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Publication Date
2020

Peer reviewed|Thesis/dissertation

A critical analysis of age-friendly community initiatives

by
Jarmin Yeh

DISSERTATION
Submitted in partial satisfaction of the requirements for degree of
DOCTOR OF PHILOSOPHY

in

Sociology

in the

GRADUATE DIVISION
of the
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
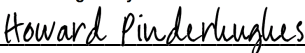
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Dedication and Acknowledgements

This dissertation is dedicated to the informants who shared their lives with me and taught me more than I could convey in writing. I would like to acknowledge my dissertation committee for guiding me through this process and giving me encouragement and feedback along the way. I thank Dr. David Vlahov for fueling my interest to study urban health and Dr. Howard Pinderhughes for fueling my interest to study social justice. I especially thank my dissertation committee chair, Dr. Pat Fox, for fueling my interest to study aging; who was generous with mentorship and patience; provided levity during rough times; and offered unwavering support to help me complete this project over several years. I would like to express gratitude to my friends, colleagues, and family for both being there for me and giving me space so this could be accomplished. Finally, I thank my parents for always cheering: 加油！

A Critical Analysis of Age-friendly Community Initiatives by Jarmin Christine Yeh
Abstract

Problem: As aging and urbanization trends converge, developing "age-friendly community initiatives" (AFCIs) has become a global movement and important policy area, aspiring to support people's desires to age in place regardless of age, income, or ability level. This project interrogated how AFCIs have been operationalized in practice and in the lived experiences of older people. **Methods:** Situational analysis was a theory-methods package used to compare the conceptual frames undergirding AFCIs with expert knowledges and lay perspectives. Historical and literature reviews, participant observations, and semi-structured in-depth interviews were conducted with thirteen AFCI experts and seventeen older adults asked to chronicle their everyday lives using disposable cameras. **Findings:** The rational dreams of AFCIs and material realities of aging in place are misaligned. Older adults elucidated a moving tension between the daily interiority of identity and contingencies of a changing environment that produces a sensation characterized as the uncanny. The vicissitudes of life and precariousness of their positionalities exposed tactics for "passing" as creative forms of resistance to their expulsion from society. This revealed how there are normative structures around which formal systems or institutions involved with AFCIs could impinge upon older adults; highlighting society's interest in ensuring they remain healthy and safe, lest they be a threat to themselves or burden on others. This project illuminated how aging in place finds meaning through the quotidian; the mundanity of this work is the crux of its poignancy. AFCIs form a biopolitical paradigm because they not only seek to rework boundaries between bodies and environments, they operate as modes of individual and population governance for the sake of health; yet, struggle to find ways to preserve the inclusion of older people in the ongoing social system. This project contributes to gerontological discourse and has theoretical and policy implications for aging in place inequities.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

PART 1: BACKGROUND

PART 1. CHAPTER 1: INTRODUCTION

The 21st century is being shaped by two converging trends that are raising issues for the direction of social policy – population aging and urbanization. Population aging is an increasing median age in the population. Modern advancements that have improved longevity means people are not only growing older and living longer, but that older people may soon outnumber the young in many Western post-industrial countries. In the United States, for example, a person who is currently 65 years old can expect to live another 15 to 20 years more (National Center for Health Statistics 2015). The year 2030 will mark an important milestone. This is the year a large demographic cohort known as the baby boomers, those born between 1946 and 1964, will all be age 65 and older. By 2030, one billion people globally are expected to be over age 65, which will represent 12 percent of the world's population (He, Goodkind and Kowal 2016). In the United States, 72 million Americans are expected to be over the age of 65, which will represent 19 percent of the nation's population (United States Administration on Aging 2016). Locally, in San Francisco, 192,000 people are expected to be over the age of 65, which will represent 19 percent of the city's population (San Francisco Department of Aging and Adult Services 2016). As societies face growing aging populations, a significant challenge will be to find ways to help more individuals, families, and communities make the most of these years, and create benefits for people of all ages.

Urbanization is the spread and change in the size, density, and diversity of cities (Vlahov and Galea 2002). It is the transformation of the built environment from rural to more densely populated cities and is associated with shifts from an agriculture-based economy to mass industry, technology, and service (World Health Organization N.d.-a). Cities comprise a majority

and growing share of the global population, and urban forms and urban experiences are central to the study of society and social arrangements (World Health Organization 2010). Urbanization and the subsequent conditions of the places where people are born, live, work, and play affect a range of health risks and outcomes, which are increasingly considered important in health and social policies around the world (Marmot 1999).

For the first time in human history, over half of the world's population and 80 percent of older people live in urban areas, and this growth will continue to swell (United Nations Population Fund 2011). Additionally, profound changes in labor relations, social services, retirement patterns, and the medical and cultural stretching of middle age into later life has already begun blurring chronological and generational boundaries previously characterizing and organizing social life. Social, fiscal, and technological changes emerging from macro-societal influences continue to place a major burden on a broad range of health, political, and economic conditions, as well as social systems (Rodwin and Gusmano 2006, Vlahov and Galea 2002). These emerging transformations are expected to have profound economic and social impacts on our health and social systems, such as the increasing rise of health care spending. Moreover, these shifts will also challenge public and private resources and policies that are tied to, and help to, stabilize social infrastructures like housing, transportation, employment, and caregiving practices.

Much political debate has focused on the potential negative impacts of population aging and urbanization. While modern advancements have improved human longevity, today we face the additional challenge of making longer lives quality lives. Moral judgements about what constitutes a good or bad existence teem with political implications, and an apocalyptic framing warns that society is ill-suited to support an aging population (Robertson 1997, Shulz and Binney

2006). In response, specific ideas about what it means for cities to grow and communities to urbanize, as their share of residents age 65 and over increases, has refashioned gerontological research, policy, and practice in the United States and abroad.

Since the turn of the 21st century, developing what has been termed "age-friendly cities and communities" – which is to create places that optimize opportunities for health by making local environments where all residents can grow up and grow old – has become a global movement and an important area of aging and social policy work (Buffel, Handler and Phillipson 2018, Caro and Fitzgerald 2016, Moulaert and Garon 2016, Scharlach and Lehning 2016, Stafford 2019, World Health Organization 2007a). Central to the theme of being "age-friendly" is the notion of "aging in place." Aging in place is "the ability to grow old in one's own home and community safely, independently, and comfortably, regardless of age, income or ability level" (Centers for Disease Control 2010). In line with supporting independence and autonomy in older age, one major argument for aging in place is that it decreases costs for the healthcare system (Wiles et al. 2012). Governments and policymakers concerned about the high costs of healthcare and the expense of handling an aging population within facility-based medical models are choosing aging in place policies to confront the challenges of both population aging and urbanization (Ball and Lawler 2014a, Black, Dobbs and Young 2015, Black and Hyer 2016, Fitzgerald and Caro 2014, Greenfield et al. 2015, Greenfield 2015, Lawler 2015, Menec et al. 2015, Moulaert and Garon 2016, Scharlach and Lehning 2016).

Aging in place has become a contemporary expectation of people in the United States (AARP 1987, AARP 2005, Bayer and Harper 2000, Clarity 2007, Farber et al. 2011)[1] and

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[1]In the 1980s, AARP revealed that 70% of older persons, especially women 80 years and older, agreed with the statement, "What I'd really like to do is stay in my own home and never move." In 1992, AARP reported that 84% of respondents age 55 and over *strongly* or *somewhat agree* that they would like to remain in their current residence for as long as possible; in 2000, this increased to 89%. AARP found that residents whose homes did not meet their

synonymous with aging well. Aging in place reflects the assumption that as people grow older and frailer, they can remain independent by, and benefit from, aging in an environment that optimizes the congruence between person and environment fit (Cutchin 2003, Golant 2015a, Golant 2015b). The rising expectation to age in place has led to a variety of terms and efforts to promote older adults' health and well-being by making adjustments to their social and physical environments, such as *elder-friendly communities, healthy communities for active aging, communities for all ages, livable communities,* just to name a few (Ball and Lawler 2014a, Buffel, Phillipson and Scharf 2012, Caro and Fitzgerald 2016, Golant 2014, Grantmakers in Aging 2013, Scharlach and Lehning 2016, Thomas and Blanchard 2009, U.S. Environmental Protection Agency (EPA) Aging Initiative 2009, Vasunilashorn et al. 2012b, World Health Organization 2007a). I follow Greenfield et al. (2015) and adopt the term *age-friendly community initiatives* (AFCIs) because it generically captures a number of efforts that can be characterized as "deliberately influencing social and physical environments to benefit older adults" (P. 192).

The development of gerontological knowledge articulated within AFCI discourses have promulgated practices and policies to frame the way age and health are expressed and understood. The characteristics and aspects of the physical and social environments, such as housing, transportation, indoor and outdoor spaces as well as social networks, markets, and political structures, which are routinely used by people across the life course, have taken on a new salience within gerontology. By this I mean, the development and rapid growth of AFCIs

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physical needs well as they grew older were less likely to want to remain in their current homes for as long as possible and were more likely to report that they "frequently feel isolated" (AARP 2005). When older adults were asked what they feared most, 26% ranked loss of independence and 13% ranked placement in a nursing home as their primary fears (Clarity 2007).

signals "something" (Rose 2007:6) emergent in how life can be, and is, lived. AFCIs have infused gerontology with new biological and political import.

Statement of Research Question and Aims

This dissertation sought to provide a critical perspective of developing AFCIs. The overarching research questions were: How did AFCIs emerge? How have AFCIs been operationalized in policies and practices and in the lived experiences of older people?

This dissertation had the following aims: first, to explore the emergence of the assumptions about how to improve the social and material conditions of aging through the manipulation of bodies and the environment; second, to identify age-friendly strategies and initiatives designed to address the issue of population aging and urbanization and to improve the lives of older people; third, to identify the quotidian social life of ordinary people and how they managed the doing of aging in place. These aims were reflected in the following questions examined in the various chapters of this dissertation:

- How did the environment emerge as a risk factor to be focused upon in gerontology?
- What underlying assumptions about aging were imagined because of AFCIs?
- What does it mean for people to age in place in an age-friendly city or community?
- How do people experience or feel they have agentic capacities to lead a life of one's own (Dohmen 2014) as related to AFCIs?
- How do narratives of aging compare at personal and professional levels?
- How do AFCI ideals transform biological understandings of aging, the ways people desire and experience growing older, and the activism around one's right to age well?
- How does race, class, gender, and sexual orientation interact with or complicate the ways people experience aging in general, and navigate AFCIs specifically?
- What type of society was imagined prior to an age-friendly one?
- Who are the key stakeholders of AFCI knowledge production?
- How do actors position themselves in the development of AFCIs?
- How do actors weigh the interventions they consider to be important for AFCIs?
- What are the ways AFCI priorities are set and the ways research and practices are funded, organized, and communicated?
- Is there agreement in the overall direction of AFCIs, such as procedures utilized, and knowledges and outcomes produced?
- What are the implications for what results from AFCIs?
- What concerns are left out of AFCI conversations and decisions?

This dissertation brought together an interrogation between two approaches that have been relatively separate from each other, though both are known to be relevant for understanding processes of aging. One aspect focused on micro level realities, which included people's articulations of their life stories, identities, daily experiences, and their sense of hope or the pressure to manage their own future, as well as their interpretations of meaning in their life. The other aspect focused on macro level realities, which included the conditions, risks, and opportunities that people encountered in their daily lives as well as the factors that shaped those conditions, such as urbanization, population aging, the complex issues about the distribution of resources between generations and groups. This dissertation explored the messier level in between the micro and the macro. The goal was to examine the inherent tensions and areas of congruity between the differing layers of understanding aging, and the juxtaposition of change and continuity between self and society as well as between bodies and the environment, which have relevance for understanding the intentions of AFCIs.

Structure of the Dissertation

This dissertation is divided into six parts. **Part 1**, *Background,* consists of three chapters and provides information on the theory and methods that guide this dissertation. In chapter 1, *Introduction,* I introduce the reasons for pursing this subject in a dissertation. In chapter 2, *Theoretical frameworks,* is an overview of theoretical concepts that inform this dissertation. In chapter 3, *Methods and materials*, I develop the rational for using situational analysis as the methodological approach for this qualitative study; discuss the procedures for recruitment, field work, and data collection using semi-structured interviews and visual methods of photovoice and photo-elicitation; and provide a brief overview of informant demographics.

The first aim of this dissertation – explore the emergence of the assumptions about how to improve the social and material conditions of aging through the manipulation of bodies and the environment – is addressed in Part 2. **Part 2**, *Historicizing gerontology,* consists of two chapters and explores how gerontological truths about aging and the environment came to be. I focus on knowledge production concerned with aging bodies, physical and social environments, and urbanization by drawing from literature in social theory, medical sociology, gerontology, geography, architecture, and urban planning. Rather than provide an ostensibly complete history, the purpose is to reveal changes in practices and social formations to reflect a history of the present (see Clarke 2005:263-268). In chapter 4, *Emergence of the gerontological gaze*, I explore the discourse and practices through which gerontological knowledge came to be produced, framed, and displayed. In chapter 5, *Expanding the gerontological gaze,* I explore the developments pertinent to gerontological conceptualizations of urbanization and aging after the spatial turn in the social sciences.

The second aim of this dissertation – identify age-friendly strategies and initiatives designed to address the issue of population aging and urbanization and to improve the lives of older people – is addressed in Part 3 and Part 4. **Part 3,** *Age-Friendly Community Initiatives,* consists of two chapters and historicizes the development of AFCIs by tracing them to their beginnings. In chapter 6, *Aging in Place*, I define and describe the meaning of aging in place, which tends to cast individualistic models of aging as a problem to be tackled by environmental change. In chapter 7, *Aging in Community,* I describe a shift from individualistic models to a focus on the way in which the design and infrastructure of cities, towns, and communities had an impact on aging, leading to contemporary AFCIs that have emerged in recent decades.

Part 4, *Expert perspectives on age-friendly community initiatives,* consists of two chapters and explores the debates circulating within and outside of gerontology that are relevant to the practice of making AFCIs. In chapter 8, *Experts' understanding of aging*, I explore experts' perceptions about aging, which was through the prism of a biomedical model of aging. In chapter 9, *Experts' understanding of the environment*, I explore the assumptions and decision-making processes that helped materialize AFCIs into practice.

The third aim of this dissertation – identify the quotidian social life of ordinary people and how they manage the doing of aging in place – is addressed in Part 5. **Part 5,** *Aging in place finds meaning through the quotidian*, consists of three chapters and explores the lived experiences of ordinary people who are aging in place in the age-friendly city of San Francisco. In chapter 10, *Uncanny aging*, I describe informants' perceptions about aging, which was an estranging phenomenon, as well as their consciousness and common predicaments about growing older. In chapter 11, *Doing aging in place in an age-friendly city*, I examine how a collective desire of informants was seeking to establish a minimum of stability and order so as to have a sense of freedom, autonomy, security, and control over their lives, and the tactics they use to age in place. In chapter 12, *Surviving aging in place*, I focus on the experiences of informants who lacked the conventional heroic attributes scripted onto protagonists who characterize successful, active, productive, and healthy aging and consider them anti-heroes of aging in place because of their subversive acts of resistance to survive within a society that continuously casts them off, casts them out, or renders them obsolete. I suggest possible new contributions to expand AFCI theorization.

Part 6, *Conclusion,* summarizes and synthesizes the dissertation. I argue that AFCIs place the environment squarely in view within the biomedical arena of the gerontological gaze.

AFCIs can be thought of as a biopolitical paradigm because they not only seek to rework the boundaries between bodies and environments, they operate as a mode of governance of individuals and populations for the sake of health.

PART 1. CHAPTER 2: THEORETICAL FRAMEWORKS

The theories drawn upon in this project included: 1) a sociology of knowledge, 2) biopower and biopolitics, 3) science and technology studies, and 4) critical thinking about the everyday and aging.

Sociology of Knowledge

An overarching theoretical framework that informed this project was a sociology of knowledge. A sociology of knowledge recognizes that the processes of production, dissemination, and acquisition of knowledge play a critical role in determining both the construction and maintenance of society's structures (Berger and Luckman [1966] 2004, Mannheim [1936/1929]2004). The adequacy of a sociology of knowledge for grasping and understanding the "world-in-transition" (McCarthy 1996:106) puts culture in the forefront. This includes accepting the idea that all bodies of knowledge, including expert and lay knowledge, "operate *within* culture . . . as systems of meaning" (McCarthy 1996:108). This is the notion that knowledge is a cultural artifact. Knowledge contains, creates, provides and transmits categories and conceptions that enable users to understand meaning in their world.

A sociology of knowledge can be understood through two distinctive themes. The first is that knowledge is socially determined. In other words, how knowledge is defined, and the types of knowledge that are valued are products of the constructed reality of social life. The second is that knowledge constructs the social world. This is the idea that social reality is something produced and communicated, and that meaning is derived in and through systems of

communication. In this way, knowledge is always unfinished and changing. Those engaged in the production of knowledge contribute to the production of culture. The consequences are that knowledges are political and used to educate and persuade in particular ways (Clarke 2005, Haraway 1988, McCarthy 1996).

Biopower and Biopolitics

In part 2 of this dissertation, *Historicizing Gerontology,* I sought to grasp the constitution and operation of gerontology as a disciplinary[2] phenomenon by conceptualizing it as techniques of *biopower* and *biopolitics*. The concepts of biopower and biopolitics lent themselves to a Foucauldian approach to gerontology. This was a critical methodology for understanding how aging became a problem and how the environment emerged as a risk factor to be focused upon in gerontology. This was also a way for interpreting and problematizing knowledge systems as they contributed to the formation of scientific gerontology (Katz 1996, Powell and Biggs 2003).

Michel Foucault (1973) argued that during the 18th and 19th centuries a new formation of power, called *biopower* – a diffuse yet constant expression of power over life – emerged from modernity[3] in Western societies. Foucault traced the emergence of *biopower* by conducting an archeology of medical perception and its impact on society. He argued that the epistemological,

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[2]Foucault's use of the term discipline refers simultaneously to the refinement of diverse techniques of human control and expert fields of knowledge, which, in his phrase is power-knowledge. In other words, power is based on knowledge and makes use of knowledge while power reproduces knowledge by shaping it in accordance with its anonymous intentions. Foucault's textual use of a hyphen links power and knowledge together into an integrated concept.

[3]Modernity is a term used to describe when and how society became "modern." It refers to a stage in the history of social relations characterized by a move from feudalism toward capitalism, sparked by the industrial revolution and dating roughly from the late 18th century. A swell in population was often attributed as the motor for shifting the social structure in Western societies, formalizing changes in social interactions to meet human needs as state influence over social life increasingly grew. Modernity saw a rationalization of scientific research that accelerated technical progress and sought to mobilize the power of reason to advance knowledge and organize society influencing the intellectual tendencies that informed the establishment of many social sciences following the 19th century. Many social thinkers theorized about the shift from traditional to modern society as it captured some dimensions of human existence, including space, time, and social being.

ontological, and technical reshaping of medical perception during the 18th and 19th centuries occurred through a series of interconnected changes, with some of them seemingly distant from medicine. Significantly, two of these changes were urbanization and the growth of populations as increasing concerns of modern states such that the health and life of populations became phenomena that were economic, social, spatial, political, and administrative problems for governments.

These changes contributed to a shift from the notion of treating illness to the notion of sustaining health, while the body remained the focus of the medical gaze. This had broader consequences for how populations and society were governed as politics became invested in projects of population management. With this shift, state power – which had been solely based on sovereignty and characterized by "the right to *take* life or *let* live" (Foucault 1984a:259) – became increasingly replaced by the "power to *foster* life or *disallow* it to the point of death" (Foucault 1984a:261). This expansion of politics to the management of life was *biopolitics*.

Foucault's concept of *biopolitics* led to his overall view of the art of government – or governmentality – which was the assemblage of ruling practices, knowledge authorities, and moral imperatives that converged on the population-as-subject to extend the reach of the state and produce citizens best suited to fulfill state policies and interests. Rather than a penetrative and regulatory police force which was usually synonymous with government rationality, Foucault (1984b) contended that in the new social environment, the primary question of politics was how the modern state, *through minimal intervention*, could get things to occur in "conformity with the rationality of government" (P. 242).

On one hand, the state stimulated the population by granting it a life of its own because propagation, health, and longevity were seen to be determinants of natural laws. On the other

hand, the state constrained the population by monitoring life because population growth was seen to be potentially menacing to the stability of the economic, moral, and political orders.

As such, *biopolitics* takes many forms and changed along several dimensions. One form was through the disciplinary practices of human sciences, such as medicine and gerontology. Another form was through the management of cities, space, and sociality. The diffusion of biopolitics through these various forms was in the name of eliminating pathology to protect the destiny of the nation (Foucault 1984a, Foucault 1984b, Rose 2007).

Here, Foucault's ideas are important for connecting an understanding between the management of life with social and physical environments, which are important for thinking critically about AFCIs. When considering environments, architecture and the mediating role of space are important for discussions of social life because of their dominance, both symbolic and real. While architectural practice shapes the physical world, the architecture of urban life embodies human intentions and understandings of the social world (Coutard and Guy 2007, Moore and Karvonen 2008). In this way, architecture can be seen as *in action* (Latour 1987) and the environment can be analyzed as not simply outputs, but as the products of social scientific remains.

Foucault (1984a) argued that the production and operation of space was fundamental in any form of communal life as well as in the exercise of power. He said, "architecture begins at the end of the eighteenth century to become involved in problems of population, health, and the urban question . . . gradually space becomes specified and functional" (Foucault 1984b:148). This was because urbanization coincided, importantly, with the way politics invested in projects of population management, especially as it pertained to the notion of sustaining health.

A conceptual convergence of space and power made the organization of physical environments and spatial territories political in new ways such that they were *techniques of government* (Foucault 1980a) that allowed for the surveillance of bodies and control of populations. An example is the way in which spatial arrangements have been subjected to control in the name of health, hygiene, and cleanliness.

While architects were the builders of the environment, Foucault did not see them as enmeshed in *the field of power relations* (Foucault 1984b) over the management of life (the way he saw doctors or prison wardens). In other words, he did not see architects as figures of domination through which power passes. The distinction here is subtle, but important. For Foucault (1984b), it was not architects, but the architecture of urban life that produced spaces that wielded power to discipline bodies, regulate populations, or maintain social order. This occurred because *techniques of power* (Foucault 1984b) were invested in the spatial realms of the social and physical environments; and, social and physical environments were enmeshed in a field of power relations such that it brought about some specific effect on individuals and populations. For instance, in order to act upon the health of the population as a whole includes inculcating hygiene into the bodily habits of each individual within their domesticated households, and acting upon the habits of each individual by reshaping the urban spaces and milieu within which they conduct their lives (Rose 2007). The space produced by environments are technologies of power that engender a form of social control that has the capacity to determine social behavior in liberating or oppressive ways (Foucault 1980a, Foucault 1980b).

Foucault's theoretical contribution was that the normalizing of society occurred in a socially *and* spatially inconspicuous manner through the ways in which *biopower* and *biopolitics* were diffusely applied to both the disciplining of bodies and regulating of populations.

Foucault's argument about the governance of populations and society poses an analytical slant on the politics of demographic knowledge and urban space, which are crucial in their contributions to gerontology and AFCIs. These concepts refer to how gerontology is a code for regulating bodies and of normalizing society, including the ways in which age is made a social category, aging is made problematic, older people are made subjects, and the aspirations of older people are made into policy or market solutions.

Science and Technology Studies

In Part 3 of the dissertation, *Making Age-Friendly Community Initiatives*, I sought to understand the debates within and outside of gerontology that are relevant to the practice of making AFCIs. Science and technology studies (STS) was used as a guiding theory. This branch of inquiry shows that knowledge is constitutively social and raises fundamental questions about taken-for-granted divisions between so-called social and natural forces, i.e. people and things (Shapin 1995).

STS usually focuses on following scientists to elucidate the authoritative features of science, such as the role, organization, and production of scientific knowledge, as well as unveil the social character of scientists, their tools, and the work produced by and through them (Fleck [1935]1979, Kuhn [1962]1996, Latour 1987, Shapin 1995). While beginning at this level of inquiry was important for this study, it was also important to identify the role knowledge played outside of the "lab." This was important because the AFCIs this project focused on occurred within society at-large rather than in a laboratory. Hence, to elucidate the role of scientific knowledge in other parts of society, going beyond "following the scientist" was necessary.

A tenet of STS is the idea that there are no activities central to daily life that are not technologically mediated—technologies being broadly defined as any application of knowledge

(such as built environments or pharmaceuticals)(Clarke et al. 2010). My focus was placed on the meaning and content of knowledge and its technological applications for AFCIs. This included focusing on the structuring of knowledge and its producers and examining the effects this knowledge has on society's institutions, culture, and identities. A STS perspective provided theoretical tools for understanding the *invisible work* (Star 1999) of the environment *in action* (Latour 1987) as it related to the emergence and materialization of AFCIs.

Critical Thinking About the Everyday and Aging

In part 4 of the dissertation, *Aging in Place Finds Meaning Through the Quotidian,* I seek to investigate the features of the environment older adults recognize as helping or hindering them as well as explore how their daily practices and performed processes connect to and connect with their negotiated identities and contradictions of aging in place. To connect the daily insidedness of identities with the outsidedness of the environment, critical approaches were used to think about the everyday and aging.

The everyday.

In the social sciences, the everyday, or the quotidian, has been studied by philosophers such as Henri Lefebvre and Michel de Certeau. Lefebvre ([1947] 1991) argued that the quotidian as a subject of philosophical study had been long neglected and treated as trivial. Because everyday life was particular and concrete, it had to be lived to be truly understood. The elusive nature of the everyday could be defined as "the most universal and the most unique condition, the most social and the most individuated, the most obvious and the best hidden" (Lefebvre and Levich 1987:9). In other words, the everyday is that which is seen but often goes unnoticed. Lefebvre ([1947] 1991) saw everyday life as being eroded by the effects of modernization. By suggesting that the alienation experienced in modern society estranged people from a once

holistic conception of life and work through the fragmentation and specialization of industrialized labor, Lefebvre ([1947] 1991) argued against what much of everyday life had been reduced to – the drudgery and repetitiveness of work, bureaucratic social control, and empty consumerism.

While Lefebvre articulated overarching principles governing an understanding of everyday life, de Certeau (1984) took a more ethnographic approach. His investigation into routine practices, such as walking, talking, reading, dwelling, and cooking, were guided by his belief that despite repressive aspects of modern society, there exists an element of creative resistance to these structures that are expressed by ordinary people. He called this "the arts of doing." de Certeau (1984) pointed out a distinction between "strategies" and "tactics" in his theorization of the battle between repression and expression.

Strategies are "the typical attitude of modern science, politics, and military" (de Certeau 1984:37). They are used by those within organizational power structures, such as a business, an army, a city, or a scientific institution, to deploy against some other entity and institute a set of relations for official or rational ends. This set of relations is the strategy of management, which includes the power to observe, measure, control, predict, know and legitimate, and allows for future expansions so that acquired advantages are capitalized.

By contrast, "tactics" are employed by those who are subjugated; it is "an art of the weak" (de Certeau 1984: 37). Tactics are defensive, opportunistic, isolated actions seized momentarily and used in limited ways. Their winnings can be difficult to stockpile and can be fleeting. Hence, the subjugated must "vigilantly make use of the cracks" (de Certeau 1984:37) that open in the surveillance of the powers that repress. Deploying tactics includes a kind of trickery or wit. It is an "art of 'pulling tricks' [which] involves a sense of the opportunities

afforded by a particular occasion . . . [to take] lucky hits in the framework of a system" (de Certeau 1984:37).

Critical thinking about aging

Critical theories attempt to "restructure" social theory to find pluralistic understandings of multiple realities. From a critical perspective, aging is viewed as fluid, blurred, and as a changing process intertwined with identity formation and various modes of self-presentations, and the body is viewed as a discursive site of power (Powell 2006b). Critical theories of aging explore taken-for-granted assumptions; address social, economic, cultural, and political factors; and consider how interpretations and responses to aging enable and constrain the everyday lives of older people (Baars et al. 2014, Estes, Linkins and Binney 2001, Estes, Biggs and Phillipson 2003). Critical approaches to thinking about aging include: 1) the production of space and lived spaces, 2) phenomenology of age, 3) doing age, 4) intersectionality, and 5) rhizomatic life courses.

The production of space and lived space

There is a need to strength gerontological theory generally (Estes, Biggs and Phillipson 2003) and in domains related to the social production of space, place, and age in particular (Moulaert, Wanka and Drilling 2018). To add a spatial dimension to aging, I drew from Henri Lefebvre, Michel de Certeau, and Walter Benjamin.

While Foucault provided some theorizations of space, Henri Lefebvre ([1974]1991) was a forceful advocate for the reassertion of space in social theory and introduced his understanding of the production of space early on in his theory of urban development. Lefebvre ([1974]1991) pointed out that philosophy and all human sciences were too focused on *knowing* space and

neglected to explore what space *is*.[4] His concern was that theoretical efforts contributed only a description of what existed in space, but lacked "*knowledge* of space" (Lefebvre [1974]1991:7). Lefebvre saw space as both a *container* and *shaper* of social processes. His theory of space involved three components which, in a dynamic interaction with each other, produced place.

The first component was representations of space, which were templates of power that rationalized the spaces of a city and the normal conduct of bodies and things within them. These were maps, plans, designs, and systems produced by urban planners, scientists, and policymakers, which encompassed all the signs, codes, and knowledge that allowed material practices to be talked about in everyday language and in academic disciplines that deal with spatial practices. "This is the dominant space in any society (or mode of production)" (Lefebvre [1974]1991:39). Regarding aging, the World Health Organization (2007a)'s "Checklist of Essential Features of Age-friendly Cities" is an example of representations of space.

The second component was spatial practice, which was the recognition that all societies secreted space, producing and appropriating it as they go along. It referred to the physical and material flows, transfers, and interactions that occurred in and across space to assure (re)production. This includes ordinary people's actively acquired perceptions of and everyday use of space, such as their daily routes and routines, where they go or avoid, and the feelings they attach to space to give it meaning.

The third component was representational space, which was a medium of knowledge with meanings formed subconsciously by memories or perception that provided signs, symbols, or clues of a given space. Representational space speaks to subjects like a language. It suggests a

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[4]Lefebvre ([1974]1991) criticized Foucault's account of space, stating, "Foucault never explains what space it is that he is referring to, nor how it bridges the gap between the theoretical (epistemological) realm and the practical one, between mental and social, between the space of the philosophers and the space of people who deal with material things" (Lefebvre [1974]1991:3).

way of knowing through embodiment. It is space as directly lived, experienced, imagined, and appropriated by inhabitants and users. This includes ordinary people's passively acquired understanding to recognize a space as safe or unsafe.

Michel de Certeau (1984) was interested in subjectivity in space through movement. De Certeau (1984) considered the physical city in relation to the sensory and imaginative responses that it elicited. Stories and narratives were his answer to understanding subjectivity in urban space. The concept of a narrative sheds light on the meaning of personal identity. "Every story is a travel story – a spatial practice" (de Certeau 1984:115). In contrast to the scientific, governmental, and/or architectural god's eye view of urban space created by planners where the city was laid out so that one could see how things are and should relate to each other, de Certeau contrasted this with a view from the street. De Certeau (1984) challenged the notion that individuals were passive consumers of space. He was interested in the routes ordinary people took through the city because it was an exemplary practice of everyday life. For de Certeau (1984), moving bodies wrote their stories onto space which created an urban "text" to read—and no two actors could tell the same spatial story. Spatial stories were the elusive movements of subjects within space through time. He likened them to the stories people orally told of their lives, which left no traces behind. "Stories thus carry out a labour that constantly transforms places into spaces or spaces into places. They also organize the changing relationships between places and spaces" (de Certeau 1984:118).

Like de Certeau, German philosopher, Walter Benjamin (1986), also considered urban spaces in relation to the sensory and imaginative responses they elicited. Different from de Certeau, Benjamin (1986) thought about the relationship of memory to space, which operated somewhere between the landmarks of cities and the pathways, passages, and footfalls of the

subject. Particularly, Benjamin (1986) was interested in the perspective of a drifting urban

spectator – a *flâneur* – for thinking about subjectivity in urban space. The idea of a *flâneur* was a

moving body and a devouring eye that took-in the city and used to describe the urban experience.

Urban planners later borrowed the term "cognitive mapping" from psychology to describe how

people make their ways around cities, but Benjamin had the rudiments of the theory already

(Tonkiss 2005).

Places and objects have effects that could not be fully explained by their official uses,

representations, or perceptions, thus, leaving the everyday mysteries of space a question to be

conquered (Tonkiss 2005). Benjamin (1986) felt "to live means to leave traces" (p. 155). He

looked for meaning in space by "reading" the city as though it were text. "Buildings, spaces, and

objects hold onto meanings as pasts that are no longer visible press on the experience of the

present" (Tonkiss 2005:120). The city's language was in material things and especially in the

trace of minor details. A sense of material space was filtered through experience and put together

through a creative process of memory and imagination—deciphered the way archeologists make

sense of ruins; one would have to imagine the stories they would tell using their eyes to listen.

These ways of knowing operated across space and time whereby remnants of the old were found

in the new, and the past and future became discerned in the present. For Benjamin (1986), the

matter of subjectivity was not merely the projection of self onto space. Urban spaces were sites

of perception and memory, and the odd traces left by things in that space helped people find their

place in the environmental and temporal present.

Phenomenology of age

Phenomenology of age "excavates how we problematize aging at a surface level by

digging underneath such surfaces to reveal meanings and a subjective sense that have been

historically silenced by rigid biomedical models of aging and body" (Longino and Powell 2009:382). Phenomenology highlights the lived experience of age as a part of the lived body (Merleau-Ponty [1945]2002). Phenomenology seeks to illuminate and understand the relationship between states of individual consciousness, social life, and how age awareness is implicated in the production of social action.

Central to phenomenological work is an empathic understanding of autobiographical narratives. Autobiographical narratives highlight the individuality of older adults and offers a way to "read how different configurations of the present, past, and future evolved" (Baars 2007:31). As such, time becomes meaningful phases in a person's life and the experiences from different periods and places can be considered simultaneously, rather than as simply sequential. "Such phases do more justice to 'individuals' than phases that are constructed according to chronological schemes or developmental trajectories that are based on averages and are assumed in an ambiguous sense to present 'normal' [or bureaucratic] aging" (Baars 2007:34). With the narrative storytelling of a person's life through autobiographical time, what is significant to the person is highlighted, rather than relying upon what is chronologically exact. "Through stories, we communicate to others and clarify for them and to ourselves what it is to age and whom we have been or are in the process of becoming" (Baars 2007:30-32). Thus, "aging is a narrative, a cultural story" (Gullette 2018:262).

Doing age

Doing age is a theoretical approach for understanding age as a social construct that is made real through interpretations and interactions, rather than as a static social category. When age is approached as *doings*, questions regarding *when* and *how* age is being done becomes more prominent than questions regarding what age is for. Conceptualizing age as *doings* does not

21

ignore the "fact" of chronology or biology. Rather, it enables the ability "to examine the process

by which chronology is *made* 'factual' and to view the consequences of our aging *as if*

chronology were natural" (Laz 1998:101). As such, the body becomes a medium on which power

operates and through which it functions (Powell and Wahidin 2007). Since bodies cannot escape

time or space, age is enacted in all interactions, which renders social aspects of age as invisible

and biological aspects of age as seemingly natural. As Goffman (1963) noted in his work on

stigma, the body can act as a point of significance. Knowledge produced by society and biology

inscribes visible and invisible codes into and onto the body and the body becomes a receptor that

negotiates, accepts, or resists the social meanings produced internally and externally about what

it presents. For older adults, this means their performance of age (Goffman 1963, Laz 2003,

Wanka et al. 2018). Viewing age as *doings* clarifies how norms, values, and roles work in social

situations. These are the resources people draw from in interactions and are the tools people use

to learn what it means to "act" their age or not (Laz 1998).

If age is the project of a lifetime, then *doing* age can be understood as something worked

at through practiced or performed processes that require effort, activity, and labor. The practices

and performed processes of age are identity management tactics used to negotiate the tension

between changes experienced with time and continuity of the self. Identity management is vital

for surviving a youth-oriented culture that generally forces people to become either disengaged

or obedient subjects over time (Powell and Wahidin 2007).

My analysis is informed by a symbolic interactionist perspective in which identity is

understood as a dynamic process constructed through negotiations between self and society

(Blumer 1969, Mead 1970). People come to know who they are through interactions with others

and knowing how others see them (Cooley [1902] 2017). A person's flexibility and capacity to

construct a plurality of identities can be promoted or constrained by external factors or stresses in the social and physical environments. In my analysis, I am mindful of not only the identities claimed by participants, but also their denial or resistance of identities through tactics such as "associational distancing," "passing," and "impression management" (Goffman 1963, Snow and Anderson 1987). Social identity theorists view the establishment of identity as a consequence of two processes, "apposition and opposition, a bringing together and a setting apart" (Stone 2009:143). These twinned processes of self-identification and self-disidentification can be simply labelled as the "Me" and "Not-Me" (McCall 2003). The Not-Me is not a negative identity; rather, it is a form of reactive identity work in which people confront and respond to others' representations of who they are in the situation. These tactics are acts of resistance to role ascription and acts of active negotiation of identity.

People's readings of their social world and where they see themselves positioned within it is extremely nuanced. Conceptualizing age as *doings* helps bridge the false binary that exists between that which is overly self-determined ("you are only as old as you feel") and that which is over-determined ("you are as old as your age defines you"). For instance, the normative expectation to age successfully (Rowe and Kahn 1987, Rowe and Kahn 1997) merits and frames people's abilities to accomplish age but takes for granted the structural forces that impinge upon or facilitate people's complex experiences of age over time. The idea of *doing* age helps disrupt the automatic assumption that we know what aging is. Rather, *doing* age "is the inner dynamic of plausible fictions and self story-telling that find aging-as-experienced worth living (Gullette 2018:263).

While older adults can accept, reject, or use stereotypes about themselves strategically (e.g., to gain benefits like preferential seating on buses), they have also mounted campaigns to

transform the idea of generalized age identities (Featherstone and Hepworth 1990). A social constructionist perspective, however, does not imply the ability to apply diversity and, furthermore, intersectionality (Calasanti and Giles 2018, Carbado et al. 2013, Cho, Crenshaw and McCall 2013, Crenshaw 1989).

Intersectionality

The factors affecting individuals and their environments are "interrelated, and are impacted by macro-economic forces and structural inequities" (Scharlach 2017:608). The concept of intersectionality illuminates the complex ways in which people's experiences across the life course emerge from the intertwining experiences of their various categorical memberships (age, race, class, gender, sexual orientation, and so on) within systems of inequalities, oppression, domination, and discrimination (Calasanti and Giles 2018, Carbado et al. 2013, Cho, Crenshaw and McCall 2013, Crenshaw 1989). Intersectionality is "a method and a disposition, a heuristic and an analytic tool" (Carbado et al. 2013:312). If intersectionality is applied to a social constructionist perspective of *doing* (Staunæs 2003), it can be understood as *doing* difference (West and Fenstermaker 1995). Rather than just *doing* age, age is situated, interactional, and an ongoing accomplishment in relationship with several interlocking social category experiences. "Whether we do it well or poorly, according to the dominant rules or not, our accomplishment of age—indeed age itself—is always collective and social" (Laz 1998:86). Because social relations and social identity are constantly contested and recreated in struggles over identity politics (Foucault 1983, Grosz 1993), oppressed groups may or may not be able to consciously or unconsciously, strategically or intuitively, choose to adapt their identities on their own terms (Laws 1994b, Wanka et al. 2018). To shift the focus from identity politics to the complexity of lived experiences, intersectionality can be reconceptualized in relation to the

social constructionist concept of subjectivity, or a person's sense of self (Staunæs 2003). Subjectivity can be used to grasp stability, change, or rupture to focus upon the interactions and social processes in which people *become* old *and* members of a minority or majority *and/or* a problem or not.

Rhizomatic life course

Gerontology tends to approach meaning in life from an individualistic perspective. However, individual agency and social structure come together in the complex ways people experience their everyday lives. For studying aging, this means, how older adults' everyday experiences relate to the broader context of societal structures, and how these experiences co-construct societal norms and values about age.

To explain how social life is a relationship between inner experiences and outer realities in the co-production of old age, phrases such as "micro and macro," "self and society," or "private and public spheres" are often used. To avoid this dualism is difficult. To reconcile the tension, rhizomatic thinking (Deleuze and Guattari 1987) may be useful for understanding age and aging because it accommodates the entangled force-fields between what might be considered inner subjective worlds and external imperatives of living in time. Hence, a rhizomatic model of embodiment is the body through which a person participates in the world. This way of thinking allows for the consideration of what a body does or can do "when it moves through situations that make up everyday life and when it encounters particular discourses about ageing, engages specific technologies or built environments, or meets other people" (Schwanen, Hardill and Lucas 2012:1293).

People inhabit space and time that affect a range of critical dimensions of daily life, such as their health, safety, identity, dignity, or ability. In order to understand a person's life course as

"both uniquely individual and collectively sustained" (Katz 2003:256), age and aging can be conceived of as processes of "entwined becomings" (Schwanen, Hardill and Lucas 2012:1294). This means thinking about the life course in terms of a social folding, rather than as linear. Trading a linear life course trajectory for a folded and refolded representation of time and space allows for complex, topological understandings of lived experiences, and draws together processes that occur on different time-scales to account for continuity and discontinuity of phenomena. This means the "encountered discourses, ideas, technologies, landscapes, the lives of other people, etcetera are folded and refolded into a person's embodied subjectivity" (Schwanen, Hardill and Lucas 2012:1294).

A rhizomatic life course is a dynamic pleating over time of the outside into the inside, which gives room for ephemerality to be expressed and articulated. For example, as Katz (2018) described, "when an important life-course transition occurs from the outside, it can add a new bend to our lives as we come to identify ourselves differently or reflect anew on our maturity, from the inside" (p. 3). The life situations, meanings and memories experienced by people as they age in or with a specific community, culture, or lifestyle remains important regardless of their subsequent biographical or geographical changes. The language a person speaks or the metaphors and narratives that orient their life from childhood to adulthood are also used to understand processes of their socialization. These processes carry messages that imply practices of inclusion or exclusion according to the cultural priorities of a particular time, place, or historical era in which a person lived, which has implications for understanding their present lived experiences and future aspirations (Schwanen, Hardill and Lucas 2012).

PART 1. CHAPTER 3: METHODS AND MATERIALS

For this study, I utilized a multi-sited methodology, known as situational analysis (Clarke 2005). The term multi-sited was first coined by George Marcus (1995) to emphasize capturing the fundamental basis for projects that examined multiple kinds of data from situations of inquiry, including discourses. Situational analysis seeks "to better capture the increasingly complex, diffuse, geographically, discursively, and/or otherwise dispersed aspects of research topics of interest to scholars in the social sciences, humanities, and professions" (Clarke 2005:65). It helps capture a greater understanding of the way discursive social processes and phenomena operate, produce, and reproduce within society. In relation to this research, it provided an opportunity to capture the intricate processes between the production of knowledge about AFCIs and the lived social words of older adults.

In part 2 of this dissertation, *Historicizing gerontology,* my methods included conducting historical and literature reviews. In part 4, *Experts' perspectives on age-friendly community initiatives,* and part 5, *Aging in place finds meaning through the quotidian*, I used semi-structured, in-depth interviews and ethnographic participant observations with AFCI expert informants and older adults living in San Francisco. Ethical approval for this study was obtained from the University of California, San Francisco Committee on Human Subjects, and all participants provided written informed consent.

Historical and Literature Review

The historicizing chapters in part 2 of this dissertation detailed the trajectory of gerontological knowledge production in relation to AFCIs. The focus was to get a clear understanding of the knowledges, actors, and decision-making undergirding AFCI policies and practices. These chapters concentrate on the processes and discourses produced through and

from these knowledges over time, and their impact on and from social worlds outside of gerontology such as architecture, urban planning, public health, and medicine.

This review examined original pieces of work as well as relevant books and articles that documented the relationship between aging and the environment to formulate gerontological knowledge. Another goal of this historical review was to better understand how other disciplines (e.g. sociology, architecture, urban planning) challenged and/or buttressed the way gerontology constructed an understanding of aging and the environment. The historicizing of these areas served as entrée for comparing the ever-evolving understanding of "person and environment fit" (Lawton and Nahemow 1973, Lawton 1983, Lawton, Van Haitsma and Klapper 1996, Lawton 1998, Lawton 1982, Lawton 1985, Weisman and Diaz Moore 2003), as well as the trajectory and work of AFCIs.

Informant Recruitment

Two groups formed the informants of this dissertation 1) AFCI experts, such as professionals and 2) Older adults living in San Francisco. I relied upon a sampling procedure that sought 30-35 informants (Cresswell 2007) or new participants until saturation of the elicited experiences were found.

   AFCI experts.

The recruitment strategy for AFCI expert informants was based on non-probability, purposive and convenience sampling. Informants included experts who were either doing or utilizing the work of AFCIs research and practices. This included experts trained in gerontology or other fields and represented academia, business, non-profit organizations, and government. Fifteen informants were recruited to participate and 13 were enrolled and interviewed for this study.

Older adults living in the community.

The recruitment strategy for older adult informants began with Aging and Disability Friendly San Francisco (ADF-SF), a work group of the Mayor's Long-Term Care Coordinating Council (LTCCC). ADF-SF emerged in 2011 and is staffed by employees of the San Francisco Department of Aging and Adult Services' (DAAS). Other work group members included representatives from community- and neighborhood-based organizations that served older adults and people with disabilities and community advocates. All members were volunteers except for DAAS staff who were paid employees of the city. I was also a voluntary member of this work group, which afforded me insight to AFCIs in San Francisco as well as entrée for recruiting informants for this project.

ADF-SF held monthly meetings open to the public. At one of these meetings, I gave a brief presentation of the project and handed out copies of the recruitment flyer, so they could disseminate it to their member, client, or customer networks. An electronic copy of the recruitment flyer was also emailed to the ADF-SF group through a listserv to facilitate dissemination.

Recruitment outreach relied on non-probability, convenience and snowball sampling. For instance, information about the study and my contact were listed in newsletters and listservs shared by local organizations. Any readers of the newsletters and listservs who were interested in participating in the study could reach out to me directly. I was also invited to give a brief oral presentation about this project at two senior centers and passed out recruitment flyers in person.

Eligibility for this study included five criteria. First, the Medicare eligibility age (65) was chosen as a reasonable threshold because it acts as a societal marker for defining people who are older adults. This included informants who were born in 1950 or earlier at the time of

recruitment for this study, which was 2015. Second, the San Francisco Municipal Transit Agency's definition of "low- and moderate-income" seniors was chosen as a threshold because it acts as a societal marker for defining people age 65+ who are economically eligible for free public transit, a program established by the city (Holland 2015). This included people who were 100% at or below the Bay Area median income per household size. For a household size of one in 2015, this was $71,350 (San Francisco Municipal Transportation Agency 2015). Third, participants had to be residents of San Francisco and living in the community, meaning not living in an institutional setting such as a nursing home. Fourth, participants had to be comfortable speaking and reading in English. This was due to the lack of research resources for language translations. Finally, participants had to be comfortable using a disposable camera safely. All inclusion criteria were based on self-report by those who were interested in participating in the study.

Thirty-eight people were recruited and of these, 18 were enrolled and signed written informed consent forms. Ultimately, 17 informants participated in the project activities. Demographic characteristics are summarized in **Table 1.1**.

In terms of housing types and situation, 7 informants were home or condominium owners (41 percent), 2 were apartment renters (12 percent), 3 were public housing renters (18 percent), two lived in Single Residency Occupancy Hotels (SRO) (12 percent), and 3 were without a residence (18 percent). The average length of time informants lived in their current residence was twenty-four years.

Informants ranged in age from 64 to 93 years with an average age of 75 years. Eight informants were white/Caucasian (47 percent), 6 were black/African American (35 percent), 2

were Asian/Pacific Islander (12 percent), and 1 was Latino (6 percent). Ten informants were female (59 percent), 1 was a transwoman (6 percent), and 6 were male (35 percent).

Fourteen informants lived alone (82 percent). Three informants lived with others (18 percent). Of these three, one informant had two rooms in her condo that she listed as short-term rentals and had a rotation of guests who lived with her, such as through Airbnb. The second informant had been homeless for eight years and managed to stay off the streets and away from shelters by moving between San Bruno, Oakland, and San Francisco, California and Reno, Nevada and staying on friends' couches for short periods of time. The third informant was a renter who reluctantly surrendered his apartment of 37 years to a landlord buy-out when new developers bought the building. He was enrolled into this study during the move out of his apartment and was without a residence but staying with friends for the remainder of the study.

Eight informants were divorced (47 percent), 5 were single or had never been married (29 percent), and 4 were widows (24 percent). Seven informants (41 percent) had incomes below $12,000. Two informants (12 percent) had incomes in the range of $12,000-$20,000, two informants (12 percent) had incomes in the range of $30,001-$40,000, and two informants (12 percent) had incomes in the range of $40,001-$50,000. Three informants (18 percent) had incomes in the range of $50,001-$60,000. One informant (6 percent) had an income in the range of $60,001-$70,000. Most informants completed some college education or more (76 percent) with the remainder who had completed high school or less (24 percent).

As shown in **Figure 1.1**, informants resided in 12 neighborhoods throughout San Francisco. These neighborhoods included: Russian Hill, Lakeshore, North Beach, Western Addition, Pacific Heights, Noe Valley, Inner Richmond, Mission, Downtown/Civic Center, Castro/Upper Market, Ocean View, and Parkside (San Francisco Planning Department 2016).

TABLE 1.1 INFORMANT CHARACTERISTICS

	Total N=17	Homeowner or condo N=7 (41%)	Apartment renter N=2 (12%)	Public-housing renter N=3 (18%)	SRO N=2 (12%)	Without a residence N=3 (18%)
Mean age (range)	**75 (64-93)**	79 (68-93)	78 (69-87)	75 (69-87)	66 (64-67)	68 (64-72)
Mean years at current residence (range)	**24 (0-64)**	38 (18-64)	22 (3-40)	9 (3-18)	10 (6-14)	5 (0-8)
Race						
White/Caucasian	**8 (47%)**	6 (35%)		1 (6%)		1 (6%)
Black/African American	**6 (35%)**			2 (12%)	2 (12%)	2 (12%)
Asian/Pacific Islander	**2 (12%)**	1 (6%)	1 (6%)			
Latino/a	**1 (6%)**		1 (6%)			
Gender						
Female	**10 (59%)**	7 (41%)	1 (6%)	2 (12%)		
Male	**6 (35%)**			1 (6%)	2 (12%)	3 (18%)
Transwoman	**1 (6%)**		1 (6%)			
Living situation						
Alone	**14 (82%)**	6 (35%)	2 (12%)	3 (18%)	2 (12%)	1 (6%)
With others	**3 (18%)**	1 (6%)				2 (12%)
Marital status						
Divorced	**8 (47%)**	2 (12%)	2 (12%)	1 (6%)	1 (6%)	2 (12%)
Single	**5 (29%)**	2 (12%)		2 (12%)	1 (6%)	
Widowed	**4 (24%)**	3 (18%)				1 (6%)
Annual income						
<$12,000	**7 (41%)**			3 (18%)	2 (12%)	2 (12%)
$12,001 - $20,000	**2 (12%)**		2 (12%)			
$30,001 - $40,000	**2 (12%)**	2 (12%)				
$40,001 - $50,000	**2 (12%)**	1 (6%)				1 (6%)
$50,001 - $60,000	**3 (18%)**	3 (18%)				
$60,001 - $70,000	**1 (6%)**	1 (6%)				
Education						
Some college or more	**13 (76%)**	7 (41%)	1 (6%)	2 (12%)		3 (18%)
High school or less	**4 (24%)**		1 (6%)	1 (6%)	2 (12%)	
Has adult children/step-children						
Yes	**11 (65%)**	5 (29%)	1 (6%)	2 (12%)	1 (6%)	3 (18%)
No	**6 (35%)**	2 (12%)	1 (6%)	1 (6%)	1 (6%)	

FIGURE 1.1 SAN FRANCISCO MAP

Background about the Field Site

This project was conducted from July 2015 to September 2017 in the city of San

Francisco, CA. San Francisco is a consolidated city-county located in Northern California. The

city covers approximately 47 square miles and is the 13th most populous city in the United States.

In 2016, San Francisco had a population of approximately 870,887 people (U.S. Census Bureau

n.d.) with 20% aged 60 years or older (San Francisco Department of Aging and Adult Services

2016). Among the older adults, 54% spoke a primary language besides English; 16% had

incomes below the federal poverty line; 12% identified as part of the lesbian, gay, bisexual, or

transgender (LGBT) community; and 9% were homeless (San Francisco Department of Aging

and Adult Services 2016).

The cost of living in San Francisco is high, making it challenging for older adults to meet their basic needs. Based on calculations in 2015, the minimum annual income necessary for an older adult in San Francisco to meet a basic standard of living was between $15,936 to $41,556, depending on their home ownership status. The median income for an older adult household was $21,901 a year, or a monthly income of $1,825. This surpassed the federal poverty line (FPL) for a single individual, which was $11,770 a year, or a monthly income of $980 (San Francisco Department of Aging and Adult Services 2016).

Older adults on fixed-incomes were especially challenged to meet their basic needs. While older adults on Social Security received $16,000 a year, or a monthly income of $1,333 – more than the federal poverty line – they still struggled to make ends meet if they did not have alternative retirement benefits or significant savings. Older adults on Supplemental Security Income (SSI) received a maximum benefit of $11,681 a year, or a monthly income of $973. They lived in poverty (San Francisco Department of Aging and Adult Services 2016).

The housing prices in San Francisco have increased, making it difficult for many older adults to afford (San Francisco Department of Aging and Adult Services 2016). For instance, in 2016, the median rental price for a two-bedroom apartment was $4,870 per month while the median price for a two-bedroom house was $1,257,500 (San Francisco Planning Department 2017). As such, older adults have been especially vulnerable to housing insecurity because many reside in lower-rent units, which offer the highest potential for rent increases if landlords can vacate and re-rent them at current market value. Consequently, they risk eviction, relocation, displacement, or homelessness. Evictions in San Francisco increased 87% between 2010 and 2016, from 1,269 to 2,376 (San Francisco Rent Board 2017). While official eviction statistics did not account for the age of tenants, which made it impossible to know precisely how many older

adults were affected, the number of occupants age 60 and older in homeless shelters increased 82% between 2010 and 2015, from 207 to 377 (San Francisco Department of Aging and Adult Services 2016).

As for subsidized housing for low-income older adults and people with disabilities, there are approximately sixty-three housing complexes in San Francisco, which contain 6,204 affordable apartments to rent (San Francisco Mayor's Office of Housing and Community Development n.d.). This covered housing to only about a quarter of the 25,103 older adults who lived below the poverty line in 2016, which meant there were even more who were left out, ineligible for public benefits, or had inadequate incomes to meet their needs (San Francisco Department of Aging and Adult Services 2016).

Nonetheless, San Francisco has received many high marks from esteemed institutions invested in improving the lives of older adults. For instance, based on a livability index developed by AARP, San Francisco was ranked the #1 most livable place for people age 50+ in 2015, with the city's ambition to reduce carbon emissions by 25 percent in the next two years as a key attribute (AARP 2015, AARP n.d.-a, AARP n.d.-c). The Milken Institute Center for the Future of Aging also developed an index and ranked San Francisco the #10 Best City for Successful Aging in 2017, with the economic strength of the technology industry, a strong transit system, and cultural and educational offerings highlighted as the most notable attributes (Chatterjee, King and Irving 2014, Kubendran, Soll and Irving 2017).

While professional experts have ranked San Francisco among the best places to grow old, I wanted to know how older adults felt about growing older in San Francisco. This project sought to gain the perspectives of ordinary people, to learn from them about how they managed to age in place in San Francisco.

Data Collection Procedures

Data collection with AFCI experts as well as older adults included semi-structured, in-depth interviews. I arranged meetings with informants at a place and time that was mutually agreed upon. Though I never used a pre-worded questionnaire, I did follow an interview guide and asked each informant the same questions, though not necessarily in the same order. My interview guide was designed to ask questions in-depth by tailoring them in an on-going manner to the informants' train of thoughts. The aim of the interviews and conversations was to get people to talk about what was meaningful to them, rather than have specific questions answered.

Formally arranged interviewing "represents a distinct setting, and it follows from this that the participant understandings elicited there may not be those which underlie behavior elsewhere" (Hammersley and Atkinson 2007:108). To relate perspectives elicited in interviews to actions in other settings, I conducted participant observations during research encounters with informants. Participant observation is an ethnographic approach that requires the researcher to be "immersed in the day-to-day lives of the people" (Cresswell 2007:68). This included observing informants in the settings where interviews took place, as well as while they were engaged in various other activities or interacting with other people. Participant observations helped contextualize and add to the richness of the data collected as well as helped to assist in both the identification and recruitment of informants.

AFCI experts.

With AFCI expert informants, I conducted thirteen semi-structured in-depth interviews and posed open-ended questions about their professional trajectory; their conceptions of aging, the environment, and health; and their reflections about the on-going efforts of AFCIs. All interviews were conducted face-to-face except one was conducted by Skype conference call. I

also conducted ethnographic observations by attending events that addressed AFCI policies, research, and practices. Field sites included the 2015 and 2016 Gerontological Society of America conference, 2016 American Society on Aging conference, 2016 International Conference on Urban Health, and eleven relevant webinars, presentations, and meetings hosted by AARP, Aging 2.0, the International Federation on Aging, the Center for Information Technology Research for the Interest of Society (CITRIS), Grantmakers in Aging, and other local organizations involved with AFCIs. I took field notes and memos at events, and if allowed, audio recorded, transcribed and coded the materials for analysis. For experts interviewed, the names and institutions where they work were changed to protect the anonymity of informants.

Older adults living in the community.

This project explored older people's subjective dimensions of aging in place. I operationalized aging to mean the process of grower older. I operationalized place to mean living in San Francisco. I was interested to know: What could we learn from the experiences and narratives of ordinary people who were aging in place? Could their lived experiences illuminate more nuanced ontologies about aging and place? Could their lived experiences provide insights to advance AFCIs? Building upon previous studies of AFCIs using visual methods (Chan et al. 2016, Novek, Morris-Oswald and Menec 2012, Novek and Menec 2014, van Hees, Horstman and Ruwaard 2017), I employed photovoice and photo-elicitation techniques in this project.

I drew on a social constructivist approach to understand people in context. This perspective provided theoretical tools for understanding the invisible work (Star 1999) of the environment in action (Latour 1987) as it related to the experiences of people growing older in San Francisco. It also opened up a way to conceptualize aging and place as "entwined becomings" (Schwanen, Hardill and Lucas 2012:1294), meaning both aging and place were

understood as integral aspects to peoples' social lives and as constructed by past experiences and future desires (Andrews, Evans and Wiles 2013, Gieryn 2000, Milligan 1998).

In alignment with a constructivist approach, a phenomenology methodology guided my thinking about studying the lived experiences and social realities of aging in place – how people constructed a sense of place via their bodies. I used semi-structured in-depth interviews, participant observations, and photovoice and photo-elicitation methods to learn about people's life stories, their needs and experiences, and their changing relationships to spaces and places in their home and community. This provided both visual and text data that were analyzed together to establish an understanding of their narratives of aging in place.

To gather rich data, developing a sense of rapport and trust with informants was important. I met with informants on a one-to-one basis for interviews and conversations. All interviews were informal in style. Each informant was met at least twice for formally arranged meetings. Some informants who elicited particularly rich information were met several times and participated in informal conversations during other activities. Most interviews were conducted in informants' homes or in a senior center. I sought to elicit a description of the underlying commonalities that marked the essential core of informants' experiences, feelings, memories, and everyday occurrences, as well as to elicit the differences (Cresswell 2007, Seamon 1982). The aim of the interviews was to get people to talk about what was meaningful to them, rather than have specific questions answered.

I conducted participant observations in a variety of contexts such as while visiting informants in their homes and senior centers, sitting on sidewalks, riding public transportation, walking through neighborhoods, shopping for groceries, banking, seeing case workers, cooking and dining, eating in cafés or restaurants. Because this project focused on the subjective

experiences of aging in place, distinguishing between participant observations and interviewing often overlapped. I conducted more extensive ethnographic observations with four informants by participating in their daily activities, accompanying them in their time with friends, following them through routine situations as well as through periods of crises, celebration, and change. Field notes were written during research encounters into a notebook and typed after research encounters into electronic notes.

Data collection also included a visual component using photovoice and photo-elicitation approaches. Following an initial semi-structured in-depth interview, informants were given and taught to use a disposable "point and shoot" camera. The camera had 28 exposures. They also received a paper handout with instructions for how to use the camera as well as an information sheet about the picture-taking activity as a reference guide.

The instructions for the picture-taking activity were open-ended to put informants at ease and so they could feel in charge of the process. Informants were asked to photograph the things that were meaningful to them, such as places they often went in the community, where they spent time in their home or community, their likes and dislikes about living in their home or community, what helps or hinders their ability to live in their home or community, or what makes it harder or easier for them to live in their home or community.

Informants had a variable amount of time to complete the picture-taking activity. Some took a few days; some took many months. The variability was based on their schedules, degrees of busyness, and remembering to bring the camera with them when they went about their everyday lives.

Once the picture-taking activity was complete, I collected the camera from informants and took them to a local shop to have them developed. One printed copy and one electronic copy

of the photographs were made. Informants were asked to speak about the photographs in follow-up semi-structured interviews. Often, the photographs were used as catalysts for conversations and stories, and as a resource and means of accessing information about various topics.

One informant opted to use their own camera for the project and strung the images into a video slide show as their way to present the images to me. Two informants opted out of the photo-taking activity because they did not feel comfortable using the camera in public; however, they remained willing to participate in interviews and open to having me take photographs on their behalf of things they identified for me during our time together. Two informants abstained from participating in the photo-taking activity due to unforeseen health and other circumstantial reasons despite numerous attempts on the part of both the informant and me to follow-up with each other. Two informants proceeded to provide additional pictures using their own camera or cameras on their phone and shared them with me.

In total, seventeen informants participated in project activities and over two-hundred hours of ethnographic field work were conducted over the span of twenty-four months between 2015 and 2017. Fourteen informants completed the photo-taking activity. Informants were given a copy of their photographs as a keepsake and were eligible to receive up to two $20 gift cards for participating in at least two semi-structured interviews.

Rationale for a Visual Methodology

Visual methods, such as photovoice and photo-elicitation, have become increasingly common in health and social science research (Bell 2010, Catalani and Minkler 2010, Hergenrather et al. 2009). Photovoice is a process by which informants identify, represent, and enhance their community by using cameras to record their environment (Wang and Burris 1997). It is undergirded by the idea of empowering those who are not traditionally the focus of

academic attention (Harper 2012). This method is intended to motivate people to record and reflect their community's strengths and concerns, promote critical dialogue and knowledge about important issues through discussion of photographs, and to reach policymakers (Wang and Burris 1997). Informants generally produce the images themselves using cameras or other devices to create the visual data. A distinctive feature of this method is the empowerment of informants in the research process as subject-collaborators.

Photo-elicitation is the idea of inserting a photograph into the research interview, allowing informants to respond using both verbal and visual forms of symbolic representation (Harper 2002, Radley and Taylor 2003). Images are inserted into the interview process, and can be informant-produced, or not. In a successful interview process, the informant sees themselves as the expert and the researcher becomes the student (Harper 2012). Photo-elicitation is about generating knowledge and exploring meaning, which aligns well with sociological inquiry.

Photovoice and photo-elicitation have been used with diverse and vulnerable populations, including people of color (Fitzpatrick et al. 2009, Killion and Wang 2000), people with intellectual disabilities (Jurkowski and Paul-Ward 2007, Trip, Whitehead and Crowe 2018), hospital patients (Radley and Taylor 2003), migrant women (Giritli-Nygren and Schmauch 2011), battered women (Frohmann 2005), cancer survivors (Oliffe and Bottorff 2007), homeless people (Radley, Hodgetts and Cullen 2005), and older adults (Fitzpatrick et al. 2012, Novek, Morris-Oswald and Menec 2012, Yankeelov et al. 2015, Yeh 2012; Sixsmith et al. 2017). Moreover, there exists a small but growing number of qualitative studies that use visual methods to specifically study AFCIs, such as projects with older adults in Manitoba, Canada (Novek and Menec 2014), Hong Kong, China (Chan et al. 2016), and the Netherlands (van Hees, Horstman and Ruwaard 2017).

In Manitoba, informants documented features of their community they deemed age-friendly. This included an inventory of photographs covering the themes of physical environment, business and services, housing, social environment, activities and volunteering, community supports and health services, and transportation, as well as contextual factors, such as the history and identity of the community, the essence of residing in a rural and remote place, and other environmental conditions such as weather and topography. The key findings were that independence, affordability, and accessibility intersect with every theme related to age-friendly features as well as several contextual themes. Through photography, critical dialogue, and journal commentary, this study enabled participants to define for themselves what age-friendliness meant and document positive features and barriers in a variety of settings throughout their community. These results were used to advocate for change and incorporated into a report outlining key issues and recommendations for political leaders and community organizations selected by participants (Novek and Menec 2014).

In Hong Kong, key findings were that housing was an important focal point for aging in place, and that both indoor and outdoor environments must be considered modifiable to develop an age-friendly city. Recommendations included establishing subsidized programs for older adults who needed to make design modifications to their homes and supportive services and facilities within walking distance to enable intergenerational interactions. This study found photovoice to be a participatory, empowering and co-learning process between academic researchers and community providers. It was participatory because each participants' camera or smartphone served as a research tool, which put the power to decide what was important for the study in the hands of participants (Chan et al. 2016).

In the Netherlands, photovoice was used with both older adults and professionals to compare the meaning of aging in place from the perspectives of these two groups. Professionals primarily considered objective characteristics of neighborhoods, such as access to amenities, mobility, and meeting places as important enablers for older adults to remain living independently. Older adults' associated aging in place with specific lived experiences and attachments to specific intangible and memory-laden public places. Asking participants to take photographs gave them an opportunity to think about aging in place more broadly than they would have described it in words alone. This study demonstrated the importance older people give to being heard and acknowledged through the places they value as important for aging in place and affirmed the utility of using visual methods to inform policy and practice. The differences revealed between the expectations of professionals and older adults necessitates a continuation of dialogue between policy and practice (van Hees, Horstman and Ruwaard 2017).

