, meant to keep safe. Carefulness was virtuous and precaution rewarded. Nurses frequently used practices of sedentariness as a care technique. A resident, for example, might say they were feeling a little tired, and a nurse would suggest that they 'stay inside' or 'lie down' for a bit, to make sure that did not push themselves to a dangerous degree.

Because of this ethos of carefulness, residents often complained that living at Hollenbeck was like living in a state of perpetual waiting, where the anticipation of risk orients their experience towards the future, but where the management of risk prevents the possibility of any event from actually occurring. Blanchot (1993) suggests that through this kind of waiting, 'we endure "pure" time, time without event, without project and without possibility; a kind of empty perpetuity that must be borne infinitely.' Though residents' days were structured by meals and by activities, many also described their experience of time as something that 'passes slowly, if at all', has an 'empty' quality to it, and that could seem, at times, 'suffocating.' At times, even I was struck by the lull of the institution, and found myself in the quiet of the afternoons keenly aware of the ever-present, base-like rumble of the institution's air conditioner. Time slowed down enough where things taken for granted seemed to appear again. As a temporary experience, such stillness provided respite; but as a predominant condition, it could agitate. 'All this waiting around here,' one resident said, plopped on the couch outside the dining hall forty minutes before supper began, 'can really drive you crazy.'

While some residents internalized this waiting culture, others resisted it. It was widely perceived that taking an elder's autonomy away before they agreed to give it up would mean that the elder would not accept the status inversion and thus the new relations of power. This was the challenge of a risk logic. It required caregivers to heed caution and to take action amidst predicted calculations, but this meant that at the heart of risk calculations there was an unavoidable uncertainty that created room for doubt and second-guessing. Indeed, elders often rebuked the characterization of themselves as risky and dangerous and grew skeptical about the waiting culture as a form of care. Seeing safety culture not as a form of care but as a form of coercion, elders were often inspired to resist their imposed immobility.

The correlation between risk management techniques and their creation of deviance is long noted. Lyng's (1990) work on 'edgework' explores how risk management often inspires individuals to voluntarily take risks and to flirt with danger as a way to recover self-control, introduce spontaneity and impulsiveness, and to re-enchant predictable lives. Edgework are activities that intentionally cross a strictly enforced boundary between safe and unsafe. Building on Marx's binary relation between coercion and spontaneity, Lyng (1990) suggests that the over-calculation of people's lives creates a kind of malaise, which provokes a thirst towards chaos. Where technologies often prescribe human capacities ahead of time, edgework is about 'testing the limits of body or mind' to discover potential, exploring 'the performance limits of both themselves and a material form' (ibid.:850). It is also perceived as a way to achieve well-being, by countering experiences of boredom, malaise and alienation with sensations of 'anticipation' and 'exhilaration', of immediate and sharp time, and a feeling of 'oneness' with the body and the environment (ibid.:860-3).

Gloria performed one of the most significant flirtations with danger during my time at Hollenbeck. During an outing to the science museum in downtown Los Angeles, Gloria set her eyes on the museum's popular 'High-Wire Bicycle' attraction and declared, 'I'm going to ride that damn thing.' Though now partially blind and fully dependent upon a quad cane, Gloria was an 89 year-old, Jewish resident who always described herself, as she called it, as 'on the move.' Partially blind for most her life, her favorite narrative about herself, and the one she was best known for at Hollenbeck, was that she was a world traveler. 'At thirty I said to myself, it's just as hard for me to get around Chicago as it is the Amazon, so why not just struggle in a more interesting place?' Exploring through fuzzy vision Morocco, Malaysia, and Myanmar, along with countless other places, was proof, for Gloria, of her fierce independence.

Gloria considered her move to Hollenbeck a significant sacrifice. Her increasing blindness made her dependent on some form of support, but this also made it difficult for her to continue her life as a maverick. Indeed, Gloria felt the personal effects of institutional coercion. Years before my fieldwork, she had inherited a dog from a Hollenbeck neighbor who had died, fell in love with it only to find months later that 'the institution' refused to let her keep it ('for safety reasons,' the director would defend later when I asked him for his reasoning – 'she tripped over it once when walking in in the garden, because she couldn't see it. And it bit a neighbor's ankle. What was I supposed to do?'). When Gloria now talked of doing things she wanted to do, it always carried a hint of pointed resistance against the 'institution's authority,' centralized personally for her in the Director's control. The High Wire bike was no different. 'I'm going to ride that bike even if they say no. They can't control me.'

'What is she doing?' the Activities Director frantically asked me, catching Gloria purchasing a ticket from the teenager running the bike attraction. 'Can she do that? I don't think she should do that.' Wondering if she should call 'HR' to get permission – 'what happens if she falls?' the director wondered, 'because I would be responsible,' clearly imagining fears of legal retribution if it were all to go wrong. The Activities Director implored Gloria not to ride the bike, pointing out all the risks, and anticipating possible, future outcomes. But Gloria rebuffed her concerns, and said she was going to ride the bike anyway. She made her way to the ticket line, purchased a pass, and walked over to the bike. The young teenager managing the bike himself looked a bit worried about Gloria's prospects, but he took the ticket from her and helped her onto the bike anyway. As the large crowd in the museum caught wind of Gloria mounting the bike, they began to circle the open space where the bike floated, whispering quietly with looks of concern.

As Gloria pedaled her way out, nervously at first and then with growing confidence each foot she moved away from the station and towards the middle of the open space three-floors high, swarms of visitors in the line began to audibly express their hesitant fascination, snapping pictures and nudging others towards the unbelievable sight. Gloria knew she had an audience and she began to pedal backwards and forwards so as to suspend herself in space and time, toying with the intrigue of the crowd. In the middle of the rope, going back and forth to the coos of the onlookers, Gloria let out a loud cackle, her mouth wide with joy, and the crowd laughed for her, almost as if in relief that the stimulation they were enjoying she was feeling, as well. As she made her way back to the station, tired from all the pedaling, the whole third floor of the museum erupted in applause. Gloria forced her clenched fist in the air mightily, as if in victory. Back on the ground, I ran over to Gloria to greet her and to hand her back her cane. She looked up to me in somewhat of a daze, like she hadn't yet left the high-rope. She said with a glint in her eye, taking the cane from me as a kind of grounding, 'I feel like Chief.'

Chief, she would elaborate later, was Chief Bromden in Ken Kesey's *One Flew Over the Cuckoo's Nest* (1973), the seven foot tall Indian-American who broke free from the institution at the end of the book. A meticulous narrative about the coercive workings of bureaucratic power in a mental institution, the book follows two protagonists, the wily maverick McMurphy and the apparently mute, observant Chief Bromden, who provoke the totalization of the asylum's control through cunning laughter, conscious separation and reflection and outright confrontation. McMurphy leads Chief Bromden and others to realize the gaps in the asylum's control by making use of 'free spaces' where the authority of the system fails to extend. Though McMurphy's rebellion instigates too much institutional retaliation and ends in his own mental obliteration through his forced, debilitating lobotomy,

Chief Bromden strategically utilizes his own conscious awareness of the systems of power in the asylum to flee from it. After finally figuring out that the asylum did not and could not completely control him, Bromden proceeds to break off a chunk of a control panel as weight to break through the brick wall to his liberation. The film scene of Chief running through the hole in the wall towards open hills and forests represents his return to his 'natural' state as both person and an Indian: being one with the landscape, eluding human control. The camera also pans back to the other inmates, still inside the institution, hooting and hollering and celebrating Chief's exit. This emancipation is one of the most iconic pictures of freedom in the United States: release and liberation from the powers that control us, an escape that brings collective sighs of relief that it can, in fact, be done.

In many ways, Gloria's high-wire bike ride was indeed similar to Chief's fleeing. Both individuals created for themselves a 'free' space where they could rebuke the control of the institution, and do otherwise. Both also had their fellow inmates cheer them onto freedom. And both felt an emotional flooding (Goffman 1971) and induced it in others, who watched them directly and dangerously challenge their confinement. Both of them, products of enclavement and of a culture of security, had learned how to break the preemptive control and explore what they had long been denied.

As Foucault (2007:48) observes, 'freedom is nothing else but the correlative of the deployment of apparatuses of security.' The risk logic, in this instance, generates its own deviance, and its culture of safety and waiting produce reactive tendencies towards danger and proactivity.

From Decline to New Life: Care's Re-imagination of Mobility Practices

The last section outlined the ways in which a logic of risk identifies elder bodies as possible threats and manages their danger by controlling their practices of movement. This attempt to discipline elder bodies into controllable and safe entities disconnects elders from participation in the everyday flows of Los Angeles life and, in doing so, reduces their power, rendering them into dependent, 'child-like' entities. This power inversion, as well as the culture of waiting these security discourses produce, frustrate residents, and inspire forms of deviance and resistance, as exemplified by Gloria's flirtation with danger.

While Hollenbeck often employs security discourses to care for residents, treating them as risks and attempting to foreclose possible future harm, there are also alternative caring techniques at Hollenbeck that open up future possibilities and that instill in residents reasons to hope.

This section explores how strategies of care at Hollenbeck attempt to live alongside the fragilities and 'random elements' of elders' bodies, and not control or dominate them. Instead of trying to 'incapacitate individuals, put them out of the circuit or neutralize them' (Foucault 2003:244), there were alternative strategies of care at Hollenbeck that sought to reimagine the possibilities of elders' debility, and to find new ways of allowing them to engage and to explore the world anew. By considering two forms of movement at Hollenbeck, bus riding and wheelchair use, this section examines how imaginative caring techniques converted debased forms of mobility into valuable experiences of mobility, and consequently transfigured sites of decline into sites of new life.

Bus Riding at Hollenbeck

'Cowboys don't ride buses.'
-David Rieff (1992:46)

If cars, as Soja (2014:117) notes, symbolize 'unfettered individual expression and auto maniacal freedom', then buses are its binary opposite, the representation of social constraint. In stripping an individual's privacy, and subjecting them to external rules and strangers, buses reduce the capacity of individuals to self-determine. This makes the act of riding a bus a 'demonition from one's Americanness' (Rieff 1922:46).

Hollenbeck residents often experienced their reliance on the Hollenbeck communal bus as a constraint on their freedom and self-determination, and as an indicator of their decline and abject status. Many of them lamented that they had to submit themselves to the bus's schedule, instead of being able to jump in their own car whenever they felt like it to go wherever they wanted. They also found it difficult that their schedule was impacted by the rhythms and speeds of others. Residents frequently complained how difficult it was to ride the bus with residents that were on walkers or canes. During outings to the grocery store, for example, residents complained that Hank, who used a walker, was always 'holding them up.' They were frustrated that their frozen foods were thawing because of him and that he was making them late for other things they had planned for that day. Residents felt things were so much easier when all they had to worry about was their own self.

The bus's constraint was not just inconvenient. It could also be experienced as humiliation, as Frank's experience on the bus exemplifies.

On a summer day, Frank, a 81 year-old, Japanese resident, along with others, boarded the Hollenbeck bus early in the morning to participate in the Activity Department's annual 'carnival games' at a nearby park. The Department required participating residents to

board the bus early in the morning, and Frank obliged. But as was almost always the case, several residents were late for this early arrival, or had otherwise forgotten about the event. Frank and others, therefore, were forced to wait on the bus for quite some time as the Activity Directors herded the absent residents. After thirty minutes had passed, Frank mentioned that he needed to use the bathroom, but the Activity Directors asked him to wait. They had just corralled the whole group, they explained, and did not want to make everyone wait longer. They assured him that they would be at the park soon and he could use the bathroom there. Frank agreed to the waiting.

When the bus driver finally embarked, he hoped to make up for lost time and sped his way to the park grounds. However, once the driver arrived at the park, he struggled to remember which out of the park's eight entrance points was specifically accommodated for wheelchair users. The driver looped the mile-wide park, passing each of the eight entrances, but struggled to see visible signs designating the accessible entrance. At this point, Frank grew agitated, and reminded the Activity Directors of his need to pee, shouting at them in the front seats from the back of the bus. He became even angrier when the driver decided to take another loop around the park to find the entrance. Five minutes passed, then fifteen, as the bus got caught at traffic signals, and as the driver made U-turns and stopped on the side of the road to check his map, Frank at this point had become desperate, and was complaining to his wife, seated next to him on the bus bench, that he was about to wet his pants.

Frank's wife realized this his frustration was more desperation than anger. So she reached into her bag and found a Ziploc bag of almonds. She emptied the almonds out and gave the bag to Frank, who then unzipped his pants and began to empty his bladder into the flimsy pouch. Since my seat was right in front of Frank, I heard everything that transpired.

The bag, it turned out, was too small for the volume of Frank's bladder, and it ended up overflowing and spilling out and down on the bus floor. Though residents tried to give Frank some privacy, many of them contorted their faces in disgust as wafts of pee filled the bus. Some lifted their feet off the ground to prevent Frank's pee from getting on their shoes. When Frank had finished, he shook his head with exasperation. Referring to bus driver the Activity Directors, he fumed, 'I hate these people. I'm never riding on this thing with them again.'

The bus forced Frank into the group's collective rhythm and schedule, and in doing so, overlooked and denied his own, particular needs. The constraint of the bus was not just frustrating for Frank, but was the cause of his own humiliation. For weeks Frank refused to get back on the bus, but eventually he was forced to return. He needed to go the pharmacy and the bus was the only way he could get there. Frank, like other residents at Hollenbeck, experienced the bus as both as a necessity and a nightmare.

Unlike the radical privacy of the car, the bus thrusts its riders into close, intimate physical proximity to other bodies. Since Hollenbeck residents' bodies were leaky, this proximity could be a particularly vivid and immersive sensorial experience. Frank's pee, for example, filled the bus with wafts of its sharp odor. I had also been on a bus ride before where a resident passed gas, which caused their fellow travellers to erupt in outrage. Residents often found themselves in uncomfortable proximity to other residents' bodies, since the bus's seats were narrow and limited. Residents often complained that they were forced to sit so close that there skin was touching; in the summer, when it was hot, this was particularly affronting. Where the car encases individuals in their own private bubble and preserved the 'boundaries of cityhood' (Houston 2004:117-8), the bus thrusts individuals

into a collectively shared space, where individual boundaries are often transgressed, social divisions disrupted, and contamination a regular occurrence (Douglas 2003).

However, while the bus often felt like a site of constraint, strategies of imaginative care transformed the bus into a site of exploration, enablement, and new life, as shown through the monthly, popular activity at Hollenbeck called Ride-a-longs.

Ride-a-longs were a monthly activity that took residents exploring, by bus, across the city's expanse. Cynthia, an Activities Director, facilitated the Ride-a-longs. For each outing, Cynthia would choose the bus's destination, and would track the desired directions on an old, paper map for the driver. She avoided using Google Maps at all costs, because she believed their routes were more interested in efficiency than the experience. Cynthia's directions never included freeways, because they very rarely provided interesting fodder for elders' sightseeing. Instead, she preferred to take side streets, privileging unpopular streets versus popular thoroughfares. She envisioned the purpose of the Ride-a-longs as a way to get elders out of their comfort zone, and to see parts of Los Angeles they, and very few others, took the time to see.

Cynthia knew the Los Angeles landscape like the back of her hand. She had lived in the city long enough to watch it change over time, seeing some buildings razed and others constructed, highways re-routed into new parts of town, and ethnic flows in and out of neighborhoods. 'You can tell the changes in Los Angeles by the strip malls,' she said once. 'You look in and see what kinds of restaurants are in there, Vietnamese or Guatemalan, and how they are changing over time, and why they think they are going to do good business here – that tells you a lot.'

Throughout the Ride-a-longs, Cynthia offered these kinds of snippets, and a running commentary, over the Hollenbeck bus' microphone. As the bus sliced through the urban grid, she described and illuminated the landscape, offering historical vignettes and, sometimes, personal memories of the places they were passing. Cynthia's rich geographical and historical knowledge was expansive, and she could even bring to light the barest streets. One day the bus cruised down a long block of empty lots, which, Cynthia explained, had once been occupied by automobile plants. She talked about how vibrant the block used to be, and the ways in which sandwich carts dotted the street to serve the workers on their lunch shift. After her illustrations, elders looked at these lots with fascination. I myself began to imagine what the lot might have been, and how their large swaths of black concrete were once teeming with life. Cynthia taught residents to imagine what the streets once were. On one of the outings, one of the residents said that Cynthia made the streets come alive.

Cynthia's greatest skill was the way in which she actively taught residents how to see the landscape. She was constantly inviting them to notice how diverse, electrifying, and rich the urban texture was. For example, she would ask the residents to consider the architecture of houses in one neighborhood, smaller adobe-like houses, and then would drive to a different neighborhood and ask them to compare them to the neighborhood's Victorian houses, built at the city's inception. No detail was too small for Cynthia to notice. In one memorable outing, Cynthia focused specifically on street aesthetics, getting residents to observe the cracked sidewalks in one area of town versus the freshly paved roads in another. Cynthia made riding on the bus not a passive experience, but one that inculcated, and demanded, active witnessing, sensorial attunement, and engagement.

Residents loved these Ride-a-longs. One resident, Paul, said he had only started joining the Ride-a-longs after he had to give up his own car. After spending weeks without

leaving the Hollenbeck premises, he was starting to feel 'claustrophobic' and so decided to sign up for the outing to 'get out and about.' From that first outing, Paul never missed a Ride-a-long. Paul found the outings revelatory. He had lived in Los Angeles since his mid-twenties, he said, but had never really appreciated the city until these bus rides. For his entire life in the city, he got around town by car. In the car, he said, 'you don't really see anything. You're too busy trying not to crash.' Paul said that the car had blurred the city streets for him, and were a means to his desired location. For the Ride-a-longs, however, the city streets *were* the experience. 'We rode down a street I took often on my way to work, but it was the first time I really looked at it.'

Vicky, another resident who was a regular Ride-a-longs attendee, also described the experience of the outings as if she was seeing the city for the first time. 'I had never really seen the skyline before, or the L.A. river.' While the car often demands that you look straight ahead, and only very proximally, the bus allowed Vicky to look above and below, from far distances to near ones. Riding the bus, she said, expanded her field of vision.

Ron, another resident, said he felt embarrassed at how little he knew about Los Angeles. The Ride-a-longs helped teach him about parts of Los Angeles that he had never taken the time to understand. Ron hypothesized that you had to be forced to expand your knowledge of the city, and that buses provided this external push. While cars enable habitual and familiar routes of movement, buses take its passengers on routes outside of their own design. The externally imposed schedule and destination, in his view, was what made his experiential expansion possible.

While many residents felt that losing their driver's license prohibited them from accessing the city, they were starting to see that, at Hollenbeck, this occasion of loss could also be the source of new opportunity. Many acknowledged that they would never have

come on a Ride-a-long had they still had their license, and it was only being forced to use the bus that they could understand how this new form of mobility could open new worlds to them that they had previously been unable to imagine.

But the forced use, and reliance on, the bus did not automatically equate into its experience as an enriching source of mobility. Indeed, as Frank shows, such reliance was often experienced as a humiliation. Importantly, elders had to learn how to experience the bus as a site of new possibility. Cynthia's instructive guidance taught residents how to be watchful, and how to sensitize their awareness to things they had once been unable to see or had ignored. By teaching these residents to see, Cynthia illuminated and broadened the elders' experience of the cityscape, and re-oriented their view to what the bus could do for them. This learning helped residents understand the bus anew, but it also changed their view of the car as the only valuable mode of transportation. Indeed, residents were quick to point out that the Ride-a-longs made them aware of just how much driving a car had dulled them to the sights and sounds and unexpected occurrences of the city's streets; residents could now see how the care was a place where, as Urry (2004:31) notes, 'the senses are impoverished.'

Many residents believed that the success of the Ride-a-longs had everything to do with Cynthia, whose robust knowledge turned streets from things you use to get to a destination into the destinations themselves. Indeed, Cynthia's particular knowledge and skill were a special kind of resource from which Hollenbeck and its residents were lucky to benefit. However, while Cynthia's knowledge of the city may have been unique, her approach to care was not. Cynthia's capacity to transform a site of decline into a site of generative possibility was a strategy and skill that staff members at Hollenbeck employed everyday. The daily task of care at Hollenbeck required staff members to attend 'to the

balances inside, and the flows between, a fragile body and its intricate surroundings' (Mol 2008:39). It required that staff members tinker resources and instruments to residents' new conditions in order to make their lives meaningful and viable.

New Possibilities of Wheelchairs

Like buses, wheelchairs were experienced as technologies that were both constraining and enabling. Wheelchairs were often used as a way to subdue residents into safer forms of mobility. Especially if a resident was considered at risk of falling, the institution would preemptively place an elder in a wheelchair in order to prevent future harm. Wheelchairs, then, were utilized as a technology of security and risk-management.

While Hollenbeck's built environment included ramps, elevators, and chair lifts across its campus, so that wheelchair users could access almost all of the community's spaces, residents still felt that wheelchair use was deviant and stigmatized, a symbol of their decline, and an indication of their lack of effort. At Hollenbeck, wheelchairs were the last assisted mobility technology used to enable residents' movement, employed only after a cane and walker had been tried. The step after a wheelchair was full immobility, where residents were bed-bound. The wheelchair, therefore, represented the penultimate form of immobility, and thus signaled the severity of the resident's decline.

Residents deeply felt that the occasion of walking was a normative disposition, assigned with various meanings, like masculinity, strength, independence, and full personhood (Oliver 1996). Indeed, walking was always considered the ideal state, to which various therapies at Hollenbeck were oriented. Residents who were becoming uneasy on their feet would be encouraged to seek out Tai Chi and dance classes to connect to their

internal rhythm and to strengthen their stride, and many were encouraged to seek out the physical therapist working in the nursing home for helpful exercises to assist their ambulation. This confirms medical anthropologists' sense that biomedicine treats disability as a disease and illness, and seeks to 'cure' people with disabilities through rehabilitation technologies and therapy (Groce and Scheer 1990; Shuttleworth and Kasnitz 2004).

Because of its stigma, many residents resisted the use of the wheelchair. When residents resisted, nurses used a wheelchair strap to keep them in their seat. The strap consisted of a foam panel, which was placed around the elders waste, and long straps, which were tied to the back of the wheelchair in a strong knot. The band was usually tied loosely, just enough to prevent the resident from standing up without making them feel reined in at all times while sitting down. However, sometimes residents tried to slip out of the restraint by slinking their body underneath it, and this caused nurses to tighten the band so snugly that it often gathered sweat where it touched residents' bodies. The band not only was tight enough to prevent residents from standing, it also often forced its wrangled residents into an upright posture, instead of the curved slump into which many wheelchair users sank.

The wheelchair strap was perhaps the most constrictive technology I saw utilized at Hollenbeck. An independent resident once equated the use of a wheelchair strap to putting a dog on a leash. And its use filled nurses with mixed feelings. At once they felt it was an act of care and a kind of violence. Nurses recognized that they were preventing potential bad falls, but they also felt it was dehumanizing.

Just as the bus had been reimagined from a site of constraint to a site of new forms of possibility, so too was the wheelchair. This was perhaps most explicit in the wheelchair dance James and Jane performed during the 4th of July parade.

James first got the idea for the dance when Jane and her caregivers, a year before my fieldwork, decided it would be best for her to move from a cane to a wheelchair. Though Jane, a 92 year-old, Mexican-American resident, agreed this was the right course of action, the decision devastated her. Jane, in her youth, had been a professional dancer and had actively participated in the line dancing corps during her tenure at Hollenbeck. One of the nurses said that when Jane first got to Hollenbeck and was still ambulatory, staff often caught her fox trotting down the hallway. Wherever she needed to go, they said, she got there by dancing.

