More than "petty squabbles" – Developing a contextual understanding of conflict and aggression among older women in low-income assisted living

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ABSTRACT

Dominant approaches to relational aggression among older adults tend to conceptualize the problem as a behavioral or interpersonal issue, and can inadvertently infantilize the phenomenon as 'bullying.' In this article we use a narrative approach and the conceptual lens of precarity to develop an in-depth, theoretically informed analysis of relational aggression between older women in low-income assisted living. The analysis of the narratives of tenants (and a manager) indicated that past life experiences and intersecting threats to power and identity shaped and could intensify tenants' interpretations of and reactions to others' actions and comments. Conflicts over a) unequal distributions of caring labor, b) control of social activities, and c) access to appreciation are complex and rational responses to precarious contextual conditions. Findings contribute empirically to the body of research on relational aggression among older adults, expanding this field through connecting it to critical gerontological conceptualizations of precarity. Preventing relational aggression requires increased public investment in formal social supports for older adults, challenging dominant discourses that privilege independence, and recognizing how the legacies of past disadvantage and contextual precarity (as opposed to mental illness or dementia) shape social interactions with and responses to others.

Introduction

Assisted living housing options are posited by policy-makers as increasingly relevant for countries with rapidly aging populations, yet tend to be designed for mobile and functionally independent older adults. More broadly, these housing models are embedded within policy narratives prioritizing and idealizing aging in place and independent living as markers of successful aging (McGrail et al., 2012; Rockwell, 2017). In Canada, assisted living options for older adults emerged primarily in the 1990s, and are usually private suites within supervised or managed congregate housing that include some common areas as well as a service package of supports, with the exception of personal care (McGrail et al., 2012). Buildings are privately owned and operated on a for-profit or not-for-profit basis, and often unregulated. Costs and available services vary drastically, and subsidies or rent assistance may be unavailable or difficult to access.

As such, low-income older adults in poorly resourced assisted living facilities with few basic services face precarity, defined as a "politically induced condition in which certain populations suffer from failing social and economic networks of support" (Butler, 2009: p. 25). Precarity can generate inequities in exposure to physical, social and psychological harms (see also Hillyard et al., 2004), including indirect, subtle erosions of status, dignity and rights through conditions of chronic insecurity and unpredictability over time (Standing, 2010). The concept of precarity links social location (income, gender, disability, race, age) to broader social, economic and political structures, providing a lens for understanding why some individuals may be more exposed to vulnerability and risk in specific social relations and settings.

Alongside a need for more research into how precarious populations experience later life (Grenier, Lloyd, & Phillipson, 2017), old age itself can contribute to precarity, as cumulative lifetime processes of social exclusion "intersect with changes in health and the need for care in later years" in contexts of austerity, producing new risks and vulnerabilities and widening inequalities (Grenier et al., 2017, p. 12).

Precarity in turn may shape tenant interactions and exposure to aggression in assisted living, yet research addressing this topic is sparse in assisted living. In nursing home research, attention to resident-to-resident aggression among older adults has been growing, but tends to focus on persons with advanced cognitive impairment (Rosen et al., 2008) and on identifying individual level and situational triggers of more direct (physical, verbal) forms of aggression (often through a medicalized lens). In attempts to avoid exacerbating the stigma of dementia, and to acknowledge contextual and situational causes for aggression among older adults as well as the lack of explicit intent, many scholars and practitioners have adopted the term "responsive behavior" to describe aggression in nursing home residents.

In contrast to these forms of aggression, relational aggression refers to non-physical, manipulative and exclusionary forms of social aggression intended to damage the social status of another (e.g., gossiping, monitoring, manipulation, dismissing opinions, etc.: Archer & Coyne, 2005; Trompetter, Scholte, & Westerhof, 2011). These are often but not always indirect. Relational and indirect aggression may be more common when the costs of direct aggression are high, such as among women, older adults and those living in institutional settings (Archer & Coyne, 2005).

Within the nascent body of literature on assisted living, there has been a tendency to rely on broad, vague terms ('bullying' and 'anti-neighboring') to describe various forms of aggression among tenants (Goodridge, Heal-Salahub, Pausjenssen, James, & Lidington, 2017; Kemp, Ball, Hollingsworth, & Perkins, 2012; Trompetter et al., 2011). Recent work by Bonifas (2016) on elder bullying, for instance, has drawn important attention to the marginalization of LGBT older adults in institutional settings, and Caspi (2015) used mixed methods to develop explanations centred around situations, events and triggers connected to aggression in persons with dementia in assisted living. Existing work has tended to focus on descriptions of the prevalence and impact of relational aggression in these settings, with less attention to articulating its complexity. Moreover, terms such as 'bullying' tend to situate aggression as a behavioral or individual problem with less exploration of the social, economic and political contexts within which such actions and experiences are embedded. These terms are also susceptible to multiple interpretations – they can operate as empty signifiers (see Elinoff, Chafouleas, & Sassu, 2004; Ringrose & Renold, 2010; Sweet & DesRoches, 2007) – and may inadvertently minimize violence and infantilize older adults.

