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Predictors of older widows' intentions to move and actual relocation

Teaford, Margaret Hale, Ph.D.
The Ohio State University, 1992

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PREDICTORS OF OLDER WIDOWS' INTENTIONS TO
MOVE AND ACTUAL RELOCATION

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By
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Shirley L. O'Bryant
Advisor
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1992
FOR MY PARENTS,
GEORGE AND ROSEMARY HALE
MY HUSBAND, JOEL TEAFORD
AND MY SONS,
GEORGE AND BENJAMIN TEAFORD
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CHAPTER I

Older Adults and Residential Mobility

Problem Statement

Last weekend, we went to a memorial service for a long-time family friend—an elderly lawyer who had been ill for many years. Afterwards, we chatted with the widow. She turned to us and said, "You know, that big old house is just too much for me to keep up." She sighed. "But I never want to leave this neighborhood."

The house of another elderly widow went on the market and we were concerned about her since we had not seen her for some time. Upon meeting her in the supermarket, we learned that she had been ill and staying with her daughter. Now her health had improved, but she was no longer able to live in a home with stairs. She was trying to decide whether she should move to an apartment now until the house sold and then buy another smaller house nearby. But she was reluctant to make two moves, dreading the packing and unpacking again.

These are the difficult dilemmas expressed by many widows. On one hand, there is the family home in which children were raised and launched which is too large or too difficult for one person to manage. But on the other hand, there is the desire to be surrounded by long-time friends and neighbors, in familiar surroundings.
where the postman, the grocer, and the pharmacist know you by name, and where one feels competent.

Among those adults age 65 and older, 51% of the women are widowed whereas only 13% of the men are widowed. The average age for a woman to become widowed is 66 years and it is expected that she will live another 14 years as a widow. Many of these women are living alone, often for the first time in their lives, and facing new challenges (Hansson & Remondet, 1988). Those who are widowed are more likely to become institutionalized and to have lower incomes than married older adults (McCrae & Costa, 1988). Because of their age, they are less likely to remarry (Glick, 1979), and with the death of their spouse and the shrinkage of their social network, they may become socially isolated (Thompson & Heller, 1990). While many widows adjust well following a period of bereavement (Hansson & Remondet, 1988), there still is concern for those at greatest risk because of health and poverty.

Housing is considered a problem for many older adults, including widows. According to the Annual Housing Survey (U. S. Bureau of the Census, 1989a), about three-quarters of older adults own their own homes, and most of those homes are mortgage free. But there is a substantial drop in homeownership for widows; only 60% own their own homes and homeownership decreases with age so that less than 50% of all older adults over age 80 own their own homes (Chevan, 1987). Older renters are at a greater disadvantage economically because they spend a higher percentage of their incomes on housing (36%) than do younger renters (29%). Older adults are more likely to live in dilapidated housing than younger adults; their homes
are older and the value is less ($62,800 vs. $72,400) than for homes of younger adults. The upkeep of older housing is a problem for many widows with routine maintenance costing about $300 a year (U. S. Bureau of the Census, 1989a). Older adults are also more likely to live in older neighborhoods which have poorer conditions (Struyk & Soldo, 1980).

The death of a spouse often means the loss of a household helper who has helped to maintain the home. Because most older adults followed more traditional gender roles, a widow may lack experience in household repairs and upkeep, especially on the outside of the house (Hansson & Remondet, 1988). She may feel overwhelmed by the tasks, reluctant to ask for assistance from family and friends, yet unsure how to find reliable paid assistance (Lopata, 1973).

Many family members and friends are apparently eager to offer advice to the newly widowed about all facets of their lifestyle, including their housing. Adult children, for example, may want their widowed mother to sell the house and move to a location which is easier to maintain and closer to them. Likewise, a widowed sibling may offer to share an apartment and expenses. But other family who live in the proximity may urge the widowed person to remain in the house in order to provide such "services" as babysitting. Some suggestions may be motivated more by the needs of the family and friends than by those of the bereaved.

Given the large number of widows and their vulnerability following the death of their spouse, the decision to move is important, but sometimes agonizing, for many older women. The question for the present study is whether one can identify socio-
economic and housing variables which will predict residential mobility for these older widows. Such information would be useful to professionals working with older widows, to urban planners, and to families of older adults. It could be helpful in understanding those factors which are important in making a decision to move or to stay in the family home after the death of a spouse.

Residential Mobility Theories

For the past century, social scientists have been studying migration or the movement of people from one political or geographical location to another. This study coincided with the movement of rural inhabitants from the countryside to the cities as well as the mass immigration from Europe to North and South America. The terms "seasonal" or "regional" migration and mobility have been used interchangeably by researchers although mobility or the ability to move easily is also used to refer to changes in social status or to the ease with which an individual can use his or her body. In the present study, the term "residential mobility" will be used.

Most studies of residential mobility have focused upon young adults because they have been more likely to move than other individuals. For the most part, older adults have been ignored because there were so few of them and even fewer moved. Even in the late 20th Century, as the number of older adults has increased, the number of studies of their mobility has been limited because of the notion that most are not likely to move (Shumaker & Stokols, 1982). When tests of residential mobility theory have included older adults, they have generally been grouped with all
In the study of residential mobility, there have been three approaches: (a) opportunity or cost-benefit models which have been developed by economists and geographers, (b) an ecological approach from the Chicago School in the early 20th Century which looked at residential patterns of invasion and succession, and (c) a psycho-social model examining the interaction of environment and the individual. Each of these three approaches are useful in the examination of elderly residential mobility.

Opportunity and Cost-Benefit Models

The earliest study of residential mobility came in the 1880s when Ravenstein (Speare, Goldstein, & Frey, 1975) studied census data in the United Kingdom for 1871 and 1881. Ravenstein was interested in the relationships between residential mobility and distance/size of destination. He found, for example, that most people who relocated moved only a short distance. From these observations, he developed what has been called a gravity model of migration; i.e., that residential mobility is a function both of the distance between two points and the size of the origin and destination. This gravity model assumed that volume of residential mobility between two locations would be the same in both directions. But the model did not explain what was happening when there was a net out-migration in a region.

More importantly, this early effort failed to explain "why" certain individuals moved and others did not.
In the mid-20th Century, residential mobility was correlated with "opportunity," especially job opportunities, at the destination. Two researchers looked at residential mobility as a response to various types of opportunities. Stouffer (1960) studied housing vacancies as a variable in determining residential mobility, and Lowry (1966) measured job opportunities by size of the labor force, wage rate, and unemployment rates. It is interesting that both Lowry and Stouffer concluded that unemployment and wages at the point of origin were not significant in determining residential mobility. Size and structural properties of the residential population such as educational levels were, however, important predictors of residential mobility.

At the same time, Lee (1966) was developing a "push-pull" model which, for the first time, looked at the decision-making process. In this model, residential mobility is seen as an adjustment to changing economic and environmental conditions as they affect individuals. The model assumes that there are factors at both the origin and destination which push or pull the individual to move. For example, a decline in the conditions in a neighborhood may push an individual to move; friends and family at a new location may pull the individual in that direction. There are, however, intervening obstacles, such as the cost of moving, and personal factors, such as differences in perceptions, which influence the outcome.

Lee's (1966) model has been important because it was one of the first attempts to examine the decision-making process rather than the volume of residential mobility. It also went beyond economic opportunities, such as better jobs and housing, to consider issues such as the surrounding neighborhood or the location of friends and
family. These are factors which may be more important to an older individual who is no longer working; therefore, this model has been used in studying the residential mobility of older adults. It also recognizes that, although an individual may wish to move, there are obstacles which may prevent the move from taking place. For an older adult, these obstacles may include the cost of better housing. Finally, the model considers personal factors such as one's perception of and requirements for satisfactory housing which, again, may differ for older adults.

But Lee's (1966) model also fails to recognize that the origin, as well as the destination, has push and pull factors. Although the neighborhood may be declining, an older adult may have a strong attachment to the family home and be reluctant to move. Likewise, a new location may be attractive because it is close to family, but it may also lack public transportation which the older adult needs in order to be independent. Finally, the model simplifies the decision-making process because it does not recognize that individuals first decide to move and then decide where to move. It may be that individuals want to move, but cannot find a suitable place which they can afford, and therefore, decide not to move.

The decision-making process has been studied more recently and in more detail by Speare et al., (1975) in their analysis of residential mobility in Rhode Island. In their model, the decision-making process is seen as having three stages: a) the decision to look for a new location; b) the search for alternative locations; and c) the decision to move or to stay. Also, in this model, the individual's level or threshold of dissatisfaction determines whether or not he or she will consider moving. As
Speare et al. point out "...a highly satisfied person will not consider moving even though the person might be better off somewhere else." (p. 176). Once the individual has made the decision to look for other alternatives, the search is limited by prior experience and knowledge of other options. For this reason, many persons consider areas in which they have lived previously or where they have family and friends. The range of options is also determined by the individual's dissatisfaction. The decision to move is based upon a rough cost-benefit analysis which includes both monetary and nonmonetary factors. At this point in the model, the cost of moving becomes important. Finally, as a result of the study of options, the individual may reevaluate his or her present situation and decide not to move. Therefore, the decision not to move is also a decision.

Some models have included predictors of residential mobility (Speare et al., 1975). For example, duration of residence is one of the important predictors of residential mobility; there are individuals who have moved often in the past, and they are likely to move again, partly no doubt because they have the practice and the skills to move. In addition to length of time between moves, residential mobility has also been observed to vary with age, life cycle, and homeownership (Rossi, 1955; Speare et al., 1975). These variables are also used in the ecological and sociological models which are discussed below.

**Ecological and Sociological Models**

As Rossi (1982) points out, early sociologists viewed reoccurring residential mobility as negative. In their ethnographic studies of neighborhoods, the scholars of
the Chicago School found that the neighborhoods which had the poorest conditions and the great amount of crime were also those in which the population was most transient. They concluded that residential mobility contributed to the decay and chaos of the areas because the transients did not put down roots in the neighborhood. No community was established. "Pathologies," such as juvenile delinquency, suicide, crime, and prostitution, were the result of breakdown of traditional norms as migrants left the social controls of small town rural life; the movers were "rootless." For these reasons, those who moved frequently were regarded as unstable, and their reasons for moving not beneficial to society.

In his book, Why Families Move, Rossi (1955) was one of the first to identify residential mobility or migration, not as pathological or an example of normlessness, but rather as a normal process. He observed that moving appeared to be related not to instability but rather to changes in the family life cycle. Housing needs changed with family composition. Moving was one of several housing adjustments which families could make. Renters, he pointed out, were more likely to move because moving was less expensive and easier for them than for homeowners. On the other hand, homeowners were less likely to move because they already had greater control over their housing and they could make adjustments to their existing housing more easily.

