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THERE BUT NOT THERE; AN EXPERIMENTAL ETHNOGRAPHY OF ELDERLY CARE INSTITUTIONS IN LEBANON DURING TIMES OF CRISIS.

by
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ABSTRACT
OF THE THESIS OF

Nour Samih Al Halabi   for   Master of Arts
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This thesis explores the notion of elderly care, how it materializes in an institutionalized setting, and what it means for bodies to grow old. It delves into themes of aging, kinship, intimacy, trust, care, and their manifestations during times of national economic crisis in Lebanon and a global pandemic.

By engaging with debates concerned with the anthropology of care and institutions, this research aims to unpack how sentiments of intimacy surface and materialize in an institutionalized context, how agency influences the practice of care, and the way contingency becomes a methodology for doing anthropology in turbulent times. Methodological issues are especially paramount when dealing with elderly during a pandemic so, contingency brings to the fore new ways for researchers to be 'there but not there' and becomes a lens to do experimental ethnography.

Through WhatsApp video calls with older adults living in care institutions, I explore themes of kinship, care, life cycles, corona, and becoming old. I delve into how digital materiality transforms the possibilities and contours of fieldwork and proposes a 'virtual intimacy'. The outcome of the research also includes a short desktop documentary aware of the uncertainties anthropologists face while doing ethnographies over distance or in times of crises.

My study offers substance to the production of a silhouette of those who offer and receive care, rather than a reflection. It is sensitive to the external factors that influence their lives, to the context of its production, and is open to individual interpretations through which humans create their worlds.

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ILLUSTRATIONS

GLOSSARY

Agency: A presence that has an impact.

Appetite: Desire to satisfy a bodily need; a passion.

Digital Infrastructure: A technological system that enables the circulation of data and information.

Humor: Witty language or expression that initiates a smile or a laugh.

Institution: A structured organization or practice.

Personhood: Status, presence, or roles communicated in and through social relations

Social body: Body that embodies experiences and mediates between the social and physical dimensions.

Uncertainty: A state dependent on chance and contingencies

Virtual Intimacy: A human connection mediated by digital technologies or platforms.

Vulnerability: the state of being dependent on and made subject to others.

CHAPTER I

INTRODUCTION

A. Introduction Vignette

1. Scene and Context.

In this research I intend to explore the politics of institutionalized elderly care in Lebanon during times of national economic crisis and a global pandemic. Anthropologists often frame care in terms of the efforts and labor involved in tending to the physical and emotional needs of others. Care-related practices thus have specific affects, and which are often manifest through sentiments of trust and intimacy. The question here is "how to understand these sentiments as they surface and materialize in an institutionalized context"?

By documenting the experiences of elderly residents, I intend to explore how intimacy and trust can manifest in a bureaucratic setting. What happens if, for example, residents do not comply to the rules of the institutions? This question of trust and compliance is perhaps even more paramount now during the Covid-19 pandemic where it is the elderly who are seen to be at greater risk of infection. Elders in care institutions are already marginalized from life outside the institution, and with the pandemic, it has become even more challenging to ease the solitude. Things have become precarious in Lebanon since the start of the political and economic unrest, and the pandemic came to add yet another layer of uncertainty to our lives. By approaching precariousness as a common social condition of life, contingency comes as a starting point for ethical action and a method in today's turbulent times. Butler (2004) understands precariousness as a fact of our social nature, where we are dependent on

and made vulnerable to others. However, this vulnerability is distributed differently and unequally among those with important social distinctions. Therefore, contingency and necessity come as central responses to the uncertain subjective experiences of life (Irving, 2018).

2. Research Question

By engaging with debates concerned with the anthropology of care and institutions, this research aims to unpack, what it means for those growing old or experiencing death in an institution, the risk of the "commodification of intimacy", sentiments of trust and affinity during crises, and contingency as a methodology for living and doing anthropology in turbulent times.

The issue of contingency also brings to the fore methodological issues, especially paramount during the pandemic, where there are new ways of being 'there but not there'. In this respect, contingency becomes a lens to do experimental ethnography – playing with audio-visual methods as a form of both research and presentation.

That being said, I have created a desktop documentary to complement the written section of the thesis (I elaborate more on this in the Methodology section). Through it I explore themes of agency, laughter, appetite, and death etc. through text, visuals, and sound. The documentary is a short audio-visual piece that includes audio from my phone calls with the elders and a visual component from my desktop screen. The short piece tackles care from a sensory angle as it is captures audio from mundane routines of elders in the institution; the way they sing, how they express, and their silence at times. Silence is important as it portrays

a different notion of time than the one we are able to write about. Understanding care through an audio-visual lens is crucial as it not only allows us to understand care practices, but also to feel what this care is like for aging bodies.

B. Literature Review

1. Care Institutions

In the capitalist societies, personhood and citizenship are mostly attributed to productive labor, whereas reproductive labor has an unequal distribution of gender, race, nationality, and class which intensifies the social inequality (Colen,1995 & Glenn,1992). When the nurses adapt their bodies to those of the older persons for whom they care, they also incorporate forms of social difference and hierarchy. By their daily care practices, they are not only offering bodily care or meeting the needs of the elderly, but also offering care of the "social body" (Buch,2015). This social body embodies experiences, class and educational differences, and is at the base of the reproduction of hierarchy. Jervis (2001) adds that the impact of bodily care on the social status of the care givers varies depending on the nature of the care, whether considered "pure" or "polluted" as toileting and bathing. Thus, across contexts, as Buch (2015) points out, "those performing the bulk of the paid elder care are disproportionately likely to be poor, relatively uneducated, racially and politically marginalized women." Moreover, the presence of high-status professions and capital concentration in urban centers, creates a need for the elite for reproductive care in which those families hire the lower status, poorer, and often migrant women to sustain the well-being of the elders (Ehrenreich, Hochschild (2002) & Sassen, 2006).

Work on embodied care practices also draws the line between care at its most intimate and broad sociopolitical concerns. As much as the care institutions hold responsibility towards the well-being of older citizens, however, the institutionalization of elderly care homes raises a great risk of the "commodification of intimacy" (Buch,2015). This risk might also target the social personhood of the elderly or their feeling of worth and impacts their overall mental and physical well-being. The issue is not with the expansion of paid care; however, it is related to methods of organizing care that are exploitative to care workers, while also proving inattentive to the physical well-being and social personhood of the elderly. Added to the risk of "commodification of intimacy" that Buch (2015) raises in his work on everyday care practices in the midst of economic and political transformations, Shah also highlights the risk emerging from the dialectic relationship between intimacy and estrangement when conducting research (Shah, 2017). She defines it by the metaphor of "feeling sometimes that we may sink into the sea of other people's lives, unable to cope with the challenges of trying to swim back to the shore."

It is interesting for me to further explore what this risk means in an elderly institution and question how the surveillance of an organization might result in an uncertainty to navigate the field or build intimate relationships with its people. Thus, by studying what it means to receive and offer care in an institutional setting, new knowledge is created that aims to challenge authority (Shah, 2017). However, this power dynamic resulting from the authority of an institution is also discussed by Fassin (2013) in his research on power dynamics and relations between the police and the public. He proposes the theory of "elementary structure of ideology" or "ideological hailing" whereby the state alters

individuals by forcing them to accept the law without questioning their actions, hence becoming subjects (Fassin, 2013).

It is through "ideological hailing" that the work of Fassin could raise some questions like "How is the surveillance of the police and their enforcement of order different from the order enforced in elderly houses and institutions? How are the "experiences" of the inhabitants of the banlieues different from the embodiment and internalization of order in the "social body" of elderlies?

Giving voice to a social group that is often left overlooked and an account for their "experiences", is at the base of breaking shields between this power dynamic and opening slammed doors of knowledge (Fassin, 2013).

2. Care Practices

Highlighting the educational purpose of anthropology as a discipline, and of its fundamental way of working—namely participant observation, Ingold (2014) defines education in its original sense. He insists that education is far from being assimilated to an institution, rather it is an ongoing transformation and a result of human connection (Ingold, 2014). Likewise, my research on institutions of care and its people aims at broadening the perspective of care outside its institutionalization. It attends and engages with the realities of those who receive and offer care practices.

