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“MEN DON’T TALK”: EXAMINING THE DYNAMICS OF MEN’S CO-RESIDENT RELATIONSHIPS IN ASSISTED LIVING

by

YARKASAH P. PAYE

Under the Direction of Candace L. Kemp

ABSTRACT

Women outnumber men in assisted living (AL). This gender imbalance promotes the feminization of AL settings and affects men’s social experiences, particularly their co-resident relationships. AL research connects peer relationships to resident well-being and suggests gender that influences co-resident interactions. Yet, few studies have specifically examined men’s social experiences in AL. This analysis aimed to: (1) learn how men experience co-resident relationships in AL; and (2) identify the factors shaping these peer relationships. The analysis utilized qualitative data collected from two AL settings. Data collection involved participant observation and informal and formal in-depth interviews. Analysis was informed by principles of Grounded Theory Method and shows high variability in men’s co-resident connections. A range of individual- and facility-level factors promoted or constrained relationship development. Gender remains pivotal in structuring men’s social engagements. Individual- and facility-level factors often intersected with gender and influenced men’s social lives. Ultimately, co-resident relationships are consequential for men in AL.

INDEX WORDS: Assisted living, Social relationships, Men, Co-resident relationships, Gender

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YARKASAH P. PAYE

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

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by

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December 2012

DEDICATION

With a grateful heart, I dedicate this thesis to my mother, Nancy Golon Paye, whose silent strength and resilience have guided me through life's meandering paths; and to my wife, Anita Sylvette Parker Paye, whose love and commitment remain unshakable.

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1 INTRODUCTION

1.1 Statement of the Problem

Demographic projections in the United States unanimously point to an aging society, with the number of older adults expected to rise exponentially in the coming decades. The U. S. Census 2010 projections indicate that by 2030 the number of Americans over 65 years old will increase from 40 million to 70 million (U. S. Census, 2010). While older women will continue to outnumber older men in the general population, noticeable increases in the number of older men are apparent. In an analysis of the 2010 census, Werner (2011) observed that the largest growth rate for a ten-year age group was for men 85 to 94 years old (46.5%). When five-year age groups are compared, men 90 to 94 years old had the largest growth rate (50.3%) while women in this age group grew by 23.3%. Despite the growth in their population and, likely as a consequence of their smaller numbers relative to older women, little is known about older men and their social relationships, especially in formal long-term care (LTC) settings (Park, Knapp, Shin, & Kinslow, 2009).

Social relationships are important across the life course. Social relationships are "recurrent patterns of interaction with other individuals" (Krause, 2006, p.182). Social relationships are particularly salient in later life because of their impact on health and well-being for older adults (Luger, Cotter, & Sherman, 2009). Moreover, research has determined that social relationships can reduce morbidity and mortality (Wortman & Conway, 1985), and buffer the effects of stress on mental and physical health (Bankoff, 1983; Krause, 1986). Yet not all social relationships have the same influence. For instance, relationships with family and friends present different opportunities for older adults (Keller-Cohen, Fiori, Toler, & Bybee, 2006). Relationships with friends tend to have more positive impact on older adults' well-being, feelings of worth, and mo-

rale than family (Antonucci & Akiyama, 1995; Fiori, Antonucci, & Cortina, 2006; Keller-Cohen et al., 2006; Seeman, 2000; Siebert & Mutran, 1999). Research suggests that a variety of factors influences the scope and utility of social relationships in later life, especially age, living arrangement, and gender. For instance, compared to men, women generally have larger social networks and, report receiving more social support from others; meanwhile, older men are more likely to be married and depend on their spouses for support (Antonucci & Akiyama, 1987; Werner, 2011). However, older adults are not always able to remain in their homes due to loss of health, spouse, or increased social isolation resulting from the loss of social network members. Consequently, when faced with loss of independence and need for instrumental and social support, a growing number of older adults will transition to formal LTC settings, including assisted living (AL) (Ball et al., 2009).

AL is a non-medical, social-model option of LTC with home-like environments that facilitate residents' privacy and autonomy (Chapin & Dobbs-Kepper, 2001; Frank, 2002; Hawes, Phillips, Rose, Holan, & Sherman, 2003; Mollica, 2002). Physical and cognitive declines are prevalent among AL residents, with high occurrences of Alzheimer's disease and other forms of dementia (Ball, Perkins, Hollingsworth, & Kemp, 2010). Currently, the AL industry serves approximately 1 million residents in the United States (National Center on Assisted Living, 2009). Although there is some variation by gender, age, and other demographic factors (Park-Lee, Caffrey, Sengupta, Moss, Rosenoff, & Harris-Kojetin, 2011, Polivka & Salmon, 2008), the typical AL resident is female, Caucasian, older than 85 years. Women account for 70% of the census (Caffrey et al., 2012). This gender imbalance in AL tends to feminize the social environment and shapes opportunities for men's social relationships in AL.

Research suggests the importance of co-resident relationships in AL (Kemp, Ball, Hollingsworth, & Perkins, 2012; Street & Burge, 2012). Research on co-resident relationships in AL further suggests their instrumentality in life satisfaction (Park, 2009) and quality of life (Ball, Perkins, Whittington, Hollingsworth, King, & Combs 2005; Street, Burge, Quadagno, & Barrett, 2007). In addition, positive co-resident relationships contribute to better adjustment in AL (Street et al., 2007). Residents also draw from the emotional support provided by co-residents who have previously navigated the transition to AL (Burge & Street, 2010; Rook, 2009; Street et al., 2007). However, there is considerable variation in co-resident relationships. Co-resident relationships can include strangers, friends, as well as enemies, and romantic types (Kemp et al., 2012). Researchers attribute this variation to facility factors (e.g., facility size and location, cost, quality and tenure of staff) and individual factors (e.g., physical and cognitive status of residents, race, marital status, and gender) that either encourage or limit relationships (Ball et al., 2005; Kemp, 2008).

Gender is among the main individual factors influencing co-resident relationships in AL; what little research that exists on men in AL suggests that being a man affects how a resident experiences social relationships (Moss & Moss, 2007; Park, Knapp, Jung Shin, & Kinslow, 2009). For example, men are fewer in number, limiting their opportunities for same-sex friendships, but increasing their opportunities for opposite-sex relationships (Kemp et al., 2012). In addition, masculine identity renders some facility activities antithetical to men's needs, further limiting opportunities for interactions with other residents (Park et al., 2009). Perhaps unsurprisingly, one large-scale AL study found that women participate in more social activities than men (Mitchell & Kemp, 2000). Furthermore, research on married couples in AL demonstrates their propensity to emphasize their intra-marital relationships, thus foregoing relationships with other residents

(Kemp, 2008; 2011). As such, married men may experience limited co-resident relationships. Although existing work provides some insight into men's experiences in AL, including some factors that might lead to variation in men's experiences, research has yet to study men's relationships in-depth in these increasingly popular care settings. The paucity of studies that systematically examine men's co-resident relationships in AL means that much remains unknown, including the construct of men's co-resident relationships, the factors influencing such relationships, and the mechanism for sustaining men's co-resident relationships in AL. Moreover, little is known about the outcomes of men's co-resident relationships.

1.2 Research Purpose

This thesis examines men's social experiences in AL with a focus on their relationships with other residents. Analysis is guided by life course (Elder, 1994) and social constructionist perspectives (Gergen, 1985) and by principles of grounded theory (Charmaz, 2006; Strauss & Corbin, 1998). The thesis is based on qualitative data derived from two AL communities in metropolitan Atlanta. The specific aims of the study are as follow:

Aim 1: To learn how men experience co-resident relationships in AL;

Aim 2: To identify the factors that influence men's co-resident relationships in AL; and,

Aim 3: To understand the outcomes of co-resident relationships for men in AL.

This study is pertinent because it not only contributes to the existing corpus of literature on older men's lives, specifically their co-resident relationships in AL, but it also provides basis for policy and programmatic enhancements in AL. Framers of regulations would benefit from findings that demonstrate the factors influencing men's co-resident relationships in AL. Moreover, findings can help elevate the quality of life for men in AL. Finally, providers need empirical

evidence about how to structure programs that attend to the needs of men in AL. Findings from this study supply such evidence. Moreover, if taken up by providers, suggestions for practice based on the study's findings could engender enhanced quality of life men as their co-resident relationships improve.

2 LITERATURE REVIEW

In this chapter, I review the aging demographics with special attention devoted to its gender dynamics. In view of the salience of social relationships among older adults, I review social relationships in later life. I also discuss the assisted living (AL) setting and the experience of social relationships in this context. The chapter concludes with an examination of men's co-resident relationship in AL.

2.1 Demographics of the Aging Population

In chapter one, I noted that population aging is a present and future reality in the United States. The portion of the population 65 years and older experienced a growth rate of 15% between 2000 and 2010 (Howden & Meyer, 2011). This growth is evident across racial, ethnic, and socioeconomic boundaries. According to the U.S. Census (2010), minorities account for 20.0% of persons 65 years and over, with African-Americans comprising 8.4%. Persons of Hispanic origin (who may be of any race) represent 6.9% of the older population. About 3.5% were Asian or Pacific Islander and less than 1% were American Indian or Native Alaskan. In addition, 0.8% of persons 65 years and over identified themselves as being of two or more races.

Uneven gender distribution also characterizes the older population. As can be seen in Table 2.1, there are more women than men in each age group. The life expectancy gap between men and women may account for this difference. While older women represented 23 million of all older adults in 2010, older men accounted for 17.5 million; the female to male sex ratio increases with age, ranging from 112 for the 65-69 age group to a high of 206 for persons 85 and over (U.S. Census, 2010). Although older women outnumbered older men in the general population, noticeable increases in the number of older men in specific age groups were apparent. An in-depth analysis of the 2010 census by Werner (2011) demonstrates the following: the largest

growth rate for a ten-year age group was for males 85 to 94 years old (46.5 percent). Females in this age group also increased but to a smaller degree (22.9 percent). When five-year age groups are compared, males 90 to 94 years old had the largest growth rate (50.3 percent) while females in this age group grew by 23.3 percent.

Observable gender differences in marital status are also evident in the 2010 census report. Compared to older women, a higher proportion of older men were married in 2010 – 72% of men and 42% of women (Administration on Aging (AoA), 2011). The report from the census also points to the large number of widows among older women – 40%. Four times as many older women were widows (8.7 million) compared to men (2.1 million).

Living arrangements for the older population also differed by gender. According to a report compiled by the AoA (2011), among community dwelling older adults, over half (55%) resided with a spouse in 2010 . More men lived with a spouse than women, as 69% of older men compared to 41% of older women lived with a spouse; in addition, advanced age further depreciated the percentage of older adults residing with a spouse, with 30% of women 75 years and above living with a spouse (AoA, 2011). A large percentage of community dwelling older adults lived alone in 2010, 37% for women and 19% for men (AoA, 2011). Advanced age increased the likelihood of an older adult living alone. For example, 47% of women 75 years and above lived alone in 2010 (AoA, 2011).

Institutional environments like nursing homes and AL facilities provide accommodation for only a small percentage of older adults. However, advanced age elevates the use of residential facilities by older adults. For example, in 2007 1% of older adults aged 65-74 used residential facilities, compared to 3.5% of older adults aged 75-84 years and over 13% for older adults 85 years and above (AoA, 2011).

Health and functional status among older adults are key determinants of their abilities to interact with their environment. Because women have higher life expectancy than men, they have greater susceptibility to chronic illnesses (Moody, 2010), which contribute to functional disability (Robb, Small, & Haley, 2008) and may account for the higher prevalence of disabilities and functional limitations incurred by older women compared to older men (Freedman, Grafova, Schoeni, & Rogowski, 2008).

In “A Profile of Older Americans: 2011”, the AoA (2011) reports that 37% of older adults self-reported some type of disability in 2010, including hearing, vision, cognition, ambulation, self-care, or independent living. While some disabilities may be minor and present inconsequential interferences with life, others compel older adults to require assistance with important personal needs. Older adults with disabilities and greater functional limitations may experience impaired social relationships.

Table 2.1: Age Distribution by Gender - 2010

Age Group	Both Sexes	Men	Percent	Women	Percent
60 - 64	16,817,924	8,077,500	48%	8,740,424	52%
65- 69	12,435,263	5,852,547	47%	6,582,716	53%
70 – 74	9,278,166	4,243,972	46%	5,034,194	54%
75 – 79	7,317,795	3,182,388	43%	4,135,407	57%
80 -84	5,743,327	2,294,374	40%	3,448,953	60%
85 – 89	3,620,459	1,273,867	35%	2,346,592	65%
90 – 94	1,448,366	424,387	29%	1,023,979	71%
95- 99	371,244	82,263	22%	288,981	78%
100 and over	53,364	9,162	17%	44,202	83%

Sources: U. S. Census Bureau, *Census 2000 Summary File 1* and *2010 Census Summary File 1*.

2.2 Social Relationships in Later Life

Social relationships refer to the recurrent patterns of interactions with other members of society, which have profound effects on individuals' physical and mental well-being throughout the life course (Antonucci, 1985; 1990; Antoncci, Landsford, & Akiyama, 2001; Berkman, 1995, Berkman, Glass, Brissette, & Seeman, 2000). Social relationships encompass three elements, including social network, social support, and social integration (Antonucci, 1990). Social network or social structure "is the skeleton or structure that provides a foundation from which more subjective aspects of social relations can develop" (Antonucci, Birditt, & Akiyama, 2009, p. 248). This structure is important because both the size and quality of a social network influence social relationships. On the other hand, social support "refers to the provision or receipt of something

perceived to be needed by the provider, the recipient, or both" (Antonucci et al., 2009, p.248). The third element, social integration, refers to the individual's attachment or inclusion in a social structure (also see, George, 1996). Both social structure and social support are dependent on social integration.

2.2.1 The significance of social relationships in later life

Significant research has documented the salience of social relationships to the quality of life in later life (Carder, 2002; Combs, 2004). Similarly, others have shown a positive relationship between social relationships and various aspects of well-being (Pinquart & Soerensen, 2000; Stevens, Martina, & Westerhof, 2006; Tomaka, Thompson, & Palacious, 2006). Studies continually have shown that older adults' friendships can serve as key ingredients for their well-being (Aday, Kehoe, & Farney, 2006; Payne, Mowen, & Montor-Rodriguez, 2006; Silverstein, Chen, & Heller, 1996).

Positive consequences for health and well-being make social relationships paramount in later life. Studies on older adults indicate that those who maintain positive and supportive social relationships are better adapted to both sustain their health and recover from health crises (Antonucci, 1990; Seeman, 2000). It has also been shown that strong social support in later life reduces the risk of disability (Avlund, Holstein, & Due, 2004). Later life social integration is associated with better cognitive functioning and decreased risk of depression, serving as a buffer against psychological distress (Fratiglioni, Wang, Ecrisson, & Mayten, 2000; Keller-Cohen, Fiori, & Toler, 2006). There is a preponderance of evidence that social integration protects against dementia and other cognitive disabilities (Crooks, Lubben, Petitti, Little, Chiu, 2008; Fratiglioni, Paillard-Borg, & Winblad, 2004; Wang, Karp, Winblad, & Fratiglioni, 2002). The positive association between supportive social networks and well-being in later life suggests that

older adults lacking supportive networks have enhanced risks of mortality, disability, and isolation (Berkman et al., 2000; Guilley, Pin, Spini, D'Epinay, Herrman, & Michel, 2005). Notwithstanding the overwhelming reports of positive association between social relationships and well-being in later life, negative consequences have also been documented, particularly within marital relationships, including stress from a spouse (Walen & Lachman, 2000), risk of compromised well-being from an unsupportive marriage arrangement, and caregiver stress (Christakis & Allison, 2006).

2.2.2 Types of social relationships in later life

Relationships with family and peer group members present varying implications in the lives of older adults (Antonucci et al., 2009). While family members generally dominate older adults' social networks, research has shown that they prefer support offered by friends (Antonucci, 2009). The preference for friends' support is a result of feeling less competent when older adults depend on family members for support (Siebert & Mutran, 1999). Relationships with friends tend to have more positive effects on the well-being of older adults than relationships with family (Antonucci, 1990). Moreover, studies have shown that older adults' friendships can serve as key ingredients for their well-being (Aday, Kehoe, & Farney, 2006; Payne, Mowen, & Montor-Rodriguez, 2006; Silverstein, Chen, & Heller, 1996). Declining meaningful contacts with family and friends contribute to social isolation, which is a key influence on older adults' transition to LTC. This elevates the need to understand peer relationships in later life, particularly in AL settings.

2.2.3 Factors influencing variations in social relationships in later life

Gender. Gender influences social relationships in later life. Research indicates that women generally have larger networks and receive more social support from others than men

(McLaughlin,Vagenas, Pachana, Begum, & Dobson, 2010). On the other hand, men tend to be married and rely on their wives as confidents (Kemp, 2008). In 2010, for example, 72% of older men were married compared to 42% of older women (AoA, 2011). At the same time, 47% of older women lived alone (AoA, 2011). Siebert, Mutran, and Reitzes (1999) observed gender differences in how men and women perceived their reception of social support from relatives. A subsequent study corroborated the previous findings, observing that grandfathers, for example, have less contact with their grandchildren and assigned a lesser focus on the grandparent identity than grandmothers (Reitzes & Mutran, 2004). However, when age and race are factored in, both older women and men tend to have older, smaller, and more spread-out network; also, African Americans reported smaller, more family-oriented networks with regularity of contacts (Ajrouch, Blandon, & Antonucci, 2005).

Men's perception of manhood and masculinity also influences social relationships in later life. In an exploratory examination of the construction of masculinity among older men, Alex, Hammarstrom, Norberg, and Lundman (2008) posited three streams of masculinity including "being in the male centre", striving to maintain the male façade", and "being related." In this study the authors looked at masculinity among men aged 85 and over and their finding elucidated multiple masculinities among older men. Consequently, it is critical to understand the relationship between masculinity and older men's social ties.

