FACTORS WHICH IMPACT ON OLDER WIDOWS' LONELINESS:
A COMPARISON OF CHILDLESS WIDOWS AND WIDOWS WITH CHILDREN

DISSERTATION

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By

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* * * * *

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To My Mothers: Agnes and Shirley
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CHAPTER I
INTRODUCTION

Background of the Problem

As America's population continues to age, more married women will outlive their spouses and, ultimately, many older women will face widowhood. For years, the family has provided the primary social support network and economic assistance to older individuals (Brody, 1985; Sussman & Steinmetz, 1987). Children, primarily daughters, comprise the support systems for widows (Lopata, 1987). "Childless older women may have fewer familial supports; however, the impact of childlessness on their lives is not known" (Myers & Navin, 1984, p. 91).

The literature has demonstrated the importance of family members to older individuals. "Research evidence indicates that family help, particularly in time of illness, exchange of services, and regular visits are common among old people and their children and relatives whether or not these live under a single roof" (Shanas, 1979a, p. 169). Many individuals in childless marriages rely solely on their spouse (Johnson & Catalano, 1981),
possibly making widowhood more devastating for them compared to women with children.

Demographics of widowhood. The median age at widowhood for women is 68 years (Lopata, 1979). With advancing age, the chances of becoming widowed increases (U.S. Bureau of Census, 1981). As noted by Block, Davidson, and Grambs (1981), the ratio of older women to older men has increased and continues to increase. In other words, a large number of elderly women are widowed. Today and in the future, more women who are married will outlive their spouses and, consequently, spend their later years alone.

Unexplored areas of research. Recent literature discusses aging and attitudes toward old age. There is increasing interest in the elderly in America largely because of these changing and continuing demographic trends of the aging population. Previous research on childlessness has generally examined younger couples (Houseknecht, 1977; Veevers, 1975); only a few studies which examine childless elderly widows exist (Bachrach, 1980; Beckman & Houser, 1982). Lopata (1978) found that older widows tended to rely upon their children rather than other family members, but she made no statement with respect to childless widows. Most of the gerontological and family research presumes marriage and parenthood for the majority of persons, thus relatively little is known
about childless elderly and the nature of their family support systems (Johnson & Catalano, 1981).

Statement of the Problem

For years, the traditional family has consisted of married couples with children. Any other type of lifestyle was considered deviant in American society. It has long been recognized that many women, as they grow older, are faced with widowhood. The loss of a spouse is often a time of loneliness as the widow grieves and attempts to establish a new single lifestyle. However, widows may find the loss of a spouse more devastating and lonelier when they are childless. The current cohort of older women is a low-fertility cohort in response to the 1930's Depression. Predictions are that future cohorts of married women will also limit the number of children they have. At present several questions are unanswered, including: What happens to childless widows as they age? Are childless widows lonelier than widows with children? Who provides social support for older childless widows as they age?

The purpose of this study was to examine the variables that affect loneliness for two groups of older widows: childless widows and widows with children. The study examined the factors which impact on older widows' loneliness in an attempt to determine the best predictors
of loneliness. Differences in social support networks and changes which have occurred in social support networks over time were studied. The findings may help predict the types of situations that future cohorts of childless older women may confront.

Hypotheses

1. Childless widows will be lonelier than widows with children after approximately 3 years of widowhood.

2. Childless widows with lower socioeconomic backgrounds (monthly income and educational level) will be lonelier than childless widows with higher socioeconomic backgrounds.

3. Childless widows who perceive their physical health as poor will be lonelier than childless widows with better perceived physical health.

Research Questions

1. Is there a significant difference between childless widows and widows with children in the frequency of social support received from neighbors/friends (a) at Time 1 (approximately 1½ years after widowhood) or (b) at Time 2 (approximately 3 years after widowhood)?

2. Is there a significant difference at Time 2 for childless widows regarding their desire for social
support from family members and their desire for social support from friends?

3. Is there a significant difference in feelings of loneliness between widows who have had a close friend or relative die within the past year compared to widows who have not had a close friend or relative die in the past year?

4. What are the best predictors of loneliness for older widows?

Definition of Terms

Older Widows -- Women who are 60 years old and older who have been widowed approximately 1½ years at the time of the original personal interviews and have been widowed approximately 3 years at the time of the present study.

Childless Widows -- Widows over the age of 60 years, who have no living natural, step, or adopted children at the time of the present study.

Widows with Children -- Widows over the age of 60 years with natural, step, or adopted children.

Loneliness -- According to an individual's perception, the individual is not valued by others and does not have companionship (Lee & Ishii-Kuntz, 1987); this construct relates to negative affect.

Aloneness -- A widow living alone who values her single lifestyle; this construct relates to positive affect.
Isolation -- Deprivation of social contact and the need to promote or revive social interaction between older individuals and society (Bennett, 1980).

Social Support -- Companionship received by the widow from others.

Social Support Network -- The set of people (family members, friends, or neighbors) providing companionship to the widow.

Interview Schedule -- The questions that all widows responded to verbally in the original study at approximately 1 1/2 years after widowhood. These questions were asked in personal interviews which occurred during March 1 to June 15, 1987.

Time 1 Data -- Data collected from widows at approximately 1 1/2 years after widowhood from the original interviews.

Questionnaire -- The two-page measure (Appendix C) mailed to older widows approximately 3 years after widowhood.

Time 2 Data -- Data collected from the widows approximately 3 years after widowhood through the mailed questionnaire.
CHAPTER II
LITERATURE REVIEW

Loneliness

The growing population of older adults shows an increase of widows as a result of the "widening sex gap" in mortality rates (Treas & Bengtson, 1987). Married women often outlive their spouses and spend the later years alone. Loneliness affects 12% to 40% of the population age 65 years or older (Harris & Associates, 1975). Furthermore, loneliness has been recognized as a particularly serious problem facing elderly widows (Atchley, 1977; Lopata, 1973).

Definitions of Loneliness

The concept of loneliness has been defined in several ways. Lee and Ishii-Kuntz (1987) define loneliness in terms of an individual's perception implying that he/she is not valued by others. Moreover, the individual is not chosen by others for interaction. Beckman and Houser (1982) equate loneliness with dissatisfaction with one's life.
Loneliness may also be described as a response to the absence of a particular type of relationship (Weiss, 1973). In other words, loneliness may be a response to the absence of meaningful friendship or the absence of a spouse's attachment.

Different forms of loneliness may exist. Weiss (1973) characterizes two types of loneliness: (1) the loneliness of emotional isolation, and (2) the loneliness of social isolation. The loneliness of emotional isolation is defined as resulting from the absence of an intimate tie or close attachment. He further describes the feelings associated with emotional isolation as emptiness and restlessness. These feelings may be similar to the distress felt by children abandoned by their parents.

Conversely, loneliness of social isolation is the absence of an engaging social network. Social loneliness is the consequence of lacking a network with peers or the result from the absence of meaningful friends, neighbors, or kin. Weiss (1973) believes that the feelings associated with social loneliness are feelings of exclusion and boredom which may be similar to the feelings of marginality felt by a child whose friends are all away. Furthermore, he suspects that the loneliness states in adulthood are developments from the earlier childhood states and further contends that all loneliness
gives rise to yearning for relationships.

Loneliness in Relation to Isolation

Research on isolation in gerontology tends to define isolation in terms of no or minimal contact with others. Bennett (1980) defines isolation as an objective state—the deprivation of social contact—and asserts that isolation is distinct from loneliness, which is a psychological state. Furthermore, she explains that few elderly people are both isolated and lonely. Chappell and Badger (1987) define isolation as the combined elements of minimal contact and decreased psychological well-being.

Because the concept of isolation is defined very broadly in the literature, it was deemed more appropriate for the purpose of the present study to explore the concept of aloneness.

Loneliness in Relation to Aloneness

Today many older people live alone. Approximately 43% of elderly women over the age of 65 years live alone (American Association of Retired Persons, 1987).

"Loneliness is caused not by being alone but by being without some definite needed relationship or set of relationships" (Weiss, 1973, p. 17). Therefore, loneliness is not caused by living alone nor cured by
ending aloneness.

The conceptual differences between loneliness and aloneness is pertinent to the present study. Rollins (1983) points out that "loneliness" has a negative connotation in that the single person living alone is discontented, as opposed to "aloneness" wherein the single person living alone may value his/her single lifestyle and has a positive sense of well-being. In fact, for some older women, living alone after a number of years of marriage might provide a sense of competence and freedom that they never had previously (O'Bryant & Nocera, 1985). In the present study, a combination of definitions and concepts is used as follows. Loneliness is defined generally as an individual's perception that he/she is not valued by others and does not have companionship (Lee & Ishii-Kuntz, 1987). Feelings of loneliness are expected to relate to negative affect and aloneness is expected to relate to positive affect. A further distinction is made between emotional and social loneliness according to the definitions by Weiss (1973); emotional loneliness is the absence of someone to talk to when feeling "blue," whereas social loneliness is the absence of social interaction with relatives, friends, or neighbors.

Theoretical approaches to loneliness. Essex and Nam (1987) suggested that those studying loneliness among
older women may explore two life-style perspectives: (1) the symbolic interaction theory and (2) the desolation hypothesis.

Symbolic interaction theory stresses the interaction between people and the social processes that occur between people (Essex & Nam, 1987; Gubrium, 1974; Lowenthal & Robinson, 1976; Shanas et al., 1968). Throughout life, people rely on significant others and specific reference groups (Blumer, 1969). Symbolic interaction theory emphasizes the interaction with others which helps determine how people perceive their roles and behaviors. Moreover, women's roles are not clearly defined. For example, the roles of a widow are less clearly defined than the roles of wife. Therefore, widows who are confused about their new single lifestyle and roles may experience feelings of loneliness.

Townsend (1968) conceptualized the desolation hypothesis and maintains it is the process of becoming isolated that causes loneliness. When older individuals lose their spouse, it is the change in an important relationship (or discontinuity) which is referred to as desolation. Older widows may lose part of their definition of self when their spouse dies. Thus, this perspective suggests that older individuals are likely to experience loneliness when they have lost a spouse and experience the discontinuity of widowhood.
Taken together, these two theories, symbolic interaction and desolation hypothesis, suggest that it is the loss of established relationships and sources of definition of self that can lead to loneliness. Therefore, older women who are most vulnerable to feelings of loneliness are those who experience losses in their social networks (Essex & Nam, 1987).

Older adults' loneliness and well-being. Lee and Ishii-Kuntz (1987) studied loneliness, social interaction, and well-being among a sample of 2,872 men and women, age 55 years and older, in the State of Washington. The data from mailed questionnaires showed that loneliness is a correlate of well-being (life satisfaction or morale) and that loneliness had a negative effect on well-being. These researchers distinguished between the social effects of kin and the social effects of friends on the well-being of older adults. Their findings showed that social interaction with friends had the strongest effects. Social interaction with family had essentially no effects on well-being. Unfortunately, this study provides no insight into why friends affect well-being and family members did not.