But as Jane's feet started to swell, which made it difficult for her to lift them from the floor, her ability to dance declined rapidly. She tried physical therapy and pharmaceuticals to reduce the swelling, and to get back to dancing, but nothing worked. She was first encouraged to use a cane, but it became quickly clear that she needed sturdier support. She was then given a walker, which also functioned as a seat, and she used this technology for years. Towards the end of her walker use, Jane primarily sat on the walker's seat to get around, pushing herself around by shuffling her feet. Throughout this time, Jane never danced, but she said she retained a vague hope that it might still be a possibility.

One day, Jane was pushing herself on her walker and, for some reason, it tipped and sent her crashing to the floor. Jane was badly bruised, and her thin skin even cracked and started bleeding. After the incident, the nurses decided it was best she move to a wheelchair. Though Jane did not want to use the technology, she felt like she had no choice. It was her confinement to a wheelchair that had finally consigned her to the harsh realization that she would probably never dance again. Many nurses noted that, the moment Jane started using a wheelchair, she became severely depressed.

James, noticing Jane's dejection, began to imagine ways he could get Jane dancing again. He got the idea to look up wheelchair dancing on YouTube and quickly discovered that wheelchair dancing was a popular art form. He watched hundreds of videos before he approached her, so that he could be confident he could do it well and safely. After he practiced on an empty wheelchair, and saw that it could be feasible, he mentioned the idea to Jane about putting together a wheelchair dance for the 4th of July parade. Jane, both hesitant and eager, agreed.

The pair practiced for months. While Jane anticipated that the dance mostly involved James pushing her from behind, James told her that the dance form required her active engagement. Indeed, James never once pushed the wheelchair from behind, or seemed to interact solely with it. At all times, James moved the chair through Jane's arms. Importantly, Jane had to learn new skills in order to make the dance work. Her arms had to be stiff to provide enough resistance for James to be able to push the wheelchair effectively across the floor. During practice, James would constantly shout 'No spaghetti arms, Jane!' to remind her how important her partnership was to the dance's realization.

James also encouraged Jane to recognize that dancing was more than just the movement of feet. James showed Jane that the movement of the torso, the shoulders, the arms, and the head were all magnificent mediums of expression in dance and essential to dancing well. James taught Jane how to sway her head to the beat, and to the movements of the wheelchair, so that her body and the wheelchair looked like they were in the same rhythmic flow. He encouraged her to use her arms and hands as mediums of expression, and Jane began to experiment with different hand gestures and shoulder movements to add to the dance's flare.

To keep Jane safe, James used a wheelchair strap to prevent Jane from sliding out of the wheelchair as they spun around. This constraint enabled Jane and James to move to the song with a more upbeat tempo, and since Jane was safe from falling out, James even introduced a spin move into the dance, where he rotated the wheelchair on the edge of one of its wheels. This safety measure enabled, instead of disabled, more extreme dance practices.

When it finally came time for the 4th of July parade, rumors had spread throughout Hollenbeck that James and Jane had prepared an extra special performance. The 4th of July party, like all of Hollenbeck's holiday celebrations, was already a popular affair, but the crowd size was one of the largest yet. 'They all came to see Jane,' James said.

The Activity Directors prepared for the event weeks in advance, rolling out boxes full of decorations of Uncle Sam posters and cardboard cutouts of exploding fireworks. The weekly line dancing class had been practicing their patriotic dance, and residents who had seamstress skills were constructing uniforms for the dancers with sequin-laden, polyester blue and cheap, red velvet fabrics. The annual party began with a parade, where all of the residents who had served in the military would march into the Activities Room to applause, and ended with James and Jane's dance.

During their performance, Jane and James danced like they had never before. The audience cooed and cheered from the moment James curtsied in front of Jane's chair, to when Jane elegantly waved her arms as she was rolling freely across the floor, and finally when the pair bowed to each other with nothing but glee on their faces.

At the end of the dance, James positioned Jane's wheelchair and his body so that they were both facing the front of the room. When the song stopped, the audience, many of

whom were crying, jumped to their feet to give the pair a standing ovation. A resident next to me told her friend she had not seen Jane that happy in a long time.

Jane and James' dance flooded the audience with emotions because it inverted the order and logic of the wheelchair. While the wheelchair and the wheelchair straps were symbols of decline and constraint at Hollenbeck, the dance had transfigured them into technologies that enabled and produced new life and play.

Though Jane felt like her confinement to the wheelchair would prevent her from ever dancing again, James discovered a way to convert the loss into a new possibility. Like Cynthia had done, he reimagined the use of the wheelchair, and opened Jane and the audience's understanding of how the wheelchair could enable you to do things anew. Significantly, this enabled Jane and residents to remain hopeful about their futures. If wheelchairs did not necessarily mean decline and debasement, what other parts of the aging trajectory could also be transformed?

Generating Possibility

Cynthia and James were acting under the presumption that debility did not need to mean abjection or passivity. Instead, they understood the changing capacities of the residents' bodies as new sites of generative possibility to engage the world.

Cynthia and James show that the practice of care does not dwell on loss, but instead asks: what can be done now? As Mol (2008:25) writes, 'care professionals… refuse to give up on anyone,' and 'do not abandon their patients, but keep on trying.' Their care, Mol

(2008:79) suggests, 'calls for tenacity,' and 'a sticky combination of adaptability and perseverance.'

When elders experienced a feeling of debasement for having to ride the bus or rely on a wheelchair, Cynthia and James tried to figure how to open up these mobility experiences as meaningful and viable. Cynthia and James' reinvention of these mobile forms from places of despair to hope demanded a creativity that could see past the standard use of these technologies, and could mobilize them in new and alternative ways. At sites of care, then, where actors try to make lives viable in conditions that would have otherwise, ingenuity, creativity, and imagination are often present. Care has to find a place for changing, uncertain, and unruly bodies, and this often requires care actors to read against the grain of normative ways of doing and being. In doing so, care often renders normative practices wildly unimaginative. Care shows that paying attention to unruly, leaky bodies can help us transcend the limits of dominant logics and inspire an openness through which to reimagine the possible.

Conclusion

In car-saturated Los Angeles, losing a driver's license was a significant rite of passage for an elder, akin to a 'symbolic castration.' In many ways, it ushered them into new states of dependency, which inevitably re-organized their social relations and roles. The loss of the car was especially traumatic, as Hollenbeck's physical environment was literally surrounded on all sides by the tangle of freeways.

What was difficult about the loss of the license was not just its loss, but also the way in which it was revoked. Because the agents of care wanted to prevent an elder from getting

into a dangerous accident, they often preemptively took the elder's license away. But since care agents knew how tumultuous this intervention would be, they tried to legitimate their decision by constructing the elder into a site of risk that even the elder could not deny, or at least could not deny with solid 'reason.' The preemptive removal of the license, then, was where elders became even more intentionally constructed as dangers to themselves and to the public. The removal of the license, in this sense, was deeply believed to be a practice of care, to save them and the public from harm.

While the culture of safety was a powerful force at Hollenbeck, and often induced elders into states of 'waiting around,' it did not always placate them into its logic. As Gloria's case shows, the risk logic of keeping safe often inspired in residents a thirst to flirt with danger. Many of them would intentionally risk themselves to 'feel alive again.' This reflects long-standing observations in anthropology that 'discipline engenders resistance' that 'control creates deviance' (Becker 1963; Matza 1969; Foucault 1980; see also Jenkins, Jessen, and Steffen 2005).

When elders took new forms of mobility on, from riding on the bus to learning to navigate around in a wheelchair, nurses taught them how these new forms of mobility could newly open the world to them. Elders, for example, remarked at how refreshing it was to finally be the passenger on the roads in Los Angeles, suggesting it was a new way to experience the city. Inhabiting the wheelchair, for Jane, allowed her to find new ways to dance.

While a risk logic often shuts down possibilities, forms of care can also convert these losses into new horizons of opportunities. Importantly, this ability to make the world appear new, amidst feelings of decline, took skill. Nurses had to bring to life and awaken elders to these new forms. But that there was the possibility of new life, even amidst such difficult

rites of castration like losing a license, was not only ensuring to residents, but also the reason for them to retain hope.

Chapter 5. The Politics of Bingo: Time Spent Well in a Neoliberal United States

In the centerfold of the new advertising pamphlet for Hollenbeck, there is a collage of photos underneath the headline 'Health and Wellness Care, Today and Tomorrow.' The first photo pictures three elders engrossed in the flow of Tai Chi, standing barefoot on grass under the shade of the oak tree. The photo adjacent to it captures a pair of cackling residents enjoying a game of billiards, and one below shows three elders in the gym, with one elder bench-pressing, another walking on the treadmill, and the last conducting thigh-strengthening exercises. On the bottom of the page there is a resident putting a golf ball on the green and to its side a snapshot of residents walking together next to the Hollenbeck Park lake. Everyone looks busy doing something.

Hollenbeck did not see retirement as a period in which elders just 'kicked-back'; instead, Hollenbeck recognized that residents' fulfillment depended upon their ability to remain 'active' and 'productive' throughout their aging. Inspired by models of retirement like Del Webb's 'Sun City' and Cortese's 'Leisure World,' which configured retirement not as a period of decline from old age but as a marker of a new stage in life (Trolander 2011), Hollenbeck created and developed a robust Activities Department to facilitate an 'active retirement.' Planning and facilitating a resident 'Activity Schedule' with detailed events planned each day throughout the month, the Activities Department believed that 'residents are only happy when they are participating.' Maria, the Director, said, 'When residents are busy, they live longer because they have a reason to live.'

The Hollenbeck Activities calendar combined regularly held events with new seasonal and monthly options. Exercise classes were offered every day after breakfast until lunch. Residents could work out in the Hollenbeck gym, which included stationary bikes,

treadmills, and free weights, or they could take Chair Exercise classes, Tai Chi, and Yoga. Maintaining one's body was a distinctly moral act at Hollenbeck: by exercising, residents were seen to foster health and stave off illness and, in turn, become physically productive. Residents enjoyed 'working on' their bodies for several reasons – John said he enjoyed 'looking good for the ladies of Hollenbeck,' and Sarah said it gave 'good structure to my day; after I work out, I feel like I *did* something' – and there was always moral affirmation given after such participation. Each exercise class instructor took attendance and after each year, the Director of Hollenbeck would hand out participation certificates to residents in an 'Award Ceremony,' applauding their active participation. Nurses would often celebrate those trying to improve their condition by calling those that exercised 'good patients.' Residents who did not exercise often remarked that residents who did were 'better' people for moving their bodies.

In the afternoon, however, the Activities Department options became less morally clear. Some activities were seen as productive ways to spend time and others merely as 'time-fillers.' Trips to the beach and to the park allowed elders to enhance health through nature, and lectures from professors at nearby universities, documentary showings and visits to museums were said to keep residents' minds nimble. But other activities, like arts and crafts and, most notably, bingo, were believed not to be productive of health or challenging to the mind; thought to inculcate passivity, they were seen to speed up decline instead of stave it off.

Independent residents often spoke about the distinction between productively satisfying ways of spending time at Hollenbeck and their opposites using the distinction between bridge and bingo. The local interpretation of difference between bridge and bingo match Richard Caillois (1967) distinction between games of skill (*agon*) and games of luck

(*alea*); the binary could be further mapped on with other binaries, like activity::passivity, rationality::irrationality, and serious::fun. Ultimately, Caillois' distinction reveals two ways of being in the world: one (skills) in which the world is worked on and controlled, and the other (luck) in which the world is open to chance and fate.

This chapter investigates residents' experience of bingo at Hollenbeck. In a twenty-first-century biopolitics of risk, bingo, rhythmically and fatefully open to surprise and wonder, serves as useful antistructure (Turner 2011) to Hollenbeck's risk-management approach through control. Exploring how spending time playing bingo produces new relations and challenges old ones, this chapter thinks about how a more generous analytic of bingo helps to provoke new thinking about the nature of good engagement, time spent well, the limits of control, the wonderment of chance, the affect of fun, the qualities of hanging out, and the construction of ethical communities.

Spracklen (2011:6) suggests that leisure at once identifies 'the increasing dominance of instrumental rationality in society and culture' while also grounding the possibility of an alternative politics to come to the foray. This chapter, by taking bridge and bingo seriously, dwells on how leisure has become yet another site for the dominance of a risk logic, and yet is also a site in which the very logic of risk is subverted.

The Bingo and Bridge Divide: Time Spent Well in the United States

This section explores why a virtuous retirement is associated with activity and a dangerous retirement is associated with passivity. It further explores how bridge is presumed to inculcate active dispositions in its players and how bingo is perceived to generate passive

cogs. Looking at how bridge and bingo map onto other social distinctions within Hollenbeck, this section shows how these games come to represent not just time spent well and poorly, but also the difference between worthy and worthless lives.

Virtuous Retirement in a Neoliberal United States

Elders' dire poverty throughout the Great Depression in the United States mobilized national movements to campaign for greater social and healthcare support for the aging. After tireless campaigning, Social Security and Medicare were installed as national insurance programs to support elders, enabling them to retire from work for their final years. These programs not only cut elder poverty rates, but also normalized retirement for its citizens. In doing so, they developed a new kind of leisure class in the United States: the old.

Social Security's system depends on an intergenerational contract, where each generation invests in these social insurance programs through lifetimes of work. It demands that individuals pay taxes across their lifetime for the benefit of future care. Though for some time there was faith in this generational contract, where the work of the young would support the retirement of the old so that one day, they too would benefit from this exchange, this faith in the United States has plummeted in the twenty-first century. Narratives around the aging crisis have stoked fears that the changing distribution of the young and the old has created an unfair burden on contemporary youth, where fewer working young people are forced to support the rising tide of baby boom elders. The youth, themselves struggling in a difficult economy, are said to be inheriting impossibly large burdens in this new elder population, which is only expanding in number, lengthening in life trajectory, and requiring more and more resource.

The retired old in the United States, once envisioned as having earned their lot, are now pictured as selfish, eating the wealth of the young. Elders' retirement, which was once considered a right, is now being conceptualized as greedy leisure. The retirement of old age is also being constructed as the potential site of national demise, and the potential ruin of younger generations' present and futures.

As concerns about intergenerational inequality loom, elders' retirement years have come under increasing scrutiny. In order to lessen the 'burden' of their retirement on the young, new discourses have transformed virtuous retirement years from a stage of rest and relaxation to a new realm of further activity to stave off dependence and to cultivate a healthier self (Lamb 2014). Virtuous aging requires the elders take control of their aging futures through self-management techniques in order to be newly 'retirement ready' and 'retirement fit' (Katz 2005:148). These new expectations for control transform the difficulties of aging not as natural inevitabilities, but as products of personal fault. As Holstein (2006:316) observes, 'We may be viewed askance – at the simplest level for "letting ourselves go" when "control" is putatively within our grasp – and, more problematically, as moral failures for being complicit in our own aging.'

In order to stave off potential decline, elders are tasked with the responsibility to control themselves through activity and active lifestyles (Katz 2005:148). Foucault (1977:154) notes that the 'control of activity' is a disciplinary technique of the highest sort. '[D]iscipline…' he writes,

> arranges a positive economy; it poses the principle of a theoretically ever-growing use of time; exhaustion rather than use; it is a question of extracting, from time, ever more available moments and, from each moment, ever more useful forces.

Activity transforms elders from dependent receptacles to empowered citizens actively pursuing and taking responsibility for their own health. Elders are turned into 'busy bodies' (Katz 2005), who must learn how to convert every part of their day into the active pursuit of health.

This turn towards busy-ness is not a wholly 'new' trend in the United States, but resonates with deeper cultural commitments in the nation. Ekerdt (1986:243) suggests that the turn towards active aging is simply another manifestation of an American 'busy ethic,' fueled by its Protestant roots. Americans have always understood time spent well as time converted into productive use, captured as they are by the spirit of capitalism; indeed, one of the founding fathers, Benjamin Franklin, penned, 'Remember that time is money' (Weber 2001:14). The nation's faith in the salvation of the market has only grown stronger in this neoliberal twenty-first century. As Darrah, Freeman and English-Lueck (2007) argue, busy-ness as a guiding moral virtue is fast creeping into every aspect of contemporary American life, causing middle-class families, for example, to manage their family lives through schemes of productivity and efficient scheduling. The infiltration of busy-ness into old age is yet another example of its pervasiveness.

While many elders experience productivity as a source of meaning, they also experience it as an expectation. As Fountain (2005) writes, 'it's not just that people have the option of keeping busy. In some way society is demanding that they do so – to be less of a drain on resources, to remain physically and mentally fit…' Active aging is understood by medical anthropologists, then, as an entanglement between agency on the one hand and structural power and institutional control on the other (Katz 2005).

Myerhoff (1992:126) observed that solving the 'problem of the aged' in an acquisitive society requires 'enhancing the meaning of leisure.' She was doubtful that time spent post-

work could be meaningful in a capitalist society like the United States. However, the successful aging paradigm has transformed retirement into yet another sphere where productivity and activity can be achieved. This activity promises not only to avert the potential dangers of old age, but also to deliver meaning into what was otherwise a site of decline and death.

In order to help facilitate the virtuous, active retirement, elder care institutions implemented into their models of elder care activity theory, which sought to adjust elders into new, creative stages of late life. In the mid-twentieth century, Activity Departments in elder care institutions became a standard part of the caring regime. These departments emerge out of a theoretical model that perceives decline and illness not as a natural part of aging, but as a consequence of idleness (Havighurst and Albrecht 1953). To counteract this idleness, and to stave off death, Activity Departments engage elders in activity to cultivate overall wellbeing.

However, all old age activity is not equally virtuous or productive. As activity becomes a central way for elders to become virtuous, debates have emerged about how to define good and bad activities. While gerontological theories have offered various definitions of the 'good' activity, like those that produce a 'flow,' or are 'high-investment,' or are 'serious' (Mannell 1993), the definition of the 'good' still remains contested and elusive (Katz 2000:141).

Bridge and Bingo: Active and Passive Games

At Hollenbeck, there was frequent debate about what 'good' activities looked like. Hollenbeck residents believed that the activities the Activities Department offered were of mixed quality. Options like weight-lifting, Tai Chi, walking, and physical therapy were all

viewed as ways that residents could cultivate their health and remain active and independent throughout their old age. But the Activity Department also offered questionable activities, like chair stretches, coloring, and elementary-level trivia that residents believed encouraged debility and passivity, instead of actively fighting it off.

Independent residents often spoke about the distinction between productively satisfying ways of spending time at Hollenbeck and their opposites using the distinction between bridge and bingo. At Hollenbeck, independent residents believed that the structure of the bridge game enabled virtue and that the structure of the bingo game cultivated dangerous dispositions. Their interpretation of these games sheds light into how moral ideals about the good life were locally constructed.

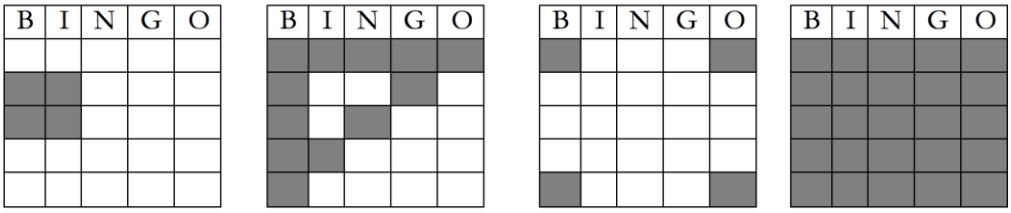
Bingo and bridge are games with a wide variety of rules and possibilities, but the spirit of the games and their relationship to skill and chance remain similar across their variations.

The residents at Hollenbeck played Contract bridge. This game of bridge involves four players in two competing partnerships. From a deck of 52 cards, each player receives 13 cards. After players view their cards, they then make a bid to designate the strength of their hand to their partner. The partner is then tasked to respond. The partner can encourage the bid if they have enough cards to support it, or they can change the bid to signal that the strength in their partner's hand does not correspond to the strength of their own. Once partners agree on a bid, the cards are then played to fulfill the contract. The partners who did not set the bid attempt to stop their opponents from achieving their contract.

There are various complexities to bridge. The first is negotiating an appropriate bid between partners. Because players cannot explicitly state the specific cards in their hands, they must rely on various communication strategies to signal the profile of their cards. These

communication strategies are infused with codes and secret meanings, and are often cryptic. Over time, players can learn each other's communication strategies and deduce a significant amount of information from their partner's sparse, yet loaded language. The second complexity of the game is learning how to play the cards well to make the established contract. In playing the cards to contract, players have to keep track of what cards have been played, to deduce what cards are still in players' hands, to consider when to play each card in the most strategic way possible, among several other considerations.

The game of bingo is very different than bridge. During bingo at Hollenbeck, each player receives a card (shown below) that contains randomly generated numbers amidst each level of numerical possibilities (below B, for example, five numbers are randomly allocated from the range 1-11, and the same pattern is followed under each subsequent column, I 12-24, N 25-37, G 38-50, O 51-62). A cage full of balls, on which are written each possible alphabetical-numerical option in the game (between B1-O62), is rolled by the caller, typically the Activity Director, until one exits the hole in the cage. The caller announces the ball that exits the cage first and every player that has the ball's alphabetical-numerical combination on their card covers it with a circular chip. The caller keeps generating new balls from the cage until players achieve various permutations on their card. At Hollenbeck, there were four permutations that could enable the player to win. The first permutation was called a 'stamp,' the combination of four chips together to make a square. The second was a 'bingo,' which is either a horizontal or diagonal line of 5 chips. The third was 'four corners', which was awarded to the first player to have chips on all four corners of their board. And the last permutation was 'cover all', which included an entirely filled bingo card.



Stamp Bingo Four Corners Cover All

First game: 1 stamp, 1 four corners, 1 bingo, 1 coverall
Second game: 2 stamps, 2 four corners, 2 bingos, 2 coveralls
Third game (called the 'Letter Game'): (Depending on the letter spelled on the card)
Fourth game (called 'Around the World'): Wild number, 2 four corners, 2 bingos, 2 coveralls
Fifth game: Wild number, The 'booby', 3 stamps, 3 four corners, 3 bingos, 3 coveralls[1]

It was largely perceived that bridge suits American commitments to progress and productivity better than bingo's. Bridge demands that players invest time in order to develop intuition and mastery, and yet such a demand is its very promise: by successive playing, one might progress from beginner to expert and increase chances of winning. Though still a card game and therefore inevitably open to chance, bridge at least structures contingency through particular rules that would allow some control over the unexpected. Repetitive playing develops skills through deliberate practice, and such commitment to flourishing is part of the

[1] *The fourth and fifth game included the use of a 'wild' number. A bingo ball would be called, for example I18, and 8 would be the wild number, so residents could fill in B8, I18, I28, N38, G48, 058. If it the bingo ball called was B2, 2 would be the wild number, so residents could fill in B2, B12, I22, N32, N42, G52, O62, O72.
** The 'booby' is awarded to the last person standing during the third game, Around the World. Before the game begins, all players are asked to stand. As the balls are called, and if a player has the ball called on their card, they must sit down. The last player standing without any of the numbers on their cards called wins the title of the 'booby' – in a way, it is the loser that wins and therefore the term 'booby', an embarrassing association to a woman's breast, is more about shame than about victory.
***If multiple players win a bingo at the same time, their win only counts as taking up 1 won bingo in the game. For example, if in the second game where there are 2 bingos available and three residents exclaim they have a bingo after N33 was called, each player will receive 10 cents but this will only be counted as 1 bingo achieved; the second bingo, of the 2 bingos, will still be available.
****A player could win twice with one number. For example, a player could win 2 stamps at the same time, a Bingo and a stamp at the same time, a stamp and a four corners at the same time.

self-progressive narrative of Western modernity (Deterding 2012) that seeks 'self-realization' through practical activity (Sutton-Smith 1997:173-200). Bridge's form enabled residents to work on themselves, to progress through an activity, and to achieve mastery.

