

Dying alone

The social production of urban isolation

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ABSTRACT ■ In July 1995 over 700 Chicago residents, most of them old and impoverished, died in a short but devastating heat wave. As part of a 'social autopsy' of this disaster that goes beyond natural factors to uncover the institutional forces that made the urban environment suddenly so lethal, this article examines the social production and lived experience of everyday urban isolation. Accounts from ethnographic investigations in the affected neighborhoods and of the city agencies entrusted with dealing with the issue are used to highlight four key conditions: (1) the increase in the number and proportion of people living alone, including seniors who outlive or become estranged from their social networks; (2) the fear of crime and the use of social withdrawal and reclusion as survival strategies; (3) the simultaneous degradation and fortification of urban public space, particularly in segregated neighborhoods that have lost major commercial establishments and other attractions that entice people out of their homes; (4) the political dysfunctions stemming from social service programs that treat citizens as consumers in a market for public goods despite a growing population of residents who lack access to the information and network ties necessary for such 'smart shopping' for city support. Together, these conditions create a formula for disaster that the 1995 heat wave actualized for the city of Chicago and might yet recur in other US metropolises.

KEY WORDS ■ social isolation, poverty, aging, death, natural disasters, culture of fear, social services, urban inequality

There is a file marked 'Heat Deaths' in the recesses of the Cook County morgue. The folder holds hundreds of hastily scribbled death reports authored by city police officers in July 1995 as they investigated cases of mortality during the most proportionately deadly heat wave in recorded American history.¹ Over 700 Chicago residents in excess of the norm died during the week of 13th to 20th of July (Whitman et al., 1997),² and the following samples of the official reports hint at the conditions in which the police discovered the decedents.

Male, age 65, black, July 16, 1995:

R/Os [responding officers] discovered the door to apt locked from the inside by means of door chain. No response to any knocks or calls. R/Os . . . gained entry by cutting chain. R/Os discovered victim lying on his back in rear bedroom on the floor. [Neighbor] last spoke with victim on 13 July 95. Residents had not seen victim recently. Victim was in full rigor mortis. R/Os unable to locate the whereabouts of victim's relatives . . .

Female, age 73, white, July 17, 1995:

A recluse for 10 yrs, never left apartment, found today by son, apparently DOA. Conditions in apartment when R/Os arrived thermostat was registering over 90 degrees f. with no air circulation except for windows opened by son [after death]. Possible heat-related death. Had a known heart problem 10 yrs ago but never completed medication or treatment . . .

Male, age 54, white, July 16, 1995:

R/O learned . . . that victim had been dead for quite awhile. . . . Unable to contact any next of kin. Victim's room was uncomfortably warm. Victim was diabetic, doctor unk. Victim has daughter . . . last name unk. Victim hadn't seen her in years. . . . Body removed to C.C.M. [Cook County Morgue].

Male, age 79, black, July 19, 1995:

Victim did not respond to phone calls or knocks on victim's door since Sunday, 16 July 95. Victim was known as quiet, to himself and, at times, not to answer the door. X is landlord to victim and does not have any information to any relatives to victim. . . . Chain was on door. R/O was able to see victim on sofa with flies on victim and a very strong odor decay (decompose). R/O cut chain, per permission of [landlord], called M.E. [medical examiner] who authorized removal. . . . No known relatives at this time.

These accounts rarely say enough about a victim's death to fill a page, yet the words used to describe the deceased – 'recluse', 'to himself', 'no known relatives' – and the conditions in which they were found – 'chain was on door', 'no air circulation', 'flies on victim', 'decompose' – are brutally

succinct testaments to forms of abandonment, withdrawal, fear, and isolation that proved more extensive than anyone in Chicago had realized, and more dangerous than anyone had imagined. 'During the summer heat wave of 1995 in Chicago', the authors of the most thorough epidemiological study of the disaster explained, 'anything that facilitated social contact, even membership in a social club or owning a pet was associated with a decreased risk of death' (Semenza et al., 1996: 90). Chicago residents who lacked social ties and did not leave their homes regularly died disproportionately during the catastrophe.

Three questions motivate this article. First, why did so many Chicagoans *die alone* during the heat wave? Second, to expand this question, why do so many Chicagoans, particularly older residents, *live alone* with limited social contacts and weak support during normal times? What accounts for the social production of isolation? Third, what social and psychological processes organize and animate the experiential make-up of aging alone? How can we understand the lives and deaths of the literally isolated?

Dying alone

If 'bowling alone', the social trend reported by Robert Putnam and mined for significance by social critics and politicians of all persuasions (Putnam, 1995), is a sign of a weakening American civil society, dying alone – a fate few Americans can confidently elude – carries even more powerful social and symbolic meaning. For while in advanced societies the normative 'good death' takes place at home, it is even more crucial that the process of dying is collective, shared by the dying person and his or her community of family and friends.³ When someone dies alone and at home the death is a powerful symbol of social abandonment and failure. The community to which the deceased belonged, whether familial, friendship-based, or political, is likely to suffer from stigma or shame as a consequence, one which it must overcome with redemptive narratives and rituals that reaffirm the bonds among the living (Seale, 1995).

The issues of aging and dying alone are hardly limited to Chicago. In Milwaukee, where a similar proportion of city residents died during the 1995 heat wave (US Centers for Disease Control and Prevention, 1996), 27 percent of the decedents, roughly 75 percent of whom were over 60, were found alone more than one day after the estimated time of death (Nashold et al., n.d.). Most older people in Western societies, and particularly in the United States, place great value on their independence, a characteristic of sufficient cultural and psychological importance that people for whom independence is objectively dangerous are often willing to risk its consequences in order to remain self-sufficient. The number of older people living alone

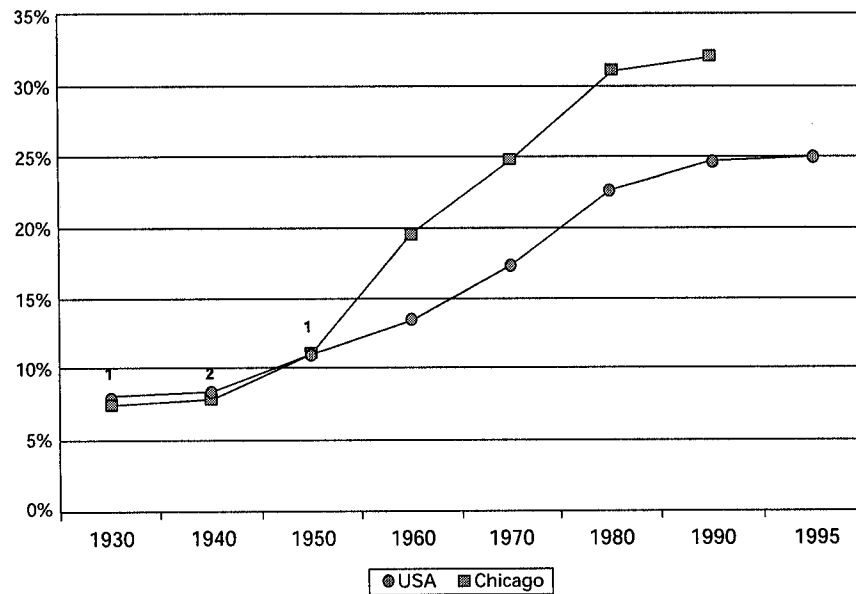


Table 1 Proportion of American households with one inhabitant.
Source: *The Statistical Abstract of the United States* (1980, 1989, 1999),
US Census Bureau.