In addition, Lee and Ishii-Kuntz found that interaction with neighbors reduced loneliness for men and increased well-being for men, but did not have the same
effects for women. These researchers speculate that men view neighbor interaction as similar to relationships with friends, whereas women may view neighbor interaction as an obligation.

One shortcoming of the Lee and Ishii-Kuntz study was the measure of loneliness which contained only four items. Although two of these four items specified the term "friend," none of the items had the term "family" in them. The strong effect of friendship interaction and the relatively weak or nonexistent effect of family interaction with respect to loneliness may have resulted because of the weakness of the measure which favored "friends" over "family." Other shortcomings of this study were: particular segments of the older population were not distinguished and the marriage classification of yes/no did not differentiate between widowed, divorced, or never married, and childless. Additionally, their study incorporated younger people (55 years of age and over); the mean age of respondents was approximately 65 years old. The younger respondents, who presumably are in the work force, may have defined social interaction with friends and neighbors differently than older respondents in the sample, who were more often retired.

Widows and loneliness. The elderly widowed, especially women, are the group particularly vulnerable to loneliness and its negative effects on the quality of
life (Kivett 1978, 1979; Lopata, 1973). A widow may feel so lonely after the death of her spouse that she may be unable to participate in previous social activities. "In addition, today's widows have been socialized in a very different era--often into dependent roles and into identities closely connected to their husbands" (McKenry & Price, 1984, p. 394). Consequently, today's older widows may feel especially lonely without their husbands and have difficulty in a couples-oriented society.

Gallagher, Thompson, and Peterson (1981-82) note that religious involvement appears to mitigate the grief and loneliness often felt by widowed persons. In other research, older people's social activities in general are related to a sense of positive well-being (Lawton, Kleban, & di Carlo, 1984) and, by implication, to less loneliness. Because of mourning customs, older recent widows may have a difficult time becoming involved or remaining involved in various activities; this may lead to loneliness.

Lopata (1979) reports that loneliness is a significant feeling among women who are widowed; however, she also found that many widows did not feel lonely and, in fact, enjoyed their lifestyles. Some of the weaknesses of the study were: it was cross-sectional, respondents were of widely diverse ages, had been widowed for widely varying lengths of time, and some had
remarried. Lopata reports that length of widowhood affected the level of loneliness of the more recently widowed, whereas lack of social support and "angry" attitudes were related to the loneliness of widows in general.

Using several research samples of widows, Lopata, Heinemann, and Baum (1982) presented a summary on the antecedents of loneliness. Some of the correlates of loneliness included having no or few children, being widowed for less than 6 years, having physical health problems, having weak friendship support, and being withdrawn from social activities. The authors stressed that most widows do not take advantage of formal organizations; rather they rely on friends and family members to alleviate loneliness.

Beckman and Houser (1982) in a study of women ages 60 through 75 years, half of whom were widowed, found widows were lonelier and evidenced more negative psychological well-being than did married women. Bowling and Cartwright (1982) found loneliness was a problem for the widowed who lived alone.

Overall, the literature on loneliness suggests that the person who survives the death of a spouse will likely experience feelings of loneliness. This is particularly true in American society because of the great emotional significance assigned to marriage (Lopata, et al., 1982).
Social Support Networks

Lopata (1978) organized the support systems of Chicago area widows into four separate types: (1) economic support—including gifts of money and payment of bills, (2) service support—including transportation, legal aid, yardwork, and minor household repairs, (3) social support—including going places with other people, entertainment, and sharing meals, or other social activities, and (4) emotional support—including self-feeling states and relational sentiments.

In American society, family members and friends/neighbors provide the structure of older people's social support networks. The support offered by the social support network to older people, whether it be the family or non-family members, continues to be of primary importance. A concern about the elderly is the consequence of loneliness and aloneness in later life, especially for childless older adults.

Two types of support—social and emotional—appear to be particularly significant with respect to loneliness. In addition, service supports may be critical for the widow to remain in her own home and not become a burden to others (O'Bryant, 1987). Neighbors can become particularly crucial to the ability of an older widow to live alone.
Activity theory. Activity theory (Lemon, Bengston, & Peterson, 1972; Longino & Kart, 1982) may be helpful when looking at the aging process and social support networks. Activity theory proposes that emotional well-being is a result of social interaction. In other words, the relationship between social activity and life satisfaction in old age is positive.

Family versus friends in social support networks. The significance of kin, friends, and neighbors and the companionship they provide to older adults has been studied. Some of the research suggests that children were the only kin providing economic, emotional, service, and social support to older widows (Lopata, 1978, 1980). However, other research studies suggest friends were more important for widows in relation to morale than family (Arling, 1976). Interaction with friends and neighbors reduced women’s feelings of loneliness whereas interaction with family members had no such effects (Dowd & LaRossa, 1982; Lee & Ellithorpe, 1982; Lee & Ishii-Kuntz, 1987). Moreover, interaction with siblings has also been shown to be unrelated to the well-being of a sample of both men and women (Lee & Ihinger-Tallman, 1982). However, there is contrary evidence in the case of childless widows. In a study on sibling support and older widows, O’Bryant (1988) found that, for childless
widows, sisters' support was positively related to widows' psychological well-being.

"The loss of a spouse coupled with the possible decrements of aging itself may suggest a heightened role for kin in the lives of the widowed. Kin involvement, however, seems to be limited largely to the children of the elderly widow" (Treas & Bengtson, 1987, p. 642). These family researchers theorize that kinship relations are based on obligation. Friendships, however, are based on affection and mutual choice (Hess, 1972). The notion of kin versus friends making up a widows' social support network and the effects on older widows' well-being and loneliness are unclear. Some studies have found that friendship positively affects the well-being of older adults (Larson, 1978; Okun, Stock, & Haring, 1984). Other empirical research suggests that friendship has had little or no effect on the well-being of older adults (Baldassare, Rosenfield, & Rook, 1984; Deimling & Harel, 1984).

Blieszner (1986), in a review of family gerontology research, points out that social support network members serve many different functions, which are not captured if only the frequency of contact is measured. She contends that a serious problem with research on older widows has been the lack of control of the length of widowhood. The present study includes a control for the time since
widowhood.

One may argue that there is the greater availability of widowed female peers who can provide support and companionship which enhances widows' morale. Balkwell (1985) found that older widows have a larger number of female siblings and peers who are also widowed than do younger widows; this may represent a potential advantage to older widows' social support networks.

The need for social activities, friendships, and family relationships continues throughout old age. After the death of a spouse, older widows' social roles are disrupted while adjusting to a new role as a single person, resulting in feelings of loneliness among older widows. Because of the heterogeneity of American families, the composition of social support networks may vary in size, relationship (kin or friends), frequency of social interaction, and the quality of the social relationship.

The social support networks of elderly widows is complex. Because of the heterogeneity of family members and diverse friendship and neighbor relationships, it is important to determine who provides social support to aging widows, the composition, frequency, and variability of the social support network. Children, especially daughters, provide the majority of informal social support to older parents (Kivett, 1985; Kohen, 1983).
When older widows do not have children, who are their most likely support groups?

Childlessness

The term, childlessness, has been defined in various ways in the literature. Glenn and McLanahan (1981) defined childlessness as persons with no children under the age of 18 years living at home, whereas Bachrach (1980) defined childlessness as people having no children at the time the study was conducted. For the purpose of the proposed study, childlessness will be defined as widows over the age of 60 years, who have no living natural, step, or adopted children.

Some researchers have attempted to distinguish between married couples selecting to be childless (voluntary childlessness) or those for which childlessness was an involuntary decision. In many studies, it is impossible to determine the voluntary or involuntary status of childless individuals because of the sensitive nature surrounding the issue and changes in historical cohorts. Veevers (1979) pointed out that the phenomenon of voluntary childlessness has only been possible during the past decade due to the dissemination and availability of reliable birth control methods. On the other hand, recent development of fertility drugs are available for those who do not want to be childless.
Because birth control methods were limited and somewhat unreliable when the women in the proposed study were younger, and because of its sensitive nature, the issue of voluntary and involuntary childlessness will not be explored.

Theoretical approaches to the effects of childlessness. One theory that may be useful in studying childlessness is the social regression theory described by Johnson and Catalano (1981). This theory proposes that older childless couples rely upon one another and turn inward to the marital relationship. This pulling away from society of childless older couples results in seeing fewer friends and family members. Therefore, these researchers propose that it may be more devastating to lose a spouse when a couple is childless.

Another theoretical approach in studying childlessness is the principle of family substitution purposed by Shanas (1979b). She suggested that, in the case of childless elderly, other family members are substituted in the roles or obligations usually provided by children. She found that, for many widowed persons, siblings provide some of the responsibilities that had been filled by a spouse. In the case of childless elderly, a nephew or niece often assumes the responsibilities usually met by children.
A study generally supporting Shanas' principle of substitution was done by Johnson and Catalano (1981) comparing a small sample of urban childless elderly after hospitalization who needed support and a larger sample of older parents. Johnson and Catalano (1981) concluded, "For married patients without children, it is the spouse who assumes the necessary care giving tasks; for the unmarried and childless, help comes from siblings, nieces and nephews. However, examination of actual family supports to the childless elderly indicates substantial qualitative differences between these patterns of caregiving" (p. 617). The potential exists for childless individuals to be at greater risk because of a lack of caregiving support which is usually provided by children.

Childless older men and women. Bachrach (1980) studied older individuals (ages 65 years or older) comparing social isolation in old age between childless couples and couples who had living children. Childlessness was associated with a high probability of isolation for older people in poor health and working-class backgrounds. It appears that, in the absence of children, neighbors or friends fill some of the needs that are often met by children. This study does not support Shanas' principle of substitution. Rather than turning to family members, Bachrach (1980) found childless couples turned to non-kin, specifically friends
Kivett and Learner (1980) studied 418 rural elderly women and men, ages 65 to 99 years, from North Carolina. Approximately 12% of the sample were childless. Comparing the rural elderly with children and the childless elderly, Kivett and Learner concluded that "for the childless elderly it is siblings, more distant kin, friends, and neighbors who are primary to their independence" (p. 715). The implication points to the importance of a variability or combination of family, friends/neighbors as the social support network for the childless elderly.