Over generations, care has sustained both the biological and social life of many, while raising many questions of the "notions of the good", thus challenging the creation of different ways to live in and with reality (Mol, 2009). When we think of care, there is this

romanticizing idea of having someone or a group of people offer time, love, and attention. However, care cannot be studied as a separate entity that is inseparable from the political economy or the sociopolitical circumstances. A concrete study of care is one that "neither romanticizes care nor reduces care to power altogether" (Buch, 2015). Nevertheless, care is a practice that takes its shape and is experienced through relationships that on their own have many ruptures and social inequalities. As Buch points out, the "embeddedness of pharmaceutical use in elder care" is another model of how care is tied to a larger context of the economy.

Thus, the different approaches to care are because of its multiple qualities, being a social and economic resource and a circulating intersubjective practice (Buch,2015). In a sense, it is perceived and manifested differently for each of the nurses, the elderly, the administrative staff, and the researcher. While many may argue for the scientific objectivity, Ingold (2014) and Nader (2011) share the same point of view of the aim of ethnography, "inspiring a dynamic process of —doing ethnography that resonates with changing worlds in and out of academia." Thus, care is continuously remolded and reshaped to play a key role in the constitution of personhood.

Personhood here refers to the "membership, roles, or status in society that are conferred in and through social relations". It is the feeling that one is included and a part of a greater society where one's worth is valued and recognized. What sets care apart from other practices is how it serves the notion of the good yet, challenges it at the same time through tensions between intimacy and estrangement, the complexity of kinship and intergenerational relationships, and the expectations of the "social body" (Buch, 2015).

3. Aging Bodies

Bodily changes are normal signifiers of aging, but they are so because of the way those changes influence an individual's personhood, their social status, and their kin relations (Buch,2015). Frailty calls for physical dependence, but it also calls for direct care of the "social body" because of the ways it impacts a person's feeling of worth and kin relations (Lock 1993, Rosenberg 2009).

Aging bodies demand immediate research and discussions of care. What implies old age vary from one country to another, thus, care is constantly responding to dynamic changes in economies, biologies, and public policies (Lock 1993). In some cases, the notion of "active aging" or aging successfully is promoted by public policies and research agendas to improve the overall health of older adults, but also to reduce the cost of resources and labor spent on care (Foucault,1998, Estes & Mahakian 2001).

The same way care is considered a dynamic practice, so is perceptions of aging and death. For some dying persons, sharing their last weeks with their families at home is more favorable than dying in institutions; whereas others prefer care institutions as they believe them to be more reliable and professional in providing care (Menzfeld, 2018). In the case of Germany, where Menzfeld's study was conducted, non-dying persons considered hospital death to be a socio-medical failure and a sad way of dying, including strange regulations and a lack of autonomy. However, the same case was not reported by some dying persons.

Therefore, from an anthropological lens, dying in its diverse perceptions is based on culturally oriented beliefs, systems, experiences, and ways of understanding the world (Menzfeld, 2018). To adhere to the anthropology of aging and dying, ethnography should attempt not only to study the other, but the other is interesting because what we observe in

them is a path to understanding ourselves (Wolf,1969). Death is interesting because of its universality, but also because of its subjectivity as a human experience and its unstated expectations. As Mooney (1896) claims, "what is interesting is the unstated or the absence of agreement." This is what creates the challenge, the energy, and the connection. Thus, uncovering "the unstated" and unraveling what it means for people to grow old and die in care institutions is part of understanding care, intimacy, and human connection; a route to move away from factual and ethnographic reporting.

C. Methodology

1. Contingency

In my research methods I aim to explore avenues of collaboration and encounter values; what Haraway (2013) uncovers as more than just lively capital or the circulation of commodities and consumers; but as "making companions". As contingency brings to the fore new ways for researchers to be 'there but not there', it also becomes a lens to do experimental ethnography. I have conducted WhatsApp Video calls with four participants in the same institution each week over the course of three months (April until June). Farah, the volunteer, helped me with the technicalities of setting up the calls on her phone as they did not have their own. With the consent of my participants, I recorded from my laptop as we delved into themes of kinship, care, life cycles, corona, institutions, and becoming old. In my great loss, one participant died not long after our first virtual encounter. Confronting death was challenging for me as a person who had connected with him, but also as a researcher navigating the field. I discuss more about my confrontation with death in Chapter III.

My research methods kept changing with the change of the pandemic's situation as it was impossible to access the institution or be physically present. The precarity of the situation built my presence in digital infrastructure and offered me a new lens to observe and study care. There were always the thoughts of, "how can I understand intimacy over distance?", "Am I truly 'looking' into care?", "How do they relate to my presence?", and "What can my presence in the digital space contribute to the study of care?"

My experience with care had its own contingencies, as it was a process of learning and unlearning. Before the start of the pandemic, and during my initial visit to the first elderly care institution, I experienced and understood care in a different lens than how I see it now. During my visits, I used to have lunch with elders, help them brush their hair, and sit and watch Television together as we kill time. In the virtual world, space and infrastructure are defined differently. However, as we engage with elders via digital infrastructure, we are reimagining what it means to trust and be intimate with one another.

We are also engaging the senses to experience what it is like to offer and receive care. Moreover, digital infrastructures materialize life histories in a way that preserves elders' presence and personhood.

> "Indeed, the most important ethical message regarding life-histories is not a restriction but an obligation: we should make every effort to overcome obstacles, to go out and record the memories of people whose ways of life often are preserved only in those memories. And we should do it, urgently, before they disappear." (Zeitlyn,2008, p:167)

2. *Visual Anthropology/Intimacy*

Visual Anthropology is a subfield of social anthropology that focuses on visual methodologies; including the study and production of ethnographic photography and film (Hirst,2019). As an aspiring filmmaker and anthropologist, I believe that visual anthropology is being redesigned during the pandemic, where new methods of research emerge for us to be "there, but not there" (Irving, 2018). As much as this is a challenge for anthropology as a discipline, however, it constantly explores the lived and unlived worlds people inhabit in relation to the contingencies and essentials of existence.

Digital materiality transforms the possibilities and contours of fieldwork. Rather than reducing social anthropology to social relations, it proposes that social order is itself premised on a material order (Horst & Miller 2012). For instance, socializing within a recorder makes the elderly more aware of the agency of digital technology but also to the content it thereby creates, reproduces, and transmits. Dourish and Mazmanian (2011) point out that virtual worlds have made us increasingly aware of the materiality of information itself. In a sense, this creates a space for me and them to rethink about the kinds of information shared, the context in which it is uttered, and the types of linguistics or expressions used. Besides, Coleman (2010) has several references to anthropological studies of the impact of digital technologies upon lived experience of language, the contexts in which it is uttered and reuttered.

In a sense, recording stories preserves those whose lives would otherwise probably not be archived (Zeitlyn, 2008) In this case, elders are creating their own personal diaries, shaping their own stories, and attending to their realities and imaginations. The recording technique is a method of survival of these personal diaries and the creation of an anthropological life history or a "silhouette" as Zeitlyn (2008) defines it. A silhouette that it

sensitive to its own production, imperfection, and the interactions that led to its creation. One that is sensitive to the contingencies, unvoiced assumptions, and anthropological interpretations.

In the virtual world, new ways of "looking" emerge and a different form of intimacy is experienced. As we meet each other on video calls, this 'virtual intimacy' manifests itself though mundane conversations, and sometimes in deeper more complex ones. I found it very interesting that during a call, one of the participants pointed a finger on the screen to my face where he sees it, and asks about the pimples. In a sense, the screen creates a more tangible intimacy and offers us new ways to 'look' at people. It is also worth to mention that the ways in which each participant interacts with the screen is different. For instance, one of the participants comes closer to the screen every time he feels the need to share something personal.

This relationship to the digital infrastructure helps me imagine and understand how they perceive trust and intimacy. The means in which they interact with the screen explores different ways in which elders perceive and experience care practices

3. *Desktop Documentary*

Desktop documentary is "an interdisciplinary computer-based variant of the essay film" as Bešlagić (2019) defines. It is created entirely in "the digital environment" where preexisting online data is put in new contexts using software and digital tools such as Premiere Pro, which I used to edit. The video essay turns the computer screen into a method of production and at the same time dissemination of research data.   The recorded phone call

interviews along with articles and sources of care research are combined to create a short desktop documentary aware of the uncertainty researchers and especially anthropologists face while doing ethnographies over distance or during times of crises.