In addition to tying residential mobility to the family life cycle, Rossi (1955) also showed that there were few adverse effects on families as a result of moving. Those who moved perceived themselves to be better off than those who stayed.
Although it was somewhat difficult to maintain community organizations in the more mobile neighborhoods in Philadelphia which he studied, Rossi found that moves were generally beneficial to the families.

This link between housing needs and family life cycle changes has been studied since the mid-1950s by other researchers. McAuley and Nutty (1982) looked at reasons for moving by stage in life cycle and identified a clear pattern of changes in housing needs and concerns by stage of the family life cycle. The birth of a first child often means a move to larger housing whereas divorce may mean a move to cheaper and possibly smaller housing. The departure of young adult children from the household, especially as an older couple approaches retirement, may mean a move to smaller housing with less maintenance.

Rossi's (1955) model, however, was not designed to predict families' destinations; it also did not examine the decision-making process or consider other adjustments in the present housing. A bedroom can be made from a study and vice-versa. Individuals also differ on their perceptions of over- or undercrowding. Another child may simply mean sharing a bedroom for one family, whereas for another family, it may mean an extra bedroom is required.

Recently, data on residential mobility has shown that long-distance movers are more affluent than those who do not move (Litwak & Longino, 1987). Residential mobility is regarded as a desire to improve life-style amenities and as "consumption-oriented," with only richer individuals and families able to afford to move long distances and still keep in touch with friends and family (Shaw, 1975). This approach
might be applied, for example, to older adults seeking retirement housing in the Sun
Belt.

**Psychological Model**

A third approach to the study of residential mobility looks at the degree to
which individuals might be burdened or challenged by their environment. Lawton
(1980) studied the complex and constantly changing interaction between individual and
environment. This model is useful because in it the person is seen as active rather
than passive, helping to shape both social and physical environments. Here, the
individual is defined as having a set of competencies: biological health, sensorimotor
functions, cognitive skills, and ego strength. The environment is measured by the
demands or "press" made upon the individual. The outcomes of the
person/environment interaction are expressed in terms of both behavior and affect and
are measured on a continuum from negative to positive. The adaptation level includes
both the zone of maximum performance potential and the zone of maximum comfort.
In other words, the level of interaction in which the individual is both challenged and
receives the highest level of support from the environment is the one in which one
performs best and is also most comfortable.

According to Lawton (1980), individuals are constantly seeking to "maximize
the fit between their own needs and the offerings of the environment" (p. 135).
Those with a higher level of competence are able to cope with a greater range of
press. Those with lower competency, such as those who are ill or disabled, have a
smaller range of comfort and support. This theory is useful in studying residential
mobility because in it, individuals are constantly assessing their present and potential environments to maintain or improve the "person/environment fit." Individuals are judging present and future locations in terms of the mix of stimulating and supportive qualities which the location provide or can be shaped to provide. When another potential environment is judged to have a better fit, the individual will decide to move.

Although not specifically developed for older adults, this theory was used by Lawton (1980) to examine the living arrangements of older adults. Unfortunately, it has been difficult to develop measures of environmental press. Lawton acknowledged that the model has not yet been successfully classified and, therefore, it is difficult to apply. So far, the model has gone virtually untested.

One of the difficulties in studying residential mobility of older adults is the inability to successfully predict which individuals will move. Many individuals who are considered at risk, because they live alone and are in declining health, continue to live alone (Kavor, 1988). Perhaps, in addition to looking at such predictors as health and marital status, researchers need to consider the individual/environment fit. With Lawton's (1980) model, an individual is seen as having a variety of competencies and being able to substitute a stronger one to compensate for a weaker one; for example, an individual who is disabled may be able to use prior experience or knowledge to modify the layout of the apartment. Using this model gives a more complete picture of the status of the older adult and the ability to cope with the present environment.
Residential Mobility of Older Adults

Researchers have ignored the residential mobility of the elderly not only because such a small percentage of older adults move, but also because it is assumed that most moves are involuntary. The one exception has been moves made in conjunction with retirement. In fact, the "very old" (age 85 and older) actually have a mobility rate similar to those who are retiring (Wiseman & Roseman, 1979), whereas those between 65 and 85 are less likely to move. There has been little attention paid to the reasons for residential mobility and its patterns among those over age 65. Instead, the elderly have been regarded as a single group regardless of age. This is no doubt a result of the wide variety of health conditions found at each age level.

Second, as Wiseman (1980) points out, residential mobility theory has not been incorporated into the theories of aging. Much of the residential mobility theory is tied to employment opportunities, which is of less importance to older adults, and ignoring the health issues which are important to older adults. Is it possible to apply residential mobility theory to older adults or are their circumstances so different that there must be new theories to explain their behavior? What can be learned from the study of older adults in general which would explain their decisions to move or stay?

Fortunately, several models have been developed recently to explain residential mobility of older adults. The first, developed by Litwak and Longino (1987), approaches elderly residential mobility from a developmental perspective based upon the need for and availability of the family. Residential mobility is proposed to occur
in three stages. The first stage includes retirement moves to an area with greater amenities or better climate, but is unrelated to health. In the second stage, older adults who begin to experience disabilities move closer to family or friends in order to gain assistance. The third stage involves moving into an institution when family is not available or is no longer able to care for the older adult. Therefore, as the older adult’s health declines and the need for care increases, the type of move changes.

The second theoretical approach is provided by Wiseman and Roseman (1979) and examines the decision-making process, as well as the type of move, by distance and degree of voluntariness. According to this model, long-distance movers are motivated by amenities and are usually younger, married, healthy, and more affluent. Many of their moves are made to the Sun Belt. According to Wiseman and Roseman, local movers are more likely to move for health reasons or to gain assistance with daily living. These movers tend to be poorer, unmarried, and older. But, those who return from the Sun Belt because they are no longer able to live independently are also older, poorer, and unmarried.

According to these models, health is important in analyzing moves of older adults. But what exactly is the relationship between health and moving? The desire to live independently is a strong norm among the older cohort (Litwak & Longino, 1987), and many older adults will ignore or try to compensate for health problems rather than share housing with relatives. In studying the relationship between health and residential mobility, the use of self-reporting of health status and recent advances in the health field both make it harder to predict outcomes. For example, if one falls
and breaks a hip, the outlook for recovery has improved significantly in the past generation and a residential change does not necessarily follow anymore. As long as families and friends are willing and available, much care can be and is provided in the home of the older adult, especially for a short period of time.

A third model of elderly residential mobility is based upon activity theory and uses residential satisfaction as a predictor (Golant, 1982). For the less active, the quality of housing is more important because they spend so much time at home. The objective quality of the housing is less important than one's own subjective evaluation. About three-quarters of older adults are homeowners and they identify closely with their homes (O'Bryant, 1983). Those who are in poorer health are more likely to be satisfied with their housing because it provides a protective shelter. In addition, homeownership is a symbol of the value or past contributions of the older adult to the community at a time when the individual, because of retirement and declining health, is less active. Therefore, according to Golant, the less active one is, the more important is one's home and the more satisfied one is with that home and the less likely one is to move.

Family life cycle is useful in studying the residential mobility of younger families, but it is less helpful in predicting residential changes for older adults because families are more likely to move as their housing needs increase than when they decrease. Thus, a family is more likely to move when a new child is born than when the last child leaves home (McAuley & Nutty, 1982). Yee and Van Arsdol (1977) point out that residential moves by older adults may be related to the "social clock" as
well as to the family life cycle. This "social clock," however, may differ by ethnic
groups, gender, marital status, and cohort. As adults live longer and mandatory
retirement requirements are eased, for example, expectations about the timing of
retirement and moving at retirement may change. There is also a growing number of
young adults who either are not leaving the family home after they complete their
education or who are returning after divorce or job loss (Gross, 1991). Thus, the
family life cycle is not clearly related to housing needs at all stages and does not
provide the best theoretical model for studying residential mobility of older adults.

Wiseman "Trigger" Model

In studying the decision-making process involved in moving, Wiseman (1980)
proposed that events such as retirement or widowhood act as a "trigger" to reevaluate
one's current housing and possible alternatives. The model assumes, as did the
earlier work of Speare et. al. (1975), that everyone is a potential mover and that there
is a constant reevaluation of the present housing situation and one's needs, desires,
resources, and perceptions (see Figure 1).

In the Wiseman (1980) model, serious consideration of moving is stimulated
by one or more triggering mechanisms: change in life cycle stage, change in preferred
life style, critical life events (such as the loss of a spouse), the expansion or shrinking
of one's primary support network, and environmental incongruities. The triggering
mechanisms, either singularly or in combination, cause the individual to reassess the
situation. Forced relocation through gentrification or eviction can even be considered
in this model—a factor which was missing in previous models. Building upon Lee's
work (1966), Wiseman includes "push and pull" factors which can strongly influence the decision-making process. Among the push factors are the loss of independence, loss of a spouse, and environmental stress. Pull factors include retirement amenities, relocated friendship or kinship networks, "successful" relocation by friends, and environmental amenities.

Wiseman (1980) also identifies a number of endogenous factors, such as health and income, which may act as barriers or facilitators of residential mobility. In addition to personal characteristics, there are also exogenous factors, such as the housing market, the cost of living, and attrition or movement of one's social network, all of which influence the decision-making process. The final part of the evaluation process is the consideration of the type of move. The outcome of the model is the decision to move or to remain. But, as Wiseman points out, this outcome can also be characterized as voluntary or involuntary. Those who do not move may adjust their perceptions of their housing situation, or they may make adjustments in their present housing to meet their needs, such as moving their bedrooms to the first floor or installing adaptive equipment in the bathroom. Such individuals are identified as "being satisfied."

There is also a group of dissatisfied who are labeled as "involuntary stayers" (Wiseman, 1980). These are the individuals who would like to move but do not, for example, because of limited financial resources. Wiseman says that this group may be larger than realized, and they are highly likely to move in the future.
The final part of the model includes the selection of destination for those who do actually move. Many older adults seek to move closer to their adult children or to a sibling; therefore, they do not spend much time in selecting a destination. For others, however, there is a search process which is influenced by prior experience and knowledge of options. Many older adults will try out a destination over time using vacations to explore potential residential locations. The search process may also be unsuccessful; and the individual may decide at that point not to move.