**Childless older couples.** It may be incorrect to assume that just because people have children, these children will look after and support their parents as they grow old. Rempel (1985) studied 338 elderly people (average age was 72.3 years) in Canada and found them to be generally satisfied whether childless or not. This study showed that family was not the crucial element in the determination of quality of life for older couples. Rempel concluded that elderly people in both groups (childless and parents) were satisfied with the quality of their life. This suggests that older childless couples establish alternatives to the benefits normally derived from children.
The effects of having children on several aspects of psychological well-being were studied by Glenn and McLanahan (1981). Their sample consisted of men and women 50 years old and above who had no children under age 18 living in their home. This study showed, "that having had a child or children has had no important effects on the psychological well-being of older Americans in recent past, or at least no important effects on the dimensions of well-being studied" (p. 417). This conclusion is somewhat tentative because this study utilized cross-sectional data and relied on self-reporting.

Keith (1983), in one of the few studies to examine childless men and women in very old age (average age was 79 years), found that childlessness had little or no effect on older person's well-being or life satisfaction. This finding supports that of Glenn and McLanahan (1981).

The research on childless older men and women presented thus far indicates that both groups, childless couples and parents, are satisfied with their quality of life (Rempel, 1985) and no differences in psychological well-being were noted (Glenn & McLanahan, 1981). Perhaps being childless is not necessarily a limitation for married couples. However, the impact of childlessness on older widows may be different. Childlessness and its effect on family satisfaction was studied by Singh and
Williams (1981). Their sample consisted of 968 women and men 65 years of age and older; the effects of childlessness on family satisfaction were much greater for older women than for older men.

Some of the shortcomings in the studies on childlessness were: gender differences were not explored, effects or consequences of widowhood were not included, and differences in the definitions of childlessness existed.

Childless older women. The Singh and Williams' study (1981) showed that the effect of childlessness on family satisfaction were more pronounced for older women than for older men. Because of the changing demographics, there will be more people living longer and more with a smaller number of children or no children. Moreover, the current cohort of women is a low-fertility cohort, and predictions are that future cohorts of married women will also limit the number of children they have; thus, it is important to examine the consequences of growing old as a widow without children.

"Childless older women, more than childless older men, may suffer more from the impact of being childless once they are widowed" (O'Bryant, 1987, pp. 69-70). The consequences of childlessness will have more impact on older women, because wives more often outlive their husbands, and, consequently, women are more apt to spend
their later years alone.

The social-psychological well-being of childless older women and the consequences in later life was studied by Beckman and Houser (1982). Their sample consisted of 719 women, ages 60 through 75 years, in Los Angeles County; half of whom were widows. A comparison of four groups was conducted: married women without children, widows without children, married women with children, and widows with children. There was support for the prediction that childlessness had a greater effect on well-being for widowed women than for married women; however, the magnitude of the difference was relatively small. The widowed childless older women had a lower sense of psychological well-being, showed dissatisfaction with their lives, and were lonelier compared to the widows with grown children.

One weakness of the study was a 44% refusal rate of subjects to participate in the study. Another weakness was interpretation problems with the social contact items contributing to the general well-being, because some of the independent variables (e.g., number of people that women can count on, quantity of the contact) appeared to measure similar domains of social isolation. Lastly, social contact with friends versus that with family was not examined separately.
The present study builds upon the research findings of Beckman and Houser (1982). Since they found that widows had much lower social-psychological well-being than married women and that childless widows were lonelier than widows with grown children, the present study only examines older widows. The two groups in the present study are: (1) widows with children and (2) widows without children, in an attempt to replicate and extend the Beckman and Houser results. Based on the recommendations of these researchers, more effort is needed to explore differences between the qualitative and dynamic aspects of social support networks. The present study provides data on social support networks to further examine the scope and frequency of older childless widows' social support networks.

**Childless widows' social support networks.** Sibling support and its effect on older widows' well-being was studied by O'Bryant (1988). She found that sibling support was not related to positive psychological well-being for widows as a whole. However, in the childless widow subgroup, sisters' support and having a married sister live nearby was positively related to psychological well-being.

Both social and instrumental support provided from neighbors to childless widows and widows with children was studied by O'Bryant (1985). She found that childless
widows did not receive more support from neighbors compared to widows with children in the same city and widows with children who lived elsewhere. Additional research is needed to explain why childless widows did not receive more support from neighbors despite their greater needs.

It has been argued that not having children may have its greatest negative impact on older widows in later life, when children traditionally have provided support (Beckman & Houser, 1982). Whether kin or neighbors/friends provide social support to childless widows needs to ascertained.

Health and Socioeconomic Issues

Several studies have suggested that perceived poor physical health is a predictor for loneliness among widows. Rural widows who perceived their health as poor were at the greatest risk of loneliness (Kivett, 1978). Also, Bachrach (1980) found childless individuals more isolated if in poor health or from working-class backgrounds. Earlier, Lowenthal (1964) theorized that physical illness may be antecedent to loneliness. More recently, health and friendship interaction were found to be predictors of loneliness (Lee & Ishii-Kuntz, 1987).

Creecy, Bert, and Wright (1985) found persons without a spouse and persons in poor health experienced
loneliness. The loss of health tended to isolate an older person from the level of contacts that were needed to prevent feelings of loneliness. They also found that persons without a spouse and with lower income levels had significant feelings of loneliness partly due to limited resources, thus, limiting their social activities.

Transportation Issues

One barrier that may separate widows from friends and family is the lack of transportation. Transportation problems can lead to loneliness, aloneness, and isolation for older widows. Many older women do not drive (Culter, 1975) and some have health problems which decrease the ability to leave their homes and participate in outside activities.

Kivett (1978) found rural widows who experienced frequent problems with transportation were at the greatest risk of loneliness. In a later study, Kivett and Learner (1980) found that childless older adults were more likely to be without transportation compared to older adults with children. Furthermore, transportation may be a key factor in assisting older widows to be independent and, yet, be in contact with family and friends when the need for social support is felt.
Summary

The role losses that occur in old age may be devastating, especially for childless older women (Myers & Navin, 1984). Women who do not have children have one less role to fill—the role of motherhood. Research related to widowhood has suggested that women need a support network to assist them with the crisis of widowhood, including family members, friends, or neighbors. Childless older women may be more vulnerable than women with children.

"To date, opinion is divided on the future of fertility. For one reason or another, some population specialists expect the birth rate to rise. Other experts, however, foresee a long-run continuation of current low fertility" (Treas, 1981, p. 98). If birth rates remain low, it will have impact on America's older population. Grown children will be raised in smaller families and will have fewer siblings to share in the support of older parents. More importantly, many childless women, particularly widows, may place greater pressure on others in their support networks as they age.

At present, approximately 5% of all married couples decide to forego parenting and maintain a childless status (Veevers, 1979). The effects of the high cost associated with raising children, the increase of women in the work force, and concern about overpopulation may
influence future cohorts of women to remain childless (Renne, 1976). Unless these trends change, in the future there will be a significant number of older childless couples. Studying today's older childless widows may provide valuable insights into some of the consequences—positive or negative—of remaining childless.

In conclusion, there is a need to better identify the variables that affect loneliness for older widows. An attempt is made in the present study to determine the best predictors of loneliness for older widows. A comparison of childless widows and widows with children will examine loneliness, differences in their social support networks, and changes which have occurred in their neighbor support networks over time.
CHAPTER III
METHODOLOGY

Sample Selection

The subjects were drawn from respondents who were part of an earlier research project under the direction of Dr. Shirley L. O'Bryant of The Ohio State University and funded by a grant from AARP Andrus Foundation. The sample consisted of 300 widows, age 60 years and older, residing in the Columbus, Ohio area.

The original sample was drawn in the following way. The respondents were identified through public records in Columbus, Ohio. The initial step was to review newspaper obituary notices of men over age 64, who died between September 1, 1985 and March 31, 1986. The next step was to review county death records to obtain the addresses and race of the deceased. Both white and black widows were included. Columbus, Ohio, is acknowledged as a national test site for new products because it is believed to possess the typical characteristics and behaviors of urban communities in America. Therefore, using this selection method, it is believed that the
older widows in this study are representative of a larger population of urban older widows.

**Data Collection Procedure**

All widows were personally interviewed for approximately 1½ hours in the Spring and Summer of 1987. At the time of the interviews, the women had been widowed for approximately 1½ years. These data from the original interviews will be referred to as Time 1 data.

In the present study, the widows were re-contacted through the mail. They were sent a two-page questionnaire, which provided new data on widows' loneliness referred to as Time 2 data. (No data on loneliness were collected at Time 1). Changes in neighborhood social support networks from Time 1 to Time 2 provided the study's longitudinal data.

In the summer of 1988, a letter of introduction (Appendix A) explaining the study and requesting the widows' continued participation was sent to all respondents from Dr. Shirley L. O'Bryant, the original investigator. Included in this mailing was a final feedback report (Appendix B) which provided findings from the original study, a two-page questionnaire (Appendix C), and a stamped return envelope. Heberlein and Baumgartner (1978) in a study on factors affecting response rates of mailed questionnaires suggest that
investigators include postage-paid return envelopes to increase respondents to respond. Follow-up postcards (Appendix D) were sent to those widows who did not respond after a two-week period to encourage their participation.

An identification number was printed on the return envelope to match Time 1 data to Time 2 data for each respondent. This identification number also assured each widow of the anonymity and confidentiality of her responses.

**Measurement**

The mailed two-page questionnaire contained both repeated and new items. The repeated items were from the original interview schedule of the study conducted in 1987. The questionnaire was printed on legal-size paper using a larger type for ease of reading. The repeated questions provided the study's longitudinal data: changes from Time 1 to Time 2. Items #1 through #7 were on household size, health, transportation, neighbor/friend support, number of neighborhood friends, and psychological well-being measured by the Affect Balance Scale (Bradburn, 1969). An additional repeated item was #9, which asked who provided emotional support or help when the widow felt blue, the relationship of the person, and how often this support was given.
In the present analysis, it was assumed that educational level, monthly income, and presence or absence of children had not changed appreciably in 1½ years. Consequently, respondents were not asked to provide this data at Time 2.

The measures adopted from other studies included two items (#8 and #11) to measure different aspects of loneliness, the major dependent variable. Item #8 is a single item measuring how often the widow felt lonely (Essex & Nam, 1987). The response categories range from "never" to "very often." This measure was selected to determine the frequency of older widows' loneliness. It also allowed a comparison of the mean score of widows in this study to the mean score \( M = 3.8 \) of older women in the Essex and Nam study.