Bingo promised no such development. Bingo was perceived to be radically open to chance, and seen as a game where skills did not matter. It was assumed that there was nothing a player could do to 'get good' at the game. Because the game did not have skills its players could master, it was seen to inculcate passivity, rendering its players completely vulnerable to roll of the cage. Residents believed it was dangerous that bingo enabled its players to 'win for having done nothing.'

At Hollenbeck, therefore, the local interpretation of difference between bridge and bingo match Richard Caillois' (1967) distinction between games of skills (*agon*) and games of luck (*alea*). Bridge is seen as the active, rational, serious and real game, where bingo is its passive, irrational, fun and virtual opposite. Bridge was classified as the 'good' activity, enabling residents to achieve the virtuous retirement, where bridge was classified as a 'bad' activity, inculcating into residents dangerous dispositions.

The Bingo and Bridge Divide at Hollenbeck

Hollenbeck residents not only used the bingo and bridge divide as a moral commentary on how to spend time well in old age. They also frequently used the games to differentiate themselves from one another socially, in terms of class, ethnicity, generation, and capability.

Residents were concerned that moving into Hollenbeck Palms put them on a leveled, equal plane as the rest of the institutional inmates, and stripped their identity and rendered them equal (Goffman 1961); they also resented the assumption made by outsiders that Hollenbeck was, like all old age institutions, a place where you go to die. Resisting this

homogenization, residents distinguished themselves from one another constantly at Hollenbeck, asserting their varying identities in whatever way possible. This reflects Goffman's (1961:319) sense that, even in 'total institutions', differentiation emerges to counter full individual control, and that individuals are always found 'employing methods to keep some distance, some elbow room, between himself and that with which others assume he should be identified.'

How residents spent their leisure time was a significant way in which residents drew distinctions amongst themselves. Indeed, Rojek (2009:1) finds that the study of leisure demands a consideration of what is it that people believe they are freeing themselves from and who are they freeing themselves from in its pursuit. Residents knew that how one spent their time at Hollenbeck was not a simple matter of individual proclivity, but of larger social structures in which each were encased (Parker 1981).

The bridge and bingo divide tell us not only what activities are made to count in the United States, but also *whose* activities are made to count. This section shows that bridge and bingo were indicators of good and bad engagement not just because of the structures of their games, but also because of these games' associative qualities with other social distinctions in Hollenbeck and in the United States.

Class

According to bridge players, bridge was a 'thinking man's' game and bingo was a game for those easily swayed by vapid pleasures.

A loyal bridge player, Berta, a 81 year-old, Jewish resident, who had worked as a museum curator, believed that bridge required an intellect. Berta noted that to play bridge well, players needed a fine mental dexterity and a capacity to juggle multiple rules and

considerations at one time. Because of this, the people that were drawn to bridge usually had 'more intellectual' backgrounds, she surmised. They were interested in the visiting professors series, where academics came from local Los Angeles Universities to Hollenbeck to speak on their subject of expertise. She said they were also the ones who went to the opera outings and the documentaries that were played at night.

Berta said that bingo, conversely, required no strategy or analysis, and she gathered it was a 'passive' game that actually 'made people dumber.' But according to Berta, 'dumb' people were the ones who would be drawn to bingo in the first place. 'You know, the only ones who are playing that game either have dementia or were stupid to begin with, never did much thinking. That's the only kind of person that would like the bingo game. The game's just going to kill 'em faster, make their brains rot.' Like Berta, other residents believed many of the activities at Hollenbeck were time-wasters, since they appealed primarily to temporary, embodied thrills that did nothing to cultivate the mind. Anne, a 79 year-old, White resident who was a self-declared house-wife, suggested that the group that plays bingo often attend the 'lowbrow' activities put on by the home: she complained that the kind of people that play bingo were the ones that inspired the Activity Directors to go on trips to the casino in the middle of the desert. 'We have so many museums here in Los Angeles, all with interesting exhibits. Why are we going to the middle of nowhere?'

The class associations Berta makes about each game reflect broader cultural scripts. In the United States, bridge is imagined as a game for sophisticates, and popular conceptions place it in the arena of the wealthy. A bingo player once remarked that bridge was a game for 'lunching ladies' who go to 'country clubs' and eat small tea sandwiches. Bingo, on the other hand, is imagined as an egalitarian game, taking place in community centers or large bingo halls (Bedford 2011). Contrary to bridge's exclusive sophistication, bingo is imagined as a

game that is not only broadly accessible, but also one that specifically mocks hierarchy. The game is often perceived to relish in the kitsch, as in the caller's use of purposefully corny puns while reading out the bingo balls, to the game's prizes, like packs of tissues, ham hocks, and rubber erasers.

The morality and virtue assigned to each game, then, is not just about their relation to 'active' and 'passive' forms of engagement, but the ways in which they link up to activities that are associated with cultural capital. This reflects Bourdieu's (1977) sense that leisure activities, and the badges they accrue as being either virtuous or a waste of time, are directly linked to the ways in which various forms of knowledge and 'culture' are given power through visible and tacit systems of reward and punishment. The dominant social class in a capitalist society is endowed with the most cultural capital, because it controls the most socially valued and legitimate cultural meanings. Working class culture and leisure are thus devalued, and often are perceived as a waste or as dangerous.

Bridge, associated with the dominant class, is a better way to spend time because it is seen to cultivate tastes and postures that are morally superior and socially prestigious, where bingo, associated with the working class, is perceived as a waste of time because it drenches people in a disposition and aesthetic that rebukes refinement and cultivation.

Generation

The active bridge and passive bingo divide helped illuminate the divide between the active baby boomers and the passive 'Silent Generation' that came before them.

Scholars note that class was not the only structure that produced particular affinities for leisure; so, too, were generations. Mannheim (1952) conceptualized generations as a cohorts that endure similar socio-historical processes and economic, political, and cultural

formations. These generations, Cohen (1984) believed, created their own identification in relation to the generations and ideologies that came before them. This emphasis on generational differentiation is especially pronounced in work on the baby boomers and their desire to spend time in old age in markedly different ways than their forbearers. The baby boomers, Martin (1981) argues, came of age at a time of liminality and affluence, and positioned themselves against the dominance and unimaginative forms of 'puritan cornerstones of working-class respectability,' steeping themselves in the 'counter-culture' of 'drugs, sex, and rock 'n' roll' (Bramham and Wagg 2010:24). This generation, famously rejecting old norms and adopting a contrarian stance, have reimagined various 'stages' throughout the life course, becoming 'rebellious parents in the mid-1970s, restless middle-aged divorcees in the 1980s/1990s and atavistic born-again pensioners at the turn of the millennium' (Bramham and Wagg 2010:24).

Bridge was yet another avenue where baby-boomer residents rebuked institutional authority. Bridge players often organized their games not only outside the rhythm of institutional activities, but often in fierce opposition to it. Bridge games were organized autonomously from the Activities Department by two independent residents who lived in Magnolia Court, the newest building addition to the Hollenbeck campus built to attract youthful, active baby boomers with its modern aesthetics. 'We want bridge to be our own thing,' Anne said, 'and we don't want all these people coming over who can't play well.' Anne suggested that, as an independent resident, she did not need the Activities Department 'organizing and planning' her 'life for her', and that planning bridge was one way to maintain a semblance of institutional distance. This separation was crucial, because independent residents often felt that the Activities Department 'killed the fun' at events. Partly this had to do, residents said, with the institutions desire to keep everything ordered, safe, and

controllable. Residents often complained that even the Department's celebrations felt muted, and that most of their activities were boring or banal.

Bridge's separation from the institution also enabled the game to be exclusive. Independent residents often lamented that the Activities Department 'dumbed' down many of the activities they offered, because they had to be accessible to all of the residents in the community. 'I know they are just trying to be inclusive,' Aaron said, 'but when they make games relevant for people like Denise (a resident with dementia), I end up not finding them very interesting.' Aaron believed that by trying to appeal to everyone, the department's activities ended up appealing to no one. By not associating with the Activities Department, bridge players could be selective about who they did and did not allow to play and thus maintain the quality of their game. Bridge players very rarely notified the Activities Department about the timing of their games, and bridge was never advertised on the Activities calendar. In fact, bridge was often scheduled at the same time as bingo, in order to exclude the residents who played bingo from playing bridge and to make sure that the Activity Directors would not be able to interfere.

Bingo, on the other hand, was planned and orchestrated entirely by the Activities Department. The Department decided when the bingo game was played, how it was played, and where it was played. Because residents were not active in its orchestration, it was perceived that bingo players were just pawns in the game of the larger administration. Sherry, a 87 year-old, White bridge player, surmised that the Silent generation played Bingo simply because it was the only thing on the activities calendar. When asked why she thought residents played bingo at Hollenbeck, Sherry hypothesized, 'they don't know they can ask for something else – protest a little. They're too old for that.' Sherry believed that these older residents passively inherited the institution's temporal rhythm, and that they failed to allow

themselves to reimagine how time could be spent otherwise. It was this passive acceptance of authoritative structures that separated these generations: while the baby boomers were skeptical of the motivations of the powerful, the Silent Generation were trusting that those in authority would do well by them.

Symbolically, bingo was a threat to the image of Hollenbeck as a forward-thinking institution. Aaron, a resident and self-proclaimed baby boomer, tried relentlessly to 'redefine' Hollenbeck's image 'from a place where you go to die to a place where you go to retire.' Bingo was the symbol of decay and thus of this new image he was trying to espouse; 'my generation expects exciting opportunities' and the institution 'won't be able to get away with shoving bingo cards in front of the faces of baby boomers.' For Aaron and other younger residents, bingo was representative of a Hollenbeck that would soon need to be aged out. Defining themselves in opposition to bingo, baby boomers not only generated a vision of themselves as contra to the contemporary organization of Hollenbeck's institution, but also as the drivers of change for a forward-thinking, future model of Hollenbeck that would be viable in twenty-first century.

Institutional Placement

At Hollenbeck, bridge was associated with independent residents and bingo was associated with dependent residents. During my time at Hollenbeck, only independent residents played bridge, and the majority of bingo players in some way needed more intense care, whether because they walked with a walker or had dementia. Though there were some independent residents who played bingo, they were quick to distance themselves from the game. Jack, an 85 year-old, White, independent resident, played bingo, but said that, unlike the 'others,' 'I don't depend on it.'

Bridge was a game that perceivably required mentally capable residents, those that had quick analytical skills and able memories. Independent residents were seen to be the most mentally fit, and so the game suited their capacities. Bingo was perceived as a game that did not require much mental energy, since, as bridge residents believed, it did not require you to think. Bingo's slow rhythm allowed residents, who found it difficult to respond quickly either mentally or physically, to participate.

It was largely perceived that bridge did not just attract independent residents and bingo dependent residents; bridge was also seen to cultivate independence in independent residents and dependence in dependent residents.

Independent residents believed that bridge helped them maintain their independence. Bridge playing helped to 'clear the cobwebs' in the mind, as Anne noted. It was also, as Gloria suggested, a way to 'ward off dementia.' Bridge was not just an activity of leisure, then, but was also a way to keep 'mentally fit.' Several times bridge players referred to the game as a 'mental exercise,' and a way to keep their mind 'active.' Because it required memorization, counting cards, and strategizing, bridge was perceived as an especially effective game to stimulate and to challenge the mind. There were often concerns that, at Hollenbeck, life was too easy and predictable, and that this ease and similarity dulled the senses and critical thinking skills. Indeed, dementia or other memory loss was often described at Hollenbeck as the result of the mind's neglect. Dementia emerged in parts of the brain, one resident said, that were 'dulled' and 'deadened' through lack of use. Bridge, requiring residents to strategize amidst chance, demanded an alert sensibility that could respond quickly and dynamically, and was seen to activate all parts of the mind.

Bingo, on the other hand, was largely perceived to inculcate dependencies in already dependent residents. Through its repetitive play, it was said to dull the senses and to

encourage a passive posture that ultimately took away the will to live. Because the game was so straightforward, it was perceived as not activating the mind. Bingo players were said to play not thoughtfully, but mechanically and robotically.

Many independent residents resented the pervasive assumption that elder care institutions were solely places of decline. Independent residents were careful to make clear that living in a Continuing Care Retirement Community could be full of activity, vitality, and vigor. In doing so, independent residents exaggerated the distinction between themselves and residents living in assisted and nursing levels of the community. Many of their distinctions were moral ones, and the comparisons often intimated that the independent residents had cultivated better health and had been rewarded for this activity by retaining independence in late life. The implication was that residents in assisted and nursing had not done enough in their life to stave off fragility.

Though this was never openly discussed by independent residents, nurses often suggested that independent residents distinguished themselves from assisted and nursing residents so starkly in order to deny, or distance themselves from, the eventuality of their mortality. 'They don't want to be reminded this will be them soon,' one nurse said.

Resisting being leveled by the living at Hollenbeck's institution, residents distinguished themselves from one another constantly at Hollenbeck. Since Veblen's *Theory of the Leisure Class* (1899), scholars have long affirmed that leisure is often a place where people maintain and intensify their social distinctions. Though often these scholars use Marxist analyses to suggest that work determines leisure (Dawson 1986; Scott 2010), this ethnography shows that how one spent their leisure time at Hollenbeck differentiated not simply by class, but also by generational identification and institutional placement.

By differentiating themselves from bingo players, bridge players assumed moral superiority in their leisurely pursuits and their ability to cultivate their mind and body. In doing so, they were able to lay claim to, and to reinforce their own sense that they had achieved, an active, virtuous retirement. However, the distinctions residents drew around the game were also indicative of larger social distinctions at work in the institution. The denigration of bingo players is entangled with other local prejudices that assign value to the rich over poor, young-old over old-old, and independent over dependent people. The denigration of bingo is largely perceived as an accepted social aversion, and it provides a convenient and seemingly neutral cover for insidious beliefs about the differentiated value of diverse and unequal forms of life.

While independent residents often thought that bingo was a game that only dependent residents played, some of them feared that the longer they were at Hollenbeck, and the more they aged, they would inevitably become bingo-playing residents. Indeed, residents recognized that bridge's cultivation of mental dexterity could not stave off physical decline forever.

Bridge players feared a bingo fate because it indicated not just that the institution would inevitably level you and strip away the identity that made you different from others, but also that aging and dying would inevitably level you, and that many of these coveted distinctions of generation and class would cease to matter once you had dementia or were too ill to care for yourself. Institutions equalized, but so too did the body's mortality.

Since bingo was the symbol of decline, death, and of worthlessness, independent, bridge-playing residents feared this future, wanting instead to die than to live a life of humiliating dependency. This fear was not theirs alone. Frequently throughout my fieldwork, I heard middle-aged people say that they would rather die than spend their final years playing

bingo. A life playing bingo, they surmised, was largely perceived as a life not worth living. Considered devalued, irrelevant, and fully institutionalized, the bingo life was the opposite of what the virtuous retirement, and the good person, in a neoliberal biopolitic needed to be: in control, actively engaged, and striving for betterment. Bingo encapsulated everything horrible about old age and, because of this, had become the symbol of the nation's aging nightmare.

Bingo at Hollenbeck

This section turns away from interpreting bingo through independent residents' projections and larger American biases about the game, and now seeks to understand bingo from the experiences of those that play it at Hollenbeck. Did the game make its players passive cogs, and was the game worthless?

This section argues that independent residents' assumptions about bingo as a game of coerced passivity largely misrepresented the game's reality. A closer look at the Hollenbeck bingo game shows that its players were neither forced to play bingo nor even ambivalent about playing it. Instead, the players were passionate about the game and played it fervently. Further, the game's openness to luck did not inculcate passive dispositions. Instead, players learned how to attune to chance actively and were 'brought to life' through this watchful engagement. Lastly, bingo was not simply a recapitulation of mindless institutional cogs. Contrarily, bingo served as a rebuke of institutional control and management, and upset the logic of its bureaucratic order instead of affirming it. By exploring residents' experience of playing bingo at Hollenbeck, this section reveals how the

dominant assumptions and logics about bingo mischaracterize the game and its meaning to players in context. Taking the leisure of bingo seriously not only uncovers these local meanings both hidden and erased from view, but also holds open a space to consider alternative ways to think about different, meaningful forms of engagement and elder life.

Rethinking Games

Anthropology has long troubled the interpretive biases that undermine games' importance to the people that play them. Though the discipline was once historically infused with Marxist materialist conceptions of culture, interpreting games as 'nonwork,' anthropologists in the 1970s soon understood the trouble in distinguishing games from everyday life. Clifford Geertz, in his foundational essay 'Deep Play: Notes on a Balinese Cockfight' (2005), envisages games as something more than frivolity. Geertz understood the Balinese cockfight as the symbolic representation of Balinese meaning: 'a story they tell themselves about themselves,' and enabling the Balinese to 'see a dimension of his own subjectivity' through a 'kind of sentimental education,' these games allowed its players – whether they won or lost – to affirm their own place in the world.

Against Roger Caillois' (1961) sense that games were 'stake-less' and 'an occasion of pure waste,' anthropologists soon sensed that games could be 'serious' and could generate new, impactful forms of sociality. For example Sherry Ortner (1999), moving past Geertz's a-historical analysis of meaning and seeing games as forms situated in particular spaces and time, describes mountaineering as 'serious games' that enabled individuals to enact particular logics of athletic virtue and purpose according to historical understandings of the sport. Showing how mountaineers ascend Everest with different inclinations – in the 1930-1940s for a militaristic dominance of nature, to 1970s journeys for self-exploration, and into the

1990s drive for consumerist gallivants through different landscapes – Ortner conveys how games intermingle with larger projects of morality and subjectivity-making.

New ethnographic works on gambling move past Geertz's assumption that winning or losing money was insignificant in the meaning-production of games and show how gambling tests the long-held divide between low-stake and high-stake games. Malaby, in *Gambling Life: Dealing in Contingency in a Greek City* (2003), shows how gambling in Greece both reflects and impacts economic, social and interpersonal conditions.

As anthropology revised its approach to games as more than mere frivolity, and as it began also to undermine the logics that set games apart from the world, it began to disrupt the capitalist, modern binaries that distinguish work and play. Prominently, David Lancy (1980) showed how the Kpelle did not make the distinction between work and play, but rather hard work and light work. When the Kpelle understood Lancy's categorical separation of work and play, they resisted it and proposed that both work and play were inseparably present in all aspects of life. Troubling the game::work distinction opened up new questions, for Stevens (1980), about the nature of play: if play was not something you did while solely playing a game, but in fact described a mode of human experience, then we would do well to challenge the work::play, work::game distinction altogether. Play, therefore, as Malaby (2003) notes, might be more than just frivolous time wasting, and instead linked up to monetary flows and financial conditions.

Focusing on play as a mode of being forced anthropologists to question the rational bias used to think about why and how people engaged in games. Anthropology often reminds us that rationality fails fully to capture why and how people think and act in the ways they do, especially in games that depend on chance. Indeed, anthropology has often debated the idea that 'true' understandings of gambling emerge out of mathematical models

geared to make sense of chance and luck through probability; it has also resisted the idea that the only appropriate way to play a game is through rational decision-making (Pickles 2014:214). And certainly several ethnographies show that players are drawn to games for reasons that often sit outside a desire to hone their thinking and producing skills, and that other meanings mobilize them in their game-playing (Cassidy 2002; Henslin 1967; Oldman 1974; Malaby 2003). It is important to note how the rational bias influences how people understand the worth of bingo as a game, but it is equally, if not more, important to recognize how bingo players interact with the game outside of such rationalist logics.

While Western models of good games inculcate virtue through repetitive practice and play (Sutton-Smith 1997:173-200), residents who played bingo understood that the games worth could not be understood through such framing. To bingo players at Hollenbeck, the games' production of ludic qualities was not merely frivolous. It was precisely bingo's ability to generate play in Hollenbeck residents that make it so powerful: in a risk-averse institution that controls its members through safety measures, bingo is a retreat where residents awoke from boring time, rediscovered the possibility in chance, and thus rediscovered themselves and one another.

Using Guyer (2013:288), this section shows how bingo 'retain(ed) the *unknown* as a quality' and fostered a sense of wakefulness through its rhythmic inculcation of wonder and its chanceful quality of surprise. Further, bingo's open play with chance produced neither active nor passive players, but instead generated, as da Col and Humphrey (2012) suggest, 'fields of agentive creativity.' Seizing the creativity of uncertainty, bingo's fortune and luck was able to, as Strathern (1990) notes, invert social orders and generate new subjectivities.

Though Deterding (2014:51) suggests that the perception of games as 'countercultural,' 'serious and pervasive,' or 'figures of provocation, newness, alterity, or

profanation' are only meaningful against a modern backdrop that renders games disruptively binary to work, this analysis seeks to gesture beyond this modern analytic. Seeking neither to discern bingo's 'heart of gameness' nor to reduce the meaning of bingo simply as a result of its context, this chapter explores how the game's form at Hollenbeck reflects and provokes local meanings while also introducing new forms of thinking and experiencing that transcend its context.

Bingo Play

The Activity Department hosted Bingo each Wednesday after lunch. Bingo was the activity around which the Activity Directors scheduled the rest of the weekly activities. Rarely would bingo get cancelled, and if it did, 'We would have to close all our doors up near the administration,' the director of the community said, 'because the players all go completely crazy.' Many of the residents planned hospital and family visits around the game's timing. Bingo was so important that some residents protested the game's cancelation on Thanksgiving, wondering why the holiday took precedence over their play. Frequently, residents' shooed away long-anticipated visitors, who had arrived during the bingo game, and made them wait to visit until after the game had finished.

It was a taken for granted principle that all of the Activities Department's events should be no longer than an hour, because the Activity Directors believed residents would get too tired or disengaged. Bingo, however, contradicted this principle; the game itself would last for two and a half hours. Sometimes the residents cajoled the Activity Director into even longer sessions.

Bingo took place in the Activity Room, the main recreational space at Hollenbeck. The room's six tables were usually haphazardly strewn about the room throughout the week,

but for bingo, a janitor neatly ordered them in a two by three succession to create a close arena in which to play. Before the game began, I would take care to prepare the tables with all the necessary tools for the game, including bingo cards and bingo chips, and I would accommodate the needs of specific residents, like providing a chair with arm-rests for Jane who needed extra seating support, and placing a seat cushion on Trudy's chair, who needed more height to see her card at the table.

After playing bingo for over six months, I had imprinted in my mind the seating plan that residents kept habitually. The plan was memorable, because the seating patterns at the bingo tables reflected the divisions of social relations at Hollenbeck. The institution generally organized its resources around levels of ability, independent, semi-independent, and dependent; residents, once organized according to their institutional placement, would within these groups relate further across various forms of abilities (physical and cognitive), as well as along gendered, ethnic and class lines.

The bingo tables reflected precisely this logic: the table nearest to the bingo cage, where the bingo caller would stand, was specifically set for those residents with hearing and vision problems. Those growing deaf needed to be nearest the voice announcing each ball, and those with sight problems often needed the caller's help to see the numbers on their cards. The table closest to the door was saved specifically for those with mobility problems, because it meant a shorter walk and shuffle to their seat. And then the table in the very back, also close to the door, was for residents with significant dementia, who were always accompanied by a resident helper (who, during my tenure, was me). The rest of the tables would fill up by friend groups, one table congregating Japanese-American players, another with residents who spoke little English and mainly Japanese, and another table full of residents who knitted together.

Bingo: a Ritual and a Game

Not one resident played bingo intermittently: the game was perhaps one of the only activities within the retirement community that produced such loyal and committed attendees. Far from recapitulating a bureaucratic comportment, bingo offered its players just the opposite experience. At once a small microcosm of the whole of the community *and* very different in quality and possibility from it, bingo opened up a conceptual and embodied 'play-space' (Henriot 1989) and 'space-in-between' (Burger 2012) where players could both grasp the 'rules' of Hollenbeck and see how the rules were subject to both agency and uncertainty. Bingo, as a gambling game, constructed a space where a playful disposition was not only possible, but actively engendered.