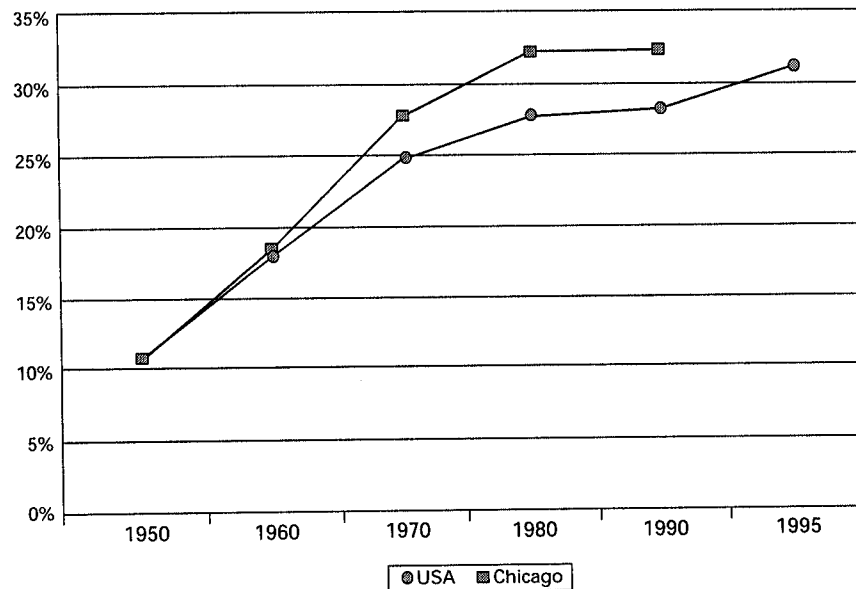


Table 2 Proportion of American elderly (65+) living alone.
Source: *The Statistical Abstract of the United States* (1980, 1989, 1999),
US Census Bureau.

is rising almost everywhere in the world, making it one of the major demographic trends of the contemporary period. According to the US Census Bureau, the total number of people living alone in the United States rose from 10.9 million in 1970 to 23.6 million in 1994 (Wuthnow, 1998); and, as Tables 1 and 2 show, the proportions of American households inhabited by only one person and of elderly people living alone have soared since the 1950s. Dramatic as these figures are, they are certain to rise even higher in the coming decades as societies everywhere age.

Ethnographers have done little to document the daily routines and practices of people living alone,⁴ but a recent study in the *New England Journal of Medicine* (Gurley et al., 1996) suggests that their solitary condition leaves them vulnerable in emergency situations and times of illness. Researchers in San Francisco, a city about one-quarter the size of Chicago, reported that in a 12 week period emergency medical workers found 367 people who lived alone and were discovered in their apartments either incapacitated or, in a quarter of the cases, dead. The victims, as in the Chicago heat wave, were disproportionately old, white and African American, with older black men most over-represented. Many of them, the researchers reported, suffered tremendously while they waited to be discovered in their homes, suffering that could have been reduced by earlier intervention but was exacerbated by the victims' isolation (Gurley et al., 1996).

In this article I examine the lived experiences of isolated Chicago residents, placing them in the context of the changing demography and ecology of the city and paying special attention to the ways in which migration patterns, increasing life-spans and changes in urban social morphology have altered the structural conditions of social and support networks. I also consider the impact of the spreading *culture of fear* that has transformed the nature of social life and community organization as well as the physical and political structure of cities. To illustrate how city residents experience these conditions and depict how they impact on the social life of the city, I return to the streets and neighborhoods of Chicago, drawing upon ethnographic research to flesh out the haunting spectre of dying alone in the great metropolis. Although we cannot speak with those who perished during the heat wave, we can look closely at the conditions in which they died and then follow up by examining the experiences of people in similar conditions today. Thus my focus moves outward from the heat wave to the years immediately following when I conducted fieldwork alongside seniors living alone in Chicago.

It is important to make distinctions between *living alone*, *being isolated*, *being reclusive*, and *being lonely*. I define living alone as residing without other people in a household; being isolated as having limited social ties; being reclusive as largely confining oneself to the household; and being lonely as the subjective state of feeling alone.⁵ Most people who live alone,

seniors included, are neither lonely nor deprived of social contacts.⁶ This is significant because seniors who are embedded in active social networks tend to have better health and greater longevity than those who are relatively isolated. Being isolated or reclusive, then, is more consequential than simply living alone. But older people who live alone are more likely than seniors who live with others to be depressed, isolated, impoverished, fearful of crime and removed from proximate sources of support.⁷ Moreover, seniors who live alone are especially vulnerable to traumatic outcomes during episodes of acute crisis because there is no one to help recognize emerging problems, provide immediate care or activate support networks.

It is difficult to measure the number of people who are relatively isolated and reclusive because they have few ties to informal or formal support networks or have little exposure to researchers. In surveys and censuses, isolates and recluses are among the social types most likely to be uncounted or undercounted because those with permanent housing often refuse to open their doors to strangers and are unlikely to participate in city or community programs through which they can be tracked. In academic research it is common to underestimate the extent of isolation or reclusion among seniors because most scholars gain access to samples of elderly people who are already relatively connected. One recent book about loneliness in later life, for example, makes generalizations about the prevalence of isolation and loneliness on the basis of a survey of seniors who participate in a university for the aged (Gibson, 2000) and even medical studies of isolation and health are likely to exclude people whom medical doctors and research teams never see or cannot locate.

Such methodological problems account for part of the reason that there are no systematic data on the extent of isolation and reclusion in the general population or even among the elderly. But another reason is that despite the longstanding popular and scholarly fascination with being alone, few researchers or institutions have shown interest in learning about the truly isolated. American city governments, however, are becoming increasingly aware that the emergence of isolated and reclusive residents has introduced a new set of challenges for social service providers and public health programs – in part because of the death reports they receive from public administrators and police departments.

There are a small number of studies that attempt to enumerate or characterize isolates within narrow demographic boundaries. Women are more likely than men to live alone in their elderly years, in part because they typically have longer life-spans than men (Kasper, 1988). Yet men, who have generally reported lower levels of social contacts and strong ties than women in social surveys, appear to be more likely to be isolated or reclusive, to live alone and to have lost touch with family and friends. The gendered

variations in the experience of being alone helps explain why, after adjusting for age, men were more than twice as likely as women to die during the heat wave (Whitman et al., 1997), and accounted for roughly 70 percent of the disaster victims who were buried in a potter's field because no one ever claimed their bodies. Poverty and degraded social environments are also associated with isolation. A study of isolation in Atlanta, for example, revealed that poor people are less likely than others to live with another adult, have even one close social tie, or have a discussion partner outside the home. Another survey showed that elderly residents of deteriorated neighborhoods were more likely than seniors in non-deteriorated neighborhoods to have limited interaction with others.⁸ There are no systematic data on the extent of social isolation in the general population or even in the groups that appear most likely to be isolated, such as the elderly, the poor, the unemployed, and people with low status and low education. 'There are,' the director of one of Chicago's largest senior-citizen advocacy group has said, 'thousands of isolated seniors out there who we don't know'.

What social conditions produce isolation? And how can we understand the lived experience of isolation itself? The heat wave mortality patterns pointed to places in the city where isolation proved to be especially dangerous and suggested sites where similarly situated isolates who survived the disaster but remained alone and vulnerable to the problems stemming from reclusiveness were concentrated. In addition, the disaster illuminated a set of demographic, cultural and political conditions that are associated with isolation, forming the broader social context in which social isolation emerges.