While sometimes used interchangeably, photovoice and photo-elicitation are slightly different in their approaches, which has implications for how they are treated analytically. In this project, images were employed as a means to an end, rather than an end in and of itself. I used a participatory visual approach as a way to gain "the possibility of perceiving the world from the viewpoints of people who lead lives that are different from those traditionally in control of the means for imaging the world" (Ruby 1991:50). By allowing informants to represent, interpret, and construct their view of knowing the world, I was able to help subvert the relations of power between myself (the researcher) and informant. Informants were the experts in constructing their views of the world they inhabited and were able to express and communicate their interpretations of living in San Francisco by narrating what was meaningful to them with the use of images and

words. By focusing on the issues identified by informants through this open-ended participatory approach, this project added insights to the study of AFCIs and gerontological knowledge.

Analysis of visual materials can be considered a distinct stage of research. Visual materials are interesting because of the claims to realism they can convey. This is especially true with photographs (Clarke 2005). Analytically, it is important to keep in mind that images do not make assertions and cameras do not take pictures (Becker 1978). Because all visual modes can be implicated, this becomes an issue of power between *gazer* and *gazee* (Clarke 2005). Hence, the interpretation of visual materials must be made with conscious and cautious awareness.

At a primary level, images can be treated as visual evidence that must be decoded into the verbal, so we can intellectually define what has been recorded and what the data reveal. This is a process that can be considered analogous to the translation of art to science or subjectivity to objectivity (Pink 2013). Having photographs of the things that matter the most to informants can provide visual data that can be interrogated later. Images can become copies of objects concerned and the basis for systematic knowledge production, which may or may not have a place in the final product of the research except as illustrations. Images can also be used to support strategic claims of authority or authenticity to speak as a person with firsthand experience about a phenomenon, and used as a source of privileged knowledge (Pink 2013).

Rather than see photographs as bounded objects for interpretation, they are better understood as standing in a dialectical relationship with the person who produced them. A more reflexive approach to visual analysis opens the possibility of thinking about the relationship between different processes, persons, places, and things, which invites the researcher to follow the action through their participants' emotions and stories. For instance, on a physical basis, the parts of the brain that process visual information may be different than the parts that process

verbal information. Hence, images can "evoke deeper elements of human consciousness that do words; exchanges based on words alone utilize less of the brain's capacity than do exchanges in which the brain is processing images as well as words" (Harper 2002:13). In other words, meaning does not lie in the photographs alone, but also in how people talk about them.

There is also a connection between photography and how it comes to represent the world through memory, interpretation and identity that is useful to elicit lived experiences (Harper 2002, Oliffe and Bottorff 2007, Reed 1996, Rose 2008, Sontag 1977). Images may be more than simply a copy of objects concerned, they are visual fragments that frame conscious and unconscious dimensions of self that can help define an informants' personal identity, history, and experiences in relation to their surrounding environs (Enzman Hagedorn 1996, Radley and Taylor 2003, Reed 1996). For understanding life stories, the imagination of change is a comparative process and always partly visual (Harper 2012). Visual and narrative materials can be co-constructed to create representations that incorporate the multilinearity of everyday lives.

Finally, researchers usually rethink the meaning of visual materials discussed and/or produced during field work in terms of academic discourse. This gives visual data significance that may diverge from or at least add to the meanings invested in them by informants or during interview processes. When meaning is produced collaboratively, it combines the intentions of both the researcher and informant and represent the outcome of their negotiations.

Approaches to Data Analysis

All interviews were audio recorded and transcribed in full length to facilitate data analysis. Transcripts were coded by themes and concepts, constructed into messy and ordered situational maps, and data were analyzed using an interpretive grounded theory approach known as "situational analysis" (Clarke 2005). This approach was deemed appropriate because it

allowed for incorporating studies of discourse, agency and structure, action, images, text and context, history, and the present moment (Clarke 2005).

Throughout the project, field notes and memos were written to think critically and reflexively about the data collected. These materials were constantly compared to better focus and enhance the future data collection and analysis to, ultimately, lead to a theoretical and more refined conceptualization of the studied phenomenon – aging in place in the age-friendly city of San Francisco.

To maintain reflexivity, analysis was guided by making observations of the action; listening carefully to informants' narrations to learn what was important to them and asking for clarification or re-reviewing data with them to ensure a clear understanding of the meaning informants intended; and iteratively consulting gerontological literature, particularly that on AFCIs; and drawing from my own knowledge and perspectives.

Computer-assisted qualitative data analysis software, Atlas.ti, was initially used to facilitate organizing the transcriptions, coding, and text interpretations. Data were interpreted by developing a description of how and what informants experienced. Quotes that appear in this dissertation were cleaned up for readability while retaining their original meaning.

Analyses and findings drawn in this study should be understood within the context of encounters between myself (an early-career researcher and Asian American female graduate student) and AFCI experts as a "study up," meaning studying those with more power than the researcher. Analyses and findings regarding older adult informants' experiences of everyday life were situated and should be understood within the context of encounters between myself (an early-career researcher and Asian American female graduate student) and informants from

various racial, ethnic, economic, and professional backgrounds who were at least three decades older than I. These dynamics were taken into consideration when conducting fieldwork.

From my perspective, fieldwork with older adult informants was undertaken in a spirit of friendliness, enjoyment, and respect. For some informants, I was a visitor or guest and we carried on cordially and in a transactional manner, like associates. For some informants, I became a member of an informal support network, like that of a friend or family member, and was asked to help with things, such as chores around the house; packing and moving; assisting with medical or government paperwork; attending doctor's appointments; running errands; and assisting with online applications and technology like smart phones, televisions, and the internet. I tried to remain an attentive listener during all research encounters and act with deference toward informants by placing them in the role of a mentor. I listened to their stories, with the view that the act of narrating is, for them, an identity claim. According to Bramberg (2005), "narratives, irrespective of whether they deal with one's life or an episode or event in the life of someone else, always *reveal* the speaker's identity. . . . By offering or telling a narrative, the speaker lodges a claim for him/herself in terms of who he/she is" (p. 223).

I think most AFCI experts and older adult informants approached their involvement in the study as helping a student with a school project. The extent to which our social differences played a role was hard to say (Wolf 1996); however, the ways in which people perform age and interact based on age-based assumptions and/or social or cultural norms have impacts on research processes (Grenier 2007). Age is a relational construct that is negotiated in everyday practices and places (Hopkins and Pain 2007, Laz 1998). Age is produced in research encounters and in social interactions (Berger and Luckman [1966] 2004, Grenier 2007, Mannheim [1936/1929]2004, Reinharz and Rowles 1988).

PART 2: HISTORICIZING GERONTOLOGY

In the last century or so, deaths from acute illnesses have reduced substantially and mortality has shifted largely to chronic conditions most common in "old age." Age-at-death, which was once a pattern of relative randomness, has transformed into one of predictability. The prolongation of a healthy and vigorous life is now a realistic expectation for most people in Western, urbanized countries.

These advancements in human health and longevity coincided with the substantial increase in the social and technical power of the medical profession in recent centuries, which has set the stage for the dominance of biomedicine and its way of viewing life over old age (Estes et al. 2001). I refer to this as the *gerontological gaze*. In this section, I historicize the emergence of the gerontological gaze, which stemmed from the same thinking that produced a scientifically rooted medical profession that had social authority over and a concern to intervene in the public's health (Clarke et al. 2010, Freidson 1970, Rose 2007), to the expansion of the gerontological gaze to the environment and its role in the control of aging bodies.

This section draws together two threads of inquiry. The first thread traces the rise of scientific gerontology and its legitimation as a discipline, which is useful for understanding knowledge formation about aging. It also locates the environment as meaningful for aging by presenting an overview of environmental gerontology theory. The second thread draws from social theory after the spatial turn to consider the social and historic development of urban environments and its impact on aging through a critical lens. The purpose of this section of the dissertation was not to provide a complete history, but to trace the various historical, social, spatial, political, cultural, and technoscientific contexts that helped shape the rise of gerontology and its interest in the environmental context for aging.

PART 2. CHAPTER 4: EMERGENCE OF THE GERONTOLOGICAL GAZE

The modern preoccupation with the problem of aging from a biomedical lens and gerontology's operation as a disciplinary phenomenon that embodies visions of what may be an optimal future in individual and collective human life, can be known as the *gerontological gaze.* The gerontological gaze is far reaching because its implications shape lay and public perceptions of aging; public policy and research agendas; funding; professional training; the expansion of markets; and creation of new products, professions, and places. (Estes and Binney 1989, Estes et al. 2001).

The gerontological gaze can be better understood as an extension of biomedicalization theory, which refers to the technoscientific transformation of medical phenomena for not only the purposes of treatment, but increasingly for enhancement or life optimization (Clarke et al. 2010). Biomedicalization, as it specifically relates to aging, (Estes and Binney 1989) draws attention to two trends. The first is the way in which aging is socially constructed as a medical problem and, thus, viewed substantively from the perspective of the practice of medicine. The second trend is the praxis of aging as a biomedical problem and, consequently, its growing power in shaping the generation of knowledge in our society's basic approach to the definition, study of, and solutions to old age.

The history of gerontology is commonly mapped as an unbroken path that advanced from medieval theology and ancient philosophy, to the Enlightenment and foundation of modern medicine, and finally to the emergence of gerontology and geriatrics in the twentieth century (Achenbaum 1995, Cole 1992, Katz 1996). Historian Thomas Cole (1992) reminds us that ancient understandings once saw life as a religious or spiritual journey. Not only did numerical

age have virtually no significance, few people knew exactly how old they were. Life was a mysterious and natural process, and most people did not live to see very old age.

Ancient Greek medicine, however, was premised upon the notion that time was countable.[5] This idea significantly influenced the understanding of human life as divided into stages with each stage possessing its own physical, mental, and behavioral characteristics (Cole 1992). For instance, Hippocrates, who is often credited as being the father of modern medicine, saw the heart as the source for the essence of life because it acted as the furnace of bodily heat necessary for a healthful balance to maintain bodily functions. He believed that every person only possessed a finite amount of heat that steadily diminished over the course of time and, accordingly, the course of life. Eventually, that fire of life extinguished and the person died.

Ancient Greek medicine's explanation for life, which saw aging as a bodily transition from one phase to the next, became stitched together with religious views, which saw life as a spiritual journey. The melding of these ideologies did two things. First, it inherently linked the study of aging with physical processes and health which changed over time. Second, it established a world view in which physical processes were seen as ordained and directed by God, which bifurcated old age into two parts with moral implications – a *good* old age of virtue, health, self-reliance, and salvation; and, a *bad* old age of sin, disease, dependency, premature death, and damnation (Cole 1992).

The modern era of the eighteen and nineteenth centuries contributed to an epistemic shift in knowledge production about aging. Enlightenment thinking emphasized individual freedom, rationality, progress, and the power of science to better the human condition. Discovering laws

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[5]The construction of chronological time can be attributed to ancient Greek philosopher, Aristotle, who interpreted change as the countable movement of nature, which resulted in a physical definition of time as a measurable objective that transitioned from one phase to the next.

about normality and pathology as applied to the process of growing older became a focus to establish increasing scientific management over aging and the life course. One of these laws became chronological time because it served well as an organizing principal for understanding aging as both a social and physical phenomenon.

By the early twentieth century, science became the source of knowledge to provide explanations of aging as religious dogma and spiritual views were cast off. For instance, the coining of the term "gerontology" in 1904 was by biologist, Eli Metchnikoff. He believed aging was a pathological process caused by cellular death (Achenbaum 1995, Cole 1992). The term "geriatrics" was subsequently coined in 1909 by the physician, Leo Nascher. He challenged the pathological perspective that underpinned gerontology and saw old age as a physiological period in one's life. Geriatrics, ultimately, came to describe a branch of medicine that specialized in the health of older adults (Achenbaum 1995, Cole 1992).

The coining of gerontology and geriatrics helped complete the cultural shift from conceiving aging as an existential problem to making aging a scientifically and medically knowable phenomenon (Bengtson, Burgess and Parrott 1997, Cole 1992). Consequently, cultural or social knowledge about aging became increasingly separated from biological knowledge about aging (Cole 1992).

Over the last century, increases in the social and technical power of the medical profession in all aspects of life has coincided substantially with the advancement of human health and longevity while chronological time has remained an indispensable measurement for organizing aging. Chronological time was an enduring principle because of its "readiness to be used in generalizations and planning procedures involving large numbers of people" (Baars

2007:17). For instance, biomedical standpoints with chronological time have helped establish *old age* and *older adulthood* as normative stages within one's life course.

Legitimating Gerontology.

Around the mid-twentieth century, gerontology began to shift toward a legitimate scientific discipline. This was related to two concurring transformations. The first transformation was the altering of longstanding demographic patterns and the related practical issues emerging from a population that was now living longer. The second transformation was the broader development of the Big Science era in the United States that followed World War II.

In 1945, papers were filed in New York City to incorporate The Gerontological Society (today known as the Gerontological Society of America), which grew out of the Club for Research on Aging (Achenbaum 1995, Katz 1996). This was a multidisciplinary enterprise designed to attract a select group of scientific researchers interested in, and whose work with older adults, gave them a stake in solving the "problems of aging" (Achenbaum 1995:125). The Gerontological Society prided itself on being "the nation's premier multidisciplinary, scientifically oriented research organization" (Achenbaum 1995:132). Though members of the Society "struggled mightily" (Achenbaum 1995:130) with the meaning of gerontology, the Gerontological Society proceeded to facilitate the exchange of scientific information on aging.

While gerontology's founders recognized that aging was multi-faceted, they assumed that gerontology could evolve into a unified field of enquiry. In order to achieve the consensus that research on aging would rest on the high standards of scientific excellence, a "hard sciences" (Kontos 2005:25) approach was embraced, which inherently focused on the individual as the unit of analysis. In 1954, the Gerontological Society became an affiliate of the American Association

for the Advancement of Science, which furthered the study of aging as a scientific endeavor

(Katz 1996).

Under the auspices of science, the production of knowledge about aging became largely

viewed as a value-free realm of inquiry that was separated from cultural or social perceptions of

aging (Cole 1992). Gerontological investigations geared toward searching for scientific laws and

adhering to scientific methodology meant that the discipline's technical or instrumental

reasoning ignored what could not be reduced to quantitative methodologies. The accumulation of

empirical "facts" aided by positivist science produced an understanding that the physical and

social aspects of aging were scientifically manageable. Yet, with vast research areas unexplored,

it was increasingly apparent that the quest to unify gerontology as a science created a hierarchy

whereby biomedical research became the pervasive force in shaping the multi-disciplinarity of

gerontology (Kontos 2005). This was reflected by the growing body of literature, research,

practice, and education seeking to bring psychological, sociological, and environmental

contributions to gerontology that were influenced by biological theories of aging (Achenbaum

1995, Katz 1996, Kontos 2005). The discourse and praxis of gerontology made it an authoritative

mode of knowledge production on aging as well as an influence on policymaking (Estes 1979).

Environmental Gerontology

Environmental gerontology, as a branch of gerontology broadly, located the environment

as a consequential focus for aging. Its theoretical tradition stretched back to early Chicago school

of sociology and environmental psychology. It was one of the earliest models that attempted to

draw linkages at micro, meso, and macro scales.

In the 1960s, the behavioral psychologist M. Powell Lawton introduced his theory of

environmental gerontology, which took a different approach to the understanding of aging bodies

and protecting them from decline (Lawton and Nahemow 1973, Lawton 1983, Lawton 1998, Lawton 1982, Lawton 1985, Wahl and Weisman 2003, Wahl, Iwarsson and Oswald 2011, Wahl 2006). While the major language of gerontology regarded aging as a biological process inherent in organisms, environmental gerontology explicitly considered variables outside the body as having an impact on the course and outcome of human aging (Wahl and Weisman 2003).

Lawton recognized that age-related losses in mobility, vision, or cognitive impairment made an older adult vulnerable to demands in the environment. Environmental gerontology tried to "exemplify the transactional nature of P-E [person-environment] relationships" (Lawton 1985:504), where personal factors were *competencies* and environmental factors were the *press*. Lawton's theory for how older people reacted to, used, and shaped their environments was a process for regaining equilibrium between competence and press. This included three contributing areas – 1) product, 2) place, and 3) process.

The first area focused on the evaluation of the designed *product*, i.e. environment. At this level, it was believed that behavior change was possible by means of interventions applied on either the person or the environment. People reactively responded to the externally applied interventions, or proactively attempted to change themselves or their environment to facilitate a desired behavior (Lawton 1982, Lawton 1985). This was simply referred to as person-environment fit.

The second area characterized an orientation of *place* and acknowledged a dialectic relationship between individuality (autonomy) and societal places, such as cities, neighborhoods, homes, and hospitals. At this level, in order for people to attain their personal goals, "creating opportunities for the display of autonomous behavior led to more favorable health and behavioral outcomes than did emphasis on more traditional assistance-giving procedures" (Lawton

1985:505). Decisions and choices could be further constructed from personal calculations of need, ability, and the patterns of meaning that imbued physical spaces with a sense of place (Scharlach 2009).

At the third area of *process*, Lawton believed behavior was also the interface of human interactions with their environment. In other words, individuals were not simply passive respondents to their environmental demands, but were "cocreators of their own lives (both present and future), actively selecting among perceived available options to determine where and how they will live" (Scharlach 2009:7). Lawton (1985) believed that environments influenced behavioral and cognitive processes to meet one's needs, and that cognitive restructuring and behavioral modifications were active processes of getting to know one's environment. This involved a person's ability to perceive the demands that were present, interpret them as manageable, and act appropriately in response to the demand.

Environmental gerontology attempted to conceptually understand and assess the duality and joint effects of an older person vis-à-vis their environment at micro and macro scales. This theory acknowledged that with age-related losses in mobility, vision, or cognitive impairment, people either respond by changing themselves or their environment to facilitate a desired behavior. The ultimate goal was to optimize function and seek a homeostatic equilibrium between person and environmental fit (Lawton 1982, Lawton 1985). For over the past fifty-years, environmental gerontology theory has contributed substantially to understanding the relationship between individual processes and the environment contexts within which aging unfolds. From this theory, many AFCIs have emerged, aiming to modify or optimize relations between older adults and their environment (Scharlach 2017).

Diversifying Gerontology

During the 1960s, important policies were passed including Medicare, Medicaid, the

Older Americans Act (OAA), as well as the Civil Rights Act and Voting Rights Act, which were

important milestones for U.S. society. The 1960s and the decades to follow were also a time

when the political turmoil and struggles for power to seek freedom, justice, equity, and dignity

by minority and marginalized groups contributed to social movements[6] that uprooted

conventional theory and methods in the social sciences, including gerontology (Estes and

DiCarlo 2016).

Discussions permeated academia about the role of scientists in dealing with social and

political problems. For instance, the Gerontological Society (of America) "was created primarily

as a medium for the exchange of scientific information concerning aging through its

publications, annual meetings, etc. It was not created to be utilized as a political

instrument"(Blumenthal 1971:2). Public intellectuals, activists, and multidisciplinary thinkers

questioned the legitimacy of scientific knowledge production and the ideological commitments

and assumptions in traditional approaches to social sciences, which often produced master

narratives. They were dissatisfied with the failures of mainstream thinking to take into

consideration diverse epistemological standpoints, which contributed to a rise in a politics of

difference and emphasized the pluralistic claims made by minority and disadvantaged groups.

Problems of aging were called out for being "microcosm of the problems of the nation" (Jackson

1971a:90) and the Gerontological Society (of America) was criticized for being a "predominately

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[6]These social movements included the emergence of the Black Panther Party's self-defense from police brutality and their socialist activism; the Gray Panthers who combatted age discrimination and negative stereotypes of older adults; the Compton's Cafeteria Riot in San Francisco and Stonewall Riots in New York City for LGBT rights, especially against police brutality; the disability rights movement to secure inclusion and accessibility in the public realm; and the women's rights movement with the rise of second-wave and subsequently third-wave feminism, to name a few.

white, predominately middle-class establishment-oriented organization" (Jackson 1971a:88).

Gerontology's failed attention to address the needs of minorities and oppressed populations, such as those with "the multiple jeopardy of being old, black, poor, and/or sick, disabled, and handicapped" (Jackson 1971a:90), were seen as hindering the social progress of meeting national goals like eradicating poverty and racism.

Glaring omissions in the production of gerontological knowledge included information about the aging experiences of minority and oppressed populations, as well as knowledge about improving their objective social conditions, such as housing, income, and social roles and activities (Jackson 1971b, Jackson 1971d). Classic gerontology conceptions were criticized and needed revising. For example, disengagement theory (Cummings and Henry 1961) was a major gerontological contribution, but fell out of favor as "the universality of its assumptions and predictions were faulted as White Middle America" Estes and DiCarlo (2016:87).

Activists and academics pushed for praxis of socially-aware and politically-engaged stances if gerontology hoped to seek anything around equity and dignity related to aging. To do so, gerontology was encouraged to mobilize "an activist component" (Jackson 1971a:88) in combination with research efforts, if contemporary problems facing the nation were going to be systemically changed. This included a charge for research to employ culturally appropriate methodologies for studying subgroups (Jackson 1971c) and for members of the Gerontological Society (of America) to work inside and outside the field of aging to initiate a "massive assault on all our human problems" (Jackson 1971a:93). Hobart Jackson and Jacquelyne Johnson Jackson, among others, were two black scholars who contributed to and called for an activist future in gerontology (Brown et al. 2013). They asserted that gerontology could be positioned to engage with social movements to combat inequalities facing minorities and disadvantaged social

groups, particularly the institutional and systemic oppression of black older Americans. As noted by Estes and DiCarlo (2016), their "attention to the stagnation of White liberal thought stands out as a valuable insight" (p.93). Their commentary about the state of the nation and urgency for change, as well as their bold dissent of gerontology and insights about operating outside the institutional mainstream to challenge the status quo was as relevant then as it is today. Gerontology continues to grapple with having a responsibility toward social justice.

Normalizing Gerontology

While age may seem like a straightforward attribute of identity fastened to a chronological measuring scheme that presumes to have numerical precision, it is by no means ontologically obvious. Because of the interplay between medical advances and demographic developments, the social meanings of age and life stages, like *childhood*, *adulthood*, and *elderhood,* have changed significantly over time and may vary across societies. Identity constructs such as *children, adults,* and s*eniors* are also historically and culturally specific. Even new age groupings, such as the establishment of *the oldest old* to indicate those ages 85+, have emerged into prominence within biomedicine, as demographic patterns shift, and longevity becomes extended.

The changing definitions of age and aging shape the supply and demand for particular types of products, places, policies, and practices that affect the length and quality of people's lives, their levels of social participation, and the degree of personal fulfillment they experience across the lifetime (Estes 1979). Beyond the control of bodies, gerontology is also the study of social structure, social welfare, and social policies focused on aging or for older people (Biggs and Powell 2001, Estes 1979, Estes, Biggs and Phillipson 2003). It is worth paying attention to the work done to move a particular meaning of age and aging into the spotlight at any given

place and time as bases for marketing, political mobilization, or as objects of scientific scrutiny (Epstein 2007). For instance, lawmakers and bureaucrats have produced and consumed gerontological knowledge by using "ideas about aging and the aged as warning signals, as guides in improving current programs, as educational resources, and as a way to mobilize support for proposals" (Achenbaum 1995:189). Many expanding markets have also emerged that seek to extract the gold in gray (Minkler 1989) as narratives advertising successful battles against aging are juxtaposed with the looming cost of care required for an aging society (Katz 1992).

In neo-liberal capitalist societies, like the United States, the interplay of self-responsibility ideals and consumerism requires for older people to derive their care, both individually and collectively, from a range of products, places, policies, and practices; and, the organization of their care often involve families, markets, and social and state institutions (Katz 2003, Powell 2001). As such, an "aging enterprise" (Estes 1979) has emerged which encompasses a plethora of services and expertise aimed at the needs of older people; numerous professional associations, academic journals, accredited gerontology programs and certifications have been established; and private and public funding agencies have provided broad support for gerontological research. Moreover, for the past several decades, breakthroughs in biotechnology have modified processes of senescence at the cellular level. New medications, sophisticated prosthetic devices, and a better understanding of diet, nutrition, and lifestyle have improved quality of life as well.

The hegemonic dominance of the biomedical model reigns in the perceptions of old age. Based on enlightenment ideas that modern scientific beliefs were *truths*, the biomedicalization of aging has established a master narrative within gerontology. This thinking has occupied a paramount place among institutions and practices that conceptualize and represent the aging

body as something medically manageable and scientifically knowable (Estes and Binney 1989, Kaufman, Shim and Russ 2004). The key criticism is that this perspective has homogenized the experiences of aging by characterizing growing older as a deteriorating and treatable ailment.

From an academic perspective, gerontology is defined as: "the study of the biological, psychological, and sociological aspects of aging" (Grabinski 2015:1). Despite the amount of information on aging that has accumulated, "explicit theory development has lagged – prompting some to observe that gerontology remains data-rich and theory poor" (Bengtson, Putney and Johnson 2005:4). While gerontology's history is recent, the gerontological gaze has "stretched the study of aging from the microscopy of cells to the macrosociality of populations" (Katz 1996:119).

In the twenty-first century, gerontology is at a historic moment in its development. Population aging[7] and increased longevity are inciting ever more interest and opportunities and generating hopes for more technological control of aging processes. Knowledge about aging, in connection with contemporary biopolitics[8] – which is "infused with futurity, saturated with anticipations of imaged futures, with hope, expectation, desire, anxiety, even dread" (Rose and Abi-Rached 2013:13) – is reconstructing new narrative visions of a *good* old age. The convergence of biomedical and technological advancements, professional expertise in gerontology, and consumer society are continuously optimizing the present to secure the best possible future in ways that produce the hope of growing older without aging (Estes and Binney 1989, Estes et al. 2001, Katz and Marshall 2003, Katz 2003, Kaufman, Shim and Russ 2004,

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[7]Population aging is the process by which older adults are becoming a proportionally larger share of the total population. The achievement of longer life was due in large part to modern medicine and other technological and scientific advancements over the last one-hundred and fifty years. With increasing life expectancies and declining mortality among those who are old, the overall growth of older adults and increasing longevity are trends that have significant implications as we move further into the twenty-first century.

[8]Biopolitics is the expansion of politics to the management of life. This term was used by Michel Foucault, and subsequently taken up by Nikolas Rose.

Minkler 1989). This is altering long-standing life course conceptions; constructing new age categories and identities; shifting understandings of risk, health, and care regimes; and establishing new promissory futures.

Today, gerontologists are mobilizing greater interdisciplinary collaborations in fields as far-ranging as, but not limited to, architecture, business, design, economics, geography, nursing, public health, social work, and urban planning (Grabinski 2015). These wide-ranging fields indicate a taken-for-granted assumption that aging is "a significant, epiphenomenal resource for the production of knowledge because its sites of problematization are boundless, its disciplinary affiliations are multiple, and its universality is constantly recontextualized" (Katz 1996:119). Collaborative efforts and relationships across fields are seen especially with the age-friendly community initiatives (AFCIs). These collaborations are knowledge-making about aging while assembling scientific and political commitments to further their respective agendas. In so doing, relationships among the profession of gerontology, other disciplines, and the public are being reshaped.

PART 2. CHAPTER 5: EXPANDING THE GERONTOLOGICAL GAZE

Policymakers, planners, service providers, and older people themselves increasingly recognize the way *place* has an impact on the quality of their lives and lived experiences (Andrews and Phillips 2005). Place lends itself well to a study of the environmental context of aging because it can be conceptualized as a physical construction as well as a complex symbolic and cultural construction where social and spatial practices and processes occur (Andrews and Phillips 2005, Gieryn 2000, Laws 1994b, Soja 1989).

The notion of place is used in the social sciences and is being theorized in increasingly complex ways. Sociologists are interested in how place matters for social life and historical

change by looking at what place *does* (Gieryn 2000), especially in regard to the type of power place wields. This includes how place gives durability to social structures and categories; how it orchestrates patterns of interactions; and how it embodies or secures cultural norms, identities, memories, and values. Place is meaningful because it is a common word and contextualizes the experiences of people's lives. According to philosopher, Edward Casey (1997):

> Place is as requisite as the air we breathe, the ground on which we stand, the bodies we have. We are surrounded by places. We walk over and through them. We live in places, relate to others in them, die in them. Nothing we do is unplaced. (P. ix)

Place matters because it saturates social life. It is one medium, along with historical time, through which social life happens (Gieryn 2000). A spatial turn in the social sciences led to an interest in studying place and its impact on human behavior, experiences, and activities. Whereas many disciplines, including gerontology, were dominated by a temporal master-narrative "where change just seems to 'happen' in a lock-step march" (Soja 1989:27), the spatial turn opened up the possibility for a multiplicity of trajectories to be recognized in the production of knowledge (Massey 2005). This was the critical consideration of the spatiality of social life.

For instance, early contributions of gerontology that drew from positivist approaches to science included a spatial analysis that tended to focus on the concentration, distribution, and demography of aging populations. Investigation included issues such as older adult's migration post-retirement, the access to and delivery of services, older people's socioeconomic and housing characteristics, and their spatial behaviors such as activity and mobility patterns (Golant and LaGreca 1994, Golant 1972, Morrill 1995, Warnes 1981). Under a positivist rubric, gerontology was criticized for perpetuating atheoretical, empiricist literature that used an uncontested and static notion of the term *old,* while space was treated as a passive container in which

characteristics were recorded or as geographic points concerned with distance or location (Kearns and Andrews 2005).

The spatial turn led to a critical approach to place, which viewed nothing natural or innocent about the materiality of the urban environment or the environmental context of aging. A spatial analysis linked social processes and spatial arrangements by looking at the reciprocal and permeable relationship between society and space (Soja 1989). A less known narrative was the way in which the process of urbanization contributed to the problem of aging, and how the environment was a site for gerontological concern. As cities comprise a majority and a growing share of the global population, and as increasing numbers of older people live in urban areas, a call for a critical urban gerontology[9] may be useful for considering how space, place, and urban development have gerontological importance.

Historicizing Urban Development

The acknowledgement that the environment contributed substantively to the advancement of health was related to the rise of urbanization in the modern era. This knowledge was, typically, made well-known through disciplines such as public health and social work.[10] The conditions that set forth the conceptual convergence between the environment and space as mediators of materiality and society, however, can be traced by historicizing urban development.

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[9]Urban gerontology has been described as a field where professionals work at the intersection of environmental gerontology, urban design, planning, and systems science (Grabinski 2015).

[10]For instance, the 1854 Broad Street cholera outbreak in the city of London, and John Snow's method of talking with residents and mapping the patterns of disease outbreaks to identify the geographic location and source of contamination, influenced public health practice and led to sanitation improvements and water and waste infrastructures. Jane Addams' Hull House, a settlement house founded in 1889 in a crowded immigrant and working-class neighborhood in the city of Chicago, influenced social work practice and led to progressive social policy reforms to protect and advance the rights of vulnerable populations.

Beginning in the late 18th century, as more and more aspects of social life came under scientific control beyond the clinical gaze (Foucault 1973), life itself became open to modification and transformation, affecting a number of disciplines including architecture. The cultural dominance of science for legitimating architectural practices and its influence on society was apparent as architecture became "involved in problems of population, health and the urban question" (Foucault 1980a:148).

Architects saw the shift in modernity, influenced by the mass migration of people, power, money, technology, and politics from rural to urban landscapes as hazardous for the future of society. This was a time when "everything multiplied in a haste and with an individual violence not preceded by thought or planning" (Congrès Internationaux d'Architecture Moderne [1933]1971:138). The seeming disorder of industrialization and perceived anarchy that reigned in cities due to a lack of urban planning was seen as "the bitter fruit of a hundred years of the undirected development of the machine" (Congrès Internationaux d'Architecture Moderne [1933]1971:145).

Futurist visions felt architecture should "harmonize, with freedom and great audacity, the environment with man" (Marinetti and Sant'Elia [1914]1971:34). In order to ensure the orderly development of communities, modern architecture saw their work as bringing a functionalist orientation to establish a "balance to both the province and the country" (Congrès Internationaux d'Architecture Moderne [1933]1971:141). For instance, Le Corbusier ([1923]1948), a pioneer of modern architecture and "philosopher of the city," was dedicated to creating better living conditions for residents in crowded cities. He conceived of the spatiality between town and country as a dialectical space that needed to be studied in totality, which lent credence to the idea of space as a set of destinations that people moved between continuously.

In 1928, Le Corbusier founded the Congrès Internationaux d'Architecture Moderne ([1933]1971) (CIAM), an association of architects from nearly thirty countries who were a force in advancing modernist architecture, urban planning, and the design of cities. The Congrès Internationaux d'Architecture Moderne ([1933]1971) declared:

> Architecture presides over the destiny of the city. It orders the structure of the home, that essential cell of the urban tissue, whose health, gaiety, and harmony are subject to its decisions . . . Architecture holds the key to everything. (P. 144)

Architecture centered itself as the economic and political tool that could improve the human condition and advance society through technological and scientific approaches to planning and designing cities.

As it was understood, the building of cities could not be based on claims of aesthetics alone but needed to be focused on designing functionally efficient cities. The Congrès Internationaux d'Architecture Moderne ([1933]1971) recognized that cities needed to be at once *"based exclusively on human proportions"* (p. 138) and adapted to the speed and continuous movement of rapid urbanization. Specifically, they recognized how the rise of the automobile would change human agglomerations. On one hand, faster modes of transportation opened possibilities for urban development because transport across farther spatial distances could be done in shorter periods of time. On the other hand, they warned sprawling development could favor ways of life that aroused temptations for daily escapes, break up families, disturb the foundation of society, and increase environmental pollution or could "condemn men to spend exhausting hours in all sorts of vehicles and little by little lose the exercise of the healthiest and most natural of all functions: walking" (Congrès Internationaux d'Architecture Moderne [1933]1971:140).

In order to protect "human health and dignity" (Congrès Internationaux d'Architecture Moderne [1933]1971:138) from urbanization's "moral and material chaos" (Congrès Internationaux d'Architecture Moderne [1933]1971:138), the design of cities needed to "*be based on analyses rigorously carried out by specialists*" (Congrès Internationaux d'Architecture Moderne [1933]1971:142). This meant that technicians in the art of building, technicians of health, and technicians of social organization were needed to give rise to the field of modernist urban planning. The Congrès Internationaux d'Architecture Moderne ([1933]1971) developed the Charte d' Athènes, an influential document that identified the principles of the Functional City (Gold 1998). This work imagined the chaotic, dirty city reconstructed as an orderly machine, with specialized zones for work, habitation, and recreation joined by efficient circulation.

For most of the 20th century, these ideas defined what modern architectural practice and urban planning were to be about (Harvey 1989), which was creating a functional order that engineered well-operating cities and communities. For instance, functional zoning had a big impact post-World War II in rebuilding the United States in efforts to restore order and promote social solidarity. Developments included public housing projects as well as roads and freeways that extended from urban nodes to suburban landscapes.[11]

During the second half of the 20th century, however, architecture's heroic aspirations and urban planning's utopian intentions were failing. The development, routinization, and standardization of design practice that made architecture and planning efficient, profitable, and

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[11]One of the most paradigmatic examples of the power of modernist urban planning in the United States was the redevelopment of New York City between 1930s and the 1970s with the construction of housing projects, public parks, beaches, bridges, the rise of automobiles and construction of highways by the zealous and controversial "master planner," Robert Moses (Caro 1975).

professionally accountable raised questions about what benefits, exactly, they provided to society. Urban critics thought these approaches conveyed a kind of spatial power that repurposed the city as a tool of social control and social conditioning (Foucault 1977, Foucault 1984b, Harvey 1987, Jacobs 1961, Lefebvre [1974]1991, Soja 1989). "Everyday life was cut up and laid out on the site to be put together again like the pieces of a puzzle," (Lefebvre 1984:58). Particularly, the practices of organized capital and organized labor, and specifically the division of labor, gradually subsumed a kind of alienation that was tied to geography. This occurred at roughly the same time that the division of labor turned from factory to office work, blue-collar to white-collar work, and from a Fordist (state-capitalist) economy to one of (neoliberal) flexible accumulation (Harvey 1987, Stoner 2012).

The functionalist vivisection of the urban landscape was increasingly criticized for being an impetus for spatial divisions and inequalities that separated society by lines of race, class, and generational differences. "The modern condition of estrangement (or alienation) had become perversely palpable through buildings, the very material of which implies permanence, stability, and community," (Stoner 2012:13). In response, activists, such as Jane Jacobs (1961) opposed the rationality, functionality, and efficiency of everything, and advocated for diversity that appreciated the organic urban vibrancy of people and places at a local scale.

A "new" urbanist ideal to reclaim cities gained popularity in the latter half of the twentieth century. New urbanism sought to redefine communities through a specific set of physical design and "placemaking" standards to recall "traditional" small towns (Ellis 2002). With a small-scale focus at the planning level, new urbanism sought to revitalize urbanity by synthesizing spatial and land use patterns by managing and improving the environment, social equity, and quality of life through "green" technologies, and eco-friendly developments that

encouraged walkability, sustainability, mixed-use development, and diversity. The notion was that these features would improve social equity and the environment through the re-design of urban spaces (Ellis 2002).

At roughly the same time, an economy driven by information and technology also contributed to a renaissance in cities, re-shaping the urban landscape again. The rise of digital technologies and new communication tools, such as the internet, laptop computers, and smartphones, made it possible for people to work remotely, which reduced the amount of space that was once necessary for many businesses and industries to operate. For instance, some corporations that were once headquartered in suburban office parks have downsized by digitizing their work and moved jobs back into cities to attract a labor force that preferred to live in dense urban regions because of the lifestyles that cities provided.

Metaphors for Urban Space

Thinking beyond the functional qualities of the environment revealed its political formulations and social and spatial effects (Foucault 1984b, Harvey 2009b, Löw 2008, Soja 1989). From a social context, the environment could be seen as apparatuses for creating and sustaining power relationships through the production of space (Lefebvre [1974]1991). In other words, society was constituted in space; and, space acted as both a *container* and *shaper* of social processes that could be oppressive or not (Laws 1994a, Laws 1994b, Laws 1994c). For instance, in terms of infrastructure, the durability of the built world as solid and silent structures tends to be accepted nearly without argument (Stoner 2012). This raises questions of how we "routinely manage *not* to see the functional stuff that surrounds us" (Tonkiss 2013:14).

Because scientific disciplines liked to generalize and make laws that could be applicable anywhere, space became an architectural fact and presumed to be self-evident (Forty 2000). This

was exemplified in the metaphoric language used in the conceptualizations of cities and communities. As such, solutions to urban problems were propagandized with ideas and discourses resting upon organismic functionalism. The Congrès Internationaux d'Architecture Moderne ([1933]1971) stated:

> *The initial nucleus of town planning is a housing cell (a dwelling) and its insertion in a group forming a housing unit of efficient size.* If the cell is the primordial biological element, the home, that is to say the shelter of a family, constitutes the social cell. (P. 143).

For instance, city growth and organization were analogous to the workings of metabolism in the human body. The construction of large urban parks were expressed as lungs for the city, parkways as transportation arteries, and the creation of upper-class suburbs as escape valves for the fortunate few (Burgess 1925, Schultz and McShane 1978). Plant ecology has also been used as a model for human ecology to analyze people's relationships to each other, to their environments, and of competition and accommodation in social and spatial life (McKenzie 1924).

Conceptualizing urban space with biologic metaphors was a way to describe social phenomena as "scientific laws" and created a deterministic explanation of its relationship to society in the modern world. The use of biologic metaphors to explain urban growth made natural the questions of social and spatial differences and minimized the politics of urban development. This logic reduced urban society to the achievement of a few predictable and prescribed features laid out on the ground. A similar logic undergirded environmental gerontology's orientation of person and environment fit, which seeks to establish an equilibrium.

In the industrial era, machine metaphors were used, which likened the "architect's search for functional buildings to the engineer's quest for mechanical efficiency" (Gold 1998:228). City growth and organization focused on controlling resources and making the machine as efficient as

possible to maximize production. This discourse was born from scientific rationalism and the industrial revolution. Its ethical stance was utilitarian, with the belief that progress came through applying science and rationality. The economic engine of the city as machine expelled or managed what it considered detritus and/or a drain upon the machine's resources or efficiency.

In the current era of information technology, urban space could be seen as interlinked to vast ecosystems, networks, and connectivity that combined hardware, software, and biology that enabled the modern city to function. This discourse was born from scientific and technical rationalism and the digital revolution. City growth and organization focused on optimization, utilizing and deploying various electronic devices and sensors to collect data to provide efficient resources to residents and communities. Gandy (2005) identified urban infrastructures as a concrete manifestation of the political and critical intellectual concept of the cyborg (Haraway [1991]1999). The cyborg was, at root, a spatial metaphor and could be useful for exploring different facets of the relationship between the contemporary city, the body, and the human subject. For instance, the modern city and home have become a complex exoskeleton for the human body and can be conceived of as "'prosthesis and prophylactic' in which modernist distinctions between nature and culture, and between the organic and inorganic, become blurred" (Gandy 2005:28).

Conceptualizing urban space using biologic and industrial and digital machine metaphors are helpful to understand Foucault's points about how space operated to discipline and control society through discursive practices of power/knowledge.[12] Conceptualizing urban space in these

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[12]As mentioned, during modernity, "[p]roper *scientific* disciplines . . . liked to generalize and make laws that could be applicable anywhere" (Cresswell 2004:19), including spatial knowledge. Conceptualizing space was how architecture could "rub shoulders" (Forty 2000) with socially superior discourses. Le Corbusier understood there was an important "relationship between the urban dweller and dwelling with nature, air, sun, and trees, with cyclical time and the rhythms of the cosmos" (Lefebvre 1996:98).

metaphoric ways were mechanisms for describing social phenomena as scientific laws and helped to create deterministic explanations of the relationship between space and society. These metaphors, however, fell short in exploring how social classifications or inequalities were imposed and built into the everyday material places in which people lived, and failed to explain how space reflected and reinforced social hierarchies by extending or denying life-chances to particular groups.

Spatializing Aging

Aging trends are spatially heterogeneous, making it important to approach aging studies from an urban perspective (Buffel and Phillipson 2016, Phillipson 2004). By doing an age-sensitive reading of urban history in the United States, it was possible to locate the meaningfulness of the environment for aging, particularly the spatial organization and social processes of aging, rather than view aging as a process of biological decline. This included how the environment was both a cause and an effect of ageist attitudes and practices; how the segregation of older adults and intergenerational conflicts have territorial expressions; and how old age and older adult identities were constructed, contested, and negotiated through changing definitions of spaces and places for aging (Laws 1995b). To color the backdrop for the emergence of AFCIs, this brief history provides some context.

During the 19th century, the social and economic shift from a rural-agricultural to an urban-industrial society had profound consequences for the type of labor and bodies required. Industrialization led to rapid growth of cities which separated home place from place of employment. This also meant that employment prospects for older people became dimmer as youthful workers were held in high regard because of their contributions to the newly emergent industrial economy (Laws 1993). The care of older adults increasingly shifted from families to

institutions, such as "old age" or "care homes," as the rise of a welfare landscape transferred the management of issues related to older people to the public realm. The segregation of work and living places along with the need to accommodate for those not working or unable to work, established a form of exclusion by spatialization for people who were old, poor, and/or disabled.

In the 20th century, the post-World War II urban development era was highly underwritten by the government. This image was best portrayed in the landscape of American suburbia and the explosion of homeownership, which was a policy-generated phenomenon designed to stimulate the economy during the decades that followed the war (Baxandall and Ewen 2000, Jackson 1985b, Rowles 1993). Homeownership for millions of families and individuals was made possible by massive infrastructure projects that built roads and freeways connecting cities to the outer areas where suburban communities were developed. What precipitated was an American Dream ideology in which the "objectification of property redefined the new-world democratic ideal" (Stoner 2012:56). The narrative of success in American society was, and largely continues to be intertwined with aspirations of owning one's own home.

Laws (1993), however, argued that "suburbanization was ageist, just as it was sexist (Friedan 1963) and racist (Jackson 1985a)" (p. 680). These communities were originally developed for young families and poorly designed for the needs of families as they aged or needed to support multiple generations in one household. By making it possible for young couples to have separate households of their own, the extended family weakened as generations became spatially separated.

Marketing experts also began to recognize the importance of the potential customer group of people age 60+ in the 20th century, especially the constructed segment of the population

known as "retirees" with pension. For instance, an activity-rich view of old age was expressed, created, and promoted by a booming retirement industry and attendant forms of adult living for older people. New environments emerged, such as retirement and senior communities, in sunny and warm climates that touted leisurely lifestyles with golfing and swimming (McHugh 2000, McHugh 2003, McHugh 2007).

The development of suburban and retirement landscapes as well as the "white flight" to them, affected urban areas and those living within cities. City leaders felt that the deindustrialization of cities and urban decline were inevitable and natural processes. They sought to sort out and shrink cities in ways that affected areas typically inhabited by the poorest and non-white residents (Baxandall and Ewen 2000, Fullilove 2004, Hanchett 1998, Jackson 1985a, Laws 1993, Osofsky [1963]1971, Sugrue 1996, Wilder 2000). Monies were contributed to private and non-profit organizations to construct housing complexes for the poor, old, or disabled, which resulted in the segregation of some older adults into high-rise senior apartments, often, though by no means always, found in inner cities.

Urban development reinforced practices that prohibited or discriminated people who were usually poor, old, disabled, and/or racial and ethnic minorities from living in certain areas; worsened their experiences through disinvestment policies such as planned shrinkage[13] and benign neglect;[14] and/or relocated them through urban renewal policies to clear blight and rebuild the inner core of cities across the country (Baxandall and Ewen 2000, Jackson 1985b).

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[13]Planned shrinkage is a public policy of deliberately withdrawing city services (such as police patrols, garbage removal, street repairs, and fire services) from neighborhoods suffering from urban decay, crime and poverty so that neighborhoods may be claimed by outside interests for new development.
[14]Benign neglect is an attitude or policy of ignoring an often delicate or undesirable situation that one is held to be responsible for dealing with.

Aside from the meager efforts at subsidized housing for older adults, these efforts reflected an ageism, racism, and classism that continues to permeate urban development today (Laws 1993).

Critics warn that places are the "contested terrain of competing definitions" (Harvey 1996:309). For example, "marginalized groups become relegated to certain places in the belief that they are 'rooted' to those places, and hence, we fail to confront systemic racial and socio-economic segregation" (Smale 2010:377). Collective memory was made concrete through the production of particular places, but this production of memory in place could be seen as no more than an element in the perpetuation of a particular social order that sought to inscribe some memories at the expense of others (Harvey1996). For instance, places could be made as people ascribed qualities them such as "ours or theirs; safe or dangerous; public or private; unfamiliar or known; rich or poor; Black or White; beautiful or ugly, new or old; accessible or not" (Gieryn 2000:472). A look at the underlying social, political, and cultural processes and forces that shaped or (re)produced the prevailing power structure of society help us understand how the construction of places were instances of wider processes and social forces under conditions of capitalism, patriarchy, and heterosexism, post-colonialism and other structural conditions, that made symbolic spaces and boundaries real (Harvey 1996, Harvey 2001, Harvey 2009a, Harvey 2009b)(Harvey 1996, 2001, 2009).

In a poignant example, McHugh and Fletchall (2009) traced the life, death, and rebirth of Youngtown, Arizona, a microcosm and a reminder of the social and economic dynamics involved in the spatial shifts and changes to the landscape of aging. Youngtown was founded in 1954 as the nation's first retirement community.[15] The vision for this new community was born and named to signify a place "'to make elderly people not feel old' (Schafer 1979, 6-7)"

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[15]Its founder, "Big" Ben Schleifer, moved from New York to Arizona "to bask in the healing powers of sun and aridity" (McHugh and Fletchall 2009).

(McHugh and Fletchall 2009:22). Youngtown started modestly selling homes exclusively to people age 50+. Its popularity and success grew rapidly over its first five years as Youngtown became incorporated in 1961 with a city government, its own police force, and a town hall. Its initial success also inspired other developers and marketers to invest in the creation of more senior communities and "active adult" lifestyles to attract this new class of mobile consumers called "retirees." By the 1970s, however, Youngtown's vitality waned as its once active residents aged in place, leaving residents reminiscing about "the good old days" of the once lively town. Since there were no provisions for age restrictions that would have prevented those younger than a certain age from living there, some younger adults with children began moving in. This upset the older residents who argued that the town lacked infrastructure for children, which led to an age overlay ordinance. In 1996, the protected age status of Youngtown was challenged again when a 16-year-old moved in with his grandparents to escape living with an abusive stepfather. The family, aware they were violating the town's age ordinance, notified the city council of their grandson's presence and applied for a zoning variance only to be denied. Thus, they filed a complaint with the state Attorney General's Office claiming violation of their civil rights. By 1998, Youngtown's age restriction was repealed and opened the possibility for habitation by people of all ages. For instance, Youngtown's Hispanic population doubled during the 1990s and continued to accelerate in the 2000s. Many older adult residents felt angry and betrayed by these changes and left for nearby retirement communities, such as Sun City, AZ. The exodus created space for others to move in who were attracted by the affordability of the homes, which significantly shifted the age, race, and class identity of the community. The history and tumultuous transformation of Youngtown was an example of the continuing emergence of new and spatially differentiated configurations of age and aging.

Communities built during the 20th century across the United States were ill-equipped to deal with the demographic changes they are currently experiencing. Existing physical infrastructures were not designed for a population that was growing older and living longer. Suburbanization land-use policies and zoning regulations fostered a separation of residential space from commercial space, which resulted in a sprawling landscape. This created a less than satisfactory situation for many people who have aged in their homes and now are encumbered with expensive home repairs and routine upkeep of their houses, are isolated through a lack of transportation options in regions without public transit systems, or are living in regions that are costly for providers to deliver home and community-based services (Ball and Lawler 2014b, Scharlach 2012). Some areas and neighborhoods have become naturally occurring retirement communities (NORCs) because they do not have the generational inflow to diversify the population or the infrastructure to support the needs of the aging population. For those with fewer resources, they are "stuck in place" (Erickson, Call and Brown 2012, Torres-Gil and Hofland 2012) or "aging in the margins" (Finlay, Gaugler and Kane 2018), as aging has become a matter of survival in an increasingly hostile environment. Ball and Lawler (2014a) observed, "[w]hether it was a deep denial of aging, an inability to recognize its consequences, or simple short sightedness, the resulting health care systems and built environments force many to wage uphill battles to age in place" (p. 20).

Today, an economy driven by the digital revolution and information technology is re-shaping the urban landscape once again. The 21st century has been predicted to be "not dominated by America or China, Brazil or India, but by The City" (Khanna 2011), as two-thirds of the world's population are projected to live in cities by 2030 (Buffel and Phillipson 2016). Cities are engines of growth and will produce an urban consumer class of approximately 4

billion people by 2025, up from 1 billion in 1990 (Naqvi 2014). People with common interests are preferring to cohabitate in cities or dense urban areas to incubate and accelerate ideas into products, services, and companies, or to pool or share resources. As urban spaces increasingly became treated as makerspaces[16], metropolises are being "hacked" and services and infrastructures, such as housing, transportation, food delivery, recreation, leisure, medical services, and social activities are being optimized, redesigned, and/or replaced by algorithms and web-based, data-driven technologies that provide user-generated, on-demand goods and services (Bliss 2019, Marston and van Hoof 2019).

The urban political economy commodifies city life itself and the quality of urban life (Phillipson 2015). This is optimistically called "disruption" in tech-speak. The start-ups and technology companies that provide these goods and services, however, often hinge upon the neoliberal notion of a sharing economy that serves the private market, while destabilizing or creating competition for the sustainability of local and public infrastructures. The accumulation of global hyper-profiting from these forces overlooks the local, as wealth gaps grow, and bonds of support fragmented within cities. Consequently, many cities today are undergoing rapid gentrification due to these macroeconomic forces, which is shifting social structure and spatial and generational dynamics yet again. Moreover, on-going urbanization continues to raise concerns about planetary health and global climate change, including the environment's ability to provide the resources required to maintain a viable human civilization and humankind's ability to provide for its own life support systems (Whitmere et al. 2015), rendering older adults especially vulnerable (Klinenberg 2002).

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[16]A makerspace is a place in which people with shared interests, especially in computing or technology, can gather to work on projects while sharing ideas, equipment, and knowledge.

Emplacing Aging

Accepting that space is necessarily involved in the constitution of social life means it is also involved in the creation of the subject (Biggs and Powell 2001, Foucault 1983, Foucault 1984a, Foucault 1984b). This connects the macro to the micro. The processes by which people are made subjects, and the identities they hold or have imposed upon them—such as aged, raced, classed, or gendered—are not ontologically independent of the practices and discourses that describe and simultaneously construct them. Place is a social construct in which norms, values, and meanings are acquired through the everyday interactions between people and their environment; and, the environment can be understood as communicating messages about peoples' place in society in terms of their social position as well as the material locales where they live, work, and engage in leisure (Cresswell 2004, Gieryn 2000). Age relations and social order exists in the heterogeneous material arrangement of the environment because real and imagined spaces are socially produced and charged with contested meanings (Lefebvre [1974]1991, Soja 1989). The environment is a site where conceptions of age, race, class, sex, and gender are shaped and invoked.

For example, people can adopt an environment or spatial context because of their self-perceptions of who they are, which serves as an extension of self, e.g. *active older adults* are emplaced in the resort-like retirement settings, *frail older adults* in nursing homes, *and poor older adults* in inner-city public housing. As such, aging is both embodied and emplaced as identity formation, and structured by both the material and discursive practices of the environment. Bodies, as a site of subjugation, are coded by a range of discursive practices, both individually and in terms of populations. Conceptualizing bodies as porous in relation to environmental contexts means bodies can be meaningfully considered a locus and measure of the

material and social world, which is crucial for determining how values and meanings are constructed and understood (Harvey 1998).

Moreover, critical approaches to gerontology increasingly focused on the implications of discourses as well as the material and social world in the construction of a range of age categories and subjectivities that go beyond essentialist views of old age (Estes, Linkins and Binney 2001, Laws 1995b, Powell 2006b, Powell and Wahidin 2007). As illustrated with the example of Youngtown, a retirement community is an environment created by social practices but is also a space that is constitutive of social relations and can alter social practices (Laws 1995a, McHugh 2000, McHugh and Fletchall 2009). With the creation of retirement communities beginning in the 1950s, the attitudes about the appropriate locus of care for certain categories of older people changed. Well-off and active older people were redefined as consumers to a booming retirement industry and, with it, was the commodification and life-styling of the life course (Katz 1995, Minkler 1989). Messages of *successful aging* (Rowe and Kahn 1997) were written into and onto the architecture of retirement communities, as well as their related images and advertisements, which people consumed in the construction of positive aged identities (Featherstone 1995, McHugh 2000). By turning old age into "an extended active phase of 'mid-lifestyle'" (Featherstone 1995:228), it contributed to a lost sense of the *normal* life span (Kaufman, Shim and Russ 2004). The creation of retirement communities as an environment for aging did more than create residences for large numbers of people. These age-segregated places transformed older adulthood into a marketable lifestyle, as well as restructured the life course by destabilizing previously held chronological and generational boundaries expected with age.

The living conditions of older people can reveal the degree to which space and place represent sites of social, political, and economic struggles (Becker 2003). Drawing from phenomenologists, place is a quotidian stage (Cresswell 2004, Seamon 1982). One of the ways place finds meaning is through the perceptions and attributes by ordinary people who experience place and act on those understandings in their everyday interactions with their environment, which may indicate acts of resistance, advantage or disadvantage, inclusion or exclusion (Abramson 2016, Buffel, Phillipson and Scharf 2013, Burns, Lavoie and Rose 2012, Dannifer 2003, Ferraro and Shippee 2009, Hudson 2016, Portacolone et al. 2018).

Moreover, because we have become a mass consumer society, an individual's satisfaction with a community has become more related to the extent they believe a community facilitates their participation as a "successful" consumer in the larger economy, rather than the amalgam of their feelings related to a particular geographic locale. In a global economy, this ironically means that satisfaction with one's broader social standing is manifested locally as satisfaction with one's community (Erickson, Call and Brown 2012). Nonetheless, how people experience, make use of, and find meaning in the spaces and places they find themselves living is important for understanding aging because these places have a relationship with a person's embodied subjectivity. As Katz (1996) noted, as the population ages, we can expect to see all manner of social space – public, private, electronic, institutional, recreational – further pluralized in meaning, function, creativity, and opportunity.

PART 3: AGE-FRIENDLY COMMUNITY INITIATIVES

Over the last few decades, discourses and practices that can be considered age-friendly community initiatives (AFCIs) has increased significantly. The emergence of AFCIs has created an important agenda for rethinking the way we both live and manage our urban environments

(Buffel, Phillipson and Remillard-Boilard 2019). AFCIs are about supporting older people in their homes and communities so that they can remain safe and independent. AFCIs are also about the design and development of local environments and cities to protect and preserve the health of a populace that is growing older and living longer. These efforts reflect growing recognition of the importance of physical and social environments for health well-being at all ages, and especially in later life. The worldwide adaptation of AFCIs "as a guiding principle for managing ageing populations" (Davies and James 2011:111) has influenced experts and citizens to develop environments that are responsive to and responsible of residents' aspirations, well-being, and needs over the life course (Anderson et al. 2012, Kendig 2003). The surge of interest with which AFCIs have been embraced and taken up by a growing number of organizations, institutions, governments, and philanthropies around the world signifies a shifting dynamic at work.

The following chapters provide a summary of the myriad of AFCIs that have emerged over the last few decades. I use AFCIs are an umbrella concept to encapsulate two interrelated efforts – aging in place (individual) and aging in community (societal). (See **Table Appendix 1** for a select history and list of conceptual definitions of AFCIs.)

PART 3. CHAPTER 6: AGING IN PLACE

Aging in place is defined as "the ability to grow old in one's own home and community safely, independently, and comfortably, regardless of age, income or ability level" (Centers for Disease Control 2010). The idea of aging in place gained prominence in the 1980s[17] along with positive development theories of aging (e.g. activity theory, continuity theory, successful aging). These theories purport that older adults can remain more independent and enjoy a better quality

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[17] For instance, in a crude search (conducted on October 18, 2016) for *aging in place* in the title of a text, PubMed returned 106 hits with articles dating from 1989 to 2016, whereas Google Scholar[17] returned 911 hits in this date range. The large number of hits outside of PubMed suggests that *aging in place* has appeal beyond a strictly biomedical realm.

of life by residing at home, rather than experience the trauma of relocation such as by entering a nursing home (Penney 2013). The notion of *home* in aging in place is broad and includes a range of environments, such as the physical environment of residential settings, surrounding neighborhoods, and broader communities such as geographic and social affiliations (Black 2008). It presupposes staying put as a choice that takes into consideration characteristics of the communities and a variety of personal and interpersonal factors.

Under the rubric of aging in place, environments are often recognized as imposing constraints where hazards or accidents can occur, and where modifications and design improvements can be made to facilitate access and enhance function (American Institute of Architects New York Chapter 2011, Bayer and Harper 2000, Fausset et al. 2011, Greenhouse 2012, Horowitz, Nochajski and Schweitzer 2013, Iwarsson and Stahl 2003, Kelly et al. 2014, Lien, Steggell and Iwarsson 2015, Ludden 2010a, National Public Radio 2010, Van Hoof and Kort 2009). These environments are often accompanied by appropriate services or modifications to accommodate changing needs of aging people in order to delay or avoid institutionalization and/or higher levels of care (Lee, Steggell and Yamamoto 2008).

Aging in place also entails the assumption that the process of inhabiting a place over time results in the development of a distinctive sense of attachment that may be adaptive, and particularly so for older people (Rowles 1993). As with other social sciences, environmental gerontology experienced an interpretive turn as the functional meaning of person-environment transactions became interrogated as an emotional or psychological attachment to place developed from life experiences and cultural ideals about the life course to generate a sense of a person's self-identity (Diaz Moore and Ekerdt 2011). Geographer Graham Rowles (1983) proposed that attachment was related to three types of *insidedness* – physical, social, and autobiographical.

Physical insidedness was one's mastery over the environment that occurred from inhabiting a location for an extended period. Social insidedness was one's integration with the social fabric of their environment over a period of time and related to their sense of knowing and being known by others. Autobiographical insidedness was one's sense of identity, often nurtured and reinforced by personal memories accumulated in a place over time. Unwanted relocation, in contrast, could cause ambivalence or lead to negative physical and emotional outcomes (Golant 2011, Golant 2014, Kaplan et al. 2015, Lofqvist et al. 2013, Portacolone and Halpern 2014).

Arguments for aging in place have been buttressed by often repeated statistics,[18] usually coming from the American Association of Retired Persons (AARP), asserting that, regardless of health and mobility declines with age, most people desire to remain in their own home for as long as possible (AARP 1987, AARP 2005, Bayer and Harper 2000, Farber et al. 2011). While the term, aging in place, is "ambiguous" (Wiles et al. 2012:2), it emerged in the context of a person's right to age well, healthfully, and successfully (Abbott et al. 2009, Rowe 2015) in a familiar environment rather than in an institution (Rowles 1993).

Vasunilashorn et al. (2012a) pointed out that there are two meanings to *aging in place.* One meaning of aging in place is the common use of the phrase, based on older adults' desires to age in their own home or in a familiar environment with the intended importance of delaying institutionalization. The benefits of aging in place are many. The primary reason many people want to stay in their home is because of familiarity with the home and community they live in (Thomas and Blanchard 2009). The most important aspect of living in their community are

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[18]In the 1980s, AARP revealed that 70% of older persons, especially women 80 years and older, agreed with the statement, "What I'd really like to do is stay in my own home and never move." In 1992, AARP reported that 84% of respondents age 55 and over *strongly* or *somewhat agree* that they would like to remain in their current residence for as long as possible; in 2000, this increased to 89%. AARP found that residents whose homes did not meet their physical needs well as they grew older were less likely to want to remain in their current homes as long as possible and were more likely to report that they "frequently feel isolated" (AARP 2005).

closeness to family, friends, and accessibility to personally-significant destinations, such as grocery stores, medical facilities, and public amenities (Benefield and Holtzclaw 2014, Canham et al 2018, Clarke and Gallagher 2013, DeGood 2011, Gardner 2014, Keenan 2010, Satariano et al. 2016, Schwanen and Ziegler 2011, Torres and Cao 2019).

Aging in place can have a dwelling-centric approach that is fixated on a singular location, which pays little attention to the factors that make up actual quality of life within one's home or community. For instance, homes occupied by older adults are often in need of modifications or repairs. This need disproportionately affects African American and Latino older adults (Feldman et al. 2004). AARP (2005) found that residents whose homes did not meet their physical needs well as they grew older were less likely to want to remain in their current homes as long as possible and were more likely to report feeling frequently isolated. Minority older adults were more prone to being isolated than their White counterparts (Bailey 2004).

The customization and integration of low-, high-, and smart-technologies can help people age in place, remain independent, maintain mobility, improve daily activities of living, create and negotiate safe spaces, monitor and preserve physical and cognitive functioning, as well as facilitate family members with caregiving responsibilities (Becker and Webbe 2008, Connelly et al. 2014, Crossen-Sills, Toomey and Doherty 2009, della Cava 2013, Demiris et al. 2006, Gustke 2015, Lansley 2001, Loe 2010, McCreadie and Tinker 2005, Mihailidis, Carmichael and Boger 2004, Miskelly 2001, Orlov 2012, Peek et al. 2014, Peek et al. 2015, Perry 2015, Rantz et al. 2013, Song and Chen 2015, Su and Chiang 2013). This can include the design of public spaces, such as curb-cuts and ramps, as well as products for residential spaces, such as grab bars, door handles, color-contrasting floor, and internet-connected devices for telecare and telehealth, such as virtual assistants, to name a few (Aronson 2014, della Cava 2013, Dotson 2013, Lindeman

2017, Marston and van Hoof 2019, McCreadie and Tinker 2005, Miskelly 2004, Orlov 2012, Wang 2014). While a person may succeed at remaining in their own home, they could be faced with dwindling choices, mounting levels of loneliness, helplessness, boredom, depression, or feeling like life is difficult if community changes, technology costs, home modifications, or maintenance efforts increase. Thus, a downside is that technologies, interventions, or modifications meant to help a person age in place can blur the boundaries between home and institutional space, causing ambiguities and tension and/or transform one's home space into an isolated and marginalized space (Brittain et al. 2010).

If it is not possible to stay in one's own home, then growing old within a setting of one's choice or in a community one is familiar with, is usually preferred. Several new professions and industries have emerged to facilitate people's desires to age in place, such as: Certified Aging in Place specialists, Geriatric Care Managers, Senior Relocation Specialists, Senior Concierge Specialists, just to name a few. Achieving aging in place, however, is a diverse and dynamic process. The unique situation of each individual makes every aging in place experience different. People can be intentional about their aging in place behaviors and/or must make emotional and psychological adjustments to balance threats to their agency in relation to their changing experiences of identity, connectedness, congruence, and integration with the places they find themselves living (Ahn, Kang and Kwon 2019, Cutchin 2003, Cutchin, Owen and Chang 2003, Golant 2015a, Golant 2015b, Greenfield 2012, Lehning, Smith and Dunkle 2015, Rosenwohl-Mack et al. 2020, Szanton et al. 2011, Wick and Zanni 2009, Wiles et al. 2012). Whether aging in place is a "bane or blessing" (Golant 2015b:18), it is far from a "a single, universal goal" (Scharlach and Diaz Moore 2016:420).

The second meaning of aging in place is the social movement use of the phrase, which is based on the social and moral responsibility to protect an aging population, with the intended importance of sweeping cultural change (Vasunilashorn et al. 2012a). This is seen in the proliferation of AFCI that endeavor to address aging in the community as well as injustices, exclusion, and inequity, which are further addressed in following sections of this chapter. As an example, universal design is an aging in place concept that has gained traction and stems, in part, from the disability rights movement (American Planning Association (APA) 2011, Crews and Zavotka 2006, Iwarsson and Stahl 2003, National Public Radio 2010). Universal design is "the development of environments and products that are non-discriminating in their design, easy to handle, environmentally friendly and easily adaptable to multifaceted needs of users" (Lansley 2001:439). Universal design has gained attention because it conceptually goes beyond enforcing building codes; it espouses a philosophy about changing attitudes throughout society with emphases on inclusion, equity, citizenship, and democracy (Crews and Zavotka 2006, Iwarsson and Stahl 2003). It is intended to not only aid older adults with reduced abilities complete activities of daily living[19], it is also intended to increase home and community accessibility for individuals of all ages, genders, and abilities in non-stigmatizing ways.