Bingo at Hollenbeck was both a game and a ritual. Historically, Lévi-Strauss (1966) has defined game and ritual in opposition to one another, suggesting that games produce winners and losers and thus inequality, where rituals cohere groups and thus produce equality. While even the outcome of bingo at Hollenbeck would complicate Levi-Strauss' very dichotomy (when bingo was played at Hollenbeck, everyone won; though there were some players who won more money than others, each person was rewarded for their participation), players insisted that they did not play bingo to win but instead came to 'enjoy the game'. Such a perspective aligns more closely with McClymond's (2012) take on what makes game and ritual similarly unique. Game and ritual, in her view, are better understood as 'modes of orientation' than as 'distinct activities,' where an individual's 'understanding of an interaction with an object or experience changes' depending on how that person is oriented towards it and from what context. Game and ritual, she suggests, also share a 'gesturative' quality in common, meaning that both forms point to forms or elements

beyond that which they directly inscribe. In a similar vein, Maya Burger (2012) argues games and ritual are connected by their creation of 'a moment or an interval "between", that something is "loose."' She continues, 'This loose space between the game (the material object and the game one plays at with its rules) and the player designates a dimension that escapes our direct grasp, but it "has play," a scope to "wonder"' (83).

While Malaby (2012) claims that what makes games important are their openness to uncertainty, this chapter suggests something further: play and games are important because their uncertainty loosens structures, opens up spaces in them, and provides room for its players to 'play' and to 'wonder.'

Fostering Wakefulness

Time typically flowed monotonously at Hollenbeck, oozing along with very little punctuation outside of meals. You got the sense that the hands on the clock had been slowed considerably, that you were sitting in time without much to pass it, and that time spent you instead of you spending it. The institution took care of many of the chores associated with residents' day-to-day living, like cooking meals, cleaning rooms, and picking up and dispensing medicines. Some residents even had employees wash their clothes for them. With so many hours to expend and not knowing how or for what purpose to spend them, residents let time simply wash over them.

Bingo played with time differently, disrupted it through punctuation and caught its players into rhythmic and integrative flows. The sounds alone were enough to entice you into the bingo groove: the game would begin with the caller winding the metal bingo cage that made the balls produce a low roar in their tumble, and the caller would then slowly and articulately call each ball twice with usually a five second period between, so that the players

could search their cards (*B7… B7…*). This oscillation of sounds, balls rolling and caller calling, was set against the backdrop of a silently focused room of players and would continue until someone, inevitably, would call out 'Stamp!' or 'Bingo!' or 'Four Corners!' Often these announcements would shock everyone out of the rhythmic flow and people would lift their craned heads, stretch, lean back into their chairs, emerge out of their concentration, as the winning player would check their winning numbers with the caller. When the game continued, and as cards began to fill, and as their became less to win, players would become more excited, and the anticipation of the room would begin to build.

The structure of bingo did not alone create the rhythm of the game. In order for bingo to produce in its players a particular kind of energy and concentration, the game had to be played well. Frequently new residents or residents with dementia would disrupt the 'flow' of the game by asking a question aloud about a particular rule. Such inconsistencies broke up the rhythm that was building and intensifying on itself, and the relief of verve was noticeable. Often, other players would scream at the player when they disrupted the game, telling them to 'go home if you won't listen' or 'you're ruining the game.' If there was a player who was particularly unruly that day, other players would walk away in the middle of the game. One time, a resident explained their exodus, saying, 'what's the point of playing when you can't actually play?' The experience of engagement and attention was so important that players took it upon themselves to educate newcomers about the rules and to assist those needing help. When I commented on Richard's generosity in teaching a new resident how to play, he mumbled, 'If they don't play well, we don't play well.'

Playing bingo well was learning how not to control the game, but to 'drop into' bingo and to live in its rhythm. Importantly, this experience was dependent upon the performance of all the players in the room, and required that each know how to generate an

experience of bingo together. The caller also skillfully amplified this kind of engagement. By asking, 'Who needs just one more square for a bingo?', the caller would incite anticipation and competition, making players more aware of their proximity to winning and others' proximity, too. Such caller tactics fostered more absorption in the players, as they hung closely on every rumble of the cage, every syllable of the caller's call, and every move of their fellow tablemates. 'Cover all!' someone would shout, and everyone would release themselves, sigh, laugh, clap, and cry. When players would get frustrated about their loss, their frustration was never directed towards the one who won, but always at the rumbling cage.

While Caillois (1967) suggests games of luck (*alea*) inculcate passive players and games of skills (*agon*) produce active ones, games, like bingo, often trouble the active and passive distinction. In order for bingo to be played well, for it to even generate a meaningful kind of luck, it had firstly to be played competently. For a game that was oft chided for rendering 'effort' meaningless, bingo's affect actually depended upon excellent players. The more players played, the more transformative bingo could be.

Bingo's measurement and containment of time, invoking anticipation, suspension and verve, ran counter to Hollenbeck's institutional clock. However, in order for bingo to exist as a space that gestured beyond Hollenbeck, in order for it to slice time alternatively, it required skillful performance. Though games and rituals are often said to be a-priori alternative spaces, bingo was only effectively seen as 'alternative', and thus imbued with the kind of radical potential, when its players animated the game with intention and concentration. This challenges the idea that bingo turned people into passive participants; quite the opposite, bingo's very success provoked and demanded active engagement.

Players' new comportment and bingo's alternative time keeping generated a new kind of space within the institution. In doing so, bingo let players imagine what it might be like to

live by a different reality. Importantly, this new reality was spawned and imagined within the very space that it transcended. This is what made bingo particularly radical: it inspired a lively comportment in the institution that suppressed their liveliness. In doing so, bingo connected players to their own collective and individual ability to live and to be otherwise.

Bingo's New Sociality

At the beginning of the game, bingo reflected Hollenbeck's social hierarchy, as the tables distributed players by ability, and then by gender and ethnicity. Before the game began, players would rarely speak to other players outside of their tables. The players with serious dementia were most often ignored.

Generally, very few residents engaged the residents with serious dementia at Hollenbeck. Having difficulty cohering thought patterns and sometimes struggling to put words to thoughts at all, residents with dementia were seen as incapable of conversation and akin to black holes, where energy directed towards them would be sucked in and lost forever. Hollenbeck's structure added to their stigmatization. Often these residents would be placed far away from other more 'able' residents, so the others would not be 'disturbed'.

At Bingo, the residents with severe dementia were placed in the very back of the room, far away from the caller. This was intentional: it was widely accepted that players with dementia could 'throw off' the rhythm of the game with their confusion and questions. These players also required volunteer help, and players at other tables got annoyed when instructions were audibly repeated to the residents with dementia, since the continual explanations prevented them from 'dropping into' the game.

For a year and a half every Wednesday, I was the volunteer helping residents with dementia. I knew intimately the struggles that came along with explaining the bingo game to

persons who sometimes did not even know their first name. Yet it was also clear to me that it was in bingo, over any other space at Hollenbeck, where these residents could transform their own ability to participate collectively. Bingo, in many ways, turned these residents with dementia from marginal voids to participants rendered equally under the auspices of chance.

Emmy, a 91 year-old, Japanese resident, arrived at Hollenbeck towards the end of my fieldwork and, though suspicious of bingo, decided to come after the Activity Director's insistence that bingo was the best way to make friends. Weekly I would retrieve Emmy from her room before the game began, preparing her by rehearsing the rules of the game as we would walk down to the Activity Room. Over three weeks of teaching Emmy the rules of the bingo game, it quickly became clear that Emmy found not only the rules but also the entire purpose of the bingo game impossible to apprehend.

The first week, Emmy got frustrated that the bingo cage did not generate the numbers on her card. Flustered by the seeming unfairness of the cage, she threw her card down to the ground mid-game, causing all of the chips to splatter in various directions, to the surrounding residents' annoyance. The second week she came to play, Emmy interrupted the caller incessantly, telling her that she wasn't declaring the balls loudly enough. She also demanded that the caller repeat the rules of the game every five minutes. Because of her disruptions, one of the residents at the next table told Emmy not to come back to bingo and another resident tried to get the Activity Director to kick her out.

The third week, however, Emmy began to recognize some of the rules, and she even needed less intervention from me to play the game. The following vignette highlights a moment of transformation during the game:

The bingo balls rattled wildly in their metal cage, swirling and swirling until a blue ball thundered into an inlet and then speedily rolled down the shoot to land in queue. All the residents' heads bowed over their cards in anticipation: *B9…I19*. Silence spread out amongst them, their necks still craning, the balls still clacking: *062… N37… G48*. The intensity in the room was palpable; the residents geared all of their attention towards their cards and the numbers sounding out, and not even the metal kitchen trays bumbling down the corridor outside the room – slamming silver spoons noisily against porcelain plates – disrupted their attention. *I30… B2… G57*. One of the residents tapped their finger nails against the table, waiting, and the clock's loud ticks grew heavier and heavier in the tension. *063… O63*. I felt a finger poking me on my side. 'Is this bingo?' Emmy asked shyly. I looked at her card and across the bottom was a straight line of bingo chips. 'Yes!' I said. 'Emmy, you have bingo! Tell everyone!' 'I have the bingo,' Emmy said, the first time inaudible. Again, and more loudly, Emmy said in a shriek 'I have the bingo!' All those concentrated heads lifted up and away from their cards, and towards her direction. I looked around the room and it was as if all the residents were emerging from the daze, anticipating whether or not Emmy, new to the game, actually did have bingo. The expression on their faces was less disappointed and more surprised, as if they had been jolted. The caller asked Emmy to name her numbers aloud and when each number corresponded to a called ball, the caller announced, 'Congratulations, Emmy, you have our last bingo!'

When she finally exclaimed bingo, after having been diligent about her playing for the past half hour, people reacted to her with satisfaction. Not angry at her like they had been nor disappointed they themselves did not win, they looked upon Emmy with attention, some with half smiles on their face. The resident who delivered the ten cents to the Bingo

winners dropped the coin in her hand and said, 'Good job, Emmy. Now you see why we play like we do?'

After Emmy began to play bingo with fewer interruptions, and as she began to win, residents attitudes towards her changed significantly. No longer pleading for her to leave the game, residents were now cheering for her when she won, finding her celebration dance – a rolling of her fists in circular motion together in the air – especially charming. Even during the break of the game, residents would come over to her table and congratulate her, and though at times she was confused by these conversations, the residents continued to engage her kindly. She had become a fellow bingo player, part of the collective.

During my tenure as a volunteer at the table for residents with dementia, I watched as countless players' identities transformed when playing the game. Once these residents entered bingo's temporality, and obeyed its rhythm, beginning to play bingo skillfully, they helped create the bingo game as an alternative space and time to the Hollenbeck institution. Because their participation was often identified as being counter to the benefit of the total whole, it was particularly significant when residents with dementia could help facilitate collective rhythms.

Bingo, in many ways, produced what Victor Turner (2011) labeled 'communitas.' By being 'time out of time', orienting new, risk-less comportments in its players, and gesturing beyond Hollenbeck itself, bingo was what Turner called 'anti-structure', a liminal phase, rebuking old relations and creating new conventions. Bingo's alternative space created communitas, the 'relatively undifferentiated… community, or even communion of equal individuals who submit together to the general authority,' by rendering all of its players subject, equally, to chance. Where before residents were classified hierarchically based on

capacities, bingo's randomness made such capacities unimportant. The institution that often privileged its 'rational' members, and stigmatized its 'irrational' residents with dementia, had been subverted by the equality of chance.

Communitas' 'leveling' and 'stripping' of old identities, suggests Goffman (1961), 'floods' 'subjects with affect.' The inversion of a resident with dementia, previously seen as incapable of participating but being newly able to win during bingo, certainly moved all of the players. Though there was usual celebration for all of the players when they would win, it was particularly ecstatic when residents with dementia would win. Mary Douglas (2003) and Turner (2011) note that when ostracized and liminal characters are leveled through communitas, the very kinds of classifications which marked these residents unfit to participate in the first place are fundamentally challenged. If in bingo residents with dementia can win, and can emit such joy and camaraderie with the rest of the collective, what does that say about their signification as 'polluting' or antithetical to the communal sense of identity? Such a view transgressed previous conceptions of relations and identities, and opened up potential for persons and relations to be rendered anew.

Turner (2011) argued that such experiences of communitas, like bingo, were crucial for the health of hierarchical structures. As he sees structures, like bureaucracies, as frustrating human potential, dividing up humans in ways that cause tension, communitas was a form of release and liberation where unity could be formed. Bingo offered relief in several senses: not only did it interrupt the institution's ethos of risk, by both imputing play where there was hesitancy and seeing the future as a positive subjunctive instead of a threat, it also questioned the validity of being signified and divided medically by independent, semi-independent, and dependent labels. Bingo as anti-structure asked different questions about how it was best to relate to one another and under what terms, and it provoked questions

about the nature of disabilities. By suggesting that participation can take many forms and that under new rules, like chance, all can be rendered equally subject, bingo created a new reality where devalued lives could be valuable. Players like Emmy and Carol, seen by the institution as high risks and by fellow residents as vacuous or unworthy to engage, were transformed into ludic players, who were rendered equal under open to chance and its determination.

In an institution so strictly patterned and predictable, the unexpected quality of bingo was radically freeing. Though bingo's creation of new relations did not stick completely after the game ended, it did make some residents more amiable towards players like Emmy and Carol outside of the game's bounds. Nevertheless, the opportunity to drop into such a space of communitas happened once every week – people came back, over and again, to transform themselves and their reality in a space that was so resistant to such alternative renderings. In a home where a person's potential is delimited by the fear of falling, ailing and death, and where individuals are separated and separate from another by hierarchical schemes, playing a game of bingo, which transformed them socially and relationally, offered a new light from which to see and, most importantly, to experience their lives.

While bingo was perceived as a symbol of the aging nightmare and as a game that inculcated passivity and contributed towards decline, sticking close to the experiences of bingo play at Hollenbeck suggests that these assumptions mischaracterized the reality of its active, engaging, and transformational play. A closer look at the experience of Hollenbeck's bingo game shows that the game not only contradicts the assumptions of activity theory, but also underscores its limitations.

Activity theory demands self-cultivation through discipline, respectability, and a lifetime commitment to productivity and activity. While popular discourses suggest that the active-aging model produces virtuous retirements, scholars of American community have long noted the problems of this kind of leisure oriented around the self. Putnam (1995:75) suggests that the privatization and individualization of leisure as a self-cultivating pursuit is corrosive to community strength and relational bonds. Similarly, Vesperi (2005:373) suggests that the leisure trends of the boomers as self-cultivating consumers makes them 'desirable to a community as consumers of goods and services, but not as reliable producers of the values and spirit that give places texture and infuse them with meaning.'

Even though it is frequently denigrated, bingo offers up a different model of what a meaningful old age can look like. Instead of isolating individuals, and generating hierarchical distinctions, bingo instead collapses hierarchy, forms solidarity, and is radically inclusive of different forms of life. Instead of stigmatizing or penalizing decline, bingo makes a space for elder fragility, and enables even the most marginal elders an opportunity to play.

The effects of bingo are similar to the effects that scholars have observed of working-class leisure. Past research on working-class leisure suggests that its form offers not only a rebuke and an escape from the dogged discipline of a capitalist system, but also the opportunity for its participants to form networks of solidarity (Skeggs 1997; Blackshaw 2003). Working-class leisure, in Stebbins' (2001:65-7) view, provides an important source of identity and membership for those that feel disconnected from, or unable to achieve 'discipline' and 'respectability.' He also suggests that casual leisure, activity that is defined in opposition to middle-class respectability, provides an essential source of 'serendipity,' 'the quintessential form of informal experimentation, accidental discovery and spontaneous intervention.'

Similar to working-class leisure, bingo's solidarity, its inclusivity, and its openness to serendipity make it an effective alternative to and rebuke of capitalist culture. Indeed, Katz (2000:148) hypothesizes that 'the strongest opposition to the marketing rationalities of the active society may very well come from the older cohorts.'

Bingo's ability to foster wakefulness and to form solidarity across entrenched divisions did provide grounds for an emancipatory politics. Solidaristic over individualistic, sharing meanings instead of investing in the self, and creating community over entrenched distinctions, bingo was an especially provocative counter to the dominant discourse of 'active aging' in the home. Bingo helps to show the limitations of the activity theory model that demands productivity up until the day of death, and provides new grounds in which to think about how fragility can be made meaningful in old age. The bingo game also crucially illuminates how the lives of bingo-playing elders, deemed unworthy by dominant discourses, were actually experienced as full of value and meaning.

Conclusion

The aging crisis has generated new fears that the leisure years of the old will immerse the nation, and the younger generations, in debt. With this in mind, new initiatives have tasked elders with the responsibility to become 'retirement fit' and to spend their years of leisure immersed in activity, in order to cultivate a healthier, more independent, and therefore less burdensome self. As activity becomes central to the virtuous retirement in the United States, public debates loom about what kinds of activities enable elders to spend time well. At

Hollenbeck, this debate was best encapsulated by the distinction drawn between bridge and bingo. In line with broader cultural narratives about these games, bridge was largely perceived as a game that enables elders to spend time well, and bingo as a game that is not only a waste of time, but also the facilitation of passive, dependent comportments.

At Hollenbeck, the bridge and bingo divide was associated with further social distinctions. Bridge was the game of more 'sophisticated,' independent, baby-boom residents, where bingo was seen as the game that 'low brow,' dependent, and Silent Generation residents played. While bridge players actively separated themselves from bingo players, they recognized that playing bingo was their inevitable future. Since bingo was the symbol of decline, death, and of worthlessness, bridge residents feared this future, wanting instead to die than to live a future life of degradation.

However, the cultural logics about the bingo game, inculcating passive players and turning them into cogs in the machine, did not reflect the daily experience of the game at Hollenbeck. This chapter argues that bingo has been unfairly seen as passive and trivial game; instead, it suggests that bingo serves as a particularly effective and transforming alternative space to the larger system in which it is embedded. By paying attention to why elders are drawn to bingo, and why this is not merely 'false consciousness' or a recapitulation of their own selves as cogs in the machine, this chapter shows that the practice of the ritual bingo game itself allows elders to generate new, yet contingent meanings in their life and enables them, through these constructions of meanings, to transform social relations in powerful and subversive ways.

Bingo's production of ludic qualities in residents was not merely frivolous. It is precisely bingo's ability to generate play in Hollenbeck residents that make it so powerful: in an risk-averse institution that controls its members around a feared future, bingo is a retreat

where residents awoke from boring time, rediscovered the possibility in chance, and thus rediscovered themselves and one another.

Bingo challenges retirement institution's very assumption that aging and dying bodies are cared best for when controlled under serious parameters. By offering up a model of engagement where elders can engage playfully, care transforms into a practice that is about surveillance to a practice that is about facilitation of engagement.

Bingo also challenges the notion of 'time spent well'. Against the ideal of 'productive' time that cultivates 'rational' and progressing persons, bingo articulates the importance of ludic, open and random spaces. Bingo opened up a space for participation that lay outside the paradigm of 'rationality'. Residents with 'dementia', often seen as 'irrational', were able to participate in bingo as full members, and through their own capacities. In this way, the game provided an arena in which they could be full members even with their disabilities. Bingo also expanded players' phenomenological comportment, shifting them as waiting and hesitant subjects to engaged and wakeful. Instead of trying to control the outcome of time, bingo forced residents to live in time openly, to forgo control and to sink into uncertainty. Such hopeful anticipation, a positive subjunctive mood, ran counter to the institution's suspicion that future time for all elders was always threatening.

In the end, by being a game based on chance, bingo revealed the limits of human control. It also helpfully shows a kind of disposition that learns to live alongside uncertainty, instead of attempting to dominate it. Playing bingo skillfully is what Mol (2008:32) describes as the ability 'to act without seeking to control' and 'to persist while letting go.' As the bingo players experiences attest, this balancing act is 'a precondition for experiencing pleasure' (ibid.:83).

In a retirement community where all facets of life are heavily tied to control, and the desire to control, bingo's ludic qualities were especially freeing. Bingo, in this way, highlighted the realm of surprising and innovating possibility.

Chapter 6. Probable and Possible Futures for an Aging United States: Conclusion

I initiated this ethnographic case study into the lived experiences of elders in the United States because of my own skepticism that individuals' advanced planning would avert the dangers of the aging crisis. I worried that a moral discourse on the good old age was being developed out of implicit faiths in personal control, calculative action, and the power of the market and largely ignored, or denied, the care needs of the aging. I predicted that research into the everyday lives of elders would highlight the limitations of disciplinary risk, which demands individuals take individual responsibility for and control their own aging and dying trajectories. I was also hopeful that this research would uncover how people navigated the ambiguous and uncertain trajectories of aging and dying in the twenty-first century, and the social, affective, and personal stakes involved in the work of making meaningful, viable lives for the old.

Three central points emerge from the analysis of this ethnography. First, a logic of risk very often does not control aging futures, but instead introduces even more uncertainty and insecurity in old age. Second, uncertainty is not only an indelible part of aging, but is also something elders actively generate. And third, the uncertainty of aging does not necessarily render elders and caregivers into passive victims; instead, elders and caregivers can learn to live alongside the uncertainty of aging care-fully.

While conclusions are often places to summarize ethnographic points, this conclusion also builds on the future-oriented spirit of the ethnography. Indeed, this ethnography has shown elders and their caregivers not in moments of resolution or certainty, but instead enthralled in the practice of navigating uncertainties in a constantly shifting, ambiguous terrain. Using Appadurai's (2013:299-300) distinction between 'the

ethics of probability' (of systematized rationalities, risk management, and costs/benefits) and 'the ethics of possibility' (of hope, aspiration, desire), this conclusion asks how to think about the future of aging and dying in the United States given the insights this ethnography provides.

Aging Probabilities in a Volatile United States

Americans fear they are in the throes of an aging crisis, where a surge of baby boomers, living longer than anyone foretold, seem to generate new, and more dangerous, problems than the nation can collectively handle. Since national insurance seems inadequate to meet these new challenges, a neoliberal risk logic instead shifts the responsibility of these new, difficult future trajectories onto each individual to solve alone. By handing over responsibility to the individual to plan their future, the risk discourse utilizes liberal values to promote its new form of governance, and advertises this shift as a welcome possibility to take control over one's future through choice and self-determination. This supposed agency is especially appealing in the biomedical complex, where aging and dying have often been understood as bureaucratically ordered and paternalistically handled.

However, this thesis shows that the freedom of control and choice that this risk logic promises over aging and dying trajectories very seldom materializes, and more often ends up generating more uncertainty and insecurity. The problem is that future calculations and plans often fail to predict and to secure the future; requiring individuals to face the future alone penalizes them for potential bad planning and misfortune. Further, aging and dying often evade control and render autonomy an impossible ideal to achieve. By assuming individual

control, the risk logic not only demeans relations of care, but also invisibilizes and ignores them.

Several ethnographic insights reveal the consequence of this risk logic. Gerald's story, for example, reveals that the actuarial predictions used to discern his predicted age of death did not anticipate the biomedical innovations that would emerge soon thereafter. These new technologies, and their normalization and standardization in routine medical care, extended the possibilities of living longer and older, and lengthened the average life. This captures how difficult it is to anticipate future events and their potential impact. Since his unexpected longer life outpaced his retirement savings, Gerald's story also shows how perilous it can be to tie financial preparation with actuarial statistics so far in advance.

Further, the risk technologies in this ethnography that promised security were also sources of insecurity. For example, in seeking a secure elder-care option, Hollenbeck elders invested in the Continuing Care Retirement Community, because the model promised to take care of all of their inevitable, physical needs. But in addressing their potential physical requirements, elders inherited new uncertainties, like the financial risk of investing in the CCRC model and the general anxieties that come along with contracting care in an urban environment. They also feared the looming threat of privatization, and envisioned their care contracts as a necessary gamble, where they could either get lucky and win security, or fall to chance and lose it all.