There is pressing need for in-depth, theoretically informed research into the complexity of interpersonal and relational aggression and conflict among older adults in assisted living. The present article is informed by the rich tradition of critical, multidisciplinary gerontological scholarship both within and outside of Canada (e.g., Armstrong & Braedley, 2013; Baars, Dannefer, Phillipson, & Walker, 2006; Grenier, 2012; Katz & Calasanti, 2015; Minkler & Estes, 1999). Specifically, we apply a critical gerontological approach (Minkler, 1996) to precarity (Grenier, Lloyd, & Phillipson, 2017; cf. Spencer, 2014) in order to explore relational aggression and conflict within interactions in one low-income congregated assisted living environment, situating interpretations of and reactions to relational aggression within the structures, discourses and intersecting social locations constituting aging experiences in assisted living.

Methodological approach

A case-based, narrative inquiry (Clandinin & Connelly, 2000) was used to examine the complexity of tenants' stories about conflict and aggression, without overly decontextualizing[1] the data. The

overarching initial question guiding the research was: how is interpersonal violence and victimization experienced and interpreted in a low income assisted living setting? Our approach allowed us to collect in depth stories from different actors and generate detailed and concrete narratives. As detailed below, through our analysis we discovered and explored the potential of the data to advance our understanding of the contextual and intersecting factors shaping aggression in these settings; we became interested in how precarity manifested in tenants' expressed subjectivities.

Following institutional ethics approval, we generated a list of all assisted living buildings in our urban centre that included congregate meals from a broader list available through a local non-profit agency. We then randomly selected one building (Pinecrest) that we identified as serving low-income older adults, and approached building management to solicit organizational support for the project. We then received permission to distribute project information to tenants in the building. Under-door flyers and accompanying posted advertisements in the common spaces invited all tenants to participate in a study of 'everyday tenant interactions.'[2] Eligible participants were required to have resided in the building for at least one year, and be at least 60 years of age. No cognitive tests were administered, although a rigorous informed consent procedure was used to ensure participants understood the nature of their voluntary participation.

A trained research assistant conducted in-person qualitative interviews with seven consenting tenants, and these interviews averaged just over two hours in length (range 90 to 180 min). Interview questions and probes were designed to elicit descriptions about tenant's interactions, friendships and conflicts with others in the building (including workers and management). For instance, we asked whether there were some tenants that were difficult to get along with or that they have had conflicts with, and to provide details. Participants were also asked to talk generally about what it was like to live in the building. We also interviewed the building manager to provide background information about organizational approaches to conflict as well as management interpretations of tenant interactions. Interviews were digitally recorded and transcribed verbatim.

These eight transcripts were examined using a narrative approach designed to preserve the complexity of participants' stories as much as possible. First, multiple re-readings focused on examining not only the content of talk but also the process through which the stories were conveyed to the interviewer, with consideration of the underlying subjectivities[3] expressed through particular stories. Then, participants' stories were examined in relation to each other, and amalgamated into one broader over-arching narrative (presented below) describing several closely-related incidents spoken about by multiple participants, while identifying contradictions and tensions in the talk about these incidents. Lastly, we used precarity as an analytic lens to identify connections between participants' stories of aggression and conflict and broader social locations and contexts. Where necessary we have altered details so as to protect the anonymity of the research site and identities of participants ('Karen,' 'Margaret,' 'Donna,' and 'Lillian' are pseudonyms given to the four main characters, described below, and 'Tom' refers to the building manager). Altered details do not affect the overall integrity of the findings.

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[1] Decontextualizing the data refers to isolating the data into discrete, separate chunks (e.g., codes) that are then at risk of being interpreted without consideration of the broader context of the interview and its overall story

[2] This neutral language was used in consideration of the circumstances and situations of older low-income women, a group who tend to be societally marginalized. Some of these women may have experienced various forms of violence, aggression or conflict and not only be sensitive to such terms but may be less likely to participate in the research, especially since they may cope with conflict or victimization through minimizing or normalizing it.

[3] Underlying subjectivities refers to persons' ways of thinking about and engaging with the world, which is most often ascertained or expressed through narratives.