Marital status. Health-promoting properties of marital status and marital quality have been documented in existing literature (Umberson, Crosnoe, & Reczek, 2010). For example, Antonucci, Lansford, and Akiyama (2001) found that spousal relationships are important for well-being among older adults. In this case, well-being entails both physical and mental dimensions. A large study in Great Britain looking at illness rates found that first-time married people

experienced the lowest rates of illness compared to people of other married categories – divorced, remarried, widowed, and separated (Murphy, Glaser, & Grundy, 1997). Similarly, Prigerson, Maciejewski, and Rosenheck (2000) found that compared to widowed individuals of the same age group, married individuals aged 50 years and older reported fewer chronic illnesses, better functional health, fewer nursing home days, and fewer physician visits. Furthermore, existing evidence suggests that marital happiness, which is influenced by marital quality, is pertinent to the mental health of mature adults (Bookwala and Jacobs, 2004). In a study examining the relationship between marital quality and physical health, Bookwala (2005) confirmed that physical health is impacted by the quality of marriage for older adults. Both men and women benefit from the positive marriage prosperities and incur the consequences of negative spousal behaviors.

Notwithstanding the overwhelming reports of positive association between social relationships and well-being in later life, negative consequences have also been documented. This dark side of social relationships (Umberson & Montez, 2010) can result from even the most positive social network. For example, marriage relationships can be a prime source of both support and stress for many individuals (Walen & Lachman, 2000). Older adults with unsupportive marriage arrangements may be at risk for compromised well-being. Moreover, caregiving, especially for a sick or impaired spouse, can impose strains that undermine the health of the care provider, even elevating mortality risks for the provider (Christakis & Allison, 2006). The consequences of caring for an impaired spouse may include increased physical and psychiatric morbidity, impaired immune function, poorer health behavior, and compromised health for the caregiver (Schulz & Sherwood, 2008). Additionally, care recipients may be negatively affected by interpersonal interactions with stressed caregivers (Bediako & Friend, 2004).

Age. Advanced age contributes to decline in social network size (Aldwin & Gilmer, 2004). Old adults typically have smaller, family-centered networks compared to younger adults (Ajrouch, Antonucci, & Janevic, 2001), and maintain fewer peer group members (Antonucci et al., 2009). Moreover, most research suggests positive association between age and the presence of highly-supportive relationships (Marsden 1987; Shaw, Krause, Liang, & Bennett, 2007). Similarly, other research argues that older adults dispose of less meaningful relationships as they advance in age, electing to surround themselves with more emotionally supportive relations (Frederickson & Carstensen 1990).

Health, Race, and Socioeconomic status. There is a close relationship between health, aging, and social relationships because of an interplay of influences. The importance of social relationships in late life issues from their influence on the health and well-being of older adults (Lugar et al., 2008; Park, 2009). Research by Ajrouch et al. (2001) shows that Blacks and Whites share similarity in the proximity of social networks; however, Blacks tended to have smaller, more kin-centered networks. Antonucci (1985) suggests that people of lower socioeconomic status have depressed networks compared to people of higher socioeconomic status.

2.3 Men's Friendships

Various studies have established that people with friends live longer, healthier lives (DuPertuis, Aldwin, & Bosse, 2001; Netuveli, Wiggins, Hilden, Montgomery, & Blane, 2006). At the same time, the difficulty of maintaining friends in later life due to death, illness, and retirement is well known (Antonucci & Akiyama, 1996). This difficulty occurs at a juncture in the life course of men when they have time to commit to social relationships. Life course studies of men's relationships suggest that they have more time in older age to expend on social relationships than during their younger years, when the focus was on career, childrearing, and family life

(Grief, 2009). As men age, and the requirements of career and family wane, much spare time is available for leisure and social relationships (Sheehy, 1998). Moreover, the context of social norms influences men's friendships, especially older men. While older men have more opportunities for friendships with women, variations in social context influence such friendships. For example, interaction with sexual overtones may hinder relationships among older men and women (Felmlee & Muraco, 2009).

Older men constitute friendship using various ingredients. A detailed survey literature review by Adams (1994) presents both the internal structure of friendship patterns (e.g., the size of men's friendship networks and solidarity), as well as the internal processes of friendships, including the cognitive, affective and behavioral aspects. The review found that in relation to network size, the research remained inconclusive but tends to demonstrate that women have larger networks than men (Adams, 1994). In terms of solidarity, the emotional closeness of friendships, existing research concluded that women's friendship were emotionally closer (Adams, 1994).

In Adams' (1994) review of the internal processes of friendships, the result was mixed on the level of satisfaction with friendships. However, men reported a high degree of consensus about their definition of a close friend: someone to "pass time with," "feel comfortable with," and "count on" (Adams, 1994, p. 169). In addition, men connected friendship with empathy, affection, trust, loyalty, and satisfaction. Similarly, men were found to connect with one another around activities, including providing social support and sharing in activities (Adams, 1994).

More recent conclusions by Greif (2009) both confirm and contradict some earlier research. In a large study of 386 men ranging from 21 to 85 years old, Greif and his team used 12 open-ended questions to interview men about their male friendships. In their analysis, the team focused on five key questions, including, (a) What is friendship and what does a friend mean to

you? (b) How have friends helped you (Are you a source of social support)? How have you helped friends? (c) What are examples of what you do with your male friends? (d) How do you establish friendships with men and how do you maintain them? (e) Did your father (or a significant male parent figure) have many friends and, if so, what messages did you receive about friendships from him? The baseline conclusion of the study established that friendship is important to men, and that "men recognize the importance of other men in their lives" (Greif, 2009, p. 627). This finding contradicts Kaye's (1997) suggestions that men's sentiment that they like to "go it alone" means a lack of interest in friendships (p.233).

In Greif's conclusions, consistent with Adams' (1994) findings, men celebrated trust and having a trustworthy person as salient components of friendships. Important in the definition of friendships was the ability to share thoughts and feelings with another person (Greif, 2009). This affective description of friendship differs from concepts of friendships advanced by Kaye (1997) and Kramer (2002), who implied a sense of isolation in men, when pairing men and women. Moreover, consistent with Adams' (1994) observation that men build their friendships around activities, Greif (2009) found that men seek commonalities in developing friendship, and sports provide a common avenue for interaction.

Older men's race also provided distinction in their perception of friendships. According to Greif (2009), African American men were more apt to speak of their friendships in terms of sharing thoughts and feelings than Whites. This finding is consistent with earlier conclusions of expressiveness among older African American men (Ellison, 1990; Mattis et al., 2001). Compared to White respondents, older African American men also made more references to family (Greif, 2009). This finding would support earlier observations by Roberts (1994), who posited

that African Americans often employ family metaphors when talking about friendships. Finally, Whites reported receiving less help from friends than African Americans (Greif, 2009).

In an in-depth study using structural equation modeling to analyze 98 men's friendships, Migliaccio (2009) concluded that men's friendships are more than a product of being a man, but are a performance of masculinity. Migliaccio argues that a persistent link exists between masculine expectations and men's interactions with friends. As such, men's engagement with their friends is a display of perceived or expected masculine behaviors. According to Migliaccio (2009), "Friendships should be conceived of as one component in masculine performances, and not simply as a result of gender" (p.238). Among older men, advanced age results in decreased contacts with friends and other social networks, this increases social isolation and its accompanying consequences. As a result, the decision is made to transition to AL.

2.4 Understanding Assisted Living

Assisted living is one choice among various formal LTC options. As a non-medical, community-based living environment, AL distinguishes itself from other senior housing and care settings by emphasizing a social model of care (Mitty & Flores, 2007). The now defunct Assisted Living Quality Coalition was a group representing consumer groups (the Alzheimer's Association and AARP) and provider associations (the American Association of Homes and Services for the Aging, the Assisted Living Federation of America, the American Seniors Housing Association, and the American Health Care Association's National Center for Assisted Living). The Coalition (1998) offered the following statement to explain what an AL setting is:

> A congregate residential setting that provides or coordinates personal services, 24-hour supervision and assistance (scheduled and unscheduled), activities, and health related services; designed to minimize the need to move; designed to ac-

> commodate individual residents' changing needs and preferences; designed to maximize residents' dignity, autonomy, privacy, independence, and safety; and designed to encourage family and community involvement (p.4).

Five hallmarks of AL extrapolated from the Coalition's definition include: (a) services and oversight available 24-hour a day; (b) services to meet scheduled and unscheduled needs and facilitate aging in place; (c) care and services provided or arranged so as to promote independence; (d) an emphasis on consumer dignity, autonomy, and choice; and (e) an emphasis on privacy and a homelike environment **(**Hawes, Phillips, Rose, Holan, & Sherman, 2003).

Currently, the use of AL is on the rise. Recent surveys demonstrate that in 2010 there were 31,100 assisted living facilities with a total bed count of 971,900 (Park-Lee et al., 2011). Despite the Assisted Living Quality Coalition's attempt to reach a consensus on the definition of AL, much variation exists across states. AL facilities vary in size, ranging from small "mom-and-pop" homes to very large, apartment-style living facilities (Zimmerman et al., 2003**).** In 2010, the year with the most recent data, facilities with 4-10 beds accounted for 50% of all AL in the country. Medium-sized facilities, 11-25 beds, accounted for 16%, while larger facilities with 26-100 beds and extra large facilities with more than 100 beds accounted for 28% and 7 % respectively (Park-Lee et al., 2011).

AL settings also vary in kinds of services provided, regulatory standards, funding, cost, and resident characteristics (Polivka & Salmon, 2008). Because AL is primarily private pay, older adults with economic means tend to populate these communities (Hawes et al., 2003**;** Stevenson & Grabowski, 2010). The baseline monthly cost of AL ranges from $1,980 - $4,700, with geographic location, quality of accommodation, and services provided combing to influence the

cost (Polivka & Salmon, 2008). Medicaid reimbursement is available in most states, but states vary in the proportion of residents served and the level of payments (Mollica, 2002).

Resident characteristics have changed somewhat over time, with residents becoming older and frailer (Ball et al., 2009). In an extensive national survey, Hawes and colleagues (1999) noted that women composed 75% of AL residents. Moreover, other scholars assert the average AL resident is female, Caucasian, over the age of 87, and requires assistance with a least two activities of daily living (Seipke, 2008; National Center on Assisted Living, 2009). Cognitive decline, as evidenced by high occurrences of Alzheimer's and other forms of dementia, is prevalent in AL (Ball et al., 2010). Physical challenges also characterize residents of AL, with high rates of hypertension, coronary heart disease, and diabetes (Lewis & Bottomley, 2008). In 2010, 90% of residents were non-Hispanic Whites and 70% women (Caffrey, Sengupta, Park-Lee, Moss, Rosenoff, & Harris-Kojetin, 2012). These demographics have implications for social relationships in AL. While research has begun to consider social relationships in AL, a noticeable paucity of research on men's co-resident relationships in AL remains evident.

2.5 Social Relationships in AL

The transition to AL often is predicated by loss, including loss of support networks and loss of functional abilities to execute activities of daily living (ADLs) and instrumental activities of daily living (IADLs) (Ball et al., 2009). Diminishing functional abilities and depressed support networks compromise older adults' capability to live independently in their own homes, precipitating the decision to relocate to a residential facility. While most decisions to transition to AL are prompted by increased functional decline, cognitive and or physical, some moves are also necessitated by loss of a spouse and increased social isolation (Ball et al., 2009).

As such, AL plays a central role in residents' social relationships. In a qualitative study of 17 AL homes in three suburban-Atlanta counties, Ball and colleagues (2000) arrived at important observations about social relationships in AL. Selected facilities for the study ranged in size from 2 to 75 residents. Data collection involved structured, face-to-face interviews with residents (N=55) and staff, and participant observation. The sample reflected the general population of AL, being mainly White, college-educated, and women aged 65 and over. The team observed and described three types of relationships in AL environment: (a) external relations, i.e. those with friends and family outside of AL; (b) co-resident relationships; and (c) relationship with formal caregivers. Residents reported compensating for the absence of family and friends by developing co-resident relationships; residents also sought to develop relationships with formal caregiving staff beyond the caregiving roles. According to the findings, the possibility exists for co-resident relationships and caregiver relationships to evolve into family-like connections.

However, not all co-resident relationships flourish into family-like connections. Kemp et al. (2012) found that co-resident relationships can vary from friends to strangers, and may involve enemy and romantic type relationships. Analyzing data from three differing AL environments, Kemp et al. (2012) further identified neighboring and anti-neighboring as channels of interactions among AL residents. In neighboring interactions, residents tended to greet one another and engaged in discussion of various topics. Neighboring interactions also were characterized by sharing behaviors and concern for frail residents. Helping behaviors, including voluntary assistance with meal, prompting others about activities and scheduled events, pushing wheelchairs, and giving directions also formed part of neighboring interactions. Residents with surrogate, family-like connections occasionally visited in the privacy of their rooms. Furthermore, neighboring could be verbal or nonverbal, and involved joking, gossiping, teasing, or flirting. Con-

versely, anti-neighboring interactions were unfriendly and even hostile. Residents' anti-neighboring behaviors included "bullying, name-calling, intolerance, gossiping, shunning, harassing, disagreement, and physical confrontation" (Kemp et al., 2012, p.495). Anti-neighboring behaviors usually occurred within group settings. This behavior can have consequences for social relationships.

Despite the range in co-resident relationship, one finding consistent among studies is that these relationships influence well-being (Park, 2009; Kemp et al., 2012). A relatively large study across eight AL communities in Alabama, which employed face-to-face interviews with residents and staff, concluded that co-resident relationships were associated with feelings of satisfaction and reduced depressive symptoms (Park, 2009). In addition, Street et al. (2007) confirmed the salience of co-resident relationships to residents' health and well-being. Using data from the Florida Study of Assisted Living with a sample of 384 cognitively intact AL residents ranging from age 65 and over, the study concluded that co-residents were important predictors of resident well-being. Positive relationships with staff and co-residents were associated with higher life satisfaction, while external connections with family and friends did not present significant positive impact for life satisfaction. Possible explanations for this observed phenomenon resides in the fact many residents in the sample had lived alone prior to seeking residency in AL; moreover, Florida is known to be a state of choice for retirees, and some participants in the study were already accustomed to living away from family and friends.

Cummings (2002) also found a positive association between psychological well-being and co-resident relationships. In a single facility with 70 residents, Cummings recruited a sample of 57 participants and employed depression and life-satisfaction scales. Depression was operationalized using a modified (10-item) version of the Center for Epidemiological Study Depres-

sion (CESD) Scale. This scale is a brief measure designed to identify depressive symptoms and has been used extensively in gerontology research. Life satisfaction was measured using a scale based on the Life Satisfaction Scale Z (LSCZ). The study showed that residents' psychological well-being was related more to their perception of received social support from other residents rather than the number of social programs. Resident involvement in activities facilitated by AL has been shown to support psychological well-being (Mitchell & Kemp, 2000). However, the quality of co-resident relationships is more instrumental in well-being than the types and quantities of social activities (Cummings & Cocherham, 2004). Ample research has demonstrated the salience of co-resident relationships to health and well-being. As such, it is important to understand the factors that influence the development of co-resident relationships in AL.

2.6 Factors Influencing Social Relationships in AL

Research suggests that factors operating at three differing levels influence social relationships in AL; they include societal, facility, and individual factors (Kemp et al., 2012). Societal factors include federal, state, and local regulatory frameworks. For example, because AL is regulated by states, societal factors in one state may vary from those in another state. Facility factors encompass size, physical environment and location, cost, policies, activities, and number and quality of staff. Individual factors cover ability to pay, level of education, personal history, race, family involvement, marital status and *gender.* Individual factors may enhance or limit co-resident relationships. However, it is possible to observe interplay between and among factors. For example, the individual factor of gender may interplay with a facility factor if the facility offers activities that are considered feminine.

The size of a facility is consequential, and smaller facilities have been found to influence social relationships by providing greater opportunities for interaction among residents (Ball et

al., 2005). However, smaller facilities can also become impediments to social relationships by limiting options and opportunities for meeting new people. In smaller facilities with smaller male populations, men experience decreased opportunities to encounter other men.

The physical environment and location of a given AL community also affects social interaction. In a focus group study on corridor walkability among 50 residents living in six AL facilities in Texas, Lu, Rodiek, Shepley, & Duffy (2011) found that arrangement of the physical environment could facilitate social interactions. Lu and team investigated corridor walking behaviors and resident perceptions of corridor suitability for walking. The investigators observed three types of corridor walking: walking to destination, walking for exercise, and walking for interactions. A female resident commented, "[We] just walk around the esplanade outside. . . . [We go] to the front because it's pretty out there . . . because of the flowers and landscaping" (p.471). The provision of a beautiful court allowed for residents to gather and engage in co-resident relationships.

Lu et al. (2011) showed that interaction among residents precipitated by facility activities also promote meaningful co-resident relationships, and invites AL settings to invest in programs that encourage residents to develop meaningful relationships within the facility (Kane, 2001; Mitchell & Kemp, 2000). Vigorous and intentional staff involvement may help contribute to an environment that promotes relationships among residents as suggested by Kemp et al. (2012).

A critical facility factor is mealtime and the space designated for meals. Wikby and Fagerskiold (2004) found that moving into formal care might provide greater opportunities for interaction as a result of communal living and mealtime fellowship, as mealtimes tend to organize daily life and provide opportunities for most residents to be present in the same space at the same time. Yet, not all residents attend mealtimes. Kemp et al. (2012) observed various types of

interactions among residents during mealtimes including, “greeting, conversations, tiffs, showing concern, helping and sharing” (pp.495-496). However, mealtime is not always peaceful and pleasant; disputes about seating can be a source of conflict among residents as observed by Ball et al. (2005). Facility handling of such conflicts can either enhance or diminish social interactions. Yet, some residents may refrain from active interaction during mealtime because of personal beliefs. For example, residents may view the dining room as a place to eat and not a place to socialize. In a study of the phenomenon of being listened to, Jonas-Simpson, Mitchell, Fisher, and Linscot (2006) used semi-structured interviews with open-ended questions to query 20 LTC residents. The researchers observed that sharing a table does not ensure that a connection is made or that social interactions lead to a positive social relationship. The following ethnographic field note by Curle and Keller (2010) supports previous observation: “Men quiet (waiting for next course?). All men looking up and forward across the table; they do not appear to be looking at the other men at the table, but at the surroundings” (Observe 5, Table 20).