The value of the Wiseman (1980) trigger model is that it is useful in studying the residential mobility of those older adults who are widowed. It recognizes that widowhood can cause an individual to reevaluate one's housing situation especially in terms of location, maintenance, cost, and ease of transportation. Although the Wiseman model includes health status, it does not clearly identify chronic health problems which are important to the older adult. The model does not have the clarity of the Speare model (1975), with a more detailed look at the decision-making process and the cost of moving included as part of the decision-making process.
CHAPTER II

Recent Research on Residential Mobility of Older Adults

Most research on residential mobility among all age groups assumes that older adults rarely move. And, in fact, they are less likely to move than younger adults. The Annual Housing Survey conducted by the Bureau of the Census (1989a) identified "recent movers" as those who moved within the past year. The recent data showed that 4.8% of the older adults had moved within the past year compared to about 18% of the total population. Although this was a smaller percentage, it still represented almost a million individuals and this number is certain to increase in the future. So the reasons that they move, and how those reasons differ from those of younger adults, are of interest.

Recently, the study of residential mobility of older adults has used a developmental approach based upon the changing kinship structure in the United States (Litwak & Longino, 1987). In this model, three different types of moves relating to the availability of kin for older adults have been identified: retirement, assistance, and institutionalization. Other researchers have looked at such variables as health, gender, marital status, life cycle stage, age, race, and income in their attempts to predict which older adults will move. Housing satisfaction has also been used as a measure of desire to move or remain in present housing. Finally, there is research on
attachment to home, which recognizes the emotional as well as the financial commitment that older adults have to their homes.

Unfortunately, much of the research has been cross-sectional and therefore, has oversimplified the process and failed to consider the wide variety in patterns of residential mobility among older adults. Even the longitudinal research (Fillenbaum & Wallman, 1984; Liu & Manton, 1983; Longino, Jackson, Zimmerman & Bradsher, 1991; Speare, Avery, & Lawton, 1991; Tissue & McCoy, 1981; Worobey & Angel, 1990) may still fail to capture the actual number of moves which occurred during the study period; such studies identify only individuals who moved at least once during the time period and fail to recognize that older adults who are in frail health might make several moves. The studies do not provide a complete picture of the sequencing of moves for older adults as they retire, develop health problems, and/or lose a spouse or other family members.

Finally, studying only residential moves does not give a complete picture since older adults often make environmental adjustments (Jackson, Longino, Zimmerman, & Bradsher, 1991). For example, they may change their living arrangements, such as having others move in with them. Some researchers have considered "moving" and "changing living arrangements" as synonymous and even used the terms interchangeably. But moving is only one way to change one's living arrangements; indeed, the concept of environmental change better captures the variety of changes which an older adult might make. For example, Rechovsky and Newman (1990) classified environmental changes or adaptations in three ways: (1) assistance with
household operation activities, such as light and heavy chores, and home repair; (2) housing consumption adjustments such as changing the use of a room, adding special adaptive features such as handrails, and moving; and (3) health-related activities such as assistance with daily living and in-home nursing care.

Therefore, moving is one of the adaptations which an older adult might make. Moving is, however, generally more stressful and may mean a loss in some independence for the older adult. It also may mean the loss of neighbors who are close friends, the loss of possessions as a household is either broken up or at least down-sized, and the loss of long-time community connections such as church membership. For the widow who must sort through possessions, it may mean reliving the time of bereavement which followed the death of her spouse. For these reasons, moving is an important housing adjustment, especially for an older widow.

**Triggers of Residential Mobility**

According to the Wiseman model (1980), discussed in Chapter I, certain life events may trigger a re-evaluation of one's housing by an older adult. These include changes in the life cycle, such as the departure of children from the household, retirement, or death of a spouse. Among age-related losses, the decline of health or the onset of disability, could force an older adult to re-examine his/her housing needs. Finally, as the literature on gentrification indicates, older adults may be displaced either by public projects or by private renovation of inner city housing. This first section will consider three triggers which are common among older adults: (a) retirement, (b) a decline in health, and (c) the loss of a spouse.
Retirement

According to the Annual Housing Survey (U. S. Bureau of the Census, 1989a), only about 5% of all moves by the elderly are related to retirement. Nevertheless, this constitutes large numbers of retired older adults, many of whom are migrating to warmer climates or to non-metropolitan areas. These moves have been labeled as "amenities" residential mobility because of the amenities which are often found in retirement locations. These movers are usually younger, more affluent, healthier, and more likely to be married than those who do not move. Unlike younger movers, they are less influenced by employment-related economic conditions in their destination because they are not seeking employment and are more influenced by recreation and weather as well as freedom from the burdens of ownership of a large home.

"...Migration may be less a quest for economic opportunities than an attempt to match life-style opportunities to physical and social needs or capacities...." (Yeatts, Biggar, & Longino, 1987, p. 291)

Distance, however, may be less of a factor for these older long distance movers than for young adults (Yeatts et al., 1987). In studying both local and long distance moves, they found that most of the long distance movers had visited their destination previously, either on vacation or to visit friends and family. They were, therefore, familiar with the area before they moved, and this familiarity may have reduced the emotional as well as the economic costs of a long distance move. Seasonal migration is also an important predictor of a later move (Rowles, 1983) because those who have lived in another location for part of the year may decide to move there permanently.
Not all long distance moves, however, are a result of retirement; some are health-related. The return from the Sun Belt, for example, has been largely ignored by researchers (for an exception, see Longino, 1985). Whereas many of the younger and healthier migrants are moving to Florida, those who have been widowed or who are ill are returning to their state of origin or moving north to live near family. California, meanwhile, has received a greater variety of older migrants; for example, those who moved to California from Chicago were less affluent than those who moved from Chicago to Arizona (Yeatts et al., 1987). Yeatts and colleagues concluded distance does not always filter out the less affluent among the elderly as might be expected from the amenities approach in current residential mobility theory.

Health

Earlier research regarding the relationship of health and residential mobility was designed to study the effect of moving upon health, especially upon involuntary relocation from an urban renewal project or placement in a nursing home (Brand & Smith, 1974; Schultz & Brenner, 1977). The emphasis was upon the stress involved in such moves and the decline in health following them. Little research has been done on the decline of health and its impact upon residential mobility outside of these two special situations.

The relationship between health and residential mobility is a complex one. As Patrick (1980) suggested, those who are in poor health might be more likely to move in order to seek medical care. On the other hand, poor health might prevent others from moving because energy and resources would be limited. His theory was that
there was a "U" shaped relationship between health and residential mobility. He also theorized that those older adults who were in better health were more likely to move long distances before age 70. After age 70, he reasoned residential mobility declines, and most moves are made to institutions because the older adult's health has worsened.

The sequencing of health changes and residential mobility over all age groups was studied by Findley (1988). Looking at long distance moves over a five-year period, she found that the patterns of health changes and residential mobility differed by age. The elderly were six times more likely to experience a decline in health after the move than before the move, whereas younger adults' health was more likely to decline before the move. Moving, however, seemed to "protect" most older adults because their health improved or remained the same in the following year. Nevertheless, almost 14% of the elderly were classified as "destablized" migrants, that is they moved after suffering a decline in health and then suffered another health decline following the move. Finally, older adults who moved and lived alone were more likely to experience a decline in health than those who moved and lived with others. The application of Findley’s research is limited, however, because information on marital status was not gathered and local moves were not included. The study also did not include moves to institutions.

Moves to institutions were included, however, in other recent research. The relationship between disability and residential mobility has been examined using data from the Longitudinal Study of Aging (LSOA) conducted in 1984 and 1986 by the
National Center for Health Statistics (Speare et al., 1991; Worobey & Angel, 1990). The majority of those older adults whose functional capacity declined over the two-year period continued to live alone. Likewise, the Survey of Housing Adjustments conducted by the U.S. Bureau of the Census in Houston, Texas, in 1979 found that only 7.6% of the frail older adults had moved recently (Rechovsky & Newman, 1990). The frail elderly in that study were not significantly more likely to move than those who were in better health (6.3%).

Speare et al. (1991) also concluded from their analysis of the LSOA data that previous health status was not a good predictor of residential mobility in the following two years. But those who did have a decline in health status during the two-year period were more likely to move. Speare et al. concluded that moving was a response to a "rapid change" in the level of disability. Yet there was no clear causal link from the survey. Further evidence that a rapid decline in health triggers a move comes from research on older adults in rural Iowa (Colsher & Wallace, 1990). Among those who were undecided about moving, almost 18% moved within the next year; thus, the authors concluded that most moves were unanticipated and, therefore, due to a sudden decline in health. From their analysis of unmarried older adults in the LSOA survey, Worobey and Angel (1990) concluded that the elderly were able to cope with small declines in their health without moving. But those who had difficulty bathing, toileting, or getting out a chair were more likely to move, perhaps, because of the severity of their disabilities.
A change in health status alone may not be a strong predictor of a change in living arrangements according to the Duke University’s Older Americans Resources and Services (OARS) Study (Fillenbaum & Wallman, 1984). More than half (57%) of the older adults in that survey reported a change in their self-care capacity and most of that change was deterioration, yet it was not a significant factor in predicting residential mobility. It was only when marital status was considered that a change in health status became important.

Although health is often mentioned as a possible trigger of residential mobility for older adults, the research shows that it should be considered in relationship to other resources, such as having a spouse. Most of those older adults who lived alone did not move even when their health deteriorated. Among those who were married, the likelihood of a move was slight (Fillenbaum & Wallman, 1984; Speare et al., 1991). The research on institutionalization shows, as expected, that marital status and the availability of children rather than health status alone are the important predictors of the move for older adults from the community to a nursing home (Dolinsky & Rosenwaike, 1988). There also may be a lag factor between health declines and residential mobility which is hard to predict, especially with chronic conditions. How long will an older adult tolerate living with a chronic condition which limits daily activities before the decision to move is made? According to Findley (1988), an older adult will delay the move longer than a younger person.

Returning to Patrick (1980), the data suggest that there is a "U" shaped relationship between health and residential mobility, but also that other factors must
be considered. Among the most important variables is marital status and gender. Because most of the studies have been cross-sectional, it has been difficult to capture the relationship between health and residential mobility for the elderly. The literature suggests, however, that older women who are widowed and in poor health would be likely to move.

**Death of a Spouse**

According to Wiseman's model (1980), the death of a spouse should trigger a re-evaluation of one's housing. Housing which fits the needs of an older couple may not be appropriate or manageable for a widow. The house may be too large for her needs or her income may be reduced and, therefore, insufficient to pay the taxes, utilities, and upkeep. The death of a spouse may also force the widow to take on new household responsibilities such as repairs or to find someone who will (O'Bryant & Murray, 1986). Likewise, the death of a spouse may cause a widow to re-evaluate the neighborhood and the availability of public transportation, especially if she does not drive.