Insisting that people are equally worthy of aging in place is a radical but challenging idea. Although there is a dimension of social justice suggested by the meaning of aging in place, most incentives for aging in place "has been a strategy for reducing public long-term care expenditures associated with residential care, rather than enhancing the well-being of older adults, their families, and their communities" (Scharlach and Diaz Moore 2016:408). A critique was that, aging in place tended to denote a policy ideal (Ball and Lawler 2014a, Farber et al. 2011, Lawler

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[19]Activities of Daily Living (ADLs) are basic self-care tasks such as: walking, feeding, dressing and grooming, toileting, bathing, and transferring one's body from one position to another.

2015), rather than a complex process or interaction between older adults and place (Ahn, Kang and Kwon 2019, Cutchin 2003, Erickson, Call and Brown 2012, Golant 2014, Golant 2015b, Greenfield 2012, Penney 2013, Phillipson 2007, Rosenwohl-Mack et al. 2020, Rowles 1993).

While the conceptual underpinnings of aging in place are "rooted firmly in ecological notions of person-environment fit (e.g., Lawton and Nahemow 1973), social policy in the United States appears to focus more on the person than on the environment" (Scharlach 2012:28). This highlights the "microfication" of gerontology, which is the discipline's often overwhelming emphasis on individual capacities and characteristics in old age (Hagestad and Dannefer 2001). Consequently, issues of social structure and social location affecting possibilities of aging in place are less explicitly considered and, thus, remain invisible.

PART 3. CHAPTER 7: AGING IN COMMUNITY

Efforts to improve the possibility of aging in place have increasingly shifted beyond the physical design and accessibility of one's own home and toward recognizing the importance the community context plays as well. As a matter of social policy, the neighborhood, community, and city environments have all become subsumed into and reinforce the popularity of aging in place.

Many notable efforts to enhance the experience of aging in the community throughout the United States and abroad have proliferated over the last few decades. In a compendium compiled by the University of California, Berkeley's Center for the Advanced Study of Aging Services, at least one-hundred twenty-one community aging initiatives were identified from surveys sent to nearly three-hundred organizations identified through online searches (Scharlach 2010). Attention was often paid to the immediate environmental components that affected a person's ability to achieve successful, healthy, or active aging (Abbott et al. 2009, Abowd et al. 2002,

Beard and Petitot 2010, Chatterjee, King and Irving 2014, Lin and Huang 2015, Morley 2015, Ory, Liles and Lawler 2009, Plouffe and Kalache 2010, U.S. Environmental Protection Agency (EPA) Aging Initiative 2009, World Health Organization 2002).

To name a few, *continuing care retirement communities* (CCRC) were part independent living, part assisted living, and part skilled nursing home, offering a tiered approach to residents to accommodate their changing needs with aging (Abbott et al. 2009). Upscale *assisted living facilities* and luxury *retirement communities* catered to active retirees, with environments that featured state-of-the-art services and amenities, such as Zumba classes, sushi chefs, kilns in crafting rooms, hydro-massage rooms and more (Abbott et al. 2009, McHugh 2000, Thomas and Blanchard 2009, Wotapka 2013). *Planned* or *intentional communities* were residential groupings found on similar spiritual, social, or political beliefs or other shared values or goals, such as cohousing, communes, ashrams, kibbutzim, and cooperative housing (Thomas and Blanchard 2009).

There were communities wherein traditional ideas about caring for one's neighbor prevailed even beyond geographically bounded definitions of a neighborhood. These were *Villages*, which were based on a model that relied on a nonprofit organization to vet and organize programs and services for their members who paid a regular fee for the benefits (Davitt et al. 2015, Dembosky 2015, Greenfield et al. 2013, Greenfield et al. 2012, Ludden 2010b, McDonough and Davitt 2011, Scharlach, Graham and Lehning 2012, Scharlach et al. 2014, Thomas and Blanchard 2009). *Naturally Occurring Retirement Community—Supportive Services Programs* (NORC-SSP) were another model that attempted to coordinate and provide individual and group services and programs in a community for residents who had grown old with the passage of time (Abbott et al. 2009, Ormond et al. 2004, Vladeck and Altman 2015).

Programs of All-Inclusive Care for the Elderly (PACE) were efforts based within adult day centers where interdisciplinary health care teams integrated acute and long-term care for older adults with severe chronic conditions and functional health problems (Center for Medicare and Medicaid Services 2011, Lynch, Hernandez and Estes 2008). *Care Transition Programs* worked to ensure older adults moved safely and comfortably across levels and settings of care, such as hospitals, skilled nursing facilities, and single-residence homes (Coleman and Boult 2005). *Community Partnerships for Older Adults* were efforts that facilitate partnerships among diverse community stakeholders to develop innovative ways to meet the long-term care needs of older adults within a particular community (Bailey 2009).

Finally, *age-, aging-, elder-friendly* initiatives focus on making changes to the physical and social infrastructures of cities and towns to promote the physical and psychosocial well-being of community members as they age (Alley et al. 2008, Lehning, Smith and Kim 2017, Lui et al. 2009, Scharlach 2012, Scharlach and Lehning 2016). The concept first appeared in the literature when Baltes and Baltes (1990) proposed that "optimal aging refers to . . . aging under development-enhancing and age-friendly environmental conditions," (p. 8). While there is no uniform definition for age-friendly, the general understanding "draws from the 'person-environment fit' perspective (Lawton and Nahemow 1973), which suggests that older adults must augment their capabilities when their individual levels of competence are challenged by the environment" (Alley et al. 2008:4). This means moderating the demands of the environment, which can be social, psychological, and/or physical, to bring them in line with changes in people's needs and capabilities throughout their lives.

To move away from the individualistic models, a public health discourse infused into gerontology increasingly located the environment as a social determinant of health and

wellbeing. To address the environment as a social determinant of health, a key focus area was the way in which the design and infrastructure of cities, towns, and communities had an impact on both planetary and human health, as well as how people connected and coexisted with one another as a society (Corburn 2009, Feather 2017, Grantmakers in Aging 2013, Jackisch et al. 2015, Marmot 2005, Wilkinson and Marmot 2003, World Health Organization 2007a, Yeh et al. 2016). This has contributed to a mounting interest in creating *sustainable* and more *harmonious* environments for an aging population (Buffel and Phillipson 2016). The former raised questions about managing urban growth in a manner able to meet the needs of present and future generations. The latter emphasized values such as *equity*, *accessibility*, and *inclusion* as essential elements in achieving sustainable development for a healthy and aging population (World Health Organization 2015a).

Age-friendly initiatives grew in prominence during the early 21st century, and has gained much traction in a short amount of time.[20] Menec and Brown (2018) conducted a document search that showed the use of the term "age-friendly" increase substantially since 2007. For instance, in 2009, *Generations*,[21] a journal of the American Society on Aging,[22] dedicated an issue to the theme, "Creating Aging-Friendly Communities," followed by an issue with the

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[20]For instance, in a crude search (conducted on October 18, 2016) for "age-friendly" in the title of a text, PubMed returned 53 hits with articles dating from 2009 to 2016, whereas Google Scholar returned 525 hits. Again, the large number of hits outside of PubMed suggests that the concept of *age-friendly* had appeal beyond a strictly biomedical realm.

[21]*Generations* is a quarterly journal of the American Society on Aging (ASA). This journal provides practitioners and researchers in the field of aging with in-depth research, practical applications, and valuable insight into the lives of older adults and those who work with them. Each issue features several articles on a single topic, guest-edited by one or more recognized experts in the subject area, and includes contributions from a range of practitioners, researchers, policymakers and elders. This journal offers a wide range of perspectives on relevant and timely topics in aging. (Source: http://www.asaging.org/generations-journal-american-society-aging).

[22]Founded in 1954 as the Western Gerontological Society, the American Society on Aging (ASA) is an association of diverse individuals bound by a common goal: to support the commitment and enhance the knowledge and skills of those who seek to improve the quality of life of older adults and their families. The membership of ASA is multidisciplinary and inclusive of professionals who are concerned with the physical, emotional, social, economic and spiritual aspects of aging. (Source: http://www.asaging.org/about-asa).

theme, "Gray and Green: The Intersection of Aging and the Environment." In 2014, the *Journal of Aging & Social Policy*[23] dedicated an issue to the theme, "Age-Friendly Cities and Communities around the World." In 2015, the *Public Policy & Aging Report*,[24] a journal of the Gerontological Society of America, dedicated an issue to the theme, "Making a Home in the City: The Age-Friendly Community Movement."

Several books have been published on this topic as well. Scharlach and Lehning (2016) authored the book "Creating Aging-Friendly Communities." Caro and Fitzgerald (2016) are the editors of the book, "International Perspectives on Age-Friendly Cities." Moulaert and Garon (2016) are the editors of the book, "Age-Friendly Cities and Communities in International Comparison: Political Lessons, Scientific Avenues, and Democratic Issues." Buffel, Handler and Phillipson (2018) are the editors of the book, "Age-Friendly Cities and Communities: A Global Perspective." Stafford (2019) is the editor of the book, "The Global Age-Friendly Community Movement: A Critical Appraisal."

Under the rubric of age-friendly efforts, there are a variety of approaches (Scharlach 2010). The American Institute of Architects (AIA) put together a list of the *Top 10 Ways Architects Can Become Age-Friendly*. This was an effort to get architects to "take into account the physical changes that occur over time, reducing physical and psychological barriers and the potential for injury" in their practices (American Institute of Architects New York Chapter 2011).

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[23]The *Journal of Aging & Social Policy* examines and analyzes critical phenomena that affect aging and development and implementation of programs for elders from a global perspective, as well as the processes for adopting policies and programs at the local, state, and federal levels, examining the interplay of political and economic forces and legal and regulatory constraints on addressing the major challenges posed by the "greying" of society. (Source: http://www.tandfonline.com/action/journalInformation?show=aimsScope&journalCode=wasp20)

[24] The *Public Policy & Aging Report* is a quarterly publication of the Gerontological Society of America (GSA) that explores policy issues generated by the aging of society. Each thematic issue is designed to stimulate debate, highlight emerging concerns, and propose alternative policy options. (Source: https://www.geron.org/publications/public-policy-aging-report)

The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States developed the *Age-Friendly Health Systems* initiative. An Age-Friendly Health System is one in which every older adult gets the best possible care, experiences no health-care related harms, and is satisfied with the care they received. This was a framework premised upon four essential elements, known as the 4Ms – what matters, medication, mentation, and mobility. The ambition was to spread this initiative to 20 percent of U.S. hospitals and health systems by 2020 (Institute for Healthcare Improvement 2019, John A. Hartford Foundation 2019).

The *Age-Friendly University* (AFU) network consisted of institutions of higher education around the globe who have endorsed the 10 AFU principles, developed by Dublin City University (2012), and committed themselves to becoming more age-friendly in their programs and policies. The Academy for Gerontology in Higher Education (AGHE)[25] endorses the AFU principles and invites its members and affiliates to call upon their institutions become part of this pioneering initiative (Eisenberg 2019, Gerontological Society of America 2019).

The Atlantic Regional Commission (ARC) created their take of age-friendly efforts by branding it *Lifelong Communities* (LLC). This framework was for planners to design cities and neighborhoods that provided an array of housing types that appealed to younger and older so they could live in them throughout their lifetimes (Atlanta Regional Commission 2012).

The *AdvantAge Initiative* was an effort sponsored by the Visiting Nurse Service of New York, with funding from Atlantic Philanthropies, the Robert Wood Johnson Foundation, Retirement Research Foundation, and other national and local foundations. This was a data-

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[25]Established in 1974 (as the Association for Gerontology in Higher Education), the Academy for Gerontology in Higher Education (AGHE) is the Gerontological Society of America's education organization of colleges and universities that offer education, training, and research programs in the field of aging. AGHE currently has more than 60 institutional members throughout the United States, Canada, and abroad.

driven community planning effort to help communities measure their elder-friendliness from the perspectives of older residents in four domains: 1) basic needs for housing and security, 2) maintenance of physical and mental health, 3) independence for the frail, disabled, and homebound, and 4) opportunities for social and civic engagement. Data from these assessments were used to educate, build public awareness, and inform local planning efforts to develop action plans for communities (Scharlach 2012).

Grantmakers in Aging, a professional organization representing philanthropic entities, spearheaded an initiative sponsored by the Pfizer Foundation called the *Community AGEnda: Improving America for All Ages*. The purpose of this program was "to enhance and accelerate age-friendly development work in communities across America" (Grantmakers in Aging 2013:2).

The National Association of Area Agencies on Aging (n4a) facilitated the nationwide expansion of *Livable Communities* (National Association of Area Agencies on Aging and Partners for Livable Communities 2007, National Association of Area Agencies on Aging 2015). In collaboration with a non-profit organization called Partners for Livable Communities and with support from MetLife Foundation, n4a offered workshops and provided guidance and technical assistance for communities to build and nurture local, multi-sector collaborations for a livable community. They defined a livable community as "one that enables citizens to thrive across their lifespan" (National Association of Area Agencies on Aging 2015:13).

The U.S. Environmental Protection Agency included principles of *Smart Growth* to their age-friendly efforts. Smart growth is "development that improves the community, environment, economy, and public health" (U.S. Environmental Protection Agency (EPA) Aging Initiative 2009:2). The idea behind this approach was to build into the physical design of communities the

features necessary to promote active aging, such as activities that increased endurance, strength, flexibility, balance, and injury prevention, as well as facilitated a more sustainable community for future generations.

The Milken Institute Center for the Future of Aging devised an index for ranking and reporting the *Best Cities for Successful Aging* (Chatterjee, DeVol and Irving 2012, Chatterjee, King and Irving 2014, Kubendran, Soll and Irving 2017). This index was constructed from publicly available data as well as from the research and the expertise of their board of advisors, which "includes influential leaders in philanthropy, policy, academia, health, financial services, and other domains who share an interest in changing policies, practices, and priorities to improve lives, strengthen societies, and create a better future for today's aging generation and for generations to come" (Milken Institute and the Center for the Future of Aging N.d.-a). This index consisted of nine domains: 1) living arrangements, 2) community engagement, 3) general livability, 4) healthcare, 5) wellness, 6) financial security, 7) education, 8) transportation and convenience, and 9) employment. The focus was on the livability of a place across the life course, rather than the best places to retire. According to Kubendran, Soll and Irving (2017), the authors of the report, their ranking system was intended to stir "virtuous competition to galvanize improvement in the social structures that serve a growing urban population. We want to encourage best practices and innovation along with solution-focused dialogue among thought leaders, decision-makers, and stakeholders" (p. 6). To do so, the Milken Institute asks mayors throughout the United States to pledge to make their cities welcoming environments for older adults to age in place. As of 2017, one-hundred-fifty mayors have promised to support neighborhoods that promote inclusivity and are sensitive to the physical, social, and economic

well-being of older adults (Seegert 2017), including Mayor Ed Lee of San Francisco (Milken Institute and the Center for the Future of Aging N.d.-b).

The most globally visible age-friendly effort was characterized by an international initiative introduced by the World Health Organization in 2006 (World Health Organization 2007a). Underpinning this effort was the notion of *active aging*, which is "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (World Health Organization 2002:12). Predisposed was the idea that human functional capacity will inevitably decline with age, but that rate of decline and the age at which people begin to experience disability and dependence could be mediated through a healthy environment that provided access to necessary services and conditions (World Health Organization 2007a). According to the World Health Organization (2007a):

> An age-friendly city emphasizes enablement rather than disablement; it is friendly for all ages and not just "elder-friendly." An age-friendly city encourages active aging by optimizing opportunities for health, participation and security to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities . . . [I]t should be normal in an age-friendly city for the natural and built environments to anticipate users with different capacities instead of designing for the mythical "average" (i.e. young) person. (P. 72).

To help cities and communities prepare for a changing future, the WHO developed an age-friendly framework for identifying and addressing barriers to the well-being and participation of older people.

Based on focus groups in thirty-three cities around the world, the WHO identified eight interconnected domains of urban life that required attention: 1) community support and health services, 2) communication and information, 3) transportation, 4) housing, 5) outdoor spaces and buildings, 6) social participation, 7) respect and social inclusion, and 8) civic participation and employment. Shown in **Figure 3.7.1**.
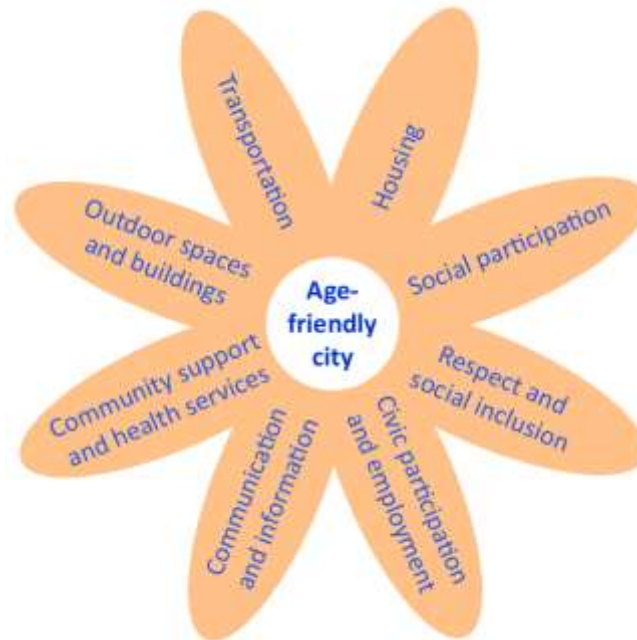
FIGURE 3.1 WHO EIGHT INTERCONNECTED DOMAINS OF URBAN LIFE

These domains are reflected in a checklist of criteria that individuals and groups can use to assess

their communities' age-friendliness. Communities can then use the findings to conduct a more

thorough needs assessment, determine an action plan, and identify their public policy goals

(World Health Organization 2007b).

In 2010, the WHO initiated the *Global Network of Age-Friendly Cities and Communities*.

This network facilitated the exchange of information, resources, and best practices among cities

and communities committed to making their local environments age-friendly (World Health

Organization 2015c). To participate, the cost was free, but cities and communities had to submit

an application that included a letter of commitment from the Mayor, a summary of policies,

programs, and services targeted at older people and a plan to make it more age-friendly (World

Health Organization n.d.). As of January 2020, over 1000 cities and communities in 41 countries

are a part of the WHO *Global Network*, including San Francisco, California, which joined in

2014 (World Health Organization 2015c, World Health Organization n.d.-b). In 2011, AARP, a

for-profit membership and advocacy organization, joined forces with the WHO Global Network by becoming the national partner for American communities. This was a way to harness an alignment between AARP and WHO resources and efforts.

AARP already worked with American communities through information sharing and knowledge generation about *livable communities* (AARP 2014, Guzman and Harrell 2015, Harrell, Lynott and Guzman 2014, World Health Organization 2015d). *Livable communities* have "affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life" (Kihl et al. 2005:2). To assist communities, the AARP Public Policy Institute developed a web-based tool called the Livability Index that used nationally available data to measure several essential attributes of livability in a geographic region. Users can enter a specific address, neighborhood, zip code, or city name into a search field and data are populated immediately with a score on that region's livability (AARP Public Policy Institute N.d.).

Central to the theme of being age-friendly was the assumption that aging in place was primarily an individual choice, predicated on equal access to options presented by community and health support and the built and social environments. The normative expectation to age in place has become synonymous with aging well because it implied the opposite of going into a nursing home or care facility. The combined AARP and WHO initiatives represented a national-international alignment to advance AFCIs across the United States and beyond, with a goal to accelerate this effort into a social movement.

Expanding conceptual efforts of the WHO age-friendly framework, Marston and van Hoof (2019) advocated for the inclusion of information communication technology (ICT). As

shown in **Figure 3.2**, they proposed the *smart age-friendly eco-system* framework to represent

the mediating role of technology as a key societal development in the 21st century, which was not

included in the initial WHO age-friendly framework developed in 2007.
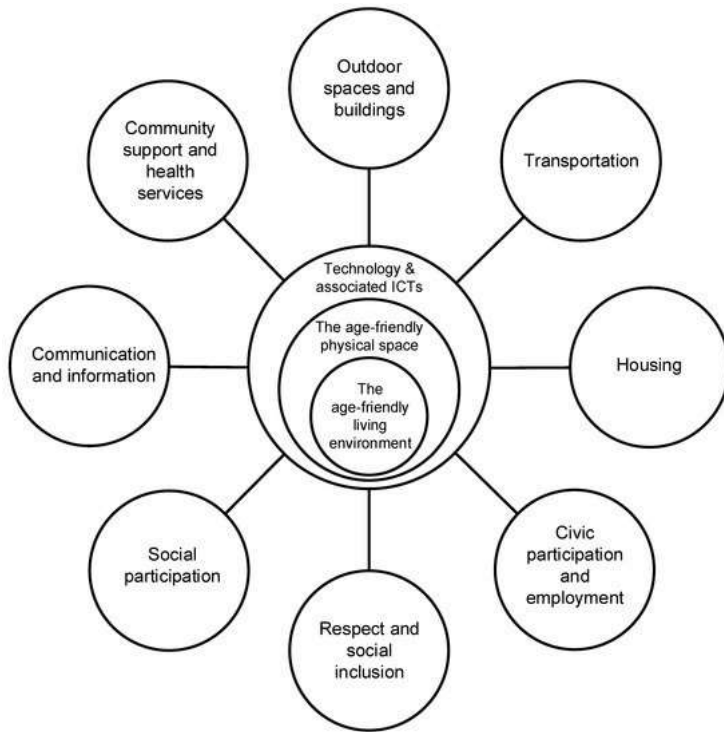
FIGURE 3.2 SMART AGE-FRIENDLY ECO-SYSTEM FRAMEWORK

Technology is a broad term, which describes the collection of techniques, skills, methods,

and processes used in the accomplishment of objectives, such as age-friendly communities.

Technology is often the result of engineering, which is the use of scientific principles to design

and build infrastructures. A smart city, for example, is an urban area that utilizes and deploys

various electronic Internet of Things (IoT)[26] devices and sensors, which have the ability to

collect data and utilize the data in attempts to provide efficient resources to residents and

communities. For instance, Johnston (2017) charted the eight WHO age-friendly domains with a

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[26] Internet of Things (IoT) is the network of interconnected devices which are embedded with sensors, software, network connectivity, and necessary electronics that enables them to collect and exchange data making them responsive. It is an architectural framework which allows integration and data exchange between the physical world and computer systems over existing network infrastructure.

selection of startups and technology companies that are addressing the needs of older adults in these areas, as shown in **Table 3.1**.

TABLE 3.1 STARTUPS AND TECH COMPANIES ADDRESSING WHO AGE-FRIENDLY DOMAINS

Age Friendly Topic Area	Feature	Startup / tech company focused in this area
Civic participation and employment	Employment options	SilverJobs
	Volunteering options	Grande Aides
Communication	Computers and the Internet	Beam, Breezie, GrandPad, Keepy, Klup, Our Social Circle, Sentab, Stitch
Community and health services	Emergency planning and care	Care.coach, Everplans, Vynca
	Offer of services	CareLinx, eCaring, HomeTeam, HomeTouch, Honor, Joyners
Housing	Affordability	Silvernest, The Freebird Club, Room2Care
	Ageing in place	Cubigo, Ally, Blue Willow Systems, Early Sense, EchoCare, Emerald, Evermind, Jibo, K4Connect, Konnektis, Leeo, Luna Lights, Nonnatech, Onkol, Reemo, SafeInHome, Stack Labs, Uniper
	Design	Houzz
	Essential services	Meals on Wheels, Blue Apron, Rinse
	Maintenance	Handy
	Modifications	TaskRabbit
Outdoor spaces and buildings	Environment	Rendever (virtual visits)
	Public toilets	Bathroom Scout, Toilet Finder
	Safety	WiseWear, UnaliWear, CarePredict, GreatCall
Respect and social inclusion	Community inclusion	AgeWell, PAMF Linkages
	Public education	Teeniors
Social participation	Accessibility of events and activities	Iris OC
	Addressing isolation	CareAngel, TeleVisit, CareHood, Klup, Stitch, Koala Phone, Sentab
	Range of events and activities	Cubigo, LivWell Health
Transportation	Age-friendly vehicles	Waymo, Tesla, Cruise, Otto, Comma, Nauto
	Community transport	Proterra
	Driving competence	Roobrik
	Parking	Luxe
	Taxis	Lyft, Uber

Given the numerous technologies available to people today, technologies can be used and deployed in homes, communities, and cities to benefit residents. The smart age-friendly

ecosystem framework, proposed by Marston and van Hoof (2019) seeks, to advance the efforts

of existing and future AFCIs for the information technology age.

Yeh et al. (2016) mapped the social determinants for an aging and disability-friendly city,

based on work conducted in San Francisco, as shown in **Figure 3.3**. They added technology as a

ninth domain to the WHO's eight domains of age-friendly cities and communities, to capture the

technology boom's influence on every facet of life from macro to micro scales.

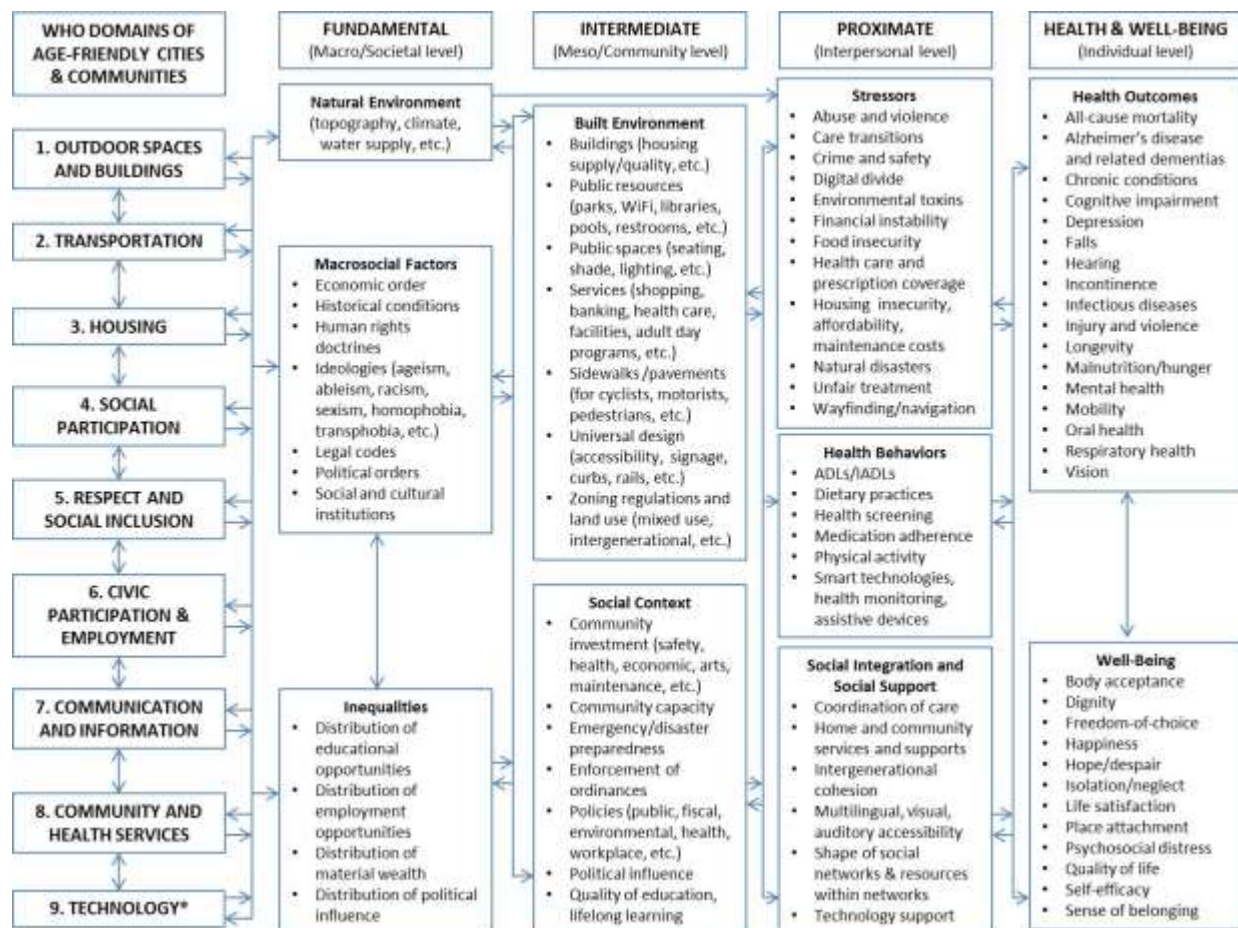| WHO DOMAINS OF AGE-FRIENDLY CITIES & COMMUNITIES	FUNDAMENTAL (Macro/Societal level)	INTERMEDIATE (Meso/Community level)	PROXIMATE (Interpersonal level)	HEALTH & WELL-BEING (Individual level)
1. OUTDOOR SPACES AND BUILDINGS	**Natural Environment** (topography, climate, water supply, etc.)	**Built Environment** • Buildings (housing supply/quality, etc.) • Public resources (parks, WiFi, libraries, pools, restrooms, etc.) • Public spaces (seating, shade, lighting, etc.) • Services (shopping, banking, health care, facilities, adult day programs, etc.) • Sidewalks /pavements (for cyclists, motorists, pedestrians, etc.) • Universal design (accessibility, signage, curbs, rails, etc.) • Zoning regulations and land use (mixed use, intergenerational, etc.)	**Stressors** • Abuse and violence • Care transitions • Crime and safety • Digital divide • Environmental toxins • Financial instability • Food insecurity • Health care and prescription coverage • Housing insecurity, affordability, maintenance costs • Natural disasters • Unfair treatment • Wayfinding/navigation	**Health Outcomes** • All-cause mortality • Alzheimer's disease and related dementias • Chronic conditions • Cognitive impairment • Depression • Falls • Hearing • Incontinence • Infectious diseases • Injury and violence • Longevity • Malnutrition/hunger • Mental health • Mobility • Oral health • Respiratory health • Vision
2. TRANSPORTATION	**Macrosocial Factors** • Economic order • Historical conditions • Human rights doctrines • Ideologies (ageism, ableism, racism, sexism, homophobia, transphobia, etc.) • Legal codes • Political orders • Social and cultural institutions			
3. HOUSING				
4. SOCIAL PARTICIPATION				
5. RESPECT AND SOCIAL INCLUSION			**Health Behaviors** • ADLs/IADLs • Dietary practices • Health screening • Medication adherence • Physical activity • Smart technologies, health monitoring, assistive devices	
6. CIVIC PARTICIPATION & EMPLOYMENT		**Social Context** • Community investment (safety, health, economic, arts, maintenance, etc.) • Community capacity • Emergency/disaster preparedness • Enforcement of ordinances • Policies (public, fiscal, environmental, health, workplace, etc.) • Political influence • Quality of education, lifelong learning		
7. COMMUNICATION AND INFORMATION	**Inequalities** • Distribution of educational opportunities • Distribution of employment opportunities • Distribution of material wealth • Distribution of political influence		**Social Integration and Social Support** • Coordination of care • Home and community services and supports • Intergenerational cohesion • Multilingual, visual, auditory accessibility • Shape of social networks & resources within networks • Technology support	**Well-Being** • Body acceptance • Dignity • Freedom-of-choice • Happiness • Hope/despair • Isolation/neglect • Life satisfaction • Place attachment • Psychosocial distress • Quality of life • Self-efficacy • Sense of belonging
8. COMMUNITY AND HEALTH SERVICES				
9. TECHNOLOGY*				

FIGURE 3.3 SOCIAL DETERMINANTS FOR AN AGING- AND DISABILITY-FRIENDLY CITY

This framework visualized the pathways of material conditions and social factors that affect

residents' health and well-being, with the intention of being used to identify community-led

solutions that link praxis and social change.

In 2018, the World Health Organization (2018) took a retrospective look at the progress

made by the Global Network of Age-friendly Cities and Communities since its inception and

outlined the strategy for the coming decade. John Beard, the Director of the WHO Department of

Ageing and Life Course couched the alignment of the WHO Global Network efforts with the

Sustainable Development Goals (SDGs), stating:

> In 2015, the Sustainable Development Goals (SDGs) united the world on 17 ambitious
> objectives that seek to make the world a better place for everyone between now and 2030.
> In line with the SDGs, the *Global strategy and action plan on ageing and health* listed
> give key strategic objectives on which we need to take action in order to improve the
> ability of older people to be and do what they have reason to value. Helping cities and
> communities everywhere to become age-friendly is critical if we want to achieve the
> SDGs and the *Global Strategy.* By making cities and communities age-friendly, we
> ensure that cities and communities are inclusive and equitable places that leave no one
> behind – especially the most vulnerable older people. Equitable societies, in turn, have
> benefits for everyone. (World Health Organization 2018). (P. n).

According to the report, the efforts of the WHO Global Network now covered 217 million

people worldwide. In the United States, 27.26% of the total population and 19.49% of the

population 60 years and over were covered by these efforts (World Health Organization 2018).

The vision for the future included increasing healthy life expectancy, reducing the inequities in

both life expectancy and healthy life expectancy within and between cities and communities,

making measurable changes in building and maintaining older people's functional ability, and

seeing all countries developing age-friendly programs.

The strategies to achieve success were several. These included developing a baseline and

understanding who was benefiting and who was left behind. Make the WHO Global Network

more inclusive. Strengthen the WHO Global Network by developing specific projects that bring

together members; build new partnerships with local- and national-level governments, non-State

actors, and developing transnational networks. Develop global tools and adapt them to support

local age-friendly programs, such as business case models and providing training, mentorship,

exchange, and evaluation support. Recognize achievements and showcase results to incentivize

good work and continued investment. Build the evidence base, including identifying and filling

knowledge gaps in inclusive and rigorous ways, such as building institutional capacities to carry

out research and developing bottom up or co-production methods of working with older people

and cities and communities to build tools that work for them efforts (World Health Organization

2018).

In the 21st century, an age-friendly ethos has inspired more and more cities and

communities worldwide to engage in efforts that optimize opportunities for health and make

local environments places where all residents can grow up and grow old. Despite the growth and

achievements of AFCIs, the present context raises problems for implementing high quality

programs. Buffel, Phillipson and Remillard-Boilard (2019) noted that, "[i]nterest in this work

from the early 2000s occurred at a time of economic growth with an expansion in public sector

programs targeting groups such as older people. Support for these was thrown into reverse with

the financial crash of 2008 and the application of neoliberal policies, these leading to a scaling

back of the welfare state and related forms of public investment," (p. 6).

Several studies, moreover, have elucidated complexities and blind spots of AFCIs. These

complexities include, but are not limited to, the effects of rapid urbanization (Beard and Petitot

2010, Phillipson 2004, Vlahov and Galea 2002) and gentrification of cities (Buffel and

Phillipson 2019, Moos 2016, Smith, Lehning and Kim 2017); whether communities have the

structural capacity to accommodate the needs and goals of an aging population (Ball and Lawler

2014a, Golant 2014, Lawler 2015); the parallel rise of neoliberal policies leading to a scaling

back of the welfare state and associated forms of public investment (Buffel and Phillipson 2016);

questions about for whom aging in place benefits and excludes (Moulaert, Wanka and Drilling

2018, Phillipson 2007, Scharlach 2016, Wanka, Moulaert and Drilling 2018, Wanka et al. 2018);

the variable meanings of aging in place and the goal or difficulty to do so by people in different

social groups (Golant 2015b, Grenier, Barken and McGrath 2016, Grenier et al. 2016, Penney

2013, Wiles et al. 2012); and who is "aging out of place" (Curtin et al. 2017, Sadarangani and

Jun 2015), "stuck in place" (Erickson, Call and Brown 2012, Torres-Gil and Hofland 2012), and

"aging in the margins" (Finlay, Gaugler and Kane 2018).

While there is no universally accepted definition of what constitutes an AFCI, there is

increasing literature expanding conceptual and theoretical development (Greenfield 2018a,

Scharlach 2017), looking critically at policy and practice efforts both in the U.S. and abroad

(Buffel, Handler and Phillipson 2018, Finlay et al. 2019, Lui et al. 2009, Moulaert and Garon

2016, Scharlach and Lehning 2016, Stafford 2019, van Hoof et al. 2018), as well as instruments

and indicators to help communities measure the effectiveness of and sustain their work

(Grantmakers in Aging 2015, Kihl et al. 2005, Neal and Wernher 2014, World Health

Organization 2015a, World Health Organization 2018).

PART 4: EXPERTS' PERSPECTIVES ON AGE-FRIENDLY COMMUNITY INITIATIVES

This section of the dissertation drew from data gathered from semi-structured in-depth

interviews with thirteen AFCI experts who were involved with AFCI research and practices, as

well as ethnographic observations of events and conferences I attended that addressed AFCI

policies, research, and practices. This part of the dissertation explored experts' perspectives on

aging and the environment in relationship to the materialization and formulation of AFCIs.

PART 4. CHAPTER 8: EXPERTS' UNDERSTANDING OF AGING

According to Katz (1996), "old age is caught in gerontology between the efforts to discipline, calculate, and manage it, and the forces that undiscipline, diversify, and fragment it" (p. 139). Despite variability in their professional training, when experts were asked the meaning of aging, they, at once, reached for discourses that were intimately and controversially tied to biological constructs of aging. While they attempted to expand the gerontological gaze beyond a biomedical model, the recurrent specter of biomedicine permeated their aging discourses. It surfaced continually as the experts contended with ways to think beyond it and its tyranny.

In this chapter, I explored the paradoxical relationship experts had with gerontological knowledge and authority, which was bound by biomedical discourses of aging. This overarching theme is presented using five inter-related examples – 1) Relying upon biological constructs of aging while recognizing its limitations, 2) Rejecting chronological time as a meaningful organization of aging, 3) Trapped by the pitfalls of gerontology's biomedical dominance, 4) Commodifying the use-value of older adults, 5) Collapsing the future into the present. The following excerpts are from the experts I interviewed. These excerpts are meant to be illustrative of the overt and covert ways in which the gerontological gaze made it challenging for experts to authoritatively re-imagine and convincingly recast or rearticulate aging in any other way than a biomedical one.

Relying Upon Biological Constructs of Aging While Recognizing its Limitations

One of the first and foremost ways many experts initially described aging was as a biological phenomenon. While experts acknowledged that a biological construct of aging was a fundamental base for gerontological knowledge, they were also quick to point out its limitations.

Consider the descriptions of aging provided by Daniel, Stanley, and Barbara, all faculty at universities.

Daniel worked at a public research university on the West Coast and was involved with implementing AFCIs. He has training in urban studies and gerontology. According to him:

> Daniel: Aging is fundamentally a biological process that occurs after development and homeostasis and is associated with senescence. The decline of our human function. You can't stop there, you know. That there are these important socio-cultural kinds of components that also need to be looked at.

Daniel used many scientific words to describe aging. For instance, "homeostasis" was the tendency toward an equilibrium between interdependent elements of the human body. "Senescence" was the process by which cells irreversibly stop growing and dividing, leading to gradual deterioration and cellular death. Daniel pointed out that a biological construct of aging was a normative assumption about aging, and its drawback was a narrow focus on physiological decline. He said:

> Daniel: From a societal perspective, I think that aging is often looked at from the decline perspective. I think a lot of that has to do with the biological approach, and the fact that senescence is about decline of function during later life. In the field of aging, though, I think that its's starting to be understood that there's more to aging than decline.

While the signifiers of aging are biological first, Daniel described how there were also social and cultural elements important for understanding aging. He was hopeful that the gerontological gaze was beginning to broaden conceptualizations of aging beyond a biological one.

Stanley was a social work professor at a public research university on the West Coast and a scholar on AFCIs. He said:

> Stanley: Aging is the time driven process of primarily unidirectional change in humans, in any kind of organism. Some people have argued that it's basically a process of organismic entropy. That's a way to think about it. To the extent that aging is either defined by or a result of decrements in organismic functioning, to the extent that one biological reality is that our bodies become less efficient for a variety of

internal and external reasons, we become more vulnerable in terms of our healing capacity. Our reserve capacity declines and our vulnerability to insults increases particularly in an environment that is not well-designed for older people.

Like Daniel, Stanley also used many scientific words to describe aging. For instance, "entropy" was the degradation of matter and energy. By "organismic entropy," Stanley was expressing that aging was the wearing down of the body – that, as organisms, we lose or slow our biological capacity to physically heal from wear and tear on our bodies caused by living. He described how aging was a "time driven process of unidirectional change," bringing the notion of temporality and change into his construction of aging. Stanley perceived a biological conceptualization of aging as "imperfect" when applied to AFCIs because the interventions were too reactively focused on providing support and care to older people rather than on enhancing their capacity. He explained:

> Stanley: There is growing knowledge about prevention – primary, secondary prevention particularly. And there is some focus in age-friendly efforts around physical activity and involvement, but it really doesn't, for the most part, build upon the knowledge base. When we look at the evidence-based practices, it really doesn't engage those in any meaningful way.
>
> The aging in place focus tends to be much more residual and much less preventative. Aging in place focus has really included very little attention to human plasticity and the ability to improve functioning and is focused much more on providing support and care. As much as that's a response to help the problems, it's more a response rather than a focus on helping to enhance capacity.

Stanley felt AFCIs could gain by being proactively focused on preventing the biological wearing and tearing of the body to enhance physiological function of bodies over time.

Barbara was a professor at a public research university on the East Coast and was also involved with AFCIs in her community. She relied on her nursing knowledge to provide an explanation of aging, and said:

> Barbara: Well, I'm a nurse. Aging is a lifelong process. Some people say it begins at birth. Some religious people say it begins at zygote formation. Technically, it's

the process of growth and development until sexual maturity. So, aging, technically, starts after sexual maturity because that's when the body starts to physiologically age and the periods of growth and development is part of that. I probably fall more along that line. It's universal. And, everybody who's alive is aging.

Barbara pointed out that aging was a process that occurred over the course of life, but the very definition of when life began was socially contentious. She drew from scientific knowledge rather than religious knowledge to base her understanding of when life and aging began. She also mentioned how aging was "universal." This word was commonly used by experts to describe how aging was a phenomenon of nature, meaning all biological creatures would experience physiological changes over time and eventually die.

These quotes stressed the ontological dominance of biological constructs of aging, which informed much of gerontological knowledge. The experts were simultaneously bound to biological constructs of aging while acknowledging its limitations to advance the field of gerontology.

Rejecting Chronological Time as a Meaningful Organization of Aging

Chronological time maps easily onto aging. Time is useful for conducting temporal comparisons, such as now and then or before and after, and it helps construct the notion of young and old based on who was born earlier or later. The benefits of linking chronological time with aging reifies the belief that aging is "universal." This is because the passage of time is also assumed to be universal, a phenomenon of the natural world. Chronological time as a primary instrument in the organization and understanding of aging, however, can run the risk of establishing shortsighted generalizations of aging and provide reductive explanations of complex biological and social processes.

For example, Fran was a retired physician who was now involved in the field of product design for aging. She described how people patronized for being a "cute" old person, but also expressed the tension she felt with accepting her chronological age as old. She said:

> Fran: I don't like it when I get patted on the head. Don't ever say to me, 'isn't she cute?' I'm not cute. I haven't been cute since I was 8 years old. That's the kind of patronizing that you get. It infantilizes you. If I'm doing something—'Oh, how surprising!' When I go places, I frequently hear—'Oh, gee, she's old!' I keep telling them, 'No, I'm not really old. I'm only 18. It's been a hard 18 years.' When I was 81, I decided I can't be 81, so I was 18. Then I became 82. I'm not 28, I'm still 18. Now, I'm going to be 83. 83? Absolutely not. I'll stay 18.

When the gerontological gaze is refracted through a biomedical lens, it incorporates more and more aspects of an older person's lifeworld under the rubric of a sick body (Powell 2006b). This renders aging an individual attribute, which puts people in the position of rejecting, masking, or denying aging due to the social expectations or stigma attached to showing bodily signs of growing older (Laz 1998). A paradox is, people living with bodily decline may experience biological limitations of their outer bodies, but feel their inner youthfulness is imprisoned (Kontos 2005). The treatment Fran received was based on assumptions about her chronological age and physical appearance. These assumptions and treatment she received were so disparaging that she rejected her chronological age and claimed a younger age to dismiss the negative connotations of being old. This was her way of trying to rupture the stereotypes being applied to her.

Meg, an industrial designer and gerontologist, provided another example. She critiqued how a biomedical construct became a deterministic way for characterizing age as an expectation of physical ability and function. Practices and policies were, then, predicated on these notions, which, at once, normalized the social construction of aging as biological and reaffirmed chronological time as an epistemologically important way to know aging. She said:

Meg: Aging is the passage of time in a linear version. That's pretty much it. It's not a predictor of anything. You can't make that claim. Other than puberty, you can't make the claim that you go from age zero to age ten, and this is going to happen. From ten to twenty, and this is going to happen. It's only legal landmarks, like, 'When can you vote? When can you drink? When can you drive a car? When can you get married?' That's the only time age really has anything to do with quality of life. It's really our level of ability that people are talking about and worrying about. It's not age at all.

Meg argued that chronological age-based categories were not particularly meaningful or predictive of anything in and of itself. Rather, chronological age-based categories became imbued with meaning because legal, administrative, or bureaucratic policies codified and reinforced social norms and expectations of people by their chronological age.

A third example was provided by Eleanor, a professor at a private research university in the Mid-West and was involved in the AFCIs in her city. Her professional training was in public health, human development, and gerontology. She also moved away from a chronological construct of aging and suggested that a needs-based criterion may better serve gerontology to guide the creation of services for people. She said:

Eleanor: I don't believe in chronological age. I think different people age at different rates, and I think the services that we need are really focused on people's condition, whether it be physical health, their mental health, their caregiving status. I wouldn't say, 'Oh, these are services for the population eighty-five plus or seventy-five plus,' or whatever. It's really more need-based.

Eleanor recommended disentangling services from age-based categories to help move away from stereotypes or assumptions about older people. She endorsed shifting toward need-based perspectives, especially in the design and delivery of social and health services. A pitfall to this approach, was that it continued to distill what may be a public concern into an individual concern, meaning the concerns for how to provide services and support to the populace were relegated to the needs that an individual may identify for themselves. When the conduct of old age was treated as an individual attribute or a personal need, the problems became individualized

and so did the solutions. Older people were, then, required to become active agents and responsible consumers in the pursuit of their own well-being and longevity (Powell 2006a).

Trapped by Ageist Pitfalls of Gerontology's Biomedical Dominance

A pitfall of gerontology's biomedical gaze – largely defined by the view that aging was a process of deterioration, dependency, and decline – was that it perpetuated the perception that aging was "not a sexy topic," as Daniel put it. Gerontology's lack of allure limited its appeal to broader academic fields, which simultaneously prohibited the possibility of knowing and thinking about aging from any other perspective than a biomedical one.

Steve, a professor at a public research university in the Mid-West who had been long involved with AFCIs, discussed the repercussions of a biomedical construct of aging when it was scaled from the individual level to the whole population. He recounted the media's involvement in piquing an awareness of aging, but they framed it in catastrophic terms. He said:

> Steve: When I started out, there was a relatively small group of people who were studying in the field of aging – the Gerontological Society and a number of anthropologists who are interested in aging. We knew, thirty years prior, that the year 2011 would be significant because that was the year the baby boomers are going to start turning sixty-five. There was a small awareness among people who had that idiosyncratic interest in aging, that someday things were going to hit, and people told me for a long time, 'Well, you're in a growth area. There are going to be millions of jobs for people.' Anyway, there wasn't really much attention to it until the popular media picked it up and Newsweek and Time and all the daily newspapers began offering feature stories on the boomers and the demographic revolution and those kinds of things. I think, in many ways, the media played a significant role in piquing awareness. Although, I have to say, I still feel that media coverage frames it in catastrophic terms, which has been a problem. I still hear people discovering this and using the term "silver tsunami," which is a term I really don't like because it's, "Everything's just going to fall apart," you know?

The framing of aging in terms of demographic doom cautioned that we were unprepared to support an aging population and that older people were a worrisome drain of resources. This portrait was painted vividly in our imaginations by a demographer's brush with creative

metaphors, such as the "pig in the python" and the "age wave," to name a few. The social construction of aging as a problem was reinforced by messages by the mainstream media, which was an example of fear-mongering rhetoric at work. The prevailing culture of fear about aging facilitated short-sighted solutions in gerontological endeavors that could strain, for instance, welfare systems. Steve further explained:

> Steve: Do we really want to medicalize aging? Medicare more so than Social Security succeeds because, in many ways, we rationalize it on the basis of this notion that aging's a medical problem. So much of our society is pervaded by this metaphor of health and illness, and I think it's going to come back and haunt us. If it's all about health and avoiding illness, it's politically popular because of the fear that's associated with illness. Again, if we see old age and the population changes being something to fear, I think we're in trouble because there's never going to be enough resources to provide those kinds of services if we feel that's what's needed. So, I think we're setting ourselves up for failure.

Steve made a strong cautionary statement. Biomedical notions of aging were interwoven with notions of health. Fear-mongering discourses about decline, decay, dependency, and disability in old age were techniques often used to convince people to care about and act upon their own health to protect and preserve the health of society as well. These discourses were important vectors and could be leveraged to steer social and political action. For instance, Daniel saw gerontology as "a growing field." His deliberate integration of gerontology with urban studies made him feel "in some ways like this black sheep" but, in some ways like he was "part of a counter-culture movement." He was hopeful about the positive framing of aging that has emerged in recent years and was optimistic for the (new) direction he saw gerontology heading. He elaborated:

> Daniel: I think that it's starting to be understood that there is more to aging than decline. That comes from a number of different kind of perspectives – successful aging, positive aging, productive aging, all these iterative approaches to understanding what the positive aspects of aging are. Aging-as-an-asset kind of thinking. It's definitely becoming more prevalent in the field. Every year, over the last, well, since my career began in aging thirteen years ago, that you start to see more and

more people talking about it and its general acceptance that there are positive components of aging as well.

Concepts like successful, positive, or productive aging were buzz terms and offered possibilities beyond the premise that aging was simply about biological decline. These concepts, however, still viewed aging through a biomedical lens. They accepted the notion that growing older was the continuous development within human life, and that life could be optimized through techniques upon the individual. The underlying assumption was that lifestyle choices and behaviors could minimize progressive physical and mental deterioration and disability over time (Estes, Linkins and Binney 2001).

For example, successful aging was an extension of the 1953 gerontological conception of activity theory (Havighurst and Albrecht 1953). Successful aging was made popular by American physician, John Rowe, and psychologist, Robert Kahn, and premised upon three components if upheld – low probability of disease and disease-related desirability, high cognitive and physical functional capacity, and active engagement with life over time (Rowe and Kahn 1987).

Estes and DiCarlo (2016) criticized that successful, positive, and productive aging were "distinctively American concepts" (p. 102) that have been inculcated in national and global institutions like the World Health Organization (WHO), the United Nations (UN), the World Bank, and the European Union (EU) along with their goals of diminishing health inequalities. Interest in these concepts by powerful institutions contributed to the surge in popularity of these perspectives about aging outside the U.S. The magnitude of scholarship produced on these perspectives, however, contradicted the deepening social, health, and economic disparities that were manifesting in in the U.S. and abroad. These disparities were caused by inequalities and associated with welfare state austerity policies (Estes and DiCarlo 2016).

Successful, positive, productive, active, and healthy aging concepts reinforced neoliberal discourses where concepts such as self-responsibility, self-governance, and self-care were touted as facilitators of social action. The disciplinary work of these discourses created dangerous dichotomies where individuals were expected to become engaged, active, successful, and "normal" or risk becoming unengaged, inactive, unsuccessful and "deviant." This dichotomy tapped a "deep-seated fear of our decline and erasure, projected outward in the form of disdain and disgust for 'old' people who do not 'measure up' and who down tumble the spiral of 'bad' old age" (McHugh 2003:180). As Stanley commented:

> Stanley: We don't see aging as something that has value. It simply is something to be avoided. A lot of our images of healthy aging or successful aging are, I think, inherently ageist. The definition of successful aging is pretty much not-aging.

Posing the question of social aging in terms of success, activity, healthy, and productivity drew attention to the ways in which structural and personal components of identity interacted. This included the techniques used to invent self-identities with age, as well as the role of institutions and public policies in creating an atmosphere that offered a dominant view of aging over others. These perspectives implied a moral and objective basis on which to grow old. They affected the public legitimacy and personal identities made available to older people because the value of their appearances, abilities, needs, and choices, as well as their work, leisure, and lifestyles, all became open to judgement (Estes, Biggs and Phillipson 2003).

Commodifying the Use-Value of Older Adults

One way to counter biomedical discourses that negatively conceptualized aging as a process of decline was to use participatory discourses that emphasized the importance of involving older adults. Participatory discourses represented a broader shift in Western societies to engage and empower older people in the production and dissemination of gerontological

knowledge and in the development of services, policies, and practices that were meant to be in their own best interests (Ziegler and Scharf 2014). While older adults are often invisible or excluded from urban regeneration policy efforts and seen as mere victims of neighborhood and urban change (Buffel and Phillipson 2016), they have a degree of individual and collective agency to participate in the world and shape spaces and places suitable for their needs. Participatory discourses co-existed with a parallel language that recognized the agency of older people and viewed them as a valuable community resource. In order to make this argument, experts needed to potentialize the profit of engaging older people by using model-market logic. For instance, Daniel, an urbanist, said:

> Daniel: Older adults are a resource. Interestingly enough, one of the few growing resources that we have in the world at a time where our natural resources are dwindling. To understand aging, not from a deficit perspective, but to really look at it as an opportunity—the wisdom and really the assets that older adults can bring along with them. A good example of this is the markets that we're trying to capture. The oldest proportion of our society – let's say the 55 and older, 65 and older – hold tremendous resources. There are opportunities there for tapping into financial or knowledge-based kind of quality resources that are part of their human existence. From the financial perspective, you've got a really cool thing that older adults are entrepreneurial, actually, at higher rates than any other cohort; that you've got more charitable giving and other volunteer contributions that are occurring with older adults. One of the cases that can be made is that this is valuable to our community. That there are resources out there that are integral to our success in the health of our communities, both the functional ability of older adults, but then also, the value and the assets that come along with older adults and aging, in general.

Stanley made a similar argument. He explained, "the discourse has been, 'how do we reduce the cost? How do we spend less money on this problem of aging?' Not, 'how do we invest in it to improve our outcomes?'" He suggested that there needed to be:

> Stanly: Real leadership, real political recognition of the importance and value of investing in aging, of investing in older adults. That, when you provide supports for older adults to help them stay healthier or help them manage existing conditions, when you provide supports and capacity-building to communities to help them engage and support their older members, that that is something that has

114

value. That, there's a return on investment. It may or may not be traditional financial return on investment, but to society there's a return on investment.

While characterizing older people as a valuable resource was a counter-narrative to a decline perspective of aging, it also framed older people as a form of (bio)capital. Casting a gerontological gaze upon the participation and usefulness of older adults put focus on their bodies and contributions in terms of use-value. This was a business-case framing and invoked political economic considerations for aging.

A political economy approach to aging was a theoretical stance that emerged in response to the epistemological dominance of individualistic explanations of aging. A political economy approach took a macro level perspective and posited that the processes responsible for creating the problem of old age were due to dimension of the social structure. The sheer growth in the number of older people was understood as a threat or opportunity upon resources, which required rationing. The system and structural arrangements that determined whether one group was valued more highly than another (e.g., the winners and losers) was understood to be economic in origin. However, the combined processes of a political economy of aging and biomedicine produced a form of biological reductionism whereby the explanation for social improvements were replaced in the public mind by techniques applied to individuals (Estes, Biggs and Phillipson 2003). These techniques included: 1) the rhetoric of investing in older people by transforming them into a dependent class or 2) encouraging their participation and facilitating their empowerment.

The former highlighted older people for special attention because it "contributes to the power and authority of those, like social workers and medical personnel, whose job it is to 'help' 'the aged'" (Laz 1998:97). For instance, Stanley described geriatric social work as being in "the business of creating futures." By this he meant that geriatric social workers were professionals

115

that helped older adult clients identify and access options for their care rather than having a "future [that] looked very bleak and almost inevitably involved a nursing home."

The latter foregrounded older people's agency, which could occur in two ways. One way was to construct a citizen-based understanding for understanding aging. For instance, older people could be employed as tools for questioning structural sources of inequality and injustice. A citizen-based approach, however, could also over-emphasize the self-reliance of individuals, creating an increasingly normative expectation and a moral duty of *good* older people to be civically, socially, or culturally engaged in their community. Otherwise, they risk becoming deemed as unproductive or burdensome members of society.

The other way was to construct a consumer-based or client-based understanding for aging. For instance, this made older people the users of products, policies, and services that fed the expanding economy. A consumer-based or client-based understanding for aging created an increasingly normative expectation for older people to be knowledgeable of their own needs and desires and to demand that these be met in the marketplace. Otherwise, they risk becoming susceptible to the marketplace, which stands to tell them what they need and desire. For instance, Jack was an entrepreneur – whose "background is not from the health side or aging side or the research side" – provided an example.

Jack co-founded a global company geared toward transforming aging to improve the lives of older adults. He came into the field of aging because he was "inspired by the family members complaining that they wanted products and services to help them. Realized there was a big opportunity to do good and, hopefully, do business as well by creating an innovation ecosystem for aging." The core values of Jack's company were focused on being "interdisciplinary, intergenerational, and international." Driven by a commitment to bring about "systems change,"

he said, "We're very much about empowerment of individuals and the ability for people to make their own decisions. A lot of time that plays out in two ways. One is making sure we understand what people want and ask them first, and then, co-create and co-design." Jack described the two views of aging held by his company:

> Jack: We have a very strong sense of agelessness. We don't want age to be a barrier. We want people to have opportunities across their full life spectrum. That would be one of our views. The second one of our views would be about person-centric care. So, we're very much in the mode that we're not in the health business, but we're in the aging business and that is the full spectrum of care, like, from the Maslow hierarchy of needs, we're very much about person-centric care, very much about the social determinants of health.

While Jack was adamant that his company was "not in the health business," he drew from human development and health-related concepts to explain his views on aging. This demonstrated how biomedical discourses of aging were interwoven into and continue to pop-up in the way non-gerontologist think about aging.

For instance, the view of person-centric care was an approach that originated from humanist psychotherapy[27] and held the belief that clients had self-actualizing tendencies to realize their self-interests, especially when provided with a supportive environment. In practice, person-centric care referred to what providers should aspire to do, which was to support the agency of the client and go with their direction in terms of understanding what they need and desire for personal growth and change. Along with person-centric care, Jack mentioned the Maslow (1943) hierarchy of needs, which was a psychological theory of motivation. Maslow's hierarchy of needs was conceptually portrayed by 5-tiers in the shape of a pyramid. Individuals must satisfy needs lower down in the hierarchy before they can attend to needs higher up. From the bottom of the hierarchy upwards, the needs were: physiological (air, water, food, shelter,

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[27]Developed by psychotherapist Carl Rogers in the 1940s and initially coined as client-centered.

sleep, clothing, reproduction, homeostasis), safety (personal, emotional, financial security; health and well-being, resources to protect from adverse impacts such as illness or accidents), belonging/love (friendship, intimacy, family, sense of connection), esteem (status, respect, recognition, acceptance by others, strength, competence, mastery, confidence, independence, freedom), and self-actualization (desire to become the most that one can be, realization of one's full potential) at the top. Jack also mentioned the social determinants of health (SDOH) (Marmot 1999), which is a public health theory referring to the economic and social conditions that influence individual and group differences in health status. SDOH are the conditions in which people are born, grow, live, work, and age that are shaped by the distribution of power and resources at micro to macro level scales.

Furthermore, Jack's company held the view of "agelessness," which implied that his company did not make age-based differentiations of people; that they did not *see* age. The rhetoric of agelessness was underpinned by an equality discourse, where everyone was universalized as being the same. In commodity cultures, however, the life course has been reorganized around the priorities of late-capitalist consumer society, making agelessness an ideal and the responsibility of individuals to grow older without aging (Kaufman 1986, Kaufman, Shim and Russ 2004). Market-models provide heroic optimism for longevity and the business sector has been quick to design and develop products and services to meet the needs, desires, and self-interests of an aging consumer-base. An expanding market of commercially designed narratives advertise successful battles against the decay of biological decline through an array of products, body maintenance techniques, lifestyle choices, new living environments, and sophisticated technologies to prevent, rehabilitate, or hide aging bodies under the auspices of healthy, active, and successful aging (Katz 1999, Katz and Marshall 2003, Katz 1995, Katz 2003,

Kontos 2005, Wotapka 2013). The convergence of biomedical discourses with consumer society contributed to the production of aging as a customizable pursuit, while agelessness has remained a cultural ideal.

Participatory approaches (such as citizen-based, consumer-based, or client-based understandings of aging) that directly involve older people can lead to their empowerment in beneficial ways or lead to change in ways that are locally and more personally meaningful to older people. However, Ziegler and Scharf (2014) warn that participation and empowerment approaches have become all too common features in gerontology. The notions of participation and empowerment, which were once the cornerstones of radical political activism against dominant ideologies and forms of governance, have been depoliticized through their adoption outside the context of critical discussions around power. Consequently, participatory and empowerment approaches run the risk of serving those who serve the state (e.g., the "deserving," healthy, wealthy, able, etc.) more than they serve those who trouble the state (e.g., the "undeserving," sick, poor, disabled, etc.).

Regardless of citizen-based, consumer-based, or client-based understandings for aging, the politics of participation and empowerment are wrapped up in notions of power that permeate relationships on all levels. Individuals and groups must negotiate these power relations in their daily lives. This points to the ways in which consent and coercion are entangled and operate that allow those with power in society to maintain the status quo (Gramsci 1971).

By ignoring mechanisms that uphold the status quo, notions of participation and empowerment, or the lack thereof, can be used as justification to withdraw resources or provide no direct relief to address hardships faced by older adults, subordinate groups, marginalized people, or disadvantaged communities. When studying aging, this usually plays out in

intergenerational and economic terms. Older people may be coerced into certain roles and institutions if they are perceived by dominant groups to be irrelevant to social or economic stability, or as a threat. Otherwise, older people may be convinced to claim that something (e.g., a product, policy, or practice) is in their own self-interest even if it is not. Consent has been orchestrated and aligned with dominant discourses (Estes, Biggs and Phillipson 2003).

An example of this tension between participation, empowerment, and coercion was expressed by Fran. Fran was a strong believer in a participatory approach called co-design. She described her involvement in the industry as: "obviously very personal for me. I've been dragged in, but I've marched in also." Fran was a retired physician who formerly worked on user-design of health care products, such as needles, sharps, and safety devices. She lived with injuries from an accident when a drunk driver hit her car. These injuries have made mobility difficult, and her daily experiences of trying to maintain her independence have heightened her opinion about how the world was or was not suited for older people or people with changing physical needs. Fran reached out to a tech company that supported technologists and entrepreneurs who were developing products that improved the lives of older people to share her thoughts. Impressed by her, the company gave her the honorific title of Chief Elder Officer (CEO). She was ambivalent about what this title was supposed to mean as she felt it was a bit patronizing, but thought her contributions were important. She saw herself as an ambassador to aging for the "young entrepreneurs" who were singularly focused on developing "apps" (mobile applications) as solutions to aging problems. She said: "I hate it when I hear about apps. That's not solving problems." Her mantra was: "Don't design for us. Design with us."

Collapsing the Future into the Present

Framing aging as universal was a rhetorical technique and hopeful plea among experts to urge more people to be aware of their own biological aging as well as the future of society. For instance, Walter was an urban planner and worked on building "intentional communities." He made it explicit during our interview that he did not receive his expertise on aging by studying gerontology. Rather, his interest was in "the intersection of planning and aging" and it was "a personal journey." When Walter gave speaking engagements, one of his main messages was to enlighten younger audiences to be aware of their own aging. He explained:

> Walter: Sometimes, just to be flippant, I'll stand in a room, and this is not a room of older adults, I'll ask for a show of hands, 'Okay, who in the audience is younger today than they were a month ago?' People look at one another and say this guy's an idiot, but the point is nobody is. Aging should be thought of as a verb rather than a noun. You don't arrive in the aging bucket. You're aging, and your needs are evolving, and that thinking is fundamental to this lifespan approach, this intergenerational approach. Aging is not about them. I have a dear friend, she has a lovely phrase, she said, 'Older adults is not them, it's the future us.'

Walter's argument for why younger people should care about aging was because they were "the future us." The framing of aging using this discourse was to debunk aging as an identity that was different between younger and older people, but to unite generations in recognizing that they must be planful in the present about their future needs. Walter's call to conceptualize aging "as a verb rather than as a noun" implied that aging was an action, a process—that one can "do" aging. Part of "doing" aging, when conceptualized through the lens of a lifespan approach meant there was a future to anticipate.

Drawing from theoretical contributions by Adams, Murphy and Clarke (2009), the notion of anticipation could be understood as "a regime of being in time, in which one inhabits time out of place as the future" (p. 248). Thinking critically about this, aging could be conceptualized as a site where anticipatory regimes were at stake because it enabled "the production of possible

121

futures that are *lived and felt* as inevitable in the present, rendering hope and fear as important political vectors" (Adams, Murphy and Clarke 2009:248). In other words, a future-oriented gerontological gaze negotiates with time and collapses the future into the present, lending itself to a discourse of risk prevention. This framing can be leveraged in several, and political, ways.

For instance, public health discourse is oriented toward preventing people from getting sick or injured by promoting wellness and encouraging healthy behaviors (American Public Health Association 2017). This creates justification or expectations for "upstream" interventions at earlier time points in life in order to construct a sense of control or management over an anticipated "downstream" future. Olshansky et al. (2007), Olshansky (2016) coined the phrase "longevity dividend" to describe the economic and health benefits that would accrue to individuals and society if healthy life were extended by slowing the process of biological aging.

In another example, as a part of my fieldwork at a professional conference, I attended an architecture lecture about aging and cities. The invited speaker was the director of a global think tank dealing with "the future of the built environment and society at large." He was the founder of a foresight, innovation, and research team at his company. He provocatively asked the audience: "Are you learning as fast as the world is changing?" The premise of his lecture was that we all age and everything changes, therefore, we needed to "future-proof" society. By this he meant we could and should mastermind aging by designing cities so that people can "thrive," a word he used to describe extending healthy life by slowing the process of biological aging. He gave examples of artificial intelligence and machine learning capabilities built into and onto everyday materials and environments as techniques for "future-proofing" aging, such as a stool-analyzing toilet to track data on your health. This has become known as "biohacking," a broad term for someone who uses science and technology to make their body function more efficiently.

It has become a lifestyle that is growing increasingly popular, as people are drawn to the possibility of having control over their own biology (Ellison 2020, Samuel 2019). This interweaving of bodies and data, until recently, belonged primarily to medicine. Technological innovations in wireless (e.g. smart, mobile, wearable, ingestible) technologies have become increasingly available to lay people in the consumer marketplace and has facilitated the tracking of biometrics of all sorts.

