Loneliness: Do Living Arrangements Make a Difference?

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Judith N. Moore
LONELINESS: DO LIVING ARRANGEMENTS MAKE A DIFFERENCE?

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Western Michigan University, 1995

This study is an exploratory secondary analysis of loneliness experienced as a serious problem by the elderly. The secondary data were from the Davis (1986) national study conducted by Harris & Associates (1987) for the Commonwealth Fund Commission on Elderly People Living Alone. The independent demographic variables of living arrangements (living alone or living with others), age (65 to 85 and over), marital status (married, widowed, divorced, separated, and never married) and sex by the dependent variable of loneliness (a serious problem or not a serious problem) were measured by chi-squares and Cramer's V test for statistical significance. Results indicated that the demographic variables were statistically weak to moderate indicators of self-reported loneliness. Self-reported loneliness as a serious problem was moderately significant only for divorced females between the ages of 65 to 74 who were living with others.
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CHAPTER I

INTRODUCTION

This exploratory study on loneliness by living arrangements is a secondary analysis of data from the Davis and the Commonwealth Fund Commission on Elderly People Living Alone (1986). A national survey on problems facing elderly people living alone in the United States. While the Davis (1986) study was not theoretically based it does reflect the theoretical framework of the social psychological cognitive model of attribution theory. Findings from these types of studies are important to mental health practitioners and other care-giving professionals (Perlman & Peplau, 1984; Cole & Page, 1991).

Loneliness is an interesting and widespread emotion expressed in people's attitudes and behaviors. Researchers who have examined the phenomena of loneliness have amply demonstrated this complexity (i.e., Zilboorg, 1938; Fromm-Reichmann, 1959; Bowlby, 1969, 1973; Townsend, 1968; Weiss, 1973; Fischer & Phillips, 1982; Peplau & Perlman, 1982, Rubenstein, 1986). Generally, researchers have focused their studies on one or more of the following areas: clinical psychological case studies emphasizing pathology; interactional patterns existing between individuals and members of their social networks; and in the psychological consequences of the varying structures and interactional qualities of individual's social network relations.
It becomes apparent in studies on loneliness that there is a general lack of agreement among researchers regarding the uses and definitions of the term. Two key concepts that have emerged are social isolation and loneliness. A commonly accepted definition of social isolation is the lack of connection to a social network. Here loneliness can be an emotional reaction to the lack of the connection to a social network. There is a lack of consensus among researchers on the causes and consequences of social isolation or loneliness. For example, Weiss (1973) took the view that the concept of isolation equated with loneliness. He differentiated between emotional and social isolation, defining the first as the absence of close emotional attachments, while he defined social isolation as lack of connection to a social network. Weiss (1973) cited fear, anxiety, apprehension, and feelings of abandonment as symptoms of emotional isolation. On the other hand, he saw feelings of boredom, aimlessness, and marginality as symptoms of social isolation and equated those feelings with loneliness.

Townsend, (1968) following Simmel’s (1908/1964) theoretical framework, distinguished between social isolation and loneliness. He conceived social isolation as an objective phenomenon related to an individual’s lack of social participation and felt it was impossible to understand the social and psychological consequences of isolation without examining an individual's social interactions.

Fischer and Phillips (1982) also distinguished between social isolation and loneliness. They viewed loneliness as a feeling state, while social isolation was seen
as the condition of being alone. These researchers defined social isolation as "knowing relatively few people who are probable sources of rewarding exchanges" (p. 21).

Rubenstein (1986) borrowed Townsend's (1968) framework for examining interaction, and used it to examine the phenomenon of loneliness. He stressed the importance of examining the intensity, range, and various types of loneliness that individuals experience to understand this complex construct more fully.

Statement of the Problem

As suggested, loneliness does not suffer either from a dearth of literature or research. Most literature and research focus on psychological schema, therapeutic, and social policy intervention with a strong emphasis on younger populations rather than older. A recent exception, and the one used for this current study, was conducted and reported by Harris and Associates (1987), at the request of The Commonwealth Fund Commission on Elderly People Living Alone, National survey on problems facing elderly people living alone (Davis, 1986). (For clarification please note that the Harris & Associates [1987] report postdates that of Davis [1986] but both are from the same data collected by Harris & Associates.) The Davis (1986) study "was designed to obtain a clear picture of the resources, problems, needs, and preferences of the eight million elderly Americans who live alone" (p. 1). The Harris & Associates (1987) report found that of the then 28 million non-institutionalized Americans over 65 almost 1.9 million people (7%) reported that loneliness or not having enough friends was a
serious problem for them. In two earlier national studies, also conducted and reported by Harris and Associates for the National Council on Aging Inc. (NCOA, 1975, 1981), considerably higher incidents of loneliness were reported.

In both the 1975 and 1981 NCOA surveys loneliness was examined across the age spectrum from 18 to 64 and older. There were two contexts: 1) the perception of loneliness as a very serious problem for most people over 65, and 2) whether the respondents had personally experienced loneliness as a very serious problem. The 1975 NCOA Survey reported that 60% of the American public 18 to 64 years of age perceived loneliness as a very serious concern for persons 65 and over; in the 1981 Survey, 65% of the same age group (18 to 64 years) saw loneliness as a very serious concern for those over 65. Among the respondents 65 and over, 50% in 1975 and 45% in 1981 indicated loneliness was a very serious problem to those over 65. However, these reports do not accurately reflect the reality of loneliness as reportedly experienced by the elderly; only 12% of those 65 and over in the 1975 Survey and 13% in the 1981 Survey indicated that loneliness was personally experienced as a very serious problem. Further, the experienced loneliness showed an increase across successively older age groupings: ten percent among those 65 - 69; 13% among those 70 - 79; and 17% among those 80 - 89.

Perhaps those elderly people who had self-reported loneliness as a very serious problem were experiencing gradual but consistent loss of their support networks through events such as divorce, widowhood, death of siblings and/or friends, or
unwanted geographic relocations. They may have stereotyped or self-labeled themselves as a result of and according to an earlier popular theory of aging: the "Disengagement Theory" (Cumming & Henry, 1961). Disengagement theory argued that aging involved a gradual relinquishment of social roles and a decrease in social interaction. Cumming and Henry (1961) contended that both the individual and society had to prepare for the ultimate disengagement (death) through a gradual, mutually beneficial process during which the individual and society withdrew from each other (Harris, 1990). This theory was lengthily debated at the time and has since been largely abandoned but that would not necessarily stop some people from embracing the concept. Conversely, the majority of the older population did not self-report loneliness as a serious problem but may still have experienced similar loss and changes but had adapted to those changes. Loneliness as a condition of and in itself may for some carry the stigma of shame. In our American society subjectively admitting loneliness is not a common occurrence (Perlman & Joshi, 1987). People may not wish to admit or self-report themselves as experiencing loneliness as a serious problem because they do not want to be seen as social failures.

Purpose of This Present Study

The purpose of this present study is to explore the dependent variable of loneliness to determine if there are differences in loneliness among older people by living arrangements, i.e., between those who live with others or live alone. Studies
concentrating on the possible relationship between loneliness and living arrangements have not been conducted. This is an opportunity to study loneliness among those thought to be the most vulnerable to loneliness: widowed and divorced women primarily those over the age of 75. Previous studies have included living arrangements but with other variables, e.g., socioeconomic status, religiosity, distance of children, number of children, gender of children, and grandchildren (e.g., Lopata, 1969; Fischer & Phillips, 1982; Mullins & Mushel, 1992; Oshagen & Allen, 1992). Therefore, the present exploratory study will be limited to those variables that specifically address loneliness and living arrangements.

The variables and questions used to elicit answers from the Davis’ (1986) study are:

1. Is loneliness or not having enough friends a serious problem for you these days, or not?
2. How old are you now?
3. Are you now married, widowed, divorced, separated, or have you never been married?
4. Do you live alone, or are you living with living someone else?
5. Sex of the person the interview is about?

(See Appendix A for the complete survey document).
Summary

This current exploratory study on loneliness by living arrangements is a secondary analysis of data from the Davis (1986) national study on the United States elderly people living alone. The current study makes a contribution to the literature on loneliness in that it describes demographic variables that are considered to be predictive of self-reported loneliness within a random sample. Findings from these types of studies can be important to mental health practitioners and other care-giving professionals (Perlman & Peplau, 1984; Cole & Page, 1991).

Researchers have focused their studies on one or more of the following areas: clinical psychological pathological case studies; interactional patterns existing between individuals and members of their social networks; and psychological consequences of the varying structures and interactional qualities of individual's social network relations. Studies on loneliness demonstrate the general lack of agreement among researchers regarding the uses and definitions of loneliness. Two key concepts that have emerged are social isolation and loneliness. There is also a lack of consensus about what researchers consider to be the causes and consequences of either social isolation or loneliness.