There are four key social conditions that contribute to the production of literal and extreme social isolation: first, the aging of the urban population, particularly the increases in the population of African American, Latino and Asian seniors; second, the fear of crime stemming from the violence and perceived violence of everyday life – in extreme forms this fear can result in the retreat from public life altogether and the creation of urban burrows, 'safe houses' where the alone and the afraid protect themselves from a social world in which they no longer feel secure; third, the degradation and fortification of public spaces in poor urban areas and specific residential facilities (such as senior public housing units and some single-room-occupancy hotels); fourth, the transformation in the nature of state social services and support systems such as health care, public or subsidized housing and home energy subsidies. The interaction of these conditions with poverty and the daily deprivations it entails renders poor seniors who live alone vulnerable to a variety of dangers whose consequences can be severe.

Our focus on social isolation should not obscure the fact that literal isolation is an uncommon condition. As Claude Fischer has shown, the

overwhelming majority of city dwellers are integrated into personal networks that provide them with support during normal times as well as times of crisis (Fischer, 1982, 1984[1976]). There is, by now, compelling evidence that Wirth's general theory of urbanism – the thesis that city living will break down most forms of solidarity, destroying social groups and creating an anomie society and alienated, isolated individuals – is simply not true; nor is there evidence that city residents on the whole are any less socially integrated than residents of rural areas. Whether urbanites remain with their traditional ethnic groups or form new subcultural groups on the basis of shared interests and experiences (Fischer, 1975), decades of research have shown that, despite the common experience of feeling alone in crowded urban areas, in private life most city dwellers have rich and rewarding relationships and social networks (Fischer, 1982). What I want to show here, however, is that literal social isolation arises in certain situations which, although historically unusual, are becoming more common in American cities today.

'The closest I've come to death'

The first of the conditions producing extreme urban isolation and its experiential correlates is the general aging of American society and the willingness of seniors to live alone. For cities there are three specific pre-disposing factors: first, the rise in the number of seniors living alone, often after outliving their social contacts and seeing their children migrate to the suburbs or other regions of the country altering their neighborhood populations so that they feel culturally or linguistically differentiated; second, the rapid increase in the population of 'very old' seniors, 85 and above, who are more likely to be both alone and frail, sick, and unable or unwilling to enter into a public world in which they often feel vulnerable and who are, in fact, an historically new group, older than all previous cohorts and subjected to a distinct set of physical constraints; and third, the increase in the population of black and Latino seniors, who are more likely than their white counterparts to live in poverty and be at risk of the related forms of vulnerability, including illness and inadequate access to health care (Ford et al., 1992; Lawlor et al., 1993). There is a fourth implication for metropolitan areas (as distinct from central cities) which is the growth of the elderly population in the suburban ring which in general lacks the appropriate housing stock and support systems for aged and aging residents.

By 1990, one-third of Chicago's elderly population, roughly 110,000 seniors, lived alone. When a group of researchers from the Heartland Center on Aging, Disability and Long Term Care at Indiana University surveyed Chicago seniors in 1989 and 1990, they found that 48 percent

of Chicagoans over 65, and 35 percent of suburbanites over 65, reported having no family members available to assist them (Fleming-Moran et al., 1991). According to Lawlor and his colleagues, 'Population forecasts for the area indicate that the predominant structural change between now and 2010 will be the growth of the very old (85 years and older) and the increasing ethnic and minority elderly population in Chicago' (Lawlor et al., 1993: 1). The decrease of white seniors, due largely to migration to the suburbs and other regions of the country, threatens to reduce both the political support for state programs that benefit seniors and the quantity and quality of goods and services for seniors. In other words, it is likely that these demographic transformations will undermine private and public sector supports for urban seniors while producing a boom in the suburban markets that, while attracting more blacks and Latinos, remain overwhelmingly white.

Pauline Jankowitz is one of the recluses I got to know during my fieldwork in Chicago.⁹ Her story helps to illustrate some of the fundamental features of life alone and afraid in the city. I first met Pauline on her 85th birthday, when I was assigned to befriend her for a day by the local office of an international organization that supports seniors living alone by linking them up with volunteers who are willing to become 'friends' and inviting them to the organization's center for a birthday party, Christmas and a Thanksgiving dinner every year. A stranger before the day began, I became her closest companion for the milestone occasion when I picked her up at the uptown apartment where she had lived for 30 years.

Pauline and I had spoken on the phone the previous day and she was expecting me when I arrived late in the morning. She lived on a quiet residential street dominated by the small, three and four-flat apartment buildings common in Chicago. The neighborhood, a key site of departure and arrival for suburbanizing and new urban migrants, had changed dramatically in the time she had lived there, and her block had shifted from a predominately white ethnic area in which Pauline was a typical resident to a mixed street with a sizable Asian and increasingly Mexican population. Uptown remained home to her, but she was less comfortable in it because the neighbors, whom she was eager to praise for their responsibility and good character, were no longer familiar to her. 'They are good people,' she explained, 'but I just don't know them'. Her situation is similar to that of thousands of Chicago residents and millions of seniors across the country who have *aged in place* while the environment around them changes.

The major sources of her discomfort were her physical infirmities which grew worse as she aged, a bladder problem that left her incontinent and a weak leg that required her to walk with a crutch and drastically reduced her mobility, and her real terror of crime, which she heard about daily on the

radio and television shows that she likes. 'Chicago is just a shooting gallery', she told me, 'and I am a moving target because I walk so slowly'. Acutely aware of her vulnerability, Pauline reorganized her life to limit her exposure to the threats outside, bunkering herself in a third-floor apartment (in a building with no elevator) that she had trouble reaching because of the stairs, but which 'is much safer than the first floor. . . . If I were on the first floor I'd be even more vulnerable to a break-in'. With a home-care support worker, meals-on-wheels and a publicly subsidized helper visiting weekly to do her grocery shopping and help with errands, Pauline has few reasons to leave home. 'I go out of my apartment about six times a year', she told me, and three of them are for celebrations sponsored by the support organization.

It is, I would learn, a challenge for service providers and volunteers to help even the seniors with whom they have contact. Pauline and I made it to the birthday celebration after a difficult and painful trip down her stairway, during which we had to turn around and return to the apartment so that she could address 'a problem' that she experienced on the stairs. Pauline's grimaces and sighs betrayed the depth of the pain the walk had inflicted, but she was so excited to be going out, and going to her party, that she urged me to get us to the center quickly. I was supposed to have brought two other seniors to the celebration, but, although I had confirmed their intention to come the day before, when I arrived at their apartments they both told me that they had decided to stay home. Pauline had an extra incentive to get to the party. Edna, one of her two 'phone buddies' who lived a few blocks away but whom she only saw at group events, would also be there for the day. The two were thrilled to see each other, and at the end of the excellent meal and sing-along that highlighted the joyous event Edna arranged to get a ride back with me so that she could extend the visit.

Edna got out more than Pauline, but both explained that the telephone had become their primary link to the world outside. Pauline has two phone buddies with whom she speaks regularly, one of whom is a romantic, albeit physically distant, attachment and a few other friends and family members who call occasionally. She has two children, both of whom live out of the state and visit infrequently but call about once a week. They phoned to wish her a happy birthday but neither could make it to Chicago to celebrate the occasion. Pauline's other main sources of companionship are the major media, mostly television and radio, and the odd things she receives in the mail, which a neighbor brings up to her apartment and leaves on a pile of boxes outside the door so that she doesn't have to bend over to pick it up. Recently, Pauline has started to phone into talk shows, where she likes to discuss political scandals and local celebrities. These contacts helped to keep Pauline alive during the heat wave, as she and her

friends checked up on each other often to make sure they were taking care of themselves.