In the absence of data on gender attitudes about mealtime in AL, it can be extrapolated from other studies on gender preferences that women attend mealtime to engage in emotional connection with co-residents. Men, however, likely attended mealtime for its instrumentality.

Observations about personal preferences support the claim that individual factors do influence social relationships in AL. Kemp et al. (2012) found that resident individual factors including personal characteristics, family involvement, cognitive status, and strategies influenced their social interactions. Family involvement could limit or promote co-resident social relationships. Residents with active family involvement who tend to spend considerable time away from the facility may not have significant co-resident interactions. On the other hand, active family involvement could stimulate co-resident relationships. For example, single men in AL who have

limited family involvement would not benefit from family involvement, further limiting their opportunities for social engagement. Women, on the other hand, generally enjoy greater family involvement and would therefore incur the consequences of such family engagement.

Marital status in AL presents unique challenges to co-resident relationships. In AL, men are more likely than women to be married and often serve as caregivers for their spouses (Kemp, 2008). This arrangement has implications for the outcomes that affect social relationships. A man providing care for his spouse might earn the admiration of other women, but have limited opportunities for same sex relationships. While the couple draws on the resources of their companionship, they are often prevented from developing co-resident relationships with other residents, especially where one spouse is fulfilling caregiver responsibilities for the other spouse (Kemp, 2008; Kemp et al., 2012). Previous research has identified three kinds of couples in AL based on the types and degrees of social integration displayed (Kemp, 2008). The types of couples identified include: (a) independent; (b) inter-reliant; and (c) restricted-independent. Independent couples were identified as being social with others and "were social with one another, spending time playing games together, watching TV, visiting family members, and going to religious services" (p.243). Inter-reliant couples were "virtually inseparable and rarely left one another's side" (p.243). Inter-reliance was influenced by lifelong habit, shared health conditions and by life in the facility. Couples with high cognitive and physical functioning engaged in more social activities than do couples with cognitive and physical challenges. Restricted-independent refers to couples in which one spouse continues to be active and independent but is prevented from fully engaging in social interactions because of the assumption of caregiver role. The following quote from Kemp (2008, p.245) captures the restricted-independent couple:

> I promised to take care of her, which I am still trying to do… Yesterday, they were playing volleyball. I would have been down there with them, you know, if it wasn't for [my wife], if I was single. So, I just go and have my meals downstairs and come back up.

This arrangement limits the caregiver's opportunities for socialization.

Commonalities in residents' personal and professional biographies promote opportunities for social interaction (Ball, 2005; Yamasaki & Sharf, 2010). Residents with shared interests and hobbies tend to engage in social interaction and elicit others with similar interests and hobbies. For example, men with shared professional experiences (i.e., military, academic, and business) may seek out one another because of their common knowledge and experiences. However, men with varied profession backgrounds may seek out other men with similar interests, including sports and politics.

2.7 Men's Co-resident Relationships in AL

Men's co-resident relationships in AL are varied, although only a limited corpus of research has been completed on the subject. Married men in AL generally have their primary co-resident relationship with their spouses. Couples appreciate the companionship and emotional support that accompanies having a partner present in AL (Kemp, 2008). A man who serves as the primary caregiver for their spouse may experience limited opportunities for other co-resident relationships since so much time is spent with the ailing mate. Yet, being married in AL may present opportunities to develop co-resident relationships with other married couples, thus increasing men's chances for co-resident interactions. However, married couples constitute a minority in AL (Kemp, 2008; 2012). In addition, married men in AL view themselves as protectors of their wives in the setting (Moss & Moss, 2007). Men's co-resident relationships in AL do not

always conform to popular cultural notions of friendship, including the perception that men automatically seek out other men for friendship in a social environment.

Consistent with the findings mentioned above, de Medeiros, Saunders, Doyle, Mosby, & Van Haitsma (2011) found that staff perception of men's friendship may be contrary to the reality stated by the men themselves. For example, staff constituted a "men's table" believing that the men wanted to sit together and be friends. Co-resident men whom staff identified as friends usually reported that they were friends with people other than those identified by staff. This finding is aligned with the observations of Doyle, de Medeiros, & Saunders (2011), who found that staff perceptions of male friendships did not conform to reports presented by male residents. On the contrary, men often desire to form co-resident relationships with female residents. Men employed independence in developing co-resident relationships in AL.

In a multi-year, multi-site study entitled "Bereavement in Long Term Care", Moss and Moss (2007) evaluated data from five LTC facilities in the Philadelphia area. The study examined the cultural construction of death and dying in LTC and included 21 men of varied religious backgrounds, ethnicity, professional experiences, and marital status. Men in the study ranged in age from 75 to 99 years old, and had varying tenure in the facility. Findings by Moss and Moss (2007) support claims of men exercising independence in developing co-resident relationships. For example, some men in the study preferred to talk about work and family, showing little interest in other relationships. Similarly, some men outright avoided other residents who were sick and frail. Men seem to make active efforts to distance themselves from other residents. In addition, Moss and Moss (2007) found that men spoke about their co-resident relationships in terms of instrumental interaction. Men spoke of their relationships with other residents, especially female residents, in terms of assistance rendered. This finding confirms previous observations,

which suggested that men focus on work skills and ground their identities in their ability to perform a task (Davidson, 2004; Martin & Doka, 2000).

Men's co-resident relationships in AL are also influenced by their sense of satisfaction with life in AL. Men tend to think that connections with the domains external to AL would enhance their quality of life. It is possible that this attitude prevents men from fostering intimate interactions with co-residents in AL. In addition, Park et al., (2009) found that men in AL express greater lack of satisfaction with their lives and participate less in social activities than female residents. This may result from the absence of opportunities for masculine activities. This scantiness of social engagement limits men's opportunities for co-resident relationships.

2.8 Purpose of the Research

Existing research has demonstrated an association between co-resident relationships and well-being. Studies have shown that residents' social ties influence physical and mental well-being in later life (Cummings, 2002). These social ties can be both external, involving family and friends outside of the institutional setting, and internal, encompassing staffs and other residents. Family connections remain salient to residents, but for most residents, family members are not readily available (Ball et al., 2000; 2005). Consequently, residents may seek relationships with other residents. These internal, co-resident relationships have been shown to have meaningful association with residents' well-being. Park (2009) suggests that co-resident relationships are predictors of life satisfaction, while Ball et al. (2000; 2005) observed that co-resident relationships were an important aspect of quality of life.

In spite of the growing corpus of literature on co-resident relationships, men's experiences continue to receive merger attention. To date, the paucity of research on men's lived experiences in AL remains the status quo, a reality decried by Park et al. (2009), who state that little is

known about how men experience social engagement upon their admission to LTC. Research aimed at understanding the co-resident relationships of men in AL can contribute to the development of policies, programs, and strategies that improve the life satisfaction and quality of life for men. I address the gap in the existing literature by examining the dynamics of men's co-resident relationships in AL.

2.9 Research Aims and Questions

The overall goal of this thesis is to examine the dynamics of men's co-resident relationships in AL. Specifically, the thesis addresses the following research aims and questions:

Aim 1: To learn how men experience co-resident relationships in AL

a) How does being a man influence co-resident relationships in AL?

Aim 2: To identify the factors that influence men's co-resident relationships in AL

a) How do facility, and individual factors influence men's co-resident relationships in AL?

Aim 3: To understand the outcomes of co-resident relationships for men in AL

a) What outcomes ensue from men's co-resident relationships in AL?

b) How do those outcomes influence men's life satisfaction and quality of life in AL?

3 CONCEPTUAL FRAMEWORK

In this chapter, I explicate the conceptual framework of the research. Two theoretical perspectives undergird this exploration. I will provide a brief overview of both theoretical perspectives and elaborate on how they inform the study.

3.1 Life Course Perspective

Using the life course perspective in the study of men's co-resident relationships allows the researcher to employ the holistic patterns of men's lives as they have unfolded across time. Life course perspective advocates, "taking a long-term, multilevel, contextual, and dynamic view of aging" (Fuller-Iglesias, Smith, & Antonucci, 2009, p.4). In addition, there is an intentional focus on the social pathways that encompass the sequence of events, transitions, roles, and experiences in the lives of individuals (Alwin & Wray, 2005; Settersen, 2007). Analysis using the life course operates at the macro-level, attempting to understand how the processes of groups, organizations, and institutions influence the individual within them (Fuller-Iglesias et al., 2009). Elder (1994) espoused five basic principles of the life course perspective: (a) time and place, (b) life span development, (c) linked lives, (d) agency, and (e) timing. These principles will inform the present study.

Time and place in the life course perspective refers to the sociohistorical contexts that give meaning to events that are experienced. The life span development principle postulates that development is not stagnant, but continuous. The linked-lives principle says that generations influence one another, and successive generations are affected by the preferences, tendencies, and attitudes of their predecessors. The agency principle recognizes individuality, and maintains that each person makes choices that inform the pathways of their life course. Finally, the timing principle refers to the specific historical context in which an event occurs in the life of an individual,

and the influences such event has on the person's social career. For example, men entered World War II at different points in their lives. While some men entered the war as teenagers and had not experienced work or family responsibilities, others entered in their thirties and forties and experienced substantial disruption in their family and work lives. Each timing presented different challenges to men's social careers.

The principles of the life course perspective can inform a study of men's co-resident relationships because they promote a comprehensive study of men's social relationships. For example, the principle of time and place allows for an understanding of men's sociohistorical biographies; this is important relevant to a thorough understanding of men's current co-resident relationship patterns. Moreover, understanding men's exercise of agency over the life course elucidates current choices of co-resident relationships. For example, Moss and Moss (2007) found that men in LTC emphasized their "instrumental styles of interacting with other residents" (p.51). This style of interaction is likely the product of cultural norms that instructed men to serve as providers and defenders of their family. Life course principles are clearly demonstrated in this finding.

3.2 Social Constructionist Perspective

There are three basic concepts of social constructionist perspective–subjective orientation, meaning, and context (Gubrium & Holstein, 1999). These concepts collaborate to inform men's perceptions about themselves, the people around them, and the facility in which they reside. As such, the social constructionist perspective can be used to understand men's co-resident relationships in AL.

A social constructionist perspective deals with the meanings and values given to a particular phenomenon. The perspective posits that meaning and value are not inherent, but assigned based on the social processes of human relationships (Conrad & Barker, 2010). In other words, our understandings of the world result from the matrix of social relationships in which we are engaged (Gergen & Gergen, 2000). A social constructionist approach to men's co-resident relationships in AL examines how residents' interactions contribute to the meaning assigned to their relationships. In addition, the focus on individual agency and social behavior within social institutions –such as family and retirement communities− makes the social constructionist perspective relevant to an examination of co-resident relationships in AL (Putney, Alley, & Bengtson, 2005). In particular, the social constructionist perspective of aging draws attention to the subjective meaning of aging and the aging experiences in everyday life. Research in this tradition emphasizes interest in understanding, if not explaining, individual processes of aging as influenced by social definitions and social structures (Putney et al., 2005).

Merging the life course and social constructionist perspectives facilitates our understanding of how the effects of previous life trajectories influence men's interactions with their co-resident in AL. Men may desire relationships with other residents who share comparable experiences. For example, men who experienced World War II may seek out other men with similar experiences.

4 METHODS

In this chapter, I describe the methods used for conducting my research. I begin with a brief description of the primary and follow with an explication of the my methods and procedures. Next, I provide a description of research settings and participants. I also present my research design and conclude with an explanation of my analysis.

4.1 Primary Study

The data for this project come from a larger study of residents' social relationships in AL facilities in several metropolitan Atlanta communities. The project, "Negotiating Resident Relationships in Assisted Living: The Experiences of Residents" (R01 AG030486-01A1, Mary M. Ball, PI), set out to examine how residents of AL experience and negotiate their social relationships. Enumerated below are the three aims of the study:

1. To learn how residents experience relationships with other residents in the AL setting.
2. To understand how individual, sociocultural, and environmental factors shape how residents experience relationships with others in AL.
3. To identify successful strategies of AL residents and staff that help residents negotiate and manage social interactions and relationships with other residents.

4.2 Methods and Procedure

The process of data collection for the larger study involved numerous team members, including faculty and student research assistants, and occurred over a period of two years (2009 – 2011). The PI recruited nine AL communities in the metropolitan Atlanta region. The homes varied in terms of location, size, type of ownership, and resident profiles. Data collection in each facility entailed survey of residents, participant observation, informal interviews, and formal in-depth interviews with administrative and frontline staff, residents, and visitors.

The team developed an observation guide. The guide provided a roadmap and structure for researchers' observation of facility activities as well as the physical and social environments. Team members were trained and encouraged to conduct informal interviews as part of the natural interactions with residents and staff. Team members remained alert to conversations and interactions, and spontaneously generated questions when relevant bits of information appeared on their radar. Further, on-going data analysis informed the kinds of questions that team members posed. Observations and informal interviews were recorded in detailed field notes.

In addition to participant observation and informal interviews, the team conducted formal, in-depth interviews with administrators (N=8**)**, activity staff (N=9), formal caregiving staff (N=24), and residents (N=251). Formal interviews were conducted at different time points during the study. Formal in-depth interviews with administrators were conducted within the first month of the study, lasting an average of an hour and a half. Interviews with administrators sought to understand several components of resident' relationships including: information about policies and procedures related to residents' relationships, knowledge about residents' relationships, understanding of factors influencing resident relationships, and attitudes about the importance of resident relationships. In-depth interviews with activity staff also probed their understanding of relationships and the influence of facility programs on resident relationships. In addition, in-depth interviews with frontline staff sought to understand their awareness and level of attitude toward to resident relationships. They were encouraged to reflect on their knowledge of residents' relationships and their thoughts on the factors influencing such relationships. These interviews occurred after the team had developed rapport with staff, generally three months into the study. The final category of in-depth interviews involved cognitively intact residents who had resided in the home for at least three months. The initial survey gathered information about resi-

dent's personal characteristics, health status, support needs, and social support networks. Moreover, the survey asked an open-ended question about co-resident relationships. Responses are recorded in the study's qualitative database.

Using purposive stratified sampling, the team selected cognitively intact residents to participate in formal in-depth interviews. Participants were selected to allow for variability in terms of race, socioeconomic status, marital and parental status, tenure in AL, health status, and gender. In-depth interviews with residents occurred after the development of sufficient rapport and were subsequent to survey completion. On average, interviews lasted between 1 to 1.5 hours, and collected data about daily routines, co-resident and external relationships, and the meanings assigned to those relationships.

Overall, the team completed 1171 visits covering 3590 hours of participant observation. Data generated from field notes, in-depth interviews, and open-ended surveys questions are included in the qualitative database of the study.

4.3 Subsample and Present Study

For the present study, I examined data collected from two AL settings included in the primary study: the Pink Home and the Red Home. Each home is described separately and select characteristics are presented in Table 4.1. Each home is color coded in the interest of confidentiality.

4.3.1 Settings and Participants

The Pink Home is a private, for-profit business owned by a larger corporation known as Premier Senior Living. Residents pay monthly fees, which ranges between $2700 and $3990. The facility has 38 apartments with the capacity to hold 42 residents; however, it sustained an average census of 33 residents over the one-year study period.

Located in a small town near Atlanta, the facility sits on a quiet street in a residential neighborhood. Though parking spaces are available in a parking lot adjacent to the facility building, visitors often have to park along the street when they attend special events. The front of the facility has a small porch with lounge chairs, which allows residents to watch the street that runs in front of the facility. Though rarely used, sitting area is provided for residents in the rear of the facility.

The building has two floors and a finished basement. The first floor holds several resident apartments, a kitchen, dining room, a parlor (with a fireplace), administrative offices, guest bathroom, and a sunroom. The dining room, the largest common area, has five rows of tables with each table having four chairs. A small dining area, two small sitting areas, and several resident apartments are located on the second floor, which is designed so that residents can observe any activity on the first floor. The finished basement has the following spaces, a small sitting area with a fireplace, the laundry area, a guest restroom with a bathtub, hair salon, and an office for the Activities Director.

Fifty residents resided in the facility during the one-year period of data collection. Two individuals regularly attended the home's Day Care Program. Eight residents relocated during the study including five residents who relocated to other facilities to receive higher levels of care, two residents who moved to other AL settings and one resident who moved into a relative's home for personal reasons. Of the ten residents who died over the course of data collection, three died following their move to other facilities for greater care. Majority of the residents were White, female, elderly, and widowed. Residents range in age from 57 to 100 years old; six residents were known to be in their 90s. Four residents were African American women. Three residents were middle aged with mental health challenges. Male residents, who were all White, rep-

resented 17% of residents in the study. In terms of marital status, there were two married couples and five residents who were never married. Several residents presented with cognitive and physical challenges, including approximately 27 residents with dementia diagnosis and 16 using wheelchairs. Compared to the average tenure of three years, the resident with the longest tenure had lived in care for 19 years. The majority of residents in the home were from the metro Atlanta area.

Since 1993, the Red Home, a privately held family corporation, has provided multiple levels of care including independent living (IL), assisted living (AL), and dementia care. The three-story brick building, licensed for 101 residents, houses seventy-seven single-occupancy AL apartments, eighteen single-occupancy dementia care unit (DCU) apartments, and one DCU companion suite. Monthly fees at Red Home began at $2,750 for a studio apartment for a resident living independently. Residents pay additional fees for personal assistance within multiple AL levels of care. DCU residents incur the all-inclusive monthly fee of $4,500.

The Red Home is located within the city limits of a large suburban city in metro Atlanta. The exterior of the building affords residents several amenities, including a sidewalk used by residents for exercise, a driveway with parking spaces, and second and much smaller courtyard, reserved for DCU residents located on one side of the building and enclosed by a wooden privacy fence.