Through this method of research, moving images of me navigating sources of care research online, off-screen verbal voice recording of the elderly, and textual captions from our interview are combined to portray and communicate complex relations. In a way, the documentary invites the audience on a journey to understand the lives of those receiving care, but also to reflect on the process of doing ethnography over distance and in times of crisis.

Inspired by Sarah Pink's concept of 'engaging the senses' and her notion of 'experience', defined on one hand as the "research and representation of experience" and on the other hand, "the experience of visual representation", I ask myself what this means in terms of my research of institutions of care (Pink, 2006). What does it mean to use visual methods of research and representation in an elderly care center? How can the visuals/recordings represent and research anthropological notions of care, gender inequalities in reproductive labor, or what it means to grow old in an institution of care?

This notion of experience is what drove me to study elderly care from a visual lens and not only through words or language. It's when I think of growing old, that I visualize aging bodies, acceptance, solitude, embodying temporalities, agency, resistance, and security. However, what all these notions have in common is that they are all human experiences that engage the senses. Therefore, diverting to a sensory experience utilizing a 'scientific value of photography' helps us understand some of the notions of care.

My choice of doing a desktop documentary stems from my need to showcase what it is like for researchers, mainly anthropologists, to conduct virtual fieldwork. The notion of

having the screen sometimes as a window and other times as a barrier is what intrigues me to discover how our presence is shaped by a mediated space; where we are here and there, and maybe sometimes neither here nor there.   This short documentary aesthetically showcases a 'presence' trying to relocate between a desktop screen and a care institution.

As the form is aesthetically reinforcing solitude, the content of the desktop documentary also represents several themes presented in different chapters of the thesis. It delves into the notion of laughter and how this strives on uncertainty, especially when we hear the elders sing or joke about their age. It also depicts the notion of agency as we hear their voices and feel their presence in the mundane everyday life. The documentary also hints to the notion of death and how fears come up as a result of reliving covid experiences or recalling sickness.

What is also important about studying care through an audio-visual lens is audio captures both the voice and the silence, which I believe are equally important in understanding elders structured lives and the lives they imagine. Sharing voice recordings communicates a different meaning than transcribing them into text. The voice portrays an agency and embodies the self that has its own experiences, thoughts, and emotions. It is an attribute to the 'social' body that has its own unique identity.

4. *Visualizing the Audio*

The audio in the desktop documentary is crucial in a sense because it is the only way we could sense their agency and presence. In putting together the pieces of the documentary, I made sure to lock the audio first. I went back and listened to our conversations, and using Premiere Pro I kept in the stories that reinforced themes of aging and care. In the desktop

documentary, I engage with five threads; the audio recordings, the editing process on Premiere, my desktop notepad, readings, and scholarly overlay. The process of editing the audio inspired me to visualize questions and engage with readings discussing institutionalized care. It also motivated me to think critically of what it means to understand and study intimacy over distance. Therefore, the desktop documentary is a process of 'visualizing the audio'. This notion of creating visuals by imagining what sound means is interesting because it allows us to have creativity over the representation of data and its dissemination.

D. Ethics and Limitations

If there is one thing that captivates me about anthropology, it is the participation in the process of knowledge production; not of objects or products, but of human beings. There is this excitement of the unknown that opens a space for us to interpret and reflect on ourselves and others. Caplan in her book on 'the ethics of anthropology' poses a question to herself and others, asking: "what added value can anthropology offer, if it only presents facts with no appeal to contingency and reflexivity? (Caplan, 2003)

As I approach the politics of care during a global pandemic, I also raise questions of ethics, contingency, and representation. How will I build trust and intimacy with my interlocutors over distance? What tools will I utilize to acknowledge and represent their agency? How will my reflexivity of "being there" manifest itself in solitude? Most importantly, I ask myself, "How will I navigate the anonymity of the recordings and remain true to their intention and spirit?

This is where I want to draw on what Zeitlyn (2008) defines as the anthropological silhouette: "less complete than a biography, but demonstrably based on an individual, and honest about its limitations and its completeness." My study offers substance to the production of a silhouette of those who offer and receive care, rather than a reflection. It is sensitive to the external factors that influence their lives, to the context of its production, and is open to individual interpretations through which humans create their worlds (Frank, 1979).

However, the most important moral attribute is to make an effort to record the voices of those whose lives are immensely shaped by care institutions. It is about embracing the uncertainties of life while going out to preserve the memories of elders before their presence itself becomes a memory. Indeed, it is heavy when we think of death. However, as a researcher it is extremely important not to cause any unnecessary harm to those who may be experiencing it (Menzfeld, 2018).

My research and understanding of care has its limitations. First of all, if it weren't for the restrictions imposed by the pandemic, I could have done my participant observation in the institution. Perhaps, this would have shaped my experience of care differently and my relationship with elders. Sometimes, it was not possible to open a call because Farah would not be at the institution or the internet would not allow us. At other times, Farah would inform me with a text that participants are not feeling great health wise. In this case, we agree on rescheduling to another time as the call requires effort and it's a priority that they join upon their comfort and willingness.

On another note, having my research rejected from one of the institutions that I visited primarily left me with a smaller sample than what I had initially planned for. I would

have hoped for a greater sample to reflect on more diverse life histories and experiences of

care.

CHAPTER II

ENCOUNTERING CARE

This chapter is about encountering care in an institutionalized context and maps out my journey into an elderly care institution. In the first two sections of this chapter, I will discuss my strategies and experiences in accessing a care institution during times of crisis. In doing so, I will shed light on the institutional aspects of care. This is important to document because the last sections of the chapter will examine some of my emotional encounters with care, including the difficulties that arise not only when meeting an elderly person but also when leaving them. By chartering the institutional alongside the emotional, the overall aim of this chapter is to argue that care institutions are places with rife contradictions and struggles to balance the intimacy of care with the bureaucracy of an institution.

A. Channeled Intimacy

The first time I visited an elderly care institution was back in 2020. It was part of a volunteering experience with AUB. During that time, we had the opportunity to have conversations with the elders and offer entertainment. I had a very interesting connection with a woman who lives there, so I was inspired to come back for more. The institution was run by a religious administration so things were more complex when it came to having visitors. I came back, this time alone. I wait in the lobby for about 15 minutes thinking to myself why; why am I here again? Will she even recognize me? Would they expect me to offer care? How do I do that?

A voice greeting me brought me back to the room. The supervisor managing the floor invited me to a small room overlooking the street where the administrative staff were enjoying the sun as they sip their morning coffee. I felt my presence added some 'tea' to their morning routine. They were interested and asked a lot of questions; what I majored in, where was I from originally, how long I wanted to stay, but mostly why; the question I had asked myself earlier but couldn't find the answer for.

The supervisor took me to her office as we engaged in small talk before she discussed the elderly's conditions; mentioning that they had no one to take care of them, so they did. She also offered an insight of their daily schedule and warned me not to offer the phone if anyone asked me to. Before I got to offer care, I was mostly passing checkpoints; The administration, the hospital, the coffee room, the office. I had finally been channeled into the institution; I now can offer intimacy and care.

"God! How I'm happy. When you didn't come the first, then the second day, I told Evette maybe I talk too much; she's had enough of me." I twinkled, "Not at all". A French movie playing on TV fused with an argument from the other room filled in the void. Rarely though did we have nothing to say. I spent almost an hour and a half with her, having conversations about literally everything, from family, life, books, and food, to a chat on who did my eyebrows; she really wanted to know.

"When can I see you again?", she asked.

"As soon as I have the chance I will surely come, like sometime next week maybe."

"Next month?"

"No, a week. I don't want to promise you, but I will find the time."

Covid spread in Lebanon weeks after my visit and I couldn't see her again nor be present to offer care at the institution. Two years later, and as I was about to start with my fieldwork, I contacted the institution again to propose my research to them and asked to reconnect with the woman I had known. Even though I clarified to them that my research is going to be online, however, they were not welcoming the idea and said they couldn't accept that because of covid. They also claimed they didn't have anyone in the institution with the name I offered.

After closing the phone, I felt let down. Not only did I feel disappointed, but I also felt somehow, I disappointed the woman I met. I tried calling another time, but I kept receiving the same answer. I was determined to understand the reason behind my rejection and even more determined to research care. I proposed my research to another institution and met with the administration to further explain my objective and research methods. The head nurse who met with me was interested in my approach. She like that I was collecting life histories in the process of researching care. My application was forwarded to the IRB of the hospital, which the institution is a part of and it got accepted after a month. When I started my fieldwork with this new care institution, I could highlight the difference between surveillance and order. Surveillance leaves little room for feelings of trust to be nurtured, however, order offers structures for imaginations to grow.