Framing aging in terms of its futurity is intriguing and terrifying. It beckons for further social and critical understandings about the modern pre-occupation with the phenomenon of risk and the role it plays in contemporary social life and subjectivities (Lupton 1999). It both holds the promise of thinking about alternative ways of practicing aging and the perils of depoliticizing the conditions that produce precarity and inequality over the life course.

PART 4. CHAPTER 9: EXPERTS' UNDERSTANDING OF THE ENVIRONMENT

According to the World Health Organization (N.d.-c), older people and the environments in which they live are diverse, dynamic, and changing. What constitutes "the environment" was conceptually nebulous. Typically, locating "the environment" referred to factors external to the body, such as the social and physical worlds in which people lived their lives as well as their social relationships and interactions. This made the environment both massive and unspecific.

To highlight the complexities that experts involved with AFCIs grappled with, this chapter examines how and why experts located the environment as a meaningful focus in gerontology. Conceptualizations of the environment for aging included these inter-related themes: 1) biomedicalizing the environment; 2) designing interactions between bodies and the environment; 3) promising nirvana, producing ghettos; 4) broadening environmental options, supporting individual choice; 5) Innovating in the aging space, 6) attempts to scale efforts. The

following experts, from eight of the thirteen experts I interviewed, exemplified some of these themes.

Biomedicalizing the Environment

There was a general sentiment among experts that the environment played an important role in aging. For instance, Jack, an entrepreneur, said:

> Jack: There are people in our world who spend a lot of time on longevity and the life extension piece, but that's not really where we're focusing. We're sort of outside the body rather than inside the body. Maybe your scientific or academic brain can make something more into that.

While Jack felt his work was importantly focused "outside the body," he was unable to explain the reason why. Other experts elaborated more thoroughly about why they saw the environment as an important focus for aging. Stanley, a social work professor, said:

> Stanley: We take the environment as a given and take aging as a given and then just say, "At the point at which there's too much discrepancy, we just have to take away the keys or the person has to move into a nursing home, or whatever." Rather than saying, "Wait a minute, how much control might we be able to exercise, both on the individual level and on the environmental level, especially earlier on, so that the disparity point either doesn't happen or happens much later?" It's just a different way of thinking.

Stanley described how the dynamic changes between a body and the environment held the potential for enabling or constraining healthy aging. He explained the way bodies and the environment aged concurrently but at separate rates so that, eventually, they become functionally misaligned. He said:

> Stanley: Simply put, bodies get older. We have experiences that enhance our functional ability, our coping ability, our contributions we can make to ourselves and to others. We have environments that, on the other hand, get older and older people are more likely to live in older homes. As people need more, we have more deferred maintenance, our environments have more deferred maintenance. At the same time, our environments, both physical environment and social environment, by and large, weren't designed for us as we age or to enhance our aging process for the most part. There becomes more and more of a disconnect for a lot of people, probably for most people, where the supports and enablers in the

environment don't match well with the supports and enablers that really would enhance the aging process in a positive way.

Stanley talked about how the passage of time would inevitably cause the body and the environment to become mismatched in fit if there were no efforts to prevent or delay this at earlies time points in life.

Locating aging as the breakdown between the function of the body and the environment was a common theme among experts. Steve, for example, was an anthropologist and attempted to nuance the typical biomedical view of aging as a bodily process. He described aging, as well as disability and illness, as being constructed by the interaction between a body and the environment, in the interstitial space where they meet and are embedded. Of aging, he said:

> Steve: It's more like what it's not. It's not only the normal physiologic changes that are associated with time. I think that's obviously a piece of it, but I think as long as we think of it in terms of the individual body, it leads us to focus on interventions that are targeted toward the individual body, and I think that's pretty much what we do with healthcare. I think we do that a lot with this whole prevention and fitness craze. I think the body is embedded in the environment, that it's one thing, and that they're not separate. So, aging, I think, as well as illness and disability, is in the relationship. It's not in our body. It's in our relationship with the environment, and that's where it exists. It's in that space. A disability, so to speak, is not in a person's body. It's in their relationship in the environment. The disability really may be produced by the environment, not by the body.

Daniel, an urbanist, similarly talked about the misaligned space between bodies and environments as the site where functional ability breaks down. He said:

> Daniel: One of [the underlying assumptions about aging that drives AFCIs] has to do with functional ability—the gap between functional ability and supportive environments. We know that people have higher correlations of disability after the age of seventy-five. How do you create environments that close that gap [for] people who have more difficulty navigating environments? That's getting back to Lawton and person-environment fit. We close the gap to allow for better function as our population ages because we will see a higher proportion of adults, larger absolute number of older adults and even community-residing people with disabilities. How do we continue to make those environments match those needs to facilitate better functional ability?

To intervene on this gap, this space, where disability was created meant applying techniques to the environment, or things outside the body, to improve the function of the individual body. In other words, techniques to the environment were meant to transform the body in order to optimize function, or defy, or mask aging and any associated illness or disability. The gerontological gaze biomedicalized the environment, which reinforced aging as a biomedical problem. This is how practices applied to the outside of bodies were still, inherently, focused on having control over the function of bodies.

Designing Interactions Between Bodies and the Environment

An important concept that was situated at the intersection of the body and the environment that came up time and again was "design." For instance, Sally, an employee of a federal agency, provided an example of how the design of elements "outside the body" would have an important impact on aging and function. She said:

> Sally: I'll use an example; someone who has severe arthritis and cannot feed themselves. But what if we designed a fork that could be easily held that doesn't function like a young hand? And, having people involved in the design. This could be the universal design movement. Or, we don't make people have to twist their hands for doorknobs, but a lever to push down.

Fran, a retired physician, shared an example from her lived experience about how the design of the items in her environment impacted her. She said:

> Fran: I have needs. I cannot reach the top cabinets. I wanted to get down the pot for chicken soup and I forgot to ask my nephew to bring it down. I'm going to have to use another pot. When I make a chicken, I save the bones. I take off the meat and save the bones. And then I collect them, and I make a big pot of soup. I can't reach that. I can't. My top shelves are for things I'll never use unless somebody comes in. No one likes that dependency. I would like to get on a step stool, but I will not use the step stools that exist. I Googled step stools for seniors. There's not one of them. The one that keeps being promoted is one that I have. It wasn't bought as a senior. I bought it thirty-five years ago. I need something that's the kind of design that would add to my life. There are other designs that are really very concrete. I call them mundane design. That would change my life. I want to, at this point, still stay in my home. It's not set up for aging. I have to make very

> deep decisions about, do I revise the downstairs where my bedroom is, mainly the bathroom? It's investing a lot of money. Do I want to stay here? But I don't find a place that I want to go to.

In Sally and Fran's examples, the misalignment between a body's functional ability and the environment could be mitigated by using a well-designed fork, doorknob, or stool. The design of these items could close the space between person and environment fit.

Design did not need to be blatant. In fact, "bad" design tended to be noticed. "Good" design tended to work in quiet, unnoticed ways. As Meg, an industrial designer, explained:

> Meg: I always say, design is invisible till it fails. You don't see bad design until it affects you. So, if you're able to climb steps and then an ankle injury, you see the staircase again, you've seen a mountain. You never saw it that way before. Now that you can't climb, it changes everything. We won't notice if we get it right. It won't stand out at all. Design defines daily life. That's it in a sentence. It defines daily life. So, again, when it's working, it's working. You don't have to question it. It's when it doesn't work for you that you start to question it. From the moment you wake in the morning 'til you put your head back on the pillow at night, everything you're doing is design interaction. There's simply no way in this world that you're not dealing with things that have been processed and manufactured and built. So that's all design.

Meg explained that implicit in the design of anything meant that interactions, interpretations, intention, power, and politics were all brought to bear in constructing that object and the experiences of interacting with it. Speaking from a phenomenological standpoint, (Heidegger [1971]2001, Longino and Powell 2009), it was only when there was a rupture in the experience that a person would notice a misfit in design between the body and the environment.

Stefanie was an architect and founder of a nonprofit organization that worked with people to refashion their relationship to their homes as they age. She expressed that the design of the environment had a "huge" impact on people's lives in ways that went beyond functional capacity. She felt that the way in which the environment was designed could influence how

people felt, but that the riches of understanding the design of the environment was often

overlooked in aging. About considering design, she said:

> Stefanie: It's not part of the equation. It's only part of the equation as much as it's sort of about remedying certain conditions, something which occupational therapists do – putting a grip bar. But I think it goes way beyond that. It's the height of the window. It is how the window opens. It's if you have a railing at the stair. It's where your favorite chair sits. It's if you have enough light to read. If you can keep your home clean. I mean, all these kinds of things, I think, contribute. And, I think they are just not part of the equation.

Stefanie described intervening on the environment in a way that went beyond utilitarian or

functional interventions that may improve a person's ability to perform certain activities, such as

the putting in of a grip bar to help with bathing or transferring. She gave examples of relatively

mundane elements in a person's home that may contribute to the feel of the environment, and

how that person interacted and engaged with that environment as a place imbued with meaning.

Stefanie spoke to the affective qualities that design elicited in an environment, rather than to just

its material or functional use.

As our daily surroundings, most common artifacts, and even our bodies were said to be

increasingly "designed," meaning in these objects became intimately absorbed whereby

materiality and morality coalesced. This was how we could have judgements about what was

considered "good" or "bad" design. For instance, Stanley, a social work professor, provided an

analogy to highlight the absurdity of our collective thinking when it came to design issues that

influenced health. He said:

> Stanley: The amount of chronic injuries that are caused by computer design, this is crazy. It's like designing a doorway that's four feet high or let's say five feet high. It might work reasonably well for some people, but for other people, everybody's walking around with sore necks all the time because they're bending down. You say: "God, I know you've got a sore neck. That's one of those problems that we all seem to develop. Do you know a good physical therapist or a chiropractor?" That's how we deal with it. Rather than saying: "Gee, if we've got a lot of people with sore necks, maybe we ought to look at the design."

By scaling and expanding the notion of design so that it was relevant everywhere meant that were able to question whether something was designed well or not well, and could be able to critique who stood to benefit from that design or not (Latour 2008). This line of thinking politicized gerontological practices and environmental approaches to aging – it was a way to think critically about the everyday in aging as a project of both social and physical engineering. If cities, landscapes, buildings, parks, computer chips, and societies, as well as genes, brains, and bodies were all subject to design and redesign, then no discipline, including gerontology, could "hide behind the old protection of matters of fact" (Latour 2008:6). Meaning, gerontology could not simply "take the environment as a given and take aging as a given," as Stanley mentioned. Both bodies and the environment were unstable, mutable, open to manipulation, management, optimization, control, and change.

Promising Nirvana, Producing Ghettos

The environment was an important focus for aging because of its dominance in our everyday lives, both symbolic and real. It communicated messages about older peoples' place in society in terms of their social position as well as the material locales where they lived, worked, and engaged in leisure. The environment was also a key site in which conceptions of age, race, class, and gender were shaped and invoked. For instance, an inventory of social settings in which older people live offers an indication of and has implications for drawing positive and negative stereotypes about aging.

For example, Meg, an industrial designer and gerontologist, criticized how marketing experts promoted aging in retirement communities as a good thing. While retirement communities were intended to be safe and healthy places to grow old, they promulgated to frame

the way society segregated people and made them more vulnerable to elements such as crime.

Meg said:

> Meg: I'm not a fan of gray ghettos. I'm not a fan of Sun City. I think what we can look at today is really a lie. Because, we told people they could have this nirvana, and by age, they could move in and be with "people like us." That's boring 101. "And we'll have golf carts and we'll have activities and we'll be safe."
>
> Well, the safety thing is the biggest piece of the lie because, even though they don't publicize it, as I don't think they should, Sun City is in Arizona and I have a lot of discussions with the local police. High rate of burglary, very high rate of burglary. They keep it on the down low because they don't want people to know, they're sitting targets. They come in and the poor people have no idea. I think Sun City came about because, again, fear. We told people, "Oh, you don't want to be getting older in this neighborhood. Things get really dicey. Come live in this grey ghetto."

As Meg pointed out, placemaking was the selling of an idea by real estate marketers. In her example about the retirement community, Sun City, marketers constructed an idealized image of a place to live for seniors. In reality, the ghettoization of older adults, was caused by and the consequence of a segregationist impulse. These retirement communities represented a fortress mentality, an ageless sensibility that was built into and onto these environments. Blaikie (2005) called this fortress mentality "encrustation" (p. 169). This critique relied on the proposition that the environment was more than a passive container of social life, but that the environment was socially produced, charged with contested meaning, and had power upon the people living within them through both discourse and discipline.

Broadening Environmental Options, Supporting Individual Choice

The rhetoric of aging in place discursively celebrated the virtues of independent behavior and personal responsibility, which had negative consequences for some older adults (Portacolone 2011). The ideology of personal independence that undergirded discourses of aging in place could leave some people feeling a sense of precariousness due to the instability and insecurity of

accessing essential resources (Klinenberg, Torres and Portacolone 2013, Portacolone 2013).

Meg, an industrial designer and gerontologist, commented on the consequences of this fear. She

said:

> Meg: People are afraid of, maybe not the moment, but tomorrow, especially. So, if they don't know where they're going to live and how they're going to live, people are unable to function properly.

For some people, surviving to old age produced a unique level of existence that was

overwhelming if there were few affordable options available to help them meet their needs. For

people without the resources to age in place successfully, especially as their capacity and needs

changed over time, they could feel like they were "prisoners of their own homes, without the

ability to move to more appropriate housing" (Skinner 1992:50). This could produce a unique

and terrifying level of existence that was compound by "the fear that someone (a state official or

even a friend or family member) will discover the true state of affairs and enforce the ultimate

sanction" (Thomas and Blanchard 2009:13)—institutionalization.

The attraction to working on AFCIs was that it broadened the notion of aging in place to

the idea that people could and should have options for how they would like to live. Barbara, a

social work professor, explained:

> Barbara: Age-friendly is about helping people. Deliver to what they want, and their desires, and aspirations. The reality is if people want to stay home, then age-friendly should be an umbrella that has a whole range of supports to help them stay home.
>
> I do think that the home is not the best place for people for a lot of reasons. I'm not one of these "stay home, come hell or high water no matter what" because sometimes your home can be prison for you. Sometimes home is the worst place for you. Maybe it's just not suited for your needs, or you're not doing well, or you can't manage it, or you can't afford it. I'm not a big proponent of that as a blanket statement. I think people should have a range of preferences, and I think we need to do more.

Barbara was opposed to the heroic aspiration of aging in place in one's own home because it could pose more risk on an individual. She advocated for an age-friendly perspective that encouraged the development of a wider range of options for people to choose so that their preferences, needs, and desires were accommodated.

Meg, an industrial designer, asked this rhetorical question when reflecting upon the upsurge of interest in AFCIs in recent years: "How do we provide choice, so people can have control?" For her, the principal question at the heart of AFCIs was supporting individual choice so people had options about where to live and options about how basic activities of daily living[28] could be met. She elaborated by saying:

> Meg: I think baby boomers have parents and grandparents who are in assisted living and skilled care, and they don't want it. I think there's almost a universal admission, while we had no other choice, we had to do this for grandmothers. There was no way to take care of her. But they're also assuming and hoping and praying that they won't have to do to that.
>
> The unfortunate fact is, they will, because we have not done enough to develop the means by which we have the choice of living in our own independent housing and we don't have enough resources in terms of the compliment of care.
>
> It goes well beyond just the parameter that most people seem to think about, and that's self-care in terms hygiene. "How am I going to the toilet? How am I going to bathe? How am I going to feed myself?" – I think, is the bigger issue, quite frankly.
>
> When you look at the whole care compliment, it's frightening. But, it's still cheaper to be in an independent housing situation than it would be in skilled care and even assisted living. It makes perfect sense. Look at what you're paying for: a number of staff, the size of the edifice, how many rooms, what levels of care. Why should you pay for the hotel when all you need is the room?

An argument for AFCIs was that, without an affordable range of options for people to choose from, the financial cost of care would overwhelm the state or society.

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[28]Activities of Daily Living (ADLs) are basic self-care tasks such as: walking, feeding, dressing and grooming, toileting, bathing, and transferring one's body from one position to another.

Thinking of AFCIs purely in terms of providing care, with the idealized hope of keeping people in the community and out of institutions, may not necessarily reduce expenses in terms of its burden on the state or society, but shifted the locus of where expenditures accumulated. As Stan, a professor of social work, argued:

> Stan: The good news and bad news is, to the extent that we're successful in keeping people out of nursing homes, you're taking people who otherwise would be in a nursing home or who have enough deficits to be in a nursing home and for whom their existing support structure is not adequate, [and] now, we're saying you're no longer the responsibility of the federal and state governments who are going to pay for your nursing home care because you're poor, or when you're poor, you're now living in the community. Now whose responsibility are you? And, who's going to pay for that? And, how do we deal with the unmet needs of people who are much more invisible? It's like taking the cost off the books. The cost doesn't go away. It's just no longer on the books.

What Stan highlighted was how discourses to age in place and remain in the community shifted the financial onus onto individuals, which only falsely appeared to the lower the societal cost of caring for an aging population. The warning was that advocating for more individual choice could serve as a mechanism to provide justification for cutting funding or dismantling social policies that were safety nets for vulnerable people.

Innovating in the Aging Space

The discourse of individual choice also served as a mechanism to create new markets that competed to develop services and products to meet the needs of an aging population. For instance, Jack was a technology entrepreneur and co-founder of a company that now has chapters throughout the world. His company was "creating change and helping to transform aging to really improve the lives of older adults. It's about solving big problems." The way his company was solving "big problems" was by bringing innovators together from around the world. Jack's company provided "boot-camps to educate start-ups." To scale their efforts, his company hosted competitive challenges called "pitch events" where start-up companies presented their products

to judges. The winners advanced from competitions held in their local chapters and competed in an annual international "grand challenge." This process was a way the company identified "the most interesting folks in the field." Jack described the purpose of his company:

> Jack: Effectively, what it does is, it is bringing to life innovation in the space of aging. Our customer, if you like, it's not the older adult, it's not the industry. It's the investor, the entrepreneur, and the innovator. We need to do what they need— things that they need so we can help them. For example, we need to make sure that they have full access to the older adults who have problems and the challenges that need to be solved. You can't innovate without the problem and without input from who you're actually going to be working with. More than just an idea, you want to co-develop the solution. Then, we need to make sure they have access to investment capital. We need to have access to distribution. We need to have access to a whole range of different things that support the innovators. If we have an innovation ecosystem, then that innovator has multiple options and multiple ways to go to further in their business.

Jack was not principally concerned about serving older adults per se, unless they were innovators or investors themselves. He was interested in supporting entrepreneurs in the creation of expanding a market of products for aging and establishing channels that helped entrepreneurs distribute their services and products to older adults who were consumers.

While competition could spur innovation in positive ways, this was also a way those working in or newly joining the field of aging sought to extract the "gold in gray" (Minkler 1989). Not all the experts were as enthusiastic about the promises of technological discovery and innovation to solve the "big problems" of aging.

Meg, an industrial designer and gerontologist, made an interesting comment about how the real innovation for aging was not going to be the development of a new app, but the real innovation would be to bolster the direct care workforce and identify an affordable middle ground price point for the services and products that people will need. She said:

> Meg: Back in the 50s, people in New York City had their groceries delivered all the time. It was just the way it was done. You picked up the phone. You called down to the grocer. You gave your name. They said, "Hello." There were a couple of

moments of chat, and, "How are you doing?" and, "How's Ricky?" You talked to the grocer, or the butcher, or the baker. Then a boy, a teenage boy who had a job after school brought a box through the kitchen door and it went on your account, and that's how people shopped.

I find it really hilarious to see people acting like there's an app for that and it's like they just invented this. It's like, "No." Yet again, "No, you're not the first one, App-boy. This has been going on a long time."

I see that it's going to be all about finance. People are going to finally figure out they're going to make money at this. We're finally going to settle down and say, "Not every kid has to go to college," but what we really want to do is make sure we have a lot of licensed practice nurses and people who thrive doing caregiving, the hands-on caregiving where you can be proud. You're starting to see the leading edge of it.

Again, it's kind of a Hollywood thing—people have personal chefs and all these staff. That's what all of us are going to have to have, but the price point is going to be different. It's opulence or poverty. So, now we have Meals on Wheels and that's for poverty. But you're going to have to find a middle ground.

While there were older adults who were thriving, in good health, connected to friends and families, and generally satisfied with their communities, there were also older adults who were struggling, in ill-health, living with financial insecurity, or residing in dangerous neighborhoods despite a lifetime of devotion to work, their family, and their community (Feldman et al. 2004). Consequently, vulnerable members of society would continue to be culpable if they were not able to provide for their own aging care. Meg's point was that closing the gap between those able and unable to pay for their own services and care was a "big problem" for supporting an aging population. She mocked society's love affair with technological solutions in the form of "apps" as an answer to these "big problems."

Steve, an anthropologist, also expressed ambivalence toward the expanding markets linked with technology as a solution to the "big problems" of aging. On the one hand, technology held great potential for solutions that may improve the lives of many people, such as connecting people with information and resources. On the other hand, technology could be seen as another

commodity that held the potential to widen disparities between those with and without resources and capital. He said:

> Steve: Because of technology, the availability of social media to efficiently bring people together in ways that wouldn't have been possible, I think that's a good thing. But, it makes, in a sense, technology that much more important for older people and is one of those inequities that will grow.
>
> More and more government programs and various kinds of commercial ventures are making themselves available only through technology. So, if you want to learn about something in state government or city government, you have to go to a website. I think those inequities are going to increase as long as we fail to bring old people along with technologies, develop technologies that are user-friendly for them, or develop alternative ways to participate in those.

While all experts that I talked to felt it was important to involve older people in AFCIs if they hoped to achieve any equitable ends, Steve felt technology was not a singular solution to level the playing field for older adults but that it would widen the gaps.

Attempting to Scale Efforts

Classic Lawtonian environmental gerontology was the underpinning logic of most AFCIs. It was an individual level theory in terms of its focus on person-environment fit. When AFCI experts attempted to scale this theory to the broader population, they often ran into difficulties. While environmental gerontology was meant to be a dynamic theory of aging, it had limitations because its fundamental depiction of adaptation reflected "positivist notions of science" (Wahl and Weisman 2003:625). Although environmental gerontology recognized that the person and their environment formed "a unified system where what is inside is philosophically inseparable from what is outside, for heuristic purposes, it was necessary to speak of, and attempt to measure, them separately" (Lawton 1998:1).

Paul, a professor of sociology who came into AFCIs by studying "urban areas on issues about family life, issues about poverty and social exclusion," criticized how environmental gerontology was limited and needed to evolve. He said:

> Paul: The problem for me in terms of environmental gerontology is that I think it needs a much closer relationship with both urban sociology and urban geography. . . . I think that environmental gerontology does have this functionalist underpinning to it. In a way, a lot of it is quite sophisticated, but the theory underpinning it is actually quite weak, and hasn't really moved on.

He explained that the functionalist epistemology of environmental gerontology did not provide an explanation of social forces potentially at play when considering people's abilities to age in place in their homes or communities. He felt that environmental gerontology needed to connect outer realities and inner experiences, such as the forces of urbanization and globalization on people's everyday experiences of aging in place.

At the 2015 Gerontological Society of America conference, the Environmental Gerontology interest group held a preconference workshop titled, *Methodological Issues in Environmental Gerontology: Opportunities and Challenges*. This workshop provided participants with an opportunity to engage in a dialogue on dominant methodological strategies and specific research methods in environmental gerontology. One of the speakers, Mark, was a medical geographer. He talked about paradigms of inquiry by presenting the ontological and epistemological issues in environmental gerontology. He laid out a set of questions to be further explored if gerontologists wanted to expand inquiries about the environment for aging. He said:

> Mark: We have to come face to face with reality that what we deal with in environmental gerontology is inherently more complex perhaps than some other fields, fields in gerontology or outside of gerontology, because this concept, this thing we call "the environment" is much more complex. We have to take a position. We have to find ourselves within paradigms that get at the questions like this: why or how is the environment important to study? Particularly important from my perspective is: what is its relationship to humans? How [does] change occurs? And, finally the sorts of things I think you're interested in: how do we get to the point where we

can draw inference or conclusions about particular problems in environmental gerontology?

Attention to these questions suggested that gerontologists were ready and looking to push their work further. This speaker along with the other panelists advised that environmental gerontology needed to go beyond the functional qualities of the environment to reveal its political formulations as well as its social and spatial effects. In this way, the environment could be conceptualized as a broad and overarching concept that considered not just the bricks and mortar of streets and buildings, but the social and political context of spaces and places and the diversity of lived experiences and life situations of the people living within them.

As AFCIs became increasingly interested in addressing "equity, accessibility, and inclusiveness," the gerontological gaze of who AFCIs were meant for has increasingly become about improving the environment "for all." As Daniel, an urbanist mentioned:

> Daniel: Age-friendly has those specific outcomes that are related to all ages, all abilities, inclusivity, rather than exclusivity, but then also being a connector of people and ideas is really important. We live and operate in intergenerational environments even though there are silos, and there may be discrimination that exists on both sides of the age spectrum. Kind of specifically calling this out: make sure all ages are part of that.

A closer reading of a narrative shift toward environments "for all" revealed a tension in the way AFCIs have been adopted on the ground. On one hand, the idea that AFCIs were "for all" helped to advance its cause as a universal good. It oriented the discourse of AFCIs toward matters of inclusion, participation, and social justice. On the other hand, "for all" left the target population vague and open to interpretation. It oriented the discourse of AFCIs toward a universalizing regime that may eclipse the specific needs of a particular age group or segment of the population (Biggs and Carr 2016). As Daniel further explained:

> Daniel: I'll tell you about the difficulties that we've had with other communities. Equity is an issue that I'm interested in and passionate about. I think about equity as a

very robust kind of approach to things. For me, it includes race, ethnicity, disability, age, sexual orientation, a lot of different things.

What's happened in government, more recently, is a focus on racial equity and using a racial equity lens. What's happened is that it's almost been similar to the civil rights movement in some ways, in that you've got women, race, disability, and age, in that order, that have come into the purview of policy and civil rights. With equity, it has been spear-headed by the racial equity push and that hasn't left room for other areas such as age and disability. Disability more so than age.

We found ourselves competing against advocates from these other communities for a push for equity, which seems short-sighted in my perspective. I was told by a colleague of mine at the university, this race piece will happen first, and the age piece can come later because we've been working on this longer. For me, it felt short-sighted in some ways. It should be "us and all," rather than, kind of, "me and this little thing that we're working on."

In a predominately ageist society, one strategy has been to refrain from using any words that would indicate that AFCIs were meant to benefit older adults, seniors, or about the process of aging. Instead, focus has been placed on words like "livable," "intergenerational," and even "return on investment." For example, Barbara, a social work professor and trained nurse said:

Barbara: When [the public] hear "aging," it automatically connotes to them everything's excluded. They think, "Oh, another thing for older people." I don't like the word. I like AARP's word "livable communities" better because it's more universal, because this is about everybody. Everybody's aging, and ultimately has aging parents. Some of the things that can be done well benefit every age. I don't love the connection, although I do agree that there are unique needs with aging, and that's part of this. It's a very difficult thing for people in our field. It really is. We're so wedded to the enterprise and that if we don't step out, we're going to leave the rest of the public. It's time to bring them in. I think it's best to be a blanket.

Barbara explained how the professional usage of the term "age-friendly" did a disservice because it ostracized the broader public from becoming interested or invested in AFCIs. Using the word "age-friendly" framed older people as a group with particular needs and who required support, services, and care, which excluded non-older adults. She advocated eradicating the term, "age-

friendly," and favored the word "livable" to highlight how aging was "universal" and to imply that AFCIs were for all people and not just older people.

The very lack of age-specificity was a way that experts tried to garner more professional and public support for AFCIs. As a universal good, it was convenient to orient AFCIs toward even broader public health and prevention discourses, such as "green" or "sustainability" movements. For instance, at the 13th International Urban Health Conference held in San Francisco, a physician gave a keynote address about an unprecedented geologic era of human centeredness called the "Anthropocene epoch" (Haines 2016). The physician declared in his address: "The future of planetary health will depend on cities." He suggested a few ways in which cities could be designed to co-benefit human and planetary health by creating ecosystem strategies for resilience, such as safe access to green spaces, improvements to housing and sanitation, as well as developing efficient public and active transportation systems. These were in alignment with the WHO domains for age-friendly cities and communities (World Health Organization 2007b).

Incorporating aging issues as planetary public health concerns was a strategy for gaining public interest in supporting policies that happened to be good for older people as well. This was because health issues were more politically popular than aging issues. For example, Sally, an employee of a federal agency, recalled an AFCI her organization worked on. She said:

> Sally: We worked on, or I should say, the aging initiative worked closely with our office of sustainable communities, it used to be called the office of smart growth, but the principles were really to engineer, on a community basis, health—healthy environment from an environmental standpoint, as well as human health.
>
> We know that the built environment can help promote physical activity, which is probably the biggest prevention technique that we can do for everybody of all ages, but especially elders. Keeping them moving since, as a population, they're less active as age increases. It also has benefits from preventing cancer, different

types of cancer. And, depression. Mental health benefits from being active and outside.

There is also the whole social context of the missed opportunity in your car. You can't stop and check in with someone on the road—the social connectivity of being out and about and connected to your neighborhood and being where people gather. . . .

Those were things that were starting back at the turn of the 2000s, the new century. I'm very happy to see that there is a parallel effort with the World Health Organization, total serendipity. Many of these goals mistreated people years ago, but now, it's become almost in the general lingo.

Stefanie, an architect, talked about her vision of AFCIs to normalize inclusive design. For her, there was something to be learned from the success of the green movement as a strategy for implementing not only age inclusion, but social inclusion, into policy. She said:

Stefanie: I would compare it with the green building movement, from an architectural standpoint, which was sort of an exotic outlier in the beginning and now has become part of the building code. In the same way, there was an economical benefit to it, but really not that much. Policymakers really jumped on the bandwagon, and there was the "LEED certified[29]," and it became sort of a marketing tool, etc. In the same way, I would imagine inclusive design will at some point also become a staple. We won't even talk about it anymore. It will be so normal because we are such an incredibly diverse society, and not just age-wise but culturally. I think diversity will get us there.

Other experts were critical of AFCIs but appreciated getting communities to think not only about aging issues but also in terms of broader social problems. For instance, Paul, a sociologist, criticized that "the age-friendly movement and all the spin-offs around it in terms of 'livable'" have been disconnected from the pressures on urban environments where private developers have a dominant influence on urban planning and design. He said:

Paul: The major issues I have with the WHO, though, is that you have to take account of the way that urban processes affect the success, or otherwise, of age-friendly interventions. A very clear American example of course, and a lot of European examples, are somewhere like San Francisco—badging itself as an age-friendly city when in fact there's hyper-gentrification going on, older people being booted

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[29] LEED stands for Leadership in Energy and Environmental Design. It is one of the most popular green building certification programs used worldwide.

out of their rented apartments, shunted off elsewhere. But San Francisco isn't unusual. That's happening in London, that's happening in Berlin, that's happening in many other European cities. Of course, older adults are doing quite well who've been able to… It's a class thing as much as an age thing.

Paul argued that the efforts to introduce AFCIs coincided with the loss of public space, an impact of neoliberalism which has hollowed out society. A heavy focus on individualization, such as active and successful aging, was being replaced by precarity as people became increasingly vulnerable to volatile markets and macro trends, such as unemployment and housing instability, which impinged upon their daily lives and life course trajectories. Paul argued that the economic structure and social class were important elements of the environment that needed to be taken into consideration in aging.

PART 5: AGING IN PLACE FINDS MEANING THROUGH THE QUOTIDIAN

Many AFCIs emphasize the importance of older adults' voices and discuss the meanings given by them to places related to their sense of belonging or attachment, as well as the facilitators and barriers in their environments that affect their housing, mobility, participation, and health (Buffel 2015, Buffel, Handler and Phillipson 2018, Caro and Fitzgerald 2016, Garon et al. 2014, Lui et al. 2009, Scharlach and Lehning 2016, Stafford 2019). I wanted to advance the investigation by not only focusing on which features of the environment older adults recognized as helping or hindering them, but also explore how their everyday practices are connected to, and interacted with, their negotiated identities and constructions of aging in place. As Katz (2018) noted, "[e]veryday life is not just 'there' as an obvious empirical and factual constant; rather it is the perpetually emergent social sphere of human existence" (p. 4).

In this section of the dissertation, I argue that aging in place finds meaning through the quotidian. The mundanity of this work is the crux of its poignancy. The way adults age and

experience their surroundings is a personal affair. When they share their feelings about where

and how they live,

> they are telling us a great deal about themselves: how happy their lives are, what's important about their life-styles, what their housing expectations and aspirations are, how physically and mentally competent they are, how willing they are to overlook or minimize the undesirable aspects of their environment, what their dwellings say about their status and position in the community, how significant their housing is for their emotional well-being, and how they are able to cope with diversity and adversity (Golant 1986). (P. 123).

This study sought to explore the experiences of ordinary people who were aging in place in San

Francisco, a city participating in the WHO Global Network of Age-Friendly Cities and

Communities.

The gerontological ideal of aging in place is defined as people's "ability to live in their

own home and community safely, independently, and comfortably, regardless of age, income or

ability level" (Centers for Disease Control 2010). While the words "aging" and "place" are quite

common, the gerontological phrase "aging in place" was not particularly familiar to the

informants in this study. When I asked informants what "aging in place" meant to them, to glean

their conscious understanding of the concept, most were perplexed by the term and I received a

wide variety of responses. Replies ranged from:

> Denise: It sounds like somebody who is in an institution, which is the quickest place to age because it's an artificial environment. It's a warehouse for aging, that's all it is.

> – to –

> Randy: I think that's what living in place means. We don't have to warehouse you. We don't have to put you in a facility. We don't have to plug you in. You can maintain, aging in place, a sense of vibrancy, a sense of being fulfilled, a sense of being who you are. The community and you interact as you have. Slowly, over time, it morphs as your interest and needs change, right? Maybe you're not playing Mahjong once a week, but maybe you're getting together and having a cup of coffee. Maybe you're not complaining about your children. Maybe you're complaining about your grandchildren. To me, that's what aging in place means.

143

Similarly, when I asked informant what an "age-friendly city or community" meant to them, to glean their conscious understanding of the concept, most were perplexed by the term and I received a wide variety of responses as well. The World Health Organization (2007a) states that "[t]o understand the characteristics of an age-friendly city, it is essential to go to the source – older city dwellers" (p. 72). The replies I received from informants about the meaning of an age-friendly city or community ranged from:

> Andre: Age-friendly. Let me think of some honky town. Petaluma.[30] All white people be in there. They all settled down, like the Beavers and shit, like "Leave it to Beaver." One of the little residences like that. Some honky town. It's the complete opposite of here.

> – to –

> Elise: Age-friendly cities, such as, Florida? Ground transport, warmer climate, probably economically affordable is very important. Access to medical facilities is important, because you have more issues. On the whole, I still believe in a mixed community. I don't believe in segregating age. I think it should be all ages, because that keeps you not just thinking, "Oh, I'm 80 years old. I see a gray hair." Because, then, it keeps you thinking, you see young people, "Oh, that's how you do it." Sometimes I think I go to work because I'm with younger people, and I learn from them, so opportunities for growth, no matter what age.

The responses provided by these informants underscores how nebulous these gerontological concepts are and how loaded their connotation to ordinary people. Regardless of the meaning of these gerontological concepts, these community-dwelling informants frequently contrasted their own independent living arrangement with the idea of what a nursing home would be like.

Rather than focusing on informants' conscious understanding about the meaning of "aging in place" and "age-friendly cities and communities," I was more interested in the "being" of aging and the "doing" of aging in place. By this, I mean how informants enacted "aging in

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[30]Petaluma is a city in Sonoma County, in California's Wine Country, part of the North Bay sub-region of the San Francisco Bay Area, located 37 miles north of San Francisco.

place" by learning about how they managed to live their lives in San Francisco. I investigate aging in place in San Francisco by focusing on the daily practices and performed processes of informants and how they were connected to, and interacted with, their constructions of growing older in the spaces and places they found themselves living. Although informants expressed a diversity of situations and contexts, central to how they "do" aging in place – which included being a biological creature and a functioning human being – was to survive in a manner that was socially acceptable.

A universally expressed existential problem of aging in place was estrangement on several levels. Must fundamentally, the body was the biological substrate that needed to be maintained and aging was a process of expulsion from life itself at a molecular level. Hence the signifiers of age were often expressed biologically or physically first, but they played out in social and material ways, producing a degree of estrangement. As Goffman (1963) noted in his work on stigma, certain types of bodies, or other visible attributes, can lead to individuals being placed in a "discredited" category that is tied to assumptions about competence, proficiency, and morality. While aging in place was happening in masse, each informant, through practical, utilitarian, or planful creativity, improvised to meet their everyday needs and manage their self-identities. Upon this backdrop, the "being" of aging became practiced and performed processes of "doing" aging in place.

To identify what informants needed to do to age in place, I drew upon interviews with, photographs produced by, and field observations conducted alongside informants to elicit an essence of their daily lives in their everyday environments. **Table 5.1** shows a simple count of the different kinds of photograph taken by each informant. These categories reflect the World Health Organization Eight Domains of Livability for Age-friendly Communities (AARP n.d.-b,

World Health Organization 2007b). These categories should be read here as bracketed while awaiting explication. That is, the categories were there to organize the photographs and to facilitate determining the direction of inquiry into the photographs' further meaning. I explore how informants' photographs related to their daily life, aging in place in San Francisco.

TABLE 5.1 CATEGORIES OF PHOTOGRAPHS TAKEN BY INFORMANTS

INFORMANT	HOUSING	TRANSPORTATION	OUTDOOR SPACE AND BUILDINGS	COMMUNITY SUPPORT & HEALTH SERVICES	COMMUNICATION & INFORMATION	RESPECT & SOCIAL INCLUSION	CIVIC PARTICIPATION & EMPLOYMENT	SOCIAL PARTICIPATION
Andre	15		11	2		2		2
Carol	9	2	3	6				9
China Doll	5		15	2		6	19	54
Debra*								
Denise**			15				1	1
Dolores	15							
Elise	8		8				1	4
George	17	5	6	1				3
Godfrey	9		3	3				2
Hannah*								
Joan	7	2	9	4	2			3
Marie	7	2	3				3	18
Odom	4		18	17		4	5	4
Phyllis	15		4					2
Preston	2		35	9	3	1	1	
Randy	3		31					5
Sharon	4	1	5				3	8

* Abstained from participating in the photograph portion of the study.
** Provided photographs in the form of a video slideshow.

While photographs were used, the informants' experiences were not simply snap shots of their environmental contexts. Their experiences were longitudinal frames that traversed time and space that intertwined their biography with place. In this way, aging in place was more than the

informants' functional ability to meet their needs within a fixed or static environmental context. I argue that aging in place was a seen but unnoticed journey that was experienced through the being and doing of growing older. It required informants to navigate a moving, changing, or shifting space between the past and the present, individual freedom and social control, and aspirations and reality. An uncanny sensation lurked behind the unstable links between these dualities. To write about this relationship while avoiding dualisms, I considered how the doing of aging in place might be considered a social folding, "a dynamic shaping and pleating of subjective worlds as they interact with the external imperative of living in time" (Katz 2018:3). The excerpts that appear in this section were from the interviews I conducted with informants living in San Francisco. Because their life stories were unique and idiosyncratic, these excerpts are meant to be illustrative to convey a range of perspectives about aging in place, not examples of any sub-group or the entire study group. The results of this project provide an aperture into the worlds of a small number of people who were aging in place in San Francisco. Chapter 9 explores informants' experiences of aging as an uncanny sensation of becoming increasingly unfamiliar with and potentially estranged from what were previously familiar surroundings, and how they sought to stabilize or reintegrate and refamiliarize themselves with their surroundings and their ontological being within them. Chapter 10 examines how older adults managed to age in place and the tactics they used. Chapter 11 discusses the way social and economic realities constrained the opportunities and options available to informants, which added variability to aging in place.

PART 5. CHAPTER 10: UNCANNY AGING

To explore the experience of aging in place, I first had to understand the experience of old age and aging. While aging is at once a uniquely individual experience, it is also a universal

phenomenon at the intersection of biological and social forces. This makes aging both a personal and public affair. Adults tend to be labeled "old" by society at a much earlier age than when they themselves feel old. In accordance with biomedical discourses of aging, as bodies age, they undergo physiological changes of atrophy and, ultimately, death. These biomedical discourses inform that aging is something that can be resisted, if one just tries hard enough. Those who do not try hard enough get stigmatized. When people get labeled as old, naturally, they must have done something wrong. The simultaneity of this societal demand – to be old and not old – is paradoxical and can be an estranging phenomenon.

Feminist social theorists Simone de Beauvoir (1972) posed this question about aging: "Can I have become a different being while I still remain myself?" (p. 283). By this, she meant that aging was particularly difficult to assume because we always regarded it as something other to ourselves. While the constancy of biological, social, and material changes that accumulate over the course of living produces a slow realization of aging, the effect is a disturbing unfamiliarity of what was once more familiar. In this way, aging produces an uncanny sensation. The uncanny, like aging, is difficult to define precisely. As Vidler (1994) explained,

> Neither absolute terror nor mild anxiety, the uncanny seemed easier to describe in terms of what it was not than in any essential sense of its own. Thus it might readily be distinguished from horror and all strong feelings of fear; it was not uniquely identified with the parapsychological – the magical, the hallucinatory, the mystical, and the supernatural did not necessarily imply 'uncanniness'; nor was it present in everything that appeared strange, weird, grotesque, or fantastic; it was the direct opposite, finally, of the caricatural and the distorted, which, by their exaggeration, refused to provoke fear. Sharing qualities with all these allied genres of fear, the uncanny reveled in its nonspecificity, one reinforced by the multiplicity of untranslatable words that served to indicate its presence in different languages. (P. 22).

In this study, all informants described the feeling of a widening chasm between *what-once-was* and *what-is-now*, which produced an uncanny sensation, a fundamental insecurity brought about by a sense of something new, foreign, or hostile invading an old, familiar, or customary world.

For instance, consider the divergent lived experiences of Joan and Andre, but convergent perspectives of how perplexing aging was.

Joan had greying blond hair and piercing blue eyes. She was tall, slender, and dressed as if ready to embark on a hike. She lived in a one-bedroom condominium in a neighborhood called Pacific Heights. Andre had wisps of grey hair on his chin, three studded earrings in his left earlobe, and wore reading glasses that magnified his brown eyes that were ringed in blue around the corneal margin. He was a small man but wore an oversized San Francisco 49ers jacket that made his body appear bulkier. He lived in a Single Resident Occupancy (SRO) hotel in a neighborhood called the Tenderloin. While Joan and Andre lived only two miles apart in San Francisco, they were separated by an immense social distance and have lived very different lives.

Joan was born in New York City in 1942 and moved to San Francisco with her husband in 1973. She and her husband wanted to get out of New York, so they drove west. They stayed with her sister who lived in the suburbs of San Francisco. On one beautiful day, they took the BART[31] into the city and rode a cable car up a hill. In that instant, they became convinced that San Francisco "was a perfect place for us." What Joan liked the most about San Francisco was "the weather, diversity, and that you can live here without a car." In 1978, she and her husband purchased the condominium where she still resided at the time of our interviews. The death of her husband, seven years ago, was the biggest change in her life.

Andre was born in Houston, Texas in 1950. His "momma" brought him to San Francisco in 1959 where he attended integrated schools for the first time. He found the cultural differences between the South and North difficult to adjust to as an adolescent. He dropped out of school in the eighth grade and "fell into a bad crowd." To make economic ends meet, he became a

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[31]BART – Bay Area Rapid Transit

"lightweight gangster," selling drugs and robbing cash from people on Hippie Hill in Golden

Gate Park. Andre aligned with the ideologies of the Black Panther Party movement, which he

felt was revolutionary. With a wife and daughter, he eventually moved to a neighborhood called

the Sunset and worked as a shoe salesman. After being caught having an affair with a white

woman, however, his wife kicked him out of the house and he soon lost his job. He remained

homeless for several years to follow. In 2001, he was placed in an SRO, where he still resided at

the time of our interviews. Losing his family, becoming homeless, adjusting to life on General

Assistance[32] and living in an SRO were the most dramatic changes in his life.

Although Joan and Andre lived in the same city, they had never met and appeared

to have little in common. While the earlier parts of their lives were different, they shared similar

realizations about predicaments faced with aging. Specifically, they both described the

universality of growing older and a simultaneous friction between the inner experiences and

external realities of aging.

For example, Joan saw aging as an embodied identity that could only be known through

experience. She likened aging to having citizenship to a country, a social, cultural, or political

identity that is prone to stereotypes and misperceptions by outsiders. She explained:

> Joan: You can't know until you get older, so how could you know what it's like to get older? You couldn't. There would be a misperception from a French person about what it's like to be an American. How would they know? They're just going to look at it from outside. You can't know something if you don't experience it. You can have ideas about it, but chances are, they're going to be partially distorted.

For Joan, aging was an uncanny sensation characterized by the moving tension between being an

insider and outsider.

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[32]General Assistance is designed to provide relief and support to indigent adults who are not supported by their own means, other public funds, or assistance programs (http://www.cdss.ca.gov/General-Assistance)

Andre used a different metaphorical comparison but made a similar point to describe a friction between the inner experiences and external realities of aging. He likened aging to being duped – led to believe one thing, then having the reversal be true. He explained:

> Andre: We all grow older. You're growing older now talking to me. Old people? Some respect, some disrespect, some don't care. It all depends. Like, some is very disrespected. That probably hurts. That's not cool. I never got disrespected because I'd slap the shit out of them. It's bullshit because they tell you one thing, do something, and then they flip the script on you. What I mean by flip the script, you thinking one thing and they change over. You thinking hamburgers, they gonna give you noodles. That's flipping the script.

For Andre, aging was an uncanny sensation characterized by the moving tension between being expectations and reality.

For both Joan and Andre, aging was not what it seemed, the meaning of aging was unstable, and the experience of aging was hard to describe. The similarities in their vague descriptions of aging were not coincidental. Other informants also expressed how aging was uncanny and required ongoing negotiation between either their self-identity and their fit for or familiarity with society, or their self-identity and their fear of becoming unfit or unfamiliar with society.

When informants talked about the changes experienced with aging, a commonality was how they described aging as both a universal phenomenon that all people do in a quiet way and how perplexing of a process it was. The vicissitudes of life contributed to a degree of estrangement they felt with aging that made it a phenomenon that felt at once familiar (due to its universality) and unfamiliar (due to how it is an individually experienced). I call this essence of aging an uncanny sensation because it lurks behind the unstable links between self-identification and estrangement, which informants strived to mitigate by negotiating and navigating the tension between inner experiences and external realities.

In the following section, I turn to informants' descriptions of aging as an uncanny sensation. To attempt holding narrow this widening chasm between the unfamiliar and familiar, informants used various words and metaphors and enacted various tactics to mitigate fears of having a stigmatized identity (Goffman 1963). The stigmatized identity of being "old," often meant being placed in a "discredited" category, which was tied to assumptions about their competence, proficiency, or even morality. While having a body meant there was a biological substrate that needed to be maintained, it was embodiment that became what needed to be managed. This was often described, first, in association with the wear and tear of their bodies and then with the degree of self-identification or estrangement they felt in the process.

This section illuminates informants' experiences of biological, social, and material changes and to their common realization of the desirable or responsible practices and processes involved to maintain and sustain their bodies and, by extension, their claim on their own self-identities. While death was accepted as an inevitable end to living, it was also perceived as an external force that influenced informants' self-determined attitudes and adaptive tactics, even though it loomed or impinged upon their everyday lives. The disciplining of old age and aging bodies (Katz 1996) manifested in the form of informants' self-determined attitudes and adaptive tactics, which included regimented behaviors to preserve their health by regulating their diet, exercising, or remaining physically mobile. This also included their behaviors of continuing to be socially active, providing social or civic contributions, and maintaining a positive attitude. While having a body meant there was a biological substrate that needed to be maintained, embodiment became what needed to be managed, which included the performance, enactment, maintenance, or management of four gerontological subjects: 1) healthy older person, 2) active older person, 3) valued older person, and 4) positive older person. During the process of

becoming increasingly unfamiliar with and potentially estranged from what were previously familiar, the configuration of these embodied identities became the tactics informants used to stabilize or reintegrate and refamiliarize themselves with their surrounding and their ontological being within them.

Discipling Old Age, Managing Embodiment

Aging tends to begin with a sly signpost of the story to come. First it was bags under the eyes, or a crank in the knee, or being offered a seat on the bus that catches your attention. The forms and forces that creep up, before they catch up with and ensnare people as they grow older tend to be biological first, though not always immediately recognized, and they play out in social, material, and cultural ways. In this study, even the most differently positioned older adults had the same realization of aging as the wearing effect of living. While the manifestation of bodily changes was uneven in timing and different in the types of occurrences across informants, the eventual degeneration of the body created common challenges. Confronting bodily changes and what it meant for health and social life were ubiquitous concerns for informants. Despite having some anticipation of bodily changes, many informants were still caught off guard by the changes they experienced, even for relatively healthy individuals. For example, consider the descriptions provided by Dolores, Denise, and Hannah.

Dolores was born in the 1927 and was a San Francisco native. She grew up in a Catholic home and recalled how her mother, who was brought to the U.S. from Mexico as a child, deliberately obtained U.S. Citizenship specifically to vote for John F. Kennedy as the President. Dolores rented a one-bedroom apartment in a neighborhood called the Inner Richmond, the same apartment she has lived in since 1975. She had an outgoing personality and loved to tell corny jokes, a skill she honed from over fifty years working as a waitress. She was petite and had

golden-brown, coiffed hair that curled outward at the nape of her neck and had a silk flower

pinned to the side of her head. She wore large rectangular-framed glasses that were often

smudged with the blush. She always had her nails painted with coral polish and wore stacks of

sterling silver rings on nearly all her fingers. Of aging, she said:

> Dolores: You're not a vain person, even if you're not, just seeing yourself, remembering yourself, how you used to look ten years ago, and seeing your face age. It's pretty hard on some people, I would think so. They might not admit it, but it is. To look in the mirror and say, "Oh, god." You can see yourself getting older. That hurts a little bit. I don't think you have to be a vain person to have that register in your head, to look and say, "Oh, my god, these bags are...."
>
> Rich people, you know — plastic surgery, that's what you hear. The eyes, the bags, the this. They have nothing to worry about. The person with no money, we just look in the mirror and say, "There's nothing I can do about it." If I had a lot of money, I'd do this, cheek implants. There're so many things you can do to look younger. Money does buy a lot of stuff now.

Dolores described the dissonance of seeing an image of herself in the mirror that was different

from the image of herself she had in her mind or memory. This friction between the external and

internal produced an uncanny sensation, which could be upsetting and even jarring.

Denise expressed a similar observation about how surprising it felt to notice the physical

changes occurring in her body. Of aging, she said:

> Denise: When your body doesn't work, your mind's still as sharp as it ever was, but the knees don't want to do what the knees are supposed to do. You're sitting down, and you get up and you crank, you say, "what is that noise?" and it's your body. It's just, all of a sudden, you begin to realize the body doesn't work like it used to and it takes you longer to do everything. I used to say, "what is taking that old lady so long?" Now I know it's because your body doesn't work.

Denise described aging as a process where her body was becoming increasingly unfamiliar to her

because changes would occur that caught her off guard. She recognized that you become an "old

lady" when you realize your "body doesn't work" in the way it used to.

While the signifiers of age were often biological first, what became uncanny for informants was the way age played out in social interactions. For instance, Denise was prideful that she survived long enough to be considered an older person and commanded respect from everyone she encountered. She was born in Chicago, Illinois in 1945, and moved to San Francisco in the 1990s in search of a place that was more accepting of black lesbians, which she did not find in San Francisco. She lived in a one-bedroom apartment with her service dog, Queenie, in low-income public housing, in the Tenderloin. Of her life, she said: "I also have 33 years of social work, prison reform. I helped to write rape laws in the state of Illinois for the federal government. I did a lot of things. I'm an ex-offender, I came up on the streets, I did time, and I know that you decide what you want to be. Your past doesn't define you. You define you." Denise claimed her self-identity and expressed it boldly. She had a missing top front tooth from a brawl, wore a rainbow-colored do-rag beneath an olive-green patrol cap, and sported a blue sweatshirt that boldly read: "Never underestimate the power of a woman who majored in criminal justice," as shown in the photograph below (**Figure 5.1**).

FIGURE 5.1 DENISE'S SHIRT

While having a body meant there was a biological substrate that needed to be maintained, it was embodiment that became what needed to be managed. Adamant about claiming her own age identity, she explained an incident when she went to the doctor's office and they offended her by addressing by her first name. She recounted:

> Denise: I had to tell the [medical] folks downstairs a couple years back, I came in and they said, "Denise, come on, the doctor is in." I said, "I lived to be 67 years of age. Fools, give me the respect of calling me Ms. Jones because I don't know you. Why are you calling me Denise?" They said, "Oh!" and they stopped that. Nobody thinks like that. People don't understand – you're living life unique and to have somebody respect the fact that you lived that lifetime.

Denise felt the medical staff needed to address her more honorifically as an act of professionalism and to show deference to her as an older person, rather than address her casually by her first name. Nearly in the same breath, she continued to describe how she defied the expectations of age projected onto her by the drug dealers in her neighborhood. She said, "The kids out here who sell drugs call me an old lady and all this and all that, but I told them, 'You'll never see an old lady with as much guts as I got, kid, because I'll run you around.' They look at me like I'm crazy."

Like Denise, Hannah also expressed resentment about the way age played out in her social interactions. Hannah was born in Austria in 1934 and fled to the United States when she was five-and-a-half years old, with her parents, as refugees escaping Hitler's Europe. They passed through New York, Chicago, and finally ended in San Francisco because her uncle was already living here. She resided in the same single-family home she purchased in 1961, in a neighborhood called Noe Valley. Hannah had short white hair, her back was slightly hunched, and she walked gingerly. She had a gentle demeanor, spoke softly and slowly, and had a slight tremor in her voice that was not indicative of any meekness or weakness. She described several scenarios of the way age played out in social interactions:

Hannah: I get the feeling lately, I had no physical problems at all, and the last two, three years, I get the feeling from my physicians at Kaiser, "What are you complaining about? You're an old lady." And, this isn't stated of course, but underneath it, you just have to manage pain. I said, "Well, I'd like to talk about what some of the options are." I think you're categorized as someone who isn't quite as adept or competent as a younger person. I think so. I haven't experienced anything overtly negative, but its subtle.

I mean, on BART[33] or a bus, people get up and let me sit down and I have mixed feelings about that. I don't think older people are particularly valued or respected in general, although I haven't had any real experiences—other than the medical world—that I have some feeling about it, especially recently.

I'll tell you a funny story. I've had a pretty active private practice in learning disabilities, mostly kids. Now, I'm working with young adults, a little girl once said to me, "You're very, very, very old, aren't you?"

I looked at her, I said — I think I was around 60 at the time and I remembered how I felt; I remembered feeling anybody beyond the age of 30 ought to give it up; "you've had your turn, now move over" — I said, "oh, I guess I am, and if you're really lucky, you'll get there too." I don't know what she made of that. But it's certainly been a growing and learning experience. I see things very differently than I did then.

I have a 21-year-old grandson who's a senior at Cornell and he's so full of himself. I'm about to say, "yeah, he's just going through his superiority stage," whereas twenty or thirty years ago, I would have been outraged—"You spoiled brat," you know? I might feel that at times. I had a conversation with him, or what was going to be a conversation, but it turned out to be a lecture on his part and I finally ended it by saying, "You know what? I didn't realize" — this was on the phone — "that I'd signed up for a class when talking to you." That shut him up.

Hannah had sciatica, pain from her back that made walking difficult. While there was already a disorienting feeling of being physically betrayed by her body, which she was trying to responsibly manage, she was even more frustrated by the way she was being treated by others in a devalued way. The treatment she received from others, for their interpretation of her age, enraged her. While her interactions with medical professionals, public transit passengers, her students, and her grandson could be interpreted as innocuous, they illuminate the way ageism is

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[33] Bay Area Rapid Transit

culturally embedded and can manifest interpersonally and subtly through social interactions. The way people misidentified, misunderstood, or mistreated Hannah was alienating, which troubled and enraged her.

Passing as a Healthy Older Person

Health problems were endemic to the informants, with ailments such as arthritis, diabetes, hypertension; sensory deficits such as poor vision and hearing loss; and many had or needed prosthetic devices, such as glasses, hearing aids, or dentures. While having a body meant there was a biological substrate that needed to be maintained, it was embodiment that became what needed to be managed. Rather than allowing biologic forces that change the body define aging, informants claimed their age identity by embodying the gerontological subject of a healthy older person – performing, enacting, maintaining, or managing a healthy self. Preserving the body for as long as possible and remaining independent was a culturally prescribed script embodied by several informants as the "right" thing to do with growing older because it implied one was proactively participating in activities that help avoid disability, decline, and ultimately death. The focus on preserving their bodies had long-reaching effects on their behaviors. For example, consider the experiences of Denise and George. Denise explained:

> Denise: One of the things that I can't tell the kids enough is, "do word games." Whenever you got any time on your hands, do something that makes you think. Keep your mind active. That's the best way to avoid going through dementia, to limit Alzheimer's. At the age of 30, I changed my diet tremendously. I went from eating red meat to no red meat. My mother thought me and my sister had lost our minds, but my mother died of Alzheimer's. I'm determined that I'm not going to die of Alzheimer's. My great-grandmother, who was a runaway slave, was 113 when she died. She outlived most of her children and her grandchildren. I made up my mind, I want to be 114. She had her right mind, she was walking and talking, she smoked a pipe up until the day she died, she didn't trust cars, so the township passed an ordinance, so she could have a mule cart. She smoked the tobacco that she raised. She would hoe her garden. She was a real live something—113. I said, I'm going to be 114.

As a form of social distancing from being old, she was hopeful her responsible and responsive behaviors to stay active, such as playing word games and restricting red meat consumption, would stave off biological changes and lead to longevity. Moreover, she recommended her behaviors as preventative strategies for younger people as well, which was like the advice I received from many informants.

Like Denise, George was another informant who reflected on the wearing effect of living and pointed to his clean living lifestyle as a tactic to ensure healthful longevity. He said:

> George: Everybody has got to die sometime. That's the way I look at it. Nobody's going to beat that trip. Once you're born, you start dying. It just depends how long it takes. I'm happy with that because I'm lucky. You can look at me and believe in clean living. You've got to be clean in order to stay healthy, but you got to eat good too.

George lived in a studio apartment, in a supportive housing building dedicated to low-income older adults and people with disabilities, in a neighborhood called Western Addition. Of aging, he said, matter-of-factly, "time marches on." George was adamant about clean living and attributed his resourcefulness about healthy eating to his upbringing. He was born in Chicago, Illinois in 1928, and moved to San Francisco when he was thirteen years old. He grew up poor, with five siblings, during the Great Depression. His father was an alcoholic and abusive and often took the family's money and disappeared for long stretches of time, which meant George worked to support his family. He sold magazines and shined shoes on Market Street, spotted pins at a bowling alley, and racked balls and gambled at the pool hall. He reminisced about being a kid, hustling in the pool hall, and about his mother's home cooking, such as the yogurt and cheese she made from scratch. Because he grew up poor, keeping seven mouths fed was often difficult. His family survived on "hard food," which was his euphemism for canned food purchased with food stamps. They also ate the "Swiss Chard" they picked from the "farm in the

159

backyard," which was his way to describe the wild vegetation they harvested from along the train tracks.

As an older adult, George was, again, living on a fixed income just like during his childhood. To eat healthy and save money, he prepared his own food. He explained:

> George: I'm getting to the point now where I'm learning how to… with the way I've been changing my eating habits, I'm eating good, but I'm changing to get away from the junk they're selling in the stores. That's the whole reason. It's cheaper for me. I can take a nice eight-ounce pork chop, and I can cook that up, and I can get probably out of that, three meals. I have my barley; I don't eat rice anymore. I only eat barley. I got my barley, I put my hemp seed on it, the raw hemp seed. It's loaded with vitamins. I got my vegetables. My greens. I eat a lot of greens. I eat leafy vegetables. Broccoli is okay, but bullshit. You can't beat the greens; I mean the leaves. Beets without the leaves, forget it. You've got to have the stems and the leaves.

He also made his own filtered water and cold-brewed coffee concentrate to keep on hand. For the water, he built a filtration system that ran out of his kitchen sink and connected it to a faucet below the sink to purify the tap water for drinking. The faucet was below the sink because the low height made it easier for him to fill large containers that got heavy. He also kept homemade cold-brew coffee concentrate in his refrigerator. He made this by grinding coffee beans and letting it sit in a jar with filtered tap water for 42 hours, strained it through cheesecloth, and stored it in the refrigerator. When ready for a cup of coffee, he simply boiled water to the right temperature and stirred in a small amount of his homemade coffee concentrate. This was a practice he had been doing for years and perfected. He found it comical that cold-brew coffee concentrate had become a food trend and was sold in grocery stores now. He laughed at why anyone would pay for it when they could simply make it themselves and have control over its freshness and at a fraction of the cost.

George volunteered at the food bank once a week, sorting new shipments, which gave him first dibs on the food that came in. With his bounty, he had a unique style and strategy for

preparing and storing his food. He was religious about separating items into single-serving

containers or baggies and was meticulous about labeling everything he put in his pantry,

refrigerator, and freezer in an ordered and orderly way. For instance, to prepare food for the

freezer, George individually wrapped and double-bagged it, and squeezed the air out between

each bag to ensure frost would not damage the food.

Figure 5.2 displays George's kitchen cabinet. He is pointing to reusable food labels he

has made out of tape and stored on the cabinet door. The labels read items such as, Miso, BBQ

Pork, Fish, Pasta, Spinach, Soup, Onion, Fiber, Tilapia Fish, Pineapple, Strawberries, Salmon

Dinner, Can Fruit, Collards Greens.

FIGURE 5.2 GEORGE'S CABINET

While George was extremely regimented about his clean living and clean eating

practices, from time to time, he still indulged in his favorite things. He ate spaghetti and

meatballs at Original Joe's, a long-standing San Francisco restaurant, "every chance I get." He

enjoyed the apple turnovers from a Chinese bakery in his former neighborhood, the Excelsior,

and occasionally spent an afternoon shooting the breeze with his buddies over a few rounds of

"bourbon and water in a highball glass" at their favorite dive bar.

George had gelled white hair that was slicked back into a short ponytail held by a small

black clip. He had a lean and muscular physique. He kept fit by exercising on the Total Gym®

XL machine in the corner of his studio apartment. When I met him, he was recovering from a compound fracture in his lower back, an injury he received while riding the bus when it lurched, causing him to fall. To ease his back pain, he received oxycodone from his doctor, but he refused to take it for fear of its addictive properties. Instead, he preferred to smoke marijuana to manage his pain. His doctor also prescribed him with a scooter, but he refused it because he feared becoming dependent upon it. He explained:

> George: Because of my back injury, I'm disabled permanently. I don't look it, do I? But I am. And you know why I didn't take it [the scooter]? Because I would have become more disabled. I wouldn't be moving around like I am now. I know that. I'd be riding that thing all over the place in the neighborhood. Even take it on the damn bus. I don't know how long that [battery] charge lasts, then I'm screwed right? No, because part of it was me. Mobility.
>
> I'm just going to start doing tai chi. I got the thing here, the program, but I'm going to do my own. I'm going to start Monday; I'm going to do some of that and this [points to the Total Gym® XL machine]. I'm going to go into this slow.
>
> I'm not going to say, "I can do this because I used to." There's no more "used to," not with an injury. If I do this right, I think the muscles around my back will compensate for the injury I got.
>
> I may never be pain free, but with grass [marijuana], I will be. If I need it, I'll use it; if I don't, I won't use it. There're a few days I never use grass. None of that. That's the way it got with oxycodone. I refused to use it. I could handle the pain I had, so now I'm clean.

Being off oxycodone and using more holistic remedies, such as having a clean diet, smoking marijuana, and exercising to rehabilitate and strengthen his back, were examples of how George managed and maintained his health and attempted to keep debilitating bodily changes at bay.

Although the timing, severity, and types of bodily changes varied, informants recognized, or had come to terms with knowing, that physical changes would eventually occur. To mitigate the anticipated physical changes with age, informants had realizations about the work involved to prevent, delay, or slow bodily changes, such as playing word games, eating a particular diet, or

exercising. The biomedical specter loomed as a reminder of the consequences of loss of

independence or personal determination. It was an admission of dependency and physical and

mental failure. To maintain reasonably good health was to keep at bay old age with its

implications about dependency.

Passing as an Active Older Person

While having a body meant there was a biological substrate that needed to be maintained,

it was embodiment that became what needed to be managed. Because the signifiers of age were

often biological first, but played out in social, material, and cultural ways, aging produced an

uncanny sensation characterized by the moving tension between being included or excluded.

Rather than allowing biological or social forces that change involvement in society define aging,

informants claimed their age identity by enacting, maintaining, or managing an active self.

Remaining active for as long as possible and remaining independent was a culturally prescribed

script of the "right" thing to do with growing older because it implied one was proactively

keeping up with and participating in things that help avoid disengagement, decline, and

ultimately death. The focus on being an active older person had long-reaching effects on their

behaviors. For example, consider the experiences of Joan, Phyllis, China Doll, Preston, and

Marie.

During my time with Joan, she explained the photographs she took in a quick slideshow

manner (**Figures 5.3 – 5.11**):

> Joan: This is the children's playground, in Lafayette Park and [the next] is, I am on the
> bus all the time so I will take a picture of the bus, so that is out the door of the
> bus.
>
> I often go on retreats and this is a retreat in Burlingame Mercy Center, and that is
> a labyrinth I do walk because it is not windy. This is just my bed, and these are
> CD's I listen to and these little speakers so I can listen to podcasts.

This is back to Mercy Center and there is a beautiful garden there and I guess that is Saint Francis, and here is a picture of my iPod which I would have trouble living without. Red, I like red.

This is, again, back to the bus, because I keep, by this time I am losing track of what I have taken the picture of but, a bus stop and with the thing that tells you how many minutes. The next is my computer, which I am not sure if, I was going to take a picture because I do this program with people on Zoom, where we meet on the computer and there are like fifteen people and have meetings, and they live in different places – Colorado, New Mexico, so that is a big part of what I do. It is an app and apparently better than Skype and you can have all fifteen people on the screen at the same time, you can actually have fifty people on the screen at the same time. I actually, I also do a meditation online in the morning with people on Zoom, but there are just three or four of us, and you know you can just, you see people meditating. But it gets you up in the morning.