Findings

Setting

Pinecrest was a long-operating housing complex managed by a not-for-profit charity, with over 100 assisted living style suites for older adults located next to an affiliated full-service nursing home. Rent was calculated using a sliding scale based on percentage of income (averaging around $700/month CDN), and tenants could purchase meals at a cafeteria-style dining room at an additional cost. They also had access to a few communal areas, such as a library and computer lab. Grocery store transportation was available on a weekly shuttle bus. Beyond this, management did not provide other supports, such as formally organized social activities; the onus was on tenants to initiate, organize and manage such activities. There appeared to be fairly well-established informal helping networks in the building and overall, tenants seemed to know each other fairly well, though participants commented on changes over time, with newer tenants being of older ages and less inclined to socialize. As will be detailed below, in various ways this setting, through exacerbating precarity, may have contributed to isolation and a loss of sense of self among some of the tenants.

Participants

All seven tenants[4] we interviewed were women, with ages ranging from 63 to 88. Their length of tenancy ranged from one to 13 years. Four women moved into the building to be near family who were already living in the complex or surrounding community; three moved in because they liked the amenities and the price. One woman lived with her spouse, two women had husbands residing in the adjacent nursing home facility, three women were widowed and one was divorced. Two participants reported disability or old age security payments as their primary source of income, three were sustained by pensions, and two relied on personal savings.

The eighth participant was Tom, the building manager. Participants spoke primarily in favorable terms about Tom, although one tenant (Karen) suggested that he cared little about what happened in the assisted living building: "when he gets over here he just says, 'if you don't like it, move.'" Tom's management style appeared to mix both authoritative and 'laissez-faire' approaches. For instance, when describing how he intervened in conflicts between tenants, he stated (in a paternal, scolding, half-joking tone) that he would threaten to call their children if they did not behave or get along. He would also communicate his disapproval directly to tenants who had hurt someone else's feelings (he referred to this as giving them a 'tune-up'). In other ways, he was less interventionist, as we will describe below. When asked by the interviewer, Tom stated that he believed bullying, gossiping and 'nit-picking' did occur between tenants, and blamed the problem on frontal lobe deterioration and psychological processes of regret and negativity associated with aging. Although he generally liked working with older adults and believed he makes a positive impact in their lives, he stated that "the downside is feeling like you have to be a principal in a junior high or an elementary, having to go and have the tough talks."

The exact nature of Tom's role in some of the conflicts that we examined is difficult to determine, but as the axis of institutional power and authority in the building, his 'top-down' and/or 'hands-off' management style may have exacerbated conflicts between tenants. Although somewhat contradictory, this management style seems consistent with broader policy discourses around aging in place and independence: the power over resources is centralized, but individuals should generally take care of themselves. Through our analysis, we identified several important conflicts surrounding the social activities operating in the building – and most centrally, the informal "Meal Club." We chose to focus below on describing several conflicts primarily related to this activity (in contrast to other closely similar social activities), since the significance of this case emerged across multiple interviews and best illustrated the dynamics we were noticing between several 'main characters.' These main characters - Karen, Margaret, Donna, and Lillian - had all lived in the residence for a considerable time - about a decade. Their perspectives and that of Tom (another key actor in multiple conflicts) are described below. Three other participants were more peripherally connected to the conflicts; although they are not directly cited below, their stories generally informed our interpretation of the events recounted by the main characters.

The story of the Meal Club

Donna and Lillian were identified (by themselves and other participants) as most consistently in control of the "Meal Club" – a long-running, now-defunct tenant-initiated social activity that had operated for several years. The club's purpose was to organize and cook dinners for club members, and was described by all study participants as successful in terms of tenant satisfaction and enjoyment. Donna and Lillian were also, however, identified as belonging to a clique of a select few women in the building that had particular control over social activities and influence with management. One participant expressed a sense of resentment in this regard: "they're all together in their own little baloney group" (Margaret), and another portrayed the Meal Club as being run by an 'in-crowd' with strong ideas (Karen).

Now in her 70s, Donna had been abused in two previous intimate partnerships, and spent several years as a single mother. She admitted to a tendency towards being bossy or excluding others from decision-making. Although she claimed not to socialize much with other tenants, citing her desire to avoid 'negative' people and gossip, and because "people here are old, don't have hobbies, don't really do things." Interestingly, in contrast to these claims about avoiding social interactions, Donna actually had an active role in many social activities within the building. Another tenant (Karen), with whom both Donna and Lillian had collided over the years, referred to Donna as "ruthless" and a snitch – that "if anybody does anything, or she hears gossip," Donna would report this to the manager.

Donna's friend Lillian, also in her 70s, had family connections within the buildings, had been heavily involved in organizing social activities, and was well known by other tenants. Reflecting the animosity between herself and Karen, at times Lillian appeared to magnify or exaggerate the seriousness of Karen's actions in her interview, sometimes first depicting her behavior as extreme, and then qualifying these statements. For example, at one point Lillian explained: "then you couldn't even walk [past Karen] at the same time because she would make comments. Oh yeah, she was a pleasure (sarcastic tone)." The interviewer asked her to clarify whether Karen had made comments out loud or under-her-breath, and Lillian qualified: "just more if I said hi or something she never would acknowledge it."