Two earlier national studies, the 1975 and 1981 NCOA surveys reported that younger respondents (18 - 64) and those over 65 perceived that people over 65 had a very serious problem with loneliness, but the majority of respondents over 65 self-reported loneliness as not a serious problem. Both the younger and older respondents
may have been responding to then well discussed aging disengagement theory (Cumming & Henry, 1961). Those older people who did not report loneliness as a serious problem may have honed adaptive skills.

The purpose of the present study is to explore the dependent variable of loneliness to determine if there are differences in loneliness among older people by living arrangements. This is an opportunity to study loneliness among those thought to be the most vulnerable to loneliness. The independent variables are age, marital status, living arrangements, and sex.
Loneliness as a subject of social science study began in the middle of the twentieth century primarily with theoretical studies (cf. Zilboorg, 1938; Sullivan 1953; von Witzleben, 1958; Fromm-Reichmann, 1959; Whitehorn, 1961; Riesman, 1961; Tunstall, 1966; Bowlby, 1969, 1973), followed by several empirical studies in the 1970s and 1980s. According to Perlman and Peplau (1982) there are five major theoretical models of loneliness: psychodynamic, phenomenological, sociological, interactionist, and cognitive theory. Within these five models there are similar thematic issues:

What is the nature of loneliness itself? Is it a normal or abnormal condition? A positive or a negative experience? What are the causes of loneliness? Do they reside within the person or within the environment? Do they stem from contemporary or historical/developmental influences on behavior? (Perlman & Peplau, 1982, p. 123)

Psychodynamic Theories

All the early psychodynamic theories of loneliness were based on clinical studies: loneliness traits were viewed as having been formed in the infantile and/or preadolescent stages. These loneliness traits were frequently deemed pathological.
The first psychodynamic model was offered by Zilboorg in 1938, wherein he distinguished being lonely from loneliness:

Being lonely is a 'normal' and 'transient state of mind' resulting from missing somebody specific. Loneliness is an overwhelming, persistent experience (Zilboorg, 1938, p. 40).

Zilboorg (1938) argued that loneliness reflected the basic traits of narcissism, megalomania and hostility that were formed in the infantile or crib stage. The lonely person retains these infantile traits which later became a narcissistic orientation.

Sullivan (1953) also saw the roots of adult loneliness in early childhood. The infant's desire is for human intimacy; in preadolescence that desire takes the form of needing a friend. Two other psychodynamic researchers who used clinical work as their bases are Fromm-Reichmann (1959) and von Witzleben (1958). Fromm-Reichmann (1959) defined loneliness as a profound state of isolation experienced only by the most artistic and the most disturbed. Similar to Fromm-Reichmann's perspective, von Witzleben (1958) defined loneliness as a state in which there is a recognition of the distance separating all of us.

Phenomenological Theory

Under this heading there are Rogers (1961, 1970, 1973) and Whitehorn (1961). Rogers' analysis, based on his clinical work, discussed loneliness as an estrangement between the person and his/her true inner feelings. He believed that in searching for acceptance and love, people often develop facades, and so become alienated from
themselves. Loneliness occurs when a person, while attempting to get in touch with his/her inner self, drop the facade and feel vulnerable, frightened, isolated, and sure of rejection from others. While Rogers' considered this pathological, he did not base it on childhood influences but on societal forces that are external realities such as low income or poverty, unemployment or underemployment, poor working conditions, living arrangements, poor marital relationships, and so on.

Whitehorn (1961), also viewed loneliness as pathological. The sources of loneliness, as in Rogers' perspective, were from societal forces. Whitehorn's (1961) definition of loneliness was somewhat similar to Rogers only he described it as feelings: there is an awareness between self as felt and self as reacted to by others that accentuates a feeling of loneliness that can create a recurring cycle of loneliness and estrangement. Thus, loneliness creates loneliness.

Sociological Theory

The earlier sociological perspectives are best represented by Riesman (1961), Riesman, Glazer & Denney (1961) and Slater (1976). Riesman (1961) and Riesman, et al., (1961) linked their analyses of loneliness with the distinctly American character and how society fails to meet its members' needs. They argued that Americans are "other directed" individuals who want to be liked. These individuals continuously monitor their interpersonal environments to determine how they should behave to achieve approval. As "other directed" individuals they are cut-off from themselves,
their feelings, and their aspirations. Traits are usually shaped by parents, teachers, and the mass media. The results are diffuse anxiety, an over concern with peer popularity that is never satisfied and subsequent loneliness.

Slater (1976) took the opposite tack and argued that the American problem was individualism. He argued that we all want to be part of the community but struggle with the idea that we should pursue our own destiny. The result is loneliness, which Slater considers a normative, statistically common attribute of the population. That is, loneliness is essentially outside of the individual. The effects of loneliness on individuals are from historical societal forces (i.e., external realities such as low income or poverty, unemployment or underemployment, poor working conditions, living arrangements, poor marital relationships through arranged marriages, and so on) that contribute to socialization (similar to Rogers' [1961] and Whitehorn's [1961] phenomenological views). But unlike Rogers' (1961) and Whitehorn's (1961) clinical research, Riesman's (1961), Riesman, et al.'s, (1961) and Slater's (1976) research depended on literature, social indicators, and mass media as sources for their speculations. Slater (1976) was particularly influenced by the events surrounding the Vietnam War era.

Interactionist Theory - Developmental Model

The interactionist view of loneliness is best described by its leading spokesperson, Robert Weiss (1973). Weiss' (1973) developmental theoretical construct
focused on emotional isolation and social isolation. Emotional isolation is produced by the absence of an attachment figure; social isolation is produced by the absence of an accessible social network (Weiss, 1973). These two lines of theoretical research focused on situational and characterological issues. Situational issues focus on areas in which loneliness is apt to occur because of the lack of an attachment figure (e.g., divorce and widowhood). Characterological issues focus on personality characteristics: introversion, shyness, and low self-esteem that may result in the lack of an accessible network. The questions were: What factors will foster loneliness and how do these factors interact?

When we hold constant the interpersonal situations . . . we move naturally toward considerations of characterological determinants. When we fail to obtain personality data as generally is the case in large-scale surveys, we are left with situation as our only source of explanations (Weiss, 1982, p. 75).

Attribution Theory - Cognitive Model

The current leading advocates of the cognitive model approach are Peplau, Micelli, & Morasch (1982) and Perlman & Peplau, (1982). They drew their model from Weiner's (1972) social psychological model of attribution theory but the presence of Weiss' (1973) interactionist theory described above is also visible in their work.

Weiner (1972) defined attribution theory as a "process by which an individual interprets events as being caused by a particular part of a relatively stable environment" (p. 310). Peplau's, et al., (1982) model focuses on loneliness as a personal emotion.
As a personal emotion, loneliness evolves through a cognitive process when there is a discrepancy between desired and available relationships. Their model argues that respondents judge themselves via personal standards and social comparisons and then label themselves as lonely. This labeling results from a cognitive inferential process by which people recognize or give meaning to their unique personal experiences. Perlman & Peplau (1982) present those experiences in general categories or concepts, which can be positive or negative predisposing and precipitating factors. These factors can either decrease (positive) or increase (negative) a person's vulnerability to loneliness.

Predisposing factors are also personal characteristics. Positive factors (that is those reducing probability of loneliness) include being younger-old, having higher education, excellent health, satisfactory marital statuses, and a healthy spiritual well-being. Negative predisposing factors include advanced old age, lower education attainment, poor health, unsatisfactory marital status, and a lack of spiritual well-being, as well as shyness, introversion, and a lesser willingness to take social risks. Also, for some people, the personal characteristics of low self esteem, self depreciation, loss of faith, and hopelessness also add to feelings of loneliness.

Precipitating events are changes that may trigger loneliness. Positive precipitating factors (i.e., those that do not trigger loneliness) include satisfactory geographic location and living arrangements, physical mobility, living children, adequate contact with others, satisfactory retirement, and minimal stress. Negative
precipitating factors are the unexpected or sudden stressors that trigger the onset of loneliness such as unwanted changes in geographic location or living arrangements, the loss of physical mobility, absence of living children, decreased contact with others, high stress and unwanted early or forced retirement (Perlman & Peplau, 1982).

A recent non-probability pilot study by Beck, Schultz, Walton, & Walls (1990) used both predisposing and precipitating factors to determine if men and women differ in their loneliness. They found that there were no significant differences between the genders. The predisposing positive and negative factors used include age, education, health status, marital status, spiritual well-being, and hopelessness. The precipitating positive and negative factors included geographic location, living arrangements, mobility, presence of live children, adequate contacts, retirement, and stress.