Item #11 contained seven statements on the widow's desire for social interaction. Four of these were from the Lee and Ishii-Kuntz scale (1987). They were; "I don't get invited out by friends as often as I'd really like;" "I wish that friends would call or write me more often;" "Finding friends is a serious problem for me," and "Feeling lonely is a serious problem for me." Three additional statements were added. Of these three, two were modification of the original statements, substituting the word "family" for "friends." The justification for inclusion of these items was to expand
the original measure, which was concerned only with social interaction as it relates to friendships. The intent in the present study was to measure both friend interaction and family interaction, as related to loneliness. The seventh item was "I wish I had more time to be alone." A composite measure, the social interaction scale, was created by summing the seven items. Where appropriate, items were reverse-scored before summation occurred. An alpha reliability analysis of the social interaction scale was relatively high ($\alpha = .76$).

The remaining items were included in the questionnaire because they were relevant to this particular study. Item #10 measured the frequency of the widow's group social activities per week. Item #12, regarding the recent death of a close friend/relative, addresses the research question on changes in widows' support networks. Item #13 was developed to determine if the widow had a best friend, the relationship of that best friend, and the closeness of that friendship.

As a group, the measures were selected because the majority of them had previously been used with elderly widows. Several new items were added to measure new variables relevant to the present study. Table 1 provides a further description of the measures used in this study.
<table>
<thead>
<tr>
<th>Variables</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Self report (range = 60 - 98 years)</td>
</tr>
<tr>
<td>Presence or absence of children</td>
<td>Has 1 or more children = 1, childless = 2</td>
</tr>
<tr>
<td>Educational level</td>
<td>Years of school completed (6 to 20 years)</td>
</tr>
<tr>
<td>Monthly income</td>
<td>Current monthly income (under $200 = 1 to over $2000 = 20)</td>
</tr>
<tr>
<td>Household size</td>
<td>Number of other people living in the household</td>
</tr>
<tr>
<td>Perceived physical health</td>
<td>Self-report (poor = 1 to excellent = 4)</td>
</tr>
<tr>
<td>Transportation</td>
<td>Never a problem = 3, sometimes a problem = 2, always a problem = 1</td>
</tr>
<tr>
<td>Neighbor/friend support</td>
<td>Frequency of 6 types of neighbor/friend interactions; each rated from never = 1 to frequently = 4; ratings summed</td>
</tr>
<tr>
<td>Number of neighbor friends</td>
<td>Number of neighbors who are also close friends</td>
</tr>
<tr>
<td>Emotional support</td>
<td>Does not need support from others when feeling blue = 1</td>
</tr>
<tr>
<td></td>
<td>Needs support from others when feeling blue = 2</td>
</tr>
<tr>
<td>Social activities per week</td>
<td>Total number of times attended a social event or group activity during a week</td>
</tr>
<tr>
<td>Death of a close friend/relative</td>
<td>Not very close = 1, fairly close = 2, very close = 3</td>
</tr>
<tr>
<td>Frequency of loneliness</td>
<td>Essex and Nam's single item measuring how often a widow feels lonely; 10 point scale; never = 1 to very often = 10</td>
</tr>
<tr>
<td>Social interaction scale</td>
<td>Four statements from Lee and Ishii-Kuntz scales plus three additional statements, strongly disagree = 1 to strongly agree = 4; ratings summed</td>
</tr>
</tbody>
</table>
Data Analysis

The research design was *ex post facto* and quasi-experimental in nature. The two groups of widows (childless widows and widows with children) were compared on a number of socio-demographic characteristics. Household size was significantly different between the two groups at Time 1, \( t(210) = 1.95, p < 0.053 \) and at Time 2, \( t(210) = 2.14, p < 0.033 \). These differences were controlled for in subsequent analyses.

The hypotheses/questions were tested using *t*-tests and one-way analysis of variance. Multiple regression analysis was the statistical technique used to determine the best predictors of loneliness. The dependent measures were frequency of loneliness (Appendix C, item #8) and social interaction scale with family and friends (Appendix C, item #11). The hypothesized predictors included: presence/absence of children, frequency of social and emotional support (family, friends, and neighbors), household size, perceived physical health, socioeconomic background (monthly income and educational level), transportation, and death of a close friend or relative.
CHAPTER IV
RESULTS

The purpose of this study was to examine the variables that are related to loneliness for two groups of older widows: childless widows and widows with children. This study also examined the factors which impact on older widows' loneliness in order to determine the best predictors of loneliness in widowhood. Differences in social support networks and changes which have occurred in social support networks over time were studied to help explain the types of situations that future cohorts of childless older women might confront.

Of the 300 questionnaires mailed, 212 were completed and returned, i.e., a 77.3% response rate. Of the remaining 88, 20 were unusable because 4 widows were too ill to complete the questionnaire, 10 widows had moved and could not be located, and 6 widows had died. Another 68 questionnaires were not returned for unknown reasons. In the present study, the analyses were based on the 212 widows who responded at Time 2. Time 1 data were available for all 212 cases.

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The respondents (N = 212) were similar to the non-respondents (n = 68) in a number of ways. They did not differ with respect to age, household size, number of children, and transportation needs.

However, the non-respondents significantly differed from the respondents on income, \( t(278) = -2.96, p < 0.003 \), and education, \( t(278) = -3.97, p < 0.001 \). Also, the non-respondents differed significantly from the respondents on ethnicity, \( X^2(1, n = 280) = 5.00, p < 0.025 \).

To summarize, respondents had higher monthly incomes (median = $1,070.00) than non-respondents (median = $862.00), had completed more years of education (M = 12.11) than non-respondents (M = 10.71), and were more likely to be white (91%) than non-respondents (79%).

Descriptive Results

Table 2 presents the background characteristics. The respondents consisted of 212 widows, of whom 30 were childless (14%) and 182 had children (86%). Of the respondents, 192 were white women and 20 were black women. At Time 1, they ranged in age from 60 to 98, with a mean age of 71.8 years. They had a median educational level of high school graduate and an average monthly income of approximately $1,070.00.
### Table 2
Selected Background Characteristics of Respondents (N varies from 190 - 212)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Time 1</th>
<th></th>
<th></th>
<th>Time 2</th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>M</td>
<td>SD</td>
<td>Percent</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69 years</td>
<td>40.9</td>
<td>71.8</td>
<td>6.52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-79 years</td>
<td>45.1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>80-89 years</td>
<td>12.7</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>90-98 years</td>
<td>1.0</td>
<td></td>
<td></td>
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<tr>
<td>Monthly income</td>
<td></td>
<td>Median = $1,070 per month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>26.0</td>
<td>12.12</td>
<td>2.47</td>
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<tr>
<td>Completed high school</td>
<td>48.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beyond high school</td>
<td>25.5</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Presence or absence of children</td>
<td></td>
<td>1.14</td>
<td>0.35</td>
<td></td>
<td>0.34</td>
<td>0.85</td>
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<tr>
<td>Childless</td>
<td>14.2</td>
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<tr>
<td>One or more children</td>
<td>85.8</td>
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<tr>
<td>Household size</td>
<td></td>
<td>0.31</td>
<td>0.84</td>
<td>0.34</td>
<td>0.34</td>
<td>0.85</td>
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<tr>
<td>Lives alone</td>
<td>83.0</td>
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<tr>
<td>1 - 3 people</td>
<td>15.6</td>
<td>81.1</td>
<td>0.33</td>
<td></td>
<td>81.1</td>
<td>0.33</td>
</tr>
<tr>
<td>4 - 6 people</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Perceived physical health</td>
<td></td>
<td>2.74</td>
<td>0.80</td>
<td>2.69</td>
<td>0.73</td>
<td>2.69</td>
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<tr>
<td>Poor health = 1</td>
<td>8.0</td>
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<td></td>
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<tr>
<td>Fair health = 2</td>
<td>24.1</td>
<td>3.3</td>
<td>3.3</td>
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<td>3.3</td>
<td>3.3</td>
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<tr>
<td>Good health = 3</td>
<td>54.2</td>
<td>36.3</td>
<td>36.3</td>
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<td>36.3</td>
<td>36.3</td>
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<tr>
<td>Excellent health = 4</td>
<td>13.7</td>
<td>48.1</td>
<td>48.1</td>
<td></td>
<td>48.1</td>
<td>48.1</td>
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<tr>
<td>Transportation</td>
<td></td>
<td>2.74</td>
<td>0.53</td>
<td>2.48</td>
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<td>0.68</td>
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<tr>
<td>Always a problem = 1</td>
<td>4.2</td>
<td></td>
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<tr>
<td>Sometimes a problem = 2</td>
<td>17.5</td>
<td>10.4</td>
<td>10.4</td>
<td></td>
<td>10.4</td>
<td>10.4</td>
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<tr>
<td>Never a problem = 3</td>
<td>78.3</td>
<td></td>
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<tr>
<td>Neighbor/friend support</td>
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<td>2.19</td>
<td>0.67</td>
<td>2.29</td>
<td></td>
<td>0.70</td>
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<tr>
<td>Never = 1</td>
<td>35.9</td>
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<tr>
<td>Seldom = 2</td>
<td>47.6</td>
<td>29.6</td>
<td>29.6</td>
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<td>Occasionally = 3</td>
<td>16.4</td>
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<tr>
<td>Frequently = 4</td>
<td>0.0</td>
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<td>18.5</td>
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</table>
Table 2 continued

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<th>Time 2</th>
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<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>M</td>
<td>SD</td>
<td>Percent</td>
</tr>
<tr>
<td>Number of neighbor friends</td>
<td>2.16</td>
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<td>1.75</td>
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<td>0</td>
<td>30.2</td>
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<td>1</td>
<td>21.7</td>
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<tr>
<td>2</td>
<td>18.4</td>
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<td>19.8</td>
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<tr>
<td>3</td>
<td>9.0</td>
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<td>11.3</td>
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<tr>
<td>4</td>
<td>7.1</td>
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<td>9.9</td>
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<tr>
<td>5 or more</td>
<td>13.7</td>
<td></td>
<td>5.7</td>
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<tr>
<td>Emotional support</td>
<td>1.24</td>
<td>0.43</td>
<td>75.7</td>
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<tr>
<td>Does not need help = 1</td>
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<tr>
<td>Needs help = 2</td>
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<td>24.2</td>
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<tr>
<td>Social activities per week</td>
<td>1.52</td>
<td>1.52</td>
<td>1.12</td>
<td>1.23</td>
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<tr>
<td>0</td>
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<td>1</td>
<td>25.9</td>
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<td>4</td>
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<td>5 - 9</td>
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<tr>
<td>Death of close friend or relative</td>
<td></td>
<td></td>
<td>5.23</td>
<td>2.28</td>
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<tr>
<td>No friend/relative died = 0</td>
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<tr>
<td>Not very close = 1</td>
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</tr>
<tr>
<td>Fairly close = 2</td>
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<tr>
<td>Very close = 3</td>
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<tr>
<td>Frequency of loneliness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never = 1, 2</td>
<td></td>
<td></td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>Hardly ever = 3, 4</td>
<td></td>
<td></td>
<td>28.8</td>
<td></td>
</tr>
<tr>
<td>Sometimes = 5, 6</td>
<td></td>
<td></td>
<td>43.4</td>
<td></td>
</tr>
<tr>
<td>Fairly often = 7, 8</td>
<td></td>
<td></td>
<td>13.7</td>
<td></td>
</tr>
<tr>
<td>Very often = 9, 10</td>
<td></td>
<td></td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>Social interaction scale (range = 1 to 4)</td>
<td>2.26</td>
<td>0.62</td>
<td></td>
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</tr>
</tbody>
</table>
Comparison of Time 1 and Time 2. At Time 1 (widowed approximately 1½ years), 83% of the widows lived alone in their own residence whereas at Time 2 (widowed approximately 3 years), 81% lived alone. At Time 1, the average rating of health was "good," with a mean of 2.74 on the 4-point scale. At Time 2, the average rating of health was "good," with a mean of 2.69 on the repeated 4-point scale.