Health problems may become more difficult with the death of a spouse; "...elderly impaired couples compensate for each other's difficulties and, as long as each survives, can together maintain themselves independently. The death of one, however, may extinguish the independence of the other...." (Fillenbaum & Wallace, 1984, p. 343) This is confirmed by the findings of Speare et al. (1991) in their analysis of the Longitudinal Study of Aging (LSOA); they found that among those who were living independently in 1984 and whose level of disability increased, the
married were less likely to have changed living arrangements two years later than
those who lived alone. Marital status was a significant predictor of residential
mobility in that study.

Single persons are more likely to move than the married; this, however, is
reversed for the elderly (U. S. Bureau of the Census, 1989a). A more detailed look
at moves by the elderly shows that the married are more likely to be long-distance
movers. Widowed persons are more likely to make local moves (Biggar, 1980).
This does not tell us, of course, whether the death of a spouse triggers the move per
se, but it does fit the developmental view of residential mobility set forth by Litwak
and Longino (1987). Local moves, according to their research, are assistance moves
and made by the elderly who are seeking to move closer to friends and family.
Therefore, such moves are likely to be made when a spouse is no longer available to
help.

Unfortunately, there have been few longitudinal studies of elderly widows and
widowers. Those studies which followed the widowed over a period of time (cf.
Lund, et al., 1986) have looked at health and psychological well-being, but have not
addressed residential mobility of widows and widowers. The subjects in the Lund
research must have remained in the Salt Lake City community or they would not be
included in the later stages of the study; furthermore, change of residence was not
listed as an explanation for loss of subjects. Lund did not give any information in his
findings about local moves during the first few years of widowhood.
Therefore, the literature on widowhood suggests that widowhood may trigger a re-evaluation of one's housing and a move to smaller, less expensive, more convenient housing. The research also suggests that declining health is also an important factor for the newly widowed in considering a move (Fillenbaum & Wallman, 1984). For some widows, especially those who have followed traditional gender roles in their marriages, the time following the death of their spouse may be a vulnerable one. They may be living alone for the first time in their lives and having to make major decisions about their lives and lifestyles by themselves. The financial circumstances for many widows are reduced (Zick & Smith, 1989). On the other hand, for the healthy and more affluent widowed person, especially one who does not have a mortgage, a move may make less sense. For these widowed persons, housing may be a more valued resource after the death of a spouse (Murrel et al., 1991). Overall, the literature suggests that widows with fewer resources will be more likely to move.

Intention to Move

The Wiseman model (1980) is useful because it distinguishes between the decision to move and the decisions of where and when to move. In predicting residential mobility, there is a difference between the intention to move and actually moving. A study of elderly persons living in a deteriorating Philadelphia neighborhood showed that those who were dissatisfied with their housing were more likely to wish to move (Lawton, Kleban, & Carlson, 1973). This, of course, is not surprising, but those who were dissatisfied were those in better housing and with
more resources! Apparently their standards for housing were higher, a point made by Golant (1982) in his study of elderly in Evanston, Illinois. Those who were older, less affluent, and in poorer health were less likely to express the desire to move (Lawton et al., 1973). Thus, those who had resources which could assist them in moving were more likely to be dissatisfied and to express the desire to change their residence.

Residential dissatisfaction was also a powerful predictor of the desire to move in a study of residential mobility in Rhode Island (Speare et al., 1975); renters were also more likely to intend to move than were homeowners. In a recent study of rural older adults in Iowa (Colsher & Wallace, 1990), those who had higher incomes and educational levels were more likely to intend to move. The only significant variable in the study, however, was living arrangements; those who lived alone were significantly more likely to intend to move than those who lived with others (this latter group included unmarried as well as married older adults).

In studying residential mobility, there are, of course, those who are undecided about moving, but, unfortunately, most studies on intention to move did not report on them (Speare et al., 1975; Yee and Van Arsdol, 1977). The Iowa study (Colsher & Wallace, 1990) did report that about 2% of the sample were undecided about moving. Although there were not significant differences in health and psychological measures between those who intended to move and those who did not, the undecided group were in significantly poorer health and more depressed than the rest of the group. This may reflect the difficulty they have facing the decision to move. Although this
was only one study and the sample was a rural one, the undecided group appear to be
the most vulnerable; thus the need for further study of this group is important.

Previous research indicates there is little correlation between the stated desire to
move and actually moving. In the Philadelphia study mentioned above (Lawton et
al., 1973), only 27% of those who expressed a desire to move actually moved in the
next two years. But in the Rhode Island study (Speare et al., 1975), more than 37%
of those who wished to move actually did move within one year. Likewise, in the
Iowa study (Colsher & Wallace, 1990), a third of those who intended to move did so
within a year.

There may be a difference between "desire to move" and "intention to move,"
with the latter showing a more serious commitment. Yee and Van Arsdol (1977)
studied "planned" and "choice" moves and found a high correlation between planned
and actual moves. There was, however, a much weaker relationship between desire
to move ("choice") and actual moving. Likewise, the results could be explained by
differences between urban and rural elderly on the intention to move.

The Wiseman model (1980) suggests that widows will have given more thought
to moving and, therefore, those who intend to move will be more likely to do so than
those who intend to stay.

The Decision to Move: Endogenous Factors

In the Wiseman model (1980), the decision to move is strongly influenced by a
number of factors which either impede or facilitate the move. Wiseman classifies
these as endogenous or exogenous. Among the endogenous are personal resources,
prior migration experience, community ties, and perception of likely outcomes. The exogenous factors include the external housing market, the cost of living in the present and any future locations, and the attrition or movement of social network.

Income

What impact could a change in income, either an increase or a decrease, have upon residential mobility, especially for older adults who might be living on low incomes? In the 1970s, the Social Security Administration introduced an income supplement (SSI) for older and disabled Americans and the residential mobility of those who benefitted was studied (Tissue & McCoy, 1981). The hypothesis of the study was that an increase in income would result in an increase in living alone. The results, however, in part were the opposite; those older adults who lived alone were more likely to live in a shared household in the following year. On the other hand, those who had been living with others and whose income increased were more likely to set up their own household. Some older adults did not move during the year, but their adult children moved, thus leaving the older adult alone. The authors concluded, however, that moderate income increases were not likely to assist older adults in establishing separate households and that the capacity to care for oneself was the best predictor of living arrangements in a subsequent year.

Likewise, a later study from the data in the OARS Survey (Fillenbaum & Wallman, 1984) concluded that a decline in income did not have a significant impact upon living arrangements. In this research, the availability of family and friends to assist the older adult over an extended period of time was the best predictor of a
change in living arrangements. Whereas more than half of the older adults had a change in their economic status and, for most it was a decline, those who changed their household composition were those who had only occasional or short-term care available to them. As with the Social Security research cited above (Tissue & McCoy, 1981), however, the focus was upon living arrangements rather than only on residential mobility. The departure or death of other family members can change living arrangements without the older adult moving.

The relationship between disability and income was also highlighted in another study of older low-income and disabled Americans (Bishop, 1986). Higher income older adults were more likely to live alone than those who were beneath the poverty line. Higher income women were more likely to live alone than males. But those who had a disability, regardless of income, were less likely to live independently even if they could afford to purchase services. Widows are more likely to have lower incomes than married persons; therefore, for widows, there may be a closer relationship between income, disability, and residential mobility than for older adults in general. Widows with lower incomes will be more likely to move than those who are more affluent.

Gender

Are older women more or less likely to move than older men? If married couples are excluded, women are more likely to move (Biggar, 1980). First, in terms of long distance moves, they are more likely to be found in the reverse migration from the Sun Belt (Yeatts et al., 1987). Presumably these are women who moved
south or west with their spouses at the time of retirement. After widowhood and, perhaps, because of declining health, they returned to the community of adult children or siblings. Indeed, unmarried women, especially black or foreign-born women, are more likely to live with others regardless of income or health (Bishop, 1986). But illness is a more significant factor in determining living arrangements of women than men; women who experience a decline in health are more likely to move in with an adult child than are men whose health declines (Worobey & Angel, 1990).

Therefore, it appears that women are more likely to move across the country to be nearer to family and that, if they become ill, they are more likely to move in with adult children or siblings. It is not clear why men are more likely to age in place; it could be that they have more resources to support themselves in the family home. Perhaps remaining in place is less of a challenge for them in terms of home maintenance or repairs. They are more likely to remarry if widowed (Glick, 1979). It could be that men are not as emotionally close to their adult children, especially to their daughters and therefore, daughters do not invite them into the household. Perhaps, they themselves do not wish to move into their daughters' homes and wish to remain independent; widowers may have less to offer to the household of an adult child in terms of household skills, such as cooking and childcare. Widows may be able to assist their daughters or daughters-in-law with housework and childcare and, therefore, are more "useful" as new household members. This also suggests that widows who live alone will be more likely to move than those who live with someone else.
Race

There is little research on the residential mobility of older minority groups. Retirement migration of Blacks was recently analyzed by Longino and Smith (1991), who found that older Blacks followed migration patterns which were similar to older whites moving to the South. Black return migration, which was hypothesized to be strongly related to retirement, was actually found in only three southern states. The authors suggested that the Blacks who did return might be returning to care for aging parents.

On living arrangements, Blacks and Hispanics, especially women, are more likely to live with their adult children (Bishop, 1986) even when they have higher incomes comparable to older whites. But it is not clear whether they move in with adult children or they remain in their own homes and another family member joins them. Although elderly Blacks do not have as high a rate of homeownership as their White peers (62% vs. 74%), they are more likely to own their own home than Blacks in general (43%) (U. S. Bureau of the Census, 1989a). Elderly Black women are more likely to be the head of a multi-generational household than are elderly White women (Wolf & Soldo, 1988), which would suggest that the family members are moving in or never left the family home.

Although there has been a significant stream of elderly Black migration from the South recently (Yeatts et al., 1987), most elderly Blacks make shorter moves than Whites (Biggar, 1980). Those who are moving from the South may be joining adult children who left for the North a generation ago (Longino & Smith, 1991). But the
majority of Blacks move within a metropolitan county; again, it appears that they may be following adult children who left the neighborhood earlier.

**Homeownership and Duration of Residence**

Homeownership is both a personal resource—in that it represents a large financial investment—and an indicator of ties to the community. Duration of residence is a useful indicator of prior migration experience.