Karen herself was in her 60s and talked about a difficult life story, which included long-term disability, economic challenges, violence in a previous marriage, estrangement from her children, and caring for her aging mother; she also spoke of long-term chronic pain, severe anxiety and bouts of depression. Although she did not mention her ethnic or cultural background, another participant indicated that Karen may have been Métis,[5] and at least some tenants believed Karen was the

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[4] Only seven residents contacted us to participate. Those who did not participate may have had higher levels of cognitive impairment or had fewer social ties within the building (e.g. due to isolation or greater external ties). They might also have been more concerned about appearing to 'gossip' about others in the building or afraid of what might happen if others (including the manager) learned about their responses.

[5] Someone who identifies and is accepted as having ancestral connection to a particular community that emerged in 19th century Western Canada, often

victim of prejudice within the building.

Tom, the building manager, portrayed Karen as a bully with a personality disorder. Although other tenants did not identify Karen as a bully, Donna and Lillian portrayed her as a troublemaker, bossy, controlling and complaining. It was also revealed that Karen was facing an impending eviction due to conflict she had had with kitchen serving staff (the subject of much gossip among participants in this study). In contrast, Karen characterized herself as a helpful and generous person towards other tenants, a victim of neglect by the very tenants she would help, and a target of bullying by management and staff (culminating in her eviction, of which she was very fearful).

Lastly, Margaret was a widow in her 60s who also had a difficult life story; we first learned that she had left a career in health care that she valued highly due to the sudden onset of significant physical disability. She was proud of her attention to detail and of her ability to function despite her physical limitations. Later in the interview, Margaret disclosed that she had been sexually assaulted at a young age and lost a child to adoption whom she later reconnected with, but she described the event as having had a huge psychological impact. Her career of helping others during these years helped her, in her words, to "survive" the lasting effects of this early life experience.

Donna and Lillian sat on the board of the Meal Club for many years, and devoted considerable time and effort to running the activity. They both indicated that the reason for the recent closure of the club was a lack of volunteers and their own declining health and energy. However, the club appears to have been the site of considerable conflict over the years, which may have contributed to its decline. Lillian herself said that the group "fell apart" after a summer social event where other club members failed to help clean up; this represented a last straw for her and Donna. Interestingly, from Margaret's perspective, this event (or one similar to it) also represented her 'last straw'; she described herself as actively planning, organizing and preparing food for a summer event, and then having a conflict over Lillian's insistence that they remain outside in the sun despite the heat and lack of shade.

Karen similarly claimed that she had voiced many suggestions over the years about how the Meal Club was organized, which were repeatedly ignored. She also believed her ideas angered Donna and Lillian. Indeed, Donna ejected Karen from the club membership after first consulting Tom, the building manager, who told her the decision was up to her. In her own interview, Karen characterized herself as a victim of various forms of relational aggression from both Lillian and Donna, including exluding, shunning, ignoring, and spreading misinformation through exaggeration and outright lies. Karen also reported being intimidated and harassed by Tom in a number of incidents unrelated to the Meal Club.

Like Karen, Margaret portrayed herself as wanting to help lonely and isolated seniors in the building. Through her work with the Meal Club and through decorating, gardening, fundraising, and the like, she had initiated many improvements to the building's social climate. However, she believed she was persistently dissuaded from continuing several of these activities due to complaints or negative judgements by Donna and Lillian (and potentially some of their allies), one of whom was overheard by a friend of Margaret's saying, "this is an apartment block, not a party house." There were also complaints about her decorations being in poor taste or sacrilegious. Some of Margaret's friends suggested to her that such complaints were motivated by jealousy. Nonetheless, Margaret expressed a strong sense of frustration, and was severely depressed for months due to feeling 'shut down.' Thus Margaret (like Karen) characterized herself as victim of ongoing relational aggression from the in-group.

Both Lillian and Donna also described various conflicts they had had

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(*footnote continued*)
associated with historical inter-marriages between First Nations and European settlers.

with Margaret over a number of social activities, characterizing Margaret as bossy, controlling, rude and obnoxious: "she's a real bitch, for lack of a better word" (Lillian). Lillian also implied that Margaret was somewhat unprincipled, such as having stolen supplies, mishandled funds from social activities, and re-located building property (such as furniture) without seeking agreement or management permission. Much of the conflict reported by all three involved accusing each other of spreading gossip, rude insinuations, exaggeration and manipulation, and snitching to management or trying to enlist management authority to operate on their 'side'.

