know how our presence alters what we observe and how who we are shapes what we are able to see. Yet, this volume tries to be more than just a cautious reminder about the malleability and contingency of ethnographic data. The editors also strive to put the issue of family and work balance in the forefront and to question the feasibility of drawing boundaries between work and family life. It is in this claim that the volume neglects the analytical power that ethnographers and any analyst of culture can draw from distance from the field. At least, if we subscribe to cultural analysis in the Weberian and Geertzian tradition, being aware of our own cultural predispositions is fundamental to uncovering and deciphering the meaning that we are presented with. Finding a balance between immersion and retreat is consequently an analytical necessity that distinguishes sociological analysis from purely journalistic and narrativisitic work. In this sense the volume touches on, but does not answer, one of the core dilemmas of ethnographic work: complete immersion and blurring the boundaries of the private and the work life generates fascinating data, but is it also conducive to thoughtful, innovative, and measured analysis?

The Way We Die Now: Intimacy and the Work of Dying. By Karla A. Erickson. Philadelphia: Temple University Press, 2013. Pp. xiv+192. $29.95 (paper).

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In her study of a continuing-care retirement community, Karla A. Erickson portrays aging and dying with concern and compassion. She brings a fresh view to late life through her detailed ethnographic study of "Winthrop House," a respected levels-of-care facility in a small Midwestern college town. As an ethnographer of labor, Erickson aims to discover how workers accomplish the intimate and often invisible work of caring for aging and dying residents. She intends to use experiences at Winthrop House to explore contemporary conditions of aging and dying while attending to "when, why, and how we die now" (p. 10). By studying one continuing-care center in depth, *The Way We Die Now* proposes to illuminate what dying in the United States is like now, although the author also acknowledges that a researcher cannot generalize from one case. The tensions between illuminating general concerns and making unsupported generalizations occur throughout the book.

Erickson does considerable work in defining and opposing common beliefs about aging and dying, many of which are residual from generations past. Yet as dying lengthens, new questions arise about how to live while dying. Much of Erickson's analysis turns on two important concerns: "di-

lemmas of the threshold" (p. 15) and fear of aging and dying. For Erickson the threshold means the liminal space between living and dying that more North Americans come to occupy. She defines the threshold to signify that death is imminent but when it will come remains uncertain. Sharon Kaufman coined the term in her book *And a Time to Die* (Simon and Schuster, 2005). She also uses the threshold to depict the liminal space between life and death but emphasizes the waiting that occurs when at the threshold. Kaufman observes that at this time the hospital becomes an experimental place in which new questions arise about what being alive and being human mean. Erickson uses the concept of the threshold to contrast prolonged dying processes with the sudden deaths of yesteryear. Like Kaufman, she points out the moral and ethical dilemmas that emerge with prolonged dying. Erickson finds that the resulting ambiguity not only causes difficult decisions but also emotional tumult. We may grieve about decisions we made or didn't make along the way in addition to grieving the lengthy dying and ending of life.

Fear of aging and dying is the other dominant concern in Erickson's book. She explains how this fear permeates beliefs and practices toward aging and dying. Nonetheless, she is continually upbeat about opportunities to make positive decisions during late life. Erickson attributes much of Americans' fear of frailty and dependency as being displaced on the elderly, which leads to contempt for them. Erickson argues that our fear results from outmoded conceptions of the nursing home as *the* site of eldercare. She's right, of course. Nursing homes are not the only site of care, and skilled nursing facilities are now regulated. Other types of care may receive less scrutiny. In my state, for example, advocates for improving the care of vulnerable elders long for greater oversight of assisted living facilities. Formal care of elderly and dying people takes varied forms, and the continuing care center provides levels of care to fit residents' changing physical and mental capacities as they age and enter their last months and weeks.

Erickson portrays Winthrop House as a caring community that nourishes the lives of its residents and by extension their relatives and the staff. Her detailed descriptions establish Winthrop House as a model of how elder care can be given. I do not doubt the accuracy of Erickson's portrayal of *this* continuing care community. I question some of her assertions about eldercare in general. Erickson points out that generalized fear of nursing homes increases the possibility of abuse, although she claims that abuse is rare (pp. 62–63). How does she know? What stands as abuse? Do eldercare workers, residents, and advocates share the same definitions? We don't know. For a resident with waning control over bodily functions, not receiving prompt help to a call for nursing assistance may stand as abuse. To advocates, visible bruises or ulcerated skin raise questions of abuse as well as acts that occur without visibility.

In my view, Erickson contributes both more and less than she promises. Although she doesn't state her argument this way, in effect, she lays out the context and conditions for improving eldercare. Winthrop House is a nonprofit organization with a long history in and deep connections with the community in which it resides. This context supports the following interrelated conditions that support good care: (1) shared face-to-face relationships between staff, residents, and their families before, during, and after living at Winthrop House, (2) active involvement of residents in center events and governance, (3) staff acceptance of accountability for care, (4) a positive work environment for staff, (5) assurance of personalized, life-long care despite exhausted funds, and (5) acceptance of socioeconomically diverse community members. Erickson sums up her study in eight valuable lessons from the end of life, yet more work is needed to demonstrate how we can best accomplish the intimate work of care for the dying.

Why We Harm. By Lois Presser. New Brunswick, N.J.: Rutgers University Press, 2013. Pp. xii+163. $75.00 (cloth) $24.95 (paper).

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In 1998, a group of scholars at the University of Bristol in England working in social policy and teaching some courses in criminology began to develop a new discipline around the concept of social harm. They called it zemiology from the Greek word for harm—zemia. The idea for a new discipline stemmed from their increasing concern with the expansion of criminology while at the same time more and more social problems and behaviors were being constructed within criminal discourses and their solutions determined through the criminal justice apparatus. As crime harms form only a small element of the social harms people suffer throughout their life, criminology inevitably provides a distorted and biased view of the totality of harm. In 1999, the group held a conference under the title Zemiology: Beyond Criminology. Some years later, in 2004, Paddy Hillyard, Christina Pantazis, Steve Tombs, and Dave Gordon published *Beyond Criminology: Taking Harm Seriously* (Pluto Press, 2004), which provided a critique of criminology and examples of social harm not subject to criminal sanctions.

Why We Harm shares many of the ideas developed by the Bristol group but develops them in new and insightful ways. Lois Presser begins by arguing that it is more appropriate to theorize harm than crime. First, harm has a progressive aspect. The harmed subject becomes central, rather than the criminal or the state. Second, harm is a more foundational object for explanation than crime. Most people react to harm but not necessarily crime, which may do no harm. Third, a focus on harm reveals very different so-