During one visit, Pauline, who knew that I was studying the 1995 heat wave, told me that she wanted to tell me her story. 'It was,' she said softly, 'the closest I've come to death'. She has one air conditioner in her apartment which gets especially hot during the summer because it is on the third floor. But the machine 'is old and it doesn't work too well', which left her place uncomfortably, if not dangerously warm during the disaster. A friend had told her that it was important for her to go outside if she was too hot indoors, so she woke up very early ('it's safer then') on what would become the hottest day of the heat wave and walked towards the local store to buy cherries ('my favorite fruit, but I rarely get fresh food so they're a real treat for me') and cool down in the air conditioned space. 'I was so exhausted by the time I got down the stairs that I wanted to go straight back up again', she recounted, 'but instead I walked to the corner and took the bus a few blocks to the store. When I got there I could barely move. I had to lean on the shopping cart to keep myself up.' But the cool air revived her and she got a bag of cherries and returned home on the bus.

'Climbing the stairs was almost impossible,' she remembers. 'I was hot and sweaty and so tired.' Pauline called a friend as soon as she made it into her place and as they spoke she began to feel her hands going numb and swelling, a sensation that quickly extended into other parts of her body, alarming her that something was wrong. 'I asked my friend to stay on the line but I put the phone down and lied down.' Several minutes later, her friend still on the line but the receiver on the floor, Pauline got up, soaked her head in water, directed a fan towards her bed, lay down, and placed a number of wet towels on her body and face. Remembering that she had left her friend waiting, Pauline got up, picked up the phone to report that she was feeling better and to thank her buddy for waiting before she hung up. Finally, she lay down again to cool off and rest in earnest. Before long she had fully recovered.

'Now,' she ended her story, 'I have a special way to beat the heat. You're going to laugh, but I like to go on a Caribbean cruise', which she does alone and, as she does nearly everything else, without leaving her home.

I get several wash cloths and dip them in cold water. I then place them over my eyes so that I can't see. I lie down and set the fan directly on me. The wet towels and the wind from the fan give a cool breeze, and I imagine myself on a cruise around the islands. I do this whenever it's hot, and you'd be surprised at how nice it is. My friends know about my cruises too. So when they call me on hot days they all say, 'Hi Pauline, how was your trip?' We laugh about it, but it keeps me alive.

Pauline's case is hardly unique. Sharon Keigher's report on a woman

identified through Chicago's emergency services program suggests how much more difficult isolation can be when it is compounded by extreme poverty:

At similar risk . . . is Viola Cooper, a thin 70 year old black woman who continues to live alone in isolation in her basement apartment. She greeted us in the hallway with a toothless, pleasant smile. Her three room apartment, furnished with odd items of run down furniture, was cluttered, dirty, and in poor condition. . . . This apartment, for which she pays \$250 of her \$490 monthly income, was not much of an improvement over the last apartment where ES (Emergency Services) workers found her.

She had just come home from the hospital after 8 days in intensive care for treatment of an infected bite on her face received from a rabid rat. She had been bitten while sleeping in her apartment. After the fire (2 years before), ES determined that repairs on her apartment were 'in process' and 'relocation (was) not needed', although follow-up [sic] services record the deplorable conditions she was living in . . .

Fortunately, she was referred by the City to a private agency which helped her move and gave her some furniture. . . . She now lives too far from her church to attend, for the first few months she had no running water or working toilet, her only friend in the building died a few months ago. . . . Alone, sick, and depressed, her condition is aggravated by the unhealthy conditions under which she lives. (Keigher, 1991: 72)

Social ecological conditions stemming from migration patterns and the widespread abandonment of urban regions have created new barriers to collective life and social support, particularly for the elderly. In *When Work Disappears* William Julius Wilson noted the significance of depopulation in poor black neighborhoods for both formal and informal social controls (Wilson, 1996: 44-5). Most scholars who have analyzed urban social support systems have focused on provision for children, but the changing demographics of the city suggest that it is increasingly important to consider how these systems work for older neighborhood residents as well. The problems are not exclusive to black and Latino communities. Since the 1950s, many white ethnic groups have experienced a sweeping suburbanization that has undercut the morphological basis for cross-generational support, leaving thousands of white seniors estranged in neighborhoods that their families and friends had left behind, out of reach during times of need but also during everyday life. As the concentration of heat wave deaths among seniors in the traditionally Polish and Slav neighborhoods on the southwest side of Chicago suggests, many of the older Italians, Slavs and Poles whose communities appeared so resilient in the work of Kornblum (1974) and Suttles (1968) have been separated from their children and extended family ties. These patterns are becoming more prevalent in Latino

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and African American communities as they join the suburban exodus, leaving behind older and poorer people for whom the loss of proximity to family and friends will be compounded by the relatively high rates of poverty and illness in America's so-called minority groups.

In addition to the fraying lines of social support from families experiencing generational rifts due to migration, the changing nature of friendship networks has also undermined the morphological basis of mutual assistance. For decades, community scholars have shown that many communities are no longer place-based, but organized instead around common interests and values. Advanced technology, including the telephone and the internet, ease the process of establishing connections with people in disparate places and therefore increase the probability that new social networks will develop without much regard for spatial proximity. Yet, as much research has established, certain forms of social assistance, particularly emergency care and frequent visitation, are more likely when members of a network are physically close to one another. Indeed, after the heat wave, epidemiologists found that older Chicagoans who had died during the disaster were less likely than those who survived to have had friends in the city (Semenza et al., 1996: 86). Spatial distance, in other words, imposes real barriers to social support for friends as well as family. Proximity is a life and death matter for some people, particularly for the elderly who suffer from limited mobility.

'I'll talk through the door'

Although old age, illness and spatial separation from her family and friends established the grounding for Pauline Jankowitz's condition, her isolation became particularly extreme because of her abiding fear of being victimized by crime. Pauline's perception of her own extreme vulnerability heightens her fear, but her concerns are in fact typical of city dwellers throughout the United States at a time when a veritable culture of fear and a powerful cultural industry based on crime have come to influence much of the organizational, institutional and political activity within the country as well as the thought and action of Americans in their everyday lives. By the late 1990s, fear of crime has taken on a paradoxical role in American urban life, on the one hand pushing people to dissociate from their neighbors and extend their social distance from strangers, and on the other hand becoming one of the organizing principles of new collective projects, such as neighborhood watch groups and community policing programs. Regardless of the form it takes, 'coping with crime', as Wesley Skogan and Michael Maxfield put it in the title of their book (Skogan and Maxfield, 1981), has become a way of life for Americans in general and for residents of notably violent cities such as Chicago.