And, then the last one is the JCC [Jewish Community Center], which, yes, I kept thinking today, "I will go to the JCC after I see you and I am like, no it is closed." So that is my life.

FIGURE 5.3 JOAN AT LAFAYETTE PLAYGROUND

FIGURE 5.4 JOAN ON BUS

FIGURE 5.5 JOAN AT BURLINGAME MERCY CENTER LABYRINTH

FIGURE 5.6 JOAN'S BEDROOM NIGHTSTAND

FIGURE 5.7 JOAN AT BURLINGAME MERCY CENTER GARDEN

FIGURE 5.8 JOAN'S IPOD

FIGURE 5.9 JOAN AT A BUS STOP

FIGURE 5.10 JOAN'S LAPTOP COMPUTER

FIGURE 5.11 JOAN AT THE JEWISH COMMUNITY CENTER

Reflecting upon her life, Joan felt very happy and satisfied. She said, "for me there are no problems living in the city, I understand for other people there are, but I do not feel there is anything I can do about that." When asked if she had learned anything new in the process of participating in this project, she said:

> Joan: It was interesting to just think about what my life is here, but there is so much you cannot get in a picture. But, the sort of the routines, being at home and getting on the bus and going to the JCC or going down to Mercy Center or a place I go in Oakland. There is a lot public transportation and then, having people over, so it is just interesting to see how I fall into these patterns that I love actually. I do not know that I am surprised by that, but I am very grateful for my life.

Another example was Phyllis who was born in Brooklyn, New York, in 1922, and moved to San Francisco in 1933. She had short, white hair and bright blue eyes. She wore accent jewelry that added pop to her outfits. She lived in the same single-family home she bought with

167

her husband in 1951, located in a neighborhood called Lakeshore, on the western edge of the city. Her home was clean and well-kept. She was a widow and lived alone because all of her children were grown and had families of their own, though she often entertained them in her home during holidays.

For Phyllis, a signifier of age was whether or not a person was unable to care for themselves in a socially acceptable manner. Like other informants, she defined loses in physical and mental well-being as threatening events that could result in the loss of independence and other things she valued. This pervasive fear led her, and others, to drawing comparisons of their own mental and physical competencies by drawing comparisons to the decline of other older adults. They feared of cognitive decline more acutely than physical deterioration because they believed cognitive impairment was an event that would bring about destruction of the values that characterize their lifestyle, namely privacy, independence, and freedom. For instance, she reflected upon her sister's experience as a measurement to understand her own aging. She described:

> Phyllis: From personal experience, through my sister, we feel that she must have been starting to not be herself before we really noticed it and then, one day, her granddaughter went to see her in her apartment, and it was in shambles. The refrigerator was penicillin-filled, it was such a mess. The place was just awful. We decided that she cannot stay alone, and she needed help, so her granddaughter got someone to stay with her. The woman only lasted about a few days, a week, because my sister was very objectionable to having her around. That meant she couldn't stay in her home. We looked into homes, and we finally put her in one, and she's been so unhappy. It's been just awful. Didn't make any friends except a man, one man.

The signifier of age was when Phyllis' sister was "starting to not be herself." Because her sister was becoming increasingly unfit to care for herself in her home, the family tried several strategies to support her. They hired an in-home helper, who did not last long. Then, the family

moved her to a nursing home, hoping the environment would be better for her, though she continues to be unhappy there. Phyllis' sister's experience is what she fears for herself the most.

Figure 5.12 shows the interior of Phyllis' well-kept home to demonstrate her ability to keep it tidy, unlike her sister. Phyllis explained:

> Phyllis: It's been an easy house to keep up. I'm spoiled. I've always had help ever since I've been married. Not every day or every week, but every so often. I used to have it every other week. I still have it every other week, but in between those days of the week, I would get in and really clean. Now I don't have that kind of energy. There's only myself, so it really doesn't get that bad. I can keep the kitchen and the bathrooms clean; those are the most important things for me. To keep those in good condition.

FIGURE 5.12 PHYLLIS' KITCHEN

The photograph was taken from the kitchen with the stove on the right and a round breakfast table on the left with an orchid plant on the table. In a railroad-style layout, the kitchen leads into the dining room where there is a rectangular table, chairs, and a chandelier on the ceiling, which leads into the living room where there is a sofa in front of a picture window.

For Phyllis, staying active was a responsible response to aging, especially as social networks shrink in size, with the loss and death of longtime friends. She volunteered in an art museum gift shop and described the importance of being continually interested and connected to something while growing older. She explained:

Phyllis: You've got to keep going. You've got to keep interested. Don't believe that because you're aging that you're going to go backwards. Try to go forward. Try to keep up with the times as much as you can. If you're able to. That's important. Keep up-to-date on things that are coming up. Think of something to do to change your outlook on life. I think it's very important to keep up with people and ideas. That's great.

I don't think you should dwell on that you're growing older. Just keep up with whatever you can do. You don't have to do extensive stuff, but keep doing stuff, keep interested in things, have a variety of things, keep in touch with people. Some people just fade back into not doing anything. I think that's sad. I've lost a number of my friends lately, and I do find a void there, but I've made some new friends. They're not quite the same, it's not the same connection as your friends that have known your children as they grew up, and you know their children, but I think you have to be connected to something. Be interested.

Phyllis lived to be ninety-five years old and continued volunteering at the museum until her death in December 2017.

A third example was China Doll, a transgender woman who gave herself the pseudonym of China Doll because it reflected the same initials as "cross dresser." China Doll was born in 1949. She described herself as, "a native Bay Arean. Born in Berkeley, grew up in Oakland. But then, during my childhood, many weekends, I come to the city. And [now] my time living in the city is double the time in Oakland." She was the firstborn of six siblings. She lost her mother to cancer when she was a teenager and lost her father to a terrible accident a few years later. As a result, she postponed her college education to care for her siblings, and moved to San Francisco in 1976, after her youngest sibling turned eighteen. She was attuned to her embodied gender identity but had lived in the closet for most of her life. She explained:

China Doll: The thing is, I always felt different, but I was always in the closet until I was about 50 years old. By then, I was married. I have two daughters. They're grown adults now. But we got a computer with Yahoo at work. That's where I really researched and found out that I wasn't crazy. I wasn't sick. I wasn't bad. I wasn't all the negatives. Partly culture and partly because the kids, I had gone to a conservative church, so I was basically in the closet.

In 2005, China Doll separated from her wife and moved out of their home. She started taking

hormones in 2006 and explained, "I'm what is called pre-op," which was short for pre-operative,

meaning she had not undergone gender confirming surgery yet. Coming out of the closet and

transitioning from a man to a woman resulted in tremendous social, emotional, and financial

losses and gains for her. She took each hardship in stride and persevered with fortitude,

navigating barriers to achieve a sense of congruity and contentment within herself, as well as

acceptance from others.

China Doll was slender and had a hunched posture with a curvature in her upper back.

Her bristly hair was cut to a chin-length bob and died a copper hue. Her eyebrows were shaped

and filled in with a thin brown pencil. Black eyeliner was deliberately smudged around her eyes

creating a smoky-eye look. Her fingertips glittered with sparkly nail polish. She lived in a

neighborhood called Parkside where she rented a single bedroom in a subdivided house. She

shared a floor with two other tenants, and her landlord lived upstairs. She began renting this

room in 2012 and still resided there when we first met.

China Doll spent very little time in her rented room because she had so little space to

herself. To prepare for her daily outings, she packed and towed a red, carry-on size suitcase to

hold items she needed throughout the day, such as an extra layer of clothing, plastic containers

for food, plastic bags, the daily newspaper, crossword puzzles, sheet music, and sometimes even

her clarinet and a music stand. She left early in the morning to spend her time in the city before

returning late in the evening. For her, an important aspect of aging was having an activity-rich

life. She said:

> China Doll: I guess, my whole being – body, mind, soul, and spirit – still have that
> vitality drive. Aging is part of life. Because we're the ones who think of getting
> old, then we start worrying about other things. So, as long as you keep everything
> running, well, smoothly… Not 100% because there are things like arthritis setting

in. Even some young individuals can experience that too. Just, keeping active. In one way, someone suggest that to offset Alzheimer's and forgetfulness is do puzzles and do word games, etc., as well as exercising. That's why the senior centers in the city have different programs and keep us active. If we're sitting at home, we may lose touch with other folks, not just our fellow seniors.

China Doll wore practical clothes that were suitable for her active, on-the-go lifestyle, such as sneakers, sweatpants, and a blue cardigan with a magenta scarf around her neck in preparation for the unpredictability of San Francisco's weather and myriad neighborhood micro-climates. A lanyard with a Senior Clipper Card[34] in a clear plastic sleeve hung around her neck. She wore a fanny pack around her waist to ensure the items she needed frequent and easy access to throughout the day – such as her ID cards, money, and cell phone – were within easy reach. She was energetic and tirelessly going from one activity to the next throughout the city. Her activities, among others, included volunteering at a soup kitchen; singing in several community choirs, including Singers of the Street, a choir comprised of homeless and formerly homeless people and their advocates; participating in a women's group at her senior center; playing the clarinet at open mic nights; rehearsing a play for a radio reading at the public library; and volunteering at various cultural and civic events around the city, like street fairs, film festivals, and elections booths.

For example, following photographs display some of the many activities China Doll participated in.

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[34] Clipper card is the electronic transit fare in the San Francisco Bay Area.

FIGURE 5.13 CHINA DOLL AT HOWARD GRAYSON ELDER LIFE CONFERENCE

Figure 5.13 was taken during the Howard Grayson Elder Life Conference at the LGBT Center

located in a neighborhood called Western Addition. The photograph shows a stage from an

audience member's perspective. There are people on the stage sitting in chairs as if participating

in a panel discussion. The stage is decorated with sheets of fabric hanging vertically creating a

rainbow color pattern. There are people sitting in rows in the audience.

FIGURE 5.14 CHINA DOLL TABLING FOR "SCREAMING QUEENS" ANNIVERSARY

Figure 5.14 shows a table with a banner that reads:

<div align="center">

"Screaming Queens"
1966 Gene Compton's Cafeteria Riot
50th Anniversary
Turk & Taylor Street
San Francisco's Tenderloin
August 7, 2016

</div>

China Doll explained that she was on the planning committee for this event to commemorate the 50th anniversary of the Gene Compton's Cafeteria Riot. The Riot occurred when a group of transwomen in San Francisco stood up to police inside Gene Compton's Cafeteria, an all-night restaurant in the Tenderloin neighborhood and popular queer gathering spot. The transwomen were fed up with the harassment and abuse and one is said to have thrown her cup of coffee in an officer's face, sparking a chaotic riot and unprecedented moment of trans-resistance to police violence. China Doll explained her involvement, tabling about the commemorative event:

> China Doll: This is Screaming Queens, which I'm a part of the planning committee and basically wanting to get people's awareness for next year's 50th anniversary of the Gene Compton's Cafeteria Riot, 3 summers before Stonewall, so in New York, you have to wait until 2019 to celebrate. So, basically getting the awareness.

FIGURE 5.15 CHINA DOLL AT MARTIN DE PORRES HOSPITALITY HOUSE

Figure 5.15 is the fortress-like entrance to Martin de Porres House of Hospitality located in a neighborhood called the Mission. Above the doorway reads, "Martin's." Through the doorway is the garden and a courtyard and to the back there is a dining hall. China Doll regularly volunteered in the kitchen here and included several photographs of here standing on a milk crate, mixing a gigantic pot of soup, looking like a sorceress stirring a cauldron with rowing oar. Martin de Porres also hosted an open mic night that China Doll regularly participated in by showcasing her clarinet playing skills. Reflecting upon some of her photographs, China Doll

said, "I'm all over the place, yet I didn't record other places where I frequent at, so I need to get something to show you."

While being self-determined to maintain and manage an active lifestyle, China Doll also acknowledged that external forces and factors played a powerful role in her life, which were antithetical to being able to live and age well. She explained:

> China Doll: In America, we seem to get caught up with things. We live in a monetary system, but other places, yes, there is money involved, but they value life much more. They see things much better. That's why a lot of people move away from established religion and get into Eastern or other spiritual pursuits. That they're finding more peace and hope and other qualities that, somehow, they couldn't get merely just doing their duty, like attending church, doing different things.
>
> If there's no limitation, like getting places, and a lot of senior discounts, then participate and do things more often than merely just waiting for the weekend. I did this. On Fridays, I'd finally say, 'TGIF. Thank God it's Friday." But then it also hit us when we had a co-worker who had cancer. Unfortunately, she passed, but she had impressed upon us to be thankful for every day and not just merely certain days of the week, and just having a little different attitude, a different thinking about life and things and people.
>
> So, instead of allowing things to get to us, we're able to control our circumstances a little better. Not that we completely have everything go our way, but at least we're able to do things that we like to do, want to do. Instead of just having to fit into the situation. It's just a matter of having a different viewpoint, different attitude. Although things are not perfect or always going our way, we have to decide, say, 'Okay. This is the situation. What can I do to make it better?' Not letting things take control of our lives and our situation.

China Doll attempted to explain the impact of external forces, such as capitalism and religion, upon our lives. She found that they seeped normative values into our everyday lives and created circumstances that hindered people's happiness by dictating what they ought to do. While these external, ideological forces were out of her control to change, she did not accept the circumstances they created as wholly deterministic. Rather, she adjusted her perceptions about her life's circumstances and pursued the activities that were meaningful to her and within the possibility of the resources available. For instance, while she had little control to change the

economic system, religion, or the inevitability of mortality, her access to free public transportation as a senior and the reduced cost of activities for older adults in the city greatly improved her ability to find enjoyment in her life by allowing her to be active and live a life with meaning to her.

A fourth example was Preston. Preston was born in Kansas City, Kansas in 1943. He had ashen grey hair that looked like a tumbleweed at a standstill on top of his head. He was gregarious with a smile that revealed a missing top front tooth. He wore brown loafer shoes, well-worn slacks, button-down shirt, and blazer. Preston described being active and mobile as important for aging because they protected against bodily decline. He said:

> Preston: Most people that started getting old, they think they're not supposed to do anything. They just want to sit around and watch TV. You do that, your mind tells your body to shut down, and you start shutting down more. Myself, I get up every morning being that I don't have anything to do, I get on the bus and go somewhere instead of not doing something. You're moving. You're doing. That's one of the reasons why you never see me going too much to the [senior center]. A lot of old people in there that are just waiting to leave [die].

Figure 5.16 is an image of a senior center in San Francisco. There are trees on the left side of the picture and the building is on the right. Two silver cars are parallel parked in front of the building. Preston explained: "This picture is the difference in senior center places. It's out on Golden Gate; it's a better place. I wanted to show you about 3 or 4 of those to show you the differences on how they are. That's Golden Gate [Park Senior Center]. Mostly Russians are out there."

FIGURE 5.16 PRESTON AT GOLDEN GATE PARK SENIOR CENTER

Preston was homeless when we met and had been homeless for the last eight years, but never lived a day on the streets or in a shelter. He was proud of his upbringing in a suburban, racially integrated neighborhood and being a star athlete who played football and ran track in a racially integrated high school. He reminisced about the days he had "nice clothes and a nice car." These days, he used various forms of transportation to shuttle around San Francisco and between San Francisco, Oakland, Burlingame, and San Bruno, California. He also routinely departed from San Francisco on a 12:30 AM Greyhound bus to travel to Reno, Nevada, where he enjoyed betting on horses. Incredibly, Greyhound tickets between San Francisco and Reno were as low as $6 each way. Preston explained what it was like for people living on the streets and living as a "bus person," someone who was constantly on the move. He said:

> Preston: We have people here; I call them the "bus people." They ride the buses. I know the one, I don't even know his name, but I've heard enough conversations of other people, I guess he's a real loner. But he spent 19 years behind the walls, and he will not go into a place [a shelter]. He rides buses, but the buses have made him crippled. He walks with a cane now, because you've got to lay down flat, you can't sit in a seat all the time.
>
> You see, you can ride the buses 24/7, okay. San Francisco, if you're over 60, you ride for free. San Mateo County, you can get a monthly pass. Just to show you how things are, it was $25, now it's $27, but the buses run 24/7. There's an all-night bus because of the airport. The airport sits in San Mateo County, so that bus runs all night long. After 1:00, they just take that bus all the way through Palo Alto, and then they come back, and they do it again. In fact, if you wanted to, I

177

guess you could go to Palo Alto, and then catch the bus to, what's the name of that county down there? What's the name of the county that's next to us, that's next to San Mateo County? Santa Clara County, and go all the way to San Jose.

If a person doesn't want to be in a shelter, which, shelters have strict rules and a lot of people don't want to deal with that, they can... I've seen a guy, and I know that's what he does, because he goes here, gets out there. Because I used to take the bus to the airport, and then take a bus to go over to El Camino. You can see people, if you ride the buses enough, you can tell what they're doing. Hey, you can shower. You can take care of yourself, but you've got to be mindful, and want to do it.

Preston also made a modest income as an In-Home Supportive Services (IHSS) Care

Provider[35] to two clients (IHSS Recipients) in San Francisco, which provided him with a steadier

paycheck than betting on horses. He explained how, rather than go through the IHSS main office

to be randomly assigned to IHSS Recipients with potentially very high care needs, he came into

being an IHSS Care Provider by already having people interested in being his client. He

explained the IHSS system and simultaneous reflected further upon aging:

> Preston: What they have, they have two different divisions. My division is the support division from the main office. I could have gone into the main office a long time ago and they could give you what they want to give you. Normally, you don't want that because they give you some really bad people, sometimes.
>
> If you're aware, a lot of old people are very upset about being old. Old people are mad about being old. They can't do what they once did, and it takes you a while to understand that.
>
> You could say that I'm a very blessed person to be my age and do the things that I do. Very blessed. When I see people, who are a lot younger than me, and they're crippled and walking around, that's hard to deal with, especially when you can't go to the bathroom without assistance.
>
> I remember when my father got old, he said that the hardest thing for him was not to be able to get up and go in his truck and go wherever he wanted to go. He said that that was very difficult.

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[35]In-Home Supportive Services (IHSS) allows people to become a Care Provider to an IHSS Care Recipient who can be a family member, friend, or referral. A Care Provider receives a salary and job benefits to provides help with everyday activities, such as bathing, dressing, laundry, shopping, and cooking to older adults and people with disabilities. IHSS is overseen by the California Department of Social Services and financed largely by the Medi-Cal program. More information: https://www.ppic.org/publication/californias-in-home-support-program/

When you're young, you can't even visualize that but as you get older, you start realizing, "I don't walk the same way as I used to walk. There's a whole lot of stuff that I can't do." I can still go on a walk, but I don't walk really fast anymore. I ran to catch the bus a couple of times and I won't do that anymore. That wore me out.

Preston was aware that his mobility was a form of freedom and provided him a way to survive that did not include succumbing to the rules of a shelter being imposed upon him; however, he was also aware that being a "bus person" was not a lifestyle he would be able to maintain if his body wore out. His name was on several waiting lists for public housing in San Francisco and San Bruno, so being mobile and active was how he managed, with some degree of freedom, to get by day to day, for the time being. He was proud that he was in good health, although he was aware of the inevitability of mortality when he described that old people at the senior center were "just waiting to leave." His mobile and active lifestyle were necessary for his survival. He said, "It makes me feel young."

A final example was Marie. Marie was born in Philadelphia, Pennsylvania, in 1933, and raised in Boston, MA. She lived in San Francisco since 1961 and resided in a craftsman-style house she bought in 1977 in a neighborhood called Ocean View. She was slender, had short grey hair, and pointy facial features. She wore a deliberately make-up free face to not mask or deny her age. Her attitude toward aging was to "let it rip." She walked cautiously, and her movements trembled slightly. The fragility suggested by her body's movements were not indicators of any limitations she had cognitively. She was opinionated and had a blunt style of communicating, which did not diminish her general friendliness and openness to share stories about her life. She said, straightforwardly, "talking about age is tricky," meaning there was nothing self-evident about growing older. She described the perplexity of aging and her uncertainty to decipher what activities her body could handle as she dealt with physical changes:

Marie: It's really hard for me to evaluate, for example, what I should or shouldn't do. I've been carrying a pail of water outside. Should I do it? Well, I did it because I found out I can do it. I shouldn't climb ladders anymore.

As far as people stereotypes, it's hard to say because I see myself one way and I think I present it another way. My gait isn't great, and I think people are very helpful, they want to support me, and so then I realize I look old, so I need support even though I'm not necessarily aware of it.

It's really tricky, and living is a work in progress. I've reached the last plateau or, no, plateau is the wrong word, but the last chapter of my life, and I'm more aware of my life and where I am than I ever have been before because I've led a pretty thoughtless life and things just happened. I've been very lucky, but things aren't just happening now, and I know I'll become more dependent.

It's a work in progress. I'm not getting old, I am old. But I cannot tell you of a threshold where I stepped over the line between middle age and old, no. People say, "Oh, you're getting old." But, I say, "I'm old."

Marie's comments pointed to the real and imagined scripts that inform how she came to know aging and how she was socialized to have certain expectations and assumptions about growing older that were both embodied and manifested in ways she was perceived by others. For instance, there was one thing Marie was certain about. She said, "I think I was born an artist." She pursued a master's degree in art at San Francisco State University and worked as an art teacher at a private elementary school for girls for thirty years. She stopped teaching in 1995 but was adamant not to use the word "retire." She explained, "I hate the word retire because it says you used to do something, but it doesn't describe what you are doing, and I'm still not sure what I am doing." Without as many external demands to her schedule, she used her time to learn more about herself. She reflected upon herself and said, "I find that I'm a very unstructured person. That every day is different. Now, my life is driven by projects."

Figure 5.17 shows a wall with a bulletin board covered with photographs, a table with photographs tucked under the glass surface, and a three-ring black binder filled with photographs with green and red sticker dots on them.

FIGURE 5.17 MARIE'S WORK ROOM

Marie explained:

> Marie: This is my work room. Maybe I mentioned, I'm project-driven. I like to have projects going and I have many ideas, so the challenge is to complete them. This is the notebook; has a series of Polaroid photographs I took of the Seinfeld show because I'm one of those crazed people who love Seinfeld. So, I took Polaroid photographs captioned for the hearing impaired so you can read what they're saying, and I have, I don't know, 300 of them. I would like, maybe, I would like to make a book of them, so you have to edit those stickers – being the green "Yes," the red "No."
>
> And a bulletin board with various things on it. The photographs on the wall that shows I took picture of people leaving a custom of the international terminal [at the airport], and they have to go, you can see them on television, the screen, coming out of customs. So, I took a lot of photographs of that.

FIGURE 5.18 MARIE'S WORK ROOM WALLS

Figure 5.18 is another image of Mare's work room. Marie explained the photograph: "I took another photograph of the work room, just so you would be clear. It's a different view. On this

wall, on the left, I have family photographs, that's my family wall. You see my Seinfeld book and then my board where I hang things."

Marie found continuity by pursuing projects that were interesting or important to her. Being old, however, meant her limitations were something she was more self-aware of, though she was not trying to deny or mask being old, nor did she feel insecure about it. She was very adamant about being herself, which meant being unapologetic about any bodily changes that came with growing older. While she lived a more "thoughtless" life when she was younger – meaning, in a manner that did not require as much consideration of the potential consequences, feasibility, or limitations of her body – living as an older person required more intentional consideration of the potential risks. To Marie, living, and by extension aging, was a "work in progress."

Gerontologists have long been interested in active aging, and the processes of optimizing opportunities for physical, social, and mental well-being throughout the life course to extend health life expectancy (Kalache 1999). Although the resources, interest, and ability of informants to be active and participative varied, they recognized, or had come to terms with knowing, that bodily changes leading to isolation or exclusion would eventually occur. To mitigate these anticipated changes with age, informants had realizations about the work involved to remain interested, busy, active, or mobile, such as by volunteering, traveling, or keeping up with hobbies and projects.

Passing as a Valued Older Person

Many informants described the way aging slowly creeped up on them such that they were not even aware they were an old person until it was reflected back upon them, like looking into a mirror. Informants commonly described how it was only through the treatment they received by

others that they became aware that they were old. Their ability to see how others perceived them invoked a perplexed sense of feeling split in the modern world, an unreconciled tension between their self-identification and their identity as it was perceived by others. As mentioned earlier, adults tend to be labeled "old" by society at a much earlier age than when they themselves feel old. The process of who does the labeling and who gets labeled are wrapped up in power dynamics.

Because the signifiers of age were often biological first, but played out in social, material, and cultural ways, aging produced an uncanny sensation characterized by the moving tension between being perceived as useful and useless, which was exacerbated by the fact that many informants did not participate in the labor force because they were retired, semi-retired, or could not find even low-paying jobs. Informants strived to mitigate this tension by performing, enacting, maintaining, or managing the gerontological subject of a valued older adult. When seen and labeled as old by others, informants felt mischaracterized, misunderstood, and frustrated for being "discredited" for the value they may bring, such as in Hannah's case presented earlier. While informants often did not reject or deny their age, they did claim their age identity by enacting, maintaining, or managing a valued identity. For example, consider the experiences of Denise and Randy.

After Denise's time in prison, she became strongly involved in social work and prison reform. Largely retired now, she continued to be an influential advocate for safety and justice in the Tenderloin neighborhood where she lived. For instance, she was had a role in creating Safe Passage, a citizen effort to transform the Tenderloin's sidewalks into a more kid-friendly environment, so students could walk to and from school safely on streets notorious for the homelessness and open drug use. She was also a vigilante, often putting herself in harm's way to

photograph the activity in her neighborhood and producing them into YouTube videos, exposing

police brutality, gang members, drug dealers, drug pushers, drug users, pimps, prostitutes, and

people who defecate on the streets. She had a passion for photography and used it as her tool and

weapon to fight the vagrancy in her neighborhood. She and her camera have both been

physically harmed in the process, but this did not scare or deter her determination to make her

neighborhood a safe and livable place. Denise described:

> Denise: We got a gate on the steps downstairs because I been taking pictures of people shooting drugs down there. A mother with three sons sleeps in the doorway down there. When they got ready to leave each morning, they would set a fire. No. Crazy stuff. I've had my wrist broken, I've had my fingers dislocated on both hands, hip injury. I've lost part of my hearing, I had over 4,000 dollars' worth of cameras stolen or broken. Every time I come out the emergency room, I go back up to my house, I grab another camera and I came right back out. They say, "You're crazy." I say, "No, I'm determined." It works. Slowly, but surely, some of those folks who have been out there forever aren't out there anymore.

Denise recounted how she came to live in San Francisco on a promise she kept to her best friend,

Ani, who died of breast cancer. She described:

> Denise: Ani kept telling me, "They don't get you here in Chicago, go to San Francisco they'll get you." I came to San Francisco because I promised her on her death bed that I would. She died of cancer, breast cancer. She had a mastectomy, but the cancer came back. I ended up here and I came here for two reasons, really and truly. One, because I wanted to live in an environment where my sexuality wouldn't hold me back. I found out that was a lie, it does hold you back. Two, I wanted to live in an environment where my health would be good. I'm asthmatic and in Chicago with three digits in the summertime and minus two in the winter, I was always living in the moment. Every time I turned around; I was in the hospital with pneumonia. Since I came out here, I've barely used anything for my asthma.

While moving to San Francisco was better for her health than the mid-West, she also realized she

was economically priced in and confined to living in the Tenderloin. Learning just how drug and

crime-infested her neighborhood was, she dedicated her life to cleaning up the Tenderloin. Her

recent endeavors included building coalitions among the diversity of older adults who live in the

neighborhood to help her. She described:

> Denise: I accidentally tripped upon the Tenderloin. I have never in my life... I came up on the streets of Chicago, a little bit in New York. I had never seen the drug activity that... I couldn't believe that the police were letting it happen and that people were treating it like it was normal. I said, "These people are crazy."
>
> I said, "Don't go to pieces, just get a good-paying job and move." I got a good-paying job, but I found out moving was not something you could do in San Francisco because rent is ridiculous, so I ended up staying here. I adopted the attitude, "If I can't go, somebody's got to go," so I guess it's going to have to be the folks who are down here selling drugs.
>
> Then I found out the system. That the Black Guerrilla Family, which is a prison gang, controlled the territory they call Tenderloin. They rent out sections of the Tenderloin to different gangs to sell their drugs. Once I found out that was the name of the gang, I started trying to be as uncomfortable as I could possibly be for the Black Guerilla Family. Tried to draw as much attention to them as I possibly could because they don't want attention. We got them out of our neighborhood inasmuch as they took over a restaurant. They were using a restaurant to do business. We closed the restaurant down. We had a gang coming in from Oakland trying to segue into our community through a sex club called King Diamond and we closed that down.
>
> I was so proud of that because 75 Chinese ladies stepped forth and gave depositions to the city attorney. I was just so proud of it because I was the only one taking pictures of things and these women came and backed me up. We closed them down. The city put a fine on them and we never saw them again.
>
> Once they got these victories under their belt, I knew it would be easy for everybody else to go on the bandwagon. The first thing we have to do is start talking to each other and become neighbors. The reason he'd had been able to abuse this neighborhood is because he's so multi-cultural. We got to realize that if we come together, we can make an impact, so that's what we're doing. Slowly but surely. Coming together. I'm talking about the seniors, I'm talking about people from China, from Taiwan, from Vietnam, from Mexico, from Central America, from Chicago, from New York, from the Bronx, from L.A. We all live in the Tenderloin and we're all trying to survive here, and it would be nice if we could live her with some semblance of peace.

Denise's activism did not come without violent consequences, but she was relentless in her

pursuit to be valuable to her community and transform her neighborhood into a safe and clean

place to live. Lovingly, she described her favorite camera, as if describing herself:

> Denise: It wants to retire so much. It's been slapped. It's had coffee spilled on it. It's had whisky thrown at it. It's been knocked out of my hand. Some dude did a karate kick, kicked it way over, and hit on the window. I picked it up, and everything was still functioning, so I took his picture. I took a picture of the police. It deserves to retire with dignity.

Another example was Randy. Randy had a bohemian vibe. He was outgoing, sarcastic,

charismatic, and flamboyant. He wore tinted circle-rimmed glasses and had a charming smile

that showed a gap between his two front teeth. He wore a Panama hat with a button on it that

read, "Free Speech," and frequently informed me that he would speak his mind no matter how

inappropriate. Many of my interviews with Randy occurred at his favorite coffeeshop called

Caffe Sapore in a neighborhood called North Beach.

FIGURE 5.19 RANDY AT CAFFE SAPORE

Figure 5.19 is an image of Caffe Sapore. It sits on the corner of a street. There are apartments

above, and cars parked on the street. The Caffe has a green awning and small tables and chairs

outside. Randy was such a regular patron there that all the staff knew him. He was so familiar

with the cafe that he voluntarily bussed the tables, just to be helpful and just for the fun of it. He

did this often during our interviews that it nearly gave the impression he worked there. While getting involved in this project, he said in a sarcastic, self-deprecating way:

> Randy: Nothing is more fun than being an informant – maybe a new term for "alte kockers," Yiddish for, "old farts who wish to leave their story with the coming generations on how we fucked up the world and how we are dealing with that truth and our own journey into darkness."

Randy was born in Shaker Heights, Ohio, in the 1946. He found the Midwest to be "very provincial." He had a favorite aunt who lived in California, so he strategically applied to colleges near her. He was drawn to California because "it was drugs, sex, rock and roll, and education. It was just a whole new world." He was admitted to UC Berkeley in 1964 and moved to San Francisco when he graduated in 1968. "That changed everything," he said.

He lived in the Russian Hill and North Beach neighborhoods for nearly the next four decades. That is, until he lost his apartment, a rental of thirty-seven years, to a landlord buy-out the year he was a participant in this project. Of aging, he wanted society to see older people as valued. He described:

> Randy: I think there's some societal changes as my portion of the population becomes a larger segment. In a sense, many companies, many situations, want to discard this, like an old bicycle. But I have an old bicycle that was made in 1971. People stop me and say, "Hey, that's a cool bike." I say, "C'est cool! Bonjour!" Occasionally, you see that glimmer of someone saying, "Well, I like old wine and aged cigars. I just don't like old people." I go, "Why? Have you ever sat down and had a conversation? Have you ever wanted to know?"
>
> You see that it's hard for us to express what we have that we'd like to share, for a fee or no fee, in any number of things, in part, because people are so mobile, particularly on the West coast. They're so transient that there's no way to tap into that tribal wisdom. Where do you go? Where do you and I go for that?
>
> I think people discount the fact that those of us over a certain age—and you can pick the age—have a lot to offer. Even if it's – "Sit down and tell me a story. What was it like living here when you were my age? What was it like to travel?" – as I did in the '50s and '60s and '70s before all this crap [picks up and waves his mobile smart phone].

Randy described growing older as an identity, a self that arose in social experience. He described

his embodiment of aging as becoming a social object to himself, as well as to others. For

instance, he made a metaphoric reference to his aging self as being like an old bicycle, old wine,

and aged cigars—objects that became imbued with more character, richness, or value over time,

rather than depleted to the point of becoming disposable, the way he felt society viewed aging

people. Randy continued with his perspective on aging, expressing his frustration that there was

a fear of death that morally repressed the way people lived their lives thereby producing a fear of

aging. He preferred, rather, to think of aging as the making of a flavorful soup that needed to

simmer for a long time to develop its boldness and richness. He explained:

> Randy: The burden of aging, I think it's the fear of your generation that is unprecedented. And it's unwanted because I don't think we've done a good job, both my generation and the academic and medical community of saying, as Ram Dass says, "Everything in life is preparation for the most wonderful experience. Death."
>
> If you looked at it that way, it changes everything. It's not a fearful thing. It's not something to be relegated to the priest – "Oh, let me tell you what could happen. If you don't put enough coins in the coffer and come in and say whatever, confess all your... Then, you know what? You're going to be damned forever" – and you live a life of fear. There are no atheists in a foxhole.
>
> I don't think I've ever been at a point of being life threatened – although I've been almost run over here by buses and Ubers and taxis recently, more than ever before – but I can't live that way. I don't understand why people aren't being told the truth about aging. What is it?
>
> It's a time to let all of that stuff that's inside of you, that makes you uniquely who you are, experientially, spiritually, like a soup that your grandmother has been simmering on the back of the stove. And every once in a while, she'll put another little thing in, like something that's grown in the garden. She'll put some herbs in and it. Just gives it a little more flavor. It's really rich and some of the things you can identify readily, others you really have to go, "What is that flavor? What am I smelling?" That combination of things. To make it a time of, why not have old people, older people, whatever we're called, share their stories with younger people in a way that allows them to live a life that is meaningful for themselves? Comfortable in their own skin, confidence.

Randy connected his aging identity to broader societal changes. He had a poignant attunement to the degree society was changing at a material level due to globalization and expressed disenchantment about the hypermobility of people today, which was changing society and the pace of social life. He felt it was increasingly harder for people to be together, spend time together, and learn from one another. He argued for society to recognize the valued identities of older people as an opportunity:

> Randy: Why are people reluctant and they don't know where to go to talk to elders about birthing, childcare, "I have no sexual desire, but I love my husband and he loves me? What did you do?" The tribal imperative is gone. Everybody goes FGI – Fucking Google It. What does Google know? I think it's sad. I think culturally we lose a lot.
>
> What does the culture expect of us, those of us that are over 68, 69, 70, and up? What do people expect of us?
>
> We take up space. We cost money. We can't bear children, so we're unproductive. We can't do heavy work, although many people in European cultures do field work, etc.
>
> This has become a population of... We work from shoulders up. I think we're made to feel like we have little, if anything, to contribute and yet we have probably the greatest accumulation of wealth in both real property and money, etc. of any generation.
>
> Yet, we're not asked what might be done with that, collectively or individually. We're not sought out for advising people in the cultural realms, the educational realms, the medical realms. No one's going to educated people who are beyond the years of being academic professors, etc., saying, "You're educated. You've taught. You're written, etc. You see how things have changed in the years since then. If you were to implement anything that you think would be beneficial from what you've learned or experienced in the fields of education or social policy, etc. What would that be?"
>
> There's a presidential council on aging. What does that mean? What does that mean? We're going to allocate resources to old people? Maybe we don't need resources as much as opportunity.

Randy yearned for people to dwell, to gain worldviews from each other because they might be intrigued to discover commonalities. It was through Randy's desire for continuity, amidst the

constancy of change, that he sensed a certain amount of nearness and remoteness emerging

between himself and his surroundings, that he was becoming a "stranger" (Simmel [1908]1999)

in the very community he lived in. He reflected on the fact that he needed to leave his apartment

and the community he has lived in for over 50 years. He was in the process of packing up his

apartment and getting rid of his things. He handed me a flyer to share about a garage sale he was

having. While he was uncertain about what the journey ahead held for him, he was convincingly

positive about the new adventure he was about to embark upon, traveling around and visiting

friends. Still, he was unwilling to accept full erasure of his time spent in San Francisco, so in his

whimsical and eccentric way, he left something behind. While we were sitting in Caffe Sapore,

he pointed out to me:

> Randy: Those two large pillows behind you, those were on my bed. I thought, I don't
> need them, and I'll leave them in the cafe. They're comfortable, but it's also a little
> bit of a poke. Every time people who know me come in, they're going to go,
> "God, he's still here. I thought we got rid of him." Anyway, that's a fun little thing.

Passing as a Positive Older Person

Time was an external force that informants had little control over. Informants could not

escape time because it was part of the backdrop of their lives and always in motion. It was a

metric for change that helped carry them from one time-point to the next. The constancy of

change was an unnerving process because the longer one lived, the greater the scope of

experiences one had to see and feel the magnitude of change in themselves and in the material

and social world surrounding them. Aging was an uncanny sensation characterized by the

moving tension between assurance and anxiety, which informants attempted to mitigate by

managing the gerontological subject of a positive older person. While the constancy of change

was unstoppable, making informants melancholy about what was once more familiar to them that

was becoming increasingly less familiar, they did not surrender to feelings of regret, sadness, or

fear about these changes. Informants reconciled their uneasiness by reaching to their past to appraise the present and to establish carefully considered expectations about the future. While mortality was anticipated, the uncertain journey toward death is what caused anxiety. For example, consider the experiences of Hannah, Dolores, Odom, Godfrey, Elise, and Sharon.

As Hannah has grown older, she has felt misidentified, misunderstood, or mistreated during her interactions with medical professionals, public transit passengers, her students, and her grandson. Their treatment of her troubled and enraged her. While she still held the same opinions, thoughts, and worldviews she had since she was young, it was other people's reading of her and their actions toward her that were changing. Rather than becoming enraged by this, she described:

> Hannah: I think one gains, hopefully, maybe a more whimsical perception. I think I still feel as strongly as I did about some things, but there's a different sense of time as I get older. I realize there's not that much time left; it isn't endless. It used to be. I think physical limitations have been the hardest for me to absorb. I always felt well. I never thought about my body, did my bidding, went about my business.

With the sense that there was a limited amount of time left in her life, she was finding ways to cope with these changes. She talked about hoping to gain a more "whimsical perception" with aging, which was not meant to be a defeatist statement, but a "mind strategy" (Golant 2015a) to laugh or shrug off the tension and frustration she felt because, of what little control she had over aging, she had the agency to change her attitude toward it.

Dolores also described how her perception of life changed as she grew older, rather than staying the same. Circumstances that would worry her when she was younger no longer worry her in older age. She said of her health:

> Dolores: I have arthritis. Right now, it's in remission, I'm lucky. People with arthritis suffer a lot, it's very painful. You can have it in your hips, in your legs. Arthritis is very painful for the older people. It's in my hip and I'm lucky now it's not hurting so much, but I know what that's like.

> The older you get, if they have any kind of heart trouble, they're afraid of their heart— that, I would be afraid of living with a bad heart. Always thinking that you might have a heart attack.
>
> Then, the cancer. X-rays to see if it's coming back. It came back three times. The last time I went and had the x-ray, it was scar tissue. The other two times it came back.
>
> For me, I don't worry about it. Stuff that I would worry about when I was younger, I do not worry about when I'm older. Things change. Your perception of life does change, a little bit.

Dolores had a great sense of humor, did not take herself too seriously, and was always open to have a good laugh. She acknowledged that change was constant and had a better ability to cope with the changes now that she was older compared to when she was younger.

FIGURE 5.20 DOLORES IN DISGUISE

Figure 5.20 show's Dolores' good-humored attitude. It is an image of Dolores with a pair of green, goofy, plastic sunglasses on that were attached to a fake, goofy, green mustache. This was taken on an occasion when we went to a restaurant called Tia Margarita's to celebrate Cinco de Mayo. The restaurant was handing out these glasses and we each, in turn, took each other's photographs. Dolores lived to be ninety years old and died in December 2017.

Odom expressed a similar mind-over-matter approach to coping with hardships faced with aging. Odom was born in 1950 in the then-segregated town of Shreveport, Louisiana. He moved to Phoenix, Arizona at the age of six or seven, and then San Francisco at the age of twelve. He worked in the food service industry for thirty-two years, first as a dishwasher then as a line cook, and had been to prison twice. He fell into homelessness after his wife died of kidney failure in 2009. Odom was lanky and thin. He wore a slouchy, black beanie on his head, baggy San Francisco Giants hoody, stone-washed blue jeans that were high-waters on his long legs, and white socks and black sneakers. His face was weathered, and his skin was crinkled like tissue paper. He had the numbers 415 tattooed to his forearm, the telephone area code for San Francisco. He had one remaining tooth in his lower left jaw. The missing teeth in his mouth caused his face to look collapsed and shortened when he closed his mouth. Of aging, he said:

> Odom: Live your life to the fullest because – at some point in time, one day, you don't know when – that's going to stop, or you're going to have to let it go. You don't know if there's going to be a medical problem, or some kind of illness. You just have to enjoy life. Don't worry about getting old. Everybody's got a number. You don't know what that lotto number is. You just enjoy. That's my way of saying enjoy life.
>
> I would love to enjoy my life. I would love to enjoy my life with another woman in my life. She may not be as strong as my wife, but then again, she may be as strong as my wife. Only thing she have to do is love me, and I love her. That's all. That's it. We ain't gotta be married, we ain't gotta be none of that. Just be with each other. You call; I'm there. You know what I'm saying? That's all it is. What do they say – be happy? I don't think about the negative things. I want to think positive. I want to be happy. I want to be liked. I want to be gullible. I don't want no negative surroundings or thoughts in my head all the time.

Godfrey was another informant who attested to the tactic of maintaining a positive attitude or outlook with aging, despite previous experiences of hardship. Godfrey was born in Oakland, California, in 1948, but has lived in many cities across the country including San

Francisco, the District of Columbia, Chicago, Philadelphia, and Miami. When we met, he was renting a studio apartment in an SRO in a neighborhood called the Mission.

Figure 5.21 shows an image of Godfey carrying a backpack in his right hand, walking up the stairs of his SRO toward a light coming in through a window. The walls are beige, there heavy plastic liner on the carpeted steps suggesting the high traffic use of these stairs. There is a wooden railing on the left wall. Godfrey wanted to give me a tour of where he lived so he said, "get a picture of this," only we were not able to get much further than the top of the stairs where the manager at the front desk instructed us that there were no guests allowed.
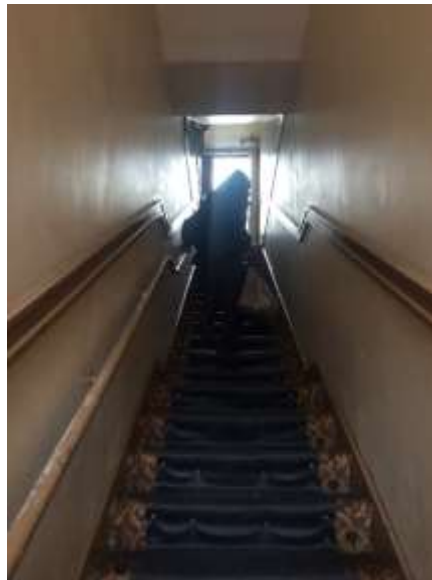

FIGURE 5.21 GODFREY WALKING UP STAIRS TO APARTMENT

Godfrey's facial hair was a bushy, uncombed beard that was a mix of light and dark greys. His teeth were yellow with noticeable plaque build-up around the gum line. In lieu of a do-rag, he wore an infant sized, black t-shirt over the dome of his head. The short arm sleeves of the shirt were askew and stuck out like cat ears on his head. He wore a dark blue windbreaker jacket that was zipped up to his sternum and hung off-center, revealing a gaunt left clavicle. He

had grey Dickies pants on that were cut at the ankle to be shortened for his height, and black

loafer shoes with white socks. Of aging, he said:

> Godfrey: Two things about getting older, growing older, aging. You become more mature and listen than the former. You just got to keep focused on yourself, you know what I mean? You got to look at yourself. You got to go off with yourself and get real. Get real about: "Who are you? What do you want to be? What pertains to you? How are you going to deal with yourself, as an individual, and then weigh that on a scale for yourself and see what matters, or what's better for you or not?"
>
> I mean, I just got out of jail. I've been doing a lot of jail. I just got locked up for twenty years. Armed robbery. So, as long as I stay away from crime and crime people… I'm going to try and keep myself abreast. Away from drugs and all that type of thing.
>
> Listen, I prayed. I said, "Locked up twenty years behind that door?" Saying that, you know? Me, behind that door. Locked in twenty years for armed robbery. That will tell you, I'm trying to think as positive as I can about my life.

The phrase "doing time" is commonly used as a euphemism for being in prison. With some

irony, prison may be one of the few places where time seems to stand still because it acts as a

fortress that encased those on the inside from the magnitude of changes on the outside. For

Godfrey, prison was an extremely violent experience, which included nine years in solitary

confinement. While on the inside, he had a lot of time to be introspective and think about how he

wanted to live his life on the outside. Re-entry was an uncanny experience for Godfrey because it

required him to adjust to a much different community than the one that he remembered. While

there were forces that could get Godfrey in trouble again, such as "crime and crime people," the

agency he had to "think as positive as I can about my life" was how he aspired to mitigate the

tension between his past, present, and future.

Elise provided another example. Elise worked in an art museum. She owned a studio in a

neighborhood called Russian Hill and lived there for the last thirty years. She was slender and

petite. Her hair was black with a few strands of silver and cut into a bob. Her style was

effortlessly chic. She wore large O-framed sunglasses and a black blouse buttoned over a magenta camisole with a red cardigan draped and tied over her shoulders like a cape. Her pants were wide-legged and cropped so they fluttered around her ankles when she walked. She wore Dansko clogs on her feet.

Elise was born in Hong Kong, China, in 1946. She came to the United States over fifty years ago. She attended college in Oakland, California and frequently bussed to San Francisco because it "was the big city." Immediately after college, she moved to San Francisco and shared an apartment with a girlfriend. She found her first job in the city, but her career ambition and passion for the arts led her to move to New York and London before returning to San Francisco. Her dogged and scrappy pursuits led her to retail or art jobs that paid well enough to afford the lifestyle she wanted – to enjoy time with her friends, explore, and attend cultural activities like the ballet or visiting museums. In gentle self-mocking manner, she said, of her lifestyle, "Oh, this is too much fun. It's so easy. I'm like, 'I don't care if I don't make any money.'" She reflected upon her past and explained the role culture played in her life:

> Elise: My generation was moving out and dropping out. I guess because I came from Asia, I was still very much, 'The American Dream. If you work hard, you're going to make it.' I was very much on the fast track. I know my friends around me, the people in San Francisco were, like, everybody's chilling out. Haight Ashbury, Flower Power was happening. I'm like, "What's with you?" I felt like they held me back, so I loved getting to New York. I threw myself into work, 10 hours a day. I worked as hard as I played.

In New York, she was a buyer at Bonwit Teller and Company, a luxury department store. Nearly on a whim, she quit her job and moved to London. Her sister, who was married to an Englishman and residing in London, wrote her a letter to discourage her from moving because it would be hard to earn a living there. But, because "in those days, you didn't have email" she missed her sister's letter and arrived in London as determined. "I applied for many jobs. I was very good at

answering ads. This was before the computer," Elise informed. She found a job handling

wholesale knitwear for a company and was paid under the table. One day, to her surprise, she

landed a job as a bookkeeper in an art gallery and described, "I guess I didn't sound too stupid. I

didn't realize, it was very easy. I didn't know. Bookkeeping sounds scary for women in the arts.

You think, 'Oh my God, I'm paying the bills?'" But, she figured, if she could balance her own

checkbook, she could be a bookkeeper, and naively worked herself into a successful position at

the gallery.

Elise reminisced, "I guess when you're young, you don't really… That's what youth is.

You're not concerned." She reflected on her life's trajectory, now that she was older:

> Elise: At the end of the day, I maybe did not do myself the best favor, but I survived with a clear conscience. I feel like I enjoy my life. I have my health. I have my small toys and things that make me happy, and I will continue to find that. Maybe that's what growing older is. I've gotten to a point where I'm in a very good position. […] I made my choice. I have no children; I have no grandchildren. What, I'm going to go home and sit by myself and be stale?

While Elise had no children of her own, she found simple pleasures in the small trinkets she

collected from her adventures and in spending time with her friends.

FIGURE 5.22 ELISE'S LIVING ROOM WITH BRUNCH TABLE

For instance, **Figure 5.22** is an image of Elise's living room. There is a large window with

venetian blinds. Next to the widow is a small breakfast table, set for two people, with a vase of

flowers in the center. Elise described the photograph:

> Elise: So, this is a view from my living room. One of my favorite things to do is have my friends over for brunch. I was really looking forward to having my friend over for brunch. I set the table in my little living space and it has a nice, it looks out into greenery. The greenery gives me some kind of tranquility and in touch with nature.

Returning her attention to San Francisco, she commented about the social and economic changes

she noticed transforming the city:

> Elise: The metropolis only caters to the young, the up-and-coming, and those who can afford it. So, instead of a mix, older seniors, artists, writers, or teachers and service people all can't afford to live in the city. I think that will change the demographics of the city. […] You see the same in London, the same in New York. Well, this city [San Francisco], they said it's like another Gold Rush.
>
> I think one shouldn't be pessimistic. Changes will be different, not the same, but you know, it's fine. And, how to deal with changes? I think that's why you asked me to think about aging. I was thinking a lot about it.
>
> I think aging, if you accept your changes gracefully and not fight it, it will probably be a better experience. There's nothing worse than feeling how stuck you are. I hear old people – "Oh, this is what old people say," I used to always be like that. But think of the positives.
>
> Sometimes, I resent all these changes, and then I think of all the positives. The internet and how fast it is. Having a cellphone and how you can get people. So, if you think of the positives, maybe your whole attitude won't be, "The old person left behind." And then, you kind of embrace change and say, "Ok, we don't do things the old way anymore," and, "Let's see if I can fit in." I think that's a good way to be. To accept aging gracefully and not fight it.

Elise saw globalization as a force that was not necessarily good or bad, but something

that has always occurred the changed the nature of cities. Elise has witnessed many changes in

cities over the course of her life. To reconcile the growing estrangement between self-

identification and urban change, Elise's tactic was to accept and embrace the surrounding changes to see if she could continue to "fit in."

A final example was Sharon. Sharon was born in Grand Rapids, Michigan, in 1937. She had sandy-blond hair that was short and spikey, which reflected her spunky disposition. After raising three children and divorcing her long-time husband, she moved to San Francisco in 1994. She decided upon San Francisco after receiving advice from her son's boyfriend at the time, who thought she would find this city "a perfect fit" for her. She rented a flat in a Victorian House, in a neighborhood called the Western Addition, and purchased it when the building became a condo in 1997. To help cover her mortgage, she worked as a freelance seamstress and lived with roommates she found on Airbnb. The rise of Airbnb as a platform for home-sharing afforded her the opportunity to host visitors from all over the world, which she enjoyed. She was vivacious and spirited when she described the fun that she has, hosting people from around the world. She kept a world map in her living room with pins where all her guests were from.

She was an extremely active person, contributing photographs of her campaigning for Bernie Sanders at her neighborhood farmers' market and socializing with friends, neighbors, local small business owners. **Figure 5.23** is an image of the sunset in her neighborhood. There is a silhouette of buildings and trees in front of a splash of orange and mauve. Sharon explained:

> Sharon: This was a beautiful night. This was on my street, the next block down, and I'm walking toward the park because I'm cutting through to go visit a friend. I went down McAllister to Pierce and then it's just one block to the park, so this on McAllister Street. It was so beautiful. The sky was gorgeous. It was probably about 6:00 at night.

FIGURE 5.23 SHARON'S NEIGHBORHOOD SUNSET

Sharon loved her neighborhood. She described how it was centrally located, near Golden Gate

Park. She recounted how drastically her neighborhood has changed over the years and described

the way gentrification has shifted the race and age demographic in her neighborhood:

> Sharon: There was far more diversity and now, of course, a lot of young, white couples. I loved the neighborhood when I came in because there were so many characters around. There was this dear African American woman who lived down on Golden Gate and she actually lived in the building where I had a car parking space, so I had my car in her building, but she didn't own the building. She was just a poor lady and she was old, and she had a walker and every day she would come around, walk up Scott Street Hill, which is so steep and then down to the end of our block and sit in the bus… Well, there wasn't a bus shelter then, there was just this big concrete bench and she'd sit there, and other friends would sit there, and they'd chat. It was wonderful. I got to know them all and cared about them. They were my neighbors and it was much more friendly then because people did talk to each other on the streets.
>
> Now, I find the young people, they didn't even look at you. I try to look at them and see if they'll look and then I'd say hello, but most of them will just look away. It's a shame because they don't realize that we all need each other.
>
> Now, where are people watched over and cared about? I don't even know, and it makes for a different kind of a person. I'm treated well by the people who notice me. I mean, always when I get in the bus, somebody will stand up and give me a seat. And that's when I began to feel really old, when I would be given seats on the bus.

Sharon observed that her neighborhood had shifted from a place that was diverse and friendly to a place that was homogenous and less friendly. She recounted how neighbors used to congregate and socialize in public spaces and how pleasant she found that because everyone knew each other, cared for each other. Now, she explained matter-of-factly how younger, white couples were moving in, making the neighborhood feel less friendly. She felt ignored and invisible to her new neighbors and even a bit estranged from the neighborhood she once knew so well. The only exception to feeling invisible was when people offered her a seat on the bus, which made her feel hyper-visible as old. She reflected further about aging and the paradox of being both noticed and unnoticed. She said:

> Sharon: I probably felt the same way. I mean, I would look at people – actually, in my time, it was people in their 50s who looked old to me, really old – you would just think, "Well I hope I never get that old." But then you didn't want to die either, so it was an unrealistic kind of outlook.
>
> I mean we were trained to be respectful of adults and you don't see that a lot, especially on the bus. There's always somebody who makes you think… Well, it's not totally true. Here, there are some really good kids around. It's not just kids, but, I mean, there are young people in their 20s, maybe even 30s who don't pay attention. You just see them sitting there and they're looking at their phone and not paying attention on purpose. They don't want to deal with it. I think that's worrisome.
>
> I don't know how to… How does it feel? I mean how would you feel when you know someday, you're going to be old? What do you think? I'm sure, just looking at you, you would be very kind and respectful, but what do these people think?

Like other informants, Sharon described how the signifiers of age were biological or physical first but played out in social ways. While Sharon appreciated being seen and noticed in public, she did not appreciate being seen and noticed as someone needing a seat on the bus for her age. This was a paradox. Sharon described other difficult experiences with aging, such as managing her bad heart, losing the people closest to her, and confronting her mortality. She said:

Sharon: Physically, of course, there's always that. I've been so fortunate that I haven't had too much of ill health, but I did last year learn that I have irregular heartbeats and I've now got a pacemaker. Then, had a terrible bout with pneumonia when I was in Michigan in February, was hospitalized for 12 days. Getting over all of that was tough and then with a heart, especially, it dawned on me, my days are numbered and I'm not necessarily going to be totally healthy the rest of my life. That's a big thing to deal with.

And then, I lost my dear, dear friend of 71 years. We met when we were 6-years-old, and she died last year of cancer. I went to be with her in Ohio and then five days before she died, I got sick and was hospitalized. It was the heart thing, and then I had to come home and leave her. She died after I left. That was hard and then right away my brother got diagnosed with leukemia and he died at the beginning of May. It's been two big losses. That's the other thing – all around me, people getting sick and dying. Yeah that's probably the hardest. Really losing really good friends when you think, "that person I talk to every week and now she's gone." That's the worst.

A satisfaction paradox arises with the accumulation of life-years and experiences that makes aging a bittersweet experience. Sharon explained:

Sharon: Well, in many ways, as I've gone through my life and I passed from one stage into another, I find that remarkably the new stage has really good things about it that I hadn't thought about before. Life really has gone on in a nice way. I mean now, yes, as you get older, it's hard because you get sick more easily, your body breaks down here, there, and you got to deal with that.

There are other really nice things. I love to go to bed now. Going to bed is a pleasure at the end of the day, and there's always something that makes it worthwhile, and you've got these wonderful friends. Now, I've got friends from all over the place and who would have thought? You know things that you didn't know when you were a kid. Things you were worried about when you were a kid leaves you after a while.

But then, on the other hand, you've got anxiety – "Oh, my gosh, what happens to me if I can't keep this life up, and who's going to take care of me?" – and all that kind of stuff.

The vicissitudes of life made certain physical, social, and economic realities of aging difficult, so to deal with any negative appraisals, Sharon deemphasized their salience to her self-identity, self-esteem, and happiness. Rather, she opted to be positive and find things that gave her a sense of serenity with aging. She said:

Sharon: I finally realized, "Hey, I'm doing what I love to do." It doesn't matter if I don't make a lot of money with my sewing business. For instance, lot of times now, I'll just sew and give it to somebody because it gives me pleasure to do my work, and it gives them pleasure to have that. I think that contentment, that's partly just being older that you realize that. Then, I've had help around here because I go to yoga regularly and I go to a meditation class. I love that and I think that learning about having equanimity about things has really been a huge lesson for me to learn, and it's made life a lot better.

Despite the uncertainty that accompanied constant biological, social, and material changes with aging, Hannah, Dolores, Odom, Godfrey, Elise, and Sharon all reflected on their past experiences and acknowledged how the future held uncertainty and anxiety for them. To ease the passage of change wrought by time in the course of aging, informants described their agency to adjust their attitudes and recalibrate their expectations as a measured tactic to manage the anticipated future and the uncertain journey toward their mortality.

In this chapter, I argued that informants described aging as a process of becoming increasingly unfamiliar with and potentially estranged from what were previously familiar surroundings, especially as it related to their self-identification through their bodies and their social interactions. Their descriptions of aging rendered the feeling of an uncanny sensation produced by the unstable links between self-identification and estrangement. With death acknowledged as an inevitable future, aging was a process of expulsion from life itself, from a molecular to social level, that caused informants to question and increasingly fight for claims over their self-identity as a mode of resistance. To mitigate the forces contributing to an uncanny sensation, informants sought to stabilize themselves with their surrounding and their ontological being within them through the identity work of configuring, enacting, and managing various cultural figures, such as a healthy older person, an active older person, a valued older person, and a positive older person.

PART 5. CHAPTER 11: DOING AGING IN PLACE IN AN AGE-FRIENDLY CITY

In Chapter 11, I extend the argument that while aging is a process of expulsion from life itself, from a molecular to social level, aging in place is a tactic of stabilizing or reintegrating and refamiliarizing oneself with their surrounding and their ontological being within them. In many ways, aging in place was about trying to "pass," a way to escape the purview of the gerontological gaze. In the face of accumulating losses – physical, mental, social, and financial – these informants sustained a determined autonomy to "pass" as a capable and competent person of their own care. While being anticipatory about one's future was important for aging in place, most of the labor involved occurred in the management of the present. This comprised the routine and everyday activities that were both fundamental for functioning and instrumental for them to live independently in a socially sanctioned manner (Katz 1983, Lawton and Brody 1969).

Aging in place finds meaning through the quotidian. The mundanity of this work is the crux of its poignancy. While the gerontological construction of the quotidian tends to be codified in the form of activities of daily living and instrumental activities of daily living (ADLs[36] and IADLs[37]), the "arts of doing" (de Certeau 1984) everyday work, like walking, talking, reading, dwelling, cooking, and being able to meet and sustain biological needs in a socially sanctioned manner, are forms of creative resistance to repressive aspects of modern society that are enacted by ordinary people. As Stephens (1976) observed in their ethnography of urban, community-dwelling older adults:

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[36] Activities of Daily Living (ADLs) are basic self-care tasks such as: walking, feeding, dressing and grooming, toileting, bathing, and transferring one's body from one position to another.
[37] Instrumental Activities of Daily Living (IADLs) are self-care tasks that require more complex thinking skills, including organizational skills such as: managing finances, managing transportation, shopping and meal preparation, housecleaning and home maintenance, managing communication, and managing medications.

It is sociological common place for groups to develop routines of role relationships that become institutionalized as "normal" modes of adjustment. These modes of adjustment facilitate the overall ability of the group to maintain itself, and permit individual members to satisfy personal needs. To support these routine adjustment behaviors, certain attitudes and expectancies are also institutionalized and are elaborated into a dense, if frequently covert, network of taken-for-granted meanings, which serve not only to define contextual reality but also to delineate effective and permissible coping skills.

The elaboration of effective coping skills is necessary for the survival of the group, as it provides for the continued ability of individuals to maintain adequate adjustment modes in relation to the contingencies of their environment. The primary burden of affixing taken-for-granted meanings (definitions of situations) is the attendant conservation of resources by the individuals. Thus, all activity need not wait until a complicated process of defining and "figuring out" occurs; rather, the individual can plug the taken-for-granted meanings into a specific situation, and conserve energy for situations of a more problematic character. (P. 36)

In this chapter, I examine that means informants used to satisfy routine needs, ranging from basic biological necessities to maintain health, have adequate shelter, eat meals, secure safety to higher needs that give rise to ego-enhancing activities. I provide examples of the doing of aging in place as tactics informants used to pass – to stabilize, reintegrate, or refamiliarize themselves with their surroundings and their ontological being within them. By this, I mean how informants managed to meet their everyday needs while striving to mitigate the process of becoming increasingly unfamiliar with and potentially estranged from what were previously familiar surroundings. Focus was placed upon inner experiences and external realities as well as the embodiments and materialities of their everyday life.

This chapter explores the practices and performed processes through which informants aged in place in San Francisco. By "aged in place in place in San Francisco," I mean more than obtaining basic needs for living, and more than establishing a social identity. A key idea was to understand how people aged in San Francisco as a material expression of their way of life, despite the repressive aspects of modern society. Aging in place was characterized by the moving tension between navigating the liminal space between past and present, individual

freedom and social control, and aspiration and reality. This chapter provides some examples of these broader themes by detailing the following processes: 1) dealing with split environmental personalities, 2) maintaining a home, 3) obtaining food and sustenance, 4) tending to personal hygiene, and 5) getting around town.

Dealing with Split Environmental Personalities

While the notion of "home" was of central importance to aging in place, there was no standard physical configuration of what constituted a home. Rather, home was experienced through the doing and being of aging within the spaces and places informants found themselves living. Informants lived in a variety of housing situations and managed to conduct the activities necessary to meet their daily needs in a variety of ways. Many informants found themselves occupying places "with split environmental personalities" (Golant 2015b:37). Meaning, while they may like or tolerate the place they lived, this place also diverged from their needs, goals, or desires. As informants dealt with physical or social changes that occurred over time, the places where they resided developed material dilemmas that required their deliberate attention.

For example, consider the experiences of Odom, Hannah, and Elise. When they assessed their current housing situation, they recalled several temporal reference points. These selected accounts provided examples of the emotions and decisions informants routinely grappled with, of longing for constancy and stability in a "home" while finding themselves occupying places that were not, or increasingly did not, meet their personal needs, goals, and desires.

Odom's eyes were cloudy and tired, but he had optimism in his tone. He said, "If I could jump up and click my heels and do like Dorothy and knock three times, I'll be alright." The reference Odom made was to the fictional character Dorothy in The Wizard of Oz. Dorothy was famous for uttering the words: *there's no place like home*. This phrase captured her transformed

206

appreciation for home, once she had the relative experience to reconcile wanting to escape her troubled reality, as represented by a monochromatic Kansas farm, and aspiring to a fantasy, as represented by the colorful Land of Oz. This famous phrase also suggested that the endless and impossible journey toward home may, in fact, be our home—meaning, home was an embodied experience regardless of the spaces and places we might find ourselves living throughout the course of our lives.

Odom's troubled reality was that he lived on the streets. He fell into homelessness in 2009 and yearned for housing, something stable. He reflected on his situation:

> Odom: Homelessness. It's not a life that I propose. It's just something that happened to me at the wrong time in my life. You know, I waited til I get 58-and-a-half and going through a slump like this.

Odom grew up in the South, when Jim Crow laws were still in effect, and moved to San Francisco as a teen. He often described feeling internally split between two worlds. When he discussed the notion of home, one of the tensions was between his longing for a life in the country and a life in the city. Although he grew up in a racially segregated environment, he was nostalgic about certain elements of country life that he recalled being simpler, cleaner, more natural, and healthier than his experiences living in the city where it was dirtier, busier, and more artificial. He explained:

> Odom: Let me tell you a little of the country. Sharecropping – I picked cotton. I did a lot of field work as a kid up until the age of six. To me, segregation – yes, I went through that as a kid. We had a shack that, when it would rain, the water would flow in from the roof. We'd use six or seven buckets to catch water, but on the other side of the fence – I'm not being racist – but the white kids had the concrete buildings, so they wouldn't worry about rain, a roof leaking. They was warm. We was cold. We had a stove we'd have to throw firewood in to burn to keep the school warm, to heat it up.
>
> Other than that, though, my life, I love it. Right now, I have a life of two worlds and what I mean of two worlds is that I have a country life that I really love and

now I'm living in the city, which is different. Totally different from each other, the lifestyle.

Back home in Shreveport, Louisiana, I'm in the field picking tomatoes, cutting potatoes, onions, and all those things. In the city, you have opportunity to buy that. It comes to you in the form of stores. Back home, it comes to you in the form of fields, road sales, or someone coming down the street in a truck or in a wagon selling these items to you. That's the difference. We didn't have roads. We had gravel streets. Here, we have streets with names. Back home, we don't have that. We just have roads with no names. That's totally different. We walk down the country road; you can see cows and horses out in the field. Here, you don't see that. All you see is automobiles. Red lights, stop. Go, green. That's all you have here to see. That's the difference.