B. The IRB

As I delved into the process of finding a care institution and proposing my research, I started to understand that researching care is not only about offering trust and intimacy,

however, it requires adhering to a set of institutionalized guidelines. To be able to enter the institution as a researcher, my proposal had to go through another Institutional Research Board; that of the hospital. The head nurse I met with initially described that all researchers interested in conducting their study at the institution had to have an IRB approval from the institution itself. The IRB sent me an application to fill out with a list of questions identifying my research design, criteria for recruitment, data collection, and data confidentiality. Inquiries on the level of risk anticipated from the study had me wondering whether sentiments of care, such as intimacy and trust can be framed as risky. The terms 'risk' and 'vulnerable population' take me back to what Buch (2015) defines as the risk of 'commodification of intimacy'. Being channeled into the institution reinforces the complex relationship between intimacy and bureaucracy. It also raises questions of accessibility, ethics, and representation. In Figure 1, I illustrate some questions I answered as part of the IRB's application.

I. STUDY DESIGN

1. **Benefits**
   a. Describe the anticipated benefits to the group or class to which the subjects belong
   b. Describe the anticipated direct benefits to the recruited subject.

2. **Risks**
   a. Specify the Level of risk anticipated from the study
      ☐ Minimal risk or less   ☐ Greater than minimal risk
      Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. **Studies carrying greater than minimal risk are NOT eligible for expediated review.**

   b. Describe the potential risks (physical, emotional and psychological) that are expected to occur from this study, justifying the level of risk selected above

   c. If More than minimal risk is anticipated, describe the steps that are taken to minimize the risks and harms of the recruited subjects
   d. In case of any adverse event or risk that might occur as a result of this study, who is responsible for compensation
      ☐ Not applicable   ☐ Study Sponsor   ☐ Patient   ☐ Insurance Company. Specify

II. Subject Identification and Recruitment

1. **Study Subjects**
   a) Age range of Recruited subjects:
   b) Total number of subjects expected to be recruited in all participating institutions:
   c) Number of participants to be recruited:
   d) Type of participants: (Select all that apply)
      ☐ Inpatients   ☐ Outpatients   ☐ Healthy Volunteers   ☐ Employees
      ☐ Students   ☐ Elderly care center (ECC) residents

   e) Will the targeted population involve one or more of the following vulnerable/protected populations? (Select all those that apply)

      ☐ Children or Minors years)   ☐ Students/Employees   ☐ Elderly (age ≥ 65
      ☐ Prisoners   ☐ Refugees   ☐ Pregnant females

      ☐ Fetal tissue/placenta   ☐ Cognitively impaired patients
      ☐ Unconscious patients   ☐ Terminally ill Patients
      ☐ Emergency department patients   ☐ Institutionalized patients (e.g ECC residents)
      ☐ Low income/disadvantaged subjects
      ☐ None of the above will be specifically targeted

   Please Justify why it is necessary to include these vulnerable populations in the study

   Please describe the steps that you will take to ensure the safety of these vulnerable groups

f) Does this study target one gender or specific social/ethnic group? ☐ No   ☐ Yes
   Please Justify why it is necessary to exclusively include these populations in the study

2. **Inclusion and exclusion criteria of participants:**

   Will any subject be excluded based on gender, ethnic or socioeconomic causes? ☐ NO ☐ YES
   IF Yes, Please Justify the rational of such exclusion

3. **Participants Recruitment**

   How will prospective patients be identified and contacted (if applicable also describe how you have access to lists of potential participants? Describe who will approach the subjects and what steps will be taken to protect participants privacy

4. **Compensation to Participants**
   a) Is there any financial compensation or payments for participants for their enrollment?
      ☐ **NO**   ☐ **YES**
      If Yes, specify the covered expenses and the amount paid

   b) For research with more than minimal risk, describe any medical treatment, insurance or compensation available to the participant if he/she is injured as a result of participating in the study.

III. Data Handling & Confidentiality

1. Describe the tools that will be utilized in the collection and storage of research information including data (hard copies and electronic databases, specimens, audio/videotapes, photos, ect.).

2. Will personal information be collected (e.g Name, phone number, address)? ☐ No   ☐ YES
   If yes, please justify and describe your plan to secure the patient privacy

3. Will a coding system be used to protect subject's privacy? ☐ No ☐ YES
   Describe how codes will be generated, who will have access to the codes, how long the link between the study codes and subject's identifier will be retained

4. Describe who will have the access to collected data, how these data will be stored (lockers, passwords, etc.), duration of data retention and who the data will be destroyed.

5. Will the research results will be disseminated? ☐ No ☐ YES
   If yes, please specify how it will be disseminated.

6. **Data Safety Monitoring**
   7A. Will there be a data safety monitoring board (DSMB) to review the study for safety and adherence to protocol?   ☐ No ☐ YES
      If Yes, please specify the composition and the frequency of data safety monitoring

   7B. Describe the date safety monitoring plan and include a clear description how adverse events will be reports to IRB

Figure 1. IRB Application for Care Institution

C. Offering Care

I have only a memory of her warm smile, her big mesmerizing eyes and her thick cheekbones that she kept on rubbing backwards with her two hands to fight the wrinkles. "How old do you think I am?", she asked. I was surprised by her question. I didn't know what to answer or what had she expected as an answer. How does one asses age? I rummaged through my thoughts for a while; what should I think of to predict an answer? She was staring at me with an empty look resting on a beautiful round face, her left arm covering her white cheekbones as she waited for a number. I wanted to break the silence, "you know age is not about the number, you are young just like your spirit." She drew a modest smile and said, "I'm 68".

I was surprised, yet her words left a sigh of relief in me because what I had as an answer was a bigger number. We had this conversation during my first visit as a student to the elderly care hospital. Our conversations felt like the only breeze amid the music storm that was going on in the lobby. Students and elders were all dancing and singing. She preferred to stay in her room at the right end of the corridor just facing the lobby, but then as we insisted, she adjusted her wheelchair position to meet the crowd. Yet, she was still uncomfortable that she was taking much of the space. On the wheelchair beside her, I noticed a tissue box, but not long enough I knew it was also her secret keeper. When we needed to leave, she held my hand and told me, "you know in clinical psychology, what I studied in college, we learn to read eyes, your eyes are deep, and I could trust you."

I didn't know what she meant, but I could trust her too. I impulsively took out the first piece of paper I could find in my wallet and wrote my phone number. She asked me to write my name in capital detached big sized letters and tried to pronounce it again to make

sure I wrote it correctly. She opened her secret keeper, the tissue box, and put the paper inside along with some chocolate candies and some papers she wouldn't want the nurses to throw away. I reassured her that we will stay in touch, but then she told me that phones were not allowed, neither going out to the balcony nor opening her room's window whenever she wanted some fresh air.

As we were about to leave, we shared out flowers to the elderly. Someone offered her a pink flower, but then she asked me if she could have another yellow one; she said yellow was her favorite color. I take a look at her room, one last time before we leave, trying to memorize the space and her face, all at once. In my visual memory, I capture the left side of her bed, where she places her books, papers, and some fashion magazines. "Thrive on Stress", a book resting first on top of a pile of papers, its pages worn out but still holding itself with a ribbon. Next to the books, there were the two yellow and pink flowers, a Dettol can and a tub of face cream. It was like my eyes have caught a silhouette fluctuating between moments of mourning and hope, giving in and resisting, stress and growth.

D. Bureaucracy and Uncertainties

The outbreak of COVID-19 happened after few weeks from my first encounter with care and the country announced the Lockdown on March 15th. In a day, everyone is isolated; no radical separation of person and community, health and illness, human agency and non-human forces, or the living and the dead. Now contingency and uncertainty are central negotiations questioning the scale of the human body and the human voice. Nothing can be determined in advance, but only discovered along the way. In a day, we woke up to find

ourselves confined in the spaces of our homes, while in a parallel universe we would be commuting to our work, meeting strangers on the bus, or grabbing breakfast while being late to class. Suddenly, the busy streets, the crowded restaurants, and the world took a break. All I think of now is when am I going to meet her again, or if I will be able to. All I think of is that for people living in care institutions, life is a quarantine every day. I think to myself; how would their lives be different if they were living with their families? How would my research be different had I been able to do my fieldwork visits? How is ethnography being reshaped from being present to being "there but not there?"