According to Margaret, she became involved in the Meal Club several years prior when Lillian asked her to take the position of 'social convenor', which involved purchasing supplies, organizing people to help with cooking, and the like. Margaret stated that she organized one meal a month for a number of years, and enjoyed it. She believed that eventually Lillian and Donna (and perhaps others) either did not like what she was doing or were jealous of her ability to organize the dinners cheaply and to everyone's satisfaction. This led, in her interpretation, to being indirectly 'pushed' out of the group:

> I: You don't even know what happened. But they kicked you out?
> M: Yep, they did….
> I: …what happened?
> M: From what I was told (laughs)…Um, the one lady that was the main one that wanted to get rid of me, the club folded four months after.

Interestingly, Donna's interpretation of Margaret's departure was: "I don't know what happened that she got so angry, she came and gave me [back] everything and was talking really loud and awful to me, and [she said] 'here you go, you can do it, I don't want any part of this.'"

It is quite possible that Lillian and Donna felt threatened by Margaret's competence, and that Margaret may indeed have been inadvertently claiming ownership over the group; in some places in her narrative, she used language such as "in my Meal Club I had 30 members." Although Donna and Lillian's accounts of Margaret's departure are less clear (and even contradicted each other), they nonetheless both characterized Margaret as difficult, arrogant, negative and easily angered. Donna also suggested that Margaret was fomenting anger and rebellion among members of the club who used wheelchairs, telling them they were unwelcome by Donna and Lillian (as a result, some of them stopped attending). Clearly, relational aggression in Pinecrest was a two-way street. Although Donna and Lillian did not paint themselves as victims, they nevertheless experienced reciprocal aggression from both Karen and Margaret in the competition for control over territories and activities. Margaret attempted to use exclusion and shunning to hurt Donna, although her power base of friends and allies was not large enough to have an appreciable effect. In the next section below, precarity is used as an analytical lens to interpret these kinds of conflict and aggression in this low-income assisted living residence and resulting experiences of frustration, loss of dignity and sense of self among older tenants.

Precarity as an analytic lens for understanding conflict and relational aggression. The building manager Tom referred to Pinecrest tenants' high expectations: "we don't charge enough to hire somebody to put on programs for them. That's what a lot of people don't think about, they move into a place like this and they think they'll get all the programs that are at [a high end facility]. And we don't charge $2500 a month." Although tenants were previously welcome at social events in the adjacent nursing home, this was discouraged by Tom because tenants were too demanding or overly dependent on nursing home staff: "our staff ended up running their derrieres off for tenants who are perfectly independent and can go do stuff for themselves." Noting that the success of social activities was dependent on tenant leadership, Tom communicated frustration with tenants wanting social activities but not wanting to run them. He later appeared to assume that because tenants are older they lack energy: "you need somebody who's going to have

that energy to call people out to do stuff and a lot of our tenants don't have that energy." Tenants' older ages and 'lack of energy' was framed by Tom and other tenants as contributing to the gradual decrease in the number of social activities available, and those activities that remained occurred less frequently or less reliably. For example, the Meal Club originally operated at least once a month, but meals were offered rather sporadically for some time before Donna and Lillian stopped all together. Meanwhile, Tom appeared to be intentionally limiting tenant's access to the organizationally structured activities in the adjacent nursing home.

In Manitoba, low-rent assisted living involves few tangible services. In contrast, residents of high-rent buildings receive an extensive array of services, including formally organized social programs and activities. This reflects a broader housing and care context in which the onus is on low-income older tenants (most of whom are women) to continue to provide social supports for themselves and others. There was no recreation worker and no volunteer coordinator at Pinecrest, and tenants were responsible for initiating and operating any social activities they wish to access. Such expectations are bolstered and further amplified by broader cultural and policy discourses and language about "aging in place" and independence.

Drawing on a precarity lens, we propose that in this broader context of the lack of formal help with coordinating and operating social activities, such work is often taken up by these low-income, often female tenants (even if men are also available), exacerbating the potential for three main kinds of conflicts that manifest around social activities: unequal distributions of a) caring labor, b) power and control, and c) access to appreciation and recognition. Tenants involved in these conflicts tended to interpret themselves as being victimized. Moreover, tenants' residency at Pinecrest itself is highly precarious, given that they can be evicted for inappropriate behavior or required to move if their health status or needs change, or if a spouse dies or is moved to the nursing home (and they can no longer afford their suite on their own). Tom has particular power in this regard, and although some tenants may respond with deference, this power imbalance can also generate conflicts, as Karen herself noted having several conflicts with Tom.