Throughout Chicago and especially in the most violent areas, city residents have reorganized their daily routines and behaviors in order to minimize their exposure to crime in an increasingly Hobbesian universe, scheming around the clock to avoid driving, parking or walking on the wrong streets or in the wrong neighborhoods, seeing the wrong people and visiting the wrong establishments and public places. In Chicago, as in most other American cities, 'wrong' in this context is associated with blacks in general and young men in particular, especially now that the massive dragnet cast by the drug warrior state has captured so many young blacks and labeled them as permanent public enemies (Wacquant, 2001). Yet doing fieldwork in even the most objectively dangerous streets of Chicago makes it clear that the common depiction of city residents, and particularly those who live in poor and violent areas, as constantly paranoid and so acutely concerned about proximate threats that they can hardly move, is a gross misrepresentation of how fear is managed and experienced. 'It's caution, not fear, that guides me,' Eugene Richards, a senior citizen living in North Lawndale explained to me during a discussion of managing danger in the area. Eugene will walk a few blocks during the day, but he refuses to go more than four blocks without a car. Alice Nelson, a woman in her 70s who lives in the Little Village, walks during the day and carries small bags of groceries with her. 'But I won't go out at night', she told me. 'And if someone comes to the door I won't open it. I'll talk through the door because you never know . . .'¹⁰

Strikingly similar adaptation strategies, ranging from reclusion in the home to seclusion in gated communities, in substantially less violent areas of the metropolis also reveal the depth of fear that has gripped Chicago and American cities like it. Ideas, information and images relating to crime and danger are now a fundamental part of the cultural substratum of American urban life, playing an influential role in daily thoughts and actions as well as in major decisions about residential, educational and vocational matters. Although there is a heated criminological debate over the question of whether objective vulnerability or constructed conceptions of risk best explain the intensity of this culture of fear, there is no reason to choose one at the expense of the other in this false opposition. The range of emotions derived from fear, including acute moments of panic or terror and constant worries and concerns about vulnerability reported by the majority of city dwellers, are rooted in the relationship between objective vulnerability to crime and subjective perceptions of risk. Both of these are shaped by direct experience and indirect exposure through the media and information networks. Fear emerges out of perceptions of real crime and constructed images and ideas about crime. Exposure to crime and representations of it, along with assessments of one's own vulnerability, affect one's level of concern.

There is a smattering of ethnographies in which fear is one of the central

subjects (Anderson, 1990; Bourgois, 1995; Merry, 1981), but most studies that focus on fear are conducted with research methods that do not allow researchers, or the social service workers and government agencies who follow their work, to recognize or understand the nature of fear, its meaning for those who feel it or its effect on everyday life. This gulf in understanding was particularly acute during the heat wave, when hundreds of Chicagoans barricaded themselves behind locked doors and tightly sealed or permanently closed windows rather than risk a visit to a cooling center or air-conditioned building, and many refused to open their doors or respond to the few volunteers and city workers who tracked them down and tried to visit their homes. Baffled by this response, the Mayor's Commission on Extreme Weather Conditions concluded that 'those most at risk may be least likely to want or to accept help from the government' (City of Chicago, 1995: 5). But in fact what it revealed was the City's failure to appreciate both the form and substance of fear among the elderly and the extent to which the seniors' refusal to let strangers in was based on a realistic and well-founded survival strategy that made perfect sense in the contexts of their regular experiences.

Preying on the elderly, who are presumed to be more vulnerable and easier to dupe, is a standard and recurrent practice of neighborhood deviants and legitimate corporations, mail-order businesses and salespersons alike. Several of my informants said that turning strangers away at the door was part of their regular routine, and complained that they felt besieged by the combination of local hoodlums who paid them special attention around the beginning of the month when social security checks were delivered as well as outsiders who tried to visit or call and convince them to spend their scarce dollars. In the United States, where guns are easy to obtain and levels of gun-related violence are among the highest in the world, roughly one-quarter of households are touched by crime each year, and about one-half of the population will be victimized by a violent crime in their life-time (Miethe, 1995). The nature of the association between fear and vulnerability is enigmatic because it is impossible to establish that the lower levels of victimization are not at least partially attributable to fear which causes people to avoid potentially dangerous situations and, in the most extreme cases, pushes people to become recluses, 'prisoners of their own fear', as one social worker I shadowed calls them. Nonetheless, many scholars of crime have argued that fear of crime is irrational because of the often-cited finding that the elderly and women, who are the least likely to be victimized, are the most fearful of crime. Yet ethnographic observation and more fine-grained surveys of fear can show what grounds these concerns.

First, community area or neighborhood characteristics influence levels of fear. Just as city residents tend to be more concerned about crime than

residents of suburban and rural areas, African Americans and other ethnic groups who live in areas with higher levels of crime are more likely than whites to report fear of crime in surveys (Joseph, 1997; Miethe, 1995). Signs of neighborhood 'disorder', such as abandoned buildings, vandalism, litter and graffiti, instill fear in local residents, whereas, as Richard Taub and his colleagues found in Chicago, neighborhood resources, such as stores, safe public spaces, and active collective life provide incentives for city dwellers to overcome their fears and participate in public activities (Joseph, 1997; Miethe, 1995; Skogan, 1990; Taub et al., 1984). Second, as Sally Engle Merry concluded from her study of a high-crime, multi-ethnic urban housing project, once residents of a particular area grow fearful of crime a vicious cycle begins: fear causes people to increase the amount of time they spend at home and reduces their willingness to socialize with their neighbors; reclusiveness increases the social distance between residents and their neighbors creating a community of strangers who grow even more fearful of each other; heightened fear leads to heightened reclusiveness, and so on (Merry, 1981). Third, according to the National Crime Victimization Interview Survey, people living in poverty are almost three times more likely than others to be 'afraid to go out' (Federman et al., 1996). Fourth, survey research has shown that among the elderly, blacks are more likely than other groups to be fearful of crime, and that, in opposition to the general trend, black men are both more likely to be afraid of crime than black women and more likely to express feelings of vulnerability (Joseph, 1997; Skogan, 1993). Far from being irrational, these concerns reflect the practical knowledge that black seniors in general, and elderly black men in particular, are more likely than other older people to be victimized by crime. Indeed, this condition helps explain why older African Americans were more likely than any other group in Chicago to die during the 1995 heat wave and suggests that they were victims of the structures of urban violence and inequality before they became, in the city's logic, victims of their own fear.

In interviews and casual conversations conducted during my fieldwork, Chicago seniors provided their own explanations for the fear that so many criminologists and city officials seem unable to understand. Many of the seniors I got to know said that although they knew that they were unlikely to be robbed or attacked, their heightened concern about victimization stemmed from their knowledge that if they were victimized, the consequences, particularly of violent crime, would be devastating in ways that they would not be for younger people. At the economic level, seniors living on fixed and limited incomes feared that a robbery or burglary could leave them without sufficient resources to pay for such basic needs as food, medication, rent or energy. In Chicago, where hunger, under-medication, homelessness, displacement and energy deprivation are not uncommon among seniors, these are not unfounded concerns. At the physical level, seniors, for

whom awareness of bodily frailty is one of the defining conditions of life, are afraid that a violent attack could result in permanent disabilities, crippling and even death. The elderly make it clear that their fears of crime are directly related to their concerns about the difficulty of recovering from crime and that their sensitivities to danger were rational from their points of view.

But it is impossible to understand their perspectives without recognizing their experience of the media, which requires looking at the role of mediated information about crime and danger that dominates contemporary news, television programming and so much casual conversation. In fact, it seems that part of the solution to the puzzle of explaining the high level of fears among seniors is that the elderly are among the greatest consumers of the mass media, including print and broadcast news and television shows, which are the main sources of information about and images of criminal violence. The culture of fear that helps to shape the ways in which Americans structure their everyday practices owes as much to the journalistic obsession with crime and the entertainment value of violence as it does to the real violence and criminal activity in American homes and streets. Americans are fascinated by violence and it is impossible to dissociate the fear they experience in everyday life from the violence they observe every day in the media. In a survey conducted in Tallahassee, Florida, in 1994, researchers found that 'people who more often listen to radio news or watch television news express significantly higher levels of fear', and that 'the same effect appears for local TV' (Chiricos et al., 1997: 348). 'I watch the news,' one senior told me. 'I know what's going on out there. So why should I put myself in harm's way unless I have to?' This logic helped contribute to the vulnerability of many Chicagoans during the heat wave, in which the fear of crime emerged as a genuine public health problem.