Homeownership by older adults has increased significantly since 1940 (Chevan, 1987). Between 1940 and 1980, elderly homeownership increased from 46% to 63%, and the percentage has continued to increase in the past decade. In 1987, almost three-quarters (74.9%) of the elderly in the United States were homeowners (U. S. Bureau of the Census, 1989a). The increase in homeownership has been due to an increase in income and the earlier pattern of homeownership of the older cohort. It is not, however, a constant rate for all those 65 and over; among those who are over age 85, for example, less than 50% are homeowners (Chevan, 1987).

Not only are the elderly more likely to own their own homes than are younger adults, but they are also more likely to be long-time residents. In the American Association of Retired Persons survey (AARP, 1990), 46% of the sample had lived in their present dwelling 20 or more years. A study of Newton, Massachusetts, found that the mean time of residence was 25.3 years (Gonyea et al., 1990).

Older adults who own their own homes and who have lived there a long time are less likely to move. For example, in the Annual Housing Survey (U. S. Bureau of the Census, 1989a), only 35% of the older movers were homeowners. Likewise,
in the LSOA survey, those who were homeowners and those who had lived in their present location 15 years or more were less likely to move over a two-year period (Speare et al., 1991).

Golant (1982) suggests several reasons why the combination of these variables (homeownership, duration of residence, and age of individual) is important. Homeowners are able to control their own environment. They do not have to worry about rent increases; generally they have already paid off their mortgages. They are also able to control the interior environment, such as the temperature inside and the arrangement of furniture, which renters cannot always do. Homeownership is also a symbol of past success for older adults and gives them status in the community which may have otherwise decreased when they retired or were widowed. Thus, the literature suggests that those who own their own homes will be less likely to move than those who do not.

Whereas the literature on residential mobility would predict that those who have moved recently would be more likely to move again (Speare et al., 1975), this may not be true for older adults, especially those who moved shortly before they were widowed. Those moves which were made prior to the death of the spouse may have been those of empty-nesters or retirees and therefore, to smaller, more convenient, and more manageable housing. They may have been made in anticipation of the spouse’s death and purposefully planned in order to make daily living easier for the survivor. For these reasons, older adults, especially widows and widowers, who are recent movers are as likely to remain in their present housing after the death of their
Residential Satisfaction and Attachment to Home

Residential satisfaction is both a personal resource and an indicator of community ties according to the Wiseman (1980) model. Because it is related to neighborhood conditions, it is also an exogenous factor. But it is considered in this section because, as LaGory et al. (1985) and Rowles (1983) point out, the older adult's perception of the neighborhood is more important than the actual objective conditions.

Older adults report themselves to be highly satisfied with their neighborhoods and homes. For example, a survey of older adults in upstate New York found that 85% rated their neighborhoods as "good" or "excellent" (LaGory et al., 1985). Even more said that they would be sorry to leave. The high ratings are no doubt related to homeownership and also to long-time residency. LaGory also found that there was a high correlation between neighborhood satisfaction and the perceived difficulty in moving. Those who felt that it would be hard to find a place to move were also those who rated the neighborhood highly. It is not clear whether this is a case of it being hard to find anything to measure up to the present housing, lack of information about options, or deciding to lower one's standards because moving would be too difficult. It is apparent, however, that environmental satisfaction is a complex process involving "...ecological, social, and biological components..." (LaGory et al., 1985, p. 406).

Older adults also distinguish between the social and physical characteristics of the area. In the New York state study, older adults said that they were very happy
with their neighborhoods (91%) and rated neighbors as the best thing in the neighborhood (followed by "peace and quiet" and convenience to shopping) (LaGory et al., 1985). This was in spite of the fact that 80% said that they had little or nothing in common with their neighbors. "Neighbors matter, neighborhood homogeneity does not..." (LaGory et al., 1985, p. 410). The characteristics identified as worst were all physical characteristics of the area: noise, traffic, and neighborhood maintenance. Those older adults who were rated lower in competence (in terms of mental and physical health) were those who tended to rate the neighborhood higher than those with higher competence. Again, this may relate both to the difficulty of moving and a reluctance to admit that there are problems in the area.

In a study of elderly living in Evanston, Illinois (Golant, 1982), not only were the more satisfied homeowners long-time residents of the area, but they also left their homes less frequently and traveled shorter distances. They had smaller activity spaces and withdrew into their homes for much of the day. Golant found that these elderly were also less likely to enjoy challenging environments or novel stimuli. They had greater dependence upon their homes and their homes were more significant in their lives than for other older adults. Because the homes had greater significance, the elderly may have overlooked or ignored physical or location problems (Golant, 1982). But, this may also be an adaptive response when there were few housing choices available.
Both LaGory et al. (1985) and Golant (1982) emphasize that the mental image of the environment may be more important to an older adult than to a younger one. The older adults in the New York state study emphasized the social environment in their analysis of the area, ignoring, for the most part, the objective condition of the neighborhood. There was no correlation between personal variables, such as age or income, and the condition of the neighborhood. This mental picture of the area and its importance was also identified by Rowles (1983) in his work on rural older adults in West Virginia.

Attachment to home is an important factor in explaining residential mobility for older homeowners (O'Bryant & Wolf, 1983), but not for older renters. Among homeowners, those who are attached to their homes are more likely to stay in their homes, even after the death of a spouse. Older widows who remained in their homes scored higher on attachment than those who moved (O'Bryant & Murray, 1986). They were more likely to see their homes as part of a family tradition than did those who moved. It may be, also, that these women became more attached to their homes after widowhood. The meaning of the home where one lived for many years with one's spouse may be more important after that spouse had died; the home may become a symbol of the spouse or of the shared life together and, therefore, more important than previously (O'Bryant & Nocera, 1985). It may be more difficult to move because moving and the disposal of household possessions further severs the tie to the deceased spouse. Such possessions may form a continuing bond with a loved one (Rubenstein, 1989). In the O'Bryant & Wolf study (1983), attachment to home
accounted for 24% of the variance in housing satisfaction of the elderly. Thus, it is an important component in explaining housing satisfaction, especially for homeowners. Widows who are satisfied with their housing and their neighborhood will be less likely to move than those who are dissatisfied with their housing or their neighborhood.

Transportation

Transportation is a personal resource for those who are able to drive or who live near public transportation. But it is also part of the neighborhood fabric and, therefore, is also an exogenous factor. Its relationship to residential mobility for older adults, however, has not been studied extensively.

In U.S. society, most adults depend upon an automobile for daily transportation. Because of health problems such as night vision, older adults may have to give up driving. As more states require vision testing of those over age 70, older adults may not be able to retain their driver’s licenses. The inability to continue driving is an important consideration for elderly widows; those who move are more likely not to drive than those who stayed in their own homes (O’Bryant & Murray, 1986). The widows in that study did not report having more difficulties with transportation following the move so, perhaps, they moved to a location which either provided transportation or reduced the need for it. In a study of older adults who moved to the suburbs in the Washington, D. C. area, it was found that they were more likely to live along the major bus lines than long-time residents (Gutowski & Feild, 1979). Thus, literature suggests that for widows for whom transportation is a problem,
moving may be a likely solution.

In conclusion, older adults are more likely to be highly satisfied with their homes and neighborhoods and to be attached to their homes than younger adults. The higher the satisfaction and attachment, the less likely they are to move. Both satisfaction and attachment keep the older adult in his or her own home even when health declines and family is not nearby, especially homeowners and those who have less physical mobility. According to Golant (1982), it is only when older adults find that they do not have the financial resources to maintain their homes that they begin to be less satisfied and to consider moving.

**The Decision to Move: Exogenous Factors**

**The Housing Market**

The housing market can act as a facilitator or an impediment to moving. Older adults often live in older housing in older neighborhoods. On the one hand, such housing may be less desirable on the market because it lacks such amenities as a two-or three-car garage and has fewer bathrooms. On the other hand, it may also have more space and special architectural features which appeal to buyers. It may be located in an aging neighborhood, but that neighborhood might also be in the midst of gentrification. Renovation of other older houses may increase the price of housing and make selling the house an attractive idea to the older homeowner (Hening, 1984).

The decision to move also includes an analysis of the housing market for the mover. Is there housing in the community which meets the needs of the older adult and is it in his or her price range? Most older movers consider only one
neighborhood, often the one in which they are currently living (U. S. Bureau of the Census, 1989a). They want to remain in the same area, but the type of housing they seek may not be there. In the study of Newton, Massachusetts, older residents were primarily interested in remaining in their own neighborhood if they had to move. In addition, they expressed interest in types of housing such as shared housing, granny apartments (units which are attached to single family homes, usually for a grandparent), or for a residential hotel. The first choice of most potential movers was a community care/retirement community, yet few such facilities were available and most were too expensive for the residents to consider. Unfortunately, zoning and other building restrictions limited the availability of the other options (Gonyea et al., 1990). In spite of the increase in the supply of housing designed for the elderly in the past 25 years, the supply is limited and the locations not always those which the elderly desire.

The Cost of Living

About 20% of elderly movers change residence in order to reduce their housing costs. For the most part, these are renters who are faced with rent increases or condominium conversions. More than 70% of elderly homeowners own their homes mortgage free and, therefore, the cost of housing is low and, for the most part, fixed (U. S. Bureau of the Census, 1989a).

Those moving who actually reduce their expenses are likely to be those making long distance moves and moving from cities to rural areas (Kerr, 1991). Those who made shorter moves are actually more likely to pay higher rents, although their
overall housing costs may be lower because their utility bills are reduced (U. S. Bureau of the Census, 1989a).

**Family Support**

**Adult children.** Support by adult children for older adults should be more available now than 25 years ago because 86% of older adults have a surviving child (Crimmins & Ingegneri, 1990). Whereas fewer older adults live with their children than in the past, the percentage of older adults who have at least one adult child living close by has not decreased. For example, in 1962, 28% of older adults with at least one living child lived with an adult child; that percentage dropped to 18% by 1984. But those with children living within 30 minutes (66%) have remained the same over the two decades.

In studying residential mobility, location of family—especially adult children—may act either to help an older adult live independently at home or to encourage the older adult to move. The Annual Housing Survey (U. S. Bureau of the Census, 1989a) shows that the most common reason given for moving by older adults was to be closer to family or friends. That information, however, does not tell us the health or marital status of the mover and both of those variables are important in predicting residential mobility.