Institutionalized practices of surveillance add yet another layer to the uncertain while reshaping intimacy into bureaucracy. They set barriers for researchers, nurses, and elders to navigate the field and form connections. Thus, my thoughts become a result of a mix of everyday life, the articulation of my dream in being present, and the aspirations of the older adults of a life lived otherwise. However, as Leucippus argues, "nothing occurs at random but everything for a reason and by necessity."

E. Conclusion

In this Chapter, I explored what it means to encounter care in an institutionalized context. By doing so, I delved into themes of surveillance, intimacy, trust, and what it means to form connections in an institution. I also went over the process of being accepted to offer care and the questions that surfaced as a result. This Chapter mapped my journey into care institutions. It showcased how my perspective of care evolved throughout the process; from

being a mundane encounter to actually uncovering notions of institutionalized care and what

that means to people experiencing it

CHAPTER III

LIFE HISTORIES

This chapter introduces the different interlocutors, their positions, and statuses in the elderly home. I provide mini life histories of each of these people I met. In doing so, I provide further context for the final two chapters to follow. Through these short life histories, I will also try to register some more themes on the contradictions of care in an institutionalized context and the kinds of relations that surface.

A. Interlocutors

The first interlocutor is Hassan;[1] he had liked to be in the military before he changed his mind to become a Math teacher. Both of his sons are in the United States; one of them is a Mechanical engineer with a passion for the military and the second is a doctor. During our calls, Hassan always wears a cap with the word 'epic' on it.

> "I'm studying nothing here. I'm a very old man. I'm a school teacher, a Math teacher; Long time back, I was studying medicine but unlucky, I'm not a doctor."
>
> "No, I have never been a smoker and I will never be. I thanked God for this feeling, that I don't smoke. I feel mistaken when I used to smoke long time back with my brothers."
>
> "I have good brothers; four in North America. During Covid, we didn't talk too much […] we were scared. But I used to talk to them very much. My brothers are all younger than me."

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[1] All names used are pseudonyms

The interviews were conducted between April and July, 2022.

"I have seven of these caps. My grandchildren took five and they left me two. I love them the most […] Grandchildren are loved like sons and sometimes more […] Although circumstances are not in their favor, but they come, they visit. The young one when he sees me, he starts to cry. He wants me to stay with him always."

"I like to look at nature […] I love artistic things; things that have art and I try to use a bit of my skills […] I have always liked and I still like to sing. I like it very much."

"I lived my childhood in different places. I traveled to a lot of places. I traveled in Europe, America […] Between you and me, I love America more than here, for my job, but I love to live in Lebanon more than I love to live in America. It's where the heart is and the genuine people are. We'll discuss things and see what's better, to leave or to stay […] I used to be with my family in America. My kids were born there […] I talk with them often at night because of the time difference; there is nothing between me and them."

Sahar has a passion for crochet, however, she never wanted to sell. She always made blankets for her nieces. Before she came to the institution, Sahar used to live with her brother, in a separate house of five rooms and a dining space. She loved to stay at home, and if she wanted to go out, she would sit on the balcony and ask the *Dikanje* to get ger ice cream. Sahar is a talented cook. She used to cook on her own and the neighbors loved her food.

"I was sitting in a separate house than my brother's. But, when covid came up, the owners of the house in Verdun wanted it back. My brother said he will pay more but they said they wanted the house, then he brought me here. Or else I was in my house alone with someone to help me."

"I'm asking my nieces where they put my dresses, one of them said she is saving them in her closet. Oh, I have so many clothes; I put them in the closet above and wrap them. I also lost my beige heels, but my niece in America told me she'd bring me another one. I told her that I can't walk right now […] I need to have the surgery for my legs."

"The wife of my nephew is very dear to my heart; she is like my sister. She comes here to see what I need and she gets me; perfume, shampoo […] whatever I have missing, she comes to bring it. I tell her that I have, but she doesn't want me to be in need of anything; I love her so much."

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"I remember the son of my niece, he loved me so much […] We used to go into bed and he still wants to play. I sit beside him and teach him prayers. We used to stay together."

Julia, another participant, majored in Psychopedagogy. She has worked as an Arabic teacher before she was the Director of the Elementary section. Due to war, Julia had to discontinue learning the English language, however, she is still determined to finish her levels. Julia wanted to work in the radio because she had a beautiful voice, but at that time she didn't have much support from her surroundings, as they believed it to be a risky job, especially for women. She has been in the institution for around six months now, however, she shares her love to travel and explore the world.

"The Prime minister of France came to Lebanon and in an event, he offered me the Palm Academic Certificate. I remember there was a man there who said in French, 'Look, every Lebanese man and every woman must take pride because you are the one who took the Palm Academic. It's not just for you, but for everyone."

"When I was young, we were visiting my father's friend. I remember I said something political, I was around 16 years old. He didn't like it and I don't really know him well. He said, 'you know what Mademoiselle, you are beautiful and educated, why do you care about politics? Leave it behind." I said, whom should I leave it to, someone like you?"

"I was at home during Covid in Forn El Chebbak. I have been here in the institution for 6 months. I had someone to help me from Bangladesh but she left. When they leave, they don't let them come back. My sister also had a someone to help her, she said she wanted to go see her son, he had a surgery. But then they didn't let her come back to Lebanon. She went to Saudi Arabia and called my sister."

"Al Hamdulilah, I'm not married. If I was married and had kids, I wouldn't be where I am now. I would have to take care and give more time to my husband and kids."

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> Maybe because my parents were really one of a kind. Although we were seven children and I was the youngest, nobody hit my finger or shouted at me, neither my mother, nor my father, nor my brothers or sisters; no body told me not to do something because I made the choices […] When I entered Kindergarten, my sister was in college and the other at work, so no one could really take my tuition to school, and I'm only five. I told my mom; may her soul rest in peace; to give me the money and I'll pay. She brought an envelope and put the money in it. When I gave it to the administration, they looked at each other with wonder. They gave me trust."

Wassim was a Dr. in Comparative Philosophy, he taught at Sorbonne in Abu Dhabi for 30 years. To our great loss, Wassim died not long after our first encounter. He had two daughters who are living abroad, always coming to visit him every four or five months. Wassim loved that he lived next to the sea in Ain Al Mraiseh in Beirut. He had a burning passion for reading books. One of his favorite sayings was from the Egyptian journalist who had 85 books, Abbas Mahmoud al-Aqqad. When asked why he wasn't married, Al Aqqad said "I married and gave birth to 85 children for the Arab nation."

> "I married a Christian woman who is very well educated. I took from the Christian human side; how they worship, their education, how they read, and their social life, this was all knowledge for me."

B. Coordinator

Farah was the one that facilitated the calls between me and the interlocutors at the institution. She offered her phone for us to conduct the WhatsApp video calls. Farah's role at the institution is to provide the elders with their social and personal needs by coordinating with their families and donors. She manages different cognitive and entertaining events at the institution while also staying in contact with the family of the elders in case they want any personal need or medication. Farah offers psychological and social support for the elders.

She also spreads awareness among their families on the importance of communication between them, while also listening to what the family would like to improve at the institution. Farah also is responsible for communicating with the Governmental agencies such as the Ministry of Social Affairs. From what my interlocutor's shared about their relationship with Farah, there is a sense of trust and intimacy.

> "I sit with Farah and talk about many things. She is well educated and knowledgeable about different aspects of life. Her mental age is greater than her actual age."

> "Farah is one of a kind. We love her very much."

C. Conclusion

In the fast-paced digital world, life histories offer a lens to capture the agency and scope of the 'social' body. By presenting some of my interlocutor's life histories, this chapter mapped their experiences but also the different social and cultural dynamics that shaped and continue shaping their lives.

CHAPTER IV

STRUCTURE AND IMAGINATIONS

In this chapter I examine what it means to navigate the field from afar and explore the uncertainties of virtual intimacy. I also address how the use of digital infrastructures as research methods shape the imagination and offer a lens to see beyond what the screen presents. Throughout the Chapter, I explore how institutionalized practices and the structures of time in care institutions shape elder's perception of their lives and the lives they imagine. I also address how these practices, especially restrictions implemented during covid influence elder's relationships with their kin and add yet another layer of uncertainty and solitude.