The Red Home is a smoke-free facility, and just inside the first floor entry are offices for the general manager, marketing director, and bookkeeper. A small library and a general-purpose private meeting room are also nearby. Also on the first floor is a large, carpeted common room, one side of which looks out into the center courtyard and an adjacent café. A spacious opening sits between the parlor and café. A large chandelier lights the entry and the flooring is covered

with highly polished pink marble tiles. A little-used glossy black grand player piano is situated at one corner.

A separate dining room (DR) for AL residents is located at the rear of the first floor. At the time of the study, the DR contained 14 tables of varying sizes. Each table seats at least three residents. Coordinated draperies and carpeting gave the DR an appealing look. In addition, a chandelier and additional lighting lit a trey ceiling.

The second floor houses resident apartments and more common rooms. Also located on the second floor was the facility's Wellness Center with rooms for exercise, group activities, and office for the nurse and caregivers. The hair salon which serves both men and women is located across from the Wellness Center. A large activity room where residents regularly gathered for crafts and games sits adjacent to the hair salon. Adjacent to the Activity Room is the Activity Director's office.

On the third floor, resident apartments are situated on all four sides of the building. Common rooms are also located here, including a large Media Room furnished with overstuffed chairs, card tables and chairs, and an entertainment center with television and stereo equipment. This room overlooks the center courtyard. Adjacent to the Media Room is a smaller room furnished with tables and chairs for cards.

The facility's census at the beginning of the study totaled 95 AL and DCU residents. However, for various reasons including relocation and return to home, the census dropped to 84 did not rise above this number for the remainder of the study. Several transitions occurred among resident during the study including nine AL resident deaths, six AL residents who moved to DCU, and eight who moved out of the facility entirely. Except for one African American male resident, all residents were white. The oldest AL resident was 98-year-old male and the youngest

was a female in her 60s. Of the 84 AL residents, 57 were female and 27 were male. Four married couples lived together in AL during the study period. Couples in the facility also experienced transitions, including the death of one wife and another wife who moved permanently moved to the DCU. Cognitive and physical challenges were evident among the residents. At least 30% of the AL residents had some type of dementia, while seven percent used wheelchairs and other assistive devices.

Table 4.1: Select Characteristics by Home

Characteristics	Pink Home	Red Home
Average Census	33	78
Capacity	42	101
For Profit	Yes	Yes
Ownership Type	Corporate	Private
Monthly Fee Range	$2,700 - $3990	$2,750 - $4,500
Race or Culture	Mostly White (4 African Americans)	Mostly White (1 African American)
Percentage of Men	17%	30%
Number of Wheelchairs	12	8
Number of Residents with Dementia (AL)	27	12
Dementia Care Unit	No	Yes
Age Range	59 - 100	78 – 98
Number of Deaths	7	10

4.4 Available Data

Information about data collection for each home is provided in Table 4.2. Data collection occurred during the period 2009-2010 for Pink Home. There were 153 visits accounting for 485 hours of participant observation and interviews. Observations and informal interviews conducted during this time form part of the field notes. Formal in-depth interviews at the Pink Home included 1 administrator, 2 frontline staff, 1 activity director, and 21 residents. Data from the Red

Home also were collected during the period between 2009 and 2010. There were 580 hours of participant observations. There were 197 visits made to the home. One administrator interview, one activity director interview, three frontline staff interviews, and 47 resident interviews provided the basis for available data. Qualitative data are stored in Nvivo 9.0 – a qualitative analytic program used to organize, manage, and analyze data.

Table 4.2: Data Collection by Type and Location

Data Type	Pink Home	Red Home	Totals
Participant Observation (hours/visits)	**485/153**	**580/197**	**1065/350**
In-depth Interviews (n=)			
Administrator	**1**	**1**	**2**
Activity Director	**1**	**1**	**2**
Frontline Staff	**2**	**3**	**5**
Residents	**4**	**8**	**12**
Resident Surveys	**17**	**41**	**58**

4.5 Design

The current study employed qualitative methods, which require the comprehensive examination of study participants where detailed information is collected using observations, informal, and informal interviews (Ragin, Nagel, & White, 2003). According to Hendricks (1995), qualitative research gives voice to its subjects. Qualitative research can help examine and explain possible relationships facilitating an understanding of the mechanism, which comprise the relation-

ships. In other words, hypothesis developed in quantitative study can be explained suing qualitative methods by means of understanding social processes. Evidence accrued from participants' social environments can be valuable to define meanings and mechanisms. Moreover, social worlds change constantly, so current theories can be refined or extended by means of qualitative methods; in some cases, new theories are generated (Ragin et al., 2003).

In this qualitative study, I analyzed field notes that pertained to men's social interaction in their AL context. I also examined the profiles of male residents that were written as part of the research team's data collection and analysis. Finally, I analyzed interviews conducted with male residents and specifically examined their responses to questions about their co-resident relationships. This method allowed me to investigate participants' insights about my research questions. Using this approach helped me determine the factors that influence men's co-resident relationships in AL and identify outcomes.

4.6 Analysis

Data analysis employed grounded theory method (Strauss & Corbin, 1998; Charmaz, 2006). This process involved three phases of coding, open, axial, and selective. Using LaRossa's (2005) model, the first reading of the data, known as open coding, focuses on identifying "concepts" and "indicators." The data set was read carefully multiple times; each time marginal notes and personal comments highlighted significant observations. Points of interest, including what subjects said or did, became areas of interest in open coding. Moreover, resident-resident interactions as well as residents-family interactions provided valuable points of observation. Facility activities, both external and internal, also supplied important clues during the open coding process. As several indicators emerge from the data, constant comparison provided insight on the

relationships among the indicators. Similarities and differences were noted, and indicators were grouped and labeled as individual concepts.

In order to ensure theoretical saturation, a concept was formed when at least three indicators demonstrated similarities. The degree of agreeableness among the indicators determined their fit to form a concept. For example, the following three indicators emerged during the open coding process:

> Another resident, a male, helped me pass them out as well (Internals\\FieldNotes\\RD091128AW);
> Ruth said Dick Brumbelow always helped her get seated at her table in the dining room before she began using her power chair (Internals\\Field Notes\\RD100125CH);
> Bill Stewart helped her find the proper buttons to push to change her position (Internals\\Field Notes\\RD100112CH).

Comparing these indicators, I decided to form a concept called “helping behavior.” This process was repeated throughout the data.

The next step in coding the data involved axial coding. In this phase, concepts are compared and dimensionalized in order to form variables. Concepts from the two AL facilities used in the study were compared to determine their relationships. Memos, personal notes, and thoughts developed during the open coding also influenced the development of variables in this phase. Axial coding also included attention to chronology. Moreover, one can observe how helping behaviors varied according to gender. It is possible that gendered expectations that men serve as “doers” accompanies men into AL and influences the co-resident relationships.

The third phase of the coding process involved selective coding. In this phase, variables developed in the axial coding phase are used to build and tell a chosen storyline. More variables are generated than can possibly be told in one setting. Consequently, it is necessary to narrow the

variables and determine which one would best tell the story of emerging from the data. Ideally, GTM arrives at this stage; however, for the purposes of this study, I did not arrive at the selective coding process.

5 RESULTS

This thesis examines men's co-resident relationships in AL, including the types of relationships men experience, the factors shaping those relationships, and the outcomes. Informed by GTM, analysis demonstrates that men exhibit considerable variations in their co-resident relationship types in AL, often spurred by a combination of individual- and facility-level factors. Individual-level factors, including commonalities (e.g., shared interest and veteran status), resident characteristics (e.g., functional status, race, marital status, and gender), personal preferences, attitude and strategies, and resident transitions (e.g., death and relocation), act independently, or intersect with one another and with facility-level factors, including physical environment (e.g., size of facility), policies, resident profile, mealtimes, and activities to shape men's co-resident relationships. Gender serves as either the central or intervening factor in shaping men's co-resident relationships. The way in which men display their masculinity influences their co-resident relationships in either positive or negative ways.

Consistent with previous research on residents' social relationships in AL, the range of men's co-resident relationships observed in the present analysis covers the spectrum to include family, friends, acquaintances, and antagonists (Kemp et al., 2012). Positive relationships between family, friends, and acquaintances, were manifested in various ways, including helping, sharing, visiting, offering advice, and expressing concern. Negative relationships involving antagonists, were demonstrated through avoidance and criticism. Outcomes emerging from positive relationships include spending time together, being a confident, having intimacy, and a sense of community; negative relationships result in isolation. Furthermore, men exhibited a varied sense of fulfillment with their relationships in AL.

5.1 Presentation of Case Studies

In order to fully grasp the variations in men's co-resident relationships, I present case studies that representatively depict the range of men's experiences in AL. I have selected five men, two from the Pink Home and three from the Red Home. Each man is assigned a pseudonym in order to protect his privacy. The men selected from the Pink Home are Paul Smith and Mickey House. The Red Home men are John Mark, Arnold James, and Ron David. The racial composition of the selected group, one African American and four Whites, is suggestive of the racial make-up of the two facilities. Whites constitute the overwhelming majority of the census in both homes. The following summary captures the varied life course experiences of the selected men: four are veterans, two were small business owners, one was a civil servant, four are widowed and had provided care for their spouses prior to their death, two have had had multiple marriages, and one has been married for over 60 years. Their tenure in each home ranges from one to nine years. In each case study, I present a biographical overview and outline the contours of the man's relationships.

5.1.1 John Mark – Red Home

John Mark is an 85-year-old African American who has resided in the Red Home since June 2006. He was born in New Orleans and reared in Chicago, which he considers his hometown. John is one of five children. Three of his siblings continue to reside in Chicago, and he maintains a close relationship with his "baby sister", Mary Dee. Twice married, John describes his first marriage, which ended in a divorce, as "off and on." His second wife died of cancer-related complications. He is the father of three children, a son and daughter who were born during his first marriage, and daughter from his second marriage. John maintains close relationships with his children, though he has infrequent contact with his children from his first mar-

riage. His daughter from his second marriage resides in metro Atlanta. John relocated to Atlanta from California at her insistence after undergoing double bypass surgery.

John is a veteran, having served in World War II in the European theater. However, he chooses to disclose very minimal information about his military service. Instead, John talks about his work as a mechanic after his discharge from the Army. He worked odd jobs before opening and operating his own mechanic shop for several years in Los Angeles, CA. John's propensity for work continues at the Red Home. On Mondays and Wednesdays of each week, he attends a local senior center where he engages in woodworking. His completed projects include salt and peppershakers, small covered boxes, picture frames, bookends, and children's rocking chairs.

John's social relationships in the Red home vary considerably. While he is friendly and cordial toward some residents, he consciously avoids others he considers antagonistic and bigoted. John maintains a good friendship with a Miriam, a fellow smoker. Both smoke outside regularly. John mentions that he and Miriam have a friendship that is based on reciprocal assistance. John uses his skills in woodcraft to make small items for Miriam. Miriam employs her seamstress skills to mend John's shirts and slacks. However, reciprocal assistance between the two friends is gendered in terms of the domains of assistance and to the extent that John minimizes Miriam contributions by seemly assigning higher value to his masculine crafts than her feminine sewing. In addition, the types of skills employ in the relationship are also gendered as indicated above. The following interview excerpt demonstrates the friendship between John and Miriam:

John: One—Miriam. Miriam and I—Miriam and I are friends.

Interviewer: Mm hmm.

John: Yeah. Yeah, she does little sewing things for me—

Interviewer: So she helps you out if you have, what, a loose seam or

John: You know, pants and buttons and just any little miscellaneous thing that has to do with sewing. [Laughs]

In addition, John also enjoys a relationship of mutual respect with co-resident, Tammy, who has benefited from John's woodworking skills. John made a decorated cabinet for Tammy's bathroom. In return Tammy acknowledges John in public and makes conversation with him. John often returns the favor. Tammy maximizes every opportunity to express her appreciation of John, stating, "I really like John, he is a real gentleman." In spite of John's close relationships with Miriam and Tammy, he does not have a romantic relationship. John has expressed interest in having a girlfriend. When asked in his interview what he misses most about his pre-AL life, John answers, "girlfriend."

John also maintains a close relationship with Donald, describing him as his only friend. In describing their relationships, John refers to Donald as a "nice guy" and says of him, "he is the only one [friend] I have." John may be referring to a male friend, since he also refers to a female resident as friend. As described by John, his relationship with Donald may be characterized as friendly. Some commonalities characterize both men. In addition to sharing a city of origin**,** Chicago, both men served in the military and share a history of spousal caregiving. Donald currently provides care for his wife in the Red Home's DCU. According to John, Donald's health has declined significantly, resulting in regular overnight stays at the hospital. However, when he is present in the Red Home, Donald shares a table with John in the dining room. Both men usually engage in conversations at mealtimes. They also attract other residents to their table because, as John claims, their table is the source of special information in the home. He states that the residents at their table possess information unknown to others residents such as "who is moving in,"

who is moving out," who's not feeling well," and similar information. It is unclear if other resident actually seek information from him and his tablemates. This belief may be John's effort to acquire special status among his peers. Janet Rhodes usually eats with John and Donald. When asked in his interview, John indicates that he has a good relationship with his tablemates, including Janet.

Although John attends meals regularly, he asserts that he does not always like menu options. John prefers soul food, including chitterlings, neck bones, and beef tongue, offerings not on the menu. As such, John maintains a crock pot in his room which he uses to cook his soul food. John says that his "girls", referring to the female staff, love his cooking. John has a close relationship with African American staff because of his cooking. His relationship with the African American staff sometimes aroused suspicion among some residents. One of John's gatherings with African American staff provoked the following response from another resident as recorded in a field note excerpt:

> Barbara also mentioned that one day recently an all-black group was using the private dining area at the back of the dining room. She thought perhaps they'd been invited to Red as potential residents. She said that she had no problem with them living at Red as long as "they behaved themselves" and didn't cause any trouble. At the same time, she expressed some doubt that they'd be able to afford living at Red.

His relationship with staff is gendered to the extent that he is a single man who cooks and shares his food with the female staff. Cooking is a novelty for most men of John's generation. There is no evidence that John shares his soul food with other residents or that they inquire about it.

In contrast to John's friendly and cordial relationships described above, he also has relationships characterized by annoyance and irritation, which engender hostility and create distance between John and some residents in spite of the proximal living arrangements in the Red Home. John has antagonistic relationships with three men, including Ron David, Reuben Doe, and Arthur Howard. Although all the men share a common military background, Ron is most apt to talk about his experiences. John, on the other hand, appears reluctant to discuss his military service. John thinks that Ron is boastful and stuck in the past, stating, "Ron lives in the past and all he can think about and talk about is WWII." The historical backdrop of both men's military service may help interpret their differing attitudes. John is black and served at a time when the military was reluctant to recognize the contributions of African American soldiers. Moreover, African American soldiers returned to a homeland that did not afford them the rights and privileges for which they sacrificed overseas. Ron, on the other hand, is white and did not incur racial discrimination in the service, and won a Silver Star for valor in combat.

John's relationship with Reuben also is strained. John feels that Reuben stares at him, constantly eavesdrops on his conversations, and gossips about him. John also says that Reuben never talks directly to him, which partly explains the men's antagonistic relationship. John refers to Reuben as a "big mouth" adding "I can't stand him." An incident between the two men around Memorial Day in 2010 underscores the hostile nature of their relationship. Reuben asked about John's missing picture on the wall of heroes. Perceiving Reuben's inquiry as an attack on his veteran status, John rebuffed him, as reflected in the following field note quote:

> He said that Reuben never talks directly to him, with the exception of a recent comment that angered John. According to John, Reuben asked John why his pho-

to wasn't on the wall with the Heroes' display if he was a veteran. John said he told Reuben that he didn't need to have his photo on the wall to feel proud.

Similar antagonism exists between John and Arthur Howard. Racial tension ensued between the two men almost immediately after John moved into the facility. John reports that he was casually dressed and sitting in the parlor one evening when Arthur walked over and asked about John's status in the facility. John interpreted Arthur's inquiry to mean that he did not want John in the home and characterized Arthur as a "bigot." John has written off Arthur, saying, "I don't really have anything to say to him other than if I meet him on the elevator, 'hi,' 'good morning.'" The antagonism John feels toward Arthur has led to disengagement. John states that he has not had much interaction with Arthur since that incident. John also says that he is not a "Southerner, but a "Northerner" and can speak his mind freely when necessary.

John avoids the menu of formal activities in the Red Home. John petitioned staff for a pool table, but his request was not granted. The facility's inability to satisfy his desire for a specific kind of masculine sporting activity may help explain John's reluctance to participate in other activities. He asserts that none of the activities appeals to him. John refrains from participating in formal activities, choosing instead to remain in room during activities. John previously played poker with three now-deceased men. He has invited other residents, including women, to play poker but no one accepted his invitation. This is the second activity that John has invited other residents to join in with him. He previously invited some of the men to join him at the woodworking shop; however only James, whose health precluded his participation, was interested. In his interview, John said of James, "He couldn't go though because he had gotten so fragile." Lack of interest in and ability to share activities may help explain John's disengagement from some of the men in the Red Home.

5.1.2 Paul Smith – Pink Home

Paul Smith is a 90-year-old, tall, heavy-set, White male of Swedish decent. Drafted in 1942, Paul served in the Army and was stationed in Japan during World War II. He left the military in 1946, and lived and worked in New York and Connecticut at different times. He married a Columbia University graduate who was four years his senior and whom he describes as "my wonderful wife.' They traveled extensively in Europe and visited several National Parks in the U.S. before she died in 2006. Their union produced two children, a son and daughter. His son lives locally and regularly visits the Pink Home. His daughter lives in California but remains in contact. Paul visits with a cardiovascular doctor at Emory University Hospital every six months.

Paul is an imposing figure at over 6 feet tall and well over 200 pounds. He ambulates on a walker in a most unconventional manner. Paul sits on his walker and pushes it backward. His walker is omnipresent, making it hard to determine if he has use of his legs. However, Paul is cognitively alert. Paul is an intelligent man with no known diagnosis of mental impairment. Yet, he can be rude and loud when interacting with some residents and staff.