Conflict over unequal distribution of labor

Tom's frustration towards tenants who failed to assist with social activities were echoed by both Lillian and Donna in regard to the Meal Club. They spoke about the physical limitations faced by some club members, yet strongly judged those who, in their view, tried to tell them what to do without pitching in. Here, the lack of formal social supports manifested as conflict between tenants over the distribution of supportive or caring labor. In some ways, the demise of the Meal Club was a form of protest by Donna and Lillian, who cited declining health and energy as reasons but were also fed up with the lack of help from others. Just prior to the interviews a new male tenant tried to convince Donna to start up the Meal Club again; this tenant seemed to be disliked by Donna and Lillian instantly, and they both assumed he would only create more work for them both: "I thought, no you're not dragging me in to do the work, no. If you want to do it or you find people to do it, I'll help but I'm not in charge" (Donna). Lillian further suggested that this tenant was trying to boss them around and get them to do everything:

> This guy…he's fairly new in the block. And he's a real mouthpiece. This is the one that wanted to get something going again [with the Meal Club] but he wanted to be the boss and we would follow his orders. As it happened, Donna and I were saying no we couldn't do this. We can't handle this. And as luck would have it, Tom came through from the nursing home and we called him over so he came over (laughs) and we just said, 'Look, we know what he wants to do and everything, we're not well enough to do this anymore.' So I'm hoping that it fell through.

A simple explanation of this excerpt is that the women were far too fatigued and offended to carry out the work of the Meal Club. Drawing

from the life history of the two women, however, we can offer a more complex explanation of why the women reacted to this request the way they did. Such a response can be seen as animated resentment whereby these women push back against inequitable divisions of labor in the facility and ambivalence regarding the valued social status of such a caring (i.e., maternal) role. Alternatively (or in addition), this response might also be interpreted as related to their unwillingness to be involved without controlling the club, which will be addressed further below.

Conflict over power and control of social activities

It is particularly important to understand the symbolic and identity implications of social activities in assisted living settings. Although female tenants sometimes resisted the work of initiating, organizing, encouraging and sustaining socialization and group activities (generally contributing to the sense of community and solidarity among tenants), at the same time, this work was one of the primary means through which caring and maternal roles manifested in the assisted living setting. This may have been one reason why, although Donna and Lillian wanted more hands-on help with the Meal Club, they seemed unwilling to give up power and perceived several actions of both Karen and Margaret as direct threats to their control of the club.

Donna's desire for control may also be connected to her difficult life history as a single mother, and later as a spousal caregiver. In her interview she explained how, because of having been a single mother, she had a tendency to be bossy. Her own husband was upset when she unilaterally made the decision for them to move into Pinecrest. She had also angered a tenant with disabilities by removing the tenant's opportunities for autonomy, helping by taking over things because she assumed the tenant could not do it. The need to establish a sense of control must also be set against the precarity of her living conditions and other aspects of her life history (including a tumultuous relationship with a former spouse).

Karen and Margaret's assertive attempts to voice their opinions and initiate and intervene in the operation of a number of social activities may have made them the targets of subtle but potentially highly effective forms of relational aggression from Donna and Lillian that we identified in the data, that involved mobilizing status and networks of support. For instance, Donna had written a letter to complain about Karen's behavior towards building staff, and Lillian accused Margaret of stealing supplies and inappropriately handling funds from social activities. Both Karen and Margaret spoke extensively of the mental health implications of their experienced relational aggression, such as depression and anxiety. For example, Margaret described the outcome of her feelings of exclusion: "I probably went into a severe depression for a good six months trying to figure out what the hell did I do wrong? I just, I literally closed myself off from everybody." For Karen, the impacts of exclusion from the Meal Club became compounded by feelings of being shunned and forgotten about by the other tenants during a time when she experienced other conflicts with the building manager; she also worried that others were gossiping negatively about her behind her back: "then the people are, I don't know, talking down there. I'm feeling all this shunning. And it's crushing me, I had to get to the doctor because I was just thinking of hurting myself."

Both Donna and Lillian's strong reactions to Karen and Margaret's 'interference' in the Meal Club, and Karen and Margaret's own strong reactions to being excluded as a result, can be understood as connected to gendered life histories (e.g., previous victimization and lack of power) and gendered identities as carers (and the social status and self-worth this entails). Notably, Tom's approach to dealing with tenant conflict did not always help the situation; he tended to be belittling and dismissive of the importance and value of tenant-initiated social activities. He also seemed to have done little to check the power and control of Donna and Lillian or ensure democratic decision-making about group social activities. When Donna sought Tom's approval to remove Karen from the Meal Club, she stated that Tom said "you can

take whoever you want in your club. It's up to you." Tom was also approached over concerns about Margaret's behavior in the Meal Club, and although he told Margaret to "be nice"; he also referred to the conflicts over the Meal Club as "petty bull crap," stating that he did not want to get involved. Karen also characterized many of the other tenants as fearful of management (just as, in contrast, Tom characterized tenants as fearful of Karen).