Beck's (et al., 1990) convenience sample (n=85) of 53 women and 33 men, was obtained from people aged 65 and over who were attending Elderhostel classes during the summers of 1987 and 1988. The respondents completed several questionnaires with one specifically created for their study: "The Demographic Questionnaire" (Beck, et al., 1990) which included self-reported negative and positive predisposing factors and precipitating factors. Other scales were the Abbreviated Loneliness Scale (ABLS; Paloutzian & Ellison, 1982), the Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974); the Social Readjustment Scale (Holmes & Rahe, 1967), and the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982).
Information derived from "The Demographic Questionnaire" on predisposing factors indicated that the sample was healthy and well educated; 73% were married, 20% widowed, one percent divorced, and four percent never married. Information about the precipitating factors indicated that the majority (75%) were from non-rural geographic locations, were not living alone (76%), were still driving (mobility, 95%), had a high incidence of living children (92%), high adequate contacts (91%) all of which indicated a "relatively high degree of independence for this age group" (Beck, et al., 1990, p. 19). When the findings from "The Demographic Questionnaire" were analyzed with the other scales no significant differences were found with respect to gender. They did find that the variable of hopelessness was a significant factor in the loneliness experience for both older women and men and suggested that more research be done in this area. The researchers caution that although these non-generalizable findings indicate there were no significant differences between genders we should not assume that all predisposing and precipitating variables are the same for men and women. More studies on the predisposing and precipitating variables need to be done.

In another study Hoeffer (1987) used a similar model of predisposing and precipitating factors to determine if negative or positive causal relationships were present in older single women's social relationships. This study used a subsample of single non-institutionalized women aged 65 and over (n=816) from the 1975 National Survey of the Aged (Shanas, 1979, 1982). All variables were measured by items selected from the data set. Scales based on Likert-type items were constructed to
assess respondents' perceptions of their health, availability of a confidant and social network contacts. Loneliness was measured by a single item: "Respondents were asked whether they felt lonely often (4), sometimes (3), rarely (2), or never (1)" (Hoeffer, 1987, p. 368). The results showed that mean loneliness scores were higher in women who were widowed (mean = 2.20, SD = .97, p < .05) and divorced (mean = 2.10, SD = 1.17, p < .05) than women who were never married (mean = 1.79, SD = .91, p < .05). Hoeffer suggested that never married women may have had some protection against loneliness in old age since they have established a greater support network of friends earlier in their lives. Also never married women may have experienced fewer of the common stresses in later life, such as death of a spouse and children leaving home.

Revenson and Johnson (1984) researched the social and demographic correlates of loneliness from respondents age 18 and over to test Townsend's (1968) desolation hypothesis. Townsend's (1968) theoretical framework, which he termed the "desolation hypothesis," attempts to distinguish between social isolation and loneliness. He viewed social isolation as an objective phenomenon related to an individual's lack of social participation and felt it was impossible to understand the social and psychological consequences of isolation without examining an individual's social interactions. He argued that older people who say they are lonely may be using a "comparison with the social relationship and activities enjoyed by the same people at an earlier stage of the life cycle, in youth or middle age; this might be termed age-
related isolation or desolation" (Townsend, 1968, p. 260). Their reported experience of loneliness may be due to poor or failing health and/or the loss of an intimate attachment. Townsend (1968) argued that people who have suffered the loss of an intimate attachment (i.e., spouse, a relative, or a close friend) should be especially lonely and loneliness should be greater among those who have more recently suffered the loss. Younger people may often heal from their loss by remarrying or substituting a new person for the lost relative or close friend. For older people the process of healing may be less rapid and substitutes tend to fall short of former intimates in the roles they played in the lives and affections of older people. Townsend (1968) concluded that "loneliness is related much more to `loss' than to enduring `isolation'" (p. 276).

Accordingly, Revenson & Johnson's (1984) designed their survey to test Townsend's (1968) "desolation hypothesis." The survey was designed to answer the following two questions:

(a) What are some of the social and demographic correlates of loneliness in old age? Specifically, how do living alone, social networks, gender, and marital status affect reported loneliness, and (b) is desolation, rather than isolation, a major cause of loneliness in late life? If so, it is expected that loss of an attachment (reflected in being widowed or divorced) rather than isolation per se (reflected in living alone or being never married) will be associated with greater loneliness. It is also hypothesized that the more recent the loss, the lonelier the individual will be (Revenson & Johnson, 1984, pp. 73-74)

Their data were gathered from one newspaper survey in three different North American cities. No significant differences were found among the cities. Since the
The first part of the desolation hypothesis was only partially confirmed:

An analysis of variance combining the widowed, separated, and divorced elders into a single category indicated that the 'desolated' were slightly more lonely than either married or never married older people but this effect was not statistically significant. The never married were lonelier than the married but less lonely than the desolated (Revenson & Johnson, 1984, p. 80).

The second part of the hypothesis, more severe loneliness would be connected with a recent loss of a spouse, was confirmed by this study. Further, Revenson & Johnson's (1984) results showed that respondents 65 and older were the least lonely. These respondents reported having more close friends than did those under 65 (mean = 9.12 vs. 4.13). In addition the older people were more satisfied with the number of close friends they had, the quality of their friendships and with the quality of their social lives.
The study also found that people who live alone were, on the average, lonelier than those who lived with others. However, for respondents 65 and over this tendency was present but did not reach statistical significance. The researchers caution that "living alone was a poor predictor of either social isolation or loneliness. The physical isolation created by living alone appears to be counteracted by satisfying social relations outside the home" (Revenson & Johnson, 1984, p. 80).

There were no significant differences in reported loneliness between older men and women, even though a greater proportion of female respondents were widowed, divorced, or separated (76% of women vs. 43% of men; Revenson & Johnson, 1984).

Revenson & Johnson's (1984) study, tapped into a healthy segment of the older adult population. While this study helps to deconstruct the blanket assumption that older people are all lonely the findings also raise some other questions that need to be researched in depth. For instance, what roles do social, economic, and emotional factors play in chronic loneliness?

Doyle and Forehand (1984) is yet another cognitive model study. They used the data from the National Council on Aging, Inc. (NCOA, 1974) national survey: The Myth and Reality of Aging in America, to research life satisfaction and its relationship to age. This national survey interviewed a nationally representative sample of non-institutionalized Americans aged 18 and over. The researchers chose their data from those questions that related to respondents' feelings on life satisfaction and their
attitudes toward aging and the aged. They also limited analysis to respondents aged 40 and over (n=2306).

In Doyle & Forehand's (1984) study they replicated Neugarten, Havinghurst, & Tobin's (1961) "Life Satisfaction Index" and another index, the "Social Involvement Index" (no source given). These two indexes provided answers to their four main questions:

1. Is the mean level of life satisfaction different for different age groups?
2. What are the major correlates of life satisfaction at different ages?
3. To what extent does age correlate with life satisfaction?
4. What are the relative effects of the various predictors of life satisfaction for three comparison age groups? [40-54, 55-64, 65 and over] (Doyle & Forehand, 1984, p. 445).

Doyle & Forehand's (1984) findings on life satisfaction or in their terms "feelings of loneliness" show it to be an important factor only among those over 65 and under 55. They suggested that perhaps the variance in life satisfaction was due to loneliness being split between the factors having to do with divorce or widowhood which were both strong predictors in the 55 to 64 group. Gender, age, and being single were all consistently weak predictors in each group.

Page & Cole's (1991) cognitive study of demographic predictors of self-reported loneliness in adults used a series of demographic variables (age, gender, marital status, household income, educational attainment, race or ethnicity,
employment status, and occupation) to explain the frequency of loneliness. Their random sample of 8,634 respondents aged 18 to 70 and over was drawn from a large metropolitan county. Results from logistic regression analysis indicated that several variables, i.e., marital status, household income, gender, and educational attainment, significantly affected group membership. Marital status was the strongest predictor of all. The frequency of loneliness was highest among those who were separated (29.6%) than those who were divorced (20.5%), widowed (20.6%), never married (14.6%) and married (4.7%).

Page & Cole (1991) also found that loneliness was more prevalent among lower income groups, those with less than a high school education and in lower occupational groups (i.e., non-management, service industries). These findings reflect the importance of socioeconomic status and other social status influences upon loneliness. Further, women were found to be more likely to admit being lonely than men. This study also found that feelings of loneliness were more common among late adolescents and young adult than among the elderly.

Theoretical Framework for This Present Study

This present study on loneliness and living arrangements is an analysis of secondary data from the Davis (1986) study on elderly people living along. While the Davis (1986) study was not theoretically based it does reflect the social psychological theoretical framework of attribution theory. The attribution theory model chosen for
the present study is the cognitive approach advocated by Peplau, Micelli, & Morasch (1982) and Perlman & Peplau, (1982). Attribution theory was chosen from the five major theoretical frameworks suggest by Perlman & Peplau (1982) through the process of blending and elimination. Two theories which were eliminated, the psychodynamic and phenomenological, dealt with the pathological issues of chronic depression and suicidal tendencies. The interactionist theory or symbolic interaction is a very close relative of attribution theory, at least as Weiss (1973) defines his interactional model. While attribution theory is classified as a social psychological theory it can also qualify as a sociological theory. Therefore, out of the five major theoretical frameworks suggested by Peplau & Perlman (1982) this study incorporates three of the major theories under the one heading of attribution theory.