At Time 1, a majority (78%) of the respondents reported that transportation was never a problem, whereas at Time 2, fewer (58%) reported that transportation was never a problem.

With respect to the neighborhood variables, the average frequency of neighbor support was rated as "seldom," with a mean of 2.19 at Time 1 and a similar mean of 2.29 at Time 2. The mean number of neighbors identified as friends at Time 1 was 2.16 and, at Time 2, was 1.75. So, over time, the number of neighbors identified as friends had significantly decreased, \( t(211) = 2.73, p < 0.007 \).

Descriptive Results at Time 2. Almost two-thirds of respondents (64%) reported attending 1 to 4 social events per week with a mean of 1.52 activities per week. A majority of respondents (75%) also reported being self-sufficient when feeling blue and getting over feeling blue by themselves; conversely, 24% reported needing help
from someone.

Since the time of the first interview, 42% of the respondents had had a close friend or relative die.

Frequency of loneliness had a mean of 5.23 on the 10-point scale; 1 was "never" feeling lonely and 10 was "very often" feeling lonely. The social interaction scale had a mean of 2.26 on the 4-point scale; 1 was "strongly disagree" and 4 was "strongly agree."

Since the major purpose to the present study was to compare childless widows with widows with children, Table 3 provides descriptive data on these two groups. There were no significant differences in the two groups with respect to age, income, educational level, or self-reported health. However, significant differences were found for household size at Time 1 $t(210) = 1.95$, $p < 0.053$ and at Time 2, $t(210) = 2.14$, $p < 0.033$, with childless widows more likely to be living alone.

Inferential Results

Zero-order correlations among the variables are reported in Table 4. As would be expected, there is some multicollinearity among the variables. Pearson's $r$ correlation coefficients ranged from .00 to .50. For a group of this size, an $r$ greater than .16 is significant at the .01 level.
Table 3
Descriptive Statistics of Childless Widows and Widows with Children

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Childless widows (n = 30)</td>
<td>Widows with children (n = 182)</td>
<td>Childless widows (n = 30)</td>
<td>Widows with children (n = 182)</td>
</tr>
<tr>
<td>Monthly income</td>
<td>1,210.00</td>
<td>1,047.00</td>
<td>4.99</td>
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<tr>
<td>Educational level</td>
<td>12.10</td>
<td>12.12</td>
<td>2.54</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>73.17</td>
<td>71.52</td>
<td>6.50</td>
<td></td>
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<tr>
<td>Perceived physical health</td>
<td>2.77</td>
<td>2.73</td>
<td>0.82</td>
<td>2.60</td>
</tr>
<tr>
<td>Household size</td>
<td>0.03</td>
<td>0.35</td>
<td>0.89</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.18</td>
<td></td>
<td>0.18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.39</td>
<td></td>
<td>0.91</td>
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</tbody>
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Table 4

Zero-Order Correlations of Variables of Interest

<table>
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<tr>
<th></th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
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</thead>
<tbody>
<tr>
<td>1. Monthly income</td>
<td>.32***</td>
<td>.20**</td>
<td>-.14*</td>
<td>.09</td>
<td>.14*</td>
<td>.14*</td>
<td>-.19**</td>
<td>.14*</td>
<td>-.06</td>
<td>-.02</td>
<td>.05</td>
<td>-.04</td>
</tr>
<tr>
<td>2. Educational level</td>
<td>.10</td>
<td>-.16*</td>
<td>-.02</td>
<td>.21***</td>
<td>.11</td>
<td>-.08</td>
<td>.22***</td>
<td>.07</td>
<td>-.05</td>
<td>-.01</td>
<td>-.07</td>
<td></td>
</tr>
<tr>
<td>3. Perceived physical health</td>
<td>-.05</td>
<td>-.05</td>
<td>.39***</td>
<td>.22***</td>
<td>.05</td>
<td>.22***</td>
<td>-.04</td>
<td>-.19**</td>
<td>-.20***</td>
<td>-.25***</td>
<td></td>
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</tr>
<tr>
<td>4. Household size</td>
<td>-.15*</td>
<td>-.08</td>
<td>-.17**</td>
<td>-.14*</td>
<td>-.07</td>
<td>-.05</td>
<td>-.01</td>
<td>-.05</td>
<td>.05</td>
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</tr>
<tr>
<td>5. Presence or absence of children</td>
<td>-.03</td>
<td>-.02</td>
<td>-.03</td>
<td>-.10</td>
<td>-.09</td>
<td>-.04</td>
<td>.00</td>
<td>.00</td>
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<td>6. Transportation</td>
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<td>.00</td>
<td>.19**</td>
<td>-.08</td>
<td>-.12*</td>
<td>-.25***</td>
<td>-.10</td>
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<tr>
<td>7. Neighbor/friend support</td>
<td>.49***</td>
<td>.21***</td>
<td>.12*</td>
<td>-.01</td>
<td>-.11</td>
<td>-.17**</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8. Number of neighbor friends</td>
<td>.02</td>
<td>.06</td>
<td>.00</td>
<td>.02</td>
<td>.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Social activities per week</td>
<td>.05</td>
<td>-.05</td>
<td>-.11*</td>
<td>-.18**</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Death of friend/relative</td>
<td>.00</td>
<td>.06</td>
<td>.03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Emotional support</td>
<td>.17**</td>
<td>.25***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. Frequency of loneliness</td>
<td>.50***</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>13. Social interaction scale</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Note: Number of subjects varies from n = 190 to n = 212.

* p < .05, ** p < .01, *** p < .001
The strongest relationship is between the two loneliness measures: frequency of loneliness and social interaction scale, which is statistically significant ($r = .50$). In addition and not surprisingly, neighbor/friend support is highly related to the number of neighbors identified as friends ($r = .49$). Furthermore, frequency of loneliness is significantly related to health ($r = -.20$), with widows in poorer health expressing more loneliness. Frequency of loneliness is also related to transportation ($r = -.25$), with less mobile widows expressing more loneliness.

The widows’ scores on the social interaction scale are significantly related to the number of social activities they are involved in per week ($r = -.18$). Scores on the scale also are significantly related to emotional support ($r = .26$), with those who did not express a need for emotional support indicating more social interaction.

As expected, income is highly correlated with education ($r = .32$). Health is significantly related to transportation ($r = .39$), with poor health indicating greater transportation needs. It is also significantly related to neighbor/friend social support ($r = .22$), with widows in better health getting more support. Lastly, health is related to the number of social activities per week ($r = .22$), widows with poorer health having fewer
social activities. To summarize, widows in good health had fewer transportation problems, a greater number of social activities, more neighbor/friend social support, and were less likely to be lonely.

It was expected that social loneliness would be related to negative affect and emotional loneliness would be related to positive affect. However these correlations are weak; the social interaction scale measuring social loneliness scale with negative affect ($r = -.21$) and aloneness with positive affect ($r = .06$).

Based on the simple correlations, several patterns emerged with respect to loneliness. Widows with poor health and less neighbor/friend support were more lonely. Widows with transportation problems were more lonely and attended fewer social activities per week. Widows with larger households had less neighbor support and lower incomes.

The number of widows responding to items on the questionnaire varied. Therefore, the sample size varies according to the numbers of widows responding to a particular item. Throughout the following analyses, one-tail $t$-tests were conducted for the hypotheses. Two-tail $t$-tests were conducted for the research questions.

**Hypothesis 1.** Childless widows will be lonelier than widows with children approximately 3 years after widowhood.
There is no significant difference between the two groups: childless widows \( n = 30 \) and widows with children \( n = 182 \) in frequency of loneliness, \( t(210) = 0.07, p < 0.946 \). There is no significant difference between the two groups: childless widows \( n = 27 \) and widows with children \( n = 163 \) on the social interaction scale, \( t(188) = 0.02, p < 0.982 \). Since the childless widows were significantly different from the widows with children with respect to household size, it seemed prudent to control for this difference. All but one of the childless widows lived alone; consequently, there was an insufficient number to statistically control for this variable. Therefore, a subsequent analysis was conducted, using only those widows who lived alone \( n = 118 \), for the frequency of loneliness, \( t(116) = -0.89, p < 0.38 \), and for the widow’s desire for social interaction \( n = 110 \), \( t(108) = 0.60, p < 0.55 \). Each of the 7 items on the social interaction scale were also analyzed separately and still no significant differences were found. Therefore, Hypothesis 1 is not supported.

**Hypothesis 2.** Childless widows with lower socioeconomic backgrounds (income and educational level) will be lonelier than childless widows with higher socioeconomic backgrounds.

The mean score for the childless widows’ income level was 11.4, indicating a monthly income of
approximately $1,140.00. The childless widows were divided into two groups based on the mean, those with lower income levels, less than $1,140.00 per month \((n = 16)\) and those with higher income levels, greater than $1,150.00 per month \((n = 14)\). There is no significant difference between the two groups on frequency of loneliness, \(t(28) = -0.32, p < 0.752\). The childless widows who responded to the social interaction scale were divided into two groups based on the same means, those with lower income levels \((n = 14)\) and those with higher incomes \((n = 13)\). There is no significant difference between the two groups on the social interaction scale, \(t(25) = -0.04, p < 0.966\).

The mean score for the childless widows' educational level was 11.78 years of education. The childless widows were divided into two groups, those with less than 12 years of education \((n = 23)\) and those with 12 years or more of education \((n = 7)\). There is no significant difference between the two groups on the frequency of loneliness, \(t(28) = 0.76, p < 0.454\). Not all of the childless widows responded to the social interaction scale. Those that did were divided into two groups, those with low educational levels \((n = 20)\) and those with high educational levels \((n = 7)\). There is no significant difference between the two groups on the social interaction scale, \(t(25) = 0.98, p < 0.338\). Therefore,
Hypothesis 2 is not supported.