The food is different. Here, you go in a store, you buy your food. There, you can hunt your food, you got wildlife living. And here, you have living where you have to live on vitamins, proteins, and minerals; that's city environment. Me, I'd rather live in a country environment. You kill your food because you eat it fresh. You don't have to worry about proteins and vitamins. All you need there: sugar water.[38] That's all you need back home in Shreveport, if that's where you live. We didn't worry about high blood pressure, arthritis, and all these sick problems like you do here in the city. I came to California; I didn't have no problem. Now that I live in California, I have arthritis, sugar diabetes, and everything else.

Odom was wistful about his life in Shreveport. The country environment he evoked was simple and nearly idyllic, except for racial segregation. He described the city as an unnatural and polluted place and attributed his current chronic illnesses to living in the city. However, he also was tremendously attached to San Francisco. He appreciated the opportunities the city afforded him because it was a more racially integrated place than Shreveport. He also had fond memories of raising his family in San Francisco. Odom reflected:

Odom: There're very few little things in San Francisco that I dislike about it. I love it because it's given me a second life and a new education. I learned that back home [in Shreveport], there was only black and white. When I came to San Francisco as

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[38] "Sugar water is a can or glass or cup with sugar and ice cube and water. You mix it. That would be our sweet water, would be our Kool-Aid or soda pop back home. Sometimes you have lemonade. It's not often we had the opportunity to have soda pop and lemonade like kids are able to have in the city. When we get that, believe me, it's a luxury drink. My luxury drink is, like I said, sweet water. Water, sugar, and ice cube cold as you can get it. It tastes good. Yes, that's my lifestyle. Here [in San Francisco], it's easier to get sugar diabetes here because everywhere you go its sugar, sugar, sugar. That's how I become sick while I was here. I eat too much sugar and sugar here is much more sugary than back home."

a teenager, I began to see there's a mixture or variety or a culture of different people that I live with that I was not close to back in Louisiana.

I grew up like that, knowing that there's black and white. I grew up now in San Francisco where there's multiple races of people now. I come to love that because, like I said before, for one time, I thought there was only black and white, because that's all I saw. Then I came to San Francisco and, like I said, by age twelve, it opened up my eyes.

That's why with five kids – my wife and I have traveled before to different states together with our kids – but for some reason, we always come back to San Francisco. We have to come back here because San Francisco giving us what we want – five kids, a new life, graduated – it's what we wanted.

Now I don't have my wife, but I have my kids and I'm very happy with it. I'm very pleased with it. I'm very pleased with it and I have no sorrow. No sorrow with my life in San Francisco. I love it. I love it. I don't want to leave San Francisco. Don't make me leave. Plant me here.

While Odom was nostalgic about living in Shreveport and was fond of living in San Francisco, his aspirational Land of Oz was to have, "a good woman, two good dogs, and a place out of the city. Out in the country and just live it where I can walk and go fishing every day if I want to and enjoy the woman in my life." Odom's dream was not extravagant, but a reality he knew was far from his reach. Nevertheless, Odom felt San Francisco gave him "the best life." He explained:

Odom: I know how to live in the city. You can take the kid out of the country, but you can't take the country out of the kid. I'm glad I have that life, to live in two distinct states of life – one country and one city. That's why I say I had the best life in the world. Even Dorothy, with two parts, you know? I lived in the South and I lived in the North. Sometimes I read in a history book, stories about the North and South, the Knights or the KKK, the Revolution, you know? Things like that. I love it, and I think if I hadn't come to California, I wouldn't know as much as I know now. I wouldn't. I probably be mumbling, "Massa, yes, sir. Thanks, sir." Like that, you know what I'm saying? I'd turn out to be that way. I'm most grateful and I'm happy with it [even though] I may not get to where I want to go in life.

Figure 5.24 is an image of Odom's right leg kicked up and resting on his left knee as he reclined back on two large blue translucent plastic bags filled with his clothes and other belongings. I was to his left. We were sitting on cardboard we picked up when we walked over from the senior

center after lunch. The cardboard added cushion to the concrete. We were nested in the doorway

of a building that was closed on Sundays. It provided a shallow enclave from the passersby on

the street. Across from us, there were pieces of sundried feces on the sidewalk. Not an

uncommon sight in this neighborhood, the Tenderloin. "That's ok. Dried is not as stinky as fresh.

The worst is when a pigeon squirts on you," Odom informed me.

FIGURE 5.24 ODOM SITTING ON THE SIDEWALK

FIGURE 5.25 ODOM AT ST. BONIFACE CHURCH

Across the street from us was St. Boniface Church. **Figure 5.25** is a closer image of the

entrance of the church. The church was majestic with a beige- and pink-colored entranceway.

Two doors were open with a ramp leading into the door on the left for mobility accessibility.

Odom told me it was one of the few churches in the city where "you're able to go in there and

sleep if you're homeless or not homeless." The church was closed until 6AM when it opened its

doors to let people sleep in the pews until 3PM. To pass the time, Odom's place was on the

sidewalk in this nook among the buildings across the street from the Church, "in the sun where it's warm, and catch a little sleep before its dark."

Odom was aware of how being homeless adversely affected his ability to age in place. He explained:

> Odom: The only thing that makes it difficult for me to age in place is that I don't have a place. That would be difficult for me. Being unstable and not having a place to age, that's me. I'm aging, but I don't have that place to age in. Some people have the animal with them to age with them, but I don't have that companion. It doesn't have to be the companion to age with me. I just don't have a place. I wish I had a place to age in. To age with me.

Nevertheless, he remained hopeful and determined. Reflecting on his circumstances, he said:

> Odom: I became homeless when I lost my wife. She made me the widower that I am, but she's not my downfall. That downfall, by me losing her, had nothing to do with me becoming homeless. I brung that on myself because I let go of life. I let go of that life. Instead of me keeping it, I let it go. By me letting it go, I got caught up with this out here – I got caught up with society, selling drugs and all of this. It was the thing to do. I put myself deeper and deeper in a well that I couldn't climb out of.
>
> I haven't climbed out of that well since, I'm still there, but I'm almost at the top because I can see the light, see what I'm saying? I see that light now and nothing's going to stop me from getting there because I'm too close to that light, to come out of that well. A long time it took me, from the bottom of that well, to get up to the light.
>
> It's easy when you can see something, but it goes a long way to get there. It took me that long, six years to get to that light, to where I know now, I'm here, I'll come out. That's where I'm at. I'm going to come out of that well. I've been in the dark too long. Back into the light. I'm not going to let nothing stop me. Nothing. That's real.

Odom endured a lifetime of hardships that contributed to and complicated his present situation of aging while homeless. For instance, with limited options for employment, he turned to selling drugs on the streets for an income. He also was in prison twice. Once for being falsely identified for a robbery because his jacket matched the color of the suspect. Once for breaking his parole when he was found with a starter gun in his possession to help with a children's track meet. He

knew that life on the street – getting "caught up with this out here" – was detrimental to his well-being and hindered his ability to age in the way he desired, but he was trapped by a set of external forces that limited his opportunities (freedom) to live the life he wanted. Odom was extremely insightful about the duality of having a lived what he called, "two lives, an outside and an inside," and the adjustments he must make to survive. He described how destabilizing it was to his self-identity when he said, "Yeah, it's like I don't know who this person is anymore, you know? […] Am I the peanut or the shell? What am I? I don't know yet. That's what I'm describing." Aware of the limitations confronting him, he said, "San Francisco is a friendly city to age in. We all have our little hard knocks here and there, but I would love to age. I think the rest of my life, I'm going to be here in San Francisco to age. I do."

Odom was doing what he could to leverage himself out of being homeless. His name was on several waitlists for public housing and a caseworker helped him navigate the process. When we met, he had recently been offered a room in an SRO hotel but declined it because he was holding out for something better. He recounted his reasoning:

> Odom: Just last month, I had the opportunity to move into a place, this last month, which is the Baldwin Hotel on 6th Street. But I refused that because the case manager came to me with a second option. I go to the Baldwin, I'd be sharing a bathroom, shower all the way down the hallway. My second option is, if I could wait 32 more days, I can get me a room with a shower, a sink, everything in there. The bathroom's all in the room. So, he said we're going to give you the rest of the week to think about it. That was on Tuesday. I didn't need to think about it. I gave my answer right then and there. I'll wait 30-32 more days for this room to open up.

Odom did not have many options to be choosy about his housing, and wherever he would be placed would likely be where he will live for the remainder of his life, or at least for as long as he was healthy enough to live without higher levels of medical care. With his name finally near the top of a couple of waitlists, however, Odom had the rare opportunity to leverage some

negotiating power. He declined a first offer on a room with a communal bathroom to endure living on the streets for a while longer to have the chance of being offered a room with a private bathroom. He deemed this a pragmatic decision and worth the wait because it was likely his only opportunity at securing housing for the remainder of his life. Odom said, aloud to me, but perhaps aloud to affirm for himself:

> Odom: I guess you could say, the courage of the lion, you know? Like in the Wizard of Oz, the lion and his courage? I don't know if you know, but I'm gonna need that. I'm gonna need that. I know I am because that's going to bring me out of this environment. I'm gonna need that because that's the only way out.

A second example was Hannah. Hannah was on the high end of the income eligibility for this study but was adamant about clarifying she was "house rich, but income poor." Meaning, despite owning a single-family home, which was a financial asset, she received a relatively low income working as a learning disability specialist at a public university. I met Hannah at her house in a neighborhood called Noe Valley, one of the most desirable neighborhoods in San Francisco currently. Her house sat atop a steep hill, which felt like a hike up a mountain on foot. Hilly topography famously characterizes San Francisco.

When I arrived at her address, I saw that the property was on another steep hill. To reach her house, I had to zig up one flight of cement stairs that started at the street curb to a small landing with a bench for resting, and then zag up another flight of stairs that led to the front door of her house. I rang the doorbell and heard a faint voice holler from inside, "on my way." Several minutes passed before Hannah opened the door. She walked down a flight of stairs inside the house to reach the front door.

Immediately upon greeting me, Hannah asked if I could help her bring some groceries in from her car to the house. She had just returned from the store and was worried the perishable items would not last in the car. She spoke softly, but commandingly. I obliged and followed her

down the two flights of stairs to reach her car parked on the street. Her posture was slightly hunched, and she walked gingerly with pain that was caused by a degenerating spine condition. Hannah opened the back door of the car and took out three bags of groceries and scooped up some grapes that rolled onto the floor. She handed me the bags and I carried them up the two flights of stairs outside her house, and up the one flight of stairs inside her house. Hannah was aware the stairs will become a problem for her and acknowledged, "I realize there's going to come… and I shouldn't wait until there's a crisis, and yet… I don't want to give this [her home] up."

At the top of the stairs, I emerged into the living room. The living room was the central room to the house. It was open and spacious and had large windows all around giving spectacular views of the city. There was a fireplace and built-in bookshelves filled with books on one wall. Handsome pieces of mid-century modern furniture decorated her home. Hannah found some irony in knowing that the old and practical pieces of furniture she owned had time-traveled to the present to become not only a stylish again, but a coveted design trend. On the walls, paintings of all sizes hung, which created a color palette of warm browns, blues, and peaches in the interior of her home.

Toward the back of the living room, there was a galley kitchen. I placed the groceries bags on the counter. Hannah put the perishable food in the refrigerator and said she would take care of the non-perishable foods later. She gave me a walking tour of her house. The kitchen railroaded through to her bedroom. Slightly to the left of the kitchen was a narrow hallway. The first room was the bathroom, which had a sliding door to save space because the hall was so narrow. This hallway extended further toward the back of the house where a guest bedroom and

her office were located. Her office overlooked a luscious green garden. These extensions were

additions she made that were not part of the original house.

Hannah lived in San Francisco for over seventy years. She called San Francisco "home"

because "it's familiar," but the decision to stay or move burdened her. She described what she

liked about living in San Francisco, which included being close to a familiar social network and

having access to places where she could enjoy her hobbies. She said:

> Hannah: I like the physical beauty. I like its diversity of population. I like its cultural
> aspects. I like the possibility of interacting with people of rather progressive
> political views. It's home. All my friends are in the area. That's an important
> factor. I used to love to go for walks. I can't do that very much anymore because I
> have a lot of unfortunate referral pain from my back, so walking is somewhat
> difficult at the moment. I'm very interested in music, so I have a lot of
> opportunity to hear music. I played some, so that is important. I'm sure I could
> find some of that somewhere, but this is home.

In her time living in San Francisco, she also had witnessed a tremendous amount of change. She

had biting criticism about the injustices she observed and openly expressed her political opinion

about them. She described the transformations of San Francisco she has witnessed:

> Hannah: [T]he most dramatic changes have come in the last five to ten years and I think
> the biggest, the most visible, is the tech boom. But I don't think it's only the tech
> boom. I think it's housing policy. It has changed the population enormously to a
> much wealthier one. I mean, this whole neighborhood was a little working-class
> neighborhood. It is now, I joke, you can't be seen here without a stroller, a latte, a
> dog, and a baby, and a six-figure income up high. Those, I think, are dramatic
> changes.
>
> On the other hand, it's become, I think, more ethnically diverse over time, much
> more than when we first came here. On the other hand, we've lost about thirty to
> thirty-five percent of our African American population. Can't afford it. That's a
> big change. This area is predominately Caucasian. Some Asian, not very much.
> But you rarely see a black face, a brown face, unless it's someone working for
> someone. It considers itself liberal, but it's become much more conservative,
> politically, around here. It's a kind of, in my view, pretense liberalism.

Hannah felt there was a false ideology that San Francisco was founded on principles of civil

liberty and equality. Rather, she saw very little support from the government in regulating

capitalism or inequitable growth and highlighted the rising cost of real estate as an example that

perpetuated social inequalities and raised levels of economic insecurity.

Hannah felt the high rents and lack of affordable housing in San Francisco were "morally

wrong, unhealthy, and a very genuine problem." She scorned the rich and was exasperated by

their "economic entitlement." She provided an example of the tech industry's influence by

sharing her experience as a neighbor to Facebook founder, Mark Zuckerberg:

> Hannah: I'll say, sardonically, people can live here. Their nannies, their gardeners, the people who clean their houses have to live an hour-and-a-half to two hours away. That, I consider an extremely unbalanced, unfair, and unhealthy mix of society.
>
> I'll tell you a story. Mark Zuckerberg has been remodeling a house for now over two years, a block-and-a-half from here. He got the house in the following way, and I know this to be true. His wife at the time was a resident at General[39] and so, I guess, they wanted to live here because it's a straight shot across [the neighborhood to General]. He looked around and he found the block that he liked or the house that he liked. He went up. He rang the bell, and the guy looked at him and said, "Who are you?" He said, "Are you interested in selling your house?" The person at the door, the owner, said, "No, this is my home." So, he took out his checkbook and he said, "How about 10 million?" Here's an extreme example of a sense of economic entitlement that I find rather horrifying.

Hannah considered herself "very, very lucky" to own her house. To put things into perspective,

her rent was $125 per month when she and her husband first moved in, which she said, "was

about all we could afford." They eventually bought the house in 1961 for $22,000. This is the

equivalent of approximately $189,098 in 2019.[40] Meanwhile, houses were being sold for

multimillion dollars in her neighborhood. Unwelcome speculators have come knocking on

Hannah's door, wanting to buy her house. She explained, "You just say, 'thanks, but no',"

firmly.

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[39]This is a public hospital. In 2015, it was renamed the Zuckerberg San Francisco General Hospital and Trauma Center after Mark and Priscilla Zuckerberg donated $75 million to it. (http://www.sfgate.com/bayarea/article/Zuckerberg-wife-give-75-million-to-S-F-hospital-6065958.php)
[40]United States Department of Labor, Bureau of Labor Statistics. CPI Inflation Calculator: https://www.bls.gov/data/inflation_calculator.htm. Retrieved August 4, 2019.

Regarding growing older, Hannah felt that "society is incredibly individual oriented instead of community oriented. I think, the older you get, the more many people want community to help each other." She explained the three options she had to age in place – 1) participating in a Village,[41] 2) co-housing, or 3) moving to live closer to her children who were on the East Coast. She was pensive as she described each of these options.

She initially thought the Village model sounded like a good idea but became less enthralled by it once she joined. She had mixed feelings about the services and supports available for members, thought the membership fee was costly, and found it difficult to get along with the personalities of the people in the group. She described:

> Hannah: I was part of a group that tried to get a community going here in San Francisco. Expense was part of it. The personalities didn't mesh. One day, I looked around, it's very difficult to get something like this going, and I thought, I'm not sure I really want to live that close to these people. Somehow, the group never gelled. Those are vibes, I think, the psychological – my background is psychology, so those were important – it didn't gel. I think there aren't that many facilities for older people to remain in their home and be able to take care of their needs. I think that's a little bit hard. I belonged to the Village for about a year-and-a-half and there were many nice things about it. People developed all kinds of ways of helping each other. If you need handyman help, that's no problem finding a person who'll come and fix things. Sharing responsibility in all kinds of areas, that was great. And some people enjoyed their various theater groups, book clubs, etc. I have friend with whom I do that, but that was an excellent idea, so people don't feel isolated, etc.
>
> As I said, the yearly fees are very high. I don't remember [the fee], but I remember I thought gosh, this is really high. And yet, I had a hip replacement in 2009 and one of the people came and picked me up, took me shopping and that was all wonderful, and maybe I'll join again. Part of it was, as I said earlier, a rather wealthy group of people that I didn't feel totally comfortable with. They were all very nice. I didn't have that much in common with them. The process of getting a group of people together here, people who don't know each other at all, trying to connect to each other was very hard. Very hard. I thought us humans are not so easy.

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[41]The Villages is a model that relies on a nonprofit organization to vet and organize programs and services for their members who pay a regular fee for the benefits.

Hannah also was incredibly knowledgeable about cohousing and gave me a brief historical overview of its origins in Denmark. She informed me there were several multigenerational co-housing communities in Berkeley, California, although none were senior communities specifically. She described her experiences exploring cohousing as an option for herself. She said, "I went to visit and stayed overnight in one in Grass Valley, which is for seniors and I could buy a unit there for about $300,000, but I don't want to live in Grass Valley. It's very lovely, but I thought, no, it's too far." Hannah did not clarify what it was too far from but seemed to discount this as viable option.

Finally, she had ambivalent feelings of moving to the East Coast to be closer to her children. There was tension between what she wanted and the desires of her children. She explained her dilemma:

> Hannah: I love going to visit my kids. I have a son who lives in New York and I love going there. I love the energy. He lives not that far from Columbia. He lives on 96th and Central Parkway. It is gorgeous. It's also unbelievably expensive. He sent me an article, I think it was from the Times, that New York is now considered one of the best places for older people to live and I can see why. It's flat. There's apartment house living where a door person is. You have ten million little grocery stores that will deliver. I wrote back, I said, 'What do I do in the winter when I'm shut in for four or five months at a time? I don't like that. I'll come visit for a few months in the fall.'
>
> I realize what I feel, they're feeling, and we haven't talked about this as much as I would like to. They feel guilty that they're far away. They want me to make it easier for them and I think what I want from them is to acknowledge that it is hard for me to move, that it's an equal issue.
>
> I have one daughter in Princeton who I have a very difficult time with, and I have another one who is just moving from Durham, North Carolina to Boston because her husband is a palliative care physician and he's going to be in charge of the entire palliative care of Harvard hospitals. I said to her [daughter], I said, 'You wanted me to live in Durham for years. I'm so glad I didn't. You're scooting off now and I don't particularly like Durham. I don't like the feel of the South.' Those are problems.

Hannah's feelings about her housing situation did not reflect the opinions of her children, and she was frustrated that they seemed not to entirely see her situation from her standpoint. She remained unresolved about what type of housing situation or living arrangement might be the best for her to age in place. She was disenchanted by the options available to her and the decisions ahead of her but tried to mask her cynicism by claiming she would try to gain a more "whimsical perception."

A third example was Elise. I met Elise at a museum where she worked. I waited by the employee exit while she finished the last few minutes of her shift. Elise suggested we walk to the Twitter building because there was a place we could sit and talk. I had never been there, and she wanted to show me what they did with the building. She led the way and walked briskly, as city people do, while telling me about how she found cities stimulating:

> Elise: I grew up in a metropolis. I've always been used to the hustle and bustle of big city life, all my life. I think for me it's very important to be stimulated, and to be able to have easy access, not necessarily by car, but by foot and on transport to things. So that's why I choose cities. In the big cities, you will have all the cultural activities around, so you have interactions with people. I think the worst is when you get older, and your children grow up, your friends move away or are preoccupied with their lives. That you have to interact with people, be it on the bus, at the museums, at the symphony. That's what keeps you young and keeps you active.

At the Twitter building, we entered the lobby. Elise said, "look at this place," partly in awe of it and partly to scorn it. The Twitter building was formerly a furniture store but sat vacant for 50 years before it became the headquarters of this tech company. It was in what was once considered the most economically depressed neighborhood in the city, the Tenderloin. Twitter headquarters was an anchoring symbol of the gentrification occurring in this area of Market Street.

Elise had disdain for the gentrification in San Francisco and resented the wealth that has come into the city which was often linked to the technology industry and a younger population of workers. For instance, of the changes she observed, she explained:

> Elise: The economic scene, the rent, I cannot. You see the housing prices. Of course, I think technology changed the way. It's as big as the industrial revolution. Stores just closed, everything is automated, and I think it's technology. I even think museums are now an outmoded way of looking at things. They try – even the artists' organizations – they keep trying to attract the new audience, but they're not because it's not the same way.

She was, however, still intrigued by the repurposed use of this building by Twitter – both charmed and repulsed by it. The soaring lobby retained the original Art Deco detail, combining an early 20th century modern look with today's minimalist design trend, making the interior feel styled, but not too gaudy. Through the lobby was The Market, a commercial development designed to be a food hall for the public to foster a sense of community. It was a combination of retail stalls, grocery store, café, and bar, with food vendors all mixed into one large urban-rustic space. It offered a dizzying array of artisan products and locally-sourced produce, meat, seafood, beer and wine, as well as prepared foods made with seasonal ingredients inspired by Malaysian, Filipino, Italian, Japanese, Mexican, and Mediterranean cuisine styles. We strolled through to look.

Elise observed, "There isn't anyone here my age." I looked around and she was right, probably not a single person over the age of forty. We walked down one of the aisles in the grocery section to examine the products being sold. Elise pointed out items she found ridiculous, such as pricey containers of cotton candy in flavors like "Foie Gras & Raspberry." She said, with a laugh, "Who can afford to eat here?" We walked over to the café space and ordered espressos. We sat in the corner where there was a little less reverberant noise to talk.

If Elise had all the money in the world, she would prefer to live in London or New York. Instead, she lived in San Francisco, in a 600-square foot studio apartment, on top of a steep hill. She bought her place in 1990, though the building was constructed in 1925.

Living in a studio was practical for Elise because she could clean it easily and quickly. She compared her living situation with that of friends and said, "I have friends who just moved to a five-bedroom house – upstairs, downstairs. They're partners, older than I am, and I thought, 'Oh my God, that's a lot of cleaning. The lower levels, you have to run downstairs.' I like the fact it's one level – my place is so small; you can clean it within an hour." What she liked the most about her home was that it's her own personal space. She explained, "I can close the door if I don't want to clean up the counter. I leave everything and rush out. I have a lot of artwork and things I love from my travels that remind me. It's cozy. I surround myself with nice artwork."

Elise recounted the story of how she came to own her condo in San Francisco. When she was living and working in London, she began the process of applying for a loan and sought legal counsel to purchase an apartment there. Her family, however, discouraged her from pursuing it for fear of the Colonialist racism she would encounter. She explained:

> Elise: The Chinese have kind of – because of the British rule in Hong Kong – they always feel intimidated. They always feel the English are racist, whereas I guess I used it to my advantage. I'm Americanized enough, I have a very Western education, and I never felt it [racism]. Chinese people still ask me, "How could you work in England? How could you stand the English? How could you work there?" I said, "I was fine." My dad said to me, "You're Chinese. You'll never be English. Come back home. Don't worry about the money. You can buy a place here."

With a small sum of money saved up, Elise intended to use it to open her own business in San Francisco—a card shop. Her sister-in-law convinced her that the marketplace was too volatile to risk investing in a business and talked her into purchasing a condo instead. Of her condo, she said:

Elise: That's the only reason, to this day, I'm glad I did [purchase a condo], because I can afford to work in a museum for such low salary for 12 years. I can take these low-paying jobs because, essentially, I'm covered. I guess I'm very lucky financial-wise. My total lack of concern somehow, I guess somewhere in the back of my brain, there must be some kind of financial wizardry, that I can make it all work. This is the amazement of all my friends. "How do you manage to travel and have an apartment and live the lifestyle you live, with so little?"

I earn really little compared to people your age. I guess I don't really care too much about it. I don't pay too much attention. I don't care. I'm pretty frugal in my lifestyle, but there are certain things I like, and I would spend, and then things I don't. I don't have to have the latest handbag. I recycle clothing, Goodwill. I guess, I think like an artist probably, huh?

Elise's home was a financial asset. She recognized that her income was lower than what many younger workers were earning in San Francisco currently, implying the workers in the tech industry, specifically. While her income was modest, she prioritized the things she wanted to spend her money on. While her friends perceived her lifestyle to be lavish, she admitted to being uninterested in material expenses, such as handbags and clothes. Rather, she preferred to spend her money on experiences that excite and interest her, such as traveling and enjoying arts and culture.

Elise recently renovated her kitchen and was pleased with the upgrades. The old cupboards sagged, and the linoleum counters were scratched. She reflected, "When I started this project, I kept saying, 'Everything works. Why am I doing it?' In the end, I did it for myself, as a reason to clear out old things and to give it a fresh look. As you can see it's very functional."

FIGURE 5.26 ELISE'S RENOVATED CUPBOARDS

FIGURE 5.27 ELISE'S GEORGE NELSON LAMP

Figure 5.26 is a picture of a cupboard built into the wall with white and blue ceramic pottery on

the shelves. Elise described:

> Elise: These old buildings have these cupboards. If you had seen it before, people had
> painted it over and everything. The person who helped me to do this work, his
> forte was carpentry, so he lovingly sanded it down, peeled everything, painted the
> shelves. So, after that, I couldn't believe it. It was like, wow, it's brand new.

Figure 5.27 is a white ceiling lamp in Elise's kitchen. She informed me:

Elise: This is a George Nelson[42] Lamp. My friends are all architects and, of course, they know all the best things. I had seen this lamp at my friend's. He's an architect and he has a really beautiful, state-of-the-art loft in South of Market. He had this big bubble overhead and I said, "Oh, that's what I want." So, I ordered one. In doing this… I kind of keep my budget… It was doable. Every now and then, I splurge, and then get something really nice.

While Elise's home was currently functional, stylish, and reflected her personality, she was also aware, and was constantly reminded by friends and family, that she needed to start making plans for a future living arrangement since she was getting older. She lamented, "I know my friends keep pushing me. Because my sisters are older, they keep saying, 'What are you going to do?' All I can tell them is 6 months or a year, that's all I can plan. They say, 'You need to get a move on. You're no spring chicken.'"

Having resided in the same place for over twenty-five years, Elise knew many of her neighbors, which she liked because there was a sense of familiarity and continuity. She realized that the cost of living in San Francisco created very few affordable options for her and her aging neighbors, which limited their options to age in place. She said:

Elise: Most people there [in her building] are just like me, can't move out, because we're stuck. There're some new people, but – most of us, almost forty percent, are older – they're like us, or even older than I am. I don't know what their plans are. Maybe we don't talk about it.

Elise saw a few options for herself, though none of them were particularly appealing to her. She could either sell or rent her condo and use the money to rent an apartment in a less hilly part of town or join a continuing care community. She talked herself in and out of these options as she weighed their feasibility:

Elise: My ideal would be if I sold my place, I still would like to rent a place in the city, where it's flatter, nice, warmer. I think I would still rent in the city. I might sell, and then rent, or use the cash. We thought of several options – rent my place and rent myself a place, but I don't think I can make enough. Rent my place to a

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[42] George Nelson (1908-1986) is an American designer and a founder of American Modernism known for designing some of the most iconic 20th century modernist furniture.

younger person, and then take the money and rent myself, like [in] South of Market, I have two friends that live South of Market. They love it. It's newer, flatter, warmer, but the rents are high. That was one option.

The other option would be to sell my place, just use the finances and rent.

The third option was, there's some senior homes, like Sequoia[43] or something, but I'd still like to be in the city. The Sequoia is… I don't know if I should. I've looked into it, and my sisters told me to look into it. I find those assisted living, you pay for all that; you pay three times if you're living on your own. Their selling point is peace of mind. They give these free seminars – "Come, we can help." They always tell you, "Peace of mind." They keep saying that there's people younger than I am that's going in there. I think about it, I weigh out all the money, and I find it is three times what you would live. They say, once you're in, you graduate toward… They would take care of everything. I don't know if that's ideal. When I first moved here [to the United States for college], I had a dorm for four years. I'm not really a dorm person because I'm not a group mentality… remember the algorithm [referring to an earlier conversation we had about the predictive modeling algorithms of the internet and social media]? I like my independence. I like my freedom, so I'm not sure if that's me. I'm still weighing it.

Feeling exhausted by this topic without a need to identify an immediate plan for herself, Elise resigned and said, "The thing about living in the city is, it's fine if you're healthy, mentally and physical. So, I think taking care of one's health, as long as that works, it works. But once you have disabilities, then I don't know. Ask me ten years from now."

The examples of Odom, Hannah, and Elise pointed to the way in which aging in place was about existing in an ever-shifting space between the past and present, individual freedom and social control, and aspirations and reality. Informants were uncertain about how their bodies and living situation may change in the future, which led them to feel anxious when they weighed the options and possibilities available to them about their future aging in place needs, plans, and desires. Part of their unease was contextualized by San Francisco's poor performance on a key indicator of an age-friendly city – affordability of housing, including public and rental housing

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[43] A luxury continuing care and retirement community.

(World Health Organization 2015b). San Francisco remains one of the nation's most expensive

housing markets, as described by informants and confirmed by reports (San Francisco Planning

Department 2017). Informants wanted to age in place in environments where they could pursue

both their individual freedom (e.g. desires, creativity, aspirations, autonomy) and have some

level of security (e.g. collective provision and equitable distribution of resources to make their

individual desires achievable) (Polivka 2011). However, since these informants were moderate-

to low-income, they lacked the affluence to ensure their economic security to fully pursue their

freedom, which meant they must either negotiate a price they were willing to pay or a sacrifice

they were willing to make, to get what they wanted out of aging in San Francisco.

Maintaining a Functioning Home

While the age, income, and ability levels of informants varied, and the type, size, and

length of time they resided in their homes differed, all informants customized their homes to

make it their own. Regardless of whether customizations were made to improve the function of

their living space or to reflect their personality, the sociality of aging in place could be observed

through the materiality of their homes, which was a benefit of incorporating visual data.

Informants' narratives along with the visual data illuminated the action of the everyday work

they did to age in place. Consider the home maintenance and customization efforts of Dolores,

George, Marie, and Odom.

Dolores lived in a rented one-bedroom apartment that she has had for over forty years.

She never let anyone enter her apartment because she was too afraid that they would discover the

condition it was in, revealing her hoarding behavior. She was also the landlord to four renters

who lived in what was once her mother's house in a neighborhood called the Inner Richmond.

Every evening, around 5 PM, she would take the bus from her apartment to her mother's house

to watch television in the living room until around midnight and take the bus back to her

apartment. The living room was "her" room, where she kept her collection of dolls and stuffed

animals. The tenants were not allowed to use "her" room or criticize her for the way it was kept.

Figure 5.28 is an image of Dolores holding up a sign that reads, "Cats are just tiny women in

cheap fur coats." Behind her are mounds of stuffed animals and other cheap, mass produced

tchotchkes she purchased on sale from area stores such as Walgreens, Salvation Army, or Good

Will that fill the living room.

FIGURE 5.28 DOLORES' LIVING ROOM

Another example was George. I met George at his apartment, and noticed it smelled like

marijuana. He took a few drags of "grass" after returning from the food bank and was self-

conscious about how it might appear to me, so he justified his behavior by explaining:

> George: My back was hurting, and I don't want to take another pill. I took one this
> morning. Then, I went to the food bank, got back. I loaded up [on food] and gave
> some here and there. I put everything away and gave everything else away. I went
> to grab my coffee and I said, 'Oh, shit' [*grabs his back*]. Then I came back, and I
> smoked some grass, took a few drags. I don't like to get… I don't mind getting
> high, don't get me wrong, but I don't smoke it to get high.

George was affectionately known by his "associates" as "The Greek." As a child, he was

precocious and wily, which were mechanisms of survival, but also causes of trouble with truant

officers and bullies at school. He became a merchant seaman when he was 17-years-old and

travelled around the world to deliver supplies for the military. He recalled, "I joined in November of '45, but I didn't make my first trip until early January in '46. I was in Vietnam where there were minefields and all that. Christ, I didn't realize where the hell I was at, really, when you're young like that." When he returned to San Francisco, he joined the Teamsters Union, drove a taxicab, and owned a bar that he ran successfully for several years.

With a sarcastic laugh, he said what he liked the most about living in San Francisco was, "[t]hat I'm still alive to appreciate the rent for much longer." George had a non-sequitur way of storytelling which sometimes made it difficult to follow his train of thought. In a sprawling monologue, he further explained his perception of living in San Francisco by comparing his memories of Chicago to the recent changes in San Francisco. Some of the most palpable changes contributing to his disdain for the current state of San Francisco was the poor government leadership, influence of the technology industry, rising rent rates, displacement of the Black population, criminalization of the poor, and growing homelessness. He said:

> George: I mean, really, I love San Francisco. I love everything about San Francisco. It's everything back East wasn't. Not that it's not a good town, but my era, moving over here and not wanting to be here, in 6 months, I wouldn't leave. It took me 6 months to bond. I jumped off a train in Chicago. My brother caught me and threw me back on the train. Never land on the overland [*laughs*]. The train is full of people, servicemen everywhere coming and going. The train let you off in Oakland, and you had to take a ferry to San Francisco. You still have to do that or take BART.[44]
>
> When I came here from Chicago, Chicago you've got to know where you're walking even in the daytime. Here, 24/7 – I was already famous for not coming home a few nights as a kid, working the bowling alleys, spotting pins or on the foul line, same damn thing. Sleeping in theaters all night downtown. I was gone five days one time. That's the way that goes.
>
> San Francisco, I think the majority of the people in this country want to live here. I don't know what the count is, but I know it's huge – the only town that has that desire outside of normalcy. New York, Chicago, Miami, that's all normal stuff. This is outrageous. The only thing that screwed this town up was the mayor

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[44]BART – Bay Area Rapid Transit

because he let them tech people in, and now they're trying to stop him. Somebody might shoot him.

The guy in the Examiner paper,[45] every Thursday, he rats. He tells it like it is. He nails City Hall. Every week, he's got something. He said, "It's about time people started waking up, because if you don't wake up, you're not going to have what you have." The pattern was people were moving in. A lot of Blacks left San Francisco that were living here, because of the tech people. That's making us pay higher rents. The price of rent is sky high. I mean, Christ. There's no rent like this anywhere in this country. That spells itself, doesn't it? People are staying, but the people who have the money.

The guy at the Examiner, he says, "You know what? What the hell is a cop that lives somewhere else out of San Francisco care about San Francisco? They've got to live here or they're not on the force." It should be that way. When I was a kid, we had cops in Chicago everywhere. A kid stole an orange and the cop would give him a kick in the ass; he said, "get out of here, go on, don't do this again." Today, they call the wagon to pick you up or deliver you to the station, call your folks, and it's for a damn apple, Jesus Christ. Especially now. I never knew homeless people in Chicago. I didn't know there was any, if there were. Here, Jesus, these cops, no common sense.

George lived in a supportive housing project dedicated to low-income seniors and people with disabilities when we met. There were 47 units in his building and rarely any vacancies. He moved in around 2010, after being homeless for five years and living in a shelter. The circumstances around how he became homeless were unclear, but George harbored much resentment toward various family members because he felt cheated out of family inheritances. For instance, his sister sold their mother's house out from under everybody. He recounted, "Right after she [his sister] sold it, she died. She gave everything to the church, screwed her own family. Amazing." Another part of the story involved his refusal to visit his abusive father when his father was on his death bed. After his father's death, George learned his brother received $11,000 of their father's savings. He was bitter about the tension with his family and dropped hints about its emotional toll on him repeatedly, but largely tried to keep his emotions about his

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[45]The Examiner is a local newspaper

family at bay when he caught himself talking about them. He was also disgruntled about not having a pension and said the Teamsters "screwed me out of that."

Of his current apartment, George said, "I got lucky and got this place." When he was vetted for approval, the screening process was so arduous he said, "I thought I was joining the FBI." He relied upon Social Security for his income, with 30 percent going toward his rent. He said, "Yeah, that's low income. You can't beat that. I pay $273 a month rent. I was paying $249, then it went to $250 something, then $260, then $263. It's cost of living."

Figure 5.29 is an image of the lobby of George's building. The main entrance cheap to the left. The glass doors drew in natural light, and a wide ramp with handrails leads from the entrance into the building improved the accessibility for people with disabilities. Vending machines were against the back wall. Not pictured was the desk clerk station just outside the frame of this photograph. There were also several security cameras throughout the building – at "both ends of the hallways, stairways, everywhere but the public restrooms and the apartments because that's an invasion of privacy," explained George.

FIGURE 5.29 GEORGE'S BUILDING LOBBY

George's studio was on the second floor and accessible by a slow elevator. His studio was compact but had a full bathroom and narrow kitchenette. Although George considered it "a great apartment" he was critical of the "sub-standard stuff in here." He lamented the cheap

appliances and the poorly designed space in his apartment unit, criticizing that it was constructed

to keep costs low rather than for high functional use. He called himself an "inventor," and had

added several of his own design features to improve the utility of his studio. He explained, "Low

income people have to use everything they have, if not over and over again, at least once." For

example, **Figure 5.30** is a view of George's front door, from the inside of his studio. The door id

blue. Above the door handle and lock, there is a message taped to the door that reads:

<div align="center">

CHECK UR SELF
DO I HAVE ALL THAT
I NEED B 4 I LEAVE
ONLY WHEN I LV 850

</div>

FIGURE 5.30 GEORGE'S PAPER SORTING SYSTEM

George explained he sometimes forgot his watch, rings, wallet, or bus pass, so this note

reminded him to check he had everything before leaving his apartment. There was a thin

cardboard box taped to the door that held several documents inside. It served as his "outbox" of

important papers, like for medical appointments. He explained:

> George: I put that up there. I made it. It's just a whole… the VA stuff. And, so when I'm
> going somewhere, I check the box too. Of course, I know to look in that box
> because I'm going where my appointment is. Say if it's the VA or my doc, I have

paperwork, I take my papers in and out [like] on somebody's desk, wherever they work. The in-papers is process. Outgoing is finished.

Figure 5.31 is an image of George's kitchen. The microwave is white and inset among the cabinetry. On the door of the microwave, George fashioned three plastic hooks and used them to hang different items, such as his reading glasses. George pointed out how the height of the microwave was above his eye level. He lamented how hard it was to reach and how treacherous it was to take hot items out of there:

> George: The microwave is so high that older people have to reach up and they could burn themselves badly if something spilled out all over them. That's what they have to do. You have to stretch. What the hell? A senior building, it should be waist level because you got hot pots.

As a workaround, George purchased another microwave that he placed on a shelf of a wire rack about 3-feet off the ground (not pictured). He criticized that the builders and designers of his building simply did not consult with older adults nor did they have them in mind when they constructed the units. He declared: "If the guy that built these damn apartments knew his mother was going to live here, he'd have damn well had the microwave lower, because that's where his mother had it. That's the bare fact."

FIGURE 5.31 GEORGE'S KITCHEN

George equipped the kitchen with appliances he ordered from Chef's Magazine. Beneath the microwave was a countertop oven that used infrared technology for cooking and an induction

tabletop stove. These appliances were sitting on top of white plastic cutting boards that George

had securely taped over the original electric stovetop and kitchen counter. He covered the stove

top and counters to make clean-up easier and to minimize the crevices where food crumbs could

get stuck. Of the induction cooker over the electric stove, he said:

> George: This was my idea. That didn't come with the apartment. That was my idea. It's
> healthier. This is my idea because you can't start a fire and you've got even
> cooking. There're no flames. Watch this. We're looking at induction cooking.
> Induction tabletop stove that works mechanically with no flames. This is the only
> thing that will practically eliminate kitchen fires in homes . . . The reason I did
> this is because they have electric stoves, a two-burner stove, electric. I've never
> like electricity. You can't control it. You have to move the pan; you can't touch
> the knob and lower the heat immediately until I found out about the induction
> cooking.

On the counter, against the walls, was a high-powered food blender, cooking spices, a set of

knives with their packaging taped to the wall as a holder, and other cooking utensils. Above

these items, there was a calendar that hung on a cabinet door. There was a marker clipped to it

and George ensured that his calendar was up to date with all his appointments. On the cabinet

doors to the left, there were reusable food labels. These labels were made with "Magic Tape," a

type of tape that you can "write over it with a marking pen and label everything you have in the

order that you like, that you can live with," said George. The labels that were not in use were

stuck to the cabinet door for safe keeping. He explained:

> George: Everybody has a different way of doing things, but everybody is not organized.
> If you're organized, you have your way of organization, which are like
> fingerprints on people. They're all different. Whatever works for you is going to
> be fine.

Figure 5.32 is a picture of George's pantry. All his non-perishable food items were meticulously

store and labeled. Some of the items were re-sealed in new containers or double-bagged to

ensure freshness, such as the items in his refrigerator and freezer. George explained why

organizing his food was important, especially to prepare for unexpected circumstances:

George: This represents helping you age properly. It's the nutrients you need for your body that you can use directly into your food or cook with them, and this is the secret to, of course along with exercise and proper rest, this will prolong your life.

I learned from my mother, to be organized. I have containers that hold everything or leave them in the cartons they came in, or containers, whatever. But this is how I know where everything is at. If I'm running out, I can see it all at a glance. Things I use most, I have backup in there. Because, the minute I bring a fresh, new one forward, I back it up. Put it on my shopping list.

That way, you're never out of what you need. Because, it may be some reason or another; you may get a little under the weather or hurt yourself and you can't go shopping and you wish you had this because now you can't do this; but you can, because you have everything you need, outside of somebody who can shop for fresh food for you. That's the way I live.

FIGURE 5.32 GEORGE'S PANTRY

George's studio was small with very limited surface area, so things appeared cluttered and stacked on each other; however, it was organized in an extremely systematic way that made functional sense to him. **Figure 5.33** is a picture of George's bed.

FIGURE 5.33 GEORGE'S BED

The curtains over the window above his bed were made of folded black garbage bags. George

explained the functional purpose of this:

> George: Because I want to sleep in the dark. That's the way I grew up, and these damn
> lights come by when the cars go… You see, a flash of light goes across the
> ceiling. At first, I thought I was going nuts. I waited, and then it happened again.
> Not every car is in the same lane to do that, or the height of the lights and all that.
> But I did happen to see it again, so I just said, 'If I see it again,' and then I figured
> out what it was, after about the third time.

Figure 5.34 is an image of George's bedroom.

FIGURE 5.34 GEORGE'S BEDROOM

On the right of the image was his bed, neatly made with a blue blanket as the top cover. George's

black shoulder bag laid on top of the bed. The nightstand to the left of the bed served multiple

functions including being his desk where he kept and organized mail, bills, instruction manuals,

and other paper documents; his storage area for miscellaneous items such as extra batteries and

nonoperational cell phones, and his coffee table where he kept the remotes to his television.

There was a lamp clipped to the edge of the nightstand that had been fashioned with his

homemade reading glasses holder – a string of rubber bands looped together that dangle down

with a key ring at the end for hanging his glasses. George explained his rationale for setting up

all these things within arm's reach:

> George: Got all the stuff that I want to use, which happens to be… I got medication, I got hand cream, it holds important things that I want to check out first before I put them in my door holder. I got some paper towels here. I've got an extra roll of – because I have allergies – tissues. See, I'm backed up. Remember talking about the back-up? Say I sneeze in bed and I happen to run out. Jesus, I've got to go to get a roll of toilet paper? Bullshit. So, I've got that right here. I don't have to get out of bed.

The back corner of the room had boxes stacked up due to the limited storage space in his

apartment. In the center of the room was a TV tray which served as a dining table and a black

office chair that doubled as a coat rack. There was a red and white plastic shopping bag set on

the seat of the chair. On the far left of the image, against the wall, there was a black Total Gym®

XL machine that George used for exercise. It also doubled as a drying rack for clothes and

towels. On the left of the image, posters and a calendar hung on the wall.

FIGURE 5.35 GEORGE'S GROOMING AREA

Figure 5.35 shows the items at the foot of George's bed just next to his closet. He used this

space for grooming. There was a small table with books and other papers stacked on top of it. On

the wall, there was a long mirror. There were four plastic suction cups with hooks pressed to the

lower part of the mirror. Dangling from these hooks were brushes and combs. At the top of the

mirror, there was another plastic suction cup with a hook and hair ties hanging from it. Against

the wall and to the right of the mirror, there was a foldable chair. On the wall above the chair

were two belts that hung vertically. There was a newspaper clipping posted on the wall to the left

of the mirror. George described the photograph and reiterated his grooming technique,

reinforcing his clean-living and health conscious practices:

> George: Well, it's a nightstand with a mirror over it and I use it for any way you like. You
> got the mirror. I got belts hanging on a wall because it's a small apartment, so
> they're there when I need one. They're still there. I changed them around. I had a
> look. That's just again organization. I got all my brushes. I got all hanging on the
> lower end. Well, you can see. One's a wide comb for detangling your hair,
> because I got a ponytail. Then the next one is a plastic brush, but on the end, that's
> a fiber brush, a hairbrush. That's for cleaning both brushes in the middle, because
> once I used to do it firmly and massage my scalp, and then I clean that in the
> waste basket. Then the other one is... I don't know what the hell it is, but it's water
> soluble. Doesn't have glue in it or any of that stuff, but it's the stuff that makes

your hair in points and all that if you want. I just wet my hair and then I distribute all the moisture throughout all the hair. Then I put a blob of that stuff on and it eliminates using spray. I got my ponytail on, the wind can be blowing, my hair's going to stay where the hell it's at and its water soluble. I don't have that mess with greasy brushes and all that stuff they sell. They can have that. Even TRESemmé. None of it's any good. I don't want that junk. I've never had it in my life.

A second example was Marie. Marie described aging as a "work in progress." There were standards of living and an environmental expectation that Marie wanted to maintain as she got older. She explained:

> Marie: I'm grateful to San Francisco Village for being there. I have a retinue of supporters. I have a gardener, not because I can't garden, it's because I hate gardening and I want a garden, so I have a gardener. I have outdoor handymen; I have an indoor handyman who's more than a handyman. I have this team of supporters but talking about age is very tricky. It is, for me, certainly a work in progress, and I'm more self-conscious about this age, as I say, than I ever have been.

Marie's comment about living being a "work in progress" pointed to not only the work involved to pursue living the life she wanted, but the work involved to "do" aging. This work included establishing a "retinue of supporters," which she did by joining the Village network, an example of a strategy adapted to make it possible for her to maintain continuity in her lifestyle, such as having a garden simply because she wanted a garden. Marie explained a series of photographs she took for this project. She said:

> Marie: This photograph is the front walkway of my house. I wanted you to know what my house looked like. I had a lot of work done on it. I had a wonderful carpenter, cabinet maker, and this is my medicine cabinet. You can see a row of pills there. I'm lucky I don't take many. Some artwork I have. This is my sunroom looking out toward my garden, and I often spend time in the chair reading as I was doing when you came.

Figure 5.36 was taken by Marie and shows her arts and crafts-style house. There is a brick walkway leading to the front door lined by bushes. The house has dark brown shingles and light blue trim around the windows and roof.

FIGURE 5.36 MARIE'S HOUSE

Figure 5.37 shows the interior of a bathroom. Above the sink is a sign that reads: "Wash hands before returning to work." Above the sign is the medicine cabinet. The door is open to show the contents – four shelves lined with medicines, ointments, creams, first aid supplies, and dental floss. The wall is painted white and there is a piece of art that looks like a decorated plate hanging on the wall.

FIGURE 5.37 MARIE'S BATHROOM

Figure 5.38 was taken from inside a sunroom made of glass. There is light coming in through the wall of windows. There are chairs in this room for sitting. Behind the window is a green garden that looks like a forest.

239

FIGURE 5.38 MARIE'S SUNROOM

Reflecting on her ability to maintain the standard of living and lifestyle she wanted,

Marie was thankful for being a part of the San Francisco Village, which made it all possible for

her to age in place at a relatively reasonable price point. She said:

> Marie: You know, I'm just so lucky. I did try to think of how it wasn't, but since I'm a member of the San Francisco Village, they're just a wonderful resource. If I have a problem, I would consult them. For example, I needed a safety assessment done and they arranged for that, and as a result, I have grab bars, what I need, as a result of the assessment. You have the assessment and they come and install what is needed and it was free.

A third example was Odom. Odom interpreted aging in place to mean "where you're at in

life." By this, he meant the present state of one's existence. To him, aging was inevitable because

it was just the passage of time – "Whether you're sick or stable, you're going to age. It doesn't

matter." His present state of existence was "unstable" because living on the streets made him

vulnerable to many uncertainties. There was, however, a routine that was both necessary for his

survival and a burden to him because it was a reminder of how far he was from the life he

wanted. He said:

> Odom: I'm doing the same thing every day. Every day. That is: get up, move the cardboard, roll up my blanket. Not today, but tomorrow, I know I got to go shower, you know what I'm saying? It's an every-other-day routine for me. And, picking up my stuff is an everyday thing. Rolling up my blanket, making it neat, put it in the bag. That's a process. You just go over and over with it. And that's what I'm tired of. I'd rather make up a bed and I'm not good at making up a bed.

I'm tall. But I'd rather make up a bed than keep folding and unfolding the cardboard.

Surviving on the streets required several skills that often did not appear in the literature about aging in place. For instance, Odom described what he had learned about constructing and maintaining a functional home that met his physical needs and the environmental climate:

> Odom: You'd be surprised what kinds of homes you can make with cardboard. I'm serious. I didn't know it until I found out, in the rainy season, that I can make a house out of cardboard, and I did it. But you gotta get enough cardboard, you know what I'm saying? I mean, I made my own self a big old one square house with the cardboard. About 20 cardboards laying on the floor to keep out the cold and then laying my blanket down, cover them on top of the cardboard, and then the other three or four, I cover up with.
>
> But I didn't know I can make a house and put a roof on it to where I had a least 2 feet of roof, so I can lean my head. Even with me in there, stretched out, long as I am, tall as I am, I had at least 2 feet of, of space, over my head. I could sit up just like I'm sitting in a chair, only sitting on the floor, and I can hear the rain pounding on it.
>
> But it took me a minute to learn that cardboard do get wet and heavy and falls in on you, so I got wet a few times until I learned how to get a canvas and put it on top. So now, I have to re-re-restructure my house to where I had to get the cardboard and the screws and lay it over, and then screw them in on the inside to hold it, so when the wind blows, it won't go nowhere, and put my canvas on top. So, once I'm in, there's no problem then. From then on, I been alright, so I know what to do when rain season comes. And, I know what to do when summertime comes. Summertime I don't have to worry about nothing but the wind. The wind blows the house up like a tornado.

Although he learned several cardboard hacks to survive living on the streets, the daily work of constructing and deconstructing his home made him weary. Being homeless tested Odom's dignity, endurance, and fortitude to live. He elaborated:

> Odom: But like I said, Love, those were experiences for me. Now, I don't want to experience this no more. No more. See, now I have to gather myself back, even though it's my reality, I have to bring myself into more of that positive reality. The one where I used to be. That's what I want right now. Getting back into that lifestyle. A lifestyle of living. I been out ever so long. Sometimes I think, Love, sometimes I think, I'm like, "Can I make it? Am I going to get through it?" And sometimes I just want to give up.

Obtaining Food and Sustenance

Kitchens are the very essence of domesticity and the locus of sustenance in a household. Several interviews were conducted in kitchens and many informants referred to kitchens when discussing aging in place. Depending on informants' living situation, the availability of a kitchen varied. Informants with kitchens had to consider the maintenance, organization, renovation, and upkeep involved with having a kitchen. For example, **Figure 5.39** is a photograph Joan took of her kitchen. She declared, "I love my red walls." The picture below shows a dimly lit kitchen with white countertop, and brown or black cabinets. On the countertop from left to right, there is a vase of roses, a mug, a white pitcher, two stacked pieces of Tupperware, five small jars filled with nuts or cereal, and a microwave with a container of peaches and another Tupperware on top of it. Hanging on the center of the red wall is a small mirror with a white frame. To its left is a white outlet and light switch.

FIGURE 5.39 JOAN'S KITCHEN

A fundamental need that required a considerable output of energy and resources to satisfy was obtaining food and preparing meals. For example, Joan loved her kitchen and enjoyed going grocery shopping about twice a week. She described the photographs she took for this project:

"This must be Trader Joe's, or one of the grocery stores I go to regularly, and all the fresh produce is beautiful."

FIGURE 5.40 JOAN AT TRADER JOE'S PRODUCE AISLE

FIGURE 5.41 JOAN AT TRADER JOE'S ENTRANCE

Figure 5.40 shows the produce aisle with colorful vegetables neatly stacked on the refrigerated shelves. To reinforce her love of Trader Joe's she took another photograph to share and said: "I love Trader Joes, and I go there probably twice a week because I do not have a car." **Figure 5.41** shows the entrance to a Trader Joe's grocery store, which is next to a CVS Pharmacy that is adjacent to its left. The photograph is taken from the parking lot on a sunny day and shows the edges of a few parked cars in front of the store. Two people are walking toward the entrance of the store. A woman is sitting on a bench outside of the store with a red shopping cart.

Informants without a kitchen faced another set of challenges to manage their food and nutrition. Consider the examples of Godfrey and Andre who I recruited from a senior center in the Tenderloin, and who all lived without a kitchen.

Every day, the dining room, located on the second floor of the senior center, hosted breakfast and lunch to more than one-hundred seventy-five adults over the age of sixty. Tickets for 10:30, 11:30, and 12:30 lunch seatings were handed out on a first-come-first-serve basis at the street entrance at 8:00 in the morning, but people waiting outside always formed a line before then.

In the dining room, there was a skylight streaming in sunshine, brightening up the space. There was a check-in station near the entrance where a staffer with a clip board collected meal tickets and shouted out names. There was a kitchen at the front of the room where staff robed in plastic aprons prepared and handed out meals on disposable plates through a wide window. At the front and back of the room, multi-gallon hot tea and coffee dispensers were stationed next to stacks of paper cups, napkins, stirrers, and sugar packets.

Seventeen round tables were organized in five rows across the room. A few walkers and metal pushcarts were in the aisles between tables. Clusters of people sat and socialized or sat silently at these tables. The people at the senior center represented a diversity of races and ethnicities, and English was only one of many languages I could hear being spoken among the chatter. When lunch tickets were called, people waiting hopped up from their seat like contestants on the Price Is Right told to "come on down." They weaved to the front of the room to pick up their plate from the kitchen window and returned to their table to eat, bartered items with others, or stored their food in plastic containers for later.

I recruited several informants from this senior center and spent many hours over several months here as part of my field work. Initially, my presence at the senior center was anomalous and would draw the curiosity of patrons because I was an obvious new face and visibly younger than everyone else there who were not staff. Peter, my contact who worked at the senior center, granted me entrée to this field site and introduced me to several of the people working there to help me feel welcomed.

Over a short period of time, my presence at the senior center became regular as I gathered data for this project and sat with the patrons, having lunch and talking with them. Peter would occasionally playfully call me out like a bouncer catching an underage person who snuck into a club, "Hey, can I see some ID? You don't look old enough to be here." This was the general tone of the place – institutional, but homey; professional, but with a sense of humor. The senior center in this neighborhood was a place where older adults could get off the streets, find a place to sit, have a meal, drink a hot cup of coffee or tea, pick up some food to-go, use a clean bathroom, play bingo, watch a movie, enjoy the company of others, or find solitude for themselves. It was a place where "everyone may not know your name, but they do, at least, recognize your face," Peter said.

It was at this senior center when I met Godfrey. He sat at a round table in the center of the room, closest to the kitchen window. On the floor beneath him there was a tattered blue backpack. On the table in front of him, there was a clear plastic trash bag with three loaves of bread in it that he was taking home. He heard me give a recruitment pitch about my project and approached me to ask: "Hey, are the gift cards good for food?" I told him that the gift cards could be used in any store, including grocery stores. He nodded and expressed eagerness to get started with the project – "I can do the job," he said – so we started right away.

Over the course of our meetings, Godfrey told me about himself, his aspirations and tribulations, and about living in the community. There were external factors that he had little control over. He noticed: "Well, society is always constantly rapidly changing—technology, agriculture, housing." But there were things he felt were within his power to change. He explained, "You got to stay in tune with everything going on around you. And, whatever you have to adapt yourself to, you have to adapt yourself to."

Godfrey was born in Oakland but was sent to live with his aunt and uncle in San Francisco as a child. He had fond memories of being in the Cub Scouts. He "liked the fact that it was organized. Everybody was together, stayed together, did everything together. It was fun, you know?" By the age of nine or ten, he moved to Baltimore where his mother lived. That's when he started "getting into trouble with the law. Criminal trouble." By ninth grade, he was locked up in jail for the first time.

As a young man and without the education he wanted or ability to access good jobs, getting money was the most difficult thing for him. Godfrey resorted to selling drugs and armed robberies, which landed him in jail on more than one occasion. He explained:

> Godfrey: I was young. I didn't know what to do with myself, so I got into a lot of trouble. A lot of gangs always trying to beat me up, so I got to this side of town and one of the gangs trying to beat me up. I go on this side of town, another gang trying to beat the old boy up, you know? I can't go see my girl over here because these niggas or whatever you want to call them want to try me or hurt me, beat me up. I just got fed up with it and I became just like they did. Crazy. Talking about whipping out guns and knives on them just like how they had whipping 'em on me, so I just became profuse of criminal activity, and I became the leader. I became the leader. The guy said, "Well, I'm the leader, man." I said, "you ain't the leader." So, one thing led to another. I led a lot of armed robberies. By the time I turn around, another armed robbery, going in another supermarket, go in the bar, store, any grocery stores you can think of. Just freaked out on armed robberies. I did that time.

Godfrey recounted his most recent experience in prison which was a twenty-year sentence

without parole:

> Godfrey: I had to stab people up. I had to try and protect myself. I had to kill people in there. I don't like to talk about it; jail. You know what jail is like? You don't want to go there. When I was in there, it was rough. People sodomizing people, killing people, raping, hurting people. All kinds of criminals in there. All kinds of maniacs was in there. I did 20 years in there. Armed robberies, about 5 armed robberies. I went through an armed robbery fanatic. I wanted to stick up the world, you know. I got caught for three armed robberies, and twenty years. That's jail, baby. That's jail. Straight, rough jail. Solitary confinement. Guards fighting. I had to fight guards. Everything. Fight police. Everything. I'm not trying to brag or look mean, that's just the way it is. Right now, I'm on the edge of life.

He showed me the serpentine keloid scar on his torso as proof of his story.

Godfrey had grown up immersed in street and prison culture. By the time he was

released, he was over sixty years old. Society outside of prison was "like a new world." He

reflected on the time spent inside prison, a place he called "Dirtytown," and described the

difficulty of reentering into the community. He said:

> Godfrey: I forgot what was going on in the world. I was gone for really long. Twenty years depriving me of knowing everything that was going on left me in a negative state of mind.

As an older adult now, he was trying to adjust to living in the community, but it had not been

easy. He said:

> Godfrey: I gotta scare myself positive and keep on going, you know? That's how it is. Stay out of trouble. I'm glad to be out of there [jail]. I wanna stay out here. That's my mentality right now. Stay out of jail. Out of trouble.

Spending time in the community was fraught with tension for him because he had been the

victim of violent attacks, so he spent a lot of time in his room unless he needed to run errands,

such as to find food. He told me about the general anxiety he felt about "staying out of trouble,"

which meant staying away from doing anything that would land him back in jail. He said it was

easier now that he was older because his focus was "to conduct myself positively. To the best of

my ability, you know? Read. Study. Mind myself, stay in my room, don't bother nobody." His

preference to stay in his room was hindered by the fact that he had no way to store or prepare

food. He explained:

> Godfrey: I ain't got no stove or nothing in my house, so I eat dry food. You know? It's a drag. I wish I could have steaks and things. I can't eat right. I need a stove. I need a refrigerator. I was laying in my cell, my room. I call my room my cell cause that's what I'm used to. It's like I'm sitting back in my cell again. That's really how you mind your own business. The only place is in your own personal cell.

Godfrey described aging in place as an incarcerated experience. Living in his SRO room was

comparable to being in his prison cell for him. He used similar tactic to survive. He elaborated:

> Godfrey: When I say cell, I mean what it means to be alone. When I'm alone, I'm in my cell. Because I been programmed, I should say, conditioned by jail. I'm mostly in my cell. When I said that, you supposed to understood that. When I'm in my cell, I'm out of people's way.

Without a stove or a refrigerator, Godfrey described how he managed to feed himself:

> Godfrey: I got a little pot, a little coffee pot. Warm my beans up. Open my can of beans, put my beans in there. I got some bread. It's laid back. And cheese. Bread. Potato chips. I got different drinks that I keep on hand. That's why I appreciate that Walgreens card [for participating in this project]. I used that yesterday.

As an SSI recipient, Godfrey was not eligible for CalFresh, the Supplemental Nutrition

Assistance Program (SNAP) for low-income individuals in California. Under the SSI program,

he was in the category of "independent living status, no cooking facilities," and received roughly

$997.04 in payment a month (Social Security Administration 2018). After his rent of $900 was

paid, he had less than one-hundred dollars a month to budget for the remainder of his needs. This

was very little money to live on in San Francisco, one of the most expensive cities in America.

To help supplement this, he had a Senior Gold Card which gave him access to some city-funded

services and provided him with discounts to participating businesses. Godfrey told me it's "for

food mostly." In **Figure 5.42**, Godfrey held his Senior Gold Card in his hands. He allowed me to

take this picture for him with his disposable camera. The card was light blue with a landscape

picture of the Golden Gate bridge on it. Godfrey narrated the image: "Picture of my Gold Card

when I get my fill at the senior center. It's the ID I need to come in here [the senior center]."

FIGURE 5.42 GODFREY'S SENIOR GOLD CARD

A second example was Andre. Andre was generally guarded; however, around the people

he was comfortable with, his personality was animated, humorous, sarcastic, and even crass. I

was as sarcastic as he was, which made us both laugh and helped us established rapport during

this project. He nicknamed me "Chopsticks" as his term of endearment. Ordinarily, I would not

let someone call me "Chopsticks," but it was a way he expressed his acceptance of me, until he

learned to remember how to pronounce my name. He frequently reassured me, "Look, you're

cool. I'm comfortable around you, I trust you, and I like you."

Andre lived in an SRO hotel about a block from the senior center where we first met, and

I recruited him to participate in this project. The building he lived in had a blue awning over the

front door and a gate that required ringing a buzzer to be let in. Upon entering the building and

immediately to the left, there was a communal living room decorated with a dorm-style couch

and a TV hung from a concrete wall. Usually there were one or two people in there watching the

TV. Past the living room, there was a front desk window for visitors to sign in. Over the course

of this project, I came to know some of the front desk workers. Depending upon who was on

shift, they either wrote me in the sign-in book themselves, or they made me show proof of ID before allowing me to sign in.

This hotel was originally built in 1907. The buildings had three floors and 99 units, which were transformed into housing for formerly homeless single adults. The lobby interior had checkered tiles and a staircase that led up three floors. There was no elevator in the building so tenants with disabilities all resided on the bottom floor. The stairs creaked when you walk on them. The walls inside the hotel were painted glossy white with turquoise trim. It was apparent the walls had been painted over several times over the years because the paint was thick. A custodian regularly mopped the floors and shared bathrooms. Walking down the hall, there were several doors, some were cracked open and some were shut. When I arrive to Andre's room, I always knocked, and he would holler, "Come in!"

Andre's passion was cooking. His dream was to have his own food truck one day called "Soul on Wheels." His SRO hotel room did not come equipped with a kitchen. To make do, he constructed a kitchen for himself. The photographs below were a view of Andre's room from the vantage point of his bed. **Figure 5.43** shows a television with an image of two people on the screen; a wooden dresser with cooking spices, cans, and dried food on top of it; and a square fan sits on the floor in front of a cardboard box with pots and pans and paper plates piled in it. **Figure 5.44** shows a lamp with handcuffs dangling from it; on the floor, there are two milk crates stacked into a column and an electric skillet on top; a white microwave is against the wall with cooking oil, flour, and butter sitting on top of it; and a sink is to the far right in the corner of the room.

FIGURE 5.43 ANDRE'S TELEVISION AREA

FIGURE 5.44 ANDRE'S COOKING AREA

Andre had a knack for innovating ways to cook. He recounted a time, decades ago, when

he was raising his daughter and hacked her Easy Bake Oven to make cornbread instead of

cupcakes. With pride, he recalled:

> Andre: When Baby Alive, the little doll, came out, Easy Bake also was on the market. I
> couldn't get no Baby Alive. I could have bought one, but it didn't come in black.
> It was all in white. I mean, fuck that, you now? I didn't want her to be a part of
> that shit. I wanted Easy Bake because the way they advertised on the commercial,

it makes cupcakes and shit like that. I'm talking about the Easy Bake. I said, "Well, if this thing can make a cupcake, it can make cornbread." Only thing I had to do, change the wattage of the lightbulb. Now, it took a while, but it was all good. But you see, the bottom line though is this: A person with a real stove don't know how to do that, unless they know what they're doing. Can you imagine if I had a real stove? Can you imagine if I had my own truck? Soul on Wheels.

Reflecting on his present situation of aging in place in an SRO hotel room, Andre said:

> Andre: Now, look around. I pay four-seven-three [$473]. I'm on GA[46]. I get, as you know, less than a hundred dollars a month. I might be broke but I'm never hungry. This is my kitchen. This is my kitchen and that's my cabinet. You think I'm bullshitting? No. I'm just telling you the whole truth, ok? I am on GA. I pay four-hundred-seventy-three dollars and I don't have no bathroom, no toilet, no. You know what I'm saying? You can look around and see. But the only thing to get me over it, I might be broke but I'm not going to be hungry.

What he meant by this was, while he had less than one-hundred dollars left to budget after his rent was paid, he ensured that he never went hungry. This was because Andre had many tactics for obtaining food.