Dead space

A cause and consequence of this culture of fear is the degradation and fortification of urban public spaces in which city dwellers circulate. The loss of viable public space is the third condition that gives rise to literal social isolation undermining the social morphological foundations of collective social life and so giving rise to sweeping insecurity in everyday urban life. The real and perceived violence of the city has pushed Chicago residents to remake the sociospatial environment in which they live.¹¹ In Chicago the degradation of public space has been most rampant in the city's hyperghettos, where the flight of business, the retrenchment of state supports, the out-migration of middle-class residents, the rise of public drug markets, and the concentration of violent crime and victimization have radically reduced

the viability of public spaces (Wacquant, 1994). Despite the real decreases in crime that Chicago experienced in the mid-1990s, the overall crime rate in Chicago is falling at a slower pace than in all of the other major American cities. According to the Chicago Community Policing Evaluation Consortium, a major research project directed by Wesley Skogan at Northwestern University, 'the largest declines [in crime] have occurred in the highest-crime parts of the city', and 'the greatest decline in gun-related crime has occurred in African-American neighborhoods' (Chicago Community Policing Evaluation Consortium, 1997: 6-8). Nonetheless the levels of violent crime concentrated in poor black areas of the city remain comparatively high, making it difficult for residents to feel safe in the streets. A study by the Epidemiology Program at the Chicago Department of Public Health showed that in 1994 and 1995 the overall violent crime rate as reported to the Chicago Police Department, a likely underestimation of the true victimization levels, was 19 violent crimes for every 100 residents of Fuller Park, the community area that had the highest mortality levels during the heat wave. Other community areas with high heat wave mortalities had similar crime levels: Woodlawn, with the second highest heat mortality rate, reported 13 violent crimes per 100 residents; Greater Grand Crossing reported 11 per 100; Washington Park, Grand Boulevard, and the near south side, all among the most deadly spots during the disaster, listed rates above 15 crimes per 100 residents as well, suggesting, as did the Illinois Department of Public Health, an association between the everyday precariousness of life in these neighborhoods and vulnerability during the heat wave (City of Chicago, 1996). In contrast, Lincoln Park, the prosperous community on the near north side, reported two violent crimes for every 100 residents, and a heat wave mortality rate among the lowest in the city (City of Chicago, 1996).

But the conditions of insecurity are hardly confined to the Chicago ghettos, and constant exposure to images and information about violence in the city has instilled genuine fear in communities throughout the city. Moreover, the depacification of daily life that is concentrated in the city's ghettos has emerged on a smaller scale in other parts of Chicago, affecting a broad set of buildings, blocks, and collective housing facilities as well as neighborhood clusters. Several studies have documented the erosion of the sociospatial infrastructure for public life in low-income barrios and ghettos, therefore I will focus here on showing the ways in which spatial degradation and public crime have fostered reclusiveness in settings, such as senior public housing units, where many of the heat wave deaths occurred.

In the four years leading up to the heat wave conditions in the city's senior public housing facilities bucked all of Chicago's crime trends. Residents of these special units experienced a soaring violent crime rate even as the overall crime levels in the Chicago Housing Authority (CHA) family projects and the rest of the city declined, forcing many residents to give up

not only the public parks and streets that once supported their neighborhoods, but the public areas within their own apartment buildings as well. In the 1990s the CHA opened its 58 senior buildings, which house about 100,000 residents and are dispersed throughout the city although generally located in safer areas than the family public housing complexes, to people with disabilities as well as to the elderly. The 1990 Americans with Disabilities Act made people with substance abuse problems eligible for social security insurance and the CHA welcomed them into senior housing units as well. Unfortunately this act of accommodation has proven disastrous for senior residents and the communities they had once established within their buildings: the mix of low-income substance abusers, many of whom continue to engage in crime to finance their habits, and low-income seniors, many of whom keep everything they own, savings included, in their tiny apartments, creates a perfect formula for disaster in the social life of the housing complex.

In March of 1995, just a few months before the heat wave, the Chicago Housing Authority reported that from 1991 to 1994 the number of Part I crimes (in which the US Justice Department includes homicide, criminal sexual assault, serious assault, robbery, burglary, theft and violent theft) committed and reported within CHA housing increased by over 50 percent. 'The elderly in public housing,' a group of CHA tenants and advisers called the Building Organization and Leadership Development (BOLD) group reported, 'are more vulnerable than seniors in assisted or private housing in that they are being victimized in many cases by their neighbors'. Moreover, BOLD showed that thefts, forcible entry, armed robbery, 'and other crimes of violence are substantially higher in those developments housing a large percentage of non-elderly disabled. . . . The reality appears to be that disabled youth are victimizing seniors' (BOLD, 1995).

Elderly residents of senior buildings throughout the city now voice the same complaint: they feel trapped in their rooms, afraid that if they leave they might be attacked or have their apartment robbed, and the most afraid refuse to use the ground floor common rooms unless security workers are there. The fortification of public space that contributes to isolation all over the city is exacerbated here. Most residents, to be sure, do manage to get out of their units, but they have to limit themselves to secure public areas, elevators and halls. Unable to reduce the structural conditions of insecurity in the buildings, workers at the Chicago Department on Aging recently initiated a program to help residents develop building watch groups in the senior complexes. True to its mission to enable as well as provide, the city has increased the security services in the buildings but has also encouraged the elderly and poor CHA residents to arm themselves with flashlights, cellular phones and badges to patrol their home turf. Yet while one branch of the city government prepares the seniors for a feeble battle against the

conditions that another branch of the city has created, the most worried and disaffected residents of the senior buildings respond by sealing off their homes with home-made security systems designed to ward off invaders.

Concern about the proximity of younger residents and their associates who are using or peddling drugs is ubiquitous in Chicago's senior housing complexes. During an interview in her home, one woman, a resident of a CHA building on the near west side, expressed remorse that a formerly pleasant and popular patio on the top floor had been vandalized and looted by younger residents and their friends. The group had first taken the space over and made it their hangout spot, then decided to take some of the furniture and even the fire extinguishers for themselves. Some older residents, she explained to me, did not want to make a big deal out of the problem because they worried that their young neighbors would learn who had informed security and then retaliate. The fear of young people and the demonization of drug users common in contemporary American society rendered the situation more difficult, as many building residents presumed that the younger residents would cause trouble and were scared to approach them. Ultimately, the seniors have been unable to fix up the area or win it back. 'Now,' she sighed, 'no one uses that space. It's just empty, dead'.

Trouble stemming from the forced co-habitation of some of the city's most precarious and most apparently threatening groups only compounds the typical problems within the CHA's notoriously low-quality buildings. 'For the most part,' the former Commissioner of the Chicago Department on Aging explained, the senior buildings 'are maintained poorly'. Elevator breakdowns and malfunctions are common, making it difficult or impossible for seniors and disabled residents with mobility limitations to get outside. In one building I visited an impressive health care clinic within the complex was inaccessible to some residents because the elevator would not stop on the floor where it was located. In another, it stopped before it reached the higher levels.

By 1996, after the Department on Aging held a hearing in which residents had a chance to share their experiences of and concerns about the dangerous arrangement, the CHA acknowledged the problem its housing policy had created and pledged to close the senior buildings to new applicants with substance abuse problems. For now, however, the current residents of the buildings will be allowed to stay and the fears of the older residents will linger as well. The ex-Commissioner summed up the situation. 'The isolation you have . . . there is not too much activity in most of the buildings. Then of course you've got the problems with young people with disabilities. . . . It's a whole mess.'