Peplau, et al., (1982) and Peplau & Perlman (1982) attribution theory model focuses on loneliness as a personal emotion. As a personal emotion loneliness evolves through a cognitive process when there is a discrepancy between desired and available relationships. The model argues that respondents judge themselves via personal standards and social comparisons and then label themselves as lonely. This self labeling recognizes or gives meaning to unique personal experiences. Perlman and Peplau (1982) categorized these unique personal experiences into predisposing and precipitating factors. These two factors were based on the earlier theoretical framework of Heider's (1958) dispositional and situational attributions as well as Weiner's (1972) theoretical framework. Heider (1958) defined a dispositional
attribution as one that stressed some aspect of the individual, such as personality or attitude. A situational attributional explanation stressed the effect of circumstances or environment on behavior.

For this study the predisposing factors as independent variables are: age, marital status, and sex. The precipitating factor, an independent variable is living arrangements. The dependent variable is the self-reported cognitive personal emotion of loneliness. Accordingly, the research questions are:

1. Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and older people who live alone?

2. Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and those who live alone by age groups (65-74, 75-84, and 85 and over)?

3. Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and those who live alone by marital status (married, widowed, divorced, separated, and never married)?

4. Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and those who live alone by sex?
Summary

The five major theoretical models of loneliness: psychodynamic, phenomenological, sociological, interactionist, and attribution cognitive theory share similar thematic issues. "What is the nature of loneliness? Are the experiences normal or abnormal, positive or negative? Is loneliness internal or external, within the person or within the environment? Do they stem from historical/developmental influences on behavior?" (Perlman & Peplau, 1982, p. 123).

Psychodynamic theories, were based on clinical studies of loneliness. Zilboorg (1938) and Sullivan (1953) saw the roots of adult loneliness in early childhood, while Freudian Fromm-Reichmann (1955) described loneliness as a profound state of isolation experienced only by the most artistic and most disturbed. Phenomenological theory (Rogers, 1961, 1970, 1973; Whitehorn, 1961) studies were also based on their clinical work. Both theorist viewed loneliness as a pathology that were created by external realities, i.e., poverty, unemployment, poor working conditions, and other societal forces. Rogers (1961) discussed loneliness as an estrangement between the person and their true inner feelings. Whitehorn (1961) described loneliness as feelings that created a cycle of loneliness and estrangements.

Early sociological perspectives (Riesman, 1961; Riesman, Glazer, & Denny, 1961; Slater, 1976) discussed loneliness as either a result of people being other directed (Riesman, 1961; Riesman, et al., 1961) or as individualist (Slater, 1976).
Unlike the theories previously discussed their research depended on literature, social indicators, and mass media as sources for speculations.

Weiss' (1973) interactionist construct of loneliness was based on emotional and social isolation. Emotional isolation is produced by the absence of a desire or preferred attachment figure. Social isolation is produced by the absence of an accessible social network. The questions asked were: What factors will foster loneliness and how do these factors interact? Similar to Weiss' (1973) theoretical framework but considered a social psychological theory is Weiner's (1972) attribution theory.

Attribution theory cast light on how an individual interprets events. That is, how people judge and label themselves as lonely through a cognitive inferential process. An extension of Weiner's (1972) work by Peplau, Micelli, & Morasch (1982) and Perlman & Peplau (1982) is the theoretical framework used for this present study on loneliness.
CHAPTER III

DAVIS' STUDY DESCRIPTION, DESIGN, AND METHOD

In this chapter the Davis (1986) study's description, design, and method are presented since it provides the data for the present study. Additionally, the demographic characteristics and statistical procedures employed to explore loneliness by living arrangements for the current study will be presented.

Davis (1986) Study Description

This survey was designed to obtain a clear picture of the resources, problems, needs, and preferences of the eight million elderly American who live alone. The questions cover not only living arrangements and demographic information, but also economic well-being, health, need for help, obtaining help, and opinions of policies that have been proposed on the behalf of the elderly. The living arrangements of those in the sample fell into three categories: approximately 30 percent lived alone, 54 percent lived with spouses, and 16 percent lived with children or others. The sample included 903 widowed women over age 65 (Davis, 1986, p. iv).

Davis (1986) Survey Design and Method

Louis Harris and Associates, using Random Digit Dialing and the Computer Assisted Telephone Interviewing, conducted telephone interviews with 2,506 elderly
people age 65 and over throughout the United States from June 11 through July 31, 1986.

All data in the survey have been weighted by sex, age, race, education, region, and living arrangements in order to bring them into line, where necessary, with the most recent (1985) Census Bureau estimates for the non-institutionalized elderly population of the United States.

Results of the survey are projectable to the approximately 28 million elderly people in the U.S. who are not institutionalized (i.e., not in nursing homes or long-term hospitals). The sample size of the survey is sufficiently large so that it also allows reliable examination and comparison of important sub-groups of the elderly, such as by age group, racial group, economic level, and -- especially -- according to their living arrangements.

Several limitations should be pointed out. Because the survey was conducted by telephone, people without telephones or those who were unable to respond to a phone call due to physical or mental impairment were not included. The survey was limited to the elderly living in the community and did not include nursing home residents or other institutionalized persons. In addition, people living in Alaska and Hawaii are not represented in the sample. All interviews were conducted in English. As a result, the non-English speaking elderly are under-represented. Furthermore, interviewers were instructed to terminate interviews with any senile respondents who could not understand the questions and give lucid answers. Any impact of the limitations would lead to underestimation, rather than overestimation, of problems facing the elderly (Davis 1986, pp. xii-xiii).

Demographic Characteristics in the Current Study

The demographic characteristics of the elderly American non-institutionalized respondents used in this secondary analysis are discussed and described in this section using the data from the Davis (1986) study. As stated above all the data in the survey were weighted by sex, age, race, education, region, and living arrangements in order
to bring them into line with the most recent (1985) Census Bureau estimates for the non-institutionalized elderly population of the United States (Davis, 1986).

Sample size, Sex and Age: The sample consisted of 2506 elderly American non-institutionalized respondents. The mean age was 73.853 (S.D. 6.464) with a range of 65 to 99. There were approximately twice as many female as male respondents (1652 and 827, respectively). The young-old age group (65 to 74) were, as expected, the largest cohort (1,328 or 53.6%) with females outnumbering the males by a little less than 2 to 1 (827 to 501 or 62% to 38%). The second largest age group, the old-old those between the ages of 75 to 84 years of age, consisted of 997 or slightly more than 40% (40.2%) of the sample. In this age group females outnumbered males by almost 2.5 to 1 (707 to 290 or 71% to 29%). The smallest age group, the oldest-old, those who were 85 and over, comprised more than six percent (6.29% or 154) of the sample. Females outnumbered the males by 3.25 to 1 (118 to 36 or 77% to 23%; see Table 1).

Marital Status: Married people consisted of a little less than 50% (48.6% or 1204) of the overall sample. In all three of the age groups married males and females were almost equal (595 males to 609 females; see Table 2).

Widowed people, the second largest group, comprised slightly more than 42% (42.2% or 1046) of the sample. Widows outnumbered widowers by more than five and one-half times (887 to 159 or 84.8% to 15.2%). As anticipated within this
Table 1

Age and Sex in Study Sample (n = 2479)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>%</th>
<th>Females</th>
<th>%</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 - 74</td>
<td>501</td>
<td>20.2</td>
<td>827</td>
<td>33.4</td>
<td>1328</td>
</tr>
<tr>
<td>75 - 84</td>
<td>290</td>
<td>11.7</td>
<td>707</td>
<td>28.5</td>
<td>997</td>
</tr>
<tr>
<td>85 +</td>
<td>36</td>
<td>1.5</td>
<td>118</td>
<td>4.8</td>
<td>154</td>
</tr>
<tr>
<td>Total</td>
<td>827</td>
<td>33.4</td>
<td>1652</td>
<td>66.6</td>
<td>2479</td>
</tr>
</tbody>
</table>

Missing cases = 27

category, widowhood for the old-old (52.7%) and the oldest-old (10.3%) were higher than for the young-old (63% vs. 37%, respectively; see Table 3).