This chapter explores how elders use laughter and humor to communicate more serious perceptions of age and experiences of care. I also draw on how humor mediates between structures and imaginations; bridging mundane life and routines with their thoughts, fears, uncertainties, and dreams.

A. Uncertainty

In the time I spent understanding care and since the start of the pandemic, uncertainty has been a prevailing theme in my research, but also as part of life in general. The intro came with all possible contingencies influencing how we conduct research and relate to the field. It has also changed the ways in which we relate to our bodies, form connections, and understand solitude.

Navigating care institutions using a virtual platform led me to imagine what I couldn't see beyond the screen. I only had contact with the participants' faces and voices. I couldn't see who they were interacting with or the space in which they spend all their time. I couldn't be present to watch Television with them, to eat together, or to share silence. The uncertainty of navigating the field over distance meant that I find new research methods to be there. My presence became defined by my imagination of what it meant to be there. During this virtual experience, I could visualize faces and predict sounds. Sometimes the nurses passing by would say hello to me; other times their friends at the institution would engage in conversations with them, or ask about who I was. These interactions were my window to imagine the worlds they lead and those they share it with.

The imagination, thus, becomes a tool in which I nurture my presence in care institutions and ease uncertainties. This structured imagination is not only a way for me as a researcher to visualize the unseen, but it is also how elders in care institutions understand their daily life and confront uncertainties and contingencies. When I asked Hassan about his experience with the pandemic, he says,

> "I was scared for a while, but I'm okay, because I […] scare of my God more. I don't scare from Corona. I know that if God wants, everybody will immerse in this fear. I don't I don't, I scare God, but I don't scare of corona that much. I scare to a certain point till I take care of myself and take my procedures […] I used to put the, what's it called […] the face mask. I put the mask and say couple of words to my God and tell him, I don't want to die this way. And I think he listened to me."

Through his conversation with God, Hassan projects his fears, uncertainties, and insecurities. His faith and 'Love for God', as he defines it, helps him accept uncertainties and maintain an appetite for life. Fear and uncertainty are especially paramount during the pandemic as aging

bodies are more vulnerable and demand immediate care. Thus, understanding feelings of uncertainty requires exploring what aging bodies mean to them and how they perceive age.

> My phone rings. It is a call from Farah, the volunteer. She said that today she'll introduce me to Amo Hassan. When I swiped my screen, I saw Farah's face turning upside down as she adjusts the frame and places her phone on the table. I see a man wearing a cap with the word 'epic' on it. I say "Hello! How are you?", he replies, "I'm very good and very old."

As I wait for a call, there is always this longing silence. I flip the pages on my notebook, fix the chair, adjust my laptop, make sure its recorder catches the sounds coming from the phone, and wait. Digital infrastructures around me blur distinctions between virtual and material worlds and redefine the notion of space and time. This mediated world offers a new lens to 'look' at people and materializes information. How then can virtual and material intimacy be brought together to understand care practices? How can we engage with material worlds beyond the screen? How can we virtually explore the materiality of aging bodies and what it means to grow old?

I found the way Hassan introduced himself illuminating. I was curious and wanted to know more about how he defined age. His response was,

> "Age is a matter of experience, it's experience, experience, and experience […] and my hair is, you know the color of my hair? Well, it's not […] it's not brown, it's white […] Some people here call it wisdom, but I don't call it that, sometimes I call it foolishness."

'Social' bodies, or bodies of 'experience', as Hassan defines, are a vulnerable yet complex structures of thoughts, experiences, relationships, and imaginations. Julia, a participant, was a school teacher and an administrator. She shared with me how the war stopped her from obtaining her third and fourth level of English language. "One should work hard to find what

they want. I was telling them that I want to continue the levels. I completed level one and two in English and I want to continue level three and four."

Uncertainties and the fear of war forced Julia to discontinue her course. However, as she imagens herself a student again, she recalls her accomplishments and the connections she made. These structures of the imagination live in the mundane and help us understand elder's social and material life at the institution.

In care institutions, time is structured to ensure order and organize the 'social' body. Care givers offer care practices in a timely and efficient manner. Breakfast is scheduled and so is lunch, dinner, rest, and family time. However, since the start of the pandemic, things have become precarious in care institutions and on the health system in general. The pandemic has redefined how elders spend their time and who they spend it with. As institutions imposed a visitor restriction, elders have become more and more isolated and vulnerable. During my conversation with Sahar, she shared with me how close she is to her family,

> "I do crochet; blankets for my nieces. I am not married. I did a bed blanket for each […] What shall I do. I entertain myself. I love to work. I used to do shirts, crochet, flower shapes; I used to work in everything […] I wish when my nieces come, they will show you […] I didn't sell, only for those I love. My nieces, I love them, I raised them and was raised with them. Their parents loved me so much. "

Despite the fact that physical distance is important in maintaining health and offering care, however, there are different layers of uncertainties that emerge from the social distance. Solitude influences how elders perceive themselves, how they relate to care practices, but most importantly how they take care of their mental health.

B. Laughter

In one of my calls with Hassan, he shared with me that his friend in the institution was very sick; little did I know then that he was talking about Wassim. He says,

> "There is a friend of mine that I love very much. He has water in his stomach and about to put a kidney. So, I thought of soothing him, sitting with him at a corner on our floor. We are at the same floor, the room next to me. He said Hassan, pray for me to feel better" […]

I see his eyes drift across the room, apparently one of the nurses came to the living room. I hear him calling her for me to see her,

> "I want to let her sing; she has a really nice voice. Please sing." I hear her smile, "I know my voice is beautiful but I have work now and we are at a hospital. They'll make fun of us." […]

I ask him to describe her for me as I am unable to see her. He reinforces that she has a beautiful voice and that they create a friendship from 'nothing'. He mentions that there are a lot of people who say they love him, but there are some he loves very much. I hear her start to sing as he smiles and continues to sing with her.

In the midst of structure and institutional practices, entertainment mediates between daily routines and imaginations. Laughter and humor become ways in which elders form connections in care institutions and relate to each other. It is also a lens in which we can understand the ways in which they deal with uncertainties. The way Hassan takes refuge in humor after he confronts the sickness of his friend speaks to how humor can be a gateway for us to better understand their daily struggles as individuals, but also as a community.

Taking humor seriously is a way not only to attend to elders daily struggles, but also acts as a lens into their life histories. Through the stories they shared with me, I recall a story Julia once told me about herself as a young teenager,

"You know, my parents have a role in shaping my personality. We were seven kids, I was the last kid, no one ever screamed at me; this you do and this don't, no. […]
My brother was older than me and we were in the mountains. They wouldn't let me go to the market alone, without my brother going with me; and the market was very close to our house, we would go buy cholates, candies, and other stuff. would go with me. The '*de* would greet us and he is from our religion; he says, "welcome I miss you so much." My brother didn't answer, what do you want me to say? […] "You miss us or the money?"

Exploring the language of laughter and humor unravels human experiences, thoughts, imaginations, and uncertainties. I find Julia's story to be rich in the sense that it carries a complex set of experiences and encounters that have shaped her personhood and the woman she is today. Her humor reveals her relationship with her family, the place she grew up in, and her wittiness and strong personality.

In care institutions, entertainment is what mediates between the routines and structures of care practices and the intimacy of care. It is a gateway into the imaginations of elders, but also into their life history. When I think of it know, it is interesting how my first encounter with care was through an entertainment event that the university held for elders. However, as I started my research in the field, I found out that entertainment, laughter, or humor is a part of the mundane and a way that they comprehend growing old.

"As I was asking Hassan about what he did during the day, he says, "Honestly, I did nothing, what shall I do? […] I shaved my beard." And then he laughs about it.

The solitude we have forced on ourselves to fight the pandemic severely restricted social interaction, which meant less and less laughter. As we explore laughter through a digital infrastructure, another layer is added to 'virtual intimacy'. In essence, we laugh because

others laugh (Black, 2020), so entertainment becomes a social and material activity that bonds us together and influences our perception of time, especially time spent online.

Technical issues such as a glitch or a cut in the audio reminds us of the materiality of digital infrastructures, which imposes a challenge to connect with elders; especially when visual and auditory clues for laughter are missed.