One key tactic was his refrigerator. Andre acquired the refrigerator because it was left behind by the person who lived in his room prior to him. It was not a standard amenity in SRO rooms. As such, he was now able to store perishable food that would otherwise go bad. The refrigerator also endowed Andre with a sense of importance because his neighbors often stopped by and asked if they could put a drink or food in his refrigerator for storage. He found this both annoying and relished in it because it made him an important person in his building.

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[46] General Assistance is a program "designed to provide relief and support to indigent adults who are not supported by their own means, other public funds, or assistance programs" California Department of Social Services. n.d. "General Assistance or General Relief." Retrieved February 10, 2018 (http://www.cdss.ca.gov/General-Assistance).

FIGURE 5.45 ANDRE'S REFRIGERATOR

Figure 5.45 shows Andre's refrigerator. The door is open and shows a view of inside. The

freezer is at the top, but the light is burned out. The bottom is for cold food storage. One rack is

missing, so there are only two racks inside the refrigerator. Food items are piled and stacked

upon each other due to the missing racks.

Another tactic he used was getting pre-made food from the senior center or from Meals

on Wheels. Andre kept a calendar of the menu served at the senior center posted on his

refrigerator door. Occasionally, there was something on the menu of interest to him, but he did

not rely on these lunches for his daily sustenance. Rather, he tended to go in to the senior center

on Wednesdays, which was bingo day because he liked to play. When he did pick up a lunch, he

took it home to save for later because he could store it in his refrigerator, or he used the food to

barter for other things from his neighbors. Andre was also enrolled in Meals on Wheels. They

delivered frozen meals directly to his SRO. He did not like the food they provided and preferred

to eat his own homemade food instead. He stored the Meals on Wheels food in his refrigerator,

keeping what he liked and using what he did not like as a resource to exchange for other things with his neighbors.

Another tactic he used was cooking, which was his passion. Andre took a lot of pride in his cooking. He explained, "the definition of soul food is food you make with love. In other words, you put your heart into it. You learn from your elders. That's how I learned how to cook." Since he could store food in his refrigerator, he was able to keep raw meat and vegetables on hand to cook during the month. Since he had no table or kitchen counter in his room, he used a cutting board on his bed. **Figure 5.46** shows Andre preparing smothered turkey wings in his electric skillet. He wilted a bowl of greens in the microwave. **Figure 5.47** shows how he cooked the rice and beans on an electric hotplate on the floor.

FIGURE 5.46 ANDRE'S COOKING IN A SKILLET AND MICROWAVE

FIGURE 5.47 ANDRE'S COOKING ON A HOT PLATE

The aroma of his cooking often drew neighbors to his room, sometimes to his irritation. On this occasion, a neighbor had stopped by to say, "I wanted you to fix me a plate." With indignation, Andre responded, "Yea, alright." She replied, "Ok, I'll be right back." Beneath his breath, he mumbled, "Yeah, butt out."

On another occasion, a neighbor stopped by while we were meeting. He used the excuse that I was his "social worker" to convey that he was busy. This was a little lie he often used to lessens the hassle of explaining my presence to others. This was a technique of impression management he used to allow for the relatively smooth operation of life since it was normative for people to expect that he would have a social worker visit him regularly. He used this lie to shoo neighbors away or when I shadowed him to settings where he had to interact with other providers as well.

For Andre, the process of getting groceries from the store to having a home cooked meal was arduous. To meet his needs, he cultivated a way to maximize the benefits of his resources. For starters, he went grocery shopping with an acquaintance named, Eileen, on the 7th of every

month. Like the relationships he had with his SRO neighbors, Andre developed an instrumental, non-intimate relationship to Eileen that was largely transactional and somewhat based on mutual economic need.

Eileen moved to San Francisco from Maine a few years ago, at the urging of a friend who lived in Marin, CA, just north of San Francisco. She was a CalFresh recipient, and received a monthly allotment of approximately $192 (California Association of Food Banks n.d., United States Department of Agriculture n.d.). She and Andre became acquainted at the senior center one day after he brought his grand-daughter with him. Touched by his concern for his grand-daughter, Eileen "wanted to be sure he eats," so she helped by sharing her CalFresh benefits with him. On a typical grocery day, Eileen and Andre meet at the senior center on the 7th of the month, the day her CalFresh benefits were loaded onto her electronic benefit transfer (EBT) card, which worked like a debit card. They took the bus to Food Co. together, a subsidiary of The Kroger Company, one of the nation's largest grocery retailers. She let him buy what he needed first to be sure he had enough to last the month. With what remained on her EBT card, she was still able to cover her needs from a store near the low-income senior housing where she lived.

On one occasion, Andre invited me to go shopping with them. He asked Eileen for her approval. We met Eileen at the senior center at 7:30 AM. She was waiting in line to pick up her lunch ticket, so we joined her. Eileen had a stern face and was chain-smoking. She wore plaid pajama pants, Croc shoes, a loose-fitting t-shirt and a blue windbreaker jacket.

The Tenderloin was dense with social service agencies. For many residing in or who come to this neighborhood, each new day meant they waited in line for one service or another. The line at the senior center was already long as people waited for staff to arrive. Another line on the same block formed for the methadone clinic down the street. The air was clam, but the pulse

of city energy was emergent. It was an unusually hot fall day for San Francisco and the stench of garbage was already wafting through the streets. Pigeons flocked and swooped in the canyon between the tall buildings lining the street as we waited.

Once Eileen received her lunch ticket, we were on our way. Andre had his red wire pushcart folded and in tow. Eileen walked along slowly, relying on her cane for support. We walked at a slow pace for 20 minutes to travel 8 blocks to the bus stop. Along the way, we passed several drug dealers. As we made our way past them, Andre said, "How do you like our 5-star neighborhood?" On Market street, there were lines of professionals waiting to board the tech busses that brought them to the South Bay for work. They were all looking down at their phones with headphones on. On the other side of the street, there was a new high-rise building being constructed into luxury apartments. Both Andre and Eileen pointed out that it used to be an empty lot before the construction. I asked how much the rent will be there. Andre said, "I didn't even look into it. I can't afford it."

When the bus arrived, we got on with ease. The bus was mostly empty. Eileen entered through the front doors and sat near the front of the bus. Andre entered through the back doors and sat near the back. I found this to be odd. Though they were commuting together, they rode the bus as if they were complete strangers. I entered through the front doors but joined Andre to sit near the back since I knew him better than Eileen at this point. We rode the bus for about 15 minutes and arrived at our stop. The bus dropped us off at the corner of the street in front of a large Medieval castle, called The Armory. Andre informed me it used to be a pornography studio. Our destination, Food Co., was still several blocks away, so we walked slowly. Eileen's pace was especially slow, and it seemed as if she was walking on glass with each step. In one instance, Andre ran to finish crossing the street because the pedestrian crosswalk signal was

nearly at the end of its countdown. Eileen was not able to make it across as quickly, but she maintained her steadfast pace to get through the intersection. Impatient drivers revved their engines at her, and she cantankerously waved her cane back at them indicating her determination to have the right of way. I ran back to walk beside Eileen. She said, "They can't hit me. They can wait." We made it safely across the street and I was relieved. I was sure a driver was going to blow through the intersection and hit us during the anxiety of morning rush hour.

Finally, we arrived at Food Co. The grocery store took up nearly an entire city block. We had to cross a huge parking lot in front of the building before we could even reach the entrance, and Andre and Eileen both need to use the bathroom so there was urgency to move more quickly. We traversed this massive parking lot and finally arrived at the front of the store. Andre and I grab a shopping cart. Eileen headed to the restroom. Andre placed his folded, wire pushcart in the shopping cart, then headed to use the bathroom. I wait, with the carts, for both to return.

Once they return, the shopping began. They started by taking the paper to see what items were on sale before combing the aisles. With familiarity of where things were located and what they were shopping for, they were efficient with their shopping procedure. As they moved from one section of the store to the next, they parked the cart somewhere central as Eileen went one direction to grab what she needed, and Andre went another direction to grab what he needed. They reconvene at the cart to put their items in and then moved to the next section of the store. They repeated this procedure to cover the entire store.

Finally, we are ready to check out. The lines were long because many people on CalFresh buy their food at the start of the month when they receive their benefits. Eileen got into a fight with the cashier because the aluminum foil – one of Andre's items – was not purchasable with CalFresh benefits. Their quarrel created a spectacle and customers in line grow impatient.

Finally, the foil was abandoned. Andre and I bagged the groceries quickly and put everything back into the shopping cart. We pushed the shopping cart outside and found a little clearing out of the way to reorganize the bags. We placed them into Andre's red wire pushcart, strategically trying to distribute the weight evenly. The pushcart was much heavier now and the wheels felt unsteady rolling over the bumps and cracks of the sidewalk. Andre told me about a time when the pushcart's wheel got caught on a crack and the whole thing toppled over spilling his groceries on the ground and breaking the eggs. He is sure not to let that happen again.

Carefully pushing the cart, we walked several blocks back to the bus stop. This bus stop had no benches, so we stood and waited for the bus. The bus stop grew more crowded as the wait got longer and longer. Twenty minutes passed before the bus arrived, and it was packed. Eileen and I get rushed on along with the others boarding the bus. When Andre tried to board, the bus driver told him he had to wait for the next bus to use the chair lift to get the pushcart up. Since we were too crammed in the bus to de-board, Eileen and I rode back to the Tenderloin together. Once we arrived, she headed home to use the bathroom. I waited for Andre on the street. He was only a few minutes behind us. He took the chairlift down to de-board the bus and I offered to push it the remainder of the way back to his SRO hotel.

Once we arrived at the SRO hotel, the front desk person let Andre know that his Meals on Wheels delivery needed to be carried upstairs. We were faced with the challenge of getting this pushcart brimming with groceries up three flights of stairs. Andre usually pays $2 to anyone in the building willing to help him carry his groceries up the stairs. On this day, a janitor in the building was in the lobby and offered to help him carry the groceries up. She was young and beautiful, her face was make-up free, her hair was pulled back tight, and she wore a navy-blue

work jumpsuit and a pair of large hoop earrings. She said with an upbeat tone, "Are you ready to see what a real Wonder Woman looks like?"

To help lessen the bulk in the pushcart, I took a bag of groceries in one hand and the carton of eggs in the other. Andre also took a bag of groceries in one hand and the carton of ice cream in the other. A neighbor came down the stairs also offered to lend a hand and took the bag of Meals on Wheels food. In a Herculean move, the janitor squatted down and wrapped her arms around the pushcart and lifted it as she stood up. She hauled it up three flights of stairs, taking a brief rest on the landing between each flight. The neighbor followed behind her, Andre followed behind him, and I followed behind Andre.

On the last flight of stairs, Andre tripped and fell forward, crashing hard on his knees and elbows. The janitor, who was already at the top of the stairs and set the pushcart down, ran down to help lift Andre to his feet, firmly commanding him to stand up before the shock wore off and the pain and embarrassment of falling could even register with him. She said, "I'm not worried about your ice cream, I'm worried about you. Are you ok?" He looked bewildered but was fine. I took the grocery bag and ice cream out of his hands, and our caravan of people got his groceries to his room. Andre thanked his neighbor and the janitor for their help, and sat on his bed, exhausted and fatigued.

This entire trip to the grocery store took 3 hours and was a lot of exertion for Andre. Andre took a brief recovery, but said he wanted to walk to the corner store to get beer before his knee stiffened up from the fall. Andre was a self-proclaimed "beeraholic." He enjoyed tall cans of Steel Reserve and sipped them through a straw. I accompanied him to the corner store, and this is when he disclosed to me that he does have CalFresh benefits, but Eileen did not know. Andre's EBT card was in the possession of the people who work at the corner store. He gave it to

them as "credit" for beer and cigarettes. These were items he desired but could not legitimately purchase using CalFresh benefits. The corner store kept a tab of his purchases in a journal to track what he owed and likely skimmed off even more than he owed. Each month, when his EBT card was reloaded, his debt was "paid off" with the corner store. I wondered how many other people do this too.

Andre's (mis)use of his CalFresh benefit was how he got his buzz on from time to time. Leveraging his CalFresh benefit gained him a small sense of freedom to live how he wanted and buy what he wanted. He sarcastically declared his preference, "I don't take food stamps, give me cash." By this he meant, he preferred to receive cash to purchase what he wants rather than be restricted to only the items approved by CalFresh, a federal and state-funded program. Customers with cash means are socially allowed to buy beer and cigarettes without scrutiny or restriction and all Andre wanted was the freedom and autonomy to do the same.

The misuse of CalFresh is a federal crime. While Andre's intentions were benign, the risk he puts himself in is high. If he gets caught, he could be disqualified from the program, receive a fine, go to prison, or all three (California EBT Client Website n.d.). This would be a huge price to pay and a risk he was willing to make to gain a small sense of freedom, choice, and control in his life.

With a six-pack of Steel Reserve in hand, Andre walked back to his SRO hotel. Upon return, he cracked open a beer and began to put away his groceries. The top of his dresser was his makeshift pantry. All the can and dry foods were placed there. Roaches scrambled and scattered as items were rearranged to make space for the new cans and dried food. The perishable food went into the refrigerator, which also needed rearranging to get everything to fit.

Andre picked through what he wanted to keep from the Meals on Wheels food. He only

kept the milk for himself, which came in a small carton. The other items were single-serving

trays of frozen meals, some slices of bread, cold cuts, two hard boiled eggs, a container of fruit,

and some condiment packets. He put the food in the refrigerator and freezer to store until he

could exchange it for a few dollars or some marijuana with his neighbor, a bartering system to

meet his needs.

Tending to Personal Hygiene

Being able to meet personal hygiene needs were important daily activities that helped

reinforce a person's sense of dignity, self-worth, and independence. Being able to take care of

hygiene varied depending upon the facilities available and accessible to informants. For

informants with their own home, this was easier. For informants who shared housing with other

people or had no housing at all, tending to personal hygiene was harder. For example, consider

the experiences of China Doll, Odom, and Preston

China Doll spent a majority of her time away from her home because it was a place that

she did not enjoy. She worked with a case manager at a social service agency to apply for low-

income housing but has not had success securing another place to live yet. For now, she must

endure her living arrangement, a place she has resided in since 2012.

China Doll rented a room in what was once a single-family house that was subdivided to

accommodate three tenants who lived on one floor and one tenant who lived in an in-law unit in

the back. The landlord and their family lived upstairs. To enter this house, the front door led into

a vestibule, a small lobby that acted as a transition from the exterior to the interior. The vestibule

was fully enclosed, but pots of leafy philodendrons, ferns, succulents, and orchids surrounded the

perimeter, giving it an outdoorsy feel. Embedded in the floor to the left, there was a shallow

pond with a fountain circulating water. A thin mesh netting was on the surface of the pond to

keep the coy fish from jumping out. At the opposite end of the vestibule, there was a large

Buddhist shrine that was about six feet tall. To the right of the shrine was a set of stairs leading

up to the landlord's living quarters. On the left, past the pond, was a door to the garage. The

garage had no space for cars. It was primarily filled with storage items, boxes, and old furniture

belonging to the landlord. There was a door at the back of the garage that led to the in-law unit

where one tenant lived. There was a flight of stairs inside the garage that led to the floor above,

which was where China Doll and two other tenants each rented a room. China Doll described her

living arrangement:

> China Doll: The level I'm on used to be the main house's bedrooms and bathroom, but because there's a third floor with more bedrooms and bathrooms, they [the landlord] put a wall between their living quarters and us, so we don't have access to the kitchen. So, we either have a microwave or mini-fridge. Obviously, the rooms are really not equipped too, so we can't really have different appliances. Otherwise, there will be a blackout or short circuits.

Tenants not only had no access to a kitchen, they had to also share one bathroom. While the

tenants lived on the same floor, which was just a narrow hallway, they were relatively

unacquainted. China Doll described her frustration with the bathroom rules:

> China Doll: I only see the landlady once a month when I give the rent. The other tenants, I really haven't gotten to really know. I guess because the landlady already has some rules and guidelines of how we use the bathroom, the bathroom is supposed to be clean and dry for the next person. But one continues to leave it wet, especially around the sink, and so I almost have an animosity toward that person. Maybe they grew up letting their parents or siblings take care of things, so they just don't clean after themselves.

Figure 5.48 is an image of the signage in the bathroom China Doll shared with two other tenants

in the house. There are two pieces of white paper taped to the bathroom mirror.

FIGURE 5.48 CHINA DOLL'S BATHROOM SIGNAGE

The sign on the left reads:

> Please take off your shoes and be considerate about your time in the bathroom.
> Please follow the following rules:
> - Turn off lights after usage
> - Make sure your belongings are gone from the bathroom after you are done
> - Clean up after yourself, other people are using the bathroom, as well as the counter/sink for whatever reason
> - Flush the toilet after each use
> - Fan does not work, so don't play with the switch
> - Do not slam the doors
> - Take showers before 10 PM, the shower causes a lot of disturbances around the unit

The sign on the right reads:

> ATTENTION TO THOSE WHO LIVE IN THIS UNIT
> The toilet has been clogged numerous times within the last 6 months. We have been paying the plumber many times to fix the toilet. The toilet is ONLY for peeing and pooping. There should be no reason that the toilet is getting clogged unless other items are throw are thrown down the toilet.
> - For anyone who uses the toilet needs to pay for the repairs.
> - Toilets need to be flushed after use
> - Please take this serious and be considerate for the others that use the restroom
> - The sink is only for washing your face and brushing your teeth
> - If you are not happy with these rules please find another place to live
> - Please consider the time that you use the bathroom for other people might need to use it as well.
> Thank You for taking care of the property,

China Doll longed to have her own place to live. Her room was 10 feet by 12 feet, and she could not cook her own meals and rarely invited friends over. If she had dishes to clean, like a bowl or a cup, she had to wash them in the bathroom sink. She said, "I miss living in a house, but that's past now because I'm divorced."

When she moved out of the home she shared with her ex-wife, she packed her things into boxes. When she moved into her current residence, she rented a corner of the garage to use as her own storage. Each month, she spent 60% of her income on rent for her room and 28% of her income on rent for storage space, which amounted to approximately $912.

In hopes of reducing her monthly storage expense, China Doll was sorting through what she had in the boxes to determine what could be thrown out and what she wanted to keep. One day a week over the course of several months, I assisted her in sorting through these boxes. There were dozens of boxes, and it became apparent to me that our task to go through them was not only a massive project, but China Doll may have a hoarding behavior.

There was no distinguishable organization to the contents inside these boxes. Each one we opened appeared to be hastily packed and filled with a miscellaneous mix of things, such as clothes, shoes, lingerie, wigs, make-up, junk mail, magazines, catalogues, bills, printed copies of email correspondences, printed copies of internet research, receipts, newspapers, certificates, greeting cards, letters, books, food containers, plastic shopping bags, photographs, eye glasses, beauty products, toiletries, and the list goes on and on. The scraps of paper and pieces of mail were dated, which suggest that most of the items inside the boxes were from at least a decade or more ago. The materials in these boxes were a link to China Doll's past.

China Doll was repulsed by every piece of men's clothing and every pair of men's shoes we discovered and wanted them thrown away immediately. Every piece of women's clothing and

every pair of women's shoes we discovered, she wanted to assess for donation or keeping. Every piece of paper or mail that had her birth name – Winston – on it, she wanted blackened out with a Sharpie marker, torn into pieces, and thrown in the recycling bin. Every household item or product we discovered that was reusable, she wanted to keep.

Sorting through these boxes was an arduous procedure that took us several weeks, but a process that was meaningful to her. Sorting all that stuff tapped into the experiences of a person who lived as a man and was transitioning into older adulthood as a woman. Sorting all that stuff was also an extreme example of what we all do in the course of our lives but can do in a quieter way – attempt to seek relief from the wounds of our past and the pain of the present to ease the passage of our identity from *this* to *that*.

Figure 5.49 is a photograph of China Doll's bedroom, which she also used to store her boxes. She slept on a foldable camping cot with exercise mats stacked on top of it for added cushion. The cot was usually against the back wall of the room, but not in this photograph because we pulled it out to have more space to sort through the boxes. Paper litters the floor at the back of the room, which reveals what was underneath her cot. Cardboard boxes, paper shopping bags, and suitcases filled with miscellaneous things and piles of clothes are stacked into a steep mountain on the right side of the room. There is a small walkway down the center of the room revealing a faux wood floor. We swept up the litter from the center of the room, so we could pull the cot out. In the foreground of the photograph, on the left side of the room, the blue handles of a standing broom and dustpan can be seen.

FIGURE 5.49 CHINA DOLL'S BEDROOM

Reflecting upon her current living situation, China Doll lamented:

> China Doll: Being so small a place, I'm used to having a little more space, and so it's all cramped in one area. That's maybe why I don't stay there that much, because of the situation. Although the utility is paid, I don't have to worry about that – but, still. That's why I'm working with this case manager to locate and apply for low-income housing. Once I apply and if I am accepted, then I make my plans to move. But I would just have to live one day at a time even though in anticipation of eventually moving out.

Another example was Odom. Showering was a rare luxury for Odom, who did not have easy access to a bathroom. He showered once a week using the free services offered by a non-profit organization called Lava Mae. They have converted public transportation buses into showers and toilets on wheels to bring mobile and pop-up hygiene services to residents living on the streets. Odom took five photographs of the bus and explained the service to me:

> Odom: This is the shower bus. They give you a little toilet, some waterfall. For the handicap. For everyone. And they gutted it [the bus] to make it what it is. Now, you get hot water and cold water for the shower. You don't want to come out of there.

To Odom, these showers were an oasis. They provided him with a small amount of privacy and a few minutes of warmth and comfort to wash away the harsh grittiness of surviving on the streets.

FIGURE 5.50 ODOM'S REFLECTION IN THE LAVA MAE BUS

Figure 5.50 is the front of the bus. It is painted blue. Above the windshields of the bus is a slogan in white letters that reads, "one shower at a time." The windshield reflects an image of Odom taking this picture. His elbows are high and his arms, in red sleeves, are holding the yellow and black disposable camera up to his eye. A black knit cap with a round puff on top covers his head. The left windshield also reflects a corridor of the street, providing a glimpse of the buildings in this neighborhood. Tall, grey buildings are pressed closely together with zig-zagging metal fire escapes on them. One building has a vertical, red and white "hotel" sign hanging from it.

FIGURE 5.51 ODOM SHOWS THE SIDE OF A LAVA MAE BUS

FIGURE 5.52 ODOM SHOWS THE ENTRANCE OF A LAVA MAE BUS

Figures 5.51 and 5.52 show the side of the bus parallel parked along a street next to a white fire

hydrant that is the source of water for the showers and toilets inside the bus. The bus is painted

with pictograms indicating that the facilities are for women, men, gender neutral, and for people

with disabilities. In the photograph on the right, there are three people in front of the bus, a

woman in pink and red is sitting in a chair, and two men are standing near the back doors of the

bus. In the photograph on the right, the front door to the bus is open showing the driver's seat.

The silver hand rails and steps that convert to a wheelchair-accessible boarding dock are visible.

Odom showered when the Lava Mae bus came to his neighborhood and described the

service. "There's always a line because so many others want water. Sometimes they run out of

soap, so you have to come with your own soap to be sure, if you get a chance to reach the water."

Lava Mae began their service in 2013 and has made a big contribution to in his

community. Odom said: "That's a huge difference. That's strong enough for a lot of us right

here." By this he meant that the services offered by Lava Mae were helping to meet the needs of

many of the people living on the street in his neighborhood. Prior to Lava Mae, Odom had to

travel to another neighborhood where there were two shelters that had showers, but these were

restrictive options because he, as well as others he knew, had "been 86-ed[47] or they were told "you can't come back."

To age in place, Odom relied upon a patchwork of assistance from the social service agencies, non-profit, and religious organizations in his neighborhood to meet his needs. For instance, St. Boniface church provided a pew to rest in, the senior center provided breakfast and lunch and indoor refuge in the daytime, and Lava Mae provided facilities for taking care of hygiene. In the photograph below is one of the agencies Odom relies upon. This is San Francisco City Impact Rescue Mission, a Christian organization that offers a variety of services to homeless residents including prayer, meal services, food delivery, and clothing, and has an on-site health and wellness center and social service center.

FIGURE 5.53 ODOM AT SAN FRANCISCO CITY IMPACT

Figure 5.53 shows the wrought iron gate at the entrance to SF City Impact Rescue Mission. Above the gate is a blue awning with white text that boldly displays the agency's name. Odom explained the importance of this agency to him. He said:

> Odom: Now, here it is. This is the one, Love, where I volunteer at. San Francisco City Impact. 140 Turk Street. W-W-W San Francisco City Impact, ok? This is me. This is where I go every afternoon around 2-2:30 and I volunteer and then I help them serve dinner after service and they also treat me with a dinner at night, you know what I mean? . . . Here, you can have the doctor, the medical in here also.

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[47] 86-ed is American English slang for getting rid of something, ejecting someone, or refusing service.

They have a little urgent care there also, so that's where I go to take my medication. My insulin. I'm diabetic. That's where I go. They keep it for me. When I go there in the afternoon, I take my insulin, take my pills. Take whatever I need to be taking and then I get set up for the night because at 9 o'clock at night, I have to take my last shot of my insulin. I only take it twice a day – morning and night. My pills, I take them three times a day – morning, afternoon, and night. They keep those for me.

Odom volunteered with this organization by lending a hand serving dinners to the patrons. He was also diabetic, so he relied upon insulin shots to regulate his blood sugar. However, without access to his own refrigerator or his own kitchen, he did not have a way to keep his insulin cool. This agency provided that function for him – they helped him manage his chronic illnesses by giving him a safe place to store his medication. However, the agency had limited hours of operation. The evenings and weekends, when the agency was closed, were difficult times for Odom because it was harder for him to take his medications during their prescribed intervals. In preparation for evenings and weekends, Odom had to take his medications with him to the streets. However, living on the streets was precarious because he was often vulnerable to theft or his insulin shots would break. When he lost or broke his medication, he had to wait until the agency opened again to get his next dosage of medication.

While Odom's neighborhood had a high concentration of social service agencies and charitable organizations, he found the services were spotty and lamented the run-around he often received. He described his frustration:

> Odom: They [the social service agencies] have no rhythm of their control in here. Because if I need something, I have a problem in getting it. Each one of them in the office say, 'well, we don't have this for you, go to St. Anthony.' I go to St. Anthony; they don't have it for me. Then they say at me, 'go to Glide.' I feel, 'now you're giving me the run around,' like, 'you don't want to help me and you're not trying to help me,' and they just blowing smoke up my back. You know what I'm saying? It's not hard to see that coming from certain agencies in here, but when they do, we can see that.

In **Figure 5.54**, Odom provides a view of people waiting outside YWAM San Francisco, a Christian non-profit social service agency. There are several people standing in front of the building or sitting along the fence with their backpacks and other possessions lining the sidewalk. There is a passerby strolling down the center of the sidewalk looking at the homeless person sitting on the sidewalk.

FIGURE 5.54 ODOM AT YWAM SAN FRANCISCO

Odom explained the image, "those that I knew who was in line, they trying to get a lotto number to go inside this, into this program here. Most of the people in the bottom tier in this program, they come from out of town."

Because San Francisco has a reputation for being a service-rich city, many desperate people from outside the city come here to receive the services they need. This puts even greater demand on an already strained system. Because resources were limited, Odom described waiting for services as being like "trying to get a lotto number." By this, he was describing his powerlessness of having to rely upon luck and nearly random chance to gain access to resources he needed to survive.

A third example was provided by Preston. When I met Preston, he was homeless and had been homeless for the last eight years after he ran into financial trouble with his family. He came from a middle class upbringing and frequently reminisced about his time as a star athlete who

played football and ran track in a racially integrated high school and about the days he had "nice clothes and a nice car."

Preston came to San Francisco because it was a resource rich place for a homeless person. Although he was homeless, he was proud he had never lived a day on the streets or in a shelter. He preferred to rely upon a network of friends to provide a couch for him and picked up food from various senior centers. He explained:

> Preston: When you come to a city broke, you meet all the people that are down and out. Actually, in essence, you're not meeting the right people that could probably help you, but you do find a few people there. That's why I've managed to stay with people. They were fortunate, they got Section 8 or whatever, and I stayed with them. In fact, the person I'm staying with in Oakland now, he's in a senior building, he lives on the 30% income. I have a key, so I can go in and out, and we have an understanding. I'm sleeping on the couch, sure, but there's a place to go, and I can watch TV and do whatever. Got a place to cook, got a place to eat. It's like a way of living, but it's not quite what you want.

Preston's name was on the waitlist of several different low-income or senior housing buildings, with wait times that were several years long. In the meantime, staying in a shelter was not a viable option for Preston for two reasons. First, there was a supply and demand problem in terms of shelters and, second, staying in a shelter meant having to abide by their strict rules. Preston explained:

> Preston: Mayor Lee opened up a place for 150 people. They say there's maybe 5,000 homeless people in San Francisco. What he opened up; they don't want to go there. There are 2 reasons for that. It's hard to get to it, and they have strict rules. A lot of these people have been incarcerated a long time before, and they're not going to deal with that.

To give me sense of what it was like at the shelter and to live on the street, Preston shared some photographs. **Figures 5.55** show the exterior of a shelter. The wall is blue and there is a red banner that reads:

<div style="text-align:center">

Congratulations.
The United Council of Human Services

</div>

Coming Soon 100 Shelter Beds
For our Community!!

FIGURE 5.55 PRESTON OUTSIDE OF THE SHELTER

FIGURE 5.56 PRESTON IN A BATHROOM AT THE SHELTER

Figure 5.56 shows the bathroom at the shelter. Preston explained: "This is how the places they

go to clean up looks." **Figure 5.57** is a picture Preston took of a woman in a coral dress and

white cardigan, sleeping on her left side on a white mattress, on the sidewalk, next to a building.

Her belongings are behind her, piled into a stack with a stuffed animal bear on top. In front of

her is a child's backpack. Preston described this picture: "This is a picture of a lady living right

on the edge of the city. That's where she lives."

FIGURE 5.57 PRESTON'S STREET VIEW OF THE HOMELESS

Preston saw what was happening in the Tenderloin neighborhood, where there was the highest concentration of services for the homeless and described it as a "containment strategy." He explained:

> Preston: There's so much money here [in San Francisco]. Another thing I talk about is the cake and crumbs. They got to give them something to pacify them just to keep things from getting way out of hand. That's why they want to condense it and put it all in one little area. They've already done stuff like this in New York. To keep all the people that don't… that 5%, that's what it is, it is about 5%, got to keep them happy. The wealthy designed it, and they plan to keep it like this. They don't want to change anything.

Preston had strong opinions about the wealth inequality in San Francisco. He saw the richest 5% of the population as hoarders of resources who preferred to maintain the status quo, so their power and position at the top of society would remain unchanged. He used the metaphor of the wealthy as enjoying the cake, while the welfare services provided to the poor were the crumbs. He further explained:

> Preston: Homeless is big business. There's lots of money in it. The people up here [top of society], they don't want too much of that to change. What they're doing in the Tenderloin area, they're not going to change that. They want to keep it like that, so they can keep the people that are degenerate and what have you, they want them to know where they are, and they don't want to change it too much. They've got these people programmed to think that this is the way it's supposed to be. Remember the thing I told you about the cake and the crumbs? They think they're really doing all right.

For example, Preston shared this picture below of a Tenderloin Pit Stop. **Figure 5.58** shows two portable toilets on the sidewalk. In front of one of the portable toilets is a with a big, square sign with the rules of using the Tenderloin Pit Stop.

FIGURE 5.58 PRESTON AT THE TENDERLOIN PIT STOP

Preston said: "Here's a new thing where they put people out where they got commodes, so they don't have to do it on the street. Yes, it's working. They just need a lot more."

Preston observed how spatial boundaries were produced by the way public services were distributed and delivered in the city. This was a strategy for corralling and incarcerating the poor and undesirable people into one neighborhood, segregating them from other areas of the city. Refusing to compromise his pride and dignity, as well as refusing to be confined to the Tenderloin, Preston was spatially subversive in the way he proactively refused to be seen or treated as a homeless person by resisting becoming entrapped by a welfare system that existed primarily to ensure the comfort of the wealthy. His tactics to tend to biological needs, such as personal hygiene included the way he optimized his social networks to find people willing to let him stay in their homes rather than in a shelter or on the street, as well as the way he optimized the free or reduced fare public transit he got as a senior to travel around the Bay Area to maintain his mobility and freedom. He explained:

276

Preston: You've got to help yourself a lot, because, say if you're in a ditch, and you're trying to climb out of that ditch, but nobody's throwing you a rope, it's awful hard to get out of that. You've got to be very, very strong and determined to get out of that.

Getting Around Town

To meet daily needs, mobility was an important aspect of informants' everyday lives as well as their freedom and autonomy. Informants used various forms of transportation to meet their needs, from driving their own car, to relying upon paratransit, public transportation, and walking. For those who relied upon public forms of transportation, their time was at the mercy of the transit system's time schedule. Here are examples of organizing mobility from the experiences of Marie, Phyllis, Elise, Carol, and George.

In her eighties, Marie was very proud to be driving her own car still. She took two photographs of herself in her car to prove her capabilities. **Figure 5.59** is Marie, dressed in a blue shirt, wearing a red, white, and green cap. She is in the passenger seat of her car with a seatbelt across her left shoulder and has a stern look on her face. **Figure 5.60** is a similar photograph of Marie in the passenger seat of her car. She is wearing a white jacket and has her left hand raised and placed on the steering wheel. Of these photographs, she said:

Marie: This grim picture is me [Figure 5.59], driving. This shows I still drive. I'm driving back, concentrating on the traffic, but also taking a photo. [Figure 5.60], I'm proving that I'm still driving. Where am I? That's not of consequence, but I'm driving.

FIGURE 5.59 MARIE'S DRIVING SELFIE

FIGURE 5.60 MARIE'S SECOND DRIVING SELFIE

In her nineties, Phyllis' experiences as a driver and a public transit rider provided another example of a mobility tactic to maintain autonomy and freedom. On the days she volunteered at the museum, Phyllis would drive herself to the West Portal Muni station, park her car, and take the Muni downtown to Civic Center Station, and walk a few blocks to the museum. Since downtown traffic was terrible, taking the Muni was the most convenient option for her. While she was still able to drive, having a handicap placard helped her park her car a little closer walking distance to the West Portal Muni station. One of Phyllis' biggest laments was how difficult it was to back out of her garage because of all the cars parked along the side of the street that hindered her view of any passing traffic.

FIGURE 5.61 PHYLLIS' SIDEWALK

Figure 5.61 is a photograph Phyllis took from in front of her house. It shows a bit of her front lawn, a sidewalk, and several cars parallel parked along the curb. She shared this picture with me to show how green the grass was because we had been in a drought and it finally rained, and to show me how difficult it was for her to back out of her driveway with the parked cars blocking her view of the road.

A third example was Sharon. When Sharon first arrived in San Francisco in the 1990s, she fell in love with in-line skating and met a whole community of people who also loved in-line skating, which helped her explore the city. She described:

> Sharon: Okay, well when I came here, of course, I was 56 years old when I came. Before I left Michigan, like I said, two of my kids were living in Chicago and they both had bought in-line skates and were skating in Chicago and that just appealed to me so much that I purchased in-line skates. They came home and showed me how to … I had been skater as a kid, ice skates and roller skates, so it wasn't like a new thing, but anyway I got their instructions.
>
> Now, I'm 56 years old, I'd never done anything like that . . . but that was like a new experience, like it changed everything for me because I was a mom and a housewife, and I did all the typical stuff in Michigan and I just went into the skating thing with my whole heart. It just became a passion. I didn't want to do any of the things I had done before like singing – I sang in symphony chorus and church choir and that kind of thing – I didn't want to take time for that. What I wanted to do was just skate. The first years of my life here in the city, I skated everywhere. That was amazing. Anyway, I can imagine I was in good shape physically and had great adventures, just great adventures.

Sharon stopped skating for about the last two years due to health problems, but she wanted to

skate again. She moved from Grand Rapids, Michigan to San Francisco, California after her

son's partner at the time thought it would be a good fit for her. She described the life-changing

decision to move:

> Sharon: Well, I think he could see who I was really, and I've been kind of hidden in this life of doing what I felt… I 'd gone to college and became a teacher, I'm married right after college, very nice man, but he was very… It was a conservative area and he was conservative, although he changed as life went on, but I think I just always did what I thought I was supposed to do.
>
> He saw that I wasn't that person and he also thought it would be better if I get out of the house because I was living with my husband as we were going through the divorce. That wasn't good. That was really good advice.
>
> I often think, "Oh my gosh, Kevin," and unfortunately, he and my son broke up. I don't ever see him. I've seen him once or twice, but I used to be in touch with him because I felt like he was such a good person. He was like a member of the family and then all of a sudden, he's not. He was getting his PhD at the University of Chicago. When he got that, he notified me and then, when a couple of times he came to town, I would see him. Now, I don't even know where he is, but boy do I thank him whenever I think of what he did for me. I just can't believe the difference.

Sharon was still as vivacious as ever and tried to take advantage of all the city had to offer, only

she had more physical limitations to manage now that she was older. Rather than skating

everywhere in the city, she liked the options that were available to her. **Figure 5.62** shows a busy

street with a red car and a streetcar driving down the road and skyscrapers in the background.

Sharon described the meaning behind the photograph and said:

> Sharon: It represents how I get around because I either walk or I take the public transportation, which I love. I mean, sometimes it's grungy and awful, but I feel like a real part of the city that way, and, like I say, I've got people like Lori who will take me someplace if I need special... and I use Lyft now. I've become a Lyft customer. I love it. It's like eating popcorn, you can't stop.
>
> Now, when I'm getting ready... now, yesterday, I had to go to the dentist, and had to be way in the Mission, 22nd, and I was going to leave at 10, and of course, I didn't. At 10:30, I called Lyft, so that's what happens when I overshoot my time.

It's taken away a lot of stress, actually, when ordinarily I would have to just quick, get on a bus, and then run. I've done that many times. Yeah, I think Lyft is a great advantage and I'm grateful that I've got the money to do it, that I have a credit card. Just having some options, it's so helpful.

FIGURE 5.62 SHARON'S TRANSPORTATION AND MOBILITY

Sharon described the variety of ways she is mobile in the city, from walking, to taking the bus, to calling on-demand, ride-sharing, phone app services like Lyft, which demonstrates how tech-savvy she was. She also acknowledged the privilege she has to be able to afford some range of options, such as calling a Lyft, because she has a credit card to link the account.

What Elise disliked about her home were the stairs. To reach her condo, she said, "you have to go up the stairs and it's on top of a mountain. So, you see the hill, coming up the hill." **Figure 5.63** is of the stairs to reach her apartment. **Figure 5.64** is a view of the hill from the bottom of her street. Elise said of her health and ability to climb the stairs and hill:

> Elise: Knock on wood, so far, so good. Of course, I live on the highest hill in the city, Russian Hill. Literally, I didn't realize when I first got it. At the time, to go up and down, I used to walk to work and back. On my days, off… You have to go down the hill. There's North Beach, Chinatown, my errands. The other side is Polk Street. Whatever you do, it's up and down the hill.

My family is very concerned I'm not going to make it, but right now, I'm just… About three years ago, I started using the bus. There's a bus that takes you there. I do now my groceries on the bus pass; take the bus. I know my family keeps telling me I need to anticipate. I'm always concerned. If anything should happen to my feet or legs, I literally cannot live there. For that reason, they keep telling me, "Get out, move out, move out." I cannot afford it because everything's so expensive.

FIGURE 5.63 ELISE'S STAIRS

FIGURE 5.64 ELISE'S HILL

Elise's biggest mobility barrier was the steep hill by her condo. While her body was physically capable of climbing this hill, Elise was aware that may not be the case forever. She has shifted her mobility tactic from being a pedestrian to being a bus rider, especially when she had heavy things to carry, such as her groceries. However, without the means to move to another apartment in the city that was not on a hill, Elise knew her mobility would continually be challenged by the physical topography.

Another example was Carol, who also lived on top of a hill. For her, the pros have outweighed the cons, though she anticipates increasing difficulty with meeting her transportation needs as her body changes. Since her car was stolen, she has relied primarily upon public transit and paratransit to get around the city. This was sufficient to meet some of her basic shopping needs, though she relied upon delivery services for the heavier things that she could not carry.

Figure 5.65 is a picture of an oncoming Muni training rounding a curve on a set of tracks. A person in white is waiting on the platform. Carol described this photograph:

> Carol: [The photograph on the left] goes to J and this goes for the other bus that I take which is the 24. It's a big advantage to be able to have transportation that I can take. I walk down that steep hill to get it but coming back I transfer and take the 24 which takes me to the Castro on 21st then I can walk up a lesser hill.
>
> Ever since my car was stolen and I just gave up [driving]. So, for shopping, I can do light shopping which I like to do my own shopping. But for heavier things like Costco, I just had a delivery this morning from Google Express from Costco. They deliver, and they go to Costco. They go to a lot of different stores, but Costco is the main one that I get things from. Today, I got a big bag of tangerines or clementines, whatever those little things are with five pounds, which would be very heavy to carry; a big bunch of paper towels, which I couldn't very well take on the bus although I've seen people do that; and a couple of other items. Yeah, a case of chicken broth, which would be too heavy to carry.

FIGURE 5.65 CAROL'S TRANSPORTATION AND MOBILITY

FIGURE 5.66 CAROL TAKING PARATRANSIT

Figure 5.66 was taken from Carol's house, through the window. It shows a parked Paratransit

bus that is white with a grey and red stripe on it. The bus has the front door open. It was waiting

for her. Carol described this picture and the mobility service that was offered:

> Carol: Here's another thing that I found out about and this is run by the city, the Muni
> and its part of the paratransit but it's called Shop Around and that one they have a
> bunch of different stores they go to six days a week and you call 48 hours in
> advance. You have to be 65, no other requirements. You don't have to be disabled
> so it's not like the actual paratransit but it's the same type of van. You call 48
> hours in advance and tell them which store you want to go to, so you only go to
> one store although at each time period like there's Monday through Saturday
> morning and afternoon and there's several stores within each of those periods.
> You just tell them which one you want to go to and they come and pick you up
> and take you to the store. I go to Trader Joe on this one.

While Carol had positive things to say about the Shop Around service, such as it being free, it

came with some inconveniences. She said:

> Carol: That works out except that the drivers are often inexperienced. They probably pay
> so little they can't keep them. Some of the drivers are really good but recently
> I've had ones who didn't know how to get around. They didn't have GPS's in the
> van and the one that I took a couple of days ago decided she knew better than the
> dispatcher whoever it was that sets up their schedule and the driver is supposed to
> follow. Go pick this one up first and this one and this one. We ended up going
> back and forth all over the place.
>
> I mentioned to her that she really should have followed because I had asked when
> I… They call you the night before to tell you within about 20 minutes when
> they'll come and pick you up. I said how many are going and she said there were
> three and I said am I first or last, she said you're in the middle. I said who's first
> then she said somebody out in the Richmond District and the other one was near
> Diamond Heights, kind of between here and Diamond Heights. She was supposed
> to go to Richmond District first then come here, then Diamond Heights and then
> that'd be almost, pretty close to the Stonestown Trader Joe's.
>
> She picked me up first then went to Diamond Heights and then went up to the
> Richmond District and then came up back again. I mentioned, I said, "maybe you
> should have followed the thing."
>
> "I know what I'm doing." she said, so I sat down and kept quiet. The whole thing
> took… Let's see, she was early picking me up, so I didn't have all myself
> together. The whole thing took three hours I guess because they gave you an hour
> shopping so it's an hour going and an hour coming home. You know, I thought
> about calling and saying please impress upon the drivers to follow the schedule,
> and I go oh, I don't know. They probably won't bother. I decided that… It's a
> good service.

While Carol was glad to have the city's Shop Around paratransit service, she knew there was a

payoff. The sacrifices included having to conform her schedule to the schedule of the driver, as

well as possibly being treated with disrespect.

A final example was George, who traveled everywhere in the city by public

transportation and had committed to memory where every Muni[48] line goes and the most

efficient transfers. He appreciated the senior pass, which allowed low- and moderate-income

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[48] Muni is the name of the bus and train system of the San Francisco Municipal Transportation Agency

seniors to ride for free but was frustrated by the slow service. As an older person, he felt slow public transit was impinging upon what little time he had left in his life. He said:

> George: The main thing is, if we had good, solid transportation, why should it take six hours, if with good transportation, you could do it in two? You spend four hours for nothing. People don't have that kind of time. We're all getting to the end of the road. You people [young people], you don't realize that. You're going to be there too, then you'll start thinking like we do out here.

George had strong opinions about the changes he has witnessed to the transportation infrastructure in the city over the course of his life. He grew up when streetcars ran through the city and hated when BART, the Bay Area Rapid Transit train system, was built because it made the city more congested. He found it ironic that the streetcars are back again. He explained:

> George: I was used to San Francisco, the street cars. There was no problem with hung-up traffic and all that jazz. Then, they started putting BART in, and the city was fouled up for a long, long time. Now, BART stretches out, and now, all of a sudden, they're putting the streetcars back on the street because of the energy thing.

In addition to the lack of time efficiency, George's also complained about the safety of the public transit system. He felt the streets were poorly planned for pedestrians and automobiles, creating danger and congestion in the streets; the bus stops were inconveniently located throughout the city, the bus drivers were reckless, and the passengers were pushy. He said, "Muni is not cooperative at all. They put the stops in the wrong place. They do not know how to control the system they have. It's that simple. Put somebody in there that knows what the hell they're doing. It's very simple."

For example, **Figure 5.67** is a view from across a street. There is a white building on the left, and a crowd of people are at the corner of the sidewalk near a bus stop with a wavy, red roof. A bus is stopped at the intersection and it is visibly several feet from the curb.

Figure 5.68 is a view of the exit doors from inside a bus. The doors are open. There are

two yellow lines on the floor of the bus, one indicating the edge of the exit and one indicating

where to stand clear, so the doors can open inward. Beyond the doors of the bus, there is a

sidewalk with a curb painted red. There is a sizable gap between the bus doors and the red

sidewalk curb. Examining these photographs, George explained his complaint:

> George: I can't tell if there's cars behind it [the bus], but they have to turn it into the curb. A lot of those guys [drivers] don't even get near the curb. People get hurt because of that. This right there? There're no excuses, with cameras on a bus, that he can't line that bus up with the damn curb. When you step down, you're not going to the street. You're going on to the sidewalk, and have a damn curb that is equal to the bus, you know? So that people can stop off easily. That looks like a mess.

FIGURE 5.68 GEORGE ON THE BUS

Figure 5.69 is an image of a poorly made curb cut. It is paved in black cement which

contrasts with the grey color of the sidewalk. A piece of metal protrudes from the curb cut,

making the pavement uneven. A thick white line painted on the street indicates the pedestrian

crosswalk leading toward the curb's corner.

FIGURE 5.69 GEORGE'S CURB CUT

George pointed out what a hack job was done on the construction of the curb cut. He said, with

exasperation, blaming the city for their negligence, laziness, and corruption:

> George: It's never been left safe for people to walk over, but, yet, it's covering what the
> hell they did, so nobody screwed it up. They have to dig that shit up and put the
> cement there and put them lines, so people can – wheelchairs and stuff – but, look

at this sticking up there. What? This is how much the city gives a damn. All they give a damn is, they're so busy stealing everything that as long as they mark the guy down [as] working, they don't check his work, and if the inspector sees it, he ain't going to say shit.

George generally attempted to be a congenial person, although he was surly. He described how he enacted impression management techniques to mitigate uncomfortable interactions with people to avoid conflict; however, public transit drivers and passenger etiquette were two things that angered him immensely. He described his frustration with reckless drivers:

> George: I try to get along with anybody. Everybody, actually. I even bend a little bit. More than enough. If that don't work, I just politely… If I get in a conversation with someone, I says, 'Oh yeah? Oh, no kidding. I got to go. I'm getting late for my appointment.' I lie like a rug. That saves everything. I don't want to argue. I got so damn mad at the bus driver last night. I said, 'You know what? You go to hell, man. You don't know how to drive. You can't drive worth a damn.' I said, 'I could've got hurt. Slamming the breaks on and you had the gas going. You knew the light was red. That's your problem. What? You're in a hurry to get somewhere?' I wanted to go on and say, 'What are you on drugs? You have to get a fix?' But I didn't want to say that because I can get in trouble for doing that. That's discrimination, without knowing the guy.

George often found it infuriating that public transit was crowded and, because the aisles were narrow, there was often much shoving and bumping by riders, especially when boarding and deboarding. For example, he often had a suitcase in tow that he used to carry shopping items, such as groceries. Because of the suitcase's bulk, he had to use the chairlift to board and deboard the bus. His pet peeve was when riders did not create space, so he could get on or off with his suitcase. He observed wheelchair riders experienced this too and spoke out on their behalf. He said:

> George: Some people on the bus, I says, 'Look, why don't you people get off the bus so the wheelchair can get out? You can't get past the wheelchair.' This is a week ago. Everybody sees the same bull, but nobody says anything.

In another example, George pontificated about enforcing rules for more orderly conduct on

public transit. As a solution, he suggested improving the visibility of bus etiquette rules in

translated languages for the Asian riders. He said,

> George: I turned around a week or so ago, I turned around and says, 'Why are you trying to go through me, you kicked me in the leg, you can't get on till I get off, so wait until I get off before you get on. You can't go through me.' I was mad. It's always Asians, why? Why don't they put the God damned Chinese signs on the buses, on the outside too? Get in line, don't block the door, let people off first.

Not all of George's experiences on public transit were negative though. He asserted himself

when he needed a seat on the bus and found that riders are generally receptive to giving up their

seat for him, even when he asked to switch seats, so he could sit facing a direction that better

supported his injured back. He described:

> George: I also make life comfortable for myself when I enter the bus because I'm old enough, and I say, 'May I sit there please? You're sitting in one of my areas.' I have to face forward. Better for my back. I don't want to sit sideways. If there's a sideways seat, I say, 'I'm injured. I have a bad back. I have to sit facing forward. You can sit there as well as I can. I can't [sit in a sideways chair].'

Looking at independent examples creates the perception that informants' lives were

idiosyncratic. While each informants' story was unique and their differing social and economic

realities constrained or expanded their opportunities and options to age in place, in looking at

these examples as a collective, a common theme became visible. Informants were not merely

passively aging in place, allowing external forms and forces imposed upon them to take their toll

or expel them from their homes, their neighborhood, the city, or society. Rather, they attempted

to at least sustain or improve their lives through their material and social participation in the

world. While there was a social process of marginalization with aging – layered by race, class,

gender, and sexual orientation complexities that added variability to each case – a common

experience of aging in place was how informants strived to exist, with mind, body, and soul

intact, given the resources and context they had to operate, and show, in a small way, their

creative resistance against the forms and forces imposed upon them in order to live the life they

wanted with autonomy, freedom, and privacy.

PART 5. CHAPTER 12: SURVIVING AGING IN PLACE

While many informants faced common predicaments with aging in place, such as feeling

environmentally split; needing to meet biologic needs, such as finding food and tending to their

hygiene; and navigating the city spaces and places, there were also socioeconomic realities that

constrained the opportunities and options available to informants when race, class, gender, and

sexual orientation were taken into consideration, which added depth and variability to aging in

place experiences. Socioeconomic disparities were often mentioned by informants as a major

inequity in San Francisco that made survival even harder for older adults. Several informants

lamented the city's lack of concern or effort to improve the living conditions and quality of life

for poor older people. The economic realities of aging while poor in one of the most expensive

cities in the nation seemed paradoxical, especially when so much wealth shared such close

proximity with so much poverty. For example, of what makes it harder or easier for people to

grow old in San Francisco, George said:

> George: Specifically, their health. Then there's always the other things around like, "I
> don't have money for this; I can't go anywhere, nobody to take me." Things like
> that. They can't live normally. It seems like when you age, you become forgotten.
> It's like, "Oh well, they're going to die pretty soon anyway." Nobody's safe from
> that. As more people need help, these people that have money don't give a damn
> about nothing. There're a few philanthropists, you might call them. I don't even
> know what the hell the word means. Believe me, I know it means somebody that's
> nice – a donator? Anyways, that, but outside of those people, the hell? You got
> nothing going.

Of older adults in San Francisco, he said:

> George: Who in the hell is remembering them? If these people had any gumption at all in
> this city, they'd go forth to city hall and say, "Hey, how about taking care of…"
> because everybody has parents that are going to be aging, if they're not already. If

they're told, probably they'll think about, "Oh, I don't want mine to wind up like this," because their parents are getting close. Take care of these people. Even if they have to donate something. Move some of the money around.

How informants used age, class, gender, and sexual orientation as tools and how these categories intersected and constituted their social positions in their daily and discursive practices also illuminated the way aging in place finds meaning through the quotidian. In this chapter, I focus on the experiences of three poor, older black men. They were little different from the other informants in seeking to establish a minimum of stability and order so as to accomplish the tasks that were common to humans and human societies everywhere – establish meaning and value in the world; meet their biological, social, and material needs; relate to their surroundings; and have a sense of freedom, autonomy, security, and control over their lives. However, the order and stability that must be obtained came harder for these informants. More than other more resourced informants generally, they lived in a social world where the specter of danger and surveillance loomed, where cynicism and suspicion were everywhere, where reliance and intimacy were scarce, and where you play or got played. Their social world was surrounded by the extremes of human alienation, cruelty, and despair that may be antagonistic to AFCIs even though their proximate environment provided a minimum of what they needed to sustain living.

For example, consider the experience of Godfrey. Of the city, Godfrey Harris said, "I love San Francisco." Specifically, he liked, "the personalities, the people, the weather." Godfrey returned to San Francisco in 2009, after spending twenty years in prison without parole. When we met, he resided in a rented room in a Single Resident Occupancy (SRO) Hotel located in the Mission District. Godfrey's room costs $900 a month, an expense taken directly out of his SSI check before he saw any money. The remaining balance came in the form of a check he picked up from his counselor at a social service agency and cashed in at a Western Union. The total

amount of money he pocketed was less than one-hundred dollars a month, paid in two installments during the month. Godfrey was enrolled into SSI after he received a Schizophrenia diagnosis in prison. He said the medical staff "came up with that for me" because he told them, "I don't really like people because they confuse me sometimes." He seemed not to know or care whether the diagnosis was accurate. He just attributed it to "luck" that he had SSI at all. He explained, "I lucked up and got the SSI while I was locked up, so that was a luck for me. That saved my life. I was able to pay for the apartment; I got a room. I'm alright."

At a glance, it could be easy to assume that Godfrey's participation in armed robbery that landed him in prison early in life explained his eventual circumstances—aging in place in an SRO and living in poverty in San Francisco. Godfrey was not aware of what aging in place meant. When I asked him to take a guess at the meaning of the phrase, he shook his head no and surrendered quickly as if being pop quizzed on a timed test: "I'm going to have to put myself out. I don't know what that means." There was much more to learn from Godfrey, but, after forty-five minutes into our initial meeting at the senior center, his lunch ticket was called. He got up and shuffled with a limp to the kitchen window counter and picked up his plate of food – a fillet of white fish, mixed steamed vegetables, beige grains, and an eight-ounce carton of milk.

As an older adult and living in the community again, Godfrey tried to be positive and proactive with his life. Everyday routines like having enough money for food or walking through the streets, were fraught with tension for him because he has been the victim of violent crimes. He understood living in the community required adaptation: "You gotta try and make yourself more adaptable to the ever-changing dimensions in society that we live in." For Godfrey, however, society was hostile. His mode of adaptation was self-governing his behavior to stay out

of trouble. Specifically, his technique was to, "mind myself, stay in my room, don't bother nobody."

It is a mistake to assume that the shared challenges of aging means that people grew old on equal footing. Reductive frameworks of aging not only overlook aging as a stratified process where past and present inequalities shaped the lives of older adults, it also provides moral rationale for unequal treatment and care for people (Abramson 2015, Crystal 2016, Dannifer 2003, Estes 1979, Ferraro and Shippee 2009, Laws 1997, Stephens 1976). How do marginalized older adults manage aging in place in cities deemed age-friendly by the World Health Organization? What survival tactics do they use? Can these tactics open "new" ways in which we can potentially think about the intersection between urbanization and aging; bodies and the built environment? Can these strategies open "new" ways in which we can potentially think about age and identity and their interactions with social structure?

Godfrey's experiences point to real and symbolic challenges of aging in place, which make each situation unique. His story, along with the experiences of Odom and Andre, provided an entry point for understanding that aging in place was not as straightforward as implied by its gerontological definition. Tremendous tensions exist between the policy ideal of aging in place, which is heavily marketed by AARP as an image of two healthy, active older adults leisurely living out their retirement years, and the reality of informants' experiences of aging in place, which was more a matter of survival, with mind, body, and soul intact.

Antiheroes of Aging in Place

Socioeconomically disadvantaged informants, like Odom, Andre, and Godfrey, were often "discredited" people in the eyes of larger society, to the extent that they were socially visible at all. While their collective desires to age in place were similar to other informants,

meeting their biological, material, and social needs to age in place was difficult and dangerous for them. I consider these informants antiheros of aging in place because of their subversive acts of resistance to survive within a society that continuously casts them off, casts them out, or renders them obsolete.

Antiheros lack the conventional heroic attributes scripted onto protagonists. They ostensibly exhibit villainous qualities but prove to be increasingly sympathetic and compassionate to the point where they begin to take on characteristics more akin to a protagonist. For instance, consider the experiences of Odom, Andre, and Godfrey. These informants were flawed humans who have grifted, stolen, lied, cheated, killed, and used or sold illegal substances. They lacked the conventional heroic attributes of being "proper" gerontological subjects in that their actions could hardly be considered active, healthy, successful, or productive aging. However, the maintenance of their dignity, humanity, and self-identity were rooted in necessity and defiance. For survival, they simultaneously relied upon their social networks and distrusted them; understood the code on the street and the rules of the law; were generous and opportunistic; were deviant and harmless; were suppressed and suppressing; were strategic and out-of-luck; made poor decisions and tried their best; were hardened and sensitive; were invisible and hyper-visible.

Odom spent much of his time in the outdoors spaces of San Francisco because he lived on the streets. Outdoor spaces were the stage where many of his daily social interactions occurred. He explained, "Survival is real. Survival by all means necessary. It's all about whatever it takes." Odom shared a few photographs of a typical daily scene in his neighborhood and explained the imagery – "And, this is where some of my folks be selling their gear at. Out

here on the streets. That's where they be selling their gear at. I had to take a picture of them. It's also a picture of a street sale."

FIGURE 5.70 ODOM'S VIEW OF A STREET SALE

Figure 5.70 shows the merchandise people were selling on the sidewalk to earn a little income. On the left, there is a flattened piece of cardboard with miscellaneous items laid out on it, such as a book, children's toys, a paint palette and brushes, and backpacks. To the right, laid out on a bed sheet, there are men's clothes, such as blazers, ties, Oxford shirts, and jeans.

Odom also relied on selling merchandise on the street sometimes. On one occasion, he was selling a bag of apples and a store-bought pie he had in his possession. The items were placed next to the pole of a parking meter and we sat against the wall of a building, distancing ourselves from the merchandise by a few feet so people had space to walk down the center of the sidewalk. A passerby was interested in the pie and was willing to pay $1 for it. Connecting a look with the potential buyer, Odom shook his head, no, and stuck up two fingers, indicating it was $2. The potential buyer was deterred and walked away. It was an interaction between buyer and seller where not a single word was spoken.

Selling merchandise on the street was a way to pass the time, and a way to make some income, although sales were slow. While Odom socialized while out on the streets, he also carried a more guarded demeanor than in our one-on-one interactions at the senior center where

296

he was often tired, but a bit more untroubled to speak to me. On the street, his eyes dodged, watching all the people who entered his line of vision for those who did and did not cause him trouble. In-depth conversations were harder to carry out on the street because his attention was divided.

Figure 5.71 shows people selling merchandise on the sidewalk in front of a fence surrounding a parking lot. There are buildings in the background. Pointing to a blur on the right edge of the photograph, Odom said he intended to catch a photograph of one of his friends, Jimmy, but he happened to walk out of the frame right as the image was snapped.

FIGURE 5.71 ODOM'S VIEW OF PEOPLE SELLING MERCHANDISE

Odom explained:

> Odom: This boy here [pointing to the blur], we used to hang out together, but since he found his old girlfriend out there, we drifted apart. Well, I drifted apart because he had a girlfriend. So, that's Jimmy. We hang out together. Been locked in together. I been known him about five years. About five years. He's from Mississippi. We have a lot in common. That's Jimmy.

Odom referred to a common phenomenon of losing touch with a friend once they become involved in a romantic relationship. He also alluded to two social forces that have shaped his life and the life experiences of others, like his friend Jimmy. The first was the black migration from the South to the West, which was a demographic phenomenon following World War II until about the 1970s, when African Americans sought to find less discriminatory economic

opportunities. The second was the revolving door between prison and the community faced by

African American men, a social group with a disproportionately high rate of incarceration

compared to all other groups. These two social forces were common threads that have shaped the

lives of Odom and Jimmy, and a foundation for their bond, a reason Odom felt they had a lot a

common.

There were two places that Odom felt represented San Francisco that he insisted on

mentioning to me – "The museum is one and the second one is the park." **Figure 5.72** is the

entrance to the Tenderloin Museum. The sign above the door is red with white font.

FIGURE 5.72 ODOM AT THE TENDERLOIN MUSEUM

As if being a tour guide of his own neighborhood, Odom gave me a sales pitch about this

museum. He said:

> Odom: Here's my picture of the Tenderloin Museum, which is the most famous in the TL
> right now because you get the history of the TL. It goes back to, oh my god, 1800? It
> goes back to the 1800s, ok? Now, I forgot the year. This is the TL, Tenderloin Museum.
> If there's anything you want to know about the Tenderloin, go here, at Eddy and
> Leavenworth, and you'll find out just about whatever you want to know. Even before this
> became that, it used to be a McDonalds, back in the day, back in the late 70s, it was a
> McDonalds. So, this building has been around a long time.

When I ask Odom if he had ever been inside the museum, he said, "No, 'cause I don't like going

to those places by myself because I always have something to talk about. I would like to talk

about it, so I can't go in there and talk about it and answer it. People think I'm going crazy over there, you know what I'm saying?"

The museum constructed a narrative of the neighborhood for those who do not live there to experience. The museum offered free admission one day a month to Tenderloin residents, but the target patrons were tourists or visitors from outside the neighborhood. Odom feared being judged as someone who is "crazy" if he were to go into the museum alone, suggesting that he was self-aware that he does not reflect the customer base the museum is really trying to attract.

For long-term residents, like Odom, his everyday lived reality was emplaced in his neighborhood and he had witnessed the environment change over the decades, as demonstrated by his knowledge that the museum was once a McDonalds restaurant in the 1970s. Odom's comment, however, suggested that voices like his were still overlooked or undervalued as a legitimate and meaningful part of the social history and cultural narrative of this neighborhood. This may be a belief that he internalized as well. As an interviewee, he may have thought he was giving me the answer I wanted to hear by providing a sales pitch for the museum as the place to learn "whatever you want to know" about the Tenderloin. With some irony, this was a place in his own neighborhood that he had never even been in.

The park was the other place Odom felt "really represents San Francisco." However, the park had become an increasingly age-segregated place. He said:

> Odom: At one time, we shared the park. Now, you limit the park to only the school kids, and I don't think that's right. Us old folks still like to play basketball, volleyball, badminton, or just be sitting in the park listening to the kids ripping and running, hollering and screaming. You know what I'm saying? So, on that hand, I'm disappointed because I can see, it's not open to the public, to me, and it should be because it's a park. And that's why I feel the way I feel about that.

Odom's described feeling socially excluded from the park. He also thought the city needs "affordable and portable" housing. What Odom liked least about San Francisco were the politicians and the political inaction to take care of the homeless. He said:

> Odom: Not just because I'm homeless, but I see that we be used as pawns in the politics. That's what I don't like. We talk about it, we say about, but you don't do. You don't do. Every time you build something, you're not building it for the homeless. You're building it for someone else. It's never the homeless.

He was tired of politicians who pandered to constituents for votes, but then failed to carry out their campaign promises.

Odom described the triple assault of being poor, homeless, and old. Not only had the city not done enough to build affordable housing for residents like him, it was becoming an increasingly exclusionary and unaffordable place that only catered to the wealthy. Odom had several grievances about how San Francisco could be improved. For instance, while all the informants in this study lived on some kind of a fixed income and many expressed interests in wanting to work, at least part time; however, finding part-time paid work was often challenging and even more so for already destitute older adults. For informants like Odom, retirement was not an event that occurred on a particular day that terminated a career, rather, it happened gradually as they became less and less able to find low-paying jobs. As Odom explained, "Who's hiring? You know what I'm saying? Who's hiring? Who's hiring? Then, you get the kid that goes to college all his life with a PhD and he can't even get a job." On one occasion, when we were together, Odom picked up some newspapers tore them into shreds and tossed them in the street. To me, it looked like he was littering. Sensing my confusion or judgement, he explained the rationale behind his actions. He explained that the more litter there was on the street, the more the city needed to invest in hiring street sweepers – his actions were a mode of instigating job creation, the way he saw it. Ultimately though, Odom felt he had very little political power to

affect change. He said, "Who am I, I'm just one voice, one opinion. I'm one resident of some-million people living in San Francisco."

A lack of respect and social inclusion, in the form of racial prejudice and discrimination, has played a role throughout Odom's life. He recalled one of the early ways he learned about how anti-black racism operates and imparted his knowledge to educate me:

> Odom: You know about the Ku Klux Klan? Me, as a black man born in Shreveport, Louisiana, is that we always knew about horses. You know, they be out in the field, in the pasture, and when we walk down that gravel road, usually the horses, if they're not there, they'll come running to you to be greeted. Now, we know why they wear their hood, ok? We already know you're a Klan. But, why do they cover the face of their horses? That's because that's your neighbor. That's your neighbor, it's your next-door neighbor or he's the one down the road from you. That's why he covers the face of his horse. Because he don't want his horse being recognized. Obscure the identity.

While racist hate groups, like the Ku Klux Klan, were no longer masking their horses to conceal their identities, racism was still rampant in society. Intentional obscurity was the insidiousness of racism and how it became a pervasive cultural norm entrenched in social systems and institutions, such as in the policies and practices of housing, employment, and other areas of social life, creating unequal life chances for non-white individuals and groups in society. As a black man, Odom felt discriminated against "all my life. That's every day because I'm a threat to this society." He explained:

> Odom: This is a white man's world and being black in it, we're always a threat. From the time a son is born to a black individual in this world, it's a threat to his life. Believe it. They may not want you to believe it but believe it. From one black man to an Asian woman, believe it. We are in danger.