Family support for older adults who live independently is well-documented (Stone, Cafferata, & Sange, 1987). It is important, however, to distinguish between contact with an adult child and receiving assistance. Proximity is important especially for assistance. There has been a change in the last 30 years in the frequency with
which older adults see at least one child (Crimmins & Ingegneri, 1990). In 1962, 51% of the older adults saw a child that day or the prior day; that number dropped to 34% by 1984. But there is evidence that, although there is less face-to-face contact, overall contact primarily through the use of the telephone has remained high (Dewitt, Wister, & Burch, 1988). It would, however, be a mistake to equate contact with assistance; a child who calls several times a week may not be able to provide assistance with routine household tasks or may be asking for, rather than offering, assistance.

Older adults who have more children have more family contact than those with only one child. Mothers with larger families have more contact with their children and are more likely to receive assistance from them. Those who grew up in larger families value family contact more than only children and, overall, there is more support for older adults in larger families (Uhlenberg & Conney, 1990).

Spouses, however, provide the greatest assistance to older adults, especially older adults who are frail or ill, according to the National Caregivers Survey (Stone et al., 1987). Cantor (1979) proposed a hierarchical model in which the spouse followed by adult children are the preferred caregivers. Recent research shows support for that model. If a spouse is no longer available, adult children will step in to help. But they will not provide as much assistance as the spouse did nor do they always provide the same kind of services which the spouse did (Penning, 1990). Widows and widowers cannot look to their adult children to completely take over the role once played by the spouse. For this reason, widowed elderly may be more
sensitive to declines of their local support network than other older adults and more likely to move if that network shrinks.

If adult children do provide support to an aging parent, it is usually the daughters who are the primary caregivers (Shanas, 1979). Daughters are more likely to assist their parents, and they provide more services more often than other caregivers (Horowitz, 1985). If there are no children, older adults often rely upon other female relatives (Stoller, Puglisi, & Gilbert, 1988). Sons do provide assistance to their parents; they are more likely to provide legal assistance, financial advice, or help with heavy chores for older parents (O’Bryant & Morgan, 1990).

But, according to a longitudinal study by Stoller (1990), male relatives provide more intermittent than routine assistance. Males are less likely to take on household chores such as cooking or assistance with shopping. Stoller’s research also shows that as an older adult’s functional capacity decreases, there is a shift to more assistance by female caregivers.

The support provided by an adult child can help an older adult remain at home. But not all older adults are willing to ask for that assistance. Assistance may not be requested, for example, because the older adult can still perform the task (O’Bryant & Morgan, 1990). Others are reluctant to become a burden to their families. The ability to help also is based upon proximity; an adult child who lives in another state cannot assist with daily chores such as cooking and cleaning. A move by either the adult child or the parent is one solution to providing such assistance. But, there has been little research on the timing or other conditions of such moves.
Research on the composition of living arrangements can indirectly provide information about assistance moves. Using the Duke Longitudinal Survey, Fillenbaum and Wallman (1984) followed 276 older adults over a 30-month period. They found that changes, first, in marital status (i.e. becoming widowed) and second, in the availability of help from family and friends determined whether or not the living arrangements of older adults changed. Those who had on-going care available to them were less likely to change living arrangements even if their own ability to care for themselves declined.

Although it is generally assumed that changes in living arrangements for the elderly are based upon the needs of the elderly, shared housing also may be of benefit to the adult child. Some of the adult children who are living with older parents moved there following the loss of employment or a divorce to reduce living expenses (Gross, 1991). Increasing age, lower incomes, and higher levels of disability for older women make shared living arrangements more likely. But unmarried adult children are more likely to share housing with parents than those who are married; an unmarried son is more likely than an unmarried daughter to share a household with an older mother (Wolf & Soldo, 1988). A married daughter who is working is least likely to share a household with her mother, according to Wolf and Soldo, although these women are just as likely to be caregivers for their mothers as other daughters. The unmarried adult child is perceived to have fewer competing family demands and, therefore, be available to share housing with an older parent (Wolf & Soldo, 1988). But divorced adult children are less able to assist with caregiving (Cicirelli, 1983).
**siblings.** Siblings may also play an important role in providing support to older adults. According to Cicirelli (1985), 78% of all older adults had at least one living sibling and perhaps a third lived within the same city (Cicirelli, 1980). Rosenberg and Anspach (1973) found that 47% of the elderly saw a sibling weekly or more often, whereas Cicirelli (1979) found less contact, with only 17% seeing a sibling once a week and 33% once a month. The difference between these findings appears to be in the samples and the proximity of siblings; Rosenberg and Anspach studied working-class older adults who lived in the Philadelphia metropolitan area and 48% of them had a sibling within the metropolitan area. Cicirelli studied older adults in a small Midwestern city and 26% of them had a sibling within 100 miles. In the Philadelphia study, the older adults who had a sibling nearby whom they could visit accounts for their higher reporting of contact. In addition, contact increased for older adults when they were no longer married (many were widowed). Cicirelli (1980) reported, however, that 56% of his sample felt very close to a sibling. Overall, most older adults do have siblings with whom they have regular contact and who are part of their support systems.

But, few older adults actually live with a sibling. In a recent study, 8% of the older unmarried women were living with a parent or a sibling (Wolf & Soldo, 1988). Of all older adults, only 2% report living with a sibling (Cicirelli, 1985). The elderly may choose not to live with siblings because, although they feel close to siblings, they believe that conflicts would arise; for example, 28% expected conflict to increase and 6% reported it could never work (Wolf & Soldo, 1988). Siblings are,
however, expected to be a secondary source of support for older adults, following spouse and adult children. Indeed, 7% reported that siblings were their primary source of psychological support and 60% reported that siblings were a source of some support (Cicirelli, 1985).

The sibling provides a contemporary’s point of view to the older adult which an adult child cannot. Although there is little research on the effect of siblings upon residential mobility, older adults without children may be likely to move closer to a sibling, but probably not share housing with the sibling.

**Friends and neighbors.** From the literature, it is difficult to distinguish between friends and neighbors because there are neighbors who are also friends. Because proximity is important in providing assistance, some research has focused upon neighbors. Although friends and neighbors can be important in an older adult’s support network, they are of lesser importance in decisions regarding residential mobility for two reasons (Litwak & Longino, 1987). First, whereas friends can offer emotional support, because of their own age and health, they usually cannot assist with the physically taxing jobs around the house or those involved in daily care. Second, whereas neighbors may have the strength to assist the older adult, they may not have a long-time emotional tie to the older adult. Although neighbors might help out on an emergency basis, they are less likely to help regularly.

In her research on widows and support from neighbors, O’Bryant (1985) found that assistance by neighbors was not related to the availability of adult children. Those widows who knew their neighbors and interacted with them were more likely
to receive support from them than those without available children. Cantor (1979) has put forth the concept of the "functional neighbor" as one whom the older adult knows well and who interacts with them in one or more instrumental ways. Although a "functional neighbor" may not provide sufficient support for an older adult to maintain his or her own home, they can be a secondary source of support. This is especially true for the widowed person who depends more upon neighbors (Peters, Hoyt, Babchuk, Craiser, & Iijima, 1987). Therefore, older adults who know their neighbors and interact with them are less likely to decide to move. In an older neighborhood, however, where there may be newer and younger families, older adults may be more likely to move.

In summary, because adult children are preferred as caregivers, their availability has an important impact upon the residential mobility of older adults. In a study of elderly widows, those who moved did not have family living nearby whereas those who stayed did (O'Bryant & Murray, 1986). The movers chose housing closer to family, although they did not see family more often after the move. Perhaps they did not need more assistance yet, but anticipated that they might in the future. If there is an adult child, especially a daughter, living within an hour, an older adult who is still in moderately good health can receive enough assistance to remain in his or her own home. If there is an unmarried child, that child may even move in with the parent. But, if no adult children live nearby, an older mother may move closer to one of the children, probably a daughter. Even if there is a married son nearby, it is still likely that an older widowed mother will move closer to her daughter (Litwak & Longino,
This is especially true if her health has declined (Speare et al., 1991).

Conclusions

The literature suggests that widowhood may trigger a re-evaluation of the housing needs of an older adult and that both endogenous and exogenous factors may influence the decision to move or to stay. There is, however, a complex relationship between health and residential mobility in which marital status and the availability of a support network are significant. Given the desire of most older adults to remain independent as long as possible and to remain in their own homes, the decision to move may be postponed as long as possible. Even those who wish to move may postpone moving because of the housing market, the lack of affordable housing in a location where they wish to live, or because of the needs of other family members.
CHAPTER III

Hypotheses Regarding Older Widows and Residential Mobility

According to the Wiseman model (1980), widowhood is an event or a trigger which causes an older adult to re-evaluate his/her housing. But how well does the Wiseman model do in predicting residential mobility for this group of older adults? This chapter will set forth hypotheses which can be tested using the Wiseman model. The model distinguishes between (a) the intention to move and (b) actual moving.

Intention to Move

1. (a) Widows who are dissatisfied with their housing will be more likely to have intended to move than those who are satisfied with their housing.

   (b) Widows who are dissatisfied with their neighborhoods will be more likely to have intended to move than those who are satisfied with their neighborhoods.

2. Widows who describe themselves as "fairly well-off" or "comfortable" financially will be more likely to have intended to move than those who describe themselves as "rather short" or "really restricted" financially.

3. Widows who are not homeowners will be more likely to have intended to move than those who owned their homes.

4. (a) Widows who do not have living children will be more likely to have intended to move than those who have living children.
(b) Childless widows whose siblings live more than one hour away will be more likely to have intended to move than those whose siblings live less than one hour away from them.

(c) Widows whose adult children all live more than one hour away will be more likely to have intended to move than those with at least one adult child living less than one hour away.

(d) Widows who needed help, but did not receive it from children, will be more likely to have intended to move than those who received help.

(e) Widows who perceived that no adult child is likely to provide help in times of illness will be more likely to have intended to move than those who perceived that they would be helped.

(f) Widows who do not have a neighbor who is a close friend will be more likely to have intended to move than those who have a neighbor who is a close friend.

5. Widows who are not living with others will be more likely to have intended to move than those who are living with others.

6. Widows who are over age 75 will be less likely to have intended to move than those who are younger.

7. Widows who discussed moving with their late husbands will be more likely to have intended to move than those who did not discuss moving with their late husbands.

8. Widows who (a) report themselves as being in "poor" health and (b) who evidence lower psychological well-being will be more likely to be undecided about
moving in the future than those who report that they are in better health and who
evidence higher psychological well-being.

Moving

Below are the hypotheses regarding the likelihood that elderly widows will
move following the death of their spouse:

1. (a) Widows who intended to move will be more likely to have actually
moved than those who did not intend to move.