Divorced people, of all ages, made up almost four percent (3.8% or 95) of the sample); the majority of whom were female (70.5%). Within this category the young-old had the highest frequency of divorce (69.5%) with males in the minority (25.8% males to 74.2% females). The old-old females also had a higher frequency than the males (65.4% to 34.6%). Finally, in the oldest-old category males outnumbered females by 2 to 1 (66.7% and 33.3%, respectively; see Table 4). Although older divorced people represent only four percent of the population their
Table 2

Marital Status, by Age and Sex in Study Sample (n = 2477)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male n = %</th>
<th>Female n = %</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>595 23.7</td>
<td>609 24.6</td>
<td>1204</td>
</tr>
<tr>
<td>65 - 74</td>
<td>401 16.0</td>
<td>402 16.2</td>
<td>803</td>
</tr>
<tr>
<td>75 - 84</td>
<td>176 7.0</td>
<td>190 7.7</td>
<td>366</td>
</tr>
<tr>
<td>85 +</td>
<td>18 0.7</td>
<td>17 0.7</td>
<td>35</td>
</tr>
</tbody>
</table>

Missing Cases = 29

Table 3

Marital Status, by Age and Sex in Study Sample (n = 2477)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male n = %</th>
<th>Female n = %</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed</td>
<td>159 6.4</td>
<td>887 35.7</td>
<td>1046</td>
</tr>
<tr>
<td>65 - 74</td>
<td>59 2.4</td>
<td>328 13.2</td>
<td>387</td>
</tr>
<tr>
<td>75 - 84</td>
<td>87 3.5</td>
<td>464 18.7</td>
<td>551</td>
</tr>
<tr>
<td>85 +</td>
<td>13 0.5</td>
<td>95 3.8</td>
<td>108</td>
</tr>
</tbody>
</table>

Missing Cases = 29
Table 4
Marital Status, by Age and Sex in Study Sample (n = 2477)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorced</td>
<td>17</td>
<td>49</td>
<td>66</td>
</tr>
<tr>
<td>65 - 74</td>
<td>17</td>
<td>49</td>
<td>66</td>
</tr>
<tr>
<td>75 - 84</td>
<td>9</td>
<td>17</td>
<td>26</td>
</tr>
<tr>
<td>85 +</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>67</td>
<td>95</td>
</tr>
</tbody>
</table>

Missing cases = 29

numbers according to AARP (1994), have increased three times as fast as the older population as a whole since 1980 (2.0 times for males and 4.3 times for females).

Separated people were the smallest group (n = 23) and represented 0.9% of the overall sample. Within this category the separated young-old comprised nearly 74% (73.9%) with females in the majority (64.7%); the old-old also had a majority of females (4 females to 1 male or 80% to 20%). The oldest-old group had only one male respondent (100%; see Table 5).

The final marital status category, never married, consisted of more than four percent (4.4% or 109) of the overall sample. In this category females, in all three age groups, were almost twice as likely to have never married than males (66.1% vs. 33.9%). The young-old were as expected the largest age group (49.5%). The old-old
never married group comprised 44% while the oldest-old were more than six percent (6.4%) of the sample (see Table 6).

Table 5
Marital Status, by Age and Sex in Study Sample (n = 2477)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>65 - 74</td>
<td>6</td>
<td>0.2</td>
<td>11</td>
<td>.44</td>
<td>17</td>
</tr>
<tr>
<td>75 - 84</td>
<td>1</td>
<td>.04</td>
<td>4</td>
<td>.16</td>
<td>5</td>
</tr>
<tr>
<td>85 +</td>
<td>1</td>
<td>.04</td>
<td>0</td>
<td>.00</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>.28</td>
<td>15</td>
<td>.60</td>
<td>23</td>
</tr>
</tbody>
</table>

Missing cases = 29

Living Arrangements:

Harris & Associates (1987) reported that:

1. Slightly more than half the sample (54%) were living with spouses.
2. Seventy-three percent of the males lived with their spouses while only 40% of the females lived with spouses.
3. Thirty percent of the sample were living alone
4. More than twice as many females (39%) as males (16%) lived by themselves.
5. A majority of the oldest-old, 85 and over years, lived alone (52%).

6. Sixteen percent were living with children and others.

7. Of the 16% living with others two thirds were living with their children and one-third were living with sister, brothers, parents or with a friend.

Table 6

Marital Status, by Age and Sex in Study Sample (n = 2477)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male n =</th>
<th>Male %</th>
<th>Female n =</th>
<th>Female %</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 - 74</td>
<td>18</td>
<td>0.7</td>
<td>36</td>
<td>1.5</td>
<td>54</td>
</tr>
<tr>
<td>75 - 84</td>
<td>17</td>
<td>0.7</td>
<td>31</td>
<td>1.3</td>
<td>48</td>
</tr>
<tr>
<td>85 +</td>
<td>2</td>
<td>0.08</td>
<td>5</td>
<td>0.2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>1.48</td>
<td>72</td>
<td>3.0</td>
<td>109</td>
</tr>
</tbody>
</table>

Missing cases = 29

Statistical Procedures

The data needed to answer the research questions are summarized in cross-tabulation tables. Relationships among variables were determined by chi-square measure of association. Chi-square measure of association indicates whether a systematic relationship exists between two variables. In order to determine how...
strongly two variables were related, Cramer's V was used as the test of statistical significance. A result was considered significant (for both tests) if the probability of its chance occurrence was .05 or less.

Summary

In Chapter III we presented the Davis (1986) study's description, design, and method. Additionally, the demographic characteristics and statistical procedures employed to explore loneliness by living arrangements for the current study were presented.

The sample consisted of 2506 elderly respondents. Female respondents outnumbered males by approximately two to one. The mean age was 73.853 with a range of 65 to 99. In the oldest-old group 85 and over, the fastest growing cohort of the three, females outnumbered the males by more than three to one. Married people were almost equally split between the genders and the majority (54%) of the sample lived with their spouses. Thirty percent lived alone and the 16% were living with others. Age and gender were the major keys to living arrangements.

The relationships of loneliness and living arrangements examined are summarized in cross tabulation tables. These relationships were determined by chi-square measure of association. Chi-square measure of association indicates whether a systematic relationship exists between two variables. In order to determine how
strongly two variables were related Cramer's V was used as the test of statistical significance.
This section contains the analysis of the research questions. Each question is addressed individually and a corresponding table provides the data and indicates statistical significance. The statistical procedures chosen for all of the questions are the chi-square measure of association and Cramer's V test of statistical significance. A result was considered significant if the probability of its chance occurrence on both test were .05 or less. Discussion of these findings and their implications follows the research question analysis.

Research Questions Analysis

Question #1

Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and those who live alone? Those who were living alone were only proportionately slightly more likely to self-report loneliness as a serious problem (3.8%) than those who were living with others (3%). The chi-square measure of association was significant but the Cramer's V test indicated only a weak significance (see Table 7). Even though these findings are of
weak significance they do suggest that loneliness is more common among those who live alone than among those living with relatives or friends. However, living arrangements appear to be poor indicators of loneliness as a serious problem.

Table 7
Reported Loneliness and Living Arrangements

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Living Alone</th>
<th>Living With Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>95 (3.8%)</td>
<td>74 (3.0%)</td>
<td>169 (6.8%)</td>
</tr>
<tr>
<td>No</td>
<td>884 (35.5%)</td>
<td>1439 (57.7%)</td>
<td>2323 (93.2%)</td>
</tr>
<tr>
<td>Column Total</td>
<td>979 (39.3%)</td>
<td>1513 (60.7%)</td>
<td>2492 (100.0%)</td>
</tr>
</tbody>
</table>

Chi-square = 21.788  D.F. = 1  Critical Chi-square Value = 3.84
Significance < .00000  Cramer's V = .09349  Alpha = .05
Missing cases = 14  n = 2492

Question #2

Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and those who live alone by age groups (65-74, 75-84, and 85 and over)? In this study of self-reported loneliness as a serious problem by living arrangements, age was a poor indicator of loneliness. The chi-square test of association shows two age groups, 65-74 and 75-84, to be significant, but according to Cramer's V test they are both of weak significance. This
finding does suggests that those in the youngest-old age group (65-74) proportionately tend to self-report loneliness as a serious problem while living with others (3.3%) over living alone (2.8%; see Table 8).

Table 8

Reported Loneliness, Living Arrangements, and Age (65 to 74)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Living Alone</th>
<th>Living With Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37 (2.8%)</td>
<td>43 (3.3%)</td>
<td>80 (6.1%)</td>
</tr>
<tr>
<td>No</td>
<td>349 (26.4%)</td>
<td>893 (67.5%)</td>
<td>1242 (93.9%)</td>
</tr>
</tbody>
</table>

Column Total: 386 (29.2%) 936 (70.8%) 1322 (100.0%)

Chi-square = 11.97680 D.F. = 1 Critical Chi-square Value 3.84
Significance < .00054 Cramer's V = .09518 Alpha = .05
Missing cases = 5 n = 1322

Conversely, elderly people living alone (5.0%) in the old-old age group (75-84) were twice as likely to self-report loneliness as a serious problem than those elderly living with others (2.4%; see Table 9). Differences in the oldest-old age group of 85 and over did not reach statistical significance (see Table 10).
Table 9

Reported Loneliness, Living Arrangements, and Age (75 to 84)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Living Alone</th>
<th>Living With Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50 (5.0%)</td>
<td>24 (2.4%)</td>
<td>74 (7.5%)</td>
</tr>
<tr>
<td>No</td>
<td>432 (43.6%)</td>
<td>485 (48.9%)</td>
<td>917 (92.5%)</td>
</tr>
</tbody>
</table>

Column Total

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>482 (48.6%)</td>
<td>509 (51.4%)</td>
<td>991 (100.0%)</td>
</tr>
</tbody>
</table>

Chi-square = 11.47128
Significance < .00071
Missing cases = 5

D.F. = 1
Critical Chi-square Value = 3.84
Cramer's V = .10759
Alpha = .05
n = 991

Question #3

Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and those who live alone by marital status (married, widowed, divorced, separated, and never married)? Three of the five marital status categories, widowed, separated, and never married, did not reach statistical significance (see Tables 11, 12, 13). In the remaining two, married and divorced, chi-square measures of association were significant but the results of the Cramer's V tests indicated these marital statuses only were weak to moderate indicators of loneliness as a serious problem.
Married persons living with others (spouses, children, friends, and other relatives) were proportionately eight times more likely to self-report loneliness as a
serious problem than those living alone (3.2% and 0.4%, respectively). This finding on married people is a poor indicator of self-reported loneliness as a serious problem (see Table 14).