The promise of control and the reality of uncertainty filled Hollenbeck elders' experiences with despair, anticipation, anxiety and concern, as well as hope, relief, calm, and assuredness. The future was full of rumors and fears, suspicion and cynicism, nihilism and paralysis, as well as trust and faith, assuredness and calm, optimism and activation. These tensions are not just inevitabilities of a future social life that at once promises control and yet

delivers unwieldiness. They are also inherent 'experiential contradictions' (Comaroff and Comaroff 2000:298) at the heart of neoliberalism, where 'hope and despair huddle together' (Tsing 2005:269). Appadurai (2016:2) suggests that the prevalence of 'temperamental opposites' is the product of a capitalist logic. Contemporary capitalism, he notes, 'requires its subjects, as *individuals*, to operate on hope, aspiration, and images of the good life while its financial, actuarial, and algorithmic instruments increasingly render us *dividuals* who are indexed by our profiles as bearers of risk, disease, debt, or dysfunction.' In other words, risk's capacity to generate uncertainty is only intensified by its neoliberal context.

It was difficult for Hollenbeck elders to achieve the new morality of being self-responsible and risk-less. Aging and dying inevitably threw them into uncertain, interdependent futures where they required care. The demand that they anticipate the future well left them feeling guilty when their futures turned out differently, and it also left many in precarious financial conditions. Elders experienced volatility in their aging and dying, and, for many at Hollenbeck, anxiety and precarity were indelible features of their reality.

While anxiety was pervasive, and precarity a growing condition amongst the elders at Hollenbeck, many of them still had the security of a social contract with an institution responsible for their care. Many of them began with a significant amount of wealth, which enabled them to contract care with Hollenbeck, which cushioned the volatility they eventually experienced. Even when some of the elders at Hollenbeck fell into bankruptcy, many of them nevertheless had access to resources through family wealth or their institutional connection.

Other elders across the Los Angeles landscape were not as lucky as residents at Hollenbeck. Zooming out from it and including a wider view of aging trajectories in Los

Angeles reveals just how devastating elder volatility and precarity can be across the urban landscape.

Precarious Aging in Los Angeles

Two blocks south of Hollenbeck Palms is one of the largest homeless encampments in Los Angeles, called 'Skid Row,' where one of the fastest growing segments of its population are people over the age of 65. A report from the Los Angeles Homeless Services Authority showed that between 2015 and 2016 alone, there was a 10.8 percent increase in Los Angeles homeless 62 years and older (LAHSA 2016). Between 2016 and 2017, there was a 7 percent increase in people 62 years and older and a 23 percent increase in populations 55 years to 61 years (LAHSA 2017). This is not just a regional trend. In 2016, nearly half of all single, homeless adults in the United States were aged 50 years and older compared to 11 percent in 1990 (Brown et al. 2016). Between 2015 and 2016, older people were the only demographic whose national rates of poverty increased with statistical significance (Edwards, Bee and Fox 2017).

A recent United States Government Accountability Office (2017) report on the state of retirement in the United States suggests that tasking individuals to save for their own retirement futures is proving particularly devastating in the contemporary moment for three reasons: first, the United States's current slow wage growth, where average wages today are the same as in the 1970s for the bottom 80 percent of households; second, the nation's high levels of household debt, including mortgage debt for elders 65 and over which in 1989 was only 21 percent but which is now 41 percent in 2016 (Goodman et al. 2017); and third, rising health care costs, where, according to Kaiser, out-of-pocket spending on health care ate up

41 percent of elders Social Security check, preventing elders from spending money on other basic needs like shelter and food (Cubanski et al. 2018).

The numbers do not generate much hope. Currently, the median savings in a 401(k) plan for people between the ages of 55-64 is only $15,000 (Ghilarducci et al. 2017). There is a huge disparity in savings for retirement amongst American households. In 2016, the median household led by someone 65 or older had savings of $60,600, compared to the bottom quarter of households that had at most $3,620. Research out of the National Institute of Retirement Security also reports that two thirds of Americans do not contribute any funds to their retirement (Rhee and Boivie 2015).

Many of those unable to save and hoping to depend on Social Security checks for their basic needs will suffer. Social Security only contributes about 40 percent of an average wage earner's income at retirement, but financial advisors suggest you need at least 70 percent of pre-retirement earnings for basic needs and to pay for unexpected medical costs (Semuels 2018). While Social Security once rescued elders from abject poverty, in contemporary conditions it is proving unable to do so. Older Americans (age 65 and over) are filing for bankruptcy at a two-fold increased rate and there are now more than five times increase in percentage of older Americans in the U.S. bankruptcy system (Thorne et al. 2018). Older people are also now representing a larger portion of bankruptcy filers. In 1991, 2.1 percent of all bankruptcy filers were 65 or older, but now the figure is 12.2 percent (Thorne et al. 2018).

The logic of disciplinary, neoliberal risk, which tasked individuals to take responsibility for their aging and dying futures, does not reduce collective insecurity, but instead enhances it. Further, aging and dying is not merely a reflection of the social inequality inherent in the social order, but is an intensification of it. Requiring individuals to plan ahead

assumes that they are can afford such future-anticipation. However, many Americans are struggling to save, let alone survive in the present. Further, requiring individuals to take self-responsibility for their futures demands that they inherit the consequences of unanticipated misfortunes alone. Aging and dying often beget and are products of unpredictable misfortunes and in an economically volatile era, such misfortunes can and often do breed chaos for the financially precarious. For example, many of the homeless elders on Skid Row were forced onto the streets after a costly, unanticipated medical procedure (Nagourney 2016). Elders are being penalized, then, for their intractably leaky bodies.

The rise in elder homelessness is not the only grim predictor of the rise in elder precarity in Los Angeles. Two blocks north from Hollenbeck Palms is the Los Angeles County cemetery where, every year, they hold a 'Unclaimed Dead Funeral' to bury people who, after three years of being dead, were never identified or retrieved by family or friends. Each year during my fieldwork, I attended the funeral ceremony, which took place in the backstretch of the county cemetery, behind the county crematorium, on a wide, brown-grass-laden slope. At the 2015 ceremony I attended, 1,349 people, whose cremated remains were contained in manila envelopes, were buried underneath a gravestone with the year 2012 etched on its face (the year in which these unclaimed dead had died). At the funeral I attended in 2016, 1,430 persons were buried.

The steady rise in numbers of the Unclaimed Dead between the 2015 and 2016 ceremonies is indicative of a longer running trend. Reports show that the coroner's office in Los Angeles in 2009 was cremating 36% more bodies at taxpayer's expense than it had done in the previous year, from 525 to 712 (Hennessy-Fiske 2009). The numbers were mounting so considerably that the county's crematorium that year had to refuse bodies from the coroner's office, forcing the county to pay a private crematory contractor $135,000 to

manage the overflow. This sharp rise in county-funded cremations and unclaimed dead, the coroner surmised, was due primarily to the fact that family members simply could not afford to pay the county back. The average cost of picking up cremated remains at the County Crematorium in 2014 was between $350 and $460. Risk, then, does not just create conditions of precarity for American elders. It also leads to intense forms of social abjection and erasure.

Precarious Care in the United States

While elders bear the significant, personal brunt of risk's uncertain and insecure effects, so, too, do the people that care for them.

In the United States, as welfare support retrenches, families and communities have inherited 80 percent of the caregiving responsibilities in the home. Fully employed family caregivers have put in an estimated 16 hours of unpaid care work, part-time employed caregivers putting in 21 hours, and employed, family caregivers who tend to frail elders an average 30 hours of care work a week (U.S. Department of Health and Human Services 1998). Several studies show that families are compromised materially by these new responsibilities. A MetLife Mature Market Institute (1999) study predicts that caregivers who took time off from work to tend to a frail elder 'suffered a mean loss of $566,443 in wages, $25,494 in Social Security benefits, and $67,202 in pension wealth, for a total loss of $659,139 over a lifetime' (see: Glenn 2010:3).

But it is not just family members who are bearing the weight of intensifying needs and waning financial support, but also care workers who work with the old in their homes and in institutions, who are often transnational immigrant labor and already in precarious material and social conditions. Since the moral economy devalues the work of caring for the

old, elder-care jobs are extraordinarily underfunded. Recent reports show that the median wage for health and personal care aides at $23,000 is significantly lower than the national average of $31,000. These aides are paid so little that 14% of them need to claim food stamps in order to meet their basic needs (SCEPA 2018).

The work of elder care is not just materially exploitative, but can also be emotionally exploitative, too. Drawing on fieldwork amongst home care workers in Chicago, Buch (2013) notices that care workers in the United States tend to subjugate their own subjective preferences in order to achieve 'good care,' an ethical standard that requires the execution of the elder's personal wishes and desires at any cost. She shows how caregivers frequently risked their own physical health and emotional wellbeing, while also contributing personal finances, to make sure the elder was living a meaningful life. Buch argues that caregivers' practice to defer their own personal satisfaction in the pursuit of good care reflects broader social patterns that task women and immigrants to meet the expectations of others at their own expense. This care work, then, forces its actors to embody, inherit, and rectify structural inequalities. Care work therefore not only reproduces but also intensifies various social hierarchies.

While Beck (1992) rightly suggests that the risk society generates risks that affect all classes (indeed, the new aging and dying dilemmas around the bad death are concerns across classes in the United States), he overlooks how these new pervasive risks diversely materialize across an unequal political economy. These figures show that a neoliberal risk management strategy penalizes the vulnerabilities of old age, and does so unequally.

In the twenty-first-century United States, it is not only a risk to be old, it is also a risk to care for the old. The looming statistical predictions about the future of precarious retirement in old age, as well as the growing uncertainty in care work, seem to foretell a dark

aging nightmare, full of anxieties, steeped in inequalities, and indicative of future, intense abjection in American old age.

Aging Possibilities: Uncertainty and Care

The aging crisis looms heavy, and not because rising demographic numbers necessarily correlate with danger, but because a neoliberal risk management strategy that self-responsibilizes elders for their future creates vastly unequal aging and dying trajectories for elders and their caregivers. The statistics show the present moment is perilous for elders, and they also predict that the future will be worse. Focusing on the probabilities of this neoliberal risk management approach to aging and dying is crucial, because it shows just how significantly the current logics that frame American elder' lives can devastate.

However, Appadurai (2013) suggests that solely concentrating on predictive calculations, unequal structures, and projections of suffering gives the impression that unequal structures are too large to change and that individual will and aspiration are hopeless in the face of such cascading structures. Arthur and Joan Kleinman (1997:2,9) affirm this impression, intimating that the concentration on structural suffering amidst crisis gives the impression that 'complex problems can be neither understood nor fixed,' cultivating 'moral fatigue, exhaustion of empathy, and political despair.' They suggest that it is important to show how political and economic forces impact local history and biography, to show that even within intimate worlds the possibility of alterity is still there.

How do we retain the real impact of unequal structures, while also not allowing them to be determinative of human futures? 'Between the world, which is chock-a-block full of

realism and positivism, and the gaping world of pure negativity and nihilism,' Lefebvre (1991:263) writes, 'our aim is to discover the open world, the world of what is possible.' Indeed, Appadurai's ethics of possibility acknowledges that '[t]he future is ours to design' even though we 'cannot design it exactly as we please.'

This thesis emerges within a particular socio-historical moment of anthropology, in which, as Ortner (2016:60) describes well, there is a focus both on 'dark anthropology,' which focuses on the power, inequality, and domination, and its opposite, a more uplifting anthropology of ethics, aspiration, and happiness and hope, which explores themes of 'care, love, empathy, responsibility' and 'trying – even if failing – to do the right thing.' At the beginning of this ethnography, I began with two ways of thinking about Gerald's trajectory at Hollenbeck, a narrative flanked by despair and volatility, and another narrative where tenacious care, sociality, and possibility were omnipresent. Throughout this thesis, these two themes have been concurrent throughout each chapter, where risk forecloses futures, and where care opens futures up.

Ortner (2016:60) was concerned by the tendency of the reactivity of bright anthropologies to dark anthropologies, and the sharp line drawn between hope and despair as if they were oppositional binaries. Many works on happiness or ethics fail to speak to their political and economic context, or their relation to modes of suffering they exist alongside of. Instead of employing this binary approach, this dissertation sees hope, aspiration, and the good life as possibilities that are at once embedded in, but at the same time potentially transcendent of their social, political and economic context. Like Das (2010:398-399), it has sought to show how 'moral striving shows up in the everyday labors of caring for the other,' and how our projects to care are always imbricated in, but never determined by, the constraints that produce them.

Indeed, this thesis exemplifies how care work does not deny difficult realities, but finds meaningful and viable ways of living amidst seemingly intractable problems. Indeed, Mol (2001:79) suggests that the logic of care and of life 'calls for tenacity. For a sticky combination of adaptability and perseverance.' The logic of care, too, 'starts out from the fleshiness and fragility of life' (ibid.:11). As Shildrick (2002: 82) notes, care work that does not sentimentalize, but honestly engages worldly flesh does not shirk vulnerabilities, but owns up to them; in care work, one must 'take the risk of working through the incommensurable layers of power and emotion that mediate the relational economy.' When risk forecloses the future, care, in its quiet, but powerful tinkering, finds new ways to imagine lives, even amidst social conditions that make such imagining difficult.

Generating Uncertainty

Against the idea that risk forecloses the future and makes lives not only probable but also determined, this thesis has shown that the possibility within uncertainty is not just a feature of social life, but is continually generated by human actors and often opened up through care.

For example, as the chapter on mobility illustrated, risk's preemptive action to delimit elder's movement for the purpose of creating safety inspired some elders to resist what they understood as premature oversight and control. Residents, like Gloria who rode on the high-wire bicycle, were provoked to risk themselves out of the confines of safety by flirting with danger. Her resistance was not simply a reactive gesture against a controlling institution, but was her own project to 'feel more alive.' This reflects Jenkins, Jessen, and Steffen's (2005:29) sense that 'humans do not just work to reduce uncertainty, they also

routinely generate it.' Situating uncertainty at the heart of life and death and the human condition, they suggest that without uncertainty, 'life and death wouldn't matter at all.'

There is a critique that focusing on daily acts of resistance such as these often lends too much interpretive power to doing otherwise amidst the power of large demographic and political and economic forces, but Biehl suggests otherwise. Focusing on these methods of deviance, re-enchantment is not simply to show the possibility of doing otherwise, but also to expand our sense of what is peculiarly desired in time and place. He writes,

> The tiny gestures, islands of care, and moments of isolation or waiting in which life and hope somehow continue are not just footnotes in the ethnographic record but rather the very places where moral imagination and alternative politics might come into being… the anthropological venture thus has the potential of art: to invoke neglected human capacities and to expand the limits of understanding and imagination – a people yet to become, including ourselves (2013:395).

This ethnography has argued that, by paying attention to the moments of daily lives at Hollenbeck, notions of what it means to be a good elder and what elder life can mean in the United States expand. These observations help to foster a greater imagination about the possibility of growing old in an American politic which has been primarily imagined as a source of disaster, anxiety, and decline. Current discourses on old age depict it as a dangerous field to control through foresight. But sticking close to the daily lives of elders helps us understand that by embracing the uncertainty of their lives, we can generate new understandings of the possibility of debility, of intimacy, and of care.

Indeed, this is the purpose of anthropology. Mead suggests that the discipline 'demands the open-mindedness with which one must look and listen, record in astonishment and wonder that which one would not have been able to guess.' It is a methodological approach that pointedly seeks to do justice to the 'gritty and obscure drama' of everyday lives as they are lived (Wilshire 1990:190). But it is also a political gesture to uncover the

'absent presence' (Herzfeld 2002), to show that the logics that apparently govern the narratives of our lives make us 'lose all sense of the abundance and plentitude of life' (Feyerabend 1987:118) and are full of holes and gaps of uncertainty. Such an approach inspires a kind of humility about the limits of knowledge and the capacity to know. But it also demands action within the world with a special kind of sensitivity, attuned to the ways in which both the world is more complex than previous theories have described and the possibilities more numerous than have been imagined.

While the aging 'crisis' is often perceived as dangerously destabilizing, May (1994:17) suggests that 'crisis' can also be understood as generative in its destabilization. Within the existential movement in psychology, a crisis, May observes, 'is exactly what is required to shock people out of unaware dependence upon external dogma and to force them to unravel layers of pretense to reveal naked truth about themselves.' Therefore, crises can often animate a reflective consciousness about the limitations of the theories that govern lives and usher in new modes of thinking and being.

Living Alongside Uncertainty Care-fully

While a risk logic proposes that the only way to engage uncertain aging futures is by dominating them through control and management, Hollenbeck staff and residents show that uncertainty need not be tamed, but can be lived alongside of full of care. This did not render staff and residents passive victims to chance. As Mol (2008:32) suggests, care that embraces uncertainty requires its agents 'to act without seeking to control' and 'to persist while letting go.' Indeed, it was considered an active skill to learn how to tinker everyday under elders' changing forms of embodiment and sociality.

Indeed, when elders took new forms of mobility on, from riding on the bus to learning to navigate around in a wheelchair, nurses taught them how these new forms of mobility could open the world newly to them. Elders, for example, remarked at how refreshing it was to finally be the passenger on the roads in Los Angeles, suggesting it was a new way to experience the city. And for Jane, inhabiting a wheelchair allowed her to find new ways to dance. Residents learned not to fight debility, but to find ways in which their changing bodies opened them up to experience the world in fundamentally new ways.

Residents' experience of bingo was a way to enter into a ritual order where they were fundamentally open to chance and to the rhythms set by the group's collective participation. Though some residents derided the game for its lack of skill, the residents who played understood its reliance on receptivity as the source of its virtue. Not only did it allow them to be open to surprise and wonder, but it also helped them develop social relationships across the entrenched divisions and hierarchies in institutional life. Mol (2008:83) notes that we often hedge ourselves against uncertainty by seeking to control the parameters of our lives, but that this desire to control produces a devastating biomedical aggressiveness that ultimately denies our inevitable fragility. She suggests that heeding to uncertainty, and becoming receptive to it, enables us 'to let go,' which 'not only makes suffering easier to bear' but is 'also a precondition for experiencing pleasure.'

While uncertainty is often perceived as a source of potential danger in a risk logic, this dissertation shows that there are viable and meaningful ways to live alongside uncertainty that do not foreclose the future, but instead open it up to new possibilities and life. How can this care-filled approach to uncertainty help us re-imagine a response to the United States's aging crisis?

The discourses surrounding the aging crisis are often drenched in alarm, despair, and paralysis. Bioethical questions about when and how to die feel too complicated to resolve through thought, and the barrage of demographic statistics too overwhelming to believe that any individual action can help. Taken in their abstraction, Mol (2008:9) notes that questions about 'how to live well, what to die from, and how, thus, to shape good care' mystify. However, she notes that, when asked in the midst of daily practice, the answers to these questions emerge, however partially, through care, action, tinkering, and attentiveness.

O'Connor and Van Esterik (2017:12) invite us to consider why local customs of care and nurture are seldom used as guides to respond to global crises. 'What if,' they provocatively wonder, 'nurturing practices are at the root of complex global problems? What would happen if we put nurture back, right where it belongs – at the center of the human condition?' Their querying invites us to think about how the daily practices of care at Hollenbeck might be a helpful, and indeed essential, starting point to consider how to respond to the 'aging crisis' that appears on headlines and policy documents globally.

While policymakers pontificate about corrective solutions to broad-scale problems, anthropologists concern themselves with everyday lives and ask how people's local, daily navigations of the world help to reveal not simply how things can be done better, but also what 'doing better' might even mean. This approach unseats the normative view of elder care 'expertise', placing it not in the minds of consultants in abstracted, detached centers of political power, but in the practices of people who enact its labor daily, those who tinker through arthritis, bad hips, and loneliness to make aging and dying viable and meaningful. It asks us not to reinvent new, grand plans of care to enforce on lived experience, but to attend to lives in their already, intimate manifestations and ask what can be done to alleviate the

stress, difficulties, and inequities these relations of care encounter in their daily manifestations.

The ethnographic task requires 'a method of being at risk in the face of the practices and discourses into which one inquires' (Harraway 1999:65), humbly and amidst the unknown. It demands that we wade through and experience love and grief, potential and loss, and life and death. This work is often uncomfortably messy, not attractive, and never easy. But, while never with full clarity, ways of proceeding do emerge. In daily practice, it is not static solutions that matter, but trying and re-trying until the path shows a clearing, and then another path emerges, and then yet another, until the day of death comes. This practice demands watchfulness that can generate an uneasy kind of anticipation. But Hollenbeck residents were mindful to remind that such watchfulness was also an ethic of care, a way of opening yourself up to the world and to others.

American discourses of risk management attempt to control unwieldy elder bodies. Their leakiness offends American categories of individualism, independence, and productivity. But this thesis indicates that against the common notion that the messy reality of everyday lives is a site of danger, huddling close to this disorder can teach not only a significant amount about how to recognize and acknowledge the limits of human control, but the ways in which such limitations can be lived alongside of with meaning, surprise, tenacity, and wonder.

Popular discourses paint the uncertainty of old age as a potential threat, but this ethnography shows that the uncertainty of old age is a site of generative possibilities. It has shown that, even amidst difficult constraints, elders and their caregivers continue to construct viable lives. Contrary to neoliberal logics that suggest elder life is worthless, elder lives often are experienced as full of worth, and beauty, and meaning. Acknowledging the

richness of old age, against common tropes that paint it as a site of despair, creates an important counter-narrative to the dominant frameworks that often erase, or undersell, the lives of the old.

References

G. A. O. (2010). *Continuing Care Retirement Communities Can Provide Benefits, but Not Without Some Risk*. (GAO-10-611). Washington, D.C.

ABA Commission on Law and Aging (2018). Default Surrogate Consent Statutes. *American Bar*.

Adam, B., Beck, U., & Loon, J. v. (2000). *The risk society and beyond [electronic resource]: critical issues for social theory*. London: SAGE.

Adams, R. G., & Allan, G. (1998). *Placing friendship in context*. Cambridge: Cambridge University Press.

Alber, E., & Drotbohm, H. (2015). *Anthropological perspectives on care: work, kinship, and the life-course*. Basingstoke, Hampshire: Palgrave Macmillan.

Aldridge, M. D., & Kelley, A. S. (2015). The Myth Regarding the High Cost of End-of- Life Care. *American journal of public health, 105*(12), 2411.

Andersen, T. (Writer) & T. Andersen (Director). (2003). *Los Angeles Plays Itself*. Los Angeles: Thom Andersen Productions.

Anheier, H. K., & Seibel, W. (1990). *The third sector: comparative studies of nonprofit organizations*. New York: Walter de Gruyter.

Appadurai, A. (1990). Disjuncture and Difference in the Global Cultural Economy. *Theory, Culture & Society, 7*(2-3), 295-310.

Appadurai, A. (2012). The Spirit of Calculation. *The Cambridge Journal of Anthropology, 30*(1).

Appadurai, A. (2013). *The future as cultural fact: essays on the global condition*. London: Verso.

Appadurai, A. (2016). Moodswings in the anthropology of the emerging future. *HAU: Journal of Ethnographic Theory, 6*(2), 1-4.

Ariès, P. (1974). *Western attitudes toward death: from the Middle Ages to the present* (1st ed., 2nd printing. ed.). Baltimore: Johns Hopkins University Press.

Ascoli, U., & Ranci, C. (2002). *Dilemmas of the welfare mix: the new structure of welfare in an era of privatization*. New York: Kluwer Academic.

Ash, J., & Gallacher, L. A. (2015). Becoming Attuned: Objects, Affects and Embodied Methodology. In M. Perry & C. L. Medina (Eds.), *Methodologies of Embodiment: Inscribing Bodies in Qualitative Research* (pp. 69-85). London: Taylor & Francis.