Paul's love of sports, especially football and baseball, is obvious. He enjoys talking about sports with a few male residents, and he reminds them of game schedules. Paul, however, watches the games alone in his room. It is unknown if he has ever invited other men to watch a game in his room, or if his room could accommodate visitors. In addition to watching sports on TV, Paul also enjoys playing Bingo, and he increases his chances of winning by playing two cards simultaneously. Paul's strategy is consistent with one form of masculinity involving competitiveness. His son takes him swimming every Tuesday and Thursday, and he also attends church regularly. Paul is generally agreeable with participating in some activities in the Pink Home. He has been observed to oblige when invited to perform tasks, including reading during facility ac-

tivities. He is not fond of afternoon activities including movies and snack time. Paul also experiences significant variations in his co-resident relationships.

Paul regularly attends mealtimes and sits at the same table. He interacts with his table mates, Bubba Jones, Frank Kerry, and Harry Winter, but has very minimal interaction with other residents in the dining room. He usually talks about sports, especially football and baseball.

Paul maintains gendered, friendly relationships with a few residents, particularly his tablemate, Bubba. Both men share a common interest as indicated above. When asked what he thinks of Paul, Bubba responds, "Paul complained too much" before adding that they are "friendly, but not close." However, the men demonstrate mutual respect and often listen to the counsel of one another. For example, Paul often advocates on behalf of other residents when their food is delayed or they did not receive timely service from staff. His advocacy usually results in aggression and arguments during dinner with the Pink Home chef, Terrell. Those arguments could get loud with both men shouting and standing their grounds. During those arguments, Bubba attempted to convince Paul to settle down. The following field note excerpt depicts a scenario in which Paul heeded Bubba's advice during an argument:

> Mr. Smith also got louder and continued to say, "This is stupid" and also to shake his head. Terrell continued to tell Mr. Smith to stop saying "stupid" and continued to threaten to move Mr. Smith. Mr. Jones began telling Mr. Smith, "Don't worry about it. Don't worry about it." Mr. Smith listened to Mr. Jones and said ok.

In contrast to his friendly relationships, Paul has generally tenuous relationships with other residents. His proclivity for profanity and being loud alienates some residents. When asked about Paul, Mrs. Parker insisted she did not like him, because "He just couldn't do things correctly"

and “Nobody ever taught him good manners.” Paul’s outbursts may be ways of asserting control and authority in the face of diminished masculine prowess.

The unconventional way Paul uses his walker creates a blind spot from which he cannot see residents or objects in his path, sometimes leads to commotion and conflict with other residents. In the following field note, Paul demonstrates impatience when a resident impedes his path:

> Mr. Smith was trying to get his walker passed Ms. Bo’s walker but could not. Mr. Smith rudely told Ms. Bo to move her walker. Ms. Bo was compliant and moved the walker as best she could but could not make enough room. Mr. Smith continued to be rude to her but I noticed that Ms. Bo did not say anything mean to him in response. Mr. Smith did eventually get by but did not say thank you to Ms. Bo.

Such outbursts¸ repeated numerous times, causes some residents to disengage from Paul.

Another important factor affecting Paul’s social relationships in AL is his son, Paul Smith, Jr., who entertains residents with a weekly musical performance. He plays a variety of music on his keyboard. His weekly performance is one of the most anticipated activities in the Pink Home. Paul enjoys a celebrity status because of his son’s performances.

5.1.3 Arnold James – Red Home

Red Home resident Arnold James is a vivacious 93-year-old White male, who still has a car, a license, and drives himself around town. He lives on the second floor of the Red Home, is in good health, and says that he “stays busy.” Arnold eats lunch daily at a local restaurant where he is such a fixture that restaurant employees come to the Red Home to find him if he does not show up for lunch.

Arnold provided care for his wife after she was diagnosed with dementia. He reports taking care of his wife for 13 years before her death. He speaks openly of the challenges of caring for his ailing wife and having to hire assistance in the last five years of her illness.

Arnold is a World War II veteran. He speaks only sparingly about his military record, though his photo hangs on the "Wall of Heroes" in the Red Home. He takes pride in his military pedigree, leading the charge to erect a flag pole at the Red Home. He was a civil servant after the military, serving many years with former Atlanta mayor Ivan Allen. Arnold's social pattern in the Red Home is generally positive. He is friendly and neighborly toward most residents in the Red Home. One resident listed him in her social support network. Most residents appreciate his friendly demeanor as reflected in the following field note extract:

> When Arnold got up to leave, Allison couldn't say enough nice things about him. She said he is always so helpful to everyone and will open doors for ladies, help push them close to the tables in the dining room, and help anyone in any way he can. She said she calls him the "pusher" because he is always pushing the ladies close to the tables. She just went on and on raving about how nice Arnold is and how much she likes and admires him.

Arnold is a "social butterfly", always helpful and eternally striving to uplift other people's mood. He is friendly toward both men and women in the Red Home. He can be found in same-sex or opposite-sex groups and be equally active and exciting in both types of company. For example, on one occasion, a group of residents were playing a board game that Arnold had not played before. Yet, he stopped and joined the group because they needed another player.

Arnold is a flirt and constantly flirts with Vivian Cole, though her cognitive limitations prevented her from understanding Arnold's advances. He also flirts with Serena Forte, though

she, too, may not be aware. In addition, Arnold is a regular participant in the informal group that gathers most evenings after dinner. This informal group meets in the parlor and is comprised of residents who gather for conversation and interaction. The following field note excerpt captures this informal group in "session":

> During the evening after dinner, 13 residents joined the group in the parlor. Most stayed until 9pm…The others had a nice back and forth conversation—remembering other residents—one resident with a horrible cat everyone hated and another resident who drove everyone crazy with her bazaar behaviors. She finally moved to the DCU finally and everyone was happier Betty said. The group bantered back and forth about many subjects. Sabrina, Betty's daughter, brought coconut candy in from the trunk of her. Betty, Ron, Kaye, Peter, Logan, and Arnold all had some.

Since Arnold eats lunch outside the facility, this evening group provides an opportunity for him to interact with other residents in an unstructured environment.

Arnold says that he calls Reuben "Smiley" because Reuben always has a business-like demeanor. Assigning a nickname to a peer demonstrates Arnold's level of comfort with the peer. He is often seen in light-hearted conversations with Reuben. These exchanges take place during the informal evening group or during activities.

5.1.4 Mickey House – Pink Home

Mickey House is a tall, elegant white male who appears to be in his mid to late eighties. He is always well-dressed with shirts and pants ironed and shoes neatly shined. He is the only married resident of the five men selected for the case studies. He has been married to his wife for over 60 years and both reside together in the Pink Home. Mrs. House suffers cognitive and phys-

ical decline. She has dementia and is wheelchair-bound. In addition, her hearing, vision, and auditory functions have declined. She is unable to execute any ADLs. The House's have fulltime nursing assistance because Mickey cannot assist his wife. He uses a wheelchair and gets confused often because of his own dementia.

Mickey and his wife moved to the Pink Home in 2008. In spite of Mickey's diagnosis of dementia, he participates in Pink Home activities when his sitter takes him to the parlor. He especially enjoys singing hymns. He always sings loudly, and some residents complain that he sings too loudly. However, they seem to be more amused than upset at his thunderous pitch. Mickey's impaired cognitive functioning sometimes leads to confusion and occasional outbursts. His dependence on his sitter to take him downstairs for activities impedes his independent active participation in community life. However, he is known to be friendly and cordial.

Mickey and his wife have two children, including a son who resides in the Metro Atlanta region and remains active in his parents' lives. His daughter lives near Macon, GA and makes the 1.5 hour commute regularly to visit her parents. Paul's biological sister lives within three miles of the Pink Home and visits often with her family.

There is no record of military service for Mickey, but his work life revolved around an ice cream shop he ran in Atlanta for many years. Mickey's line of business exposed him to all classes of life in Atlanta and he became an important member of the civic society. Mickey maintained active membership in the local United Methodist Church until functional decline made it increasingly difficult to participate in church life. He still visits his church occasionally.

Mickey greets everyone he encounters, including staff, residents, and visitors, a trait likely developed during his years as franchise operator. He makes friends easily, though some residents have not been responsive to his advances. He developed friendly relations with Mr. Toe.

According to Mr. Toe, he did not know Mickey before coming to AL for day care and the two have gradually become friendly. The men share a table on Wednesdays when Mr. Toe attends the Pink Home's day care program. They enjoy "reading" the newspaper and spending time together going through the pages of the daily paper. In view of Mickey's dementia, it is difficult to determine the extent to which he is aware of the relationship.

Mickey has a past acquaintance in the Pink Home, though he may not be aware of her presence in the home. Mickey and the past acquaintance, Ms. Gibson, were friends as youth and attended the same Methodist church. They talked on the phone often as adolescence, but several decades have elapsed since they last made contact. It seems likely that Ms. Gibson is reluctant to reveal her presence in the home out of respect for Mickey's wife. Ms. Gibson's feeling about the current situation is expressed in the following field note excerpt:

> During the interview, Ms. Gibson informed me that she and Mr. Mickey House knew each other before they moved into the Pink Home. But, she does not consider him as a friend at this point in her life. As children, Mr. House and Ms. Gibson attended the same Methodist church and he used to call her on the phone. At some point, they lost touch and he got married. Ms. Gibson did not know Mrs. House before moving to the Pink Home, and she mentioned that she does not want Mrs. House to find out that she and Mr. House used to talk on the phone.

Mickey and Mrs. Gibson have no recorded interactions in the Pink Home. It is unclear if Mickey is aware of her presence in the home.

Mickey enjoys playing Bingo and usually partners with Lily Harry, probably because she is the only one who is willing to partner with him and because Mrs. House is unable to participate in activities. Both Mickey and Lily use large print Bingo cards because of their cognitive

and physical challenges. Lily is partially blind and relies on Mickey to read the numbers for her. However, they do not have a relationship outside of Bingo. Gender influences the relationship to the extent that Mickey volunteered to collaborate with Lily and assist her during Bingo.

5.1.5 Ron David – Red Home

Ron David is a white male believed to be in his mid to late eighties. He was born in Kentucky, but reared in Chicago where his father moved the family in search of work. Ron is one of four children. He is twice married and has two daughters from his first marriage. His second marriage lasted 55 years. Ron moved to Atlanta after his wife was diagnosed with early onset Alzheimer's disease. They moved to the Red Home in 2001 to be near their son. They lived together in AL until her death. Ron is not happy at the Red Home. Although Ron uses a scooter for mobility, he complains current residents are frailer than when he first moved to the facility. He also complains that staff quality has decreased. In spite of his view about current residents, Ron is friendly and neighborly toward his peers. The following field note excerpt depicts Ron's attitude toward his peers:

> He described the residents of the Red Home as people who "eat, complain, and bitch." Yet, he has always appeared to be very friendly and gregarious, though he doesn't always "hang out" with the usual crowd of Emily, Kara, and others who congregate habitually in the lobby or parlor. But, he is often in the area.

Ron's displeasure with the home stems in part from his sense that residents have become lower functioning compared to when he first moved joined the facility. In a field note entry, Ron said he thought the facility was becoming "a nursing home." Yet, he is apt to assist residents in need. His desire to assist his peers facilitates his co-resident relationships. This willingness to offer as-

sistance is way of demonstrating masculinity. Diminished capacities among his peers present Ron a platform to be instrumental in his interaction.

Ron is a veteran of World War II. He completed his first year of service on December 6, 1941, but immediately reenlisted on December 7th because of Pearl Harbor. He is a recipient of the Silver Star for valor in battle and authored a book chronicling his war time experiences. He self-reports that authoring the book helped him deal with the loss of his wife. Ron cherishes his military background and maintains close alliance with military organizations. He is a lifetime member of several military-affiliated organizations including the Veterans of Foreign Wars and the National Order of Battlefield Commissions.

His experiences in the military translated to civilian life. He volunteered extensively including a stint in the Civil Air Patrol in Illinois. He worked for an office supply and furniture company for many years before retiring at age 65. Ron continued to consult with his former employers until age 78. Work and professionalism constitute essential components of his life course and inform how he relates to staff in the home.

Ron's social interactions in the Red Home are as broad as his professional career. He can be found in one-on-one interactions, mixing with small same-sex or opposite sex group settings, or participating in large group settings. Ron's most common one-on-one interaction occurred with the now-deceased Red Home resident, Steve Beacon. Like Ron, Steve was a veteran who flew bombing raids during World War II. Ron gets excited when he describes his interactions with Steve as illustrated in the following interview excerpt:

> Ron: We used to be able to talk there. Of course, he flew B-38s over it Italy…And he used to sit back there with me.
>
> Interviewer: Yeah.

> Ron: I mean now that was interesting. But you know I mean—
>
> Interviewer: Is Steve gone? Has he left?
>
> Ron: Well he died. But it was very interesting to him and having been a pilot I could understand. Now the C-46s and the C-47s—that was your transport planes. And the C-47 was the later one, you know, and you'd have thought that would have been the best. But the C-46s had more power and hauled more…Not that I could do much good but it was good to talk to somebody.

The impact of Steve's death is seen in the following quote from Ron's interview. When asked whether he get lonely, Ron responded:

> Oh yeah, I get lonely. I mean just like talking now—do you realize how few people we got here now that you can sit down and talk to, really, and carry on a conversation that's anything that's interesting?

This one-on-one interaction is illustrative of the challenge men encounter in finding meaningful same-sex relationships in AL. Ron states that he is interested in aviation and seeks out men with similar interests and backgrounds. The relative shortage of men in his home, and the loss of Steve results in a significant void for Ron. However, Ron remains active and engages in facility activities. For example, he attends mealtimes regularly and participates in resident council meetings. Ron also participates in facility-sponsored activities, though very selectively. He entertains an aversion for most activities, stating that he would participate if "I was in kindergarten."

Ron is also an avid storyteller, and group settings provide opportunities for him to repeat his war exploits. At other times he shares other details about his life or tells random stories. The following field note excerpt illustrates a random story with no relation to the audience. Ron uses stories as tools to capture his audience.

> Ron also retold the story of a Mr. Dean's mansion in Alpharetta that was once for sale for 40 million, now for sale for 17 million. Ron said he has been there several times since Mr. Dean is a friend of his. He said Mr. Dean told him it costs him $20,000 a month to pay the upkeep and taxes. He said Michael Jordan put a contract on it several years ago and all the neighbors blocked the sale somehow. Not sure about how or why—discrimination or just too high profile a resident in the community.

In spite of his many friendly relationships in the Red Home, Ron has an antagonistic relationship with one resident. Ron reports that he "can't stand" Nene Moss and he "runs" from her when he sees her coming. In addition to Ron, John Mark and several other residents avoid Nene and her stories about her past. Ron states that Nene tells long stories about her past, and he does not have the time to listen to her.

Ron also has had romantic relationships with female residents, the latest involving Serena Forte. Ron was attracted to Serena because of her intellect and attractive physique. In addition to commenting on her "looks" he often engaged in religious discussions with her. Ron said, "Serena is a very feisty lady." Ron explains he really "enjoys paying attention to Serena" noting, "she is such a bright person and it is fun to talk to her." Aware of Serena's hearing challenges, Ron spoke clearly and loudly to hear. However, the romance faded when Serena decided she did not want a romantic relationship with Ron. Consequently, Serena reported that Ron changed his behavior towards her as reflected in the following field note excerpt:

> Serena said Ron would like to be a male friend but she does not want anything romantic. She said he has been "snubbing" her lately. I asked how. She said he always used to ride up to her table and speak and hold her hand. She said he visits

> several tables as he leaves the dining room but has stopped coming by her table. I asked if maybe he feels her hesitancy to have a friendship with him that is based on his attraction to her. She agreed that is probably what is going on.

It may be that Ron's pride was injured and in order to prevent further humiliation he elected to avoid Serena. Ron's social interactions with his Red Home peers involve a range of relationship types including friends, antagonists, and a short-lived romantic partner.. In sum, he enjoyed a close friendship with Steve, avoids Nene, and had a brief romantic encounter with Serena.

5.2 Summary of Case Studies

The case studies demonstrate considerable variability in men's co-resident relationships and the existence of friendly, neighborly, romantic, and antagonistic relationships. All of the men profiled experienced friendly and neighborly relationships with some of their peers in both homes. In addition, Ron David had romantic-type relationships, albeit short-lived. John did not experience romantic type relationships, though he desired a girlfriend. John, Paul, and Ron experienced some antagonistic relationships.

The relationship types identified in this analysis are neither new to AL nor unique to men. Women in AL also experience the range of co-resident relationships including friendly, neighborly, intimate, and antagonistic co-resident relationships. For example, in the Red Home, Betty experienced friendly and neighborly relationships with some peers and she included them in her social support network. In the Pink Home, Mrs. Parker spoke of the tension in her relationship with Paul. However, tenets of masculinity regulate men's interactions with their peers and help to shape co-resident relationships. Men "do gender" in AL and this influences co-resident relationships.

For example, Arnold's practice of helping women to their seats is a way of "doing gender." Moreover, Ron's penchant for assisting "weaker" residents is another show of masculinity.

As the case studies suggest, central to these relationships is the variety of individual- and facility-level influences that shape them. Each factor operates on multiple levels, with the factors working independently or interacting with one another and often across levels. Individual-level factors include commonalities (e.g., veteran status), personal preferences, attitudes, and strategies, resident characteristics (e.g., functional status, race, marital status, and gender) and resident transitions (e.g., death). Facility-level factors include the physical environment (e.g., space allocation for residents' use), mealtimes, activity programming, facility policies, and resident profile (e.g., sex and race distribution, overall functional status of residents). These factors influence relationships in general, including men's co-resident relationships in AL.

Individual and facility factors intersect with or override gender to shape men's co-resident relationships. For example, in spite of his desire to participate in craft making, James could not accompany John Mark to the woodworking shop because his health had declined considerably. Also, shared interests in sports, though not limited to men, linked Paul Smith and some of his male peers in the Pink Home. Bonding over sports is a demonstration of the instrumental nature of masculinity. Paul and his peers "do gender" by sharing news about sports. Furthermore, the limited numbers of men in AL means that men generally have fewer opportunities for male friendships, and decline, relocation, or death of co-residents, particularly other men, further diminishes those opportunities.