Table 12

Reported Loneliness, Living Arrangements, and Marital Status (Separated)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Separated &amp; Living Alone</th>
<th>Separated &amp; Living with Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2 (8.7%)</td>
<td>1 (4.3%)</td>
<td>3 (13.0%)</td>
</tr>
<tr>
<td>No</td>
<td>12 (52.5%)</td>
<td>8 (34.8%)</td>
<td>20 (87.0%)</td>
</tr>
<tr>
<td>Column Total</td>
<td>14 (60.9%)</td>
<td>9 (39.1%)</td>
<td>23 (100.0%)</td>
</tr>
</tbody>
</table>

Chi-Square = .04868  D.F. = 1  Critical Chi-square Value = 3.84
Significance < .82538  Cramer's V = .04600  Alpha = .05
Missing cases = 4  n = 23

The result of the chi-square measure of association for older divorced people was significant and the Cramer's V test was moderately significant. Older divorced people living with others were proportionately more than two and one-half times as likely to self-report loneliness as a serious problem (5.2%) than older divorced people living alone (2.1%; see Table 15). This finding supports the theory that divorce is one of the attributional negative precipitating events that can trigger loneliness. This
Table 13
Reported Loneliness, Living Arrangements, and Marital Status (Never Married)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Never Married &amp; Living Alone</th>
<th>Never Married &amp; Living with Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4 (3.6%)</td>
<td>1 (0.9%)</td>
<td>5 (4.5%)</td>
</tr>
<tr>
<td>No</td>
<td>76 (69.1%)</td>
<td>29 (26.4%)</td>
<td>105 (95.5%)</td>
</tr>
<tr>
<td>Column Total</td>
<td>80 (72.7%)</td>
<td>30 (17.3%)</td>
<td>110 (100.0%)</td>
</tr>
</tbody>
</table>

Chi-square = .13768
Significance < .70860
Missing cases = 0

Table 14
Reported Loneliness, Living Arrangements, and Marital Status (Married)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Married &amp; Living Alone</th>
<th>Married &amp; Living with Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5 (0.4%)</td>
<td>39 (3.2%)</td>
<td>44 (3.6%)</td>
</tr>
<tr>
<td>No</td>
<td>11 (0.9%)</td>
<td>1151 (95.4%)</td>
<td>1162 (96.4%)</td>
</tr>
<tr>
<td>Column Total</td>
<td>16 (1.3%)</td>
<td>1190 (98.7%)</td>
<td>1206 (100.0%)</td>
</tr>
</tbody>
</table>

Chi-square = 35.141
Significance < .00000
Missing cases = 7

finding on divorced older people is a moderate indicator of self-reported loneliness as a serious problem.
Table 15

Reported Loneliness, Living Arrangements, and Marital Status (Divorced)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Divorced &amp; Living Alone</th>
<th>Divorced &amp; Living with Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2 (2.1%)</td>
<td>5 (5.2%)</td>
<td>7 (7.3%)</td>
</tr>
<tr>
<td>No</td>
<td>73 (76.0%)</td>
<td>16 (16.7%)</td>
<td>89 (92.7%)</td>
</tr>
</tbody>
</table>

Column Total

- 75 (78.1%)
- 21 (21.9%)
- 96 (100.0%)

Chi-square = 10.849  D.F = 1  Critical Chi-square Value = 3.84
Significance < .00092  Cramer's V = .33617  Alpha = .05
Missing cases = 0  n = 96

The other three marital statuses, widowed, separated, and never married, did not reach statistical significance. These findings are presented in Tables 13, 14, and 15.

Question #4

Is there a difference in reported loneliness among older people who live with others (spouses, children, friends, and other relatives) and those who live alone by sex? The chi-square measure of association results for elderly males and females were both significant but the Cramer's V test show them both to be weak indicators of loneliness as a serious problem (see Tables 16 and 17).
Table 16
Reported Loneliness, Living Arrangements, and Sex (Males)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Males Living Alone</th>
<th>Males Living With Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18 (2.2%)</td>
<td>24 (2.9%)</td>
<td>42 (5.1%)</td>
</tr>
<tr>
<td>No</td>
<td>161 (19.5%)</td>
<td>624 (75.5%)</td>
<td>785 (94.9%)</td>
</tr>
<tr>
<td>Column Total</td>
<td>179 (21.6%)</td>
<td>648 (78.4%)</td>
<td>827 (100.0%)</td>
</tr>
</tbody>
</table>

Chi-Square = 11.73972
Significance < .00061
Missing cases = 3
D.F. = 1
Critical Chi-square Value = 3.84
Cramer's V = .11915
Alpha = .05
n = 827

Table 17
Reported Loneliness, Living Arrangements, and Sex (Females)

<table>
<thead>
<tr>
<th>Loneliness a Serious Problem</th>
<th>Females Living Alone</th>
<th>Females Living With Others</th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77 (4.6%)</td>
<td>50 (3.0%)</td>
<td>127 (7.6%)</td>
</tr>
<tr>
<td>No</td>
<td>723 (43.4%)</td>
<td>815 (48.9%)</td>
<td>1538 (92.4%)</td>
</tr>
<tr>
<td>Column Total</td>
<td>800 (48.0%)</td>
<td>865 (52.0%)</td>
<td>1665 (100.0%)</td>
</tr>
</tbody>
</table>

Chi-Square = 8.71916
Significance < .00315
Missing cases = 11
D.F. = 1
Critical Chi-square Value = 3.84
Cramer's V = .07237
Alpha = .05
n = 1665
There was a tendency for those elderly males who were living with others to self-report loneliness as a serious problem just slightly proportionately more (2.9%) than those elderly males who were living alone (2.2%; see Table 16). Results for females indicated that there was a greater distinction of self-reported loneliness between females living alone (4.6%) and living with others (3.0%; see Table 17).

Summary

This thesis project explored the demographic variables of living arrangements, age, marital status, and sex to see if they might be good indicators for the self-reported experience of loneliness as a serious problem. Our first question on living arrangements, alone or with others, by loneliness as a serious problem were found not to be a good indicators for the self-reported experience of loneliness as a serious problem. This is most likely is a result of the sample. Fifty-four percent of the sample were married and living with a spouse (Harris & Assoc., 1987). Older married people, as a group, are the least likely to self-report loneliness as a serious problem (Page & Cole, 1991).

Our second question on age and living arrangements by loneliness found a weak statistical significance for two age groups, 65-74 and 75-84. The young-old (65-74) living with others tended to self-report loneliness as a serious problem slightly more proportionately than those who lived alone (3.3% to 2.8%, respectively). This is interesting because according to the Harris and Associates report (1987) the 65-74 age
group has the highest frequency (857 or 53%) of living with a spouse (the balance of the age group, 181 or 7% live with other relatives or friends) while those who live alone comprise the second highest frequency, in that category, (290 or 12%) of the total sample. This suggests that those people who are between 65-74 and are living with spouses are self-reporting loneliness as a serious problem but the frequency is unknown. Conversely, the old-old (75-84) age group presents the opposite effect. Those who lived alone had a higher percentage of loneliness as a serious problem than those living with others (5.0% alone and 2.4% with others). The last age group, the oldest-old (85 and over) did not reach statistical significance. These findings on living arrangements and age are actually poor indicators for the self-reported experience of loneliness as a serious problem.

Our third question on living arrangements and marital status by loneliness as a serious problem gave us the only moderate statistically significant finding. Divorced people living with others were proportionately more than two and one-half times as likely to self-report loneliness as a serious problem (5.2%) as those living alone (2.1%). However, the frequencies are small for both categories of "living alone" and "living with others." Yet these findings are in agreement with other studies. For example, according to Weiss (1975), divorce almost always changes a person's social world. Friends and relatives choose sides and one if not both of the divorced couple will experience a shrinking of their social worlds.
Married people living with others were proportionately eight times more likely to self-report loneliness as a serious problem (3.2% married living with others to 0.4% living alone). These two findings for the marital categories of divorced and married are poor indicators of loneliness as serious problem. The other three categories widowed, separated, and never married did not reach statistical significance.