Atlas, S. (2018). Race and Ethnicity in Boyle Heights, Los Angeles, California. Retrieved August 20, 2018 https://statisticalatlas.com/neighborhood/California/Los-Angeles/Boyle-Heights/Race-and-Ethnicity

Augé, M., & Gladding, J. (2016). *Everyone dies young: time without age*. New York: Columbia University Press.

Avila, E. (2014). *The folklore of the freeway: race and revolt in the modernist city*. Minneapolis, Minnesota: University of Minnesota Press.

Bachmair, B. (1991). From the motor-car to television: cultural-historical arguments on the meaning of mobility for communication. *Media, Culture & Society, 13*(4), 521-533.

Bærenholdt, J. O. (2013). Governmobility: The Powers of Mobility. *Mobilities, 8*(1), 20-34.

Bailey, P. (2011, February 2). Paul Bailey's top 10 stories of old age. *The Guardian*.

Baker, D., & Weisbrot, M. (1999). *Social security: the phony crisis*. London: University of Chicago Press.

Banh, J., & King, M. (2017). *Anthropology of Los Angeles: place and agency in an urban setting*. Lanham: Lexington Books.

Banham, R. (1971). *Los Angeles: the architecture of four ecologies*. London: Allen Lane.

Barrett, R., & Worden, D. (2014). *Oil culture*. Minneapolis, Minnesota: University of Minnesota Press.
Bauman, Z. (2001). *The individualized society*. Cambridge, UK: Polity Press.
Bear, L., Harvey, P., Lazar, S., Rival, L., Simone, A., & Venkatesan, S. (2017). Attention to infrastructure offers a welcome reconfiguration of anthropological approaches to the political. *Critique of Anthropology*, 38(1): 3-52.
Bear, L., Ho, K., Tsing, A. L., & Yanagisako, S. J. (2015). Gens: A Feminist Manifesto for the Study of Capitalism. *Cultural Anthropology*.
Beck, U. (1992). *Risk society: towards a new modernity*. London: Sage.
Beck, U., & Beck-Gernsheim, E. (2002). *Individualization [electronic resource]: institutionalized individualism and its social and political consequences*. London: SAGE.
Becker, E. (1975). *The denial of death* (First Free Press paperback ed.). New York: Free Press.
Becker, H. S. (1963). *Outsiders: studies in the sociology of deviance*. London: Collier Macmillan.
Bell, S. M., & Coleman, S. (1999). *The anthropology of friendship*. Oxford: Berg.
Bellah, R. N. (1985). *Habits of the heart: individualism and commitment in American life*. London: University of California Press.
Berger, P. L. (1999). *The desecularization of the world: resurgent religion and world politics*. Washington D.C.: Ethics and Public Policy Center.
Berlant, L. (1998). Intimacy: A Special Issue. *Critical Inquiry, 24*(2), 281-288.
Bernard, T. S. (2018, August 5). 'Too Little Too Late': Bankruptcy Booms Among Older Americans. *New York Times*.
Biehl, J. G. (2013). *Vita: life in a zone of social abandonment*. Berkeley: University of California Press.
Blackshaw, T. (2003). *Leisure life [electronic resource]: myth, masculinity and modernity*. New York: Routledge.
Blanchot, M., & Hanson, S. (1993). *The infinite conversation*. London: University of Minnesota Press.
Bledsoe, C. H., & Banja, F. (2002). *Contingent lives [electronic resource]: fertility, time, and aging in West Africa*. Chicago: University of Chicago Press.
Blomley, N. K. (1994). Mobility, empowerment and the rights revolution. *Political Geography, 13*(5), 407-422.
Bluestone, D. (1988). Detroit's City Beautiful and the Problem of Commerce. *The Journal of the Society of Architectural Historians, 47*(3), 245.
Boholm, Å. (2015). *Anthropology and risk*. London: Routledge.
Bonham, J. (2006). Part Two: Governing Automobility: Transport: disciplining the body that travels. *Sociological Review, 54*(1), 55-74.
Bonham, J. (2006). Transport: Disciplining the Body That Travels. In S. Bohm, C. Campbell, & M. Paterson (Eds.), *Against Automobility*. Oxford: Blackwell.
Bonhomme, J. (2012). The dangers of anonymity: Witchcraft, rumor, and modernity in Africa. *HAU: Journal of Ethnographic Theory, 2*(2), 205.
Bornet, P. (2012). Introduction: Games and Religion in History. In P. Bornet & M. Burger (Eds.), *Religions in play: games, rituals and virtual worlds*. Zurich: Pano-Verlag.
Bornet, P., & Burger, M. (2012). *Religions in play: games, rituals and virtual worlds*. Zürich: Pano-Verlag.
Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge: Cambridge University Press.
Boydston, J. (1990). *Home and work: housework, wages, and the ideology of labor in the early republic*. Oxford: Oxford University Press.

Bramham, P., & Wagg, S. (2011). *The new politics of leisure and pleasure*. Basingstoke: Palgrave Macmillan.
Brenner, N., Peck, J., & Theodore, N. (2010). Variegated neoliberalization: geographies, modalities, pathways. *Global Networks, 10*(2), 182-222.
Brenner, N., & Theodore, N. (2002). Cities and geographies of "actually existing" neoliberalism. In N. Brenner & N. Theodore (Eds.), *Spaces of Neoliberalism: Urban Restructuring in North America and Western Europe* (pp. 2-32). Malden: Blackwell.
Brenner, N., & Theodore, N. (2002). *Spaces of neoliberalism: urban restructuring in North America and Western Europe*. Oxford: Blackwell.
Brodsly, D. (1981). *L.A. freeway, an appreciative essay*. Berkeley: University of California Press.
Brody, E. M. (1977). Environmental Factors in Dependency. In A. N. Exton-Smith & J. Grimley Evans (Eds.), *Care of the Elderly: Meeting the Challenge of Dependency*. New York: Grune and Stratton.
Brown, M. F. (1997). *The channeling zone: American spirituality in an anxious age*. Cambridge, Mass: Harvard University Press.
Buch, E. D. (2013). Senses of care: Embodying inequality and sustaining personhood in the home care of older adults in Chicago. *American Ethnologist, 40*(4), 637-650.
Buch, E. D. (2015). Anthropology of Aging and Care. *Annu. Rev. Anthropol., 44*, 277-293.
Buch, E. D. (2017). Beyond Independence: Older Chicagoans Living Valued Lives. In S. Lamb (Ed.), *Successful Aging As A Contemporary Obsession: Global Perspectives*. New Brunswick: Rutgers University Press.
Buhler-Wilkerson, K. (2001). *No place like home [electronic resource]: a history of nursing and home care in the United States*. Baltimore: John Hopkins University Press.
Bullard, R. D. (2003). Addressing Urban Transportation Equity in the United States. *Fordham Urban Law Journal, 31*(5).
Burger, M. (2012). Introduction: Climb the Ladder, Draw the Future, Hit the Bingo: Randomness, Divination and Luck. In P. Bornet & M. Burger (Eds.), *Religions in play: games, rituals and virtual worlds*. Zurich: Pano-Verlag.
Burgess, E. W. (1925). The Growth of the City. In R. E. Park (Ed.), *The city*. Chicago: The University of Chicago Press.
Caillois, R. (1967). *Jeux et sports*. Paris: Gallimard.
Caillois, R., & Barash, M. (1961). *Man, play, and games*. New York [N.Y.: Free Press of Glencoe.
California Advocates for Nursing Home Reform (2015). *Rights of Residents in Community Care Retirement Communities (CCRCs)*. Retrieved from San Francisco, CA: http://www.canhr.org/CCRC/PDFs/FS_Outline_CCRCResRights.pdf
Caplan, P. (2000). *Risk revisited*. London: Pluto.
Carsten, J. (1995). The substance of kinship and the heat of the hearth: feeding, personhood, and relatedness among Malays in Pulau Langkawi. *American Ethnologist, 22*(2), 223-241.
Carsten, J. (1997). *The heat of the hearth: the process of kinship in a Malay fishing community*. Oxford: Clarendon Press.
Carsten, J. (2000a). *Cultures of relatedness: new approaches to the study of kinship*. Cambridge: Cambridge University Press.
Carsten, J. (2000b). 'Knowing where you've come from': Ruptures and continuities of time and kinship in narratives of adoption reunions. *Journal of the Royal Anthropological Institute, 6*(4), 687-703.
Carsten, J. (2004). *After kinship*. Cambridge, UK: Cambridge University Press.

Cassell, J. (1991). *Expected miracles: surgeons at work*. Philadelphia: Temple University Press.
Cassidy, R. (2002). *The sport of kings: kinship, class and thoroughbred breeding in Newmarket*. Cambridge: Cambridge University Press.
Cassidy, R. (2009). 'Casino capitalism' and the financial crisis. *Anthropology Today, 25*(4), 10-13.
Castle, N. G., & Ferguson, J. C. (2010). What Is Nursing Home Quality and How Is It Measured? *Gerontologist, 50*(4), 426-442.
Chambliss, D. F. (1996). *Beyond caring: hospitals, nurses, and the social organization of ethics*. Chicago: University of Chicago Press.
Chaudhury, H., & Rowles, G. D. (2005). Between the Shores of Recollection and Imagination: Self, Aging, and Home. In G. D. Rowles & H. Chaudhury (Eds.), *Home and Identity in Late Life*. New York: Springer Publishing Company.
Chou, K.-L., & Chi, I. (2002). Successful Aging among the Young- Old, Old- Old, and Oldest- Old Chinese. *International Journal of Aging and Human Development, 54*(1), 1-14.
Cicirelli, V. G. (2002). *Older adults' views on death*. New York: Springer.
Clark, M. (1967). The anthropology of aging, a new area for studies of culture and personality. *Gerontologist, 7*(1), 55.
Clark, M. A., Barbara Gallatin. (1967). *Culture and Aging: An Anthropological Study of Older Americans*. Springfield, Illinois: Charles C. Thomas.
Clark, M. M. (1973). Contributions of Social Anthropology to the Study of the Aged. In L. Nader & T. W. Maretzki (Eds.), *Cultural Illness and Health*. Washington, D.C.: American Anthropological Association.
Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine. *American Sociological Review, 68*(2), 161-194.
Clarke, J., & Critcher, C. (1985). *The Devil makes work: leisure in capitalist Britain*. Basingstoke: Macmillan.
Clarke, M. (2011). *Islam and new kinship [electronic resource]: reproductive technology and the shariah in Lebanon* (1st pbk. ed.). New York: Berghahn Books.
Clifford, J., & Marcus, G. E. (Eds.). (1986). *Writing Culture: The Poetics and Politics of Ethnography*. Berkeley: University of California Press.
Cohen, L. (1994). Old Age: Cultural and Critical Perspectives *Annual Review of Anthropology,* 23, 137-158.
Cohen, P. (1984). Subcultural change in a working class community. In D. Butterworth (Ed.), *A New Sociology of Modern Britain*. Glasgow: Fontana.
Cohen, S. (2011). *Folk devils and moral panics*. London: Routledge.
Cohn, S. (2000). Risk, Ambiguity and the Loss of Control: How People with a Chronic Illness Experience Complex Biomedical Causal Models. In P. Caplan (Ed.), *Risk Revisited*. London: Pluto Press.
Comaroff, J., & Comaroff, J. (2000). Millennial Capitalism: First Thoughts on a Second Coming. *Public Culture, 12*(2), 291-343.
Comaroff, J., & Comaroff, J. L. (1999). Occult economies and the violence of abstraction: notes from the South African postcolony. *American Ethnologist, 26*(2), 279-303.
Comaroff, J. L., & Comaroff, J. (2012). Foreword: Thinking Anthropologically, About British Social Anthropology. In R. Fardon, J. Gledhill, O. Harris, T. Marchand, M. Nuttall, C. Shore, V. Strang & R. Wilson, (Eds.), *Sage Handbook of Social Anthropology*. London: Sage.
Conklin, B. A., & Morgan, L. M. (1996). Babies, bodies, and the production of personhood in North America and a native Amazonian society. *Ethos, 24*(4), 657-694.

Conservancy, L. A. (2018). Jewish American Heritage. *Curating the City: Eastside Los Angeles*.
Cooper, E. (2011). *Who Cares for Orphans? Challenges to Kinship and Morality in a Luo Village in Western Kenya.* (Doctor of Philosophy), University of Oxford, Oxford.
Cooper, E., & Pratten, D. (2015). *Ethnographies of Uncertainty in Africa*. London: Palgrave Macmillan UK.
Cooper, F. (2005). *Colonialism in question [electronic resource]: theory, knowledge, history*. Berkeley: University of California Press.
Cooper, M. (2017). *Family values : between neoliberalism and the new social conservatism*. New York: Zone Books.
Coppa, S. (1996). Futile care: confronting the high costs of dying. *The Journal of nursing administration, 26*(12), 18.
Corsín Jiménez, A. (2011). Trust in anthropology. *Anthropological Theory, 11*(2), 177-196.
Cortois, L. (2017). The myth of individualism: From individualisation to a cultural sociology of individualism. *European Journal Of Cultural And Political Sociology, 4*(4), 407-429.
Cott, N. F. (1977). *The bonds of womanhood: "woman's sphere" in New England, 1780-1835*. New Haven: Yale University Press.
Cresswell, T. (2010). Towards a Politics of Mobility. *Environment and Planning D: Society and Space, 28*(1), 17-31.
Csikszentmihalyi, M. (2000). *Beyond boredom and anxiety*. San Francisco: Jossey-Bass Publishers.
Cubanski, J., Neuman, T., Damico, A., & Smith, K. (2018). *Medicare Beneficiaries' Out-of-Pocket Health Care Spending as a Share of Income Now and Projections for the Future*. Retrieved from https://www.kff.org/report-section/medicare-beneficiaries-out-of-pocket-health-care-spending-as-a-share-of-income-now-and-projections-for-the-future-report/
Da Col, G., & Humphrey, C. (2012). Preface. *Social Analysis, 56*(2).
Dalakoglou, D., & Harvey, P. (2012). Roads and Anthropology: Ethnographic Perspectives on Space, Time and (Im) Mobility. *Mobilities, 7*(4), 459-465.
Darrah, C. N., Freeman, J. M., & English-Lueck, J. A. (2007). *Busier than ever!: why American families can't slow down*. Stanford, Calif.: Stanford University Press.
Das, V. (2007). *Life and words [electronic resource]: violence and the descent into the ordinary*. Berkeley: University of California Press.
Das, V. (2010). Engaging the life of the other: Love and everyday life. In M. Lambek (Ed.), *Ordinary ethics: Anthropology, language, and action*. New York: Fordham University Press.
Davis, M. (1989). Homeowners and Homeboys: Urban restructuring in LA. *Enclitic*(Summer), 9-16.
Davis, M. (2006). *City of quartz [electronic resource]: excavating the future in Los Angeles* (New ed.). London: Verso.
Dawson, D. (1986). Leisure and social class: Some neglected theoretical considerations. *Leisure Sciences, 8*(1), 47-61.
de Boeck, F. (2012). Infrastructure: Commentary from Filip De Boeck ; Contributions from Urban Africa towards an Anthropology of Infrastructure. *Cultural Anthropology*.
Dear, M. (2003). The Los Angeles School of Urbanism: An Intellectual History 1. *Urban Geography, 24*(6), 493-509.
Dear, M. J., & Dishman, J. D. (2001). *From Chicago to L.A.: making sense of urban theory*. London: Sage Publications.
Debord, G. (1994). *The society of the spectacle*. New York: Zone Books.
Desai, A., & Killick, E. (2010). *The ways of friendship [electronic resource]: anthropological perspectives*. New York: Berghahn Books.

Desjarlais, R. R. (1997). *Shelter blues [electronic resource]: sanity and selfhood among the homeless*. Philadelphia: University of Pennsylvania Press.
Deterding, S. (2014). The Ambiguity of Games: Histories and Discourses of a Gameful World. In S. P. Walz & S. Deterding (Eds.), *The gameful world: approaches, issues, applications*. London: The MIT Press.
Deviri, E., Merin, G., Medalion, B., & Borman, J. B. (1995). Open Heart Surgery in Octogenarians: A Review. *American Journal of Geriatric Cardiology, 4*(6), 8-16.
Dewey, J. (1960). *The quest for certainty: a study of the relation of knowledge and action*. New York: Putnam.
Di Leonardo, M. (1987). The Female World of Cards and Holidays: Women, Families, and the Work of Kinship. *Signs, 12*(3), 440-453.
Didion, J. (1979). *The white album*. New York: Simon and Schuster.
Donzelot, J. (1979). *The policing of families* (1st American ed.). New York: Pantheon Books.
Douglas, M. (1992). *Risk and blame [electronic resource]: essays in cultural theory*. London: Routledge.
Douglas, M. (2003). *Purity and danger: an analysis of concept of pollution and taboo*. London: Routledge.
Douglas, M., & Wildavsky, A. B. (1982). *Risk and culture [electronic resource]: an essay on the selection of technological and environmental dangers*. Berkeley: University of California Press.
Dovey, C. (2015, October 1). What Old Age is Really Like. *The New Yorker*.
Droogers, A. F. (1996). Methodological ludism: Beyond religionism and reductionism. In A. v. Harskamp (Ed.), *Conflicts in social science*. London: Routledge.
Droogers, A. F. (2012). *Play and power in religion [electronic resource]: collected essays*. Boston: De Gruyter.
Drought, T. S., & Koenig, B. A. (2002). "Choice" in end-of-life decision making: researching fact or fiction? *Gerontologist,* 42(3), 114-128.
Durkheim, E. (1933). *The division of labour in society*. New York: Free Press.
Edensor, T. (2004). Automobility and National Identity: Representation, Geography and Driving Practice. *Theory, Culture & Society, 21*(4-5), 101-120.
Edwards, A., Bee, A., & Fox, L. (2017). Outlying Older Americans: The Puzzle of Increasing Poverty among those 65 and Older. Retrieved from https://www.census.gov/newsroom/blogs/random-samplings/2017/09/outlying_older_ameri.html
Edwards, J. (2000). *Born and bred: idioms of kinship and new reproductive technologies in England*. Oxford: Oxford University Press.
Eisenstadt, S. (2000). Multiple Modernities. *Daedalus, 129*(1), 1-29.
Ekerdt, D. J. (1986). The Busy Ethic: Moral Continuity Between Work and Retirement. *Gerontologist, 26*(3), 239-244.
Elias, N., & Dunning, E. (1986). *The quest for excitement: sport and leisure in the civilizing process*. Oxford: Basil Blackwell.
Elliott, A., & Turner, B. S. (2012). *On society*. Cambridge: Polity.
Emanuel, E. J. (1996). Cost Savings at the End of Life: What Do the Data Show? *JAMA, 275*(24), 1907-1914.
Emanuel, E. J., & Emanuel, L. L. (1994). The Economics of Dying -- The Illusion of Cost Savings at the End of Life. *The New England Journal of Medicine, 330*(8), 540-544.
Endres, M., Manderscheid, K., & Mincke, C. (2016). *The mobilities paradigm: discourses and ideologies*. London: Routledge.

Englund, H., & Leach, J. (2000). Ethnography and the Meta-Narratives of Modernity. *Current Anthropology, 41*(2), 225-248.
Ermisch, J. (2008). *Population Ageing: Crisis or Opportunity?*
Estes, C. L., & Binney, E. A. (1989). The biomedicalization of aging: dangers and dilemmas. *Gerontologist, 29*(5), 587-596.
Eyerman, R., & Löfgren, O. (1995). Romancing the Road: Road Movies and Images of Mobility. *Theory, Culture & Society, 12*(1), 53-79.
Fairbanks, R. P., & Lloyd, R. (2011). Critical ethnography and the neoliberal city: The US example. *Ethnography, 12*(1), 3-11.
Fardon, R. (1999). *Mary Douglas: an intellectual biography*. London: Routledge.
Fardon, R. (2001). *Mary Douglas [electronic resource]: an intellectual biography*. London: Routledge.
Farmer, P. (1999). *Infections and inequalities: the modern plagues* (Updated edition with a new preface ed.). Berkeley: University of California Press.
Farmer, P. (2004). An Anthropology of Structural Violence. *Current Anthropology, 45*(3), 305-325.
Fassin, D. (2014). True life, real lives: Revisiting the boundaries between ethnography and fiction. *American Ethnologist, 41*(1), 40-55.
Fassin, D. (2015). The ethical turn in anthropology: Promises and uncertainties. *Four Lectures: Anthropological perspectives* (pp. 175-210). Chicago: Hau Books.
Fennell, C. (2011). ' Project heat' and sensory politics in redeveloping Chicago public housing. *Ethnography, 12*(1), 40-64.
Ferguson, J. (1999). *Expectations of modernity [electronic resource]: myths and meanings of urban life on the Zambian Copperbelt*. Berkeley, Calif.: University of California Press.
Ferguson, J. (2006). *Global shadows: Africa in the neoliberal world order*. London: Duke University Press.
Fischer, D. H. (1978). The New Old: Struggling for Decent Aging/Aging and the Elderly: Humanistic Perspectives in Gerontology. *New Republic, 179*(23), 31-36.
Fischer, E. F. (2014). *The good life: aspiration, dignity, and the anthropology of wellbeing*. Stanford, California: Stanford University Press.
FitzGerald, F. (1987). *Cities on a hill: a journey through contemporary American cultures* (Picador ed.). Pan Books: London.
Foner, N. (1994). *The Caregiving Dilemma*. London: University of California Press.
Forman, D. E., Berman, A. D., McCabe, C. H., Baim, D. S., & Wei, J. Y. (1992). PTCA in the elderly: the "young-old" versus the "old-old". *Journal of American Geriatrics Society, 40*(1), 19-22.
Foucault, M. (1977). *Discipline and punish: the birth of the prison* (1st American ed.). New York: Pantheon Books.
Foucault, M., Bertani, M., Fontana, A., & Macey, D. (2003). *Society must be defended: lectures at the Collège de France, 1975-76*. London: Allen Lane The Penguin Press.
Foucault, M., Ewald, F., Fontana, A., & Senellart, M. (2007). *Security, territory, population [electronic resource]: lectures at the Collège de France, 1977-78*. Basingstoke : New York: Palgrave Macmillan.
Foucault, M., & Gordon, C. (1980). *Power/knowledge: selected interviews and other writings, 1972-1977*. New York: Pantheon Books.
Foucault, M., & Howard, R. (2001). *Madness and civilization: a history of insanity in the Age of Reason*. London: Routledge.
Foucault, M., & Rabinow, P. (1991). *The Foucault reader*. London: Penguin.