It was with mixed feelings that Odom took a photograph of the San Francisco Police Department for this project, but he felt it was important to share with me. The police department, as a social institution, is supposed to protect and serve society, but it also has a reputation for being an

institution that oppresses the African American community through brutal and unfair treatment.

Odom said:

> Odom: As you can see, I didn't want you to be left out. This is San Francisco's finest. Our police station, which I regret I wanted to take a picture of. But I had to take a picture of it in case you said, "oh, did you take a picture of the police department?" And I couldn't say no. So, it's right there. This is the San Francisco Police Department. How do I feel about them? Concerning my history and my history of them, I don't like them, I don't like them. But then, we also need them. So, it's a good thing; it's a good thing. I won't say for me, but I will say for those who really do need them, or if we do need them, it's a good thing.

FIGURE 5.73 ODOM AT THE POLICE DEPARTMENT

Figure 5.73 is a view across the street of the Tenderloin Police Station with three patrol cars

parked in front.

In terms of re-integrating back to the "inside" of society, meaning housed, and no longer

being on the "outside," meaning living on the streets, Odom saw this is a long and arduous climb

out of a deep and dark well. He was well on his way, though, with his name at the top of the

housing list. Most of all, Odom longed for happiness, which meant no longer being alone and

having a companion again. He reflected:

> Odom: I remember times when I use to get up in the late, late night. Be somewhat depressed. I would need to do something. So, I would get up and catch the Muni bus and ride down to Embarcadero where it's dark and sit up under the bridge or sit up on the bench and watch the tide sort of move while shining in the ocean. Those are the things that I used to do, you know what I'm saying? It's not that I'm trying to learn how to build a manic person, it's not that. It's just that those are the

things that makes me happy. You know what I'm saying? I'm pretty sure if a woman was there, I'm pretty sure we'd be giggling, sneaking in, laughing at the end of the road, but still though, we'd still be sitting there and looking at the moon and the ocean and the fish shadows and those things.

A second example was Andre. Andre enjoyed living in San Francisco but had grievances about the outdoor spaces in his neighborhood because "there's nothing out here but dope dealers and dope buyers and people going to rip you off." For example, **Figure 5.74** is the view from across the street of the Tenderloin Housing Clinic. The building has a red awning with heaps of bike parts and suitcases on the sidewalk. There is a man wearing black who is standing, hunched over on the sidewalk, but it is unclear what he is doing due to the distance. Andre, who took this photograph, looked at the picture says, "Selling. Selling and shooting drugs."

FIGURE 5.74 ANDRE'S VIEW OF PEOPLE SELLING AND SHOOTING DRUGS

Andre was very open about sharing his experiences living in his neighborhood with me, but much preferred to show me around in person, rather than take photographs on his own for fear he would be viewed as a snitch. He explained the dynamics in the neighborhood:

> Andre: There is so many aspects of the hood. You got your good, you got your bad, and you're ugly. Particularly a lot of ugly. But the bottom line is you got your dealers, you got your hookers, your rip-off people, and a bunch of tricks in between. If you don't understand what the word "trick" means, that mean somebody is an easy mark. You know, like I snatch your purse or whatever. In other words, somebody easy. Or a fool, who be talking about ... I can't say the word. Well, you know what I'm talking about though... trying to buy something. I'm talking about pussy.

Walk around in this neighborhood, girlfriend. You should be here as much as you can. You can see out your own eyes but listen through my own experience cause you don't live here. You understand what I'm saying?

You probably down in the Avenues or something. Out there, I bet you, there ain't no panhandlers and can collectors, and all that bullshit, but the bottom line though is this, know where you're at. This is mid-downtown. These tourist people on the bus, they don't know where the hell they're at, with their "I love Frisco" shirts, stupid motherfuckers.

But the bottom line though is this, it's not who or what, it's where you go in the hood. If you're unknown, you're fucked. I mean, whether you know the person or not. That's why for you to understand, to do whatever you trying to do, experience it and look at it for yourself.

Having been a long-time resident, Andre had gained some recognition in his neighborhood, which he enjoyed. He described this recognition, with bravado, and said, "You don't mess with me because I'm a familiar face. I can't walk half a block without nobody saying, 'Hey, Andre!' You know? This and that. But they know better to ask if I want some shit, I mean, drugs."

Despite being a familiar face, Andre was not immune from being harassed on the street. Common encounters included harassment from the police, the homeless, and drug dealers, which created obstacles that made it difficult for him to move about the open spaces in his neighborhood or run errands. Andre recounted an interaction with a police officer who sized him up when patrolling the area around the park across the street from the hotel where he resided. He said:

Andre: I was outside, you know where the children's park is across the street? I was smoking a cigarette and a cop pulled up. I didn't know it was no smoking in front of there. I didn't. There is a sign, but I wasn't paying no attention. He was cool though. He said, "Sir, you waiting on the bus?" I said, "No."

I said, "I'm on break." I pulled out my badge and he said, "Ok, well you know you can't smoke." He gave me a ticket. I said, "Wait a minute, you got all these eses slinging rocks and you're going to give me a citation for a cigarette?"

I tore that shit up. And the dope guys, "Papi, Papi." You know I don't want to hear that shit every day. I can't go to the store. Sometimes when I'm coming from where I met you, at the [Senior] Center, I have to walk around the street. Just they be in wheelchairs, they got their corner all guarded up.

The park Andre described was a 70-foot by 70-foot former parking lot that now had a rubber surface and a jungle gym for children. A gridded metal fence enclosed it to separate it from the sidewalk. Like other parks in the area, no adults could enter without being accompanied by a child, and a sign posted outside made the rule explicit. The park was located at the corner of an intersection where two bus stops were located, which attracted crowds. This corner was also a common site for loiterers, drug sales, public intoxication, and prostitution.

Andre was accustomed to being questioned about his presence by authority figures, like the police. To preempt these encounters, he wore a lanyard around his neck with his keys and a badge to the "Tenderloin Housing Clinic," a social service agency affiliated with the hotel he lived in and where he claimed to be employed, to use as a tactic to legitimate his word and reassure the police that his presence was benign. Presenting himself as an employed person who was "on break" made him closer to the "right" type of person who could be on the sidewalk, differentiating himself from the drug dealers, drug buyers, junkies, prostitutes, or other people who are loitering on the streets.

Andre considered it biased that he received a ticket for smoking a cigarette too close to a park, a relatively innocent offense, when the "eses" (a slang term for Mexican American gang members) were blatantly "slinging rocks" (selling crack) on the streets with seemingly no enforcement by the law. He found it obnoxious that "the dope guys" (drug dealers) constantly and aggressively called out to him ("Papi, Papi") to either draw him in to buy drugs or drive him out as a nuisance in their space. He was also irritated by the way drug dealers with wheelchairs blocked off and barricaded corners, making sidewalks impassible.

Andre provided another example of the type of street harassment he received, particularly if he was in the company of a woman. He used his IHSS worker, Lisa, in this example and said, "Being harassed, I don't like that. Say, me and her [Lisa] go to a store. Not knowing who she is— 'Papi, Papi, I got it right here. I got a big one.' That shit ain't cool." Andre was implying that there was a misogynistic culture on the street in his neighborhood. In this example, Andre was being harassed by someone who was pretending to solicit sex from Lisa by addressing Andre as if he were her pimp.

Andre described his neighborhood as "craziness." He felt there was very little to get involved. He said "the only thing to participate in is drugs. If you got a pipe and a lighter, you're participating." He was jobless and would be interested in some part-time work, but sensed he was not only "too old," but there were scant opportunities to be found. In terms of job opportunities, there was "drug dealing or you got kids, little girls, selling they ass, bodies. No, no, no." If he had more power to instigate changes, he would "just clean up the block."

Andre felt less inclined to initiate new activities out in the community because he was continuously assaulted by uncontrollable chaos in his neighborhood. As a result, he minimized the time he spent outside because the environment was treacherous and too expensive, both financially too costly and too costly a risk on his safety. Andre explained:

> Andre: I'm scared of these fucking streets, ok? Excuse me, I'm scared of these streets. They seem dangerous to me. I'm a black man. I'm sixty-four years old. I ain't gonna get myself hurt over no bullshit, or nobody want a quarter or dime or light up a hit. No. I'll go to the store, get a beer, come back home, eat, watch TV. That's it.

This meant he spent more time in his room at the SRO hotel rather than in the community. He had little money to spend anyways. He always said, "You can't do nothing when you're broke." For instance, after his rent was paid, which was directly taken out of this General Assistance

check, Andre had less than $100 a month to ration for the rest of his needs. Andre explained how

he managed his money:

> Andre: Okay, first of all, I get less than a hundred dollars a month. And you know you
> gotta manage your little money, you know? It's a good thing I got good credit and
> good friends, and I pay everybody up. But when you get a couple dollars from
> her, I got a couple dollars from you, that shit adds up. It do, it do. You know, it's
> part of having your money. I figure like this, as long as I got a roof and some
> food, I'm cool. The rest of that shit will work itself out. The leftover is my
> spending money. And then I go to the check cashing place, they gonna take
> whatever you got, maybe two and half, or three dollars out. That still leaves me
> less than a hundred dollars. But the bottom line, I ain't worried about no pool.
> That's the least of my worries. But the bottom line though is this. When I get my
> little ninety dollars and some change, I gotta pay you a couple dollars, give her a
> couple dollars, whoever I owe. And before you know, it's gone.

Western Union took a cut when he cashed his check, then he would pay off the debts he owed to

people he borrowed money from the month before. He felt fortunate that he had "good credit"

with a few close people he could rely on to borrow money from, such as his IHSS worker, Lisa,

because he always paid them back. He would also exchange or barter food for other things he

wanted to or needed, to make ends meet. Andre also had a network of people he could trust in

the neighborhood who would protect him if he were in danger. He said:

> Andre: The bottom line, I'm alright. I mean, being here so long, everybody in the
> neighborhood knows me. Because some stranger or somebody hit on me— "Hey,
> what are you doing messing with Andre?" You know? Like you see in the movies
> – sometimes you want to go where everybody knows your name? "That's Andre!"
> Like, if I get assaulted or beat up or something, I ain't gotta worry about it
> because their ass is getting kicked.

Ultimately, he felt safer in his current neighborhood than if he were to move. In another

neighborhood, he would not have the social connections that could help support or protect him

because he would "be like the new kid on the block."

In a final example was Godfrey. Godfrey left two worlds behind him, both worlds where

he had to fight violently for his survival – gang life and prison life. Now that he had reentered the

community, he had his relative freedom. However, it was still a world that was violent and a place where he must fight for his survival. He described, "You know, I don't know who might jump out. All these crazy people around here. All kinds of weird things always in my face, worrying me."

On one occasion, Godfrey missed our meeting because he was knocked unconscious by weed dealers who struck him over the head with a pipe and stole his money. It was a botched exchange for marijuana. He was trying to purchase weed because it helps to calm his nerves. The time he spent in prison makes him jittery and he has been working with a case manager to get a medicinal marijuana prescription but has not been successful yet. Instead, he sought to buy marijuana from street dealers and described the altercation he encountered:

> Godfrey: A little money for that little teeny bit of weed. That's what it was. It was a robbery. "You gonna sell me a little teeny bit of weed for 10 dollars?" I said, "What do you mean 10 dollars, man?" You see, me not being from Frisco, I argued about it. I should have just said alright. I didn't. If I knew I was taller than the guy—boom!—his buddy snuck up behind me and hit me in the head with a pipe.

When Godfrey came back into consciousness, the police were hovering over him. He was sent to the hospital for staples to close the wound. After this incident, he stayed inside his SRO room for the next two weeks. The reason he emerged eventually was to get food. The coffee pot he usually uses to warm up his beans was broken, and he ran out of the chips and pretzels he had on hand.

As mentioned earlier, Godfrey felt "conditioned by jail," so he spent a majority of his time in his room because it was the safest place for him. His pursuit to "stay out of trouble" and "stay out of people's way" was a mode of self-governing behavior, which implied that he recognized that he was perceived to be a social problem. The disciplining of Godfrey, through overt and tacit forms of social control manifested in his "choice" to confine himself to his room. By self-selecting to confine himself, he minimized the possibility of encountering the police or

other forms of street harassment since he was perceived to be a threat, a burden, or an easy

target. He explained:

> Godfrey: Do I feel like other people get in my way? No. But I have the tendency to fall
> into different situations when people get on my nerves. That's why I stay to
> myself. Nobody gonna get in my way. I'm a grown man. If they get in my way,
> I'm gonna get them out. Simple as that. But I just stay out of trouble. Just try to
> stay out of trouble. I'm not gonna get in nobody else's way. I ain't got time to get
> in anybody else's way. I'm in my-way, taking care of my-self.

When I asked Godfrey what he did for fun he replied, "Stay in my room. It's fun because I can

look out the window and be free to be myself right in my room." This was a profoundly

purgatorial description of aging in place. Godfrey had grown from the boy who thought the cub

scouts was fun because "everybody was together" to the older adult who found the social world

so hostile that his only freedom was in solitude. His photographs for this project reflected his

solitude. Several images were from inside his SRO room. Here are a few of them.

FIGURE 5.75 GODFREY'S LAMPSHADE

Figure 5.75 is a luminous yellow circle surrounded by black. Godfrey was sitting on the

side of his bed when he took this photo. He explains the image, "Looking at me, it's not the

moon, but my lampshade, to myself."

Figure 5.76 is an image of a red car on a screen. Godfrey explained, "Oh, yeah, that's my

television. I've got two of them. I've got a larger box screen that I lost the remote to, so I had to

buy another one. That other one behind this, it's a bigger one. This is a small one. Cost 100

bucks."

FIGURE 5.76 GODFREY'S TELEVISION

Figure 5.77 is a view outside a window. The curtain covers the left corner of the

window, the sky is blue with puffy white clouds, and there are trees and buildings outside.

Godfrey explained this image, "I was sitting in my room on my bed, in my room, in my

apartment. I decided to turn around and took a picture out of my window at the skyline." **Figure**

5.78 is a similar view out of a window but angled slightly differently. The curtain is more

narrowly parted, and the corner rail of a balcony peeks from the bottom of the frame of the

photo. Godfrey explained, "This is a balcony out my window. A balcony right there. I go out my

room, I go by that door, I go down the hall, I go out the back and come out on the balcony. I can

go out there if I want. I don't typically go out there."

FIGURE 5.77 GODFREY'S SKYLINE VIEW

FIGURE 5.78 GODFREY'S BALCONY VIEW

Godfrey left the life of drug dealing and armed robberies behind him; however, just like when he was a younger man, the biggest barrier he still faced was finding a job. His focus remained: "M-O-N-E-Y. Because if I can get that, I can make some changes." If he "had all the money in the universe" he would "get a nice house. Once I get that, secure myself a crib, I'll be alright. With my friends, my family, my wife, a dog, my kids. I'll take care of them. That's all I wanna do."

Godfrey told me about his hopes for improving himself and his ambitions for the future. He wanted to go back to school; obtain a driver's license; and become a doctor, a security guard, or singer one day. His ideal aspiration was to have a singing career. To show off his voice, he started crooning during our interview, which made me smile because it was charming. He sang:

Godfrey: *'I left my hearrrt in San Franciscooo. High on the hilllll, it calls to meee...'*
Why are you laughing? '*Why does the sun keep on shining? Why does the moon keep its glow? Don't they know, it's the end of the world, it ended when you said good byyye.'* I can sing real good. I can sing anything, any type, any level. You know, I'm good at it. I wanna get into it because I enjoy singing. I write music and I can dance. That's where I wanna be at. I wanna get some money.

"Are you self-taught?" I asked him. He replied, boastfully, in a singsong way:

Godfrey: Born singing. I came out of my mom, *I left my hearrrt...* <chuckles>. I can sing any range. I can sing real loud <escalates voice>, I can sing real soft <drops voice>. I can go, *hey, hey, hey, I left my hearrrt in San Franciscooo.* That's my favorite song. I can't sing that loud in my room because I don't want to disturb anybody. But that's what I'm basically doing. Writing music and singing. Minding my own business. Minding my own business.

Godfrey's mode of adjustment to "mind myself, stay in my room, don't bother nobody" meant that he paid a heavy price in terms of social isolation to maintain his freedom and autonomy. His aging in place was a world of the alone, a world that society has partially made, and he has partially made, but at any rate, a world that was being sustained.

The experiences of Odom, Andre, and Godfrey provided an aperture into the lived experiences and life worlds of three socially disadvantaged groups who do not resign but struggle to survive their expulsion from society in older age, with their mind, body, and soul intact. These informants faced issues that were more multifaceted than the literature on aging in place generally addresses. Their doing of aging in place was neither purely hegemonic nor purely suppressed, which is why I call them antiheroes of aging in place. While they all responded positively to the gerontological definitions of aging place and age-friendly cities when I read it to them, they also scoffed at the concepts because their lived realities were so far from these idyllic notions that have never been available or accessible to them. For instance, Andre reactively thought aging in place meant "prison" and an age-friendly city described as "some honky town." This suggests that theories and tools are needed to broaden the gerontological imagination to

critically consider AFCIs as experienced by socioeconomically disadvantaged older adults who are also rebellious and resisting older adults that pursue and protect for their own survival. For instance, homelessness has been given little attention in gerontological literature generally (Cohen 1999) and remains largely unmentioned in the gerontology of aging in place or AFCIs. However, at least half of single homeless adults are aged 50 and older (Culhane et al. 2013), they have a higher prevalence rate of geriatric conditions and are thought to experience "accelerated aging" relative to the general population (Brown et al. 2016b, Hahn et al. 2006).

Expanding AFCI theorization?

Drawing inspiration from Deleuze and Guattari (1983), minor literatures are the literature a minority makes in a major language. Minor literature disrupts major literature by creatively using nonmajor terms and forms of expression, politicizing literature and inventing new genres. Drawing from Stoner (2012), minor architectures are lines of escape through the majority rule of architecture's myths that brought them into being. Minor architecture disrupts major architecture by revealing latent fractures and fissures within architecture's enclosures, politicizing the art of taking buildings apart and making spaces out of the already built. Minor literatures and minor architectures emerge from the bottoms of power structures and within the language of those major structures. Might there be a minor gerontology, a minor aging in place, or a minor AFCI?

To move away from the major language of "honky gerontology" (Estes and DiCarlo 2019:163), I suggest two theoretical lenses drawn from African American experiences that may be incorporated to help expand aging in place and AFCI theorizations that link the micro with the macro. The first is DuBoisian social theory. The second is John Henryism.

First, a socially-aware and politically-engaged stance has been a hallmark of black social thought for over a century, as illuminated by W. E. B. DuBois. DuBois saw social theory as a vehicle for social change and a tool in the struggle against inequality and racism. The DuBoisian question, "Why did God make me an outcast and a stranger in mine own house?" (p. 45) encapsulated the frustration and pain of being black and a member of American society, but never truly being on the inside. DuBois (1903[1969]) wrote about the idea of a "twoness" (p. 45), to describe the tension of dueling identities experienced by black Americans in their everyday lives. According to DuBois (1903[1969]), black Americans experienced "two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body" (p. 45). They wanted to resolve the tension of being black and a member of American society "without being cursed and spit upon by his fellows, without having the doors of Opportunity closed roughly in his face" (DuBois 1903[1969]:45-6). To do so, black Americans were "born with a veil, and gifted with second-sight in this American world" (DuBois 1903[1969]:45). Here, DuBois identified two very important sociological concepts – the veil and second-sight.

The "veil" was a metaphoric reference to demarcate social difference and distance. It referred to a lack of clarity for black Americans' to see themselves outside the descriptions and prescriptions created for them by mainstream society. It was from within the veil that black Americans experienced oppression in American society. The concept of being "gifted with second-sight" (DuBois 1903[1969]:45) referred to the analytic strength of black Americans to see and to know their own identity, as well as to see and to know how mainstream society ascribed their identity to them. What DuBois suggested was that having two souls and one self meant instinctively moving between two worlds, which was a burden, but was also advantageous because it was a mode of resistance and an instrument for challenging the status quo. This was

314

the theory of double consciousness—it was a tool black Americans could use to understand the relativity of their own self-awareness, as well as the construction of their identity through the eyes of others in order to critique it.[49] The DuBoisian question, "How does it feel to be a problem?" (DuBois 1903[1969]:44), posed the experiences of black American marginality as an accusation. Double consciousness was a heuristic term in response to this accusation and an enduring sociological concept because it sought to address issues of marginality from an embodied and subjective standpoint. Double consciousness worked to deconstruct the status quo by locating knowledge outside the institutional or societal mainstream as legitimate knowledge. It was a way to describe and critique how institutional and systemic oppressions were experienced and resisted by marginalized social groups.

DuBoisian thought provided rich intellectual roots for activism and scholarship that fueled on-going social movements seeking to combat inequalities that created and sustained disparities in the United States. For example, intersectionality theory emerged from black women's experiences whose narratives were rendered partial, unrecognizable, and something apart from the standard claims of race or gender discrimination that was coming from black male and white female narratives. Intersectionality theory was a way to understand being targeted by multiple forms of discrimination simultaneously such that it was impossible to parse which forces were motivating a particular discriminatory event, policy, or practice (Cho, Crenshaw and McCall 2013, Crenshaw 1989).

I think DuBoisian thought could be extended to gerontology because it foregrounds social transformation as the most important endeavor by highlighting the profound agency and narratives of those who have experienced and resisted marginalization. Although DuBoisian

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[49] For example, Odom often described the two-ness of his self-identity – country life/city life, inside/outside, peanut/shell, Dorothy in Kansas/Dorothy in Oz.

thought emerged from black experiences, it could be meaningfully used to advance

gerontological knowledge that begins with and centers the experiences of those at the margins or

experiencing marginality, rather than perpetuate gerontological knowledge production that

represents and reproduces a middle class white sensibility (Brown et al. 2013, Estes and DiCarlo

2016, Estes and DiCarlo 2019, Jackson 1971c). When discriminating cultures based on racism,

sexism, classism, xenophobia, or homophobia are brought into the picture, the struggles of old

age become more complicated still and popular images that ageist stereotypes are the only barrier

older people face becomes increasingly less defensible (Katz 1996).

Second, I began thinking about the John Henry folklore legend after Odom, when

describing his experiences of re-entry to the community after prison, said "now you have to go to

John Henry" during one of our interviews. John Henry was a folklore legend from the late 19th

century, who was known as the steel-driving man whose physical strength and endurance

outpaced the mechanical steam drill in a man-against-machine contest. Though the race was

close throughout, John Henry emerged the victor, but dropped dead from exhaustion moments

after the contest ended.

After doing some research, I discovered that the story of John Henry has gone on to

inform a health psychology hypothesis about how African Americans sometimes attempted to

control their environment through attempts at superhuman performance. The expression of this

superhuman performance may not necessarily involve a steel hammer. It may involve working

harder at the office or working long to prove one's worth. The end results, however, may still

involve the same negative consequences that befell John Henry.

John Henryism was a psychological theory hypothesized by African American

epidemiologist and public health researcher, Sherman James (1994), who found evidence for the

health-harmful effects among working-class black men of the psychological predisposition to remain hopeful and relentless in their struggles to overcome racial subordination and economic insecurity. Despite being exposed to more difficult psychosocial environmental stressors than more economically privileged individuals, those who displayed unrelenting hard work, determinism, and effortful active coping paid a price of ill health. The John Henryism hypothesis predicts that lower socioeconomic individuals who persist with effortful active coping under difficult conditions "drive up" the overall prevalence of health-harmful outcomes. Several studies have provided evidence that among the working class, such a predisposition to high-effort coping with chronic hardships predicts a higher prevalence on a wide array of health outcomes (Bennett et al. 2004).

I think the John Henryism hypothesis could be extended to gerontology because it may provide theoretical guidance to thinking about intersectional age, race, and class identities and the health costs of tenacious high-effort coping with adversity. Furthermore, rather than taking on a psychological interpretation of John Henryism, I think the John Henry folklore could also be sociologically interesting. Applied sociologically, the John Henry tale could provide a meaningful metaphor for thinking about the technological displacement of people in cities. In this metaphor, the urban political economy driven by the digital revolution is the modern machine of the steam drill. Working class and low-income older people of color symbolically represent John Henry. This is the impact of the macro pursuits of the machine (urban political economy) on the micro pursuits of people/bodies (characterized as a biological existence of survival). The defiant act is the steadfast doing of aging in place in a city that is undergoing various forms of transformation (e.g., urbanization, gentrification, globalization) and is seeking to outperform and expel them for the sake of optimizing profit, expediency, or progress.

Presented with the speculative future of superhuman health and longevity, people are invited to "keep up" with an urban political economy that has rendered some of the technical skills they have mastered as outmoded or obsolete, standing as nothing more than an outdated operating system.

PART 6: CONCLUSION: AGE-FRIENDLY COMMUNITY INITIATIVES FORM A BIOPOLITICAL PARADIGM

Our society is faced with the complex task of maintaining or reintegrating into the mainstream of social life large numbers of older people who anticipate another two or three more decades of living. Modern society has created older adults as a social group, but the culture that produced this group has yet to find ways of keeping them a part of or incorporating them into the ongoing social system. Concomitant with the growing awareness of the inadequacies of our institutions, there is a voluminous body of knowledge being developed explicating the benefits of age-friendly community initiatives (AFCIs).

Over the years, the ambition of AFCIs have grown beyond simply supporting older adults in their homes to the notion of adopting and designing an age-in-everything lens. This means that a separate world cannot and should not be built for older people alone. What is needed, instead, is to make the world work for all people – to make society compatible with modern urbanization. In utilitarian terms, the hope and charge of AFCIs are to work toward systems-level changes across multiple domains of community life, develop partnerships to establish and accomplish goals, involve older adults as active participants in placemaking and contributors to their communities, and develop and evolve over multiple years (Greenfield 2018b).

In idealistic terms, the hope and charge of AFCIs are to engage in resistance efforts to identify alternative ways of thinking about and practicing aging along with new sources of social

solidarity to change the chaos and precarity of everyday and later life (Grenier and Phillipson 2018, Grenier et al. 2019). This means establishing a lifespan oriented, age-inclusive society that is multigenerational with different age and social groups recognizing and acting upon their commonalities of interest as well as participating in social, cultural, spiritual, economic, and civic matters in ways that go beyond labor market participation and efforts to be physically active and healthy, and toward recognizing and challenging the wider inequalities and injustices that affect city life.

AFCIs are more than an overarching term that captures a number of efforts that can be characterized as "deliberately influencing social and physical environments to benefit older adults," (Greenfield 2015:192), such as the services, products, programs, policies, technologies, lifestyles, living arrangements, gadgets, experts, and professionals created to meet the needs and desires of people seeking to remain in their homes and communities as they age. From the data collected and analysis conducted for this dissertation, I argue AFCIs are a biopolitical paradigm because they promote ways of defining, knowing, and governing populations that are derived from, and serve to shape, both governmental and scientific practices simultaneously.

According to sociologist, Steve Epstein (2007), biopolitical paradigms are "frameworks of ideas, standards, formal procedures, and unarticulated understandings that specify how concerns about health, medicine, and the body are made the simultaneous focus of biomedicine and state policy" (p. 17). I argue that AFCIs reflect the presumption that: to act upon the management of a population that is growing older and living longer includes inculcating *active aging* into the bodily habits of each individual in order to *optimize* lived experiences of aging in place as well as act upon the habits of each individual by reshaping the urban spaces and milieu within which people conduct their lives. By taking "a more 'upstream' approach, whereby the

319

goal is to change older adults' broader physical and social environments to enhance their capacity to function optimally in their own home and communities" (Greenfield et al. 2015:192), AFCIs have placed the environment squarely in view within the biomedical[50] arena of the gerontological gaze. As shown in **Figure 6.1**, AFCIs can be thought of as a biopolitical paradigm because they not only seek to rework the boundaries between bodies and environments, they operate as a mode of governance of individuals and populations for the sake of health.
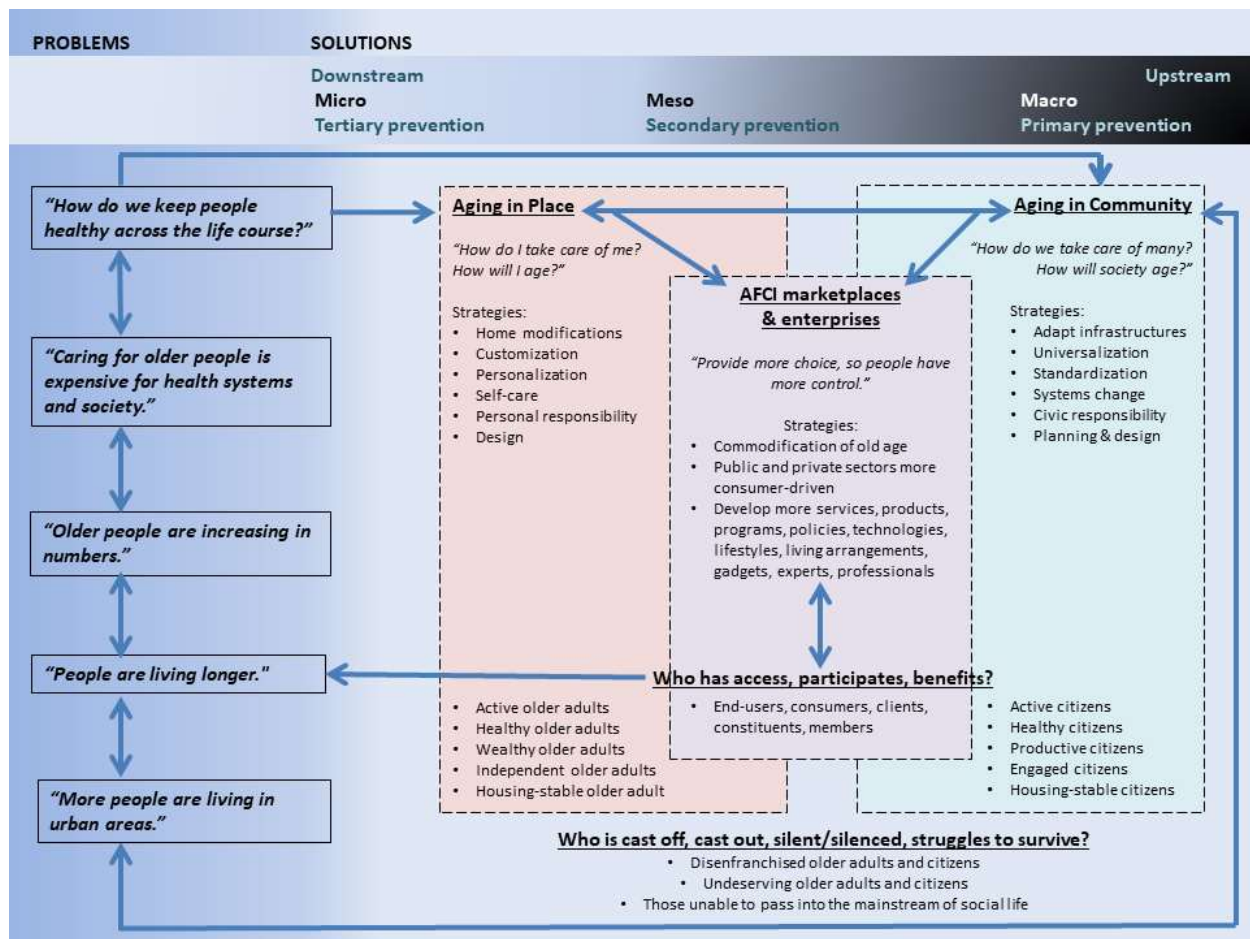
FIGURE 6.1 BIOPOLITICAL PARADIGM OF AGE-FRIENDLY CITY AND COMMUNITY INITIATIVES

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[50] I use the term biomedical, as well as biomedicine and biomedicalization, in the manner suggested by Clarke and colleagues (2010) to reference the epistemic shift from the clinical gaze initiated in the eighteenth century (Foucault 1973) to the emergent molecular gaze of today that is reformulating capacities of life and related sciences to change the very meaning of life itself (Rose 2007).

This dissertation had three aims. The first aim was to explore the emergence of the assumptions about how to improve the social and material conditions of aging through the manipulation of bodies and the environment. This aim was addressed in chapters 4 and 5, which focused on how the rise of gerontology emerged, in part, from social, spatial, and economic forces of urbanization and the relationship between urban change and human health. Older adults constitute a significant group in our society. Their problems present an important challenge to gerontologists committed to the advancement of a society in which older people are able to meet their needs and live fulfilling lives. Gerontologists, however, have become increasingly aware of the failure of institutions to meet the needs of older people. In the extreme, the situation of many older adults is bleak. Older adults represent the obsolete, cast off, or cast out. Over the course of their lives, the rapidity of industrial and technological changes has transformed dimensions of our society in major ways, as "innovation, "progress," and "disruption" have rendered some of the technical skills they have mastered outdated and altered the environments they live in. Older adults find themselves increasingly excluded from productive work or meaningful contributions, and they suffer the inevitable devaluation that follows. These devaluing societal definitions, in turn, often become internalized in the self-definitions of older people.

The environmental impact and multi-spatial nature of aging trends makes it important to approach gerontology from an urban perspective (Buffel and Phillipson 2016). By spatializing the gerontological gaze, the environment can be understood as more than architectural features or master plans that provide a physical backdrop to social life where one grows old. The environment is about the formal and informal practices that shape society, produce problems, organize people, and organize space. The environment makes statements about the position of older people in society—one that can often be interpreted "as mold and mirror of ageist attitudes

and cultural values" (McHugh 2003:166). The relationships between the shaping of communities; how people use, create, and live in space; and the material production of homes and communities are all complex processes at play.

The second aim was to identify age-friendly strategies and initiatives designed to address the issue of population aging and urbanization to improve the lives of older people. This aim was addressed in chapters 6, 7, 8, and 9, which focused on how the practices of institutional and human actants and their politics were intricately intertwined with one another in producing knowledge about aging and how they helped to construct (potentially contradictory) challenges to the aging process and of age identities. This inquiry involved historical and literature reviews as well as ethnographic observations and semi-structured interviews with experts doing AFCI work to explore meaning-making about aging and the environment. Attending to the ways in which knowledges are produced, legitimated, and maintained through language and practices is central for analyzing power of all kinds (Clarke 2005). An analysis of discourse and practices helped to describe how older people are expected to be in the world by deconstructing and analyzing the description and claims of AFCIs.

The emergence of AFCIs were, in part, an effort to correct for the shortfalls of 20th century urban development as well as prepare for our urban future in terms of aging. Despite the many accomplishments of AFCIs to locate aging as an important urban and environmental issue, their efforts have run parallel with the implementation of neo-liberal policies leading to a scaling back of the welfare state and other forms of public investment (Buffel and Phillipson 2016, Phillipson 2015). Tension exists between meeting the needs of residents for whom a city or community plays a central role in shaping the quality of their daily lives and the making of money through the private ownership of public spaces, services, and amenities. Private sector

innovations and choices in housing, transportation, food delivery, recreation, leisure, medical

services, and social activities have become increasingly and overwhelmingly focused on affluent

classes of older people while city and community redevelopment efforts have had a damaging

effect on marginalized and vulnerable older adults by increasing their rental rates, demolishing

their previous long-time homes, or relocating them by forced displacement.

Displacement caused by evictions and gentrification have disproportionately affected

disabled, poor, and/or minority older adults, which ruptures the continuity of their social ties and

has negative effects on their health, well-being, and life expectancy (Fuchs and Eggleston 2018,

Fullilove 1996, Fullilove 2004, Fullilove and Wallace 2011, Kochanek, Arias and Anderson

2013, Olshansky et al. 2012, Skinner 1992, Torres-Gil and Hofland 2012). As Buffel and

Phillipson (2016) noted, for example:

> San Francisco, a member of the WHO Global Network since 2014, provides further
> illustration of the pressures on policies to assist 'aging in place'. Here, the presence of
> affluent residents, primarily employees from technology companies based in Silicon
> Valley, have led to the gentrification of low-income neighborhoods and an increase in
> rental prices three times higher than the national average (Erwert 2014). Despite a policy
> of rent control and strict rules on eviction, numerous examples have been reported of
> landlords evicting older tenants who have occupied the same apartment for decades,
> replacing them with executives in the remunerative high-tech sector. (P. 97).

Moreover, current trends warn that the American Dream will have to be downsized because

many people will likely experience poverty or an insecure old age due to current economic,

social, physical, and racial conditions (Grenier and Phillipson 2018, Torres-Gil and Hofland

2012). An alarming prediction is that homelessness among people age 65 and older will more

than double by 2050 (Sermons and Henry 2010), and growing from 40,000 to 106,000 by 2030

(Culhane et al. 2019). While this forecast is bleak, it is not inevitable. Caring for this population,

however, will require interventions beyond just shelter (Brown et al. 2016a, Brown et al. 2016b,

Chung et al. 2017, Goldberg, Lang and Barrington 2016, Kushel 2011).

The spatial distribution of older people demonstrates how the reconstruction of old age and its spatial corollaries signal the potential for intergenerational and class conflicts over the distribution of urban resources (Blaikie 1999, Blaikie 2005). The landscape of aging reflects the spatial manifestations of social relations in the environment, which is constantly being reworked as the meaning of old age is renegotiated (Laws 1993, Laws 1994b, Laws 1996, Laws 1994c). While the majority of the world's population now lives in cities (World Health Organization 2010) and people today can expect to live longer than previously (Beard et al. 2012), the consequence of these trends has an environmental cost on the planet; profound impacts on social systems; and places burdens on resources that are tied to infrastructures that affect equity, health, and life expectancies (Beard et al. 2012, Fuchs and Eggleston 2018, Powell and Leedham 2009, Rodwin and Gusmano 2006, Vlahov and Galea 2002, World Health Organization 2010, World Health Organization 2015e).

These chapters illuminated how there were normative structures around which the formal systems or institutions involved with AFCIs could impinge upon older adults, which highlighted the interest of society in terms of insuring individual people do what they should to remain healthy and safe in their homes and communities, lest they be a threat to themselves or burden on others. Pressing questions remain: What does our urban future hold? How will we design it?

The third aim was to identify the quotidian social life of ordinary people and how they managed the doing of aging in place. This aim was addressed in chapters 10, 11, 12, which focused on informants' activities and efforts to live, with some agency, the life they wanted, which pointed to what had to be done to meet or sustain biological needs in a socially sanctioned manner. This inquiry involved participant observations, photovoice and photo-elicitation, and in-depth interviews with residents of San Francisco to elicit their life stories and lived experiences,

perspectives of the world, narratives of growing older, and values or differing viewpoints about wanting to age in their homes and communities.

Aging in the modern world was at once a uniquely individual experience and a relatively universal phenomenon at the intersection of biological and social forces. Old age was perplexing to imagine because its definition was unstable and the experience of growing older was hard to describe. These chapters showed how people with different backgrounds all experienced the wearing effect of living and came to face a common set of predicaments and realizations as they reached later years in their life. These common experiences required an ongoing negotiation between self and society, internal and external forces, micro and macro powers, and private and public spheres. The necessity of these identity negotiations transcended race, class, gender, and sexual orientation.

I further explored how informants managed to age in place and the tactics they used. To informants, aging in place was just the act of living and doing what they could to get what they needed and/or desired out of life while retaining their freedom, autonomy, and privacy. The forms and forces that slowly creeped up on them, before they caught up with and ensnared them, were often biological first but played out in social ways. A healthy and active aging discourse was appropriated by many informants who shared the view that unfavorable effects of aging were things that could be resisted, or at least managed, if they tried hard enough. Informants consciously understood the changes wrought by aging contributed to a sense of estrangement between their bodily capacities and their physical and social environments. Informants did not want to be pitied. To ease the passage of their identity with aging, to quell the panic or anxiety of being aware of the precariousness of their situation, they performed, to the extent that they could,

325

given their access to resources, the gerontological subjects of healthy, active, valued, and positive older persons in order to pass into the mainstream of social life.

The collective desire of informants was to establish a minimum of stability and order so as to accomplish the tasks that are common to humans and human societies everywhere. Namely, these included the desire to establish meaning and value in the world; meet their biological, social, and material needs in socially sanctioned ways; relate meaningfully to their surroundings; and have a sense of freedom, autonomy, security, and control over their lives. While their collective desires were similar, their ability to pursue these desires were different depending upon the resources and context within which they could operate.

For socially disadvantaged informants, seeking to establish a minimum of stability and order so as to have a sense of freedom, autonomy, security, and control over their lives was more difficult than for informants with more access to more resources or privileges. Through subversive acts of creative resistance, socially disadvantaged informants did not resign to the inequities experienced but fought to survive their expulsion from society with their mind, body, and soul intact. The stories of these informants were useful for understanding that tremendous tension exists between the policy ideal of aging in place and the reality of people's experiences of aging in place.

In interpreting themes, older adults captured and articulated a moving tension between the daily interiority of identity and the negotiation of a changing environment. The vicissitudes of life and precariousness of their positionalities exposed tactics for "passing" as creative forms of resistance to their expulsion from society. The purpose of this portion of the study was not to perpetuate the trend of microfication in gerontology (Hagestad and Dannefer 2001), which is the tendency to focus on immediate aspects of everyday life while overlooking broader aspects of

the social context that define and set key parameters of daily experience. The purpose was to see the world in a grain of sand.[51] By this, I mean to listen to the stories of ordinary people because they stand in for something larger. When people speak, they are not just expressing their ideas, they are expressing their emotions about the societal causes of personal pain and needs. This is the expression of a gerontological imagination (Estes, Binney and Culbertson 1992, Mills 1959), the intersection between biography and history, as individual lives and personal destinies are deeply affected by, and intertwined with, the forces and sweeps of history.

Photovoice and photo-elicitation as data-collection methods were useful for garnering participatory action in the research process and the photographs provided a robust activity, platform, and jumping off point for deeper communication and dialogue. Photovoice and photo-elicitation were creative ways to establish a contextual perspective of and with informants, which was helpful for understanding their lived experiences. This occurred in the way informants were the experts of their own lives and were able to develop the "scene" for the researcher by deliberately snapping the photographs and then narrating them later. Utilizing these visual methods helped reveal assumptions and contributed to gerontological discourse and critical theorizations about aging in place inequalities.

Aging in place finds meaning through the quotidian. The mundanity of this work is the crux of its poignancy. To see how informants "do" aging in place helped to capture the sociality of aging and demonstrated how the materiality of inequality was sown through lived experience. This portion of the project was to hear people's stories, see their humanity, and have an aperture through which to view other worlds.

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[51]Reference from William Blake poem, "Auguries of Innocence"

Limitations

There were several methodological weaknesses to this study. First, given resource and time limitations, the sample size of AFCI experts and older adult informants was small, though recruitment of participants was conducted until a sense of theoretical saturation was reached.

Second, convenience, snowball, and theoretical sampling were utilized to recruit AFCI experts and older adult informants. Those who participated in the study were not a randomized group nor did they necessary reflect a representative sample upon which findings could be generalized. Rather, this study sought to provide a thick description of phenomena.

Third, the portion of the study with older adult informants was limited in its geographic generalizability. The city and county of San Francisco is generally supportive to older adults through investments in services and amenities, such as parks, transit, housing, health care, meal programs, senior centers. As such, findings may not be generalizable to cities with different sociopolitical or economic cultures. San Francisco is also considered one of the most densely populated cities in the U.S., limiting the translatability of findings to suburban or rural settings where AFCIs also occur.

Fourth, the use of disposable cameras with older adult informants as a method of data collection was deliberately selected because of the relative low-cost of replacing the cameras if they were to be stolen or lost. It was also selected as a method so informants could not pre-curate the images as they would be able to with a digital camera by zooming, cropping, or deleting selected images, adding an element of rawness to what we might discover once an informants' roll of film was developed and we met to talk about the pictures. Informants were also all generally knowledgeable about how to use a disposable camera, since these types of cameras were invented and surged in popularity between the 1980s – early 2000s. However, disposable

cameras are becoming increasingly obsolete as digital cameras and smart phones are replacing them. Between the time that the methods for this project were piloted (2012) and this project began (2015), the number of places in San Francisco that processed camera film on-site reduced to one. The photo centers in chain drug stores, such as Walgreens, had typically been where camera film could be quickly and inexpensively processed. However, in San Francisco, chain drug store photo centers now only print digital photographs on-site. They outsource camera film processing to external vendors, which creates a minimum 2-3 week turnaround time. From a research standpoint, I was uninterested in having the camera film processing outsourced to various vendors and waiting 2-3 weeks for it because it would hinder the fieldwork momentum in the project with informants. The one remaining store in San Francisco that continued to process camera film was a small mom-pop shop that I was happy to support. The owner of the store told me they had invested money into the machine and materials to develop camera film and still hoped for a return on their investments. While the price to have the film developed was slightly more than initially budgeted, the price difference was not significant in the overall project cost.

Finally, this study attempted to be transdisciplinary in the way fragments of theories, knowledges, discourses, and lived realities were recombined to coproduce a critical analysis of AFCIs. While the results can be considered as hypothesis-generating, what I hope this project prompts is further critical exploration into the diversity of aging in place experiences and apertures through which to view alternate conceptions of age-friendly worlds. Heeding the words of Simone de Beauvoir (1972), "Once we have understood what the state of aging really is, we cannot satisfy ourselves with calling for a more generous 'old age policy,' higher pensions,

decent housing and organized leisure. It is the whole system that is at stake and our claim cannot

be otherwise than radical – to change life itself" (p. 543).

APPENDIX 1: SELECT LIST OF CONCEPTUAL DEFINITIONS AND THEIR REFERENCES

TABLE APPENDIX 1 SELECT LIST OF CONCEPTUAL DEFINITIONS AND THEIR REFERENCES

1990	**Aging in place** • Older adults' preference to remain in their own home. (Pastalan 1990)
1992	**Aging in place** • A phenomenon of long-term residency. When one cannot afford to purchase the required services or to relocate at will, aging in place may be the reflection of survival in an increasingly in hospitable world. (Skinner 1992) • A look at aging in place must include both the older person and the residential setting. (Callahan 1992)
1993	**Aging in place** • The phrase "aging in place" has emerged in the context of a societal image of the desirability of growing old in a familiar environment. As a policy priority, it is an assumption that the process of inhabiting a place, over time, somehow results in development of a distinctive sense of attachment that may be adaptive – and particularly so for older people. (Rowles 1993)
2003	**Aging in place** • As it is used most frequently in the gerontological literature, the concept denotes a policy ideal rather than a complex process of interaction between older adults and place. • In this sense of policy ideal, aging in place simply means the ability to remain in the current setting as one ages. Another fundamental aspect of successful aging in place is the maintenance of independence, especially by continuing a certain degree of competence and control over one's environment. • From the view of geographical pragmatism: aging in place is a complex set of processes that is part of the universal and ongoing emergence of the person-place whole, and the creative social effort to reintegrate the whole in a meaningful way when problems arise, compounded by an older adult's evolving situation. (Cutchin 2003)
2003	**Mediated aging in place** • Aging in place as a process of place integration, based on a combination of geographical theory and John Dewey's philosophy of experience, e.g., by reshaping the experiential context through space and place, by "approximating home and community. Cutchin (2003)
2005	**Livable community** • One that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life. (AARP 2005)
2007	**Age-friendly city** • An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. • In practical terms an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capabilities. • It should be normal in an age-friendly city for the natural and built environment to anticipate users with different capacities instead of designing for the mythical "average" (i.e. young) person. (World Health Organization 2007)
2007	**Aging in place** • A complex process, not merely about attachment to a particular home but where the older person is continually reintegrating with places and renegotiating meanings and identity in the face of dynamic landscapes of social, political, cultural, and personal change. (Andrews et al. 2007)

2008	**Aging in place** • A self-determined environment accompanied by appropriate services to accommodate changing needs in order to delay or avoid institutionalization and/or higher levels of care. (Lee, Steggell and Yamamoto 2008)
2009	**Aging in community** • People working together can create mutually supportive neighborhoods to enhance well-being and quality of life for older people at home and as integral members of the community. (Thomas and Blanchard 2009)
2009	**Aging-friendly community** • Promotes the physical and psychosocial wellbeing of community members throughout the lifecycle. (Scharlach 2009)
2010	**Universal design** • The design of products and places so they are usable by all people to the greatest extent possible without special adaptation. The process of embedding choice for all people into the things we design. (Tenenbaum 2010)
2010	**Age-friendly city** • One that promotes active aging; that is, it optimizes opportunities for health, participation, and security In order to enhance quality of life as people age. (Plouffe and Kalache 2010)
2010	**Aging in place** • Older adults living independently in their current residence or community for as long as possible. (Salomon 2010) • The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level. (Centers for Disease Control 2010), Farber et al. 2011) • Staying in one's own home even when age- or health-related changes may make it difficult to do so. (Tenenbaum 2010)
2010	**Aging in place 2.0** • A vision of aging in place in the future in which solutions are provided through improved home design/modification, better tools, effective utilization of available resources, and individually tailored managed services providing a comprehensive, full-term solution […] Another important component in the AiP2.0 framework, technology, integrates the home and the services/provider network connecting what occurs in the home to the world outside providing alerts, data, and feedback. (Tenenbaum 2010)
2012	**Aging in place** • The common use of aging in place is based on older adults' desires to age in a familiar environment, and its intended consequence was to delay institutionalization. The social movement use of aging in place is based on the social and moral responsibility to protect an aging population; its intended consequence was for sweeping cultural change. (Vasunilashorn et al. 2012)
2012	**Age-friendly university** • Universities that endorse the 10 principles that Dublin City University came up with, which is an outgrowth of the WHO and AARP age-friendly cities movement. (Dublin City University 2012), Eisenberg 2019), Gerontological Society of America 2019)
2012	**Stuck in place** • Those "at-risk" in an aging society – including diverse segments of the population such as the oldest old, racial and ethnic groups, immigrants, people with disabilities, the poor, the homeless, and women – may find themselves "stuck in place" with fewer options for enhancing their quality of life as they try to age in place. (Torres-Gil and Hofland 2012) • If residents show high levels of community attachment and lower levels of community satisfaction, it may be an indicator of being stuck in place. But higher levels of community satisfaction and lower levels of community attachment may indicate more options, that they are, in fact, choosing to age in place rather than simply being stuck in place. (Erickson, Call and Brown 2012)

2013	**Aging in place**
	• The ability to remain in one's own home or community in spite of potential changes in health and functioning in later life. (Lehning and Harmon 2013)
2013	**Livable community**
	• One in which residents of all ages are able to maintain independence and enjoy a high quality of life. (Lehning and Harmon 2013)
2014	**Age-friendly**
	• Favorable to and accommodating of older people in some form. (Handler 2014)
2015	**Age-friendly communities initiatives (AFCI)**

	• Deliberate and distinctive efforts across stakeholders from multiple sectors within a defined and typically local geographic area to make social and/or physical environments more conducive to older adults' health, well-being, and ability to age in place and in the community. (Greenfield et al. 2015)
	    ○ Top-down model (e.g. WHO)
	    ○ Support-focused model (e.g. Village; NORC-SSP)
	    ○ Cross-sector partnership model (e.g. RWJF; CIAIP)

2015	**Aging in the right place**
	• Achieving "residential normalcy" – places where older people experience overall pleasurable, hassle free, and memorable feelings that have relevance to them; and where they feel both competent and in control – that is, they do not have to behave in personally objectionable ways or to unduly surrender mastery of their lives or environments to others (Golant 2015, Sixsmith et al. 2017)
2015	**Aging out of place**
	• The physical and emotional experiences of growing older in a foreign environment where sociocultural aspects of place is emphasized. (Sadarangani and Jun 2015)
2015	**Livable community**
	• Enables people to age well and to thrive while remaining in their homes or communities and connected to their communities for as long as possible. (Firestone 2015)
2016	**Aging in community**
	• An emerging approach to address the needs and desires of older adults, one that acknowledges the importance of focusing on individual characteristics (i.e., health, social, and economic resources); environmental characteristics (i.e., the physical and social infrastructures of cities and towns); and their interaction. (Scharlach and Lehning 2016)
2016	**Livability**
	• A city whose physical and social environments promote the health and well-being of all of its human in habitants. (Scharlach 2016)
2016	**Elder friendliness**
	• Supporting the well-being of elderly residents. (Scharlach 2016)
2016	**Ageing friendliness**
	• Supporting constructive developmental processes, especially but not exclusively in the latter part of the life cycle. (Scharlach 2016)
2016	**Age-friendly design**
	• Age-friendly design should be built on the four converging fundamentals of health, life-long learning, participation and security across the entirety of the life-course. (International Longevity Centre 2016)
2017	**Ageing out of place**
	• Experiences of immigrant older persons who are aging out of their native country (Curtin et al. 2017)
2017	**"Friendly" initiatives**
	• A growing number of cities and towns are implementing "friendly" initiatives to change the community's social and physical infrastructure to address the needs of a particular vulnerable segment of their population. Three prominent examples are aging-friendly, child-friendly, and immigrant-friendly initiatives. (Lehning, Smith and Kim 2017)

2017	**Aging innovation ecosystems** • To change the aging experience for its citizens, towns and municipalities should connect their age friendly initiatives with technology startup initiatives and build local "innovation ecosystems" • Proposes technology start-ups as the antidote to the status quo, as change agents, job creators, tools for dialogue; focuses entrepreneurial attention on building on-demand services, many of which are relevant to the older adult customers. (Johnston 2017)
2018	**Age-friendly initiatives** • Age-friendly initiatives have emerged as a model for organized efforts to make a given geographic area more age friendly. Most often, they focus on a city or smaller place-based community. They: 1) work toward systems-level changes across multiple domains of community life, 2) develop over multiple years, often with a formal planning period followed by an implementation period, 3) emphasize the development of partnership to establish and work toward their goals, 4) place a value on older adults as contributors to their communities and collectively encourage thinking about older adults not simply as passive consumers of services, but rather as active participants in place making within their communities. (Greenfield 2018)
2018	**Aging in the margins** • Questions underlying assumptions and blind spots on geographical gerontology; aims to extend the geographical gerontology's address of socio-spatial injustices by focusing on vulnerable older people aging "in the margins" in degraded, underserved, and unsafe residential environments. (Finlay, Gaugler and Kane 2018)
2019	**Age-friendly health systems** • Reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults in a health system's care and services – What matters, medication, mentation, mobility. • When implemented together, the 4Ms represent a broad shift by health systems to focus on the needs of older adults. (Institute for Healthcare Improvement 2019)
2019	**Aging in place as intention** • AIP as intention is a conceptual model grounded in the theory of planned behavior, which has three core constructs—attitude, subjective norm, and perceived behavioral control—which shape an individual's behavioral intention and, finally, actual behaviors. • Theory of Planned Behavior offers a unique contribution to the study of AIP by distinguishing three dimensions relevant to older adults' intentions, and subsequent behaviors, to age in place: (a) attitude toward AIP, (b) perceived norms of AIP, and (c) perceived ability (behavioral control) to age in place. (Ahn, Kang and Kwon 2019)
2019	**Smart age-friendly ecosystem** • Information and community technology mediated WHO age-friendly model (Marston and van Hoof 2019)
2020	**Dynamic tension model of aging in place** • Aging in place is a dynamic process of balancing threats and agency in relation to experiences of identity, connectedness, and place. • A conceptual model informed by a systematic review of qualitative studies, contributing a comprehensive, integrated model that incorporates both the nature of the core experiences of aging in place and the processes that shape them and hold them in tension. (Rosenwohl-Mack et al. 2020)

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APPENDIX 2: IN-DEPTH INTERVIEW GUIDE FOR EXPERTS

Before we start the interview, I just want to take this time to thank you for agreeing to participate in this study and to remind you about the purpose of the study. I am interested in talking to scientists and professionals doing aging-in-place or age-friendly work in the realms of policy-making, research, or practice about their thoughts, concerns, experiences, and perspectives of these efforts.

I will start with asking you about your background.
1. Please tell me your name, job title, the organization you work for, and a brief description of what you do.

2. What does aging-in-place mean to you?
    a. How did aging-in-place efforts emerge historically?
    b. Who are aging-in-place efforts intended for?

3. What does age-friendly mean to you?
    a. How did age-friendly efforts emerge historically?
    b. Who are age-friendly efforts intended for?

4. Do you particularly specialize more in aging-in-place or age-friendly efforts?

5. What influenced you to work in this area?

In the next set of questions, I'll be asking you to think about your professional work and how you define, understand, utilize, or deal with concepts of the built environment and aging.

5. How is the built environment defined?
    a. What is the relationship between the built environment and society? Built environment and health?
    b. From what sources do you draw from to inform your understanding about the built environment?

6. How is aging defined?
    a. What is the relationship between aging and society? Aging and biology? Aging and health?
    b. From what sources do you draw from to inform your understanding of aging?

7. How does the scientific research on aging relate to the built environment?
    a. What does the scientific research about aging say about the built environment?
    b. And vice versa—what does the scientific research about the built environment say about aging?

8. How does the scientific research on aging and the built environment relate to aging-in-place and age-friendly efforts? Or vice versa?

In the next set of questions, I'll be asking you to think about your professional work and how you implement aging-in-place and age-friendly practices and policies.

9. Walk me through how aging-in-place and age-friendly practices and policies are put into place?
    a. For example, what strategies or approaches do you use?
    b. What does success look like in these interventions?
    c. How do you measure your impact?

10. What is the role of the state (such as governments or institutions, like health care, transportation, law enforcement, etc.) in aging-in-place and age-friendly efforts?
    a. What other major players do you find are often engaged in aging-in-place and age-friendly efforts?

11. What is the role of individual citizens in aging-in-place and age-friendly efforts?

12. What is the role of technology in aging-in-place and age-friendly efforts?
    a. In particular, what role does assistive and adaptive technologies, such as mobility devices, etc., play?
    b. "Smart" and mobile technologies, like internet, cell phones, etc.?
    c. Biomedical technologies, such as drugs, surgeries, etc.?

13. How is health addressed in relation to aging-in-place and age-friendly efforts?
    a. In particular, how do you see aging-in-place and age-friendly efforts in relation to particular health concerns, such as living safely?
    b. Cognitive health or mental well-being?
    c. Physical health? Chronic conditions, Etc.?

14. How are social, economic, and health inequalities addressed in relation to aging-in-place and age-friendly efforts?
    a. Can you provide some examples of what has been done well to address these inequalities?
    b. Can you provide some examples of what needs improvement in terms of addressing these inequalities?

15. How is ageism addressed in relation to aging-in-place and age-friendly efforts?
    a. Can you provide some examples of what has been done well to address ageism?
    b. Can you provide some examples of what needs improvement in terms of addressing ageism?

16. What barriers or challenges are hindering the progress of aging-in-place and age-friendly efforts in terms of implementation?
    a. In terms of sustainability?

In this last set of questions, I'd like to ask you to look into the future.

17. Give me a snapshot picture of how you imagine society looking in 2050 if aging-in-place and age-friendly efforts are successful.
    a. What type of life, or lifestyles, do you imagine individuals will have in 2050 if aging-in-place and age-friendly efforts are successful?

Thank you so much for your time participating in this interview. Before we conclude, I just want to ask if there are any additional comments you'd like to make or if you have any questions you'd like to ask me?

APPENDIX 3: IN-DEPTH INTERVIEW GUIDE FOR INFORMANTS

I will start with asking you about your background.

1. Tell me about yourself and how you came to live in San Francisco.
   a. How long have you been living here?
   b. What do you like the most about living in San Francisco (or your neighborhood or community)?
   c. What do you like the least about living in San Francisco (or your neighborhood or community)?
   d. What have been the most profound changes you've experienced during your time living in San Francisco (or your neighborhood or community)?
   e. How have changes to your body or your health affected your experiences living in San Francisco (or your neighborhood or community)?
   f. As you look forward, if there were no limits in the world, what kinds of things would you change to enhance your experiences living in in San Francisco (or your neighborhood or community)?

2. Next, I'd like to know about the home you live in.
   a. How did you come to live in your current home?
   b. What do you like the most about living in your home?
   c. What do you like the least about living in your home?
   d. How have changes to your body or your health affected your experiences living in your home?
   e. As you look forward, if there were no limits whatsoever in the world, what kinds of things would you change to enhance your experiences living in your home?

3. How would you describe the treatment of older people in our society?
   a. Are there things people do not understand about growing older?
   b. For example, are there assumptions or misconceptions about growing older?

4. How would you describe what it's like to grow older to someone who is younger?
   a. What gets harder as you grow older?
   b. Is there anything that gets easier? What is it?
   c. Have you ever experienced any discrimination or unfair treatment based on your age (or for any other reasons)?

In the last set of questions, I'd like to ask for your opinion and thoughts on two growing trends among researchers today.

5. "Aging in place" & "Age-friendly"
   a. Have you heard of this concept, _____, before?
   b. What does this concept mean to you? If you could imagine_____, what does that look like to you? What's required?
   c. Are there barriers that make it difficult for you or other people you know to _____?

      d. Is there anything missing that would help you or other people you know_____?

6. Is there anything I missed or that we haven't discussed that you'd like to talk about?

Thank you so much for your time participating in this interview.

APPENDIX 4: HOW TO USE YOUR DISPOSABLE CAMERA INSTRUCTION SHEET

This is your disposable camera for the project:

(Front of the camera)

The roll of film will contain up to 27 prints. You can keep track of the number of pictures you have taken by looking at the small round **counter** on the top of the camera.

(Top of the camera)

To take a picture: Begin by holding the camera with both hands. Using your right thumb, wind the film by pushing the **gear wheel** to the right until the wheel cannot turn any more. This is how you know the camera is now ready to take a picture.

Look through the rectangular **viewfinder** to compose your image. It's easiest to use one eye. This will show the image as it will appear on the finished picture.

(Back of the camera)

Press the round **shutter button** located on the top of the camera with your right index finger to take the picture. You will hear a *CLICK* noise when the picture is snapped.
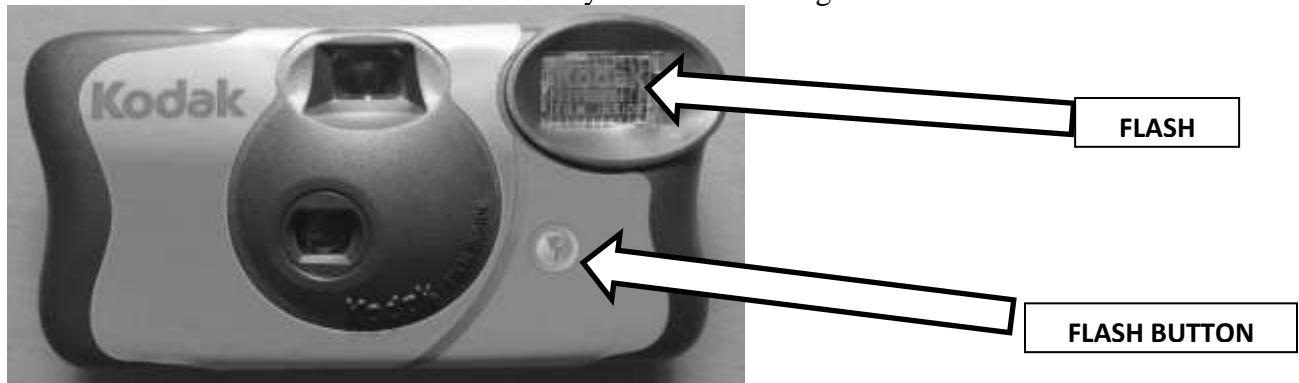

SHUTTER BUTTON

(Top of the camera)

After the picture has been taken, use the gear wheel and wind the film again until the wheel stops. You are now prepared to take the next picture.

Note: You must wind the film before each picture you take until there are no more exposures left on the camera. The roll of film will contain 27 pictures. Some cameras have a little bit of extra film at the end so you can take more than 27 pictures. It's advised to just keep taking pictures until the **gear wheel** will no longer stop when you scroll it to the right. This is how you will know you've reached the end of the roll of film.

To use the flash in low-light settings: If you'd like to turn on the flash, press the small round **flash button** on the front of the camera with your left index finger.

FLASH

FLASH BUTTON

(Front of the camera)

On the top of the camera, look to see if a round **small red light** appears. This red light lets you know the flash is activated and ready to go. Now you can take the picture by pressing the shutter button on the top of the camera and the flash will go off.

SMALL RED LIGHT INDICATING THE FLASH IS READY
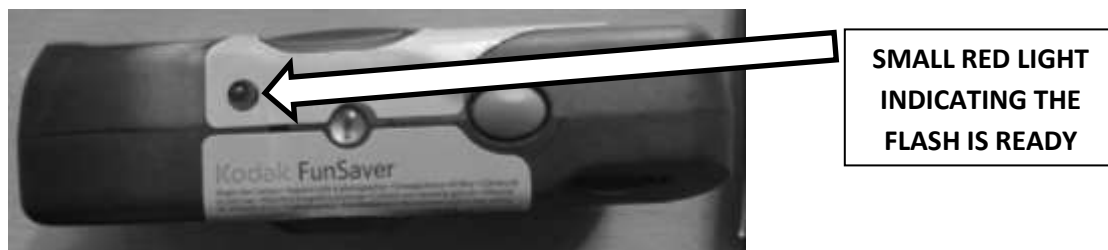
(Top of the camera)

APPENDIX 5: PHOTOGRAPHY INSTRUCTIONS

Thank you for participating in this project! As you know, I'm interested in learning about your experiences living in your home and community in the city of San Francisco.

The instructions for using the camera:
The instructions for using the camera are located on the back of the camera. We will go over it in person to be sure you understand how to use it and feel comfortable using it.

The instructions for picture-taking:
The instructions for taking pictures in this project are quite open-ended. I want you to feel as free as possible to take pictures of the things that are the most meaningful to you. We will look over your pictures and you will have time to tell me the story behind them at our next interview.

<u>Appropriate</u> things to take pictures of:
- ✓ **Places** you often go in the community or city.
- ✓ **Spaces** in your home, community, or city where you spend your time.
- ✓ Your **likes & dislikes** about living in your home, community, or city.
- ✓ Things that **help & hinder** your ability to live in your home, community, or city.
- ✓ Things that make it **easier & harder** to live in your home, community, or city.

Things to **<u>avoid</u>** taking pictures of:
- ▪ Please refrain from taking identifiable pictures of other people. Photographs may violate their privacy or comfort.
- ▪ Please refrain from taking pictures at night or in dark rooms. These pictures may not develop well or be too hard to see.

It is important to use your best judgement when using your camera so that you remain safe at all times. Important **<u>safety precautions</u>** to keep in mind:
- ✓ Use your camera in areas where you can see well or are easily seen by others.
- ✓ Be aware of uneven surfaces, such as rugs, stairs, sidewalks, or curbs, so that your footing is secure to avoid trips or falls.
- ✓ Be aware of automobiles, bicycles, or pedestrian traffic if you are using your camera outside.

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