C. Conclusion

Looking back on my virtual presence in care institutions, I realize that uncertainties of navigating the field has brought my attention not only to new ways of researching care, but also to new meanings of care. I have come to realize that care can't be confined to one category; that it is a set of complex structures and imaginations that shape the lives of elders in care institutions. To understand institutionalized care, we cannot separate between established structures and imagined lives, as they both intertwine. The imagination becomes a tool to understand the structures of time and routine manifested in the institution. Moreover, by attending to their mundane everyday life with all its uncertainties, fears, and hopes, I could visualize their life histories and the lives they imagine.

To understand how structures and imaginations meet, we must attend to how laughter and humor mediate between the two. Throughout my 'care' experience, humor has been a central part of our conversations and negotiations. It has also been a crucial aspect of elders' life in the institution and how they relate with others. To take humor seriously means to understand how laughter is not only a shared social event, but is an important structure in understanding elders' fears, personhood, and agency.

Shifting to the digital with the start of the pandemic added a lot more uncertainty, especially to the field of 'care'; because it is in its essence attending to 'material' and 'social' bodies. Understanding care though virtual spaces is a different experience for me and elders; one that allowed us to bridge the gaps of space, forced us to listen more carefully, and invited us to imagine endless possibilities. However, accepting uncertainties and contingencies is at the base of understanding what care means and how vulnerable it can be. Thus, navigating fields of care is a process of understanding how both structures and imaginations work in molding the 'body'.

CHAPTER V

AGENCY

In this Chapter, I explore what agency is and how it materializes in care institutions. Although I have struggled to define it myself, especially to my friends who are not studying anthropology, however, I came to think of Agency as a 'presence' with an impact. By attending to meanings of food practices in care institutions, this chapter shows how food is structured in everyday conversations and routines. It also delves into

the ways in which sharing food channels connections.

Through understanding food practices, I examine how appetites structure and influence elders' agency. The ways in which they relate and talk about food tells us more about their life histories and reflects how they project their personhood. This chapter explores the notion of confronting death as part of understanding agency. It reveals how as we confront death; we understand the presence of the 'social' body and its agency.

A. Ageing Appetites

To understand how care-related practices manifest in an institution, we must first uncover meanings of food practices; from preparing, offering, and sharing meals to cleaning up. This structured process of satisfying the appetite attends to the physical and emotional needs of the 'social' body and influences elderly's relationship with food and their perception of agency.

In the virtual call with Sahar, one of the participants, I remember asking her,

"What did you have for lunch today?"

"Green Peas."

"This is tasty."

"No, not very much."

"Are you good at cooking?"

"Yes! Everyone wishes they eat from my food. Cooking needs an appetite. You should taste the Kibbeh that I …"

"Can you hear me? I think the connection failed."

The practice of food not only satisfies the appetite, but is in itself an event, especially in care institutions. Food, like care practices, structures daily routine and channels connections between elders as they mostly eat together. During lunch time, meals are prepared, placed on trays, and distributed among them, equally. As some of them gather up in the living room with their trays, a shared appetite creates an event that nurtures the 'social' body. Although food is prepared, served, and cleaned up in a structured routine; however, having a common space to eat together is a daily occasion they look forward to. Sahar's relationship with food inspired me to reflect on how appetite influences agency. As she was describing what she used to cook, who she invited over, and her favorite meals; her words unraveled an appetite for food, but most importantly uncovered an agency she had identified herself with. In care institutions, structured food practices and collective agency leaves little room for elders to make individual choices over food. Indeed, bodily changes are natural signifiers of aging and so are aging appetites, but it is interesting to look at how the practice of food influences and is influenced by our personhood and perception of agency. During a conversation with Hassan over lunch and as he finished his meal, he got up, held the tray, and was determined to return it back to the kitchen himself. His movement not only reinforces his agency, but

also nurtures his relationship with care givers. The practice of cleaning up also becomes a lens in which we can understand agency in care institutions.

A shared appetite connects elders together, but is also a way for me to connect with them over distance. One time during our call, Hassan was having a biscuit, and when he saw me, he held it closer to the screen as an offer for us to share an 'appetite'. My presence and reflexivity become very much defined by what I like to call, 'virtual intimacy' and my imagination of being there.

I asked him, "What did you do today? How was your day?"

"My day was Alhamdulillah. I ate a bit of biscuits, I thought I was eating stones."

"Were they hard?"

"You have two options, either you break the biscuit or you break your tooth."

He laughs about it as he continues to eat.

"It's best to break the biscuit ofcourse. What did you have for lunch?"

"I had what they have here, I'm not sure if it was rice and meat, whatever it is."

"Do you not like the food?"

"No, I like it, Alhamdulillah, but I don't eat a lot. I don't eat that much."

As we delve into appetite for food, a different type emerges and that is the appetite for life. During my call with Hassan and after his friend died at the institution, he told me that he had little appetite for food.

"Is there something bothering you, or you just don't have an appetite?

"Indeed, the day is just cold compared to other days."

"The sun now is out a bit. Let me show you. Can you see it?

"Yes, Yes."

There was a long silence and some music coming from a radio or a Television. I heard him tap a beat on the table and a nurse started to sing.

"I think I hear music sounds around you?"

"This is the sound of the Television."

"Are you watching Television these days?"

"No, I don't have an appetite. It's Fairouz all the time. I'm done with Fairouz. She is great, but not every day."

Uncovering layers of food practices helps us understand how the mental health of elders influence their aging appetites and relates to their perception of care practices. By attending to their daily food habits and routines, we are also attending to their experiences, fears, imagination, personhood, and well-being. However, the process of understanding appetites is never linear, as it is vulnerable to external factors and contingencies that shape elder's lives, relationships, and their mental state.

B. Confronting Death

As I delve into research on aging bodies and the practices of care, many definitions and perceptions of death surface, but only subtle conversations of it. During my virtual fieldwork experience, I have confronted death twice; one time as a researcher when a participant I had met with once died, and another when a relative encountered death. I came to think of death as an 'encounter'; unexpected and unpredicted.

To make sense of my confrontation with death, I had some conversations with close people and was interested in their different perceptions of it. One person associated death with 'leaving' or the act of moving from one room to another; absurd and meaningless.

Another person thought of death as 'vulnerable', because it is what we imagine our lives to be and how they would end up. In a sense, vulnerability lies in what Irving defines as "Life Lived Otherwise". Our understanding of death relates to how we experience and understand life and its history in relation to the many other possible lives we could have ended up living (Irving, 2018). As I think of imagined lives, I recall a conversation I had with one of the participants, Hassan.

I asked him:

"Do you like reading?"

"Yes, but I was telling in the morning some guy, I like to read the military magazine. My magazine is at home."

"So, would you have liked to be in the military?"

"Yes, I like. This is true."

"That's why you like to read about it?"

"That's right Sir, you are taking the right words."

Understanding death in an elderly institution is a process of uncovering layers of the imagination of how life could have been. It is materializing fantasies and abstractions that shape elderly's perceptions and constitute their everyday experiences. When Wassim died in the institution, I could not virtually see other participants for another week. Farah, the volunteer, sadly delivered the news and told me they were all bearing a heavy load, especially Hassan who was his close friend. The days went by in silence. Even after I called Hassan the following week, he nodded as I offered my condolences. It is interesting how conversations of death are mostly silent. Despite the uncertainties of encountering death, it is the only thing

that we as humans are 'certain' of; perhaps this is what leaves us in doubt when it comes to confronting it or having conversations about it.

"Life is so beautiful", those were Wassim's repeated words during our first and last conversation. In a 30-minute call, we talked about history, philosophy, art, literature, books, culture, and life. He was a university professor and a book lover who believed that intellect is food for thought and spirit. "For me the greatest gift on my birthday is a book, they get me books." Our conversation helped me imagine his life history, or what Zeitlyn (2008) defines as a 'silhouette'; sensitive to people's experiences, understandings, and interpretations that create their worlds. Unpacking a life history and imagining his presence became the lens in which I could understand and confront his death. There is a 'presence' in 'absence' that leaves you wondering, 'what does it mean for us as researchers to confront death in the field? What are the ways in which we can represent and acknowledge agency in absence? How to deal with the digital traces of data collected and how much control do we have over it? How does death influence our understanding of care towards the 'social' body?