Our findings on the final question, living arrangements by sexes by loneliness as a serious problem, indicated that males self-report the experience of loneliness as a serious problem less frequently than females (5.1% to 7.6%, respectively). Those males who were living alone reported loneliness as a serious problem just slightly proportionately more (2.9%) than those elderly males who were living with others (2.2%). Females who reported loneliness as a serious problem were more apt to be living alone (4.6%) than living with others (3%). According to Bory's & Perlman's (1985) study, females tend to respond differently to the question of loneliness than males. Females do not find shame in admitting to loneliness whereas males may perceive a positive response as a negative evaluation of themselves. These findings on living arrangements among the sexes were poor indicators for the experience of loneliness as a serious problem.
CHAPTER V

CONCLUSIONS

This final section presents further discussion on the current study and this study's relationship to attribution theory, limitations of the study, future research, followed by the summary of the study.

Further Discussion and Theory

This current exploratory study on loneliness and living arrangements is a secondary analysis of data from the Davis (1986) national study on United States elderly people living alone. The current study makes a contribution to the literature on loneliness in that it describes demographic variables that are considered by social scientists as predictive of self-reported loneliness within a random sample. Findings from these types of studies are important to social scientists, mental health practitioners, and other care-giving professionals (Perlman & Peplau, 1984; Cole & Page, 1991).

Attribution theory is the adopted theoretical framework for this current study. The original study by Davis (1986) and reported by Harris & Associates (1987) were conducted without a theoretical framework. Attribution theory was chosen as it provides a preferable definition of loneliness. Loneliness, as defined in this study, is
an emotion. The emotion of loneliness evolves through a cognitive process when there is a discrepancy between desired and available relationships (Peplau, et al., 1982; Perlman & Peplau, 1982). This model argues that respondents judge themselves via personal standards and social comparisons and then label themselves as lonely. This labeling results from a cognitive inferential process by which people recognize or give meaning to their unique personal experiences. Under these conditions loneliness can be triggered by negative precipitating and predisposing events.

Negative precipitating events are the unexpected or sudden stressors that trigger the onset of loneliness such as unwanted changes in geographic location or living arrangements, the loss of physical mobility, absence of living children, decreased contact with others, high stress, and unwanted early or forced retirement (Perlman & Peplau, 1982). Negative predisposing events that trigger loneliness include: advanced age, lower education attainment, poor health, unsatisfactory marital status, a lack of spiritual well-being, shyness, introversion, and a lesser willingness to take social risks. Also, for some people, the personal characteristics of low self esteem, self depreciation, loss of faith, and hopelessness can also add to feelings of loneliness.

This study on loneliness focused on the precipitating factor of living arrangements and the predisposing factors of age, marital status, and sex to determine if there were any differences among these independent variables and the dependent variable of loneliness. Our findings, which identified some tendencies that were
statistically weak, did shed some new light on the experience of loneliness and living arrangements.

We now know that in the study of loneliness among older people we cannot use only three or four demographic variables. As this study has shown very little new information can be garnered without other predisposing and precipitating demographic variables that define economic status, health conditions, physical mobility, closeness of children, friends and siblings; satisfaction with geographic location, education attainment, and psychological characteristics such as shyness, introversion, extroversion, and spiritual well-being.

Another reason that this current study did not yield the information we were hoping to obtain may have been the phrasing of the question for the independent variable of loneliness. In the responses from the Davis (1986) study, loneliness as a serious problem was only reported by seven percent of the respondents 65 and over as compared to thirteen percent for the 1975 (NCOA) and twelve percent for the 1981 (NCOA) studies. One has to question why there was this inconsistency between the most recent and the two older surveys. Some reasons probably lie in the questions asked on the surveys. In the two earlier surveys questions were framed as "is loneliness a very serious personal problem for persons 65 and over" (NCOA, 1975:130). The Davis (1986) study question was: "Is loneliness or not having enough friends a serious problem for you these days, or not?" This question had at least two distinct possible answers, loneliness as a self-reported condition and loneliness as a
result of not having enough friends. Loneliness as a condition of and in itself may have for some respondents carried the stigma of shame. In American society, according to Perlman & Joshi (1987), subjectively admitting to loneliness is not a common occurrence; although females are more apt to respond positively to the question of loneliness than males (Borys & Perlman, 1985). Some people may not wish to admit or self-report themselves as experiencing loneliness as a serious problem because they do not want to be seen as social failures (Perlman & Joshi, 1987).

The second part of the question "or not having enough friends" (Davis, 1986; Harris & Assoc., 1987) opens the question to a more objective answer. Reasons for not having enough friends can be identified through negative precipitating and predisposing events such as losses through death, undesired geographic relocation, lack of mobility, poverty or poor financial status, children and siblings living too far away, as well as poor health. These losses are not as stigmatic, at least to one's self, as admitting to a lack in social skills. We have no way of knowing to which part of question the respondents were reacting. The question's phrasing saved the respondent from subjectively admitting that they were experiencing loneliness as a serious problem because they feel they are social failures by allowing them to think objectively about normal aging losses. Consequently, the findings from the two earlier studies are not truly comparable in overall content to the Davis (1986) study nor this current study.
Limitations of the Study

The limitations of this secondary analysis study have some unique as well as the same limitations as those found in any telephone survey study. Telephone survey interviewers are only able to contact those people who have a telephone, which suggests a certain economic status and leaves out of the study the very poor, the homeless, and the true isolates or recluses who on principle would not have a telephone, as well as those who are deaf. In the case of the Davis (1986) study only English speaking elderly were interviewed leaving non-English speaking people out of the study.

Secondary analysis researchers suffer a lack of creativity in conceptualizing the questions, they have to make the best of what exists, and usually are working in a non-theoretical framework.

Future Research

Further research on divorced people between the ages of 65 to 74 who are living with others may shed some light on why they were more apt to report loneliness as a very serious problem than divorced people living alone. Perhaps those divorced people who were living with others self-reported loneliness as a serious problem because they were not the originators of the divorce proceedings and miss their lives as a marital partner. This would suggest a loss of social status, self esteem, and possible economic security. Also, their current geographic locations may be too
distant from support groups such as siblings, children, and long term friends. And finally, they may regret the divorce and miss the companionship of their spouses to the extent of loneliness.

Other questions to be researched are: Why do older people living with others report loneliness as a serious problem? How long have they lived alone or lived with others? How long have they been widowed, divorced, or separated? And finally, future research needs to conceptualize subjective research questions on the experience of loneliness that can capture a stronger sense of respondent’s feelings.

Summary

This current exploratory secondary analysis of the atheoretical Davis (1986) study specifically looked at the demographic variables of living arrangements, marital status, age, and sex to determine a relationship, if any, with the experience of loneliness as a serious problem. Attribution theory was chosen for the theoretical framework as it provided a preferable and workable definition of loneliness. Loneliness in this study is defined as a personal emotion. As a personal emotion loneliness evolves through a cognitive process when there is a discrepancy between desired and available relationships (Peplau, et al., 1982; Perlman & Peplau, 1982). Four research questions probed for answers about loneliness as a serious problem among living arrangements, age, marital status, and sex.
The current study sample consisted of 2506 respondents 65 years and over with a mean age of 73.853 (S.D. 6.464) with a range of 65 to 99. There were approximately twice as many female as male respondents with the largest cohort between the ages of 65 to 74.

Living arrangements were either living alone or living with others. Living with others included spouses, children, friends, and other relatives. Married, widowed, divorced, separated, and never married comprised the marital statuses. Actual reported ages were split into three groups, young-old 65 to 74, old-old 75 to 84, and the oldest-old 85 and over. Sexes were male and female.

Statistical analysis consisted of chi-square measure of association and Cramer's V measure of significance. Results were considered significant for both tests if the probability of its chance occurrences were .05 or less. Cross-tabulation tables were used to present the findings and tests of statistical significance. While none of the findings reached strong statistical significance, there was a greater likelihood, proportionately, among those in the youngest-old age category (65 to 74) to self report loneliness as a serious problem while living with others. Also, the marital status findings indicated that there was a tendency among divorced people living with others to self report loneliness as a serious problem more often than those living alone.