Hypothesis 3. Childless widows who perceive their physical health as poor will be lonelier than childless widows with better perceived physical health.

Childless widows were divided into two groups. The group with poor health were those with perceived physical health as "poor" and "fair" (n = 13) and the group with better physical health were those with perceived physical health as "good" and "excellent" (n = 17). There is no significant difference between the two groups on the frequency of loneliness, t(28) = -0.23, p < 0.817.

Childless widows were divided into two groups. The group with poor health were those with perceived physical health as "poor" and "fair" (n = 12) and the group with better physical health were those with perceived physical health as "good" and "excellent" (n = 15). There is no significant difference on the social interaction scale, t(25) = 0.32, p < 0.754. Therefore, Hypothesis 3 is not supported with respect to either the frequency of loneliness or the extent of social interaction.

Research Question 1. Is there a significant difference between childless widows and widows with children in the frequency of social support received from neighbors/friends (a) at Time 1 (approximately 1½ years after widowhood) or (b) at Time 2 (approximately 3 years after widowhood)?
At Time 1 childless widows \( (n = 30) \) and widows with children \( (n = 182) \) did not differ with respect to frequency of neighbor/friend support, \( t(210) = 1.44, p < 0.151 \). At Time 2 childless widows \( (n = 30) \) and widows with children \( (n = 180) \) did not differ with respect to frequency of neighbor/friend support, \( t(208) = 0.23, p < 0.817 \). Since the childless widows were significantly different from the widows with children with respect to household size, it seemed prudent to control for this difference. All but one of the childless widows lived alone; consequently, there was an insufficient number to statistically control for this variable. Therefore, a subsequent analysis was conducted, using only those widows who lived alone. The two groups, childless widows living alone \( (n = 29) \) and widows with children living alone \( (n = 142) \) did not differ with respect to neighbor/friend support at Time 2, \( t(169) = 0.52, p < 0.60 \).

Three further questions were analyzed as part of a post hoc exploration. First, did differences exist between childless widows and widows with children needing emotional support and those who did not need emotional support? Second, of the widows needing emotional support, was emotional support more often provided by family members or friends? Third, did differences exist between childless widows and widows with children in
their desire for more social support from family members versus friends?

The first question related to emotional support when feeling blue and whether widows need help from someone or whether they got over feeling blue without help. Of the childless widows at Time 2 (n = 30), only 6 widows need emotional support and, of the widows with children (n = 180), only 40 widows need emotional support. There was no significant difference in the two groups, \( X^2 (1, n = 210) = 0.131, p < 0.718. \)

The second question related to whether emotional support was more often provided by family members or by friends or neighbors. Of the 6 childless widows needing emotional support; 3 received support from a relative and 3 received support from a friend or neighbor. Of the 40 widows with children needing emotional support; 20 widows received emotional support from a family members and 20 widows received emotional support from a friend or neighbor. Thus, proportions of those helped emotionally by family members and by friends and neighbors were equal in both groups.

The third question related to whether the desire for more social support was greater for family members or for friends. The widows were divided into two groups. The childless widows and widows with children. The seven items of the social interaction scale (Appendix C,
item #11) were split using parts 2, 4, and 6 for the desire for more social interaction with family members; parts 1, 3, and 5 for the desire for more social interaction with friends; and part 7 was not used in this analysis. The family scores and the friend scores were summed. There is no significant difference between the two groups: childless widows (n = 27) and widows with children (n = 161) on the desire for more social interaction with family members, t(186) = 0.24, p < 0.814. There is no significant difference between the two groups: childless widows (n = 27) and widows with children (n = 157) on the desire for more social interaction with friends, t(182) = -0.19, p < 0.850.

Research Question 2. Is there a significant difference at Time 2 for childless widows regarding their desire for social support from family members and their desire for social support from friends?

A paired t-test was conducted for childless widows (n = 27) between family members and friends. The result is not significant, t(26) = -1.10, p < 0.279.

Research Question 3. Is there a significant difference in feelings of loneliness between widows who have had a close friend or relative die within the past year compared to widows who have not had a close friend or relative die in the past year?
The widows responding to whether they had a close friend or relative die within the past year were divided into two groups; those widows who had a "very close" friend or relative die (n = 42) and those who did not have a close friend or relative die (n = 107). The two groups did not significantly differ on the frequency of loneliness, \( t(147) = -0.82, p < 0.414 \).

The widows responding to the social interaction scale were divided into two groups. Those widows who had a "very close" friend or relative die (n = 36) and those who did not have a close friend or relative die (n = 98) did not differ significantly on the social interaction scale, \( t(132) = 0.30, p < 0.765 \).

**Research Question 4.** What are the best predictors of loneliness for older widows?

Two stepwise regressions were run in order to determine the best predictors of loneliness for older widows. Table 5 presents the regression of predictor variables on the frequency of loneliness. Transportation is the most powerful predictor in the equation, followed by one other significant predictor: emotional support when feeling blue. These two variables explained 9% of the variance. When all 10 variables are entered into the equation, the total variance explained is 13.1%.

Table 6 presents the regression of predictor variables on the social interaction scale. Emotional
Table 5

Regression of Frequency of Loneliness on Predictor Variables (N = 208)

<table>
<thead>
<tr>
<th>Variable</th>
<th>$\beta$</th>
<th>Beta</th>
<th>$R^2$</th>
<th>Change in $R^2$</th>
<th>Percentage of Explained Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>-.25***</td>
<td>-.26**</td>
<td>.066</td>
<td>.021</td>
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</tr>
<tr>
<td>Emotional support</td>
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<td>.14*</td>
<td>.087</td>
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<td>.010</td>
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<td>-.11</td>
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<td>.09</td>
<td>.117</td>
<td>.007</td>
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<td>Social activities per week</td>
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<td>-.08</td>
<td>.123</td>
<td>.006</td>
<td>4.5</td>
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<tr>
<td>Perceived physical health</td>
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<td>-.07</td>
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<td>.129</td>
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<td>Children presence/absence</td>
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<td>-.04</td>
<td>.131</td>
<td>.002</td>
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Note: Predictor variables are listed in order of their entry into the stepwise analysis.

*p < .05, **p < .01, ***p < .001
Table 6
Regression of Social Interaction Scale on Predictor Variables (N = 186)

<table>
<thead>
<tr>
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<th>F</th>
<th>Beta</th>
<th>R²</th>
<th>Change in R²</th>
<th>Percentage of Explained Variance</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.27***</td>
<td>.075</td>
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<td>51.7</td>
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<tr>
<td>Social activities per week</td>
<td>-.18**</td>
<td>-.20**</td>
<td>.114</td>
<td>.039</td>
<td>26.8</td>
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<tr>
<td>Perceived physical health</td>
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<td>-.16*</td>
<td>.136</td>
<td>.022</td>
<td>15.1</td>
</tr>
<tr>
<td>Neighbor/friend support</td>
<td>-.17**</td>
<td>-.09</td>
<td>.144</td>
<td>.008</td>
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<td>.144</td>
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<td>Monthly income</td>
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<td>.02</td>
<td>.145</td>
<td>.001</td>
<td>1.0</td>
</tr>
<tr>
<td>Children presence/absence</td>
<td>.00</td>
<td>-.01</td>
<td>.145</td>
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<td>0</td>
</tr>
<tr>
<td>Death of friend/relative</td>
<td>-.03</td>
<td>-.01</td>
<td>.145</td>
<td>.000</td>
<td>0</td>
</tr>
<tr>
<td>Educational level</td>
<td>-.07</td>
<td>.00</td>
<td>.145</td>
<td>.000</td>
<td>0</td>
</tr>
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<td>Transportation</td>
<td>-.10</td>
<td>.00</td>
<td>.145</td>
<td>.000</td>
<td>0</td>
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</table>

Note: Predictor variables are listed in the order of their entry into the stepwise analysis.

* p < .05, ** p < .01, *** p < .001
support when feeling blue is the most powerful predictor of the equation, followed by two other significant predictors: the number of social activities per week and perceived physical health. These three variables explained 14% of the variance. When all 10 predictors are entered into the equation, only an additional .05% of the variance is explained.

Summary of Findings

The hypothesis predicting childless widows will be lonelier than widows with children 3 years following widowhood was not supported. The hypothesis predicting childless widows with lower socioeconomic backgrounds will be lonelier than childless widows with higher socioeconomic backgrounds was not supported. The hypothesis predicting childless widows who perceive their physical health as poor will be lonelier than childless widows with better perceived physical health was not supported. The present study indicated that childlessness for this cohort of older widows added little explanation to the frequency of loneliness or to the widow's desire for interaction of family and friends with respect to loneliness. Other kin, neighbors, or friends provided the needed social support to older widows without children.
The longitudinal data from Time 1 to Time 2 did not reveal any significant differences in the frequency of social support received from neighbors/friends. Further analyses were conducted to determine whether widows need someone to help when feeling blue or if they get over this feeling without help. In addition, for those widows who needed help when they felt blue, the relationship of the person, and how often this support was given, were analyzed. The findings indicated that no significant differences were found between childless widows and widows with children who needed emotional support. It is interesting to note that, in cases where support was given, the proportions of those helped by friends were equal to those helped by relatives for both groups.

The number of neighbors identified as friends at Time 1 and at Time 2 did significantly differ. With the passage of time, the number of neighbors who were friends significantly decreased. No difference in frequency of loneliness was found between widows who had a close friend or relative die within the past year compared to widows who did not have a close friend or relative die.

Several patterns emerged with respect to loneliness based on Pearson's correlation coefficients. Widows with poor transportation and poor health were more lonely. Widows with transportation problems were more likely to attend fewer social activities.
A stepwise regression analysis indicated that transportation is the best predictor of the frequency of loneliness, explaining about 7% of the variance. A second stepwise regression analysis indicated that needing emotional support when feeling blue is the best predictor of the social interaction scale with respect to loneliness, explaining about 8% of the variance.

The results of the present study indicated that being a childless widow or having children added little to the explanation to loneliness in widowhood.
CHAPTER V
DISCUSSION AND RECOMMENDATIONS

General Discussion

The present study does not support any of the hypotheses. The findings indicate that childless widows 3 years following widowhood are not lonelier than widows with children. Furthermore, childless widows with lower socioeconomic backgrounds or childless widows who perceive their physical health as poor are not lonelier than widows with children with higher socioeconomic backgrounds or in better physical health. The analyses of the research questions indicate that the frequency of social support received from neighbors/friends did not change from Time 1 to Time 2, although the number of neighborhood friends did decrease. In addition, no differences were found in the feelings of loneliness between widows who had a close friend or relative die within the past year compared to those who did not have a close friend or relative die. The present study indicated that the best predictor of the frequency of loneliness was transportation and the best predictor of
the widow's desire for social interaction was receipt of emotional support.