5.3 Factors Influencing Co-resident Relationships

In general, individual- and facility-level factors do not function independently; instead, these factors tend to interact and overlap in shaping men's co-resident relationships. I present salient examples of the influences of individual- and facility-level factors in this section.

5.3.1 Facility-level factors

The primary facility-level factors intersecting with gender included the physical environment, facility policies, resident profile, mealtimes, and activity programming. The physical environment of a facility, including size, availability, and allocation of common spaces, can shape resident interactions. Facility policies may hinder or promote resident interactions. There are more women than men in AL. Consequently, women have more opportunities for same gender relationships than men. Mealtimes are important because the majority of residents congregate for meals, presenting greater opportunities for interactions. Activities also present opportunities for interaction, though some residents, especially men, refrain from some activities. As such, women are more apt to utilize opportunities for interaction during activities.

Physical environment – The physical environment of a facility can foster or inhibit residents' co-resident relationships among men and women alike. In the Pink Home, for example, the parlor has enough seating for less than half of the 38 residents to gather at any one time. Unless staff provides additional chairs, residents who cannot find a seat generally retreat to their rooms. Limited seating space in the parlor interferes with opportunities for informal socializing among residents. During planned activities, however, staff provided additional chairs to accommodate any overflow.

In the Red Home, the parlor offers a gathering place where residents can interact in small or large groups. Similar to the Pink Home, some planned activities occur in the parlor. However,

organic group meetings also happen in the parlor. An unofficial "evening group" gathers after dinner for conversations on a variety of topics. This gathering attracts both men and women. The following field note excerpt captures a moment of resident interaction during an "evening group." Residents seem relaxed and exhibited an amicable relationship. Conversation made possible by similar past travel experiences, for example, is captured in the following filed note account:

> At one point, a discussion began about how pineapples grow. Ron told his experience of seeing pineapples growing on low bushes. Betty countered with her experience in Hawaii seeing pineapples on trees—she specified "not huge trees but not bushes. Arnold said he knew coconuts grow on trees. In the islands, Ron said young boys with machete blades cut the top off coconuts and drink the milk.

Sometimes, smaller breakaway groups emerge during the evening relaxation. In a recorded instance, three men were sitting together engaged in a "guy talk" as reflected the following field note excerpt from the Red Home.

> Ron, Arnold James, and Reuben Doe were talking. They invited me to join them. I said I did not want to interrupt their "guy talk" but they assured me they wanted me to sit down. Reuben was working a crossword puzzle book.

Such a spontaneous, organic group can be meaningful for co-resident relationships, especially for men who are outnumbered in AL. It is significant that the physical environment in the Red Home facilities such organic gatherings. Men can utilize available space for small group interactions that have the potential to develop meaningful relationships.

A key element of a facility's physical environment is its size as measured by resident capacity. The Red Home hosted 28 men out of a census of 88 residents. In the Pink Home, there

were 11 men out of 38 residents. Men constituted a third of the residents in both facilities. Fewer men in a facility can limit men's opportunities for same-sex relationships. In addition, having fewer men means that any transition (e.g., death or relocation), diminishes the pool for potential co-resident relationships.

Allocation of space is also an important environmental factor. The Red Home facilitates smokers' shared interest by providing a designated area for smoking. Residents who gather in the designated area for smoke breakers have opportunities for relationships. John Mark and Miriam developed a friendship after meeting in the designated area for smokers. Unlike the Red Home, the Pink Home does not have designated smoking zone; however, residents are permitted to smoke outside their balconies or in the courtyard. Two male residents in the Pink Home, Willie and Bryant, deepened their relationship by sharing cigarettes and smoking together on their balconies or in the courtyard.

The Pink Home does not have a DCU although 27 of the residents have a dementia diagnosis. The absence of a DCU means that residents with diminished cognitive capacities remain in the general AL population. This arrangement hampers co-resident relationships, as residents with higher cognitive function tend to avoid more cognitively impaired residents. Mr. Morris Moore, a Pink Home resident with dementia, failed in his attempt to attract conversation partners among the male residents. It is likely that other men recognized Mr. Moore's cognitive decline and avoided him. It is also possible that men did not recognize Mr. Moore because he was a relatively new resident. Moreover, as a group Pink Home men struggled with personal functional changes, which might also hinder interactions with Mr. Moore.

The outcome of not having a DCU is that some residents with severe cases of dementia are unable to have their care needs met by Pink Home staff and must move. For example, Bertha

Haynes and Nancy Grant left the Pink Home because of the dementia. Both residents roamed the hallway, which impacted the quality of life for other residents. Established relationships evaporate when a resident relocates to another facility. For example, when Mark Baldwin moved to a nursing home, his Bridge-playing peers could not easily find a suitable replacement. Betty mentioned that they were playing fewer times because of Mark's absence.

In contrast to the Pink Home, the Red Home has a DCU. Residents with diminished cognitive capacities can relocate to the in-house DCU. For example, Donald Clay's wife moved to the DCU after residing in the AL wing for some time, which also allowed Ron to stay, continue to be near his wife, and to maintain his co-resident relationships.

Facility policies – Generally, both facilities lacked specific policies governing co-resident relationships. A possible explanation for the absence of such policies lies in the inherent philosophical underpinning of the AL industry. Ideally, AL emphasizes independence and autonomy, and existing policies seek to protect residents' ability to live an independent and autonomous life. There is no intentional concern about co-resident relationships since that is not a stated goal of AL. In the Pink Home for example, a lenient policy about sleeping in the parlor means that frailer residents often occupied the space during the day. Less impaired residents avoid being in the parlor. Moreover, the facility has a relaxed policy on keeping severely demented residents. Paul Smith often expressed frustration with demented residents, referring to Helen Cobb as "that annoying redhead who never shuts her mouth." The facility's lenient policy impeded co-resident relationships as less impaired residents chose to stay in their rooms.

Although the Red Home did not have formal policies on co-resident relationships, some practices aided such relationships. For example, the Red Home holds a monthly new resident social and advertises new residents on the internal TV channel. In the Pink Home, photos and

names of new residents are posted on a bulletin board in the parlor. In addition, new residents who attend activities are invited to introduce themselves to the group. These practices promote familiarity among residents. Ron David, for example, reports that he sees new residents on the TV channel and makes efforts to introduce himself when he meets them in the hall or parlor.

The Pink Home has a non-interference policy on intimate relationships among residents. The Executive Director said the following in an interview:

> Interviewer: What are your policies regarding male and female relationships? Do you have any set policies with that?
>
> Director: You know that hadn't been a big thing in this building to this point but we would have no problem with two residents being sweet on each other, getting married, doing whatever. Usually what happens is the families are the ones that try to overcome that. I mean it's just--and it's usually because they feel that something's going on—that, you know, one's after the other one's money or whatever.

The Pink Home's policy on intimate relationships did not spur known romances; however; however, Brian Jones flirted with Martha Thomas. Yet, the mental capacities of both residents make it difficult to determine to the extent to which they understand their actions.

Similar to the Pink Home, the Red Home does not interfere with residents' intimate relationships. When asked in his interview about intimate relationships among residents, the Executive Director said,

> We expect people to be discrete and be appropriate. I mean just kind of the same rules of society, which is, you know, clothes stay on outside the door. But they're adults. If they're consenting adults, not much I can say about it.

There is evidence of flirting in the Red Home. As mentioned in their profiles, Arnold and Ron flirted regularly with Vivian and Serena Forte. Such display of masculinity may be Arnold and Ron's way of demonstrating their manhood. In a field note entry, Serena told a researcher that Ron had invited her to his room but joked about the prospect said, "He would probably forget what to do if she accepted."

Although the Pink Home does not discourage intimate relationships, the facility's policies discourage residents from providing assistance with activities of daily living (ADLs). In his interview the director said, "We really discourage it." The extent to which men understand and comply by the policy remains unapparent; however, no evidence exits of men providing assistance to other residents. This practice may be more a product of decreased functional status than compliance with policy and a matter of resident safety.

Resident profile – The ratio of men to women in AL also shapes co-resident relationships. Generally, there are more women than men in AL. This is true about the homes studied. In the Pink Home there are 11 men compared to 27 women. The Red Home hosts 28 men compared to 53 women, giving women more opportunities for same-sex relationships. This gender disparity gives women more opportunities for co-resident relationships compared to men. In addition to the gender disparity, there also exists racial disparity. There are more Whites than there are Blacks in both facilities. Limited numbers of African Americans in AL results in reduced opportunities for intra-racial relationships regardless of gender.

The overall functional status of residents in both homes also influences social interactions. Although the Pink Home has fewer residents than the Red Home, the majority experience cognitive and physical decline. There is a higher percentage of dementia and other mental challenges in the Pink Home and twelve residents use assistive devices for mobility. The Red Home

has fewer residents with serious cognitive and physical challenges. Consequently, as group men in the Red Home are able to navigate their social environment with greater autonomy than men in the Pink Home. For example, all Pink Home men have cognitive deficits, whereas there are men in the Red Home without cognitive challenges. In addition, some men in the Red Home are able to independently engage in activities outside the home. In the Pink Home, all men depend on assistance to engage with the community outside the facility.

Physical decline and death alter the culture of a facility. For example, in the Pink Home men used to gather and watch sports on TV. However, declining functional status, coupled with death of residents has eliminated this gathering. Bubba Jones, who has participated in the ritual, seems to lament its demise, explaining, "The men used to watch games together but do not anymore." In this instance, functional decline and death interfered with men's practice of sharing a common interest.

Mealtimes/Dining Room - Mealtimes are especially instrumental in fostering interactions, which can lead to meaningful co-resident relationships among all residents. In each of the study homes, dining room seating assignments are made in consequentially different ways. In the Pink Home, for example, there is a specified "men's table," though not all men sat at the men's table because the table only seats four. Married men tend to sit with their wives and share table with other residents. Two men, Sam Walker and Brian Jones, share a table regularly and occasionally allow "guests", other residents who are displaced from their assigned seats due to family visitors. Sam and Brian became close friends after sharing a dining table. At the "men's table", Mr. Smith and his tablemates experienced close relationships. Bubba Jones, a fellow tablemate, describes Mr. Smith as a "buddy" and confident.

Interviewer: So I know him. So you guys are buddies?

> Bubba: Oh yeah, mm hmm.
>
> Bubba: He's about the only one that I have. I mean I speak to the rest of them, you know. But as far as sitting and talking and exchanging conversation, basically it's just him.

However, men also developed relationships independent of the "men's table." For example, Mr. House and Mr. Toe developed a friendly relationship as described previously.

Unlike the Pink Home, the Red Home did not assign seats to residents. Each resident selected a table and tablemates based on their own criteria and availability. While it is difficult to determine the criteria employed by each resident in selecting a table at mealtime, researchers observed that some residents maintained the same table and tablemates during the period of data collection. For example, John Mark and Donald Clay were tablemates along with other residents who changed periodically. A female resident, Sally, occasionally joined their table when she wanted "to be with the boys."

However, not all tablemate selections in the Red Home flourished into acceptable relationships. Tablemates with decreased functional status presented challenges for those with cognitive and physical sharpness. In the following field note excerpt, Keith, a cognitively alert resident, complained about his impaired tablemates.

> Keith did have a complaint about the dining room, however, it was unrelated to the food. He said that he didn't like where he "had" to sit to eat. He said that he sits with Mason. I replied, "oh, Mason Weir." Keith then asked, "is that his name?" He made a little face and said that he sits with two people who can't hear and can't make conversation. Mason, Keith said, hears a little, but not well enough to follow a conversation. He gave the example of a recent meal when he

> (Keith) began talking to Mason and asked Mason a question. Mason's reply was to talk about an entirely different subject. Keith doesn't even know the name of the other male resident he sits with. But, he did say that this man has worse hearing than Mason.

Keith had the liberty of changing his table selection but elected to continue sitting with his impaired tablemates, a decision that interfered with his relationships with the other men. It is likely that Keith had developed an emotional attachment to his table and did not want to relocate. Additionally, Keith may have remained at his table because he did not want to displace other residents from their "usual" seats. Another male resident, Danny Bear, would not eat dinner if another resident occupied his preferred seat. Danny would return to his room and request that his dinner be served there. On such occasions, he excluded himself from interactions with other residents at mealtime. Both Keith and Danny demonstrate a gendered response to their seating predicament. Both men are being "gentlemanly" to respect the seating choices of other residents. An element of masculine identity is to accept the consequences of one's choices.

Activity programming - Another facility factor influencing co-resident relationships is activity programming. Both facilities offer a variety of activities. While some of the activities are similar, some differences also exist. For example, both facilities offer Bridge, Bingo, Happy Hour, faith-oriented programs, community drives, trips to the store, and designated movie sessions. Generally, these programs are designed for both genders; however, the Red Home also offers a men's-only Bible study and breakfast on Thursday mornings. A local Baptist church hosts the Thursday morning program. In addition, the Red Home also facilitates a weekly Men's Pizza Lunch. The Pink Home does not provide any activity exclusively for men.

Some activities in both homes attract significant participation among residents. For example, Bridge and Bingo draw a large number of residents from their rooms. These activities bring willing residents together, creating a venue for relationships to bud (e.g., Mickey House enjoys Bingo and regularly collaborates with Lily in the Pink Home). Religious activities also attract significant numbers of residents in both homes. In the Pink Home, residents anticipate the Gospel Sing Along on Sunday evenings. Both men and women come out and join in singing gospels and hymns. Residents usually hang around after an hour of singing and interact among themselves. The Red Home also provides several opportunities for religious activities, including Baptist and Methodist services, Roman Catholic mass, and a Tuesday afternoon Bible study.

In addition to the Gospel Sing Along, the Pink Home also offers a Friday afternoon musical entertainment. Paul Smith, Jr., son of a Pink Home resident, Paul Smith, Sr., leads the residents in singing a variety of genres, including Country, Jazz, Swing, and even Pop music. Occasionally, some residents danced to the music. The Friday afternoon performance brought notoriety to Paul Smith, Sr., and he enjoyed the attention his son's routine accorded him. Moreover, residents seemed to forgive Paul's transgressions because of his son's contributions to the social life of the home.

Movie matinees in both homes also attract residents to the common areas. In the Pink Home the movies are screened in the sunroom, which provides enough room for about 20 residents. While the matinees provide opportunities for cordial interactions, hostility has been observed as well. For example, Doris Banks and Brian Jones often engaged in spirited debates about Brian's propensity to explain a movie while it is playing. The hostility between Doris and Brian persisted and manifested at other times. Asked about how Red Home activities shape residents' relationship, the Activities Director responded:

> They get to know one another. That helps out. I mean we had a, we have a resident who's very gruff and people just thought he was [laughs] just really mean. But he comes to like the activities and things and he's not. He just is that, he's just very direct. And you know he has a good sense of humor if you get past him being gruff.

The Activity Director added further, "They're, I think, not friendships, but they are very neighborly. They are very nice to each other." Unlike the Red Home, where John Mark and Ron David verbalized their dislike for the activities menu, none of the men in the Pink Home expressed objection to the activity program. Instead, some men participated in activities when schedules and health permitted.

5.3.2 Individual-level factors

Analysis indicates a number of individual factors intersect with or override gender and influence co-resident relationships. Gender is omnipresent, playing a central role in men's co-resident relationships. Gender interacts with shared interests as men bond around activities that are conventionally masculine. Gender influences men's desire to speak about past work life, including military service. In fact, discussions about military service may be a way of demonstrating strength and agility and reminding peers of prowess once-possessed. Other influences in a man's life course may supersede gender and limit discussions about military service. Men's attitude and strategies toward activities in AL may be a way of displaying anti-feminine tendencies. Men do not want to be perceived as feminine and refrain from activities that are considered feminine in nature. When AL men participate in activities, they do so as "gentlemen" for the benefits of their female co-residents and their own sense of identity. Moreover, gender intersects with men's functional status. Men with diminished functional status may seek other ways to display

their masculinity. For example, men may flirt with female co-residents, as a way of showing that they can are still “men”, even though sexual capacities may have subsided. In addition, marital status allows men to display masculinity in AL. Men view their roles as “protectors” of their wives and attempt to fulfill this role in AL. Men who cannot personally fulfill this role hire professional help, if they can afford the cost. Race and gender intersect in AL so that black men have less opportunity for intra-racial relationships. Finally, resident transitions also intersect with gender. Men who lose friends in AL have a higher degree of difficulty in replacing their friends.

Shared Interests/Activities - Sharing interests provide opportunities for all residents, including men, to form co-resident relationships. For example, men bond around traditionally masculine interests in sports and outdoor activities. A group of men in the Pink Home, including Paul Smith and Bubba Jones, regularly reminded one another about baseball games. In the field note excerpt that follows, Mr. Smith provides a reminder to his peers about a scheduled game on TV: “After dinner, Mr. Smith said goodbye to his tablemates and reminded them once again about the ball game.”Another example of shared interest is observed between two residents who play Bridge several times during the week. Regular players, Betty and Mark Baldwin, describe themselves as “partners” and are “very intense” when they play. Although Bridge is sponsored and facilitated by the Red Home, participating residents play the game because of their common interest.

Veteran Status – The veterans in the current study participated in World War II. In addition, they served in a military that struggled to recognize the contributions of African American soldiers. Previous research has suggested that a commonality such as a veteran status presents opportunities for co-resident relationships among men in AL (Kemp, 2012). This held true for men in both homes in the current study; however, the relationships emerging from veteran status

were nuanced. Two further factors influencing the effect of being a Veteran were the kind of service provided during active duty and the veteran's attitude toward his service. Two male residents, Frank and Winter, were especially proud of their service, which often served as the basis of their conversations. The death of one of the men left a void, as reflected in the following field note excerpt:

> Mrs. Broody also told me that Mr. Frank was upset of Mr. Winter's death because they were tablemates and often talked about WWII. In order to protect Mr. Winter's privacy, the facility did not make a formal announcement of his death. Mr. Frank learned about his tablemate's death from other residents.