This study suggests that researchers may need to take another look at divorced elderly people specifically between the ages of 65 to 74 and living with others. Future research should include other demographic variables such as socioeconomic status,
health, and nearness of children and siblings. These additional variables should increase the probability of finding indicators or predictors for the experience of loneliness among divorced elderly people. This type of information in turn would provide other social scientists interested in the area of loneliness, mental health caregivers, and social service providers the necessary tools to create and implement intervention programs.
Appendix A

Adapted From Survey Instrument for Davis (1986) Study
VARIABLES

1. ICPSR study number -- 9379
2. ICPSR release number -- 2
3. ICPSR part number: 1
4. Original computer serial ID
5. How old are you now?
6. All things considered, how satisfied are you with your life these days -- very satisfied, somewhat satisfied, or not at all satisfied?
7. Are you now married, widowed, divorced, separated, or have you never married?
8. How many living children do you have?
9. How many of these children are daughters?
10. (Do any of your children/Does your son/Does your daughter) live within one hour's travel of you?
11. Do you feel that (your children/your son/your daughter) show(s) a great deal of interest in your overall well-being, only some interest, or not much interest at all?
12. Do you live alone, or are you living with someone else?
13. How long have been living by yourself?
14. Do you prefer to live alone, or would you prefer to live with someone else?
15. [Interviewer] Does respondent seem to hear and understand the questions and to give lucid answers?
16. Are you physically limited in any way so that you need regular help from another person in doing usual activities inside your home, such as cooking meals, or not?
17. Do you get the help you need (to do the usual activities inside your home), or not?

18. Are you physically limited in any way so that you need regular help from another person in doing usual activities outside you home, such as shopping, or not?

19. Do you get the help you need (to do the usual activities outside your home), or not?

20. Do you get out of the house to go places like shopping or visiting as often as you would like, or not?

21. Is not having enough money to live on a serious problem for you these days, or not?

22. Is loneliness or not having enough friends a serious problem for you these days, or not?

23. Is having too many medical bills a serious problem for you these days, or not?

24. Is having to depend too much on other people a serious problem for you these days, or not?

25. Is having to take care of a sick spouse or relative a serious problem for you these days, or not?

26. Do you get the help you need with not having enough money to live on?

27. Do you get the help you need with loneliness or not having enough friends?

28. Do you get the help you need with too many medical bills?

29. Do you get the help you need with having to depend too much on other people?

30. Do you get the help you need with having to take care of a sick spouse or relative?

31. Have you tried to get help with not having enough money to live on, or not?

32. Have you tried to get help with loneliness or not having enough friends?
33. Have you tried to get help with having too many medical bills?

34. Have you tried to get help with having to depend too much on other people, or not?

35. Have you tried to get help with having to take care of a sick spouse or relative?

36. Is not knowing where to turn for the services you need a major problem for you, or not?

37. Would you use a toll free 800 telephone number, which you could call to find out about services available to elderly people in your area, or not?

38. Is there an organization in your community you could turn to for help is you need it, or not?

39. What is the name of that organization?

40. Have you ever asked that organization for help?

41. Would you say your health, in general, is excellent, good, fair, or poor?

42. How many visits did you have with a doctor or doctor's assistant during the past twelve months, that is, since 1985?

43. Have you been a patient overnight in a hospital during the past twelve months, since 1985?

44. Would you say that you were treated with enough dignity and respect by the staff of the hospital, or not?

45. Would you say that you were given enough information about your condition and your treatment, or not?

46. Considering the condition for which you were hospitalized, do you think the time spent in the hospital was about right, or do you think it was too short a time, or too long a time?

47. Do you or does anyone in your household receive Social Security benefits, or not?
48. Are you covered by health insurance through Medicare Part "A" that pays for hospital bills?

49. Do you pay to get extra insurance through Medicare Part "B" that covers doctor bills?

50. Are you covered by Medicaid or other Public Aid?

52. Would you be willing to have your Social Security benefits reduced by $20 to $30 a month if it would guarantee that all medical cost could be paid for you and all other elderly people, or not?

53. Would you be willing to have your Social Security benefits reduced by $20 to $30 a month if it would guarantee that all nursing home cost could be paid for you and all other elderly people, or not?

54. Would you be willing to have your Social Security benefits reduced by $20 to $30 a month if it would guarantee that all home health services for all elderly people who need them to continue living at home, or not?

55. In the U.S. 14% of elderly people live in poverty. Would you be willing to have your Social Security benefits reduced by $20 to $30 a month if it would guarantee that no elderly person would live in poverty, or not?

56. Does fear that you will not have enough money to live on worry you a lot these days, or not?

57. Does fear that you will have to depend on other people worry you a lot these days, or not?

58. Does fear that you will be confined to an institution worry you a lot these days, or not?

59. Does fear that you will be lonely and without friends worry you a lot these days, or not?

60. Does fear that you will be a victim of crime worry you a lot these days, or not?

61. Does fear that you might become senile or lose your mind worry you a lot these days, or not?
62. Does fear that you will be in poor health worry you a lot these days, or not?

63. Do you live in a house, an apartment, a mobile home, or somewhere else?

64. Is your home part of somebody else's residence, or is it your own residence?

65. You said earlier that you live alone. Now you've said that your home is part of someone else's residence. Do you still consider yourself as living alone, or are you living with someone else?

66. Do you own your residence or do you rent it?

67. Is the home fully paid for, or is there a mortgage being paid?

68. Let's say you could obtain a credit card, like Mastercard or Visa, where you borrow up to 75% of the value of your house, as you wanted it or needed it. You would not have to repay the loan until you choose to sell your home, or until you die. Would you be interested in this type of credit card or not?

69. In order to increase your income, would you be interested in renting out a room in your home to a boarder, or not?

70. What if a religious group or community group could guarantee an acceptable boarder. Would you then be interested in renting out a room in your home, or not?

71. Would you be interested in having a college student live in your home in return for help with shopping, cooking, transportation, and other tasks, or not?

72. How often do you feel depressed?

73. How often do you go hungry?

74. How often do you go without medical help when you think you need it?

75. How often do you stay in bed most of the day?

76. During winter, how often do you go without heat in your home when you need it?

77. How often are you afraid to let people into your home?
78. Do you do volunteer work frequently, occasionally, or never?

79. Would you be willing to do volunteer work now on behalf of other elderly people, in exchange for work credits which would get you free help in the future when you need it for shopping, home repairs, or other things, or not?

80. About how many hours of time each week would you give to build up work credits to use when you need them?

81. Do you receive regular financial assistance from family members or friends, or not?

82. Do you give regular financial assistance to family members or friends, or not?

83. Did you work at a paying job for most of your adult life, part of your adult life, or for none of your adult life?

84. Did you work at a paying job or business any time in the past 12 months? If yes: Was that full-time or part-time?

85. Would you like to have a paying job now, either full-time or part-time, or not?

86. Do you yourself receive a pension (other than Social Security) from a former employer, or not?

87. Does your (husband/wife) receive a pension (other than Social Security) from a former employer, or not?

88. Did if widowed you and your (husband/wife) ever receive a pension from your spouse’s former employer, or not?

89. When you (husband/wife) died, were the pension benefits reduced or eliminated, or not?

90. Is your religious background Protestant, Catholic, Jewish, or something else?

91. Do you consider yourself white, black, asian, or something else?

92. Are you of hispanic origin, or not? Was your family originally from a spanish-speaking background?
93. Let me just confirm how many people live in your household, including yourself?

94. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <One individual in household>

95. Let me just confirm, was it under or over $5,100?

96. <If income $5,100 or less> Was it under or over $3,800?

97. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <Two individuals in household>

98. Let me just confirm, was it under or over $6,500?

99. <If income $6,500 or less> Was it under or over $4800?

100. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <Three individuals in household>

101. Let me just confirm, was it under or over $8,500?

102. <If income $8,500 or less> Was it under or over $6,400?

103. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <Four individuals in household>

104. Let me just confirm, was it under or over $10,000?

105. <If income $10,000 or less> Was it under or over $8,200?

106. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and
investments, as well as any wages or business income? <Five individuals in household>

107. Let me just confirm, was it under or over $13,000?

108. <If income $13,000 or less> Was it under or over $9,700?

109. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <Six individuals in household>

110. Let me just confirm, was it under or over $14,000?

111. <If income $14,000 or less> Was it under or over $11,000?

112. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <Seven individuals in household>

113. Let me just confirm, was it under or over $16,000?

114. <If income $16,000 or less> Was it under or over $12,500?

115. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <Eight individuals in household>

116. Let me just confirm, was it under or over $18,000?

117. <If income $18,000 or less> Was it under or over $13,900?

118. Which of the following income categories best describes your total 1985 household income? Please include income from Social Security, pensions, and investments, as well as any wages or business income? <Nine individuals in household>

119. Let me just confirm, was it under or over $22,000?
120. <If income $22,000 or less> Was it under or over $16,500?

121. Before age 65, did you consider yourself as poor or in need of welfare, or not?

122. Do you or anyone in your household receive SSI, Supplemental Security Income, or not?

123. So far as you know, are you eligible for SSI, or not?

124. Do you have more than $2,000 in savings, or not?

125. Sex of person whom the interview is about:

126. Interviewer's overall judgement on how well respondent understood the questions and whether or not respondent gave lucid answers.

127. Interviewer's overall impression: Is this respondent living alone or not?

128. First weight: actual number is coded.
BIBLIOGRAPHY