When I asked Wassim about his perception of 'care', he said, "the concept of care is in its essence related to personhood; to care for others, listen to them, and give them time. It is not only about attending to the physical needs. They offer care because we are present." The 'social' body, as Buch (2015) defines, cultivates a presence that influences our understanding of a person's absence. By engaging with Wassim, I came to understand how his daily habit of reading influences his perception of life, but also his experience with care. "Life in care institutions is very beautiful if you found someone who has a sense of cultural awareness and enjoys reading. Here I read a lot and there are few friends who share this with me. Life is about giving and taking. The same way you take, you must give. That's why life is beautiful."

This exchange of knowledge nurtures the 'social body' and enforces its agency and presence. As we confront death, we understand it by visualizing or making believe of this complex presence manifested in the 'social' body and that embodies a person's life history, mundane routine, relationships, habits, and imagined lives.

Wassim mentions that, "In life, one should take turns between resting, being culturally involved, eating, sleeping... If you simplify it, you can live a beautiful life." Researching institutional care means attending to the mundane and understanding how that influences elderly's perception of care, but also their understanding of their lives. The mundane not only gives us a sense of the moment, but is also a complex structure of the past, present, and future. Attending to daily habits and routines, such as reading, offers a lens to imagine elderly's life histories, but is also a way to remember and visualize their absence.

"What is a memory you're proud of?"

"The thing I am proud of is that my wife is intellectual and my daughters are too. This leaves us like a Beehive at home and distracts us from thinking of obstacles. Thank God I lived a beautiful life in the midst of intellectuals. I was always affiliated with the Cultural Foundation, I used to do lectures, I used to listen, to discuss, and propose important suggestions."

Death is confronted differently from one person to another. The different perceptions of it are a result of the diverse versions of imagined personhood. As we look into a 'presence' in 'absence', we can see a silhouette that is unique and vulnerable to our experiences, relationships, and understandings, that exists only in our imagination. Hence, it is important to point out that my experience with confronting death as a researcher is different from that of Hassan, who experienced the loss of a friend.

C. Conclusion

Drawing from both Buch's (2015) definition of the 'social' body and Irving's (2018) notion of 'life lived otherwise', we can begin to understand how elders express their agency. The presence of the 'social' body with its experiences and personhood cultivates the agency to imagine new lives.

Understanding appetites and death as two structures or factors that influence 'Agency', is a way to look into how both material and immaterial worlds intertwine. To understand the 'absence', we must engage with the 'presence' and its mundane practices, such as eating.

CHAPTER IV

CONCLUSION

> "I have candy, I can offer you. Open it for me please, I want to offer you. […]
> "But you should keep them for you."
> "I have."
> The candies were tangled… It took me a few seconds to choose and open one.
> There was plenty inside the tissue box.
> "Thank you."
> "And this."
> "It's fine, this is great!"
> "No, take this, it's chocolate."
> "This is enough, trust me."
> "No, you're doing that for me."
> She grabbed another candy and handed it to me […]

Care is given and care is received; I remember having this conversation with the woman I initially met at the institution. It was during my first encounters with care, yet it continues to shape how I perceive it. The process of understanding care in never systematic, as it is vulnerable to the experiences of the 'social' body, its imagination, and contingencies.

In the first chapter, I started off by introducing the notion of institutionalized elderly care and what it means to conduct research in an economic and global pandemic. I questioned how sentiments of care, manifest in an institution and explored how contingencies and uncertainties of virtual fieldwork shape my perception of care and intimacy. By discussing scholarly approach to care, I have been inspired by what Sarah Pink proposed as ethnography that 'engages the senses". So, I explored what it means to study care using a visual lens. Through the creation of a desktop documentary, I tried to

answer a single question, "How can we explore the materiality of trust, intimacy, and aging bodies through digital infrastructures?"

In the same chapter, I explored the notion of Visual Anthropology and how it allowed me to be 'there but not there.' I also tackled the different ways in which digital infrastructure redefines space and connections. I finally addressed how this digital mediated space creates a different form of intimacy and that is, the 'virtual' intimacy.

In chapter 2, I documented my first encounter with care. I also explained the different structures a researcher goes through before being channeled into the institution. My encounter with care and the connection I have shared with the woman at the institution, were the driving force behind my choice of researching care practices and institutions. I felt that there is a need for me to tell her story and explore how intimacy of care practices are manifested within an institution. However, when my research got rejected, the need to tell a story became a necessity to deliver a message; one that is aware of the risk of 'commodification of intimacy' and supportive of methods of organizing care that are attentive to the physical well-being and social personhood of the elderly.

In the third chapter, I realized that the notion of care can't be confined to one category. Thus, I explored how structures and imaginations both shape the lives of elders in care institutions. Throughout my 'care' experience, I took humor seriously to understand why it is rooted in their everyday conversations and negotiations. I also experimented with humor to explore their life histories, imaginations, and understand their relationships with themselves and others.

In the fourth and final chapter, I ended my thesis on a heavy theme but a significant one in understanding care. I addressed how agency of elders is shaped by their appetites for

food, and life. Throughout the chapter, I also explored different perceptions of death and delved into what it means to confront it as a researcher, but also as someone who formed a connection with the participant.

On a final note, I address the findings of this research first and foremost to my participants who have trusted me with their intimate everyday routines. They have opened up to me about their fears, imaginaries, dreams, and family histories. What was truly impressive to me was how, despite of their age and conditions, they were able to adapt to and interact with the digital infrastructure. With all the uncertainty presented by this mediated space and its discrepancy between the material and non-material, I cannot but describe this research as a fulfilling journey with each and every one of them.

BIBLIOGRAPHY

Bešlagić, L. (2019). Computer Interface as Film: Post-Media Aesthetics of Desktop Documentary. AM Časopis za studije umetnosti i medija, (20), 51-60.

Buch, E. D. (2015). Anthropology of aging and care. *Annual Review of Anthropology*, *44*, 277-293.

Butler, J. (2004). Violence, Mourning, Politics, Precarious Life: The Powers of Mourning and Violence.

Caplan, P. (2003). Anthropology and ethics. *The Ethics of anthropology. Debates and dilemmas, Londres: Routledge*, 1-33.

Coleman, E. G. (2010). Ethnographic approaches to digital media. *Annual review of anthropology*, *39*, 487-505.

Cox, R., Irving, A., & Wright, C. (2016). Introduction: the sense of the senses.

Dant, T. (1999). *Material culture in the social world*. McGraw-Hill Education (UK).

Dourish, P., & Mazmanian, M. (2011, June). Media as material: Information representations as material foundations for organizational practice. In *Third international symposium on process organization studies* (Vol. 92).

Fassin, D. (2013). *Enforcing order: An ethnography of urban policing*. Polity.

Haraway, D. J. (2013). *When species meet* (Vol. 3). U of Minnesota Press.

Horst, H. A., & Miller, D. (Eds.). (2020). *Digital anthropology*. Routledge.

Ingold, T. (2014). That's enough about ethnography!. *Hau: journal of ethnographic theory*, *4*(1), 383-395.

Irving, A. (2018). A life lived otherwise: Contingency and necessity in an interconnected world. *Anthropologica*, *60*(2), 390-402.

Lobinger, K. (2016). Photographs as things–photographs of things. A texto-material perspective on photo-sharing practices. *Information, Communication & Society*, *19*(4), 475-488.

Menzfeld, M., Menzfeld, M., & Valussi. (2018). *Anthropology of Dying*. Springer VS.

Nader, L. (2011). Ethnography as theory. *HAU: Journal of ethnographic theory*, *1*(1), 211-219.

Noland, C. M. (2006). Auto-photography as research practice: Identity and self-esteem research. *Journal of research Practice*, *2*(1), M1-M1.

Pink, S. (2006). *The future of visual anthropology: Engaging the senses*. Taylor & Francis.

Reeves, M., Koehn, N., Neeley, T., & Berinato, S. (2020). Coronavirus: Leadership and Recovery: The Insights You Need from Harvard Business Review. Harvard Business Press.

Rogers, D. (2015). Oil and anthropology. *Annual Review of Anthropology*, *44*, 365-380.

Shah, A. (2017). Ethnography? Participant observation, a potentially revolutionary praxis. *HAU: Journal of Ethnographic Theory*, *7*(1), 45-59.

Zeitlyn, D. (2008). Life-history writing and the anthropological silhouette. *Social Anthropology*, *16*(2), 154-171.