Foucault, M., & Senellart, M. (2008). *The birth of biopolitics: lectures at the Collège de France, 1978-79*. Basingstoke: Palgrave Macmillan.
Foucault, M., & Sheridan, A. (1976). *The birth of the clinic: an archaeology of medical perception*. London: Tavistock.
Fountain, H. (2005, May 15). No, You Can't Just Dodder. *International New York Times*.
Fox, R. C. (1980). The Evolution of Medical Uncertainty. *The Milbank Memorial Fund Quarterly. Health and Society, 58*(1), 1-49.
Freund, P. E. S., & Martin, G. T. (1993). *The ecology of the automobile*. New York: Black Rose Books.
Friedan, B. (2006). *The fountain of age*. London: Simon and Schuster.
Friedmann, E. A., & Havighurst, R. J. (1954). *The meaning of work and retirement*. Chicago: University of Chicago Press.
Frohardt-Lane, S. (2014). Essential Driving and Vital Cars: American Automobile Culture in World War II. In R. Barrett & D. Worden (Eds.), *Oil Culture*. Minneapolis, Minnesota: University of Minnesota Press.
Gal, S. (1991). Bartók's funeral: representations of Europe in Hungarian political rhetoric. *American Ethnologist, 18*(3), 440-458.
Ganti, T. (2014). Neoliberalism. *Annual review of anthropology, 43*, 89-104.
Garrett, M., & Taylor, B. D. (1999). Reconsidering Social Equity in Public Transit. *Berkeley Planning Journal, 13*, 6-27.
Garrett, M., & Taylor, B. D. (2003). Reconsidering Social Equity in Public Transit. *UC Berkeley: University of California Transportation Center*.
Gartman, D. (1994). *Auto opium: a social history of American automobile design*. London: Routledge.
Gatz, M. (2005). Educating the Brain to Avoid Dementia: Can Mental Exercise Prevent Alzheimer Disease? (Best Practice). *PLoS medicine, 2*(1), e7.
Geertz, C. (1973). *The interpretation of cultures*. New York: Basic Books.
Geertz, C. (2005). Deep play: notes on the Balinese cockfight. *Daedalus, 134*(4), 56-86.
Geschiere, P. (1997). *The modernity of witchcraft : politics and the occult in postcolonial Africa*. London: University of Virginia.
Geschiere, P., & Meyer, B. (1998). Globalization and identity: Dialectics of flow and closure. *Development and Change, 29*, 601-615.
Ghilarducci, T., Papadopoulos, M., & Webb, A. (2017). *Inadequate Retirement Savings for Workers Nearing Retirement*. Retrieved from http://www.economicpolicyresearch.org/images/docs/research/retirement_security/Account_Balances.pdf
Giddens, A. (1981). *A contemporary critique of historical materialism*. London: Macmillan.
Giddens, A. (1991). *Modernity and self-identity: self and society in the late modern age*. Stanford: Stanford University Press.
Giddens, A. (1992). *The transformation of intimacy: sexuality, love and eroticism in modern societies*. Cambridge: Polity Press in association with Basil Blackwell.
Glaser, B. G., & Strauss, A. (1965). *Awareness of Dying*. Chicago: Aldine.
Glaser, B. G., & Strauss, A. (1968). *Time for Dying*. Chicago: Aldine.
Glenn, E. N. (2010). *Forced to care: coercion and caregiving in America*. Cambridge, Mass.: Harvard University Press.
Goffman, E. (1961). *Asylums: essays on the social situation of mental patients and other inmates* (1st ed.). Garden City, N.Y: Anchor Books.
Goffman, E. (1968a). *Asylums*. Harmondsworth: Penguin.

Goffman, E. (1968b). *Stigma: notes on the management of spoiled identity*. Harmondsworth: Penguin.
Goffman, E. (1971). *The presentation of self in everyday life*. Harmondsworth: Penguin.
Goldstone, B., & Obarrio, J. (2017). *African futures: essays on crisis, emergence, and possibility*. Chicago: The University of Chicago Press.
Goodman, L., Kaul, K., & Zhu, J. (2017). *What the 2016 Survey of Consumer Finances Tells Us About Senior Homeowners*. Retrieved from https://www.urban.org/sites/default/files/publication/94526/what-the-2016-survey-of-consumer-finances-tells-us-about-senior-homeowners.pdf
Goodwin, C. (2016). Person- Centered Care: A Definition and Essential Elements. *Journal of the American Geriatrics Society, 64*(1), 15-18.
Gorer, G. (1976). The pornography of death. In E. S. Shneidmen (Ed.), *Death: Current Perspectives* (pp. 71-76). Palo Alto, California: Mayfield.
Gouldner, A. W. (1960). The Norm of Reciprocity: A Preliminary Statement. *American Sociological Review, 25*(2), 161-178.
Graves-Brown, P. (1997). From Highway to Superhighway: The Sustainability, Symbolism and Situated Practices of Car Culture. *Social Analysis, 41*(1), 64.
Griffith, D. W. (Writer). (1911). What Shall We Do with Our Old? *Biograph Company*.
Groce, N., & Scheer, J. (1990). Introduction (Vol. 30, pp. V-VI).
Gubrium, J. F. (1975). *Living and dying at Murray Manor*. New York: St. Martin's Press.
Gubrium, J. F., & Buckholdt, D. R. (1982). Fictive Family: Everyday Usage, Analytic, and Human Service Considerations. *American Anthropologist, 84*(4), 878-885.
Gubrium, J. F., & Wallace, J. B. (1990). Who Theorises Age? *Ageing and Society, 10*(2), 131-149.
Gusterson, H., & Besteman, C. L. (2010). *The insecure American [electronic resource]: how we got here and what we should do about it*. Berkeley: University of California Press.
Guyer, J. I. (2013). "The quickening of the unknown": Epistemologies of surprise in anthropology (The Munro Lecture, 2013). *HAU: Journal of Ethnographic Theory, 3*(3), 283.
Hacker, J. S. (2002). *The divided welfare state: the battle over public and private social benefits in the United States*. Cambridge: Cambridge University Press.
Hacker, J. S. (2008). *The great risk shift: the new economic insecurity and the decline of the American dream* (Rev. and expanded ed.). New York: Oxford University Press.
Hannerz, U. (1992). *Cultural complexity: studies in the social organization of meaning*. New York: Columbia University Press.
Haraway, D. J. (1999). The Virtual Speculum in the New World Order. In A. E. Clarke & V. Olesen (Eds.), *Revisioning Women, Health and Healing: Feminist, Cultural and Technoscience Perspectives*. London: Routledge.
Harper, S. (2006). *Ageing societies: myths, challenges and opportunities*. Oxford: Oxford University Press.
Harvey, D. (1989). *The condition of postmodernity: An enquiry into the origins of cultural change*. Oxford: Basil Blackwell.
Harvey, D. (2005). *A brief history of neoliberalism*. Oxford: Oxford University Press.
Harvey, P. (2012). The Topological Quality of Infrastructural Relation: An Ethnographic Approach. *Theory, Culture & Society, 29*(4-5), 76-92.
Havighurst, R. J., & Albrecht, R. E. (1953). *Older people* (1st ed.). New York: Longmans, Green.

Heelas, P. (2008). *Spiritualities of life [electronic resource]: new age Romanticism and consumptive capitalism*. Malden, MA: Blackwell Pub.
Hennessy-Fiske, M. (2009, July 21). More bodies go unclaimed as families can't afford funeral costs. *Los Angeles Times*.
Henriot, J. (1989). *Sous couleur de jouer: la métaphore ludique*. Paris: J. Corti.
Henslin, J. M. (1967). Craps and Magic. *American Journal of Sociology, 73*(3), 316-330.
Herald, L. A. (1896, September 7). The Hollenbeck Home for Aged People. *Los Angeles Herald*.
Herald, L. A. (1902, August 15). Outing for Hollenbeck Home. *Los Angeles Herald*.
Herald, L. A. (1906, April 15). A Luncheon for Hollenbeck Women. *Los Angeles Herald*.
Hermann, D., Brod, K., & Girardi, J. (2009). *Ziegler national CCRC listing and profile*. Chicago: Ziegler and Company.
Herzfeld, M. (2002). The absent presence: discourses of crypto-colonialism. *South Atlantic Quarterly, 101*(4), 899.
Higgs, P., & Gilleard, C. J. (2015). *Rethinking old age: theorising the fourth age*. Basingstoke: Palgrave.
Hochschild, A. R. (2012). *The managed heart [electronic resource]: commercialization of human feeling* (Updated, with a new preface. ed.). Berkeley: University of California Press.
Hofstede, G. H. (2001). *Culture's consequences: comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). London: Sage Publications.
Hogan, C., Lunney, J., Gabel, J., & Lynn, J. (2001). Medicare beneficiaries' costs of care in the last year of life. *Health affairs (Project Hope), 20*(4), 188.
Holbraad, M., & Pedersen, M. A. (2013). *Times of security: ethnographies of fear, protest, and the future*. New York, NY: Routledge.
Holstein, M. (1999). Women and Productive Ageing: Troubling Implications. In M. Minkler & C. L. Estes (Eds.), *Critical Gerontology: Perspectives from Political and Moral Economy* (pp. 359-373). Amityville, NY: Baywood.
Holstein, M. (2006). On Being an Aging Woman. In T. M. Calasanti & K. F. Slevin (Eds.), *Age Matters: Realigning Feminist Thinking*. New York: Routledge.
Houston, D., Wu, J., Ong, P., & Winer, A. (2004). Structural Disparities of Urban Traffic in Southern California: Implications for Vehicle-Related Air Pollution Exposure in Minority and High-Poverty Neighborhoods. *Journal of Urban Affairs, 26*(5), 565-592.
Howe, J. (1981). Fox hunting as ritual. *American Ethnologist, 8*(2), 278-300.
Huizinga, J. (1998). *Homo ludens: a study of the play-element in culture*. Abingdon: Routledge.
Huntington, R., & Metcalf, P. (1979). *Celebrations of death: the anthropology of mortuary ritual*. Cambridge: Cambridge : Cambridge University Press.
Institute, M. M. M. (1999). *The MetLife Juggling Act Study Balancing Caregiving with Work and the Costs Involved*. Retrieved from New York:
Jackson, M. (1996). *Things as they are: new directions in phenomenological anthropology*. Bloomington: Indiana University Press.
Jackson, M. (2013). *Lifeworlds: essays in existential anthropology*.
Jenkins, R. (2000). Disenchantment, Enchantment and Re-Enchantment: Max Weber and the Millennium. *Max Weber Studies, 1*(1), 11-32.
Jenkins, R., Jessen, H., & Steffen, V. (2005). *Managing uncertainty: ethnographic studies of illness, risk and the struggle for control*. Copenhagen: Museum Tusculanum Press.
Johnson-hanks, J. (2002). On the Limits of Life Stages in Ethnography: Toward a Theory of Vital Conjunctures. *American Anthropologist, 104*(3), 865-880.

Kaplan, D. (2009). The Songs of the Siren: Engineering National Time on Israeli Radio. *Cultural Anthropology, 24*(2), 313-345.
Kaprow, M. (1985). Manufacturing Danger: Fear and Pollution in Industrial Society. *American Anthropologist*, 87(2), 342-356.
Kassenbrock, R. (2016). *2016 Downtown Women's Needs Assessment*. Retrieved from https://www.downtownwomenscenter.org/2016-needs-assessment/
Kastenbaum, R., & Aisenberg, R. (1976). *The Psychology of Death*. New York: Springer.
Katz, S. (2000). Busy Bodies: Activity, aging, and the management of everyday life. *Journal of Aging Studies, 14*(2), 135-152.
Kaufman, S. (2005). *And a time to die: How American hospitals shape the end of life*. Chicago: University of Chicago Press.
Kaufman, S. R. (1986). *The ageless self: sources of meaning in late life*. Madison: University of Wisconsin Press.
Kaufman, S. R. (2015). *Ordinary medicine: extraordinary treatments, longer lives, and where to draw the line*. Durham: Duke University Press.
Kaufman, S. R., & Fjord, L. (2011). Medicare, ethics, and reflexive longevity: governing time and treatment in an aging society. *Medical Anthropology Quarterly, 25*(2), 209.
Kaufman, S. R., & Morgan, L. M. (2005). The Anthropology of the Beginnings and Ends of Life. *Annual review of anthropology, 34*, 317-341.
Kaufman, S. R., Russ, A. J., & Shim, J. K. (2006). Aged bodies and kinship matters: The ethical field of kidney transplant. *American Ethnologist, 33*(1), 81-99.
Kaufman, S. R., Shim, J. K., & Russ, A. J. (2004). Revisiting the Biomedicalization of Aging: Clinical Trends and Ethical Challenges. *Gerontologist, 44*(6), Vol.44(46), p.731.
Keith, J. (1977). *Old people, new lives: community creation in a retirement residence*. Chicago: University of Chicago Press.
Keith, J. (1982). *Old people, new lives: community creation in a retirement residence*. Chicago: University of Chicago Press.
Kertzer, D. I. (1988). *Ritual, politics, and power*. New Haven ; London: Yale University Press.
Kesey, K. (1988). *One flew over the cuckoo's nest*. London: Picador.
Kidder, T. (1994). *Old friends*. London: Granta Books in association with Penguin.
Kirkup, G. (2000). *The gendered cyborg: a reader*. London: Routledge in association with the Open University.
Klein, N. (2007). *The shock doctrine: the rise of disaster capitalism* (1st ed.). New York: Metropolitan Books/Henry Holt.
Kleinman, A. (1995). Anthropology of Bioethics. *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkely: University of California Press.
Kleinman, A. (2006). *What really matters: living a moral life amidst uncertainty and danger*. Oxford ; New York: Oxford University Press.
Kleinman, A. (2009). Caregiving: the odyssey of becoming more human. *The Lancet,* 373, 292-293.
Kleinman, A. (2012). Caregiving as moral experience. *The Lancet*, 380, 1550-1551.
Kleinman, A., & Kleinman, J. (1997). The Appeal of Experience; The Dismay of Images: Cultural Appropriations of Suffering in Our Times. In A. Kleinman, V. Das, & M. Lock (Eds.), *Social Suffering*. Berkeley: University of California Press.
Kornhaber, A., & Woodward, K. L. (1981). *Grandparents, grandchildren: the vital connection* (1st ed.). Garden City, N.Y.: Anchor Press/Doubleday.
Kovner, J. E. (1958, December 4). Boyle Hollenbeck Shall Not Be Divided. *Eastside Sun*.
Krugman, P. (1996, October 20). Demographics and Destiny. *New York Times*.

Kübler-Ross, E. (1970). *On death and dying*. London: Tavistock Publications.
Kunstler, J. H. (1994). *The geography of nowhere: the rise and decline of America's man-made landscape*. London: Touchstone.
Lamb, S. (2014). Permanent personhood or meaningful decline? Toward a critical anthropology of successful aging. *Journal of Aging Studies, 29*, 41-52.
Lamb, S. (2017). *Successful aging as a contemporary obsession: global perspectives*. New Brunswick, NJ: Rutgers University Press.
Lancy, D. F. (1980). Play in Species Adaptation. *Annual Review of Anthropology, 9*(1), 471-495.
Larkin, B. (2013). The Politics and Poetics of Infrastructure. *Annuual Review of Anthropology, 42*, 327-343.
Lash, S. (2000). Risk Culture. In B. Adam, U. Beck, & J. Van Loon (Eds.), *The Risk Society and Beyond: Critical Issues for Social Theory*. London: SAGE Publications.
Laslett, P. (1977). *Family life and illicit love in earlier generations : essays in historical sociology*. Cambridge: Cambridge University Press.
Laslett, P. (1983). Family and household as work group and kin group: areas of traditional Europe compared. In R. Wall, J. Robin, & P. Laslett (Eds.), *Family forms in historic Europe*. Cambridge: Cambridge University Press.
Lefebvre, H. (1991). *A critique of everyday life*. London: Verso.
Leinberger, C. B., & Rodriguez, M. (2016). *Foot Traffic Ahead: Ranking Walkable Urbanism in America's Largest Metros*. Retrieved from Washington D.C.: https://www.smartgrowthamerica.org/app/legacy/documents/foot-traffic-ahead-2016.pdf
Leitner, H., Peck, J., & Sheppard, E. S. (2007). *Contesting neoliberalism [electronic resource]: urban frontiers*. New York: Guilford Press.
Leitner, H., Shepperd, E., & al., e. (2007). Contesting urban futures: Decentering neoliberalism. In H. Leitner, J. Peck, & E. Shepperd (Eds.), *Contesting Neoliberalism: Urban Fronteirs* (pp. 1-25). New York: Guilford Press.
Lemke, T. (2011). *Biopolitics [electronic resource]: an advanced introduction*. New York: New York University Press.
Lévi-Strauss, C. (1996). *The savage mind: (La pensée sauvage)*. Oxford: Oxford University Press.
Levine, C. (2000). *Always on call: when illness turns families into caregivers*. New York, NY: United Hospital Fund of New York.
Levitas, R. (2000). Discourses of Risk and Utopia. In B. Adam, U. Beck, & J. Van Loon (Eds.), *The Risk Society and Beyond: Critical Issues for Social Theory*. London: SAGE.
Liebes, T., & Katz, E. (1990). *The export of meaning: cross-cultural readings of Dallas*. Oxford: Oxford University Press.
Livingston, J. (2003). Reconfiguring old age: Elderly women and concerns over care in southeastern Botswana. *Medical anthropology, 22*(3), 205-231.
Livingston, J. (2005). *Debility and the moral imagination in Botswana*. Bloomington, IN: Indiana University Press.
Livingston, J. (2012). *Improvising medicine: an African oncology ward in an emerging cancer epidemic*. Durham: Duke University Press.
Lloyd, R. (2011). East Nashville skyline. *Ethnography, 12*(1), 114-145.
Lock, M. M., & Gordon, D. (1988). *Biomedicine examined*. London: Kluwer Academic.
Loe, M. (2017). Comfortable Aging: Lessons for Living from Eighty-five and Beyond. In S. Lamb (Ed.), *Successful Aging As A Contemporary Obsession: Global Perspectives*. New Brunswick: Rutgers University Press.

Lorenz, K. A., Lynn, J., Morton, S. C., Dy, S. M., Shugarman, L. M., Wilkinson, A., Shekelle, P. G. (2005). Methodological approaches for a systematic review of end-of- life care. *Journal of palliative medicine, 8 (1)*, 4.

Los Angeles Homeless Services Authority (2016). *2016 Homeless Count Results Los Angeles County and LA Continuum of Care*. Retrieved from https://documents.lahsa.org/Planning/homelesscount/2016/factsheet/2016-HC-Results.pdf

Los Angeles Homeless Services Authority (2017). *2017 Greater Los Angeles Homeless Count - Data Summary*. Retrieved from https://www.lahsa.org/documents?id=1385-2017-homeless-count-results-los-angeles-county-presentation.pdf

Low, S. (2010). A nation of gated communities. In H. Gusterson & C. Besteman (Eds.), *The insecure American: How we got here and what we should do about it*. Berkeley, CA: University of California Press.

Low, S. M. (2000). *On the plaza: the politics of public space and culture*. Austin: University of Texas Press.

Luhmann, N., & Barrett, R. (1993). *Risk: a sociological theory*. Berlin ; New York: De Gruyter.

Lupton, D. (1997). Foucault and the Medicalization Critique. In A. Petersen and R. Bunton (Eds.), *Foucault, health and medicine*. London: Routledge.

Lupton, D. (1999). *Risk*. London: Routledge.

Lutz, C. (2014). The U.S. car colossus and the production of inequality. *American Ethnologist, 41*(2), 232-245.

Lynch, C., & Danely, J. (2013). *Transitions and transformations [electronic resource]: cultural perspectives on aging and the life course*. New York: Berghahn.

Lyng, S. (1990). Edgework: A Social Psychological Analysis of Voluntary Risk Taking. *The American Journal of Sociology, 95*(4), 851.

Lynn, J. L. E. (2002). Social Services and the State: The Public Appropriation of Private Charity. *Social Service Review, 76*(1), 58-82.

MacIntyre, D. (2017). Who was the abandoned man with no memory? *BBC News*.

Mackenzie, C. (2014). *Vulnerability: new essays in ethics and feminist philosophy*. Oxford: Oxford University Press.

Maderscheid, K. (2015). The Movement Problem, the Car and Future Mobility Regimes: Automobility as Dispotif and Mode of Regulation. In K. Maderscheid, T. Schwanen, & D. Tyfield (Eds.), *Mobilities and Foucault*. New York: Routledge.

Maderscheid, K., Schwanen, T., & Tyfield, D. (2015). *Mobilities and Foucault*. New York: Routledge.

Mahmood, S. (2001). Feminist Theory, Embodiment, and the Docile Agent: Some Reflections on the Egyptian Islamic Revival. *Cultural Anthropology, 16*(2), 202-236.

Maine, H. S., & Morgan, J. H. (1917). *Ancient law*. London: E.P. Dutton & Co.

Malaby, T. (2002). Odds and Ends: Risk, Mortality, and the Politics of Contingency. *An International Journal of Comparative Cross-Cultural Research, 26*(3), 283-312.

Malaby, T. M. (2003). *Gambling life: dealing in contingency in a Greek city*. Urbana: University of Illinois Press.

Malaby, T. M. (2009). Anthropology and Play: The Contours of Playful Experience. *New Literary History, 40*(1), 205-218.

Malaby, T. M. (2012). Our Present Misfortune: Games and the Post-Bureaucratic Colonization of Contingency. *Social Analysis, 56*(2), 103-116.

Manderson, L., & Block, E. (2016). Relatedness and care in Southern Africa and beyond. *Social Dynamics, 42*(2), 205-217.

Mannell, R. C. (1993). High-Investment Activity and Life Satisfaction among Older Adults: Committed, Serious Leisure, and Flow Activities. In J. R. Kelly (Ed.), *Activity and Aging: Staying Involved in Later Life*. Newbury Park, CA: SAGE.
Mannheim, K. (1952). *Essays on the sociology of knowledge*. London: Routledge & Kegan Paul.
Martin, B. (1981). *A sociology of contemporary cultural change*. Oxford: Blackwell.
Martin, E. (1994). *Flexible bodies: tracking immunity in American culture from the days of polio to the age of AIDS*. Boston: Beacon Press.
Matters, T. D. (2016). The Demographics of Aging. Retrieved from: http://transgenerational.org/aging/demographics.htm
Matza, D. (1969). *Becoming deviant*. Englewood Cliffs: Prentice-Hall.
Mauss, M. (2002). *The gift: the form and reason for exchange in archaic societies*. London: Routledge.
Mauss, M., Guyer, J. I., & Maurer, B. (2016). *The gift*. Chicago: HAU Books.
May, R. (1994). The Origins and Significance of the Existential Movement in Psychology. In R. May, E. Angel, & H. F. Ellenberger (Eds.), *Existence*. Oxford: Rowman & Littlefield Publishers, Inc.
McCarthy, M. A. (2017). *Dismantling solidarity: capitalist politics and American pensions since the New Deal*. London: ILR Press, An imprint of Cornell University Press.
McClure, R. (2011, April 9). Elderly and facing eviction. *Los Angeles Times*.
McClymond, K. (2012). Introduction: Relating Play and Ritual. In P. Bornet & M. Burger (Eds.), *Religion in play: games, rituals and viritual worlds*. Zurich: Pano-Verlag.
McHugh, K. E. (2000). The 'ageless self': Emplacement of identities in sun belt retirement communities. *Journal of Aging Studies, 14*(1), 103-115.
McIntosh, J. (2009). *The edge of Islam: power, personhood, and ethnoreligious boundaries on the Kenya Coast*. London: Duke University Press.
Mead, M. (1977). *Sex and temperament in three primitive societies*. London: Routledge & Kegan Paul.
Medicare.gov. (2018). Nursing Home Compare data. Retrieved from https://www.medicare.gov/NursingHomeCompare/Data/About.html - qualityOfResidentCareDataCollection
Merholz, P. (2008). *Subject to change: creating great products and services for an uncertain world* (1st ed.). Sebastopol, CA: O'Reilly Media.
Merry, S. E. (2006a). Anthropology and International Law. *Annual review of anthropology, 35*(1), 99-116.
Merry, S. E. (2006b). Transnational Human Rights and Local Activism: Mapping the Middle. *American Anthropologist, 108*(1), 38-51.
Messkoub, M. (1997). *Crisis of ageing in less developed countries: a crisis for whom?: some conceptual and policy issues*. The Hague: Institute of Social Studies.
Mol, A. (2002). *The body multiple: ontology in medical practice*. Durham, N.C. ; London: Duke University Press.
Mol, A. (2008). *The logic of care: health and the problem of patient choice*. London: Routledge.
Mol, A., Moser, I., & Pols, J. (2010). *Care in practice: on tinkering in clinics, homes and farms*. Bielefeld: Transcript.
Moore, D. S., Pandian, A., & Kosek, J. (2003). The Cultural Politics of Race and Nature: Terrains of Power and Practice. In D. S. Moore, A. Pandian, & J. Kosek (Eds.), *Race, Nature, and the Politics of Difference*. Durham, NC: Duke University Press.
Moran, D., & Mooney, T. (2002). *The phenomenology reader*. London: Routledge.