The findings from this study clearly indicate that widows can experience loneliness whether they are childless or whether they have children. The frequency of loneliness can be experienced whether widows live alone or whether widows live with others in their household. Additionally, widows can be lonely even when they have strong social support networks or, conversely, may not be lonely even though they are without social support.

Childless widows. The present study suggests that childless widows are not lonelier than widows with children. In a recent study, Mullins, Blieszner, and Slorah (1988) found loneliness was not related to having children. Although the present study supports this finding, it should be noted that Mullins and associates studied older women and men; 84% of their sample was female and 66% of their sample was widowed.

However, the present study's finding is contrary to the Beckman and Houser study (1982), in which older childless widows were found to be lonelier than widows with grown children. However, this difference was small, explaining only 1% of the variance in general well-being. Their study examined loneliness as an aspect of social- psychological well-being, rather than examining
loneliness in great detail. Length of widowhood in their study ranged in time from 1 to 5 years, also, their respondents were slightly younger (M =68 years) than those in the present study. Social interaction with friends and family was not examined in the Beckman and Houser study, but this particular distinction was made in the present study.

Results of this study indicate that childless widows with lower socioeconomic backgrounds (income and educational level) are not lonelier than childless widows with higher socioeconomic backgrounds. Creecy et al. (1985) found persons without a spouse, lower income levels, and self-perceived poor health are significantly lonelier than are older people who are married, had higher income levels, and self-perceived better physical health. Because the Creecy et al. study did not examine widows exclusively and included both males and females, the present study goes beyond a sample of older people in general and substantiates that, for childless widows, lower socioeconomic backgrounds and poor health are not significantly related to loneliness.

This finding is also inconsistent with other previous research. Bachrach (1980) found childless men and women were more isolated if in poor health. That study defined social isolation as a person living alone and absence of face-to-face contact with neighbors or
friends in the past day or two. The different findings may be due to the broad definition of "isolation" used in the previous studies. As discussed earlier in the literature review, isolation and loneliness are not the same concept (Weiss, 1973, Bennett, 1980).

Kivett (1978) found rural widows who perceived poor physical health were at a higher risk for loneliness. This is not true for urban childless widows in the present study who perceived poor physical health; they were not at a higher risk for loneliness. Perhaps, then, an urban environment affords more opportunities for the less healthy widows to interact with others.

Loneliness. Loneliness was measured by two items: the frequency of loneliness and the widow's desire for more social interaction as it pertains to loneliness, distinguishing social interaction with family members from that with friends. There was a strong correlation between these two measures, yet it was not a perfect relationship. It is possible that widows who felt lonely often, did not desire more social interaction with friends and family or it is possible that widows who were not lonely, still desired more family and friend social interaction. In other words, since the two measures are not perfectly correlated and each measures different aspects of loneliness, the significant predictors for each measure are different. Lonelier widows may have
either scored the desire for more family or friend social interaction very low or high. This reinforces the complexity of the concept of loneliness and the difficulties with defining and measuring loneliness.

The frequency of loneliness was measured with a single question asking, "In general, how often do you feel lonely?". The widows in this study had a mean score of 5.2 meaning that widows "sometimes" feel lonely. Essex and Nam (1987) found a mean score of 3.8 meaning that older women in general "hardly ever" feel lonely; their respondents were 356 women, ages 50-92 years including married, never-married and formerly married women. It is inappropriate to make a direct comparison between widows in the present study and women in the Essex and Nam study; however, differences in the means for this single item measuring the frequency of loneliness suggest that older widows are lonelier more often than older women in general.

With respect to the frequency of loneliness, widows with transportation problems felt lonely more often than widows without transportation problems. As the literature on aging reflects, rural widows who experience frequent transportation problems are at the greatest risk of loneliness (Kivett, 1978). The present study suggests that this is also true of urban widows. It is interesting to note that, 10 years following the Kivett
study (1978), transportation problems continue to be an important predictor of the frequency of loneliness. Presumably, the urban widows in the present study have public transportation available within the city, e.g. buses, taxies, than rural widows, yet transportation problems are the strongest predictor on the frequency of loneliness. But, transportation is not a significant predictor of scores on the social interaction scale.

In other words, transportation is the strongest predictor on how often widows feel lonely, yet is the weakest predictor on their desire for more social interaction with friends and family. One explanation for this may be due to the nature of the loneliness measures. This item does not indicate the depth of loneliness since the responses only measure frequency. Also, responses to the loneliness questions may have been based on loneliness exclusively related to the husband, rather than to general feelings of loneliness. This notion is supported by Townsend's desolation hypothesis (1968) indicating that older women are likely to experience loneliness when they have lost their spouse and experience the discontinuity of widowhood. It is also possible that widows express a desire for more friends or family members and wish they would invite them out more often, when, in fact, these events do occur very often and the widows are not feeling lonely.
It seems that older widows 3 years following widowhood may have developed expectations that they will be alone in their later years and accept "being alone," so they do not experience feelings of loneliness. In part, this may be explained by the symbolic interaction theory emphasizing the interaction with others which helps to determine how people perceive their roles and behaviors. After a woman becomes a widow, her expectations about future social interactions may change. The loss of her spouse may lead to loneliness, however, the widow may not feel lonely and, in fact, enjoy her new lifestyle. Furthermore, widows in poorer health and widows with transportation problems may accept that they will be alone.

**Support.** Results of this study indicate that the need for emotional support when feeling blue is a significant predictor for both the frequency of loneliness and the widow's desire for social interaction. The widows who lacked emotional support reported being lonelier more often than widows who did not need emotional support from others. Furthermore, the widows needing emotional support and widows in poorer health reported wanting more social interaction with friends and family members.

The aging research on social support networks is inconclusive with regard to whether family members or
friends provide more social interaction to older widows. Different researchers have demonstrated contradictory results as to whether kin or friends provide support to older widows. Lee and Ishii-Kuntz (1987) showed that interaction with friends and neighbors reduces women's feelings of loneliness, where interaction with family members has no such effect. The present study demonstrates that, of the childless widows who need emotional support, exactly half received support from a relative and half received support from a friend. Thus, the present study's results suggest family and friends are equally important to older widows.

The frequency of neighborhood support was, on the average, rated as "seldom" at both Time 1 and Time 2. This finding may be due to the fact that most of the widows had at least one neighbor to depend upon and interact with socially, when responding to the neighborhood items. Interestingly, however, the number of neighbors identified as friends from Time 1 to Time 2 had significantly decreased. This may be the result of neighbors' illness, relocation, or death, or the widow's failing health, illness, or relocation. It may also be due in part to the widows having many neighbors or friends initially when their spouses die and close ties immediately following widowhood, yet with the passage of time, the number of these neighborhood "friends"
dwindles. Rempel (1985) found that the actual number of people within the support network was not the crucial issue in judging satisfactory friendships. It may be that one or two close friends provide the emotional and social support to older widows. From Time 1 to Time 2, 14 widows relocated and those responding to the questionnaire did not show a larger decrease in the number of neighbors as friends.

With respect to neighbor support, O'Bryant (1985) found childless widows did not receive more overall support from either widows with children in the same city or widows with children who lived elsewhere. That study included both social and instrumental forms of support. The present study corroborates the O'Bryant findings with respect to social support received from neighbors.

Lastly, the widows who had a close relative or friend die within the past year do not significantly differ from widows who did not have a close relative or friend die on the frequency of loneliness, nor on the social interaction scale. This may be explained by the notion that, as people age, they become more accepting and accustomed to death of close relatives or friends.

Overall these results show that the presence or absence of children is not a component of loneliness or a predictor of loneliness among older widows. These results reiterate the complexity of the concept of
loneliness. This complexity of loneliness results from different definitions of loneliness, different forms of loneliness (social and emotional), and from the different concepts of isolation and aloneness. It appears that loneliness is not a significant problem of older widows 3 years following widowhood. Many of the widows have developed social support networks or already had established networks including kin, neighbors, and friends.

**Implications for Future Research**

It is intended that the conclusions drawn from this study will assist gerontologists and others to become more aware of the specific concerns of elderly widows. Particularly, the consequences of widowhood require special attention by the helping professions for intervention programs. Because more women are remaining voluntarily childless today and since women outlive men, the number of elderly childless widows may increase in the future.

As the current cohort of women ages, the absence of a spouse or children may have an impact on feelings of loneliness in certain situations. Thus, learning and understanding about adult women and their aging processes and attitudes may help older widows cope and decrease their feelings of loneliness in the future. The present
study also helps to identify the predictors of loneliness for older widows 3 years after widowhood, as to how often widows feel lonely and distinguishes social interaction as it pertains to loneliness.

Limitations

In the original study, all respondents were personally interviewed, so one limitation of this present study is a concern that the lower response rate is a result of the mailed questionnaire. It is possible that less healthier widows, very old widows, illiterate widows, or widows with visual problems may have been unable to complete the questionnaire. And, indeed, a comparison of Time 1 and Time 2 data suggest this was the case. Other factors that contributed to non-responses were the relocation and death of widows since the original interviews in 1987. Nevertheless, a relatively high response rate was achieved.

Another limitation of this study may have been due to the sensitive nature of questions surrounding childlessness. Therefore, the issue of whether these women selected to be childless (voluntarily) or whether they were involuntarily childless could not be explored by the investigator. Furthermore, because all of the widows in this study were 60 years old and older, it was decided not to ask personal questions about the use of
family planning, because birth control methods were limited and somewhat unreliable when these women were childbearing age. It could be that voluntarily childless widows are not lonely, but involuntarily childless widows miss having longed-for interaction with children.

Generalizations will need to made with caution even though the widows in this study are expected to be representative of a larger population of older urban widows. It should be noted as well that the number of childless widows in this study was relatively small.

Summary

The findings from this study clearly indicate that older widows can experience loneliness either in the presence or absence of children. This study distinguishes itself from previous studies in that it includes longitudinal data on health, transportation, and social support networks, including friends and neighbors, of older widows. Another unique aspect of this study is that the length of time since widowhood was relatively the same for all widows in the present study.

There are predictions that future cohorts of married women will limit the number of children they have or elect to remain childless. This may be due to the high cost associated with raising children, the increase of women in the work force, and societal concerns about
overpopulation. Unless these trends change, in the future there will be significant numbers of older, childless women. The current cohort of older women was studied because it is a low-fertility cohort in response to the Depression of the 1930's. A better understanding of loneliness and support networks of these childless widows may help predict the situation of future childless women. It is essential that we further understand the factors which impact on older widows' loneliness in order to enhance "successful" aging.
APPENDIX A

LETTER OF INTRODUCTION AND REQUEST
Enclosed is a report on some of the results of our 1987 study on widowhood, which was funded by the American Association of Retired Persons' Andrus Foundation. We want to thank you again for being one of the 300 women in the Columbus area who agreed to participate and were interviewed during that study. Your help is sincerely appreciated.