Conflict over access to appreciation and recognition

Many conflicts between tenants can be viewed as informed by dominant conceptions of gender roles, whereby caring activities are connected with caring identities which provide self worth and a sense of self. To understand both Karen and Margaret's strong responses to feeling excluded and the intensity of their feelings of victimization it helps to understand that both of these women frequently and persistently characterized themselves as 'helpers' throughout their interviews. Margaret, for instance, had always been an active volunteer in her community, and was proud of her fundraising and organizing skills. She also had experienced some health problems that restricted her physical function; at one point a male tenant was flippantly dismissive of her ability to help with the Meal Club because of her lack of mobility, which Margaret interpreted as a slur against her capacity and ability. Karen similarly positioned herself as a caring person and supportive advocate wanting to improve the conditions of her life and the lives of others. She spoke extensively about all the things she did for the other tenants, especially when they were sick or in need of help, noting that doing this helped cheer her up.

Karen in particular expressed a persistent sense of not having her contributions to the community acknowledged or respected; other tenants' lack of reciprocal support given her impending eviction felt like a betrayal. She referred to how much she did for a neighbor who was ill, feeling slighted that she received only a thank you card two months later but no verbal appreciation. She was also offended when tenants did not come to her to ask for help when she knew she could provide it, or did not thank her or give her credit for her ideas (the in-group portrayed as the most guilty in this regard). These little acknowledgements were important to Karen and indeed, the seemingly small verbal offerings such as please and thank you are highly important ritual expressions of regard and respect; when these rituals are not observed an individual's status is under assault (Goffman, 1971). Karen also expressed how, after a verbal altercation with building staff, Tom deliberately ignored her when she volunteered in response to his request that a tenant keep the key for/be responsible for the building's library, saying, "no, we have issues with you." Later she mentions this incident again: "I was absolutely crushed inside." This experience can be interpreted as effacing any validation to her identity as a carer.

The ongoing attempts by Karen, Margaret, Donna and Lillian to secure social investments in the assisted living community can be viewed as attempts to assuage the negative aspects of their immediate precarity (stemming from living in the residence and aging as low-income women) and as a means of maintaining valued caring identities. Notably, other tenants we spoke with (not main characters covered here) actively avoided making social commitments and entanglements. Although these tenants protected themselves from conflict by creating boundaries, their own opportunities for inclusion and enjoyment were simultaneously constricted.

Discussion and conclusion

This article unites a focus on tenant interactions and relational aggression in assisted living with the conceptual lens of precarity. Precarity helps us understand how living in publicly subsidized low-income assisted housing contributes to feelings of frustration, denigration, and threats to dignity, as well as more serious forms of aggression, conflict and isolation. In doing so, we come to understand how issues that may be viewed as petty squabbles by some observers can in fact have significant impact on tenant well-being, and are grounded in experiences of disadvantage.

A narrative inquiry explores a case in-depth, allowing us to achieve heightened understanding of how context, material disadvantage, and in some cases, past victimization shape older women's exposure to experiences of vulnerability, risk, and aggression, as well as how they respond to these experiences. Accompanied by discourses entreating older people to stay independent, tenants in low-income assisted living facilities are responsibilized to fill gaps in social activities, and judged negatively for having high expectations. In contrast, tenants in high-rent buildings are customers who pay for the extra privilege of social activities. Our analysis suggests that the organization of assisted living (in conjunction with gendered caring discourses and medicalized, task-based public home care services) shapes experiences of vulnerability and victimization by placing particular expectations on tenants to continue to provide social aspects of care for themselves and others.

For some older women, the precarity of living in low-income assisted living intersects with other dimensions of precarity that operate over a lifetime, such as disability and race. In addition, as aging low-income women experience the corporeal realities of illness, disability and the need for care, they may also be facing increased demands to support themselves and others. We identified mutual support exchanges between tenants that extended beyond maintaining social activities to checking on and watching out for each other, and helping during illness. However, when older adults are in need of supports themselves, this can limit their capacity to support to each other (Grenier, Phillipson, et al., 2017).

The concept of precarity also addresses an important nuance: it acknowledges the accumulation and intersection of vulnerability without falling into a pattern of perpetuating ageist or ableist discourses. These discourses themselves contribute to precarious contexts and tend to be reproduced in daily interactions. Kemp et al. (2012) noted that behaviors antithetical to being 'good' neighbors draw on and reinforce stigmatization; this finding is bolstered by other research indicating the potential for "images of the old as frail, dependent and incapable of socialization" to be reproduced in assisted living (Dobbs et al., 2008: p.524). Future analyses of precarity should also explore ageism and dementia stigma (Grenier, Lloyd, & Phillipson, 2017; McParland, Kelly, & Innes, 2017). In the present study, in a setting in which tenants lacked access to organizationally operated alternatives, a 'lack of energy' among older tenants appeared to jeopardize and erode available social activities. The manager's own ageist beliefs about cognitive deterioration likely shaped his responses and approaches to conflict between tenants in the building. Although some tenants also cited health or energy as a reason for not participating in group activities, it later emerged that they also sought to avoid conflict. Donna and Lillian invoked their own declining energy and health as a legitimate reason to end the Meal club, whereas our analysis suggests that it is possible that underlying motivations to dissolve the club may have been more about power and control. In other words, ageism and ableism not only manifested in relational aggression towards other tenants, but were reproduced in everyday talk among tenants for specific interpretive purposes.