'I never have enough time to see them'

The current array of programs and services is insufficient to provide primary goods such as adequate housing, transportation, energy assistance, reliable health care and medication for the elderly poor, leaving private agencies and numerous charities to address gaps that they have no means to fill. Local welfare state agencies in American cities historically have lacked the resources necessary to meet the needs of impoverished and insecure residents, but in the 1990s the rise of entrepreneurial state programs that required more active shopping services from consumerist citizens created additional difficulties for the most isolated and vulnerable city residents. Studies of Chicago's programs for the poor elderly had warned officials about the dangers of residents falling through gaps in the withering safety net. After conducting a major study of Chicago's support programs and emergency services, social service scholar Sharon Keigher concluded that 'city agencies are not equipped to intervene substantially with older persons who do not ask for help, who have no family, or who do not go to senior centers and congregate at meal sites. Yet, increasingly these persons – who tend to be very old, poor and living alone – are in need of multiple services' (Keigher, 1991: 12). Published as both an official city report (in 1987) and a scholarly book (in 1991), Keigher's findings were known to city agencies responsible for serving vulnerable seniors long before the heat wave. But the city government lacked both the resources and the political priorities necessary to respond to them sufficiently, and its agencies were poorly prepared for assisting needy seniors in either the heat disaster of 1995 or the struggles they take on regularly.

Government policies and procedures that limited the capacity of residents to enter programs and obtain resources they need is the fourth condition that produces literal isolation. These changes have been disproportionately destructive for the city's most impoverished residents, who have had to struggle to secure the basic resources and services necessary for survival that a more generous welfare state would provide. In a political context where private organizations provide most of the human services to elderly city residents, research must shift from state agencies and agents to include the private offices and employees through which local governments reach their constituents. Spending time alongside social workers and home care providers for Chicago seniors, it became clear that the city's incapacity to reach isolated, sick or otherwise vulnerable seniors during the heat wave was by no means an anomaly created by the unusual environmental conditions. Under-service for Chicago's poor elderly is a structural certainty and everyday norm in an era where political pressures for state entrepreneurialism have grown hand-in-hand with social pressures for isolation. Embedded in a competitive market for gaining city contracts which provides

perverse incentives for agencies to underestimate the costs of services and overestimate their capacity to provide them, the agencies and private organizations I observed had bargained themselves into responsibilities that they could not possibly meet. 'Most entrepreneurial governments promote *competition* between service providers', David Osborne and Ted Gaebler wrote in *Reinventing Government* (Osborne and Gaebler, 1992: 19), but competition undermines the working conditions of human service providers if it fosters efficiency but compromises the time and human resources necessary to provide quality care. 'My seniors love to see me', Mandy Evers, an African-American woman in her late 20s who was on her fourth year working as a case manager, told me. 'The problem is I never have enough time to get to them.'

According to Mandy and a group of her colleagues at one of Chicago's largest senior service organizations the isolated seniors whom the city casts as unwilling to accept help are, most often, desperate for human interaction, attention and support. While acknowledging that isolated seniors are often wary of strangers and concerned about the possibility of scam-artists and criminals who might prey on them, these social workers had developed strategies for gaining their trust. Regular contact, if only by phone, was crucial for maintaining the lines of social support and the loose bonds of trust. The problem was that their organization's contract with the city has left them with a small staff and, in the words of one case manager, 'about two times more clients than we can possible handle'. Charged with the responsibility to visit their clients at least twice a year, most caseworkers I shadowed and got to know reported that they were managing to get to them annually at best. Seniors could receive more attention if they solicited it aggressively from the city or their service agency, but few of the people Mandy and her colleagues worked with were disposed to be so demanding.

There is a sharp contrast between the language of empowerment and consumerism promulgated by the city government and the complaints about abandonment and deprivation articulated by Chicago residents who lack basic resources such as health care and energy. City agencies promote themselves as purveyors of information about city services and programs to citizens who are expected to become smart shoppers of public goods. Driven by the logic that consumers of city services will not act effectively unless information enables them to make good choices, city agencies regularly hire expensive advertising and marketing firms to publicize their work. As officials explain it, Chicago residents who need public assistance must also be able to activate support networks and make appropriate choices about the services they want and the programs they prefer. In principle, the concept appeals to city residents frustrated by old political bureaucracies, but many service providers for the elderly are convinced that the market-model of

government generates a *political mismatch* between service delivery programs that demand activist clients and an increasingly elderly population whose isolation and frailty hinders their capacity to claim the assistance they need.

Studies of urban politics and public health programs have consistently shown that local governments and the organizations that contract with them are more responsive to the demands of elite constituents than to citizens with the fewest resources and least clout.¹² According to local social workers and case managers, Chicago residents with the lowest levels of education, the weakest ties to mainstream institutions such as government agencies and churches, and the least resources, are also poorly prepared to claim the public benefits – from health care to prescription drugs to social security income – to which they are entitled. Cultural capital and the skills necessary to hurdle complicated bureaucratic obstacles to care and social capital, in the shape of networks of service providers and social support systems, are priceless possessions in the age of entrepreneurial government. So too are other social characteristics that are atypical of the most frail and needy seniors: a disposition to aggressively demand public goods as entitlements, then to demand even more assertively after being turned away on the first try; and a social and spatial position that places the individual in sight of service providers and in reach of networks of information about available programs. Welfare historian Robert Halpern argues that ‘it has become a truism that those most in need of supportive services are precisely those least likely to have access to or to participate in them’ (Halpern, 1999: 14). A system of service delivery which rewards the most capable threatens to make these inequities even more severe.

Stacy Geer, a seasoned advocate of Chicago seniors who spent much of the 1990s helping the elderly secure basic goods such as housing and energy, insists that the political mismatch between more entrepreneurial service systems and isolated seniors contributed to the vulnerability of Chicago seniors during the heat wave. ‘The capacity of service delivery programs is realized fully only by the seniors who are most active in seeking them out, who are connected to their family, church, neighbors, or someone who helps them get the things they need.’ In some circumstances, the aging process can hinder seniors who have been healthy and financially secure for most of their lives. Geer continues, ‘As seniors become more frail their networks break down. As their needs increase, they have less ability to meet them. The people who are hooked into the Department on Aging, the AARP, the senior clubs at the churches, they are part of that word of mouth network and they hear. I know, just from doing organizing in the senior community, that you run into the same people, and the same are active in a number of organizations.’¹³ Seniors who are marginalized at the first, structural level of social networks and government programs are then doubly excluded at the second,

conjunctural level of service delivery because they do not always know of – let alone know how to activate – networks of support. Those who are out of the loop in their daily life are more likely to remain so when there is a crisis. This certainly happened during the heat wave, when relatively active and informed seniors used official cooling centers set up by the city while the more inactive and isolated elderly stayed home.

During the 1990s, however, not even the best-connected city residents knew where to appeal if they needed assistance securing the most basic of primary goods: home, energy and water. In Chicago, the combination of cuts to the budget for the federally-sponsored Low Income Home Energy Assistance Program (LIHEAP) and a market-model managerial strategy for punishing consumers who are delinquent on their bills has placed the poor elderly in a permanent energy crisis. Facing escalating energy costs (even before prices soared in 2000), declining government subsidies and fixed incomes, seniors throughout the city express great concern about the cost of their utilities bills and take pains to keep their fees down.¹⁴

Poor seniors I got to know understood that they would face unaffordable utilities costs in the summer if they used air conditioners. Epidemiologists estimate that 'more than 50 percent of the deaths related to the heat wave could have been prevented if each home had had a working air conditioner', arguing that surely this would be an effective public health strategy (Semenza et al., 1996: 87). Yet the elderly who regularly struggle to make ends meet explain that they could not use air conditioners even if they owned them because activating the units would push their energy bills to unmanageable levels. But their energy crisis was pressing even during moderate temperatures. The most impoverished seniors I visited kept their lights off during the day, letting the television, their most consistent source of companionship, illuminate their rooms. Fear of losing their energy altogether if they failed to pay the bills has relegated these seniors to regular and fundamental forms of insecurity and duress. Yet their daily crisis goes largely unnoticed.