Another reason for this letter is to invite you to participate in a follow-up study. Mrs. Elaine Edgar, a graduate student in the College of Home Economics, is continuing our study. She will use the information on the enclosed questionnaire to develop her dissertation and expand our knowledge about older women's interests and concerns.

As in the previous study, you have my assurance that any information you provide to Mrs. Edgar will be kept completely confidential and anonymous. Your name will not appear anywhere on the questionnaire or in the results. I encourage you to complete the questionnaire and return it in the stamped, addressed envelope soon.

Again, thank you for your continued cooperation. If you have any questions, please call Mrs. Edgar at 292-5881.

Sincerely,

[Signature]

Shirley L. O'Bryant, Ph.D.
Associate Professor

SIL/tb

Encs.
APPENDIX B

FEEDBACK REPORT TO SUBJECTS
HIGHLIGHTS OF THE RECENT AARP ANDRUS FOUNDATION PROJECT
The Ohio State University
College of Home Economics
May, 1988

It is generally known that women tend to outlive their husbands, resulting in a large number of older widows. The well-being of widows has been a major subject of research, education, and legislation. The purpose of this study was to interview recent widows over age 60 in and around Columbus, Ohio. Public records were used to obtain names and addresses of widows; 83% of the women identified as eligible agreed to participate in the survey. Some important findings are provided below.

Age/Place of Birth: The 300 participants in the survey ranged in age from 60 to 98 years old, with an average age of 71.9 years. The majority (63%) were born in Ohio and another 15% had moved to Ohio before age 18. Only 3% of the women were born in foreign countries, and they had moved to the U.S. at an average age of 20.6 years.

Health: Over half (53%) of the widows in the study described their health as "good," and 11% reported their health as "excellent." A sizable proportion (27%), however, indicated only "fair" health, and another 9% described their health as "poor." Most (55%) of the women did not feel that their health created problems in doing things they wanted to do. However, 28% reported that their health sometimes interfered with their activities, and 13% felt restricted because of poor health.

Economic Status: A rather small number (12%) of the participants described themselves as "fairly well off." The majority (68%) described their economic status as "comfortable." About one-fifth of the widows felt "rather short" or "restricted" by their financial situation. Approximately 9% of the women had incomes below the 1985 poverty level. Many (44%) of the women felt that their financial situation was about the same as it had been before being widowed. However, 31% reported that their situation had become a little worse, and 15% indicated that their financial situation had become much worse since being widowed. Only 10% felt that their finances had improved since becoming widowed.

Education/Work History: Educational levels for the participants were as follows: 14% had eight years or less of schooling; 18% had some high school; 47% completed high school; 12% had some college; and 9% completed college or beyond. The Columbus widows were also asked how much of the time during their marriage they had held jobs outside their homes: 11% reported "all of the time"; 28% indicated "most of the time"; 41% said "some of the time"; and 19% reported that they had "never" worked outside the home. Those who were employed all or most of their married lives had either no children or fewer children than those who had been primarily homemakers. Approximately 12% of the participants were working full- or part-time at the time of the survey. Of the remaining 285 women who were not currently working, only two indicated that they were looking for work.

Marriage and Families: Most of the participants (79%) had been married only once, with an average age at marriage of 23.2 years and an average length of marriage of 48.6 years. Approximately 84% of the participants had living children, which is similar to the general U.S. population of older persons. The women had between 0 and 16 living children, including natural, adopted, and step-children. The average number of living children was 2.4 for each woman. These "children" ranged in age from 20 to 67, with an average age of 42.2 years. Of those 252 women who had children, 88% had at least one child living in Columbus. When children lived in the same city, the participant reported seeing them on an average of once a week. Columbus widows had between 0 and 12 living siblings, with each woman having an average of approximately two brothers and sisters. Of 238 women with living siblings, only half had siblings who lived in Columbus.
Residences: The participants had lived in their current residences an average of 22.4 years. Only 8% had moved since being widowed, and another 13% had lived in the current residence less than 10 years; 49% had lived in their residences 25 years or more. High satisfaction with their housing was expressed by 84% of the women, whereas only 1% reported little or no housing satisfaction. Similarly, 82% reported high satisfaction with their neighborhoods in general, compared to 4% who felt little or no neighborhood satisfaction. Most of the participants indicated that they planned to stay in their current residences "for the rest of their lives" (31%) or "for as long as they can manage" (46%). Only 4% indicated plans to move within the next year. Most of the women (80%) owned or co-owned their residence. The majority of the women (78%) lived in single-family homes, and the remainder lived in multiple-family housing such as apartments, duplexes, or condominiums. A very small percentage (3%) lived in housing especially for the elderly. Some of the women had a relative or friend living with them, although the majority lived alone.

Circumstances: One major area of societal concern is the susceptibility of older women to crime. Many of the Columbus widows were afraid to go out after dark (54%), although less than 5% reported that they were afraid to live in their current neighborhoods. Approximately 12% of the participants had been victims of a crime or muddle during the past five years. Another concern is access to transportation. Nearly a third (31%) of the participants did not drive a car; 18% reported that transportation is sometimes a problem, and 4% reported that it is always a problem. When someone else provided transportation for the widow, it was most frequently an adult child or child-in-law (22%). Friends and neighbors provided transportation for 11% of the women. The older widow's ability to be self-sufficient is also of concern, particularly in view of the large percentage who live alone. Male-oriented tasks most frequently presented problems. For example, 69% of the participants reported needing help with minor household repairs; 64% said yardwork was a problem; 69% needed help with legal arrangements; and 55% sought assistance with arrangements for car repairs. Fortunately, of the women who needed help in these four areas, fewer than 3% did not receive adequate assistance.

Nearly half of the participants (49%) had performed caregiving responsibilities for the husband prior to his death. Of those women, 49% reported having neglected their own health while caring for the husband. Most of the total survey group (61%) reported being worried about the high cost of future medical care for themselves. Many of the participants (57%) felt the need for someone to talk to when they felt "blue." The person they turned to was most often a friend (43%) or one of their children (30%). Although widowhood support groups and organizations are becoming more popular, only about 3% of the Columbus widows had joined such groups.

Summary. The results of this project are being shared with service providers and policy makers at various professional meetings throughout the United States. Also, a number of articles are being prepared for publication in professional journals. Because Columbus is considered to be a "typical" American city, the widows who participated in this project are considered to be representative of many other older women in our country. Their assistance will benefit widows everywhere.

For more information on this AARP Andrus Foundation project, contact:
Dr. Shirley L. O'Bryant
College of Home Economics
1787 Neil Ave., 315 Campbell Hall
Columbus, OH 43210 (614/292-7705)
APPENDIX C

QUESTIONNAIRE
Directions: Circle the number for each item which best describes your feelings or fill in the blanks with your answers. Please try to respond to every question.

1. How many other people live in your household? (do not count yourself)____

2. How would you rate your health at the present time?
   Poor... 1  Fair... 2  Good... 3  Excellent... 4

3. Do your health troubles stand in the way of your doing things you want to do?
   Not at all... 1  Sometimes... 2  A great deal... 3

4. Is transportation a major problem for you?
   Never... 1  Sometimes... 2  Always... 3

5. How often do you and your neighbors...
   (do not include relatives):
   
<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casually talk outside</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Borrow or lend-sugar, things like that</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>Drop into each other’s home</td>
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<td>Visit by invitation in each other’s homes</td>
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<tr>
<td>Go to club meetings together</td>
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<tr>
<td>Go out together (for meals, entertainment, etc)</td>
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<td>2</td>
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6. How many of your neighbors are also very close friends (not relatives)? ____________

7. During the past week, did you ever feel:
   particularly excited or interested in something? ... Yes No
   so restless that you couldn’t sleep? ... Yes No
   proud because someone complimented you on something you had done? ... Yes No
   very lonely or remote from other people? ... Yes No
   pleased about having accomplished something? ... Yes No
   bored? ... Yes No
   on top of the world? ... Yes No
   depressed or very unhappy? ... Yes No
   that things were going your way? ... Yes No
   upset because someone criticized you? ... Yes No

8. In general, how often do you feel lonely?
   
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<thead>
<tr>
<th>Frequency</th>
<th>1</th>
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<td>never</td>
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</table>
9. Which best describes what happens when you feel blue?
   I get over it by myself. ......... 1
   I need help but don't get it .... 2
   I get help from someone. ......... 3
     If you circled #3, is this person a neighbor? .... Yes No
     If not, is this person related to you? .... Yes No
     If yes, how is this person related to you?
     (e.g. daughter, brother)

   If you get help, how often does this person help you?
   Daily. ......... 1 Several times a year. .... 6
   Several times a week .... 2 About once a year .... 7
   About once a week .... 3 Less than once a year .... 8
   Several times a month .... 4 Never ......... 9
   About once a month .... 5

10. How many times a week do you attend some type of social event or group activity (e.g. club meeting, church social, bridge, bingo)?

11.
   I don't get invited out by friends as often as I'd really like. 1 2 3 4
   I don't get invited out by family as often as I'd really like. 1 2 3 4
   I wish that friends would call or write me more often .... 1 2 3 4
   I wish that family members would call or write me more often. 1 2 3 4
   Finding friends is a serious problem for me. ................. 1 2 3 4
   Feeling lonely is a serious problem for me. ................... 1 2 3 4
   I wish I had more time to be alone. ............................ 1 2 3 4

12. Have any of your close friends or relatives died within the past year? ......... Yes No
     If yes, how close were you to this person?
     Not very close .... 1 Fairly close .... 2 Very close .... 3
     If this person was a relative, how was he/she related?
     (e.g. son, niece)

13. Do you have a best friend? .... Yes No
     If yes, how would you describe this friendship?
     Excellent .... 1 Good .... 2 Fair .... 3 Poor .... 4
     If yes, is this person a neighbor? .... Yes No
     Is this person a relative? .... Yes No
     If yes, how is this person related to you?
     (e.g. sister, nephew)

Please feel free to write your comments on the back of this questionnaire.
APPENDIX D

FOLLOW-UP POSTCARD
A REMINDER

7/5/88

Several weeks ago, you should have received a letter and brief questionnaire from Dr. O'Bryant, in the College of Home Economics at The Ohio State University. We would sincerely appreciate it if you would complete the questionnaire and mail it to me in the stamped envelope provided.

If you did not receive the form, or have misplaced it, please call me at (614) 292-5881 and I will be happy to send you a copy. Thank you.

Sincerely,

Mrs. Elaine Edgar
LIST OF REFERENCES