While other veterans cherished their memories, John Mark, an African American veteran, preferred to quietly celebrate his achievements. Race intersects with gender and veteran status for John. He is reluctant to discuss or celebrate his veteran status. The following field note excerpt explains John's attitude:

> John Mark is a veteran, but declined to talk much about it. "Oh, I don't really talk about that." But he did tell me that he was in the European Theatre and his job was with the "Red Ball Convoy."

It is likely that his experiences in a racially polarized military influences how perceives his status as a veteran.

Personal preferences, attitudes, and strategies - The ability to exercise personal preferences is crucial to many older adults, including men in AL. John Mark, for example, spoke repeatedly about being "a loner", valuing "time spent alone", and not "liking the activities offered by the facility." For example, he said that his favorite part of the day is "laying down, relaxing,

and watching TV in his room." John Mark says he has "very little" interest in activities in the Red Home. The following field note extract exemplifies his personal preferences.

> Very, very, very, little—very little. That's why I try to keep something going between—Monday and Wednesday I go to the wood place. And I try to take a project that's going to kind of keep me going for the rest of the week until Monday comes again.

The following quote from an interview with John Mark demonstrates his frustration with other men whose personal preferences do not coincide with his expectations.

> You know, it's a funny thing. Most of the guys here—the women, all they want to do—they'll go for a ride if it—Community Drive. But the guys, the men, other than getting together for a luncheon, they don't seem to have any, any spirit to want to do anything. So I don't bother with it, you know.

The perceived lack of "spirit" indicates John Mark's desire and preference for instrumentality in daily interaction. Moreover, John appears to criticize the women for their activity preferences.

Ron David expresses a negative view of most facility activities; instead, he builds co-resident relationships by seeking out needy residents and offering assistance where possible. Evidence in the data suggests that Ron's help is directed primarily toward women. Scouting and reaching out to residents in need is a display of gendered perspective by Ron. He conceives his role as helping people in need in order to be a "gentleman." Ron states his views in the following interview excerpt:

> Well, they have a lot of activities, but I never was a bingo player or anything like that. So, I, I guess you would classify me as kind of a loner more or less. I have certain people that I sit with for the meals and more so people that need help.

Another resident, Danny Bear, chooses solitude, which shapes his co-resident relationships. Danny comes to the parlor during activities, but does not participate. He prefers to sit quietly and "read" the newspaper or survey the scenery. In the following field note excerpt, residents and a researcher are engaged in a board game when Danny comes to the parlor: "Danny Bear is always on the fringe of any group. He will speak but never initiates conversation. No one in the group made an effort to get him to come over and join us."

Attitudes toward relationships are also individualized. Ron, for example, sees himself as a "helper" of people in need. He is apt to provide emotional assistance to a resident in need. For example, he spends time with Heather who is on dialysis and constantly experiences pain. Ron said, "She needs somebody and I feel am helping somebody." Ron often sits with Heather and "talks to her" when she returns form dialysis. Without providing details, Ron adds that he "helps her." However, he also says, "In the physical shape I'm in I can't help except just to talk to them."

Another resident, Charles Ireland, revealed his attitude toward relationships to a researcher in the following field note excerpt:

> He went on to explain that he doesn't really need people very much. During a time when we were talking about activities yesterday, he talked about happy hour being a time when people can meet others and socialize, but he'd rather take a beer and some cheese out of his fridge and stay in his apartment.

Some men, including John and Ron, exhibit anti-social attitude in the Red Home. It is possible that the men with anti-social tendencies perceive the menu of activities as feminized. Consequently, they refrain in order to present themselves as masculine.

Men also exhibit variations in their strategies toward relationships. In the Red Home, Peter Brady and Arnold James often compliment Vivian on her appearance. In a field note, Ron describes his strategy as follows: “I just always speak to people and try to talk to them. If they don’t want to talk, why, I don’t talk.” A group of previously mentioned residents in the Red Home gathers each evening after dinner for a period of relaxation and interaction. This strategy of participating in the informal group allows residents to deepen their relationships. In addition, Arnold calls Reuben “Smiley,” a strategy that facilitates the cordial relationship between the men. Charles Ireland’s strategy involves receiving help, although he is indifferent to people helping him. Charles walks with a limp and residents sometimes reach out to help him stand when they think he will fall. In his interview, a researcher asked him how he felt about receiving help:

> Well, it doesn’t really bother me, but I have always been the type of guy to do what I can do. And, um, I don’t know, just inherent in just the way I was brought up I guess, get up and fight again.

The excerpt above signifies how one man can display multiple masculinities. Because of his upbringing, Charles is hesitant to receive help from his peers. However, current realities in his life course necessitates that he accepts assistance, even if reluctantly. Theses varied strategies demonstrate some of the ways men in AL develop relationships. Moreover, they demonstrate some ways that men exhibit their masculinity.

Functional status - The role functional status i.e., physical and cognitive states of health, plays in shaping co-resident relationships is noted in existing literature and is critical for all residents, especially men. In this thesis, functional status includes, but is not limited to, mobility, speech, hearing, vision, dementia, and continence. Men with physical and cognitive deficiencies usually have trouble interacting with the social context because diminished functional status has

the potential to inhibit social participation. Nevertheless, both men and women with mobility challenges often are unable to fully engage with their social context. In the Pink Home, Paul Smith has physical challenges that require him to use a walker. He propels his walker backward, creating a blind spot and limiting his awareness of residents around him. Paul often attracts conflicts with his peers because of his unconventional use of the walker. Paul gets loud and rude when confronted by other residents. In addition, functional decline may inhibit a man's involvement in male-oriented activities. As previously indicated, functional decline inhibited James' desire to join John Mark at the woodworking shop. Furthermore, Mr. Moore's sitter occasionally brought him to religious activities. However, he stopped attending as his cognitive and physical health declined.

The impact of hearing loss on co-resident relationships is apparent as previously noted in the quote about Keith and his tablemate. Loss of vision also interferes with co-resident relationships. In the Pink Home Bubba Jones is legally blind and relies on residents and staff to read his baseball schedules for him. The influences of hearing and vision loss are similar for both men and women. Physical impairment hinders or helps co-resident relationships. Men may refrain from interacting with women because they do not want to be perceived as dependent. The desire to appear to be in control is central to masculinity. In Bubba's case, his physical impairment hinders his co-resident relationships to the extent that he gets frustrated when residents cannot read his game schedules. Bubba's frustrations with his sense of personal limitations and the inability of his peers to assist him results in his isolation. This is another way of "doing gender."

Many residents with dementia experience avoidance, shaming, and occasional sympathy from other residents. For example, a male resident in the Red Home is avoided because he was "drooling" constantly. In the Pink Home both Mary Morrison and Brian Jones are avoided by

some residents because of their functional challenges. The Bobcats, an elderly couple with a diagnosis of dementia in the Red Home became objects of gossip and sympathy as illustrated in the following field note excerpt:

> She tapped me on the arm and pointed to the Bobcats and said, "They are just pitiful." She shook her head and said she felt so sorry for them. She said again, "They are just sad to watch."

Another male resident with dementia in the Pink Home, Mr. Moore, failed in his attempt to attract conversation partners. Other male residents avoided him. Consequently, he withdrew from community life until his death. Mr. Moore's wife lamented his isolation. Field note data indicate, "When they first moved in, Mr. Moore often went downstairs to talk to other male residents, but he always felt disappointed because 'Men don't talk.' 'Nobody talked to him.'" This may be the general tendency of men, rather than a response to Mr. Moore's dementia. The following excerpt from an interview with Hannah Lyons in the Pink Home also illustrates how decline in functional status interferes with co-resident relationships.

> Interviewer: Have you had a lot of interaction with either of these couples?
>
> Hannah: No because Mickey House has gone down a lot. And that's one thing that has been hard in a way is to see the decline in some of the residents here—both physically and mentally, too, I would say.

It is apparent that the constraints of frailty limit men's ability to engage socially. This interferes with their opportunities for meaningful co-resident relationships.

In contrast, men and women with higher physical and cognitive abilities enjoy and some advantage. John Mark and Arnold James participated in activities outside of the Red Home because of their functional health. In the home, they could offer help to other residents. This is re-

flected in John's relationships with Miriam and Tammy. It is also seen in Arnold's relationship with women in the dining room. He has the capacity to help women to their seats, and his offering of assistance facilitates his relationships as he is seen as "a gentleman."

Race – Overall, there are fewer African Americans in AL, and especially in the two homes studied. In the Red Home, John Mark was the sole African American. In the Pink Home, there were four African American female residents. As indicated previously, John enjoyed a favorable relationship with the staff, who are primarily African Americans. This opportunity for socialization with staff means that John could avoid some residents and still experiences meaningful social interaction. In contrast, African American residents in the Pink Home did not have similar relationships with the staff. John's gender and cooking skills likely attracted the staff in the Red Home.

In addition, real or perceived racism can hinder social relationships. In the Red Home, Barbara was suspicious when she observes John with a group of African Americans. Moreover, Charles Ireland refers to John as "a black" who is "fairly friendly." Additionally, Charles infers that John had gamed the government, saying, "But you can tell he's ridden the government for everything he could get. Powerful wheelchairs, walkers, he's got it all." John employs his gendered skills to facilitate relationships in spite of his race.

Marital status – Marital status influences co-resident relationships, as married couples tend to spend more time with their mates. Couples with one spouse fulfilling caregiving responsibilities are especially liable to exclusion from the social environment of the facility. For example, Donald spent more time with his wife in the DCU. Yet, Donald was able to allocate time for meals, which fostered interactions with his tablemates. Furthermore, Donald has earned admiration for caring for his wife. However, another resident, Keith, received criticism from residents,

including Donald, because Keith spent merger time with his wife also in the DCU. Both men demonstrate ways of "doing gender" that influence co-resident relationships, including their reputations and receptions in the home. Yet, functional status may override marital status as in the case of the Bobcats. Their functional decline hindered socialization more than their marital status. Married men with wives in the Red Home DCU interacted when possible. In his interview, Charles Ireland, whose wife had been in the DCU, said both Peter and Donald are his "friends." He added that the three husbands "often took their wives out of the DCU in their wheelchairs to sit together under the covered entry of Red Home."

Unlike the Red Home, there is no evidence of interaction between the couples in the Pink Home. The couples had sitters who provided care around the clock. Mickey does not assist with his wife's care because of his decline. Mr. Moore attempts to feed his wife in the dining room, but he is too frail to help. The Houses' sitter often brings both of them to activities, though Mrs. House is unaware of her surroundings. The Moore's also came to a few activities until their impeded their participation. Low functional status for both couples hinders interactions with other residents.

Resident Transitions – Resident transitions, including relocation and death also influence co-resident relationships. In the Red Home, Donald's and Keith's wives moved to the DCU after living in the AL wing for some time. In addition, Mark Baldwin' physical health declined and he did not return to the facility after staying in the hospital for a protracted period and his relationships suffered. As previous mentioned, Charles, Donald, and Peter used to gather with their wives for a time of interaction. However, that gathering ceased following the death of Charles' and Peter's wives. Although Charles refers to Peter and Donald as "friends," there is no evidence of recent interactions. Furthermore, Steve Beacon died in the Red Home as previously

indicated, and Crystal Wiles died in the Pink Home. In addition, Frank Kerry and Harry Winter died in the Pink Home, further diminishing the "men's table."

5.4 Outcomes of Relationships

Men's co-resident relationships engender a range of outcomes. Positive outcomes emerging from congenial relationships include having someone to spend time with, being a confident, experiencing intimacy, and having a sense of community. On the other hand, negative outcomes emerging from unfavorable relationships include isolation and hostility, which can be either momentary or established. Moreover, men demonstrate levels of fulfillment with their relationships in AL. Some men are less satisfied with their co-resident relationships, while others are indifferent. These outcomes, however, are not unique to men's experiences of co-resident relationships. Instead, they can be observed in both same-sex and opposite-sex relationships.

Residents with congenial relationships tend to spend time together. In the Pink Home Bran Jones and Sam Walker spent time together in common areas or in one another's rooms. Similarly, John Mark and Miriam spent time together in the Red Home. In addition, Ron and Donald became confidents to each other.

Analysis indicates that positive relationships can engender intimacy among residents. Ron and Serena experienced intimacy in a brief romantic-type relationship in the Red Home. Married couples in both homes also experienced intimacy.

Some men achieved status among their peers. For example, John Mark and his tablemates became self-appointed sources of information in the Red Home. As John puts it, "people come to us for information on whatever is happening." Being the source of information may be a way of exercising control over the environment, an important trait for many men. It is important to some that people depend on them, as satisfying such dependence can be a source of status in the com-

munity. A further example of achieving status occurred among men interested in sports. Paul Smith often took the lead in reminding his peers about game schedules. In addition to enhancing his status among his peers, Paul may have been demonstrating his cognitive acumen compared to the other men. This is pertinent to a men's sense of instrumentality.

Another outcome of men's co-resident relationships is reciprocal assistance. Sam and Brian, two middle-aged and mentally challenged residents who shared a table at the Pink Home, practiced reciprocal assistance regularly. As reported by Murray and captured in field notes:

> Sam told me that Brian walked into his room earlier because they were going to smoke a cigarette on Sam's porch. Sam informed me that he and Brian normally smoke on Jack's balcony but they have been using Sam's porch more often. Sam told me that he often shares his cigarettes with Brian and that today, Brian gave him a gift of three cigarettes, one dollar, and a coke.

Reciprocal assistance was also an outcome of the relationship between John Mark and Miriam. They had become friends after meeting over their shared interest, smoking. As the friendship developed, both John and Miriam began to exchange favors with one another. John uses his woodworking skills to make small furniture for Miriam, while she employs her seamstress skills to mend his clothes. It is worth restating, however, that John undervalues Miriam's contribution to the relationship. He describes her work as "little things."

A further element of the valued role outcome is helping behaviors, which covers a wide range of behaviors, including opening doors, fixing a wheelchair, answering a question, passing the salt, or adjusting a female resident's chair before she sits down. A key difference between helping behavior and reciprocal assistance is that the latter involves mutuality, which is not nec-

essarily true for all helping behaviors. John Mark aptly describes the culture of helping behavior in the Red Home in the following interview quote:

> Interviewer: What are the kinds of things that you've helped people with?
>
> John Mark: Just whatever. No specific thing, just—like at the dining tables. You know somebody's got a problem, you get up and push their chair up or pull it out or pour them some water or something like that. Yeah.

It is likely that men exhibit helping behaviors in order to fulfill cultural expectations. At the same time, men may help in order to exercise control over the situation or earn the respect and admiration of their peers. Arnold James was especially willing to offer help to female residents as illustrated in the following field note extract:

> Arnold was such the gentleman—Reyes bragged on how gallant he is with the ladies helping them push their chairs up to the table. When Alice Cummings came in, she sat at the table next to us so he jumped up and told her he would help her slide her chair. She thanked him for always being so helpful. Arnold patted Alice on the shoulders and squeezed her arms and told her she is always so beautiful in the mornings. While he was up arranging Alice's chair, he noticed another woman at the back table by Ron's was sitting too far out from the table so he went back and asked her if he could help—which she gladly said yes. Then when Ellen Johnson came in, he said the same thing to her that he did Alice.

One way to be a "gentleman" is to exhibit helpful behavior, especially in situations where a woman needs assistance.

In addition to the positive outcomes associated with relationships, residents demonstrate isolation when relationships are negative. In addition, the Bobcats experienced isolation because

most residents avoided them due to their declining cognitive conditions. A further consequence of negative relationships is shunning. Paul Smith experienced some shunning because of momentary hostility with several residents in the Pink Home, including Helen Cobb. In the Red Home, John Mark shunned Reuben Doe and Arthur Howard. John Mark asserts that Ron "lives in the past', Arthur is a "bigot", and Reuben "eavesdrops" on his conversations.

Men's co-resident relationships lead to varied levels of satisfaction. High functioning men like John Mark, Arnold James, and Ron David are less satisfied and seek a more socially active environment. John Mark requested a pool table, and Ron complained that the quality of the Red Home had depreciated because of admission of many low functioning residents. Ron seems to minimize his own personal physical challenges. It is likely that continuing to have high cognitive abilities blinds Ron to his personal diagnosis. In spite of using a scooter, Ron navigates the Red Home and the surrounding community independently.

Outcomes are complex to the extent that multiple outcomes can manifest in a single person. John Mark exemplifies a resident who manifests multiple outcomes in his relationships. John spends time with Miriam. In addition to spending time in the smoking zone, they also use interior common spaces for visits. Moreover, manifests achieved status among his peers. In spite of his race, John and his tablemates became sources of the latest news in the home. It is also likely that John experiences some isolation as the result of his hostile relationship with select residents.

6 DISCUSSION

In this chapter, I present a discussion of the findings emerging from the data. First, I present a summary of the results in relation to my stated aims and relate them to existing empirical and theoretical literature. Next, I discuss the implications of my findings. Results can inform the work of program administrators and policy makers. Finally, I present the key strengths and limitations of the thesis. I conclude with suggestions for future research.

6.1 Discussion of Findings

In this thesis, I used data from two distinct AL settings to examine men's co-resident relationships including their relationship experiences, the factors influencing relationships and relationship outcomes. Informed by GTM, my analysis found considerable variation in men's experiences with co-resident relationships in AL—a finding that is found in current AL literature. As research on coresident relationships in AL has established, co-resident relationships in AL include friends, acquaintances, family, and antagonists (Kemp et al., 2012). These relationship types are not unique to men; however, the men in my sample experienced this range of relationships. Findings also suggest, as others note, that gender influences men's experiences in AL (Park et al., 2009) in a variety of ways. For example, as was the experience of the men in this study and in other research, they are fewer in number, limiting their opportunities for same-sex friendships, but increasing their opportunities for opposite-sex relationships (Kemp et al., 2012).