Morsy, S. (1996). Political Economy in Medical Anthropology. In C. F. Sargent & T. M. Johnson (Eds.), *Medical Anthropology: Contemporary Theory and Method* (pp. 21-40). Westport, CT: Praeger.
Munnell, A., Webb, A., & Golub-Sass, F. (2009). The National Retirement Risk Index: After The Crash. *IDEAS Working Paper Series from RePEc*.
Murphy, R. F. (1987). *The body silent*. London: Phoenix House.
Myerhoff, B. G. (1980). *Number our days* (1st Touchstone ed.). New York: Simon and Schuster.
Myerhoff, B. G. (1982). Rites of Passage: Process and Paradox. In V. Turner (Ed.), *Celebration: Studies in Festivity and Ritual*. Washington, D.C.: Smithsonian Institution Press.
Myerhoff, B. G. (1992). Aging and the Aged in Other Cultures: An Anthropological Perspective. In M. Kaminsky (Ed.), *Remembered Lives: The Work of Ritual, Storytelling, and Growing Older*. Ann Arbor: The University of Michigan Press.
Nagourney, A. (2016, May 31). Old and on the Street: The Graying of America's Homeless. *New York Times*.
Nakanishi, N. (2015). Keiro facilities to be sold for $41 million. *The Rafu Shimpo*.
Nakanishi, N. (2016, April 15). L.A. County Supervisors to Scrutinize Keiro Sale. *The Rafu Shimpo*.
Needham, R. (1975). Polythetic Classification: Convergence and Consequences. *Man, 10*(3), 349-369.
Nelson, M. K. (2018). Only 22% of CCRCs in the U.S. are For-Profit. *Senior Housing News*.
Neulinger, J. (1981). *To Leisure: An Introduction*. Boston: Alyn & Bacon.
Nydegger, C. N. (1983). Family ties of the aged in cross-cultural perspective. *Gerontologist, 23*(1), 26.
O'Connell, J. J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature*. Retrieved from Nashville:
O'Connor, R. A., & Van Esterik, P. (2008). De-medicalizing anorexia: A new cultural brokering. *Anthropology Today, 24*(5), 6-9.
O'Malley, M. (1990). *Keeping Watch: A History of American Time*. New York: Viking.
Oldman, D. (1974). Chance and Skill: A Study of Roulette. *Sociology, 8*(3), 407-426.
Oliver, M. (1996). *Understanding disability: from theory to practice*. Basingstoke: Macmillan.
Olshansky, S. J., & Carnes, B. A. (2002). *The quest for immortality: science at the frontiers of aging*. New York: Norton.
Ong, A. (2006). *Neoliberalism as exception [electronic resource]: mutations in citizenship and sovereignty*. Durham [N.C.: Duke University Press.
Ong, A., & Collier, S. J. (2005). *Global assemblages: technology, politics, and ethics as anthropological problems*. Malden, Mass.: Blackwell.
Ong, P. M., & Miller, D. (2005). Spatial and Transportation Mismatch in Los Angeles. *Journal of Planning Education and Research, 25*(1), 43-56.
Orenstein, M. A. (2008). *Privatizing pensions [electronic resource]: the transnational campaign for social security reform*. Princeton: Princeton University Press.
Orenstein, M. A. (2009). *Pensions, social security, and the privatization of risk*. New York ; Chichester: Columbia University Press.
Ortman, J., Velkoff, V., & Hogan, H. (2014). An aging nation: The older population in the United States.
Ortner, S. B. (1999). *Life and death on Mt. Everest: Sherpas and Himalayan mountaineering*. Princeton, N.J.: Princeton University Press.

Ortner, S. B. (2016). Dark anthropology and its others: Theory since the eighties. *HAU: Journal of Ethnographic Theory, 6*(1), 47-73.
Osborne, P. (1992). Modernity is a Qualitative, Not a Chronological Category. *New left review, 0*(192), 65.
Oxford English Dictionary (Ed.) (2018) *Oxford English Dictionary*. Oxford: Oxford University Press.
Palgi, P., & Abramovitch, H. (1984). Death: A cross-cultural perspective. *Annual review of anthropology, 13*(1984), 385-417.
Park, R. E., Burgess, E. W., McKenzie, R. D., & Wirth, L. (1925). *The city*. Chicago, Ill.,: The University of Chicago Press.
Parker, S. (1981). Change, Flexibility, Spontaneity, and Self-Determination in Leisure. *Social Forces, 60*(2), 323.
Parsons, T., & Bales, R. F. (1956). *Family, socialization and interaction process*. London: Routledge.
Paterson, M. (2007). *Automobile politics: ecology and cultural political economy*. Cambridge: Cambridge University Press.
Pickles, A. J. (2014a). Gambling futures: Playing the imminent in Highland Papua New Guinea. In W. Rollason (Ed.), *Future Selves in the Pacific*. Oxford: Berghahn.
Pickles, A. J. (2014b). Introduction: Gambling as Analytic in Melanesia. *Oceania, 84*(3), 207-221.
Pine, B. J., & Gilmore, J. H. (2011). *The experience economy* (Updated ed.). Boston, Mass.: Harvard Business Review Press.
Pinkney, T. (1991). *Raymond Williams*. Bridgend: Seren.
Pitt-Rivers, J. (1973). The Kith and the Kin. In J. Goody (Ed.), *The Character of Kinship*. Cambridge: Cambridge University Press.
Procacci, G. (1991). Social Economy and the Government of Poverty. In G. Burchell, C. Gordon, & P. Miller (Eds.), *The Foucault Effect*. Hemel Hemstead: University of Chicago Press.
Putnam, R. D. (2000). *Bowling alone: the collapse and revival of American community*. New York ; London: Simon & Schuster.
Rajan, S. C. (2006). Automobility and the Liberal Disposition. *The Sociological review, 54*(1), 113-129.
Rao, J. K., Anderson, L. A., Lin, F.-C., & Laux, J. P. (2014). Completion of Advance Directives Among U.S. Consumers. *American Journal of Preventive Medicine, 46*(1), 65-70.
Rapp, R., & Ginsburg, F. (2001). Enabling disability: rewriting kinship, reimagining citizenship. *Public Culture, 13*(3), 533.
Rappaport, R. A. (1999). *Ritual and religion in the making of humanity*. Cambridge: Cambridge University Press.
Reschovsky, J. D., Hadley, J., Saiontz-Martinez, C. B., & Boukus, E. R. (2011). Following the money: factors associated with the cost of treating high- cost Medicare beneficiaries. *Health Services Research, 46*(4), 997.
Rhee, N., & Boivie, I. (2015). *The Continuing Retirement Savings Crisis*. Retrieved from https://www.nirsonline.org/wp-content/uploads/2017/07/final_rsc_2015.pdf
Rieff, D. (1992). *Los Angeles: capital of the Third World*. London: Cape.
Rifkin, J. (2000). *The age of access: the new culture of hypercapitalism, where all of life is a paid-for experience*. New York: J.P. Tarcher/Putnam.

Riley, G. F., & Lubitz, J. D. (2010). Long-Term Trends in Medicare Payments in the Last Year of Life. *Health Services Research, 45*(2), 565-576.
Rodgers, D., & O'neill, B. (2012). Infrastructural violence: Introduction to the special issue. *Ethnography, 13*(4), 401-412.
Roelofs, J. (1995). The Third Sector as a Protective Layer for Capitalism. *Monthly Review, 47*(4), 16.
Rojek, C. (2009). *The labour of leisure: the culture of free time*. London: SAGE Publications Ltd.
Rose, N. S. (2007). *Politics of life itself: biomedicine, power, and subjectivity in the twenty-first century*. Princeton ;: Princeton University Press.
Rothman, D. J. (2017). *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making*: London: Routledge.
Rowles, G. D., & Chaudhury, H. (2005). Leaving Home. In G. D. Rowles & H. Chaudhury (Eds.), *Home and Identity in Late Life*. New York: Springer Publishing Company.
Sahlins, M. (2011). What kinship is (part one). *Journal of the Royal Anthropological Institute, 17*(1), 2-19.
Sahlins, M. (2011). What kinship is (part two). *Journal of the Royal Anthropological Institute, 17*, 227-242.
Salazar, N. B. (2011). The Power of Imagination in Transnational Mobilities. *Identities, 18*(6), 576-598.
San Francisco Call (1890, December 3). Indigent Women and Homeless Children. *San Francisco call.*
Sanjek, R. (2009). *Gray Panthers*. Philadelphia: University of Pennyslvania Press.
Savishinsky, J. S. (1991). *The ends of time: life and work in a nursing home*. London: Bergin & Garvey.
SceneSusTech. (1998). *Car-systems in the city: Report 1*. Retrieved from Dublin: Department of Sociology, Trinity College:
Scheper-Hughes, N. (1993). *Death without weeping: the violence of everyday life in Brazil* (Pbk. ed., 1993 ed.). Berkeley, Calif.: University of California Press.
Schneider, D. M. (1980). *American kinship: a cultural account* (2nd ed.). London: University of Chicago Press.
Schwartz Center for Economic Policy Analysis (2018). *For Older Workers, the Fastest Growing Occupations Leave 14% Claiming Food Stamps*. Retrieved from https://www.economicpolicyresearch.org/jobs-report/august-2018-unemployment-report-for-workers-over-55
Schwegler, T. (2009). The Bankrupt Framework of Neoliberalism: A Bailout of Anthropological Theory. *Anthropology News, 50*, 24.
Scitovsky, A. A. (2005). "The High Cost of Dying": What Do the Data Show? *Milbank Quarterly, 83*(4), 825-841.
Scott, C. (2008). Sensibility and Democratic Space. *Research in Phenomenology, 38*(2), 145-156.
Scott, D. (2010). What Would Veblen Say? *An Interdisciplinary Journal, 32*(3), 288-294.
Segal, L. (2013). *Out of time: the pleasures and perils of ageing*. London: Verso.
Seiler, C. (2008a). *Republic of drivers: a cultural history of automobility in America*. London: University of Chicago Press.
Seiler, C. (2008b). *Republic of drivers [electronic resource]: a cultural history of automobility in America*. Chicago: University of Chicago Press.
Semuels, A. (2018). This is what life without retirement savings looks like. *The Atlantic.*

Shamir, R. (2005). Without Borders? Notes on Globalization as a Mobility Regime. *Sociological Theory, 23*(2), 197-217.
Shanas, E. (1968). Loneliness, isolation and desolation in old age. In E. Shanas, P. Townsend, & D. Wedderburn (Eds.), *Old People in Three Industrial Societies*. London: Oxford University Press.
Shanas, E. (1979). Social Myth as Hypothesis: The Case of the Family Relations of Old People. *Gerontologist, 19*(1), 3-9.
Shaw, A. (2009). *Negotiating risk: British Pakistani experiences of genetics*. New York ; Oxford: Berghahn.
Sherman, E., & Dacher, J. (2005). Cherished Objects and the Home: Their Meaning and Roles in Late Life. In G. D. Rowles & H. Chaudhury (Eds.), *Home and Identity in Late Life*. New York: Springer Publishing Company.
Shield, R. R. (1988). *Uneasy endings: daily life in an American nursing home*. Ithaca, N.Y.: Cornell University Press.
Shildrick, M. (1997). *Leaky bodies and boundaries: feminism, postmodernism and (bio)ethics*. London: Routledge.
Shildrick, M. (2002). *Embodying the monster [electronic resource]: encounters with the vulnerable self*. London: SAGE Publications.
Shildrick, M., & Mykitiuk, R. (2005). *Ethics of the body [electronic resource]: postconventional challenges*. Cambridge, Mass.: MIT Press.
Shim, J. K., Russ, A. J., & Kaufman, S. R. (2006). Risk, life extension and the pursuit of medical possibility. *Sociology of Health & Illness, 28*(4), 479-502.
Shimpo, T. R. (2018). Koreisha to Hold Rally, March in Little Tokyo. *The Rafu Shimpo*.
Shuttleworth, R. P. (2004). Stigma, Community, Ethnography: Joan Ablon's Contribution to the Anthropology of Impairment-Disability. *Medical Anthropology Quarterly, 18*(2), 139-161.
Simmons, L. (1960). Aging in Pre-industrial Societies. In C. Tibbitts (Ed.), *Handbook of Social Gerontology*. Chicago: University of Chicago Press.
Skeggs, B. (1997). *Formations of class and gender: becoming respectable*. London: SAGE.
Small, H. W. (2014). Assisted Living: "Acting Naturally" in Room 335.
Smith, J. D. (1996). Should Volunteers Be Managed? In D. Bilis & M. Harris (Eds.), *Voluntary Agencies: Challenges of Organization and Management*. London: Macmillan.
Smithers, J. A. (1985). *Determined Survivors: Community Life among the Urban Elderly*. New Brunswick, New Jersey: Rutgers University Press.
Soja, E. W. (2014). *My Los Angeles: from urban restructuring to regional urbanization*. Berkeley, California: University of California Press.
Sonksen, M. (2015). Battle for Boyle Heights' Last Japanese Retirement Home. *KCET,* (History and Society).
Spitzzeri, P. R. (2015a). The Early History of Hollenbeck Park. Retrieved from http://boyleheightshistoryblog.blogspot.com/2015/02/the-early-history-of-hollenbeck-park.html
Spitzzeri, P. R. (2015b). The Hollenbeck Home Souvenir Manual, circa 1900.
Spracklen, K. (2011). *Constructing leisure: historical and philosophical debates*. Basingstoke: Palgrave Macmillan.
Stebbins, R. A. (2001). *New Directions in the Theory and Research of Serious Leisure*. New York: Edwin Mellen Press.

Stevens, P. (1980). Play and work: A false dichotomy? In H. B. Schwartzman (Ed.), *Play and culture*. West Point, NY: Leisure.
Stevenson, L. (2014). *Life beside itself: imagining care in the Canadian Arctic*. Oakland, California: University of California Press.
Stone, L. (2010). *Kinship and gender [electronic resource]: an Introduction* (4th ed.). Boulder, CO: Westview Press.
Storper, M. (2016). The Neo-liberal City as Idea and Reality. *Territory, Politics, Governance, 4*(2), 241-263.
Strathern, M. (1990). Negative Strategies in Melanesia. In R. Fardon (Ed.), *Localizing Strategies: Regional Traditions of Ethnographic Writing*. Edinburgh: Scottish Academic Press.
Strathern, M. (1992). *After nature: English kinship in the late twentieth century*. Cambridge: Cambridge University Press.
Sudnow, D. (1967). *Passing On: The Social Organization of Dying*. Englewood Cliffs, NJ: Prentice Hall.
Sutton-Smith, B. (1997). *The ambiguity of play*. Cambridge, Mass. ; London: Harvard University Press.
Tamarkin, N. (2018). Time and Relational Possibility: Cultural Anthropology in 2017. *American Anthropologist, 120*(2), 305-327.
Taylor, J. S. (2015). *On recognition, caring, and dementia*: Transcript Verlag.
Taylor, T. L. (2006). *Play between worlds [electronic resource]: exploring online game culture*. Cambridge, Mass.: MIT Press.
Teno, J., Lynn, J., Connors, A. F., Wenger, N., Phillips, R. S., Alzola, C., . . . Knaus, W. A. (1997). The illusion of end-of- life resource savings with advance directives. SUPPORT Investigators. Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment. *Journal of the American Geriatrics Society, 45*(4), 513.
Teno, J., Lynn, J., Wenger, N., Phillips, R. S., Murphy, D. P., Connors, A. F., . . . Knaus, W. A. (1997). Advance Directives for Seriously Ill Hospitalized Patients: Effectiveness with the Patient Self- Determination Act and the SUPPORT Intervention. *Journal of the American Geriatrics Society, 45*(4), 500-507.
Thorne, D., Foohey, P., Lawless, R. M., & Porter, K. M. (2018). Graying of U.S. Bankruptcy: Fallout from Life in a Risk Society. *SSRN*.
Thurow, L. (1996, May 19). The Birth of a Revolutionary Class. *New York Times*.
Times, L. A. (1993, October 23). Council Follows County in Naming Street for Chavez. *Los Angeles Times*.
Times, N. Y. (1992, March 29). Granny Dumping by the Thousands. *New York Times,* p. 16. Retrieved from https://www.nytimes.com/1992/03/29/opinion/granny-dumping-by-the-thousands.html
Tocqueville, A. d., & Reeve, H. (1899). *Democracy in America* (Revised ed.). New York: Colonial Press.
Tocqueville, A. d., Reeve, H., & Spencer, J. C. (1839). *Democracy in America* (3rd American ed., rev. and corr. ed.). New York: G. Adlard.
Trolander, J. A. (2011). *From sun cities to the villages [electronic resource]: a history of active adult, age-restricted communities*. Gainesville, Fla.: University Press of Florida.
Trouillot, M. (2001). The Anthropology of the State in the Age of Globalization. Close Encounters of the Deceptive Kind. *Current Anthropology, 42*(1), 125-138.
Tsing, A. L. (2011). *Friction [electronic resource]: an Ethnography of Global Connection*. Princeton: Princeton University Press.

Turnbull, A. D., Carlon, G., Baron, R., Sichel, W., Young, C., & Howland, W. (1979). The inverse relationship between cost and survival in the critically ill cancer patient. *Critical care medicine, 7*(1), 20.
Turner, B. S. (2007). The Enclave Society: Towards a Sociology of Immobility. *European Journal of Social Theory, 10*(2), 287-304.
Turner, V. W. (2011). *The ritual process: structure and anti-structure*. New York: AldineTransaction.
Twigg, J. (2000). *Bathing, the body and community care*. London: Routledge.
United Nations (2017). *World Population Ageing 2017: Highlights*. Retrieved from New York.
United States Census (2017). The Nation's Older Population Is Still Growing, Census Bureau Reports. Retrieved from https://www.census.gov/newsroom/press-releases/2017/cb17-100.html
United States Department of Health and Human Services (1998). *Informal Caregiving: Compassion in Action*. Retrieved from Washington, D.C.
United States Government Accountability Office (2017). *The Nation's Retirement System: A comprehensive re-evaluation is needed to better promote future retirement security*. (GAO-18-111SP).
United States Senate Special Committee on Aging (2010). *Continuing Care Retirement Communities: Risks to Seniors*. Washington, D.C.
Urry, J. (2004). The ' System' of Automobility. *Theory, Culture & Society, 21*(4-5), 25-39.
Van Esterik, P., & O'Connor, R. A. (2017). *The dance of nurture: negotiating infant feeding*. New York: Berghahn Books.
Van Gennep, A. (1960). *The Rites of Passage* (M. B. Vizedom & G. L. Caffee, Trans.). Chicago: University of Chicago Press.
Veblen, T. B. (1899). *The theory of the leisure class*. New York &c: New York &c.
Ventura, P. (2012). *Neoliberal culture: living with American neoliberalism*. Burlington, VT: Ashgate Pub.
Vesperi, M. D. (2005). New Horizons on Home. In G. D. Rowles & H. Chaudhury (Eds.), *Home and Identity in Late Life: International Perspectives*. New York: Springer Publishing Company.
Vigh, H. (2008). Crisis and Chronicity: Anthropological Perspectives on Continuous Conflict and Decline. *Journal of Anthropology, 73*(1), 5-24.
Villadsen, K. (2007). The Emergence of 'Neo-Philanthropy': A New Discursive Space in Welfare Policy? *Acta Sociologica, 50*(3), 309-323.
Villadsen, K. (2008). Doing Without State and Civil Society as Universals: ' Dispositifs' of Care Beyond the Classic Sector Divide. *Journal of Civil Society, 4*(3), 171-191.
Villadsen, K. (2011). Modern Welfare And ' Good Old' Philanthropy: A forgotten or a troubling trajectory? *Public Management Review, 13*(8), 1057-1075.
Wagner-Pacifici, R. E. (2000). *Theorizing the standoff [electronic resource]: contingency in action*. Cambridge ; New York: Cambridge University Press.
Walker, H., & Kavedžija, I. (2015). Values of happiness. *HAU: Journal of Ethnographic Theory, 5*(3), 1-23.
Wall, R., Laslett, P., & Robin, J. (1983). *Family forms in historic Europe*. Cambridge: Cambridge University Press.
Wallace, A. F. C. (1969). Ethnology: American Kinship: A Cultural Account. David M. Schneider. *American Anthropologist*, 71, 100-106.

Walz, S. P., & Deterding, S. (2014). *The gameful world: approaches, issues, applications*. Cambridge, Massachusetts ; London, England: The MIT Press.
Wasik, J. F. (2016, October 14). The Future of Retirement Communities: Walkable and Urban. *New York Times*.
Weber, M. (2001). *The Protestant ethic and the spirit of capitalism*. London ; New York: Routledge.
Weber, M., Gerth, H., Mills, C. W., & Turner, B. S. (2009). *From Max Weber [electronic resource]: essays in sociology*. New York: Routledge.
Weber, M., & Parsons, T. (2013). *The Protestant ethic and the spirit of capitalism*. Mineola, N.Y.: Dover Publications.
Weber, M., Roth, G., & Wittich, C. (2013). *Economy and society: an outline of interpretive sociology*. Berkeley, California: University of California Press.
Welter, B. (1966). The Cult of True Womanhood: 1820-1860. *American Quarterly, 18*(2), 151-174.
Wendling, T. (2012). Swiss Bindo: An Anthropological Journey into the Realm of Chance. In P. Bornet & M. Burger (Eds.), *Religions in Play: games, rituals and virtual worlds*. Zurich: Pano-Verlag.
Wenger, N. S., Phillips, R. S., Teno, J. M., Oye, R. K., Dawson, N. V., Liu, H., . . . Lynn, J. (2000). Physician understanding of patient resuscitation preferences: insights and clinical implications. *Journal of American Geriatrics Society, 48*(5), 44-51.
Wentowski, G. J. (1981). Reciprocity and the coping strategies of older people: cultural dimensions of network building. *Gerontologist, 21*(6), 600.
Weston, K. (1991). *Families we choose: lesbians, gays, kinship*. New York: Columbia University Press.
Weston, K. (1995). Forever is a long time: romancing the realm in gay kinship ideologies. In S. J. Yanagisako & C. L. Delaney (Eds.), *Naturalizing Power: essays in feminist culturalist analysis* (pp. 87-110). London: Routledge.
Whyte, S. R. (1997). *Questioning misfortune: the pragmatics of uncertainty in eastern Uganda*. Cambridge: Cambridge University Press.
Whyte, S. R. (2005). Uncertain Undertakings: practicing health care in the subjunctive mood. In R. Jenkins, H. Jessen, & V. Steffen (Eds.), *Managing Uncertainty: Ethnographic Studies of Illness, Risk and the Struggle for Control*. Copenhagen: Museum Tusculanum Press.
Winton, R. (2017). Family flew man with dementia from L.A. to England, then abondoned him there, authorities allege. *Los Angeles Times*.
Wittrock, B. (2000). Modernity: One, None, or Many? European Origins and Modernity as a Global Condition. *Daedalus, 129*(1), 31-60.
World Bank (1994). *Averting the old age crisis: policies to protect the old and promote growth - summary*. Retrieved from Washington D.C.
World Health Organization. (2007). *Global age-friendly cities: a guide*. Geneva: World Health Organization.
Yanagisako, S. J., & Delaney, C. L. (1995). *Naturalizing power: essays in feminist cultural analysis*. New York ; London: Routledge.
Zelizer, V. A. R. (2005). *The purchase of intimacy*. Princeton, N.J.: Princeton University Press.