The formula for disaster

The four conditions highlighted here impose serious difficulties for all seniors. But they are particularly devastating for the elderly poor who cannot buy their way out of them by purchasing more secure housing in safer areas, visiting or paying for distant family members to visit, by obtaining private health insurance supplements or by using more expensive and safe transportation such as taxis to get out of the house or the neighborhood. Each one of the key conditions described in this article contributes to the production of the forms of isolation that proved so deadly during the

heat wave and that continue to undermine the health and safety of countless older Chicagoans. But in many cases Chicago residents are subjected to all of the conditions together, and the combination creates a formula for disaster that makes extreme social, physical and psychological suffering a feature of everyday life. If aging alone, the culture of fear, the degradation and fortification of public space and the reduction of redistributive and supportive state programs continue at their current pace, more seniors will retreat to their 'safe houses', abandoning a society that has all but abandoned them. Collectively producing the conditions for literal isolation, we have made dying alone a fittingly tragic end.

Acknowledgements

The National Science Foundation Graduate Research Fellowship, the Jacob Javits Fellowship and a grant from the Berkeley Humanities Division helped to support research for this project. This publication was also supported in part by a grant from the Individual Project Fellowship Program of the Open Society Institute. Thanks go to Loïc Wacquant, Mike Rogin, Jack Katz, Nancy Scheper-Hughes, Kim DaCosta, Dan Dohan, Paul Willis and Caitlin Zaloom for incisive comments on earlier drafts.

Notes

- 1 For a synthetic sociological account of the conditions that helped produce the historic mortality rates, see Klinenberg (1999); for an epidemiological account, see Semenza et al. (1996).
- 2 Roughly 70 Chicagoans died on a typical July day during the 1990s. 'Excess deaths' measures the variance from the expected death rate. In assessing heat wave mortality, forensic scientists prefer the excess death measure to the heat-related death measure, which is based on the number of deaths examined and recorded by investigators, because many deaths during heat waves go unexamined or are not properly attributed to the heat (Shen et al., 1998).
- 3 Sherwin Nuland is among the more recent writers to discuss the modern version of the *ars moriendi*. Describing a man dying of AIDS, Nuland writes, 'During his terminal weeks in the hospital, Kent was never alone. Whatever help they could or could not provide him at the final hours, there is no question that the constant presence of his friends eased him beyond what might have been achieved by the nursing staff, no matter the attentiveness of their care' (Nuland, 1993: 196).
- 4 There is, of course, a brighter side to the extension of the life span, which

is itself a sign of significant social and scientific progress. Aging alone, as Robert Coles and Arlie Hochschild have argued, can be a rich personal and social experience, albeit one filled with challenges. In *The Unexpected Community*, Hochschild documents the active social lives of a group of Bay Area seniors who, as she emphatically stated, 'were not isolated and not lonely' but instead 'were part of a community I did not expect to find' (Hochschild, 1973: xiv), one that worked together to solve the problem of loneliness that proves so troublesome for the elderly. There are vital communities of older people and Hochschild's research shows how these groups come into being, portraying them once they are made. But too often readers of Hochschild are so eager to celebrate the community she describes that they forget that she chose to study Merrill Court precisely because the residents there were an exceptional case. The opening lines of her epilogue explain the goal of her project much better than do many of her interpreters. She wrote, 'The most important point I am trying to make in this book concerns the people it does not discuss – the isolated. Merrill Court was an unexpected community, an exception. Living in ordinary apartments and houses, in shabby downtown hotels, sitting in parks and eating in cheap restaurants, are old people in various degrees and sorts of isolation' (Hochschild, 1973: 137). Hochschild leaves it to others to render the social worlds of the isolated as explicit as she makes the world in Merrill Court.

- 5 This conception of social isolation breaks from both sociological definitions of the term, which generally refer to relations between groups rather than people, and from conventional gerontological definitions of isolation, which define isolation as being single or living alone. There are, however, an increasing number of social network studies and gerontological reports that classify social integration or isolation by relative levels of social contact. Fischer and Phillips, for example, define social isolation as 'knowing relatively few people who are probable sources of rewarding exchanges' (Fischer and Phillips, 1982: 22); Rubinstein classifies social integration and activity on a scale ranging from 'very low range' to 'high range' (Rubinstein, 1986: 172–9); and Gibson lists four types of loneliness: 'physical aloneness', 'loneliness as a state of mind', 'the feeling of isolation due to a personal characteristic', and 'solitude' (Gibson, 2000: 4–6).
- 6 See Gibson (2000) for a review of studies showing that most seniors who live alone are not lonely.
- 7 Thompson and Krause find that not only do people who live alone report more fear of crime than those who live with others, but also that 'the greater sense of security among those who live with others appears to permeate beyond the home because they report less fear of crime than their counterparts' (Thompson and Krause, 1998: 356).
- 8 All of these data, however, are likely to underestimate the extent of literal

isolation because the most isolated people would not have been accessible to researchers and would therefore be excluded from the surveys.

- 9 All personal names of Chicago residents have been changed.
- 10 Yet, as Alex Kotlowitz and teenage journalists LeAlan Jones and Lloyd Newman have shown in their accounts of growing up in Chicago's West and South Side housing projects, even young residents of the most violent urban areas are subjected to so much brutality, death and suffering that they have learned from their infancy how to organize their daily routines around the temporal and seasonal variations of the criminal economy (Jones et al., 1997; Kotlowitz, 1991). For Jones and Newman, managing fear and avoiding violence is such a fundamental part of their everyday lives that they decided to introduce and organize their book around it. 'They used to shoot a lot in the summertime,' Jones begins. Lloyd continues ominously, especially in light of the heat wave, 'That's why I stayed in my house most of the time' (Jones et al., 1997: 31).
- 11 In 1995 Chicago ranked 6th in robbery and 5th in aggravated assaults among all United States cities with a population of over 350,000; in 1998 the city was the national leader in homicide, with the annual figure of 698 exceeding New York City's by about 100 even though Chicago is roughly one-third as populous; and throughout the 1990s its violent crime rate decreased much more slowly than any of the eight largest American cities (New York City, Los Angeles, Chicago, Houston, Philadelphia, Phoenix, San Diego, Dallas).
- 12 See Charles Perrow and Mauro Guillen, *The Aids Disaster*, for a compelling analysis of how organizations managing the Aids crisis in New York marginalized poor minorities and intravenous drug users from support networks and programs (Perrow and Guillen, 1990).
- 13 Internal pressures within state agencies and advocacy organizations push social workers and organizers to reward the most entrepreneurial clients with special attention. Overwhelmed with problem cases and operating in an environment where agencies must show successful outcome measures to garner resources from external funders who expect tangible results, the social workers I observed engaged in what Lipsky called 'creaming', the practice of favoring and working intensively on the cases of people 'who seem likely to succeed in terms of bureaucratic success criteria' (Lipsky, 1980: 107).
- 14 While the average Illinois family spends roughly 6 percent of its income on heat-related utilities during winter months, for low-income families the costs constitute nearly 35 percent (Pearson, 1995).

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