In both homes, men spoke of having "friends" and often referred to selected peers as "friends." However, much like Kemp et al. (2012) found, the men in the present sample also expressed degrees of friendship in their relationships with their peers. For example, one man said he was friends with a tablemate, though the two were not close. Another man described other men as "buddies," adding that they did not share intimate, personal information. Furthermore,

another man said he did not have any best friends in AL. Men also exhibited degrees of friendship in their co-resident relationship with women. Reciprocal assistance characterized the friendship one of men in my case studies had with the female resident. The same man had a friendship with another female resident that did not involve reciprocal assistance. Men also said that their friendships involved helping, sharing, visiting, and seeing and giving of counsel.

Men also experienced co-resident relationships as “acquaintances” (see also Kemp et al., 2012). Similar to “friends,” “acquaintances” were neighborly, cordial, helpful, and concerned about the well being of their peers, but with lower levels of familiarity and engagement. Being acquaintances also offers opportunities for men to be gentlemanly in their actions.

Family relationships existed between married couples. There were a total of six couples in both homes. Two of the men occupied care-giving roles, though to varying degrees. One man spent most of his time with his wife, while another spent limited time with her. In addition, three of the couples had sitters, independent caregivers not affiliated with the facilities.

Men also experienced relationships as “antagonists.” These relationships were characterized by racism, criticism, suspicion, and hostility. Occasionally, momentary hostilities were observed among residents. Such hostilities were fleeting. The relationship types discussed above (friends, acquaintances, family, and antagonists), were influenced by gender, as well as its intersections with individual- and facility-level factors. Facility-level factors intersecting with gender included, physical environment, facility policies, resident profile, mealtime, and activity programming. There were similarities and variations between the two homes studied.

At the facility level, physical environment, including size and allocation of space, influences men’s co-resident relationships in both the Pink and Red Homes. Generally, smaller facilities have been found to provide opportunities for social interaction among resident, yet, being

small can also limit residents' chances of meeting new people (Ball et al., 2005). In the Pink Home, a smaller home, there were 11 men, compared to 28 men in the Red Home. During the study, the number of Pink Home men remained stable. Even though one new man was added to the census, there was attrition due to death. Consequently, men in the Pink Home had almost the same opportunities for same-sex relationships over a one-year period. However, the addition of new female residents increased opportunities to meet new people in the Pink Home.

Men in the Red Home experienced greater opportunities for both same-sex and opposite-sex relationships. The presence of 28 men and 50 women created avenues for men to form relationships with a larger group of peers then in the Pink Home. As a result, Red Home men had relationships with a broader group of men and women. Men experienced more one-on-one and group relationships in the Red Home. For example, as indicated in the case studies, men had relationships with individual residents while also engaging the larger community of residents.

In addition, interactions between the physical environment and other facility-level factors can also impede co-resident relationships. As such, resident profile also intervenes to hinder or facilitate co-resident relationships (Ball et al., 2009; Perkins et al., 2012). For example, smaller facilities with low functioning residents may experience greater social distancing in spite of the size and census of the facility as was the case in the Pink Home. In this home there were 27 residents with dementia. Such a high number of low functioning residents in a small facility undermine the potential for meaningful interactions in a small, close-knit facility thereby affecting coresident relationships for men and women alike.

Additionally, my findings show, as other researcher note, that providing usable space in a facility can support social interaction (e.g., Kemp et al., 2012; Lu et al., 2011). In both the Red and Pink Homes, the parlor and other designated spaces facilitated social relationships. Men of-

ten displayed masculinity in these common spaces, which were venues for visiting and for flirting and helping. Facility policies also influenced men's co-resident relationships. In both facilities, for example, there is a policy of non-intervention in romantic relationships, unless it presents specific challenges to residents' well being and none were reported. Another key facility policy relates to the admission and retention of residents with dementia. The Pink Home lacks a separate DCU and maintains all demented patients in the general population. In the Red Home, a separate DCU exists, though 12 demented residents remained in the general AL population. This policy shapes men's co-residents relationships and can lead to gossiping about and avoidance of those with dementia. Yet, the presence of resident with dementia does not eliminate all opportunities for friendship. Research shows that demented residents can receive sympathy and concern from other residents (Kemp et al., 2012). In my analysis, a male resident with dementia received sympathy and concern about his safety and well being from other residents.

Another key element of facility life and hence, a facility-level factor is mealtimes (Wikby & Fagerskiold, 2004). My analysis found as other AL research suggests, that mealtimes can be instrumental in facilitating co-resident relationships, though not always positively (Ball et al., 2005). Fulfilling gendered expectations like helping women to their tables engendered meaningful social interactions. Mealtimes provide a venue for men wishing to express their gentlemanliness. Moreover, seating arrangements and policies in the dining room also influenced co-resident relationships. In the Pink Home, the staff assigned residents to specific table, including a "men's table." While a degree of friendship developed among the men at the "men's table" in the Pink Home, other research has shown otherwise (de Medeiros et al., 2011). While the men's table creates opportunities for interactions among men, it also limits opportunities for interactions with women in the dining room (de Medeiros et al., 2011). In the Red Home, however, residents were

free to sit in any seat. Yet, residents developed “usual” seats, increasing the chances of sitting with the same people at meal. Existing research demonstrates that sharing a table does not always result in meaningful connection or positive social interactions (Jonas-Simpson et al., 2006; Curle & Keller, 2010). Moreover, as other research notes, not all AL residents attended mealtime regularly (Kemp et al., 2012), which means mealtimes do not always facilitate relationships. Sometimes as a personal preference or of low functional status (both individual level factors) combined with a facility’s willingness to serve meals in residents’ rooms, affect mealtime attendance as my participants show.

Activity programming is another facility-level factor that also proved to be instrumental in limiting or facilitating resident interactions and others note in the literature (Kemp et al., 2012). Participation in activities provides opportunities for residents to develop social relationships, and it is important that facilities take note of the kinds of activities that would attract their male residents (Doyle, et al., 2011). In the Red Home, one man said he had little interest in the activities, and another man indicated he would like the activities with he were in kindergarten. While some men attended some activities in both homes, other men avoided the menu of activities. However, the Red Home offered two gender-specific activities for men, which provided opportunities for male bonding.

The individual-level factors identified in my analysis are consistent with existing literature (Kemp et al., 2012). These factors include commonalities (e.g., shared interests and veteran status), personal preferences, attitudes, and strategies, resident characteristics (e.g., functional status, race, and marital status), and resident transitions (e.g., relocation and death).

Commonalities in residents’ personal and professional biographies promote opportunities for social interaction (Ball, 2005; Yamasaki & Sharf, 2010). For example, I found that men with

shared interests in sports often engaged in conversations about sports. This is an element of masculinity as men tend to forge relationships through shared instrumental activities. This finding is consistent with previous research that established men's propensity to interact in an instrumental manner (Davidson, 2004; Martin & Doka, 2000; Moss & Moss, 2007). Residents with shared interests and hobbies tend to engage in social interaction and elicit others with similar interests and hobbies. For example, men with shared professional experiences (i.e., military, academic, and business) may seek out one another because of their common knowledge and experiences. In my analysis, men with military backgrounds tended to bond and share stories about their war years. However, men's life course experiences may influence how they relate to some commonalities. For example, experiences of racial discrimination in the military may hinder a man's willingness to discuss his veteran status. The sole African American male in my study was reluctant to talk about his military service. The timing principle of life course perspective influences how men relate to historical experiences (Elder, 1994). The men in my study came of age in a specific time with specific social and cultural expectations made of them. Consequently, men in my study pushed chairs for women at the table, sat with a woman in need, shared about sports, and assisted peers in need. Their sense of masculinity was defined by the timing of their lives, and the displays of masculinity enumerated above were appropriate for them.

The use of commonalities to make friends is also prevalent among men and is in consonance with previous research. In a study comparing the friendships of older Black and White men Grief (2009) found that about one-third of the 386 men interviewed said that they look for commonalities in other man to build friendship. Common interests facilitate interactions, which can lead to meaningful co-resident relationships. For example, in my study, two men from the Midwest developed a close friendship in spite of their racial differences. A meaningful relation-

ship, involving sharing, spending time together, and expressing concern for one another, ensued as a result of their common origins and backgrounds. In addition to commonalities among residents, personal preferences, attitudes, and strategies also influenced co-resident relationships. Many men saw themselves as helpers, which is characteristic of masculinity and of being a gentleman. Resident characteristics, including functional status, race, and marital status, also influenced men's co-resident relationships. Functional status, included physical and cognitive abilities, and helped to shape men's relationships. My analysis found that with diminished cognitive abilities often incurred avoidance or sympathy from their peers. This finding is consistent with results seen by Dobbs and colleagues (2008) in their study of stigma and ageism in six residential care communities. They observed that some residents avoided others with dementia. Other AL research (Kemp et al., 2012; Perkins et al., 2012) found similar evidence.

The only African American in the study incurred some racism, which influenced his co-resident relationships. However, this resident's interpretation of a statement made by a white peer may have been influenced by regional differences in communication styles. John distanced himself and generally was stoic about racist incidents. Being stoic is a trait of masculinity and one of many ways to demonstrate one's masculinity (Magliaccio, 2009). In addition, life course experiences had taught him to construct his social context in a specific way, which included his response to racism. Consequently, when his peers spoke, he immediately interpreted his words as racism. The influences of men's life course and social constructionist perspectives are evident in John's responses to his fellow residents.

Another resident characteristic influencing men's co-resident relationships is marital status. In AL, men are more likely than women to be married. Married residents in AL have their primary co-relationships with their spouses, and often, though not always, serve in caregiving

roles (Kemp, 2008). Similar to previous research (Kemp, 2008), I found that while married men derive companionship from their wives, marital status also limits opportunities for other co-resident relationships. However, functional status and resident profile often intervene to increase married man's opportunities for co-resident relationships. In the Red Home, for example, three married men bonded as they provided care for their spouses. The commonality in their experiences allowed marital status to forge meaningful co-resident relationship among the men.

Resident transition also influenced co-resident relationships as others also have noticed (e.g., Kemp et al., 2012). In the Red Home, two WWII Air Force pilots had forged a friendship because of their common experiences. The death of the one of the men left the survival without a replacement. This demonstrates how men bond around commonalities (Greif, 2009). It also demonstrates the role of life course in forging relationships. The men's lives were linked by their common experiences in war. In addition, the surviving friend's inability to find replacement for his deceased friend may be a result of his construction of social context. The belief that only a former Air Force pilot could really understand his experiences prevented him from seeking other close male friendships.

The individual- and facility-level factors presented above intersect with gender to shape men's co-resident relationships. Resulting from these intersections of factors are outcomes that men experience in AL. These outcomes are either positive or negative. Positive outcomes emerging from congenial relationships include someone to spend time with, someone to share confidences with, intimacy, and a sense of community. The analysis shows that some resident in both homes experienced some or all of these positive outcomes. Residents either had one-on-one time or spent time in larger groups. In the Red Home, an informal "evening group" emerged and met most evenings after dinner. This outcome aligns with previous results in AL (Ball et al., 2000),

which finds that some AL residents compensate for the absence of family by developing co-resident relationships and desire and enjoy spending time with them. Another outcome involves having someone with whom to share confidences. Moreover, resident can experience intimacy as an outcome of their relationships. Here, men's life course and constructions of masculinity informed how they expressed intimacy. According to Swain (1989), men experience intimacy through "closeness in the doing." In the Pink Home, two male residents share cigarettes often and took turns smoking on one another's balcony. In the Red Home, men participating in the "evening group" experienced intimacy just by being there. Additionally, in family relationships, residents experienced intimacy through "closeness in the doing" (Swain, 1989). This paradigm suggests that men experience "feeling close to other people through shared activity, not through self-disclosure" (Migliaccio, 2009, p.229). Finally, a sense of community ensued from men's co-resident relationships. A sense of community, which emerges from belonging and feeling at home in AL, is key to quality of life (see also Ball et al., 2005). Though not explicitly stated, Ball and colleagues (2000) underscored the importance of sense of community as a domain in quality of life in AL. Men's interactions through helping, sharing, being concerned, and visiting facilitates such a community.

Negative outcome from non-congenial relationships include isolation. Some men avoided residents with functional deficiencies. As Moss and Moss (2007) found, men may avoid sicker, frailer residents in an effort to look more masculine. This behavior ties into the social construction perspective, which views gender as performance and action. Men perceive infirmity as less than masculine and therefore avoid residents who are frail. Of course, others did not, drawing on a more sensitive construction of masculinity and definitions of being a gentleman.

6.2 Implications of the Findings

This study finds that men's co-resident relationships are important. Men's co-resident relations in AL can lead to positive outcomes that enhance quality of life for residents. Consequently, managers and activity personnel in AL should accord attention and resources to the experiences of men. It is important to remember that men experience considerable variations in their co-resident relationships. As such, attention should be given to the various relationship types men have in AL. In addition, appropriate accommodations should be made for the various types of co-relationships men experience.

In addition to the types of relationships men experience, I found that facility-level factors influence men's co-resident relationships, and these are important avenues for exploring how men's experiences can be enhanced in AL. For example, AL managers could promote men's interaction by ensuring that common spaces are inviting and appropriate for both men and women. Moreover, mealtime is an important facility factor associated with the physical environment. Facilities should pay attention to seating arrangements in the dining room, as these tend to influence men's relationships. For example, it should not be assumed that all men want to sit together nor are suitable tablemates. Discussions about seating arrangement could form part of the intake process. This practice can give staff some insight into the resident's preferences. Further, as Kemp et al. (2012) suggest, it may be necessary to periodically survey the residents about their level of satisfaction with prevailing seating arrangements.

The role of activity programming is key to enhancing men's relationships in AL. Mitchell and Kemp (2000) found that the activity participation by residents can improve quality of life in AL. Consequently, it is important that AL staff develop activities that encourage men's involvement. Administrators and activity directors in AL should develop programs that attract greater

male participation. Men's participation in activities is contingent on their perception of the activities. This may mean consulting with men on their preferences for activity programming and including some of their recommendations on the menu of activities. I found that in both homes, the current practice is that the activity director develops a list of activities for implementation. Including men in the development of program menu engages their sense of instrumentality, and is likely to attract more of them to activities.

In addition, the influence of individual-level factors demands attention by AL staff. Commonalities among residents can facilitate co-resident relationships. AL staff should be aware of the commonalities among their residents and utilize those commonalities to encourage interactions. Moreover, some activities can be centered on commonalities. For example, veterans can have activities designed to honor their military service. Such celebrations, however, should include non-veterans, because the goal is to foster social relationships among residents.

Men's relationships are also shaped by their personal preferences, attitudes, and strategies. AL staff should develop awareness of men's preferences, attitudes, and strategies with the understanding that these are ways of showing masculinity. For example, a man who is shouting commands may be trying to exert authority in the face of diminished functional status.

Resident characteristics also present opportunities for social relationships. Functional status is key to co-resident relationships. Resident with low functional status may be excluded from social relationships, and staff should be cognizant of their status so as to avoid isolation. In addition, race is critical, since minorities are generally fewer in AL. Marital status of residents also influences social relationships. AL staff should be aware of the relationship between couples and seek to support them as individuals and as couples.

6.3 Strengths, Limitations, and Future Direction

A major strength of this research is the availability of rich data for analysis. The research team devoted significant time in collecting, compiling, documenting data from the field. Another strength of this work is that I participated in the data collection, but was not responsible for collecting the data in its entirety. This approach saved me time and resources. The use of two homes that varied considerably in size, location, resident profile, and resident characteristics also is a strength. Another strength of the study involves the topic. The social relationships of men in AL have received only marginal attention. This study gave me the opportunity to investigate a relatively untouched subject matter and contribute to the body of literature. The particular focus on men's perspectives should add new insights to our understanding social relationships in AL.

Certain limitations are inherent in this study. First, the study is limited in terms of my restriction to available data. Because the original study was not designed to study men's co-resident relationships, researchers did not always follow on key questions about men. Due to attrition by death and relocation, I am unable to conduct follow up interviews with men in the study. Also, although I participated in the data collection in the Pink Home, I did not participate in the Red Home and instead was required to rely on other research team members' accounts and experiences, which may have differed from mine.

A second limitation exists in terms of culture. I am an immigrant of African descent attempting to investigate the social worlds of a predominantly Caucasian demographic. There are idiosyncrasies of study participants that remain foreign to me. For example, I did not share the level of sensitivity to racism that African Americans have. This could hinder a thorough understanding the subtle, but salient, elements of their lives and relationships.

Even though the primary study involved nine homes, I used data from two homes. Using data from the nine homes would have captured greater variations of race, marital and functional status, size, and location. Consequently, future studies should investigate men's co-resident relationships in larger, more varied contexts. It would be useful to recruit several homes with diverse census for such a study. Allowing for diversity in race and socioeconomic status would enhance the findings and present a more balanced understanding of the role of gender, particularly how it intersects with other social characteristics, to shape men's experiences in AL.

Another potential venue for future research is widowhood and how it shapes men's co-resident relationships in AL. A specific focus on men who lose their wives after residing together in AL would be significant. This is important because, for example, at least two men in the Red Home had lost their wives after living together in the facility. Their deaths changed the men's co-resident relationships in some ways. It will useful to fully understand those changes and the impact on men's co-resident relationships.

Subsequent studies also may wish to examine the co-resident relationships of homosexual men in AL. The current study did not consider men's sexual orientation and there were no known gay men in either home. However, changing social and demographic realities necessitate such a study. This population exists under the radar and their social experiences have received meager attention. Congregate housing for gay men are limited, and those in AL often must often conceal their sexual orientation (de Vries, 2006)

In this study, I have examined men's co-resident relationships in AL and established that men experience considerable variations in the relationships with peers. I have also uncovered the levels of factors influencing men's relationships and presented several outcomes. This study is important because it contributes to existing literature and increases our understanding of men's

co-resident relationships and later life relationships more generally. Additionally, the study provides implications for AL staff and serving aging and frail populations. Understanding the experiences of older adults will become increasingly important in order to promote quality of life as our population ages and becomes increasingly diverse.

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