(b) Widows who had discussed moving with their husbands will be more likely
to have moved than those who had not discussed moving with their husbands.

(c) Widows who were undecided about moving will be more likely to have
moved than those who had decided to move or who wanted to stay.

2. Widows who were living with others will be less likely to have moved than
those who lived alone.

3. Widows who described themselves as "rather short" or "really restricted"
financially will be more likely to have moved than those who were better off
financially.

4. Widows who were over age 75 will be more likely to have moved than
those who were younger.

5. (a) Widows who are dissatisfied with their housing will be more likely to
have moved than those who were satisfied.

(b) Widows who were dissatisfied with their neighborhoods will be more likely
to have moved than those who were satisfied.
6. Widows who did not own their homes will be more likely to have moved than those who did own their homes.

7. Widows who moved in the five years prior to their spouses’ deaths will be no more likely to move than those who were long-time residents.

8. Widows who reported that they were in "poor" health or who reported a recent decline in their health status will be more likely to have moved than those who reported they were in better health or reported that their health condition was stable.

9. (a) Widows whose adult children all live more than one hour away will be more likely to have moved than those with at least one adult child living less than one hour away.

   (b) Widows whose daughters live more than one hour away will be more likely to have moved than those whose sons live more than one hour away.

   (c) Childless widows with siblings who lived more than one hour away will be more likely to have moved than those with siblings who lived less than one hour away.

   (d) Widows who needed help, but did not receive it from adult children, will be more likely to move than those who did receive help from adult children.

   (e) Widows who perceived that no adult child would be likely to help them if they were ill will be more likely to move than those who perceive that they would receive help if ill.

   (f) Widows who had at least one neighbor whom they described as a close friend will be less likely to have moved than those without a close friend in the
neighborhood.

10. Widows who identified transportation as a frequent problem would be more likely to have moved than those widows for whom transportation was rarely a problem.
CHAPTER IV

Methodology

Subjects

The data for this study were drawn from a study of well-being among widowed women aged 60 years and above who lived in Franklin County, Ohio, in 1987 (see O’Bryant and Morgan, 1990 and O’Bryant, 1991). They were identified through newspaper obituary notices and death notices of men aged 64 and older who died between September 1, 1985 and April 30, 1986. In addition, county death records were also checked for the same time period to identify any deceased who were not found in the obituary notices and to verify addresses, race, and name of spouse.

During the eight-month period, 504 potential participants were identified. Of these, 141 or 28% were ineligible for the following reasons: under age 60 (30); remarried (3); race or ethnic group other than Caucasian or Black (3); institutionalized or deceased (29); had moved to other cities or states (22); not located (23); too ill or not competent to be interviewed (31). Of the remaining widows, 63 or 17% refused to be interviewed. No significant differences were found between those who refused and those who participated on such variables as number of days since husband’s death, husband’s age, respondent’s race, and median income in census.
tract. During 1987, 300 widows were interviewed by trained interviewers who were also widowed. The widows' were interviewed in their own homes at their convenience.

In 1987, following the death of their husbands, most of the widows lived in single-family dwellings (78%); 5% lived in duplexes; another 5% lived in condominiums; 9% lived in apartments; and 3% lived in retirement villages. Most lived alone, but 59 respondents (21.3%) lived with others at the time of the interview. The rate of homeownership was high (83%) and they were long-time residents (M=25 years). The group ranged in age from 60 to 98 years old; the mean was 71.5 years. The racial composition of the sample is 86.3% Caucasian and 13.7% Black, similar to the locale in which the study took place. Nine percent of the sample were under the 1985 poverty level for one-person households, whereas 10.7% had monthly incomes of $2,000 or more. In terms of physical health, the sample was healthy with 67% rating their health as "good" or "excellent."

According to the Annual Housing Survey for the Columbus metropolitan area (U. S. Census, 1989b), the housing of the elderly was similar to the housing of the elderly in the United States as a whole in 1987. For example, in the Columbus metropolitan area, the average age of a dwelling for an adult age 65 or older was 33 years, and for the United States, the average age was 32 years. Likewise, 76.9% of all elderly owned their own homes in the Columbus metropolitan area compared to 74.9% in the United States that year. Among elderly movers in 1987, there were also similarities: 58.3% remained within the Columbus metropolitan area whereas
57.6% remained in the same metropolitan area in the United States.

On the other hand, elderly movers in the Columbus metropolitan area were more likely to be homeowners (75% vs. 52% nationally); given that three quarters of the elderly were homeowners, it is not surprising that a similar percentage of the movers owned their homes. It is not clear why the Columbus metropolitan area data does not reflect the United States as a whole in this respect but there were some differences in the reasons given for moving (U. S. Census, 1989b). Columbus metropolitan area elderly listed housing costs and "changing housing needs" as their reasons to move, whereas in the U.S. sample, most residents moved to be closer to family and friends. In the Columbus metropolitan area, 58% of the elderly movers lived in households of two people whereas only 35% of the elderly U.S. movers lived in two person households. Unfortunately, information about the marital status of the recent movers is not given and that may be important in explaining these differences. Also in the Columbus metropolitan area, 1987 was a record year for home sales (PACE Real Estate, 1987) because of lower interest rates. That upturn in the housing market may have encouraged older homeowners to sell their homes.

External validity was enhanced because the sample was selected randomly from all potential participants who were widowed during the study period in the county and who were not institutionalized. According to a subsequent study of this sample, there had been a small drop-out rate as a result of death or illness (3%) between 1987 and 1989 (Edgar, 1989).
Data Collection

At the time the 300 respondents were interviewed in 1987, they had been widowed between 12 and 14 months; 23 had moved before the interview. These widows were omitted from the study because their information regarding housing and health related to their post-move circumstances.

An unobtrusive data collection method was used to follow the residential mobility of the remaining 277 widows (Webb, Campbell, Schwartz, & Sechrest, 1966). The sample was followed for five years (1987, 1988, 1989, 1990, and 1991) using public records. First, telephone directories were utilized. For all participants who were no longer listed, the city directories were checked to determine whether or not the dwelling unit had a new resident. Because of the high rate of homeownership, the PACE real estate transition listings were checked to determine if the property has been sold and if so, whether it was sold by the widow, by her estate, or by a third party. If the property were sold by the widow, then it was determined that she had moved, even if her new address was unknown.

For those widows for whom no information could be found using the foregoing methods, three follow-ups were available. First, obituaries were checked to determine whether or not the widow died in Franklin County during that period and her last address. In addition, because church membership was listed for most widows, pastors or church secretaries were contacted to determine the location of the widow. Finally, a check of property tax records and postal forwarding orders was used to determine whether the widow still owned the property and whether she
received mail at that address.

**Measures**

The purpose of the original interviews in 1987 was to study the physical, economic, and psychological well-being of recent widows. The interview schedule included items pertaining to general socio-demographic information, health, income, and characteristics of the participants' family and housing. There were questions about the cost and condition of the housing, difficulties in housing upkeep, attachment to home and neighborhood, and prior residential experience. In addition, the interviews provided information about other family members, their marital status, location of residence, contact with the widow, and the widows' perception of her children's willingness to help her. The interviewers were also asked to rate the condition of the housing and the neighborhood.

To measure current psychological well-being, two subscales from Bradburn's Affect Balance Scale (Bradburn, 1969) were used. The validity and reliability of the subscales has been established (Larson, 1978; Lawton et al., 1984). The first subscale measures positive affect and has five items such as "feeling pleased about having accomplished something" and "feeling that things are going your way." The second subscale measures negative affect with another five items such as "feeling very lonely or remote from other people" and "feeling depressed or very unhappy." Each "yes" response to a statement is assigned a value of "1" and each "no" is given a value of "0" with scores of 0 to 5 on each subscale.
The widows were asked "With regard to living in this residence, what best describes your present intentions?" Their intentions were measured using a six item scale from "I've already started to move" (1) to "I intend to stay here the rest of my life" (6). The scale included a "don't know" response. The housing satisfaction and neighborhood satisfaction scales had been used in prior research (O'Bryant & Murray, 1986; O'Bryant & Wolf, 1983).

Among the measures used on health was one called Functional Health which was developed by O'Bryant (1989). This scale included seven activities related to daily living in which assistance might be provided; the list included assistance with dressing and toileting, meal preparation, and moving around the home and the neighborhood. The widows were asked to respond on a four-point scale how often they needed assistance with these activities. This list was a mixture of the Assisted Daily Living (ADL) list and the Instrumental ADL list (Kane & Kane, 1981). Like both the ADL and the Instrumental ADL lists, it uses self-reporting. But it is also like the Older Americans Resource Scale (OARS) which has a three-point response scale. The advantage to the present measure is that mobility questions were added; overall, the seven activities were related to the ability to live independently. Scores ranged from 7 to 28.

The scales on family support were adapted from the work of Lopata (1973) and have also been used by Kivett (1985). For example, the widows were asked how often they saw each of their children and how often they talked with each on the telephone. They were also asked "if something happened that you needed more help,
how likely is it that this child could or would help you?"

The widows were asked about four types of assistance (help with transportation, yard work, housework, and repairs), who helps them, and how often on a seven-point scale. These activities were related to the upkeep of the housing or ability to manage the home and, therefore, to whether or not the widow would be able to remain in the home.

Table 1: Operational Definitions

<table>
<thead>
<tr>
<th>Independent or criterion variables</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention to Move</td>
<td>Intention to move is measured on a scale of six items ranging from &quot;intend to stay here the rest of my life&quot; to &quot;have started to move.&quot; Response options include &quot;do not know&quot; category.</td>
</tr>
<tr>
<td>Moved</td>
<td>A widow who no longer resides at the residence where she lived when her husband died is defined as having moved</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Dependent or Predictor Variables</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed Moving with Husband</td>
<td>Widows were asked whether they had discussed moving with their husbands if &quot;anything happened to him&quot; (yes/no). They were also asked an open-ended question about his response to the discussion.</td>
</tr>
</tbody>
</table>
Table 1. continued

**Housing Satisfaction**
Housing satisfaction was measured on a seven-point scale with 7 = very satisfied to 1 = not at all satisfied.

**Neighborhood Satisfaction**
Neighborhood satisfaction was measured on a seven-point scale with 7 = very well satisfied to 1 = not at all satisfied.

**Homeownership**
Home is owned or co-owned by widow.

**Recent mover**
Recent mover is defined as any widow who moved within five years of the death of her spouse.

**Informal Support**

**Proximity of relatives**
The proximity of relatives was measured by the number of adult children and siblings who lived within one hour from widow.