Tom's own behaviour as manager in relation to tenant conflicts and relationships symbolizes the institutional (and in this case patriarchal) power that shapes tenant quality of life and precarity, representing a form of symbolic violence in which he constitutes tenants in particular ways (e.g., as children, as ill, etc.). More broadly, Tom's managerial approach also reflected dominant narratives of independent living (i.e., tenants should be able to take care of themselves, get along and stay out of trouble). Such an approach may further responsibilize older adults for their experiences of aggression and victimization. In these and other ways, the context of precarity shapes social interactions between older tenants in assisted living, as well as the meanings and outcomes of these interactions. Whichever side of the conflict they were on, all of the women involved in the Meal Club narrative felt underappreciated,

devalued, frustrated and fed up. Thus, conflicts over unequal divisions of labor, control over valued activities and access to appreciation are rational responses to precarious contextual conditions.[6]

At Pinecrest, this conflict was visible in relational aggression aimed at damaging the social status of the other through means such as spreading gossip, dirty looks, 'snitching', derogatory comments, rudeness, insinuations, misrepresentations, exaggeration, manipulation, shunning, and excluding. The consequences of relational aggression at Pinecrest were complex and nuanced, and for some tenants (Karen and Margaret), appeared to be particularly severe, both generating and exacerbating feelings of depression and anxiety. For Donna and Lillian, the consequences of the conflict appeared to have been more muted, including feelings of resentment and frustration that contributed to their reluctance to engage in similar activities. For other tenants, the outcomes are less clear, although other participants mentioned that witnessing relational aggression contributed to their personal reluctance to engage socially with others. Lastly, the Meal Club conflict led to the demise of an ongoing social activity that was enjoyed by a range of tenants and contributed to the social climate in the building.

Although some have suggested that relational aggression between tenants in congregate living could be mitigated through awareness-raising activities such as posters and information sessions, civility training and policies regarding respectful interactions (Bonifas, 2016; Goodridge et al., 2017), results from the present study imply that telling residents to 'get along' is likely to have little effect. There were already strong social norms and expectations of civility and niceness in this setting that seemed to have little impact (except on how tenants tried to frame their actions to the interviewer). Interventions designed to address the role of staff and management (Andresen & Buchanan, 2017) may be more promising, as other work has indicated the important ways in which staff can inadvertently perpetuate social exclusion (Bruce, 2004; Dobbs et al., 2008).

Ultimately, however, moving beyond an individualistic understanding of the problem of relational aggression requires broader organizational and structural change – including a reconsideration of the expectation that older adults in low-income assisted living sites can and should volunteer to provide much needed social care. At least in this case study, such expectations were not equitable, inclusive or sustainable. Increased attention is also needed to broader structures and conditions that contribute to chronic insecurity and marginalization, in some cases compounding other victimizations that have been experienced over the life course.

Our analysis insists that we move beyond the concept of 'bullying' when discussing aggression and conflict between older adults. Age, gender, and emerging needs for health and support, within assisted living settings that organize care and support in particular ways, and within the broader context of austerity (often attributed to population aging), can contribute to and amplify experiences of victimization and personal responses to conflict and aggression, in part through how these features reorient and amplify tenants' intersubjectivities. Thus, what might appear as petty squabbles to outsiders can become understood as more significant when considered amidst the precarity of older age combined with income, gender, status and the instability of renting in assisted living. These conflicts and experiences of aggression are also bolstered and further amplified by broader cultural expectations that healthy aging means maintaining independence.

More research is needed to elaborate on and assess these ideas in other low-income assisted living settings, including those offering alternative management styles and conflict-resolution options as well as those with differing approaches to the provision of social activities. Moreover, older men also experience precarity and aggression, and

more research would illuminate how their experiences may differ from that of older women. In an initial way, however, findings from the present study contribute empirically to the growing body of research on aggression among older adults, a field which has tended to focus on more institutionalized settings. In this article we demonstrate the potential of critical gerontological understandings of precarity for examining relational aggression among assisted living tenants; we also highlight the need for public investment in formal social supports for older adults, for challenging dominant discourses, and for recognition of how the legacies of past disadvantage and contextual precarity (as opposed to mental illness or dementia) shape older adults' social interactions with and responses to others.

Declarations of interest

We have no competing interests to declare.

Acknowledgements

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[6] The authors have chosen the term 'precarious contextual conditions' to denote the broader discourses or lack of care resources that generate precarity for particular people.

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