**Assistance from family, friends, and paid workers**
1) Widows were asked about four tasks in which they receive help such as transportation, housework, yard work, and repairs, who provided the help (if anyone), and how often;

2) Widows were asked if they needed more help, the likelihood that adult could or would assist on a five-point scale with 1 = not at all likely to 5 = very likely.

**Neighbor support**
Widows were asked how many neighbors were also close friends (actual number).
Table 1. continued

**Health**

**Reported Health Status**
Reported health status was measured on a four-point scale with 1 = poor to 4 = excellent.

**Reported Change in Health Status**
Widows were asked to rate their health compared to two years ago using a three-point scale 1 = worse to 3 = better.

**Functional Health**
Widows were asked if they needed assistance with seven activities, such as meal preparation, dressing, and walking and asked to report how often they needed such assistance on a four-point scale with 1 = never to 4 = always.

**Psychological well-being**
Psychological well-being was measured using the positive and negative affect subscales from Bradburn’s Affect Balance Scale.

**Life Satisfaction**
Widows were asked how they felt about their lives as a whole; life satisfaction was measured on a seven-point scale from 1 = terrible to 7 = delighted.

**Financial**

**Reported economic status**
The reported financial situation was measured using a four-point scale with 1 = really restricted to 4 = fairly well off.

**Reported changes in financial situation**
Widows were asked about changes in financial situation since the death of their spouse using a four-point scale with 1 = much worse to 4 = better.
Table 1. continued

**Reported income**  
Widows were asked to select one of 20 monthly income categories.

**Transportation**

**Transportation problems**  
Using a three-point scale with 1 = never to 3 = always, widows were asked whether or not transportation was a problem for them.

**Drive**  
Widows were asked if they drove a car (yes/no).

Because of the wealth of data collected, it was possible to check for internal validity on many of the housing and residential mobility issues. As expected, for example, there were significant correlations between housing satisfaction, neighborhood satisfaction, and life satisfaction. Likewise, there were significant correlations among the health and financial variables. The internal validity of the study was enhanced by the use of statistical controls, such as controlling for living alone and for childlessness.
CHAPTER V

Data Analysis

The study followed 300 women who were widowed from September 1985 to April 1986 over a five-year period to track their residential mobility. Public records, such as telephone, city, and church directories, tax and real estate records, postal records, and obituaries, were used to determine whether or not each respondent had changed her residence during that time period and whether or not she was still living as of December 31, 1991.

Descriptive Results

At the time of the interview in 1987, there were 277 widows who had not moved. The remaining 23 widows had moved between the time of their spouse’s death and the time of the interview. Except for one question on discussion of moving with their late spouse, these early movers were excluded from the analysis because their responses reflected their new housing rather than their housing at the time of the husband’s death. After the interview, 43 more widows moved; thus, a total of 66 widows moved after the death of their spouse. Of the original group of 300, 22 died during the five-year period; 19 of those who died had not moved from the home they had shared with their late husbands.
Table 2. Descriptive Socio-Demographics Characteristics of the Sample (N=277)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percent</th>
<th>Mean or Median and SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>12.6</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>28.6</td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td>75-79</td>
<td>18.4</td>
<td></td>
</tr>
<tr>
<td>80-84</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td>3.6</td>
<td>M=7.19, SD=6.47</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>85.6</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>14.4</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td>Median = $950/month</td>
</tr>
<tr>
<td>Economic Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;really restricted&quot;(1)</td>
<td>13.4</td>
<td></td>
</tr>
<tr>
<td>&quot;rather short&quot;(2)</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>&quot;comfortable&quot;(3)</td>
<td>67.4</td>
<td></td>
</tr>
<tr>
<td>&quot;fairly well-off&quot;(4)</td>
<td>10.4</td>
<td>M=2.76, SD=.82</td>
</tr>
<tr>
<td>Financial Situation Since</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death of Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;much worse&quot;(1)</td>
<td>15.2</td>
<td></td>
</tr>
<tr>
<td>&quot;a little worse&quot;(2)</td>
<td>31.2</td>
<td></td>
</tr>
<tr>
<td>&quot;about the same&quot;(3)</td>
<td>44.2</td>
<td></td>
</tr>
<tr>
<td>&quot;better&quot;(4)</td>
<td>9.4</td>
<td>M=2.48, SD=.86</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>32.5</td>
<td></td>
</tr>
<tr>
<td>Completed high school</td>
<td>48.0</td>
<td></td>
</tr>
<tr>
<td>More than high school</td>
<td>19.5</td>
<td>M=11.67, SD=2.62</td>
</tr>
<tr>
<td>Reported Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Poor&quot;(1)</td>
<td>9.7</td>
<td></td>
</tr>
<tr>
<td>&quot;Fair&quot;(2)</td>
<td>27.4</td>
<td></td>
</tr>
<tr>
<td>&quot;Good&quot;(3)</td>
<td>52.0</td>
<td></td>
</tr>
<tr>
<td>&quot;Excellent&quot;(4)</td>
<td>10.9</td>
<td>M=2.64, SD=.80</td>
</tr>
</tbody>
</table>
Table 2. continued

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percent</th>
<th>Mean or Median and SD</th>
</tr>
</thead>
</table>

**Health Compared to Two Years Ago**
- "poorer" (1) 21.7
- "same" (2) 67.5
- "better" (3) 10.8 \( M=1.89, SD=.56 \)

**Functional Health**
- Need no assistance (0-7) 49.5
- Need some assistance (8-9) 19.9
- Need regular assistance (10-14) 19.7
- Need a great deal assistance (15) 10.9 \( M=9.47, SD=4.05 \)

**Own Home**
83.3

**Live Alone**
78.7

**Duration of Residence (in years)**
- 0-5 8.3
- 6-9 5.8
- 10-19 19.1
- 20-29 27.8
- 30-39 31.4
- 40-49 6.8
- 50+ .8 \( M=24.18, SD=11.91 \)

**Housing Satisfaction (1-7 Scale)**
\( M=6.47, SD=.95 \)

**Neighbors Who are Friends**
- None 31.0
- 1 neighbor 19.1
- 2 neighbors 20.2
- 3 neighbors 9.4
- 4 neighbors 7.9
- 5+ neighbors 12.3 \( M=2.12, SD=2.65 \)

**Neighbor Satisfaction (1-7 Scale)**
\( M=6.25, SD=1.25 \)
Table 2. (continued)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percent</th>
<th>Mean or Median and SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transportation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;never a problem&quot;</td>
<td>77.6</td>
<td></td>
</tr>
<tr>
<td>&quot;sometimes a problem&quot;</td>
<td>18.4</td>
<td></td>
</tr>
<tr>
<td>&quot;always a problem&quot;</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td><strong>Drive a Car</strong></td>
<td>68.6</td>
<td></td>
</tr>
</tbody>
</table>

Descriptive data taken from the interviews of the 277 widows, and which took place 12-14 months after the death of spouse is presented in Table 2. The widows' mean age was 71.8 years. The majority were between 65 and 74 years of age, but 32% were between 75 and 98 years. The racial composition corresponded to that of the metropolitan area: 85.6% of the widows were Caucasian and 14.4% were Black. Almost half (48%) had a high school education, and 19.5% had education beyond the high school level.

Most of the widows perceived themselves to be comfortable or financially well-off (78.3%). Almost half (46.4%) said that their financial situation had worsened since the death of their spouse, yet another 44.2% reported that it was "about the same", and 10% felt they were better off. Their median monthly income was $950, with a range of $200 to over $2,000 a month. According to the Annual Housing Survey (U. S. Census, 1989a), their median income was slightly below the median monthly household income for older adults in the United States ($1,109); the latter figure, however, includes income of males as well as females.
The majority (52%) of the widows reported that they were in "good health," and about two-thirds (67.5%) said that their health was the same as it had been two years previously. There was a small group (9.7%) who reported that they were in "poor health" and about a fifth (21.7%) who said that their health had become poorer in the past two years. An index of functional health was also utilized to examine their need for assistance. It was composed of seven items including: help with walking, using a cane, using a wheel chair, trouble with getting to the bathroom on time, trouble standing for a long time, trouble getting around the yard or the neighborhood, and trouble getting dressed. The scale ranged from never = 1 to always = 4. The index scores ranged from 7 to 24. Almost half (49.5%) of the widows said that they never needed any of the seven kinds of assistance. The remaining women, however, needed occasional assistance with one or two activities. Although the widows had lost their husbands in the recent past, they had a positive attitude about life. On a seven-point scale which measured life satisfaction, their mean score was 5.11.

These widows were more likely to own their homes than the elderly in general. Most widows (83.3%) owned or coowned their homes whereas 76.9% of the elderly in this metropolitan area owned their homes in 1987. Unmarried older women in this metropolitan area had a lower rate of homeownership in 1980 (52.2%) (U. S. Census, 1983) but this figure includes women who never married and those who were divorced as well as widowed. Thus, the higher rate of homeownership is closer to that of married couples (84%) in the metropolitan area and may reflect the recency of their widowhood.
The widows were, as expected, long-time residents; less than 15% had moved in the past 10 years and 31.4% had lived in their present residence for 30-39 years. This reflects the pattern of homeownership following World War II; many of these were the homes which were purchased early in the marriage and in which the children were raised. At the time of the interview, the majority of the widows (78.7%) were living in their homes alone. Only 21.3% lived with another, usually an adult child—although in three households, an elderly mother lived with the widows. The widows were highly satisfied with their homes ($M = 6.47$ on a 7-point scale) and almost as satisfied ($M = 6.25$ on a 7-point scale) with their neighborhoods.

The widows in this group were active and relatively mobile. Only 4% reported that transportation was "always a problem." About two-thirds (68.6%) reported that they still drove a car. Those who needed help with transportation received it from their children or from neighbors and friends.

Although this cohort has a lower fertility rate because their childbearing years occurred during the Depression or World War II, 86% of the U.S. women over age 65 have at least one living child (Crimmins & Ingegneri, 1990). As reported in Table 2, most of the widows in the present study also at least one living child (84.5%). More than half had a living daughter (57.0%). Likewise, most of the widows (87%) had one or more siblings who were living.
Table 3. Family Characteristics of the Sample (N=277)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have living children</td>
<td>84.5</td>
<td>1.16</td>
</tr>
<tr>
<td>Have living daughter</td>
<td>57.0</td>
<td></td>
</tr>
<tr>
<td>Have living sibling</td>
<td>87.0</td>
<td></td>
</tr>
</tbody>
</table>

On the other hand, the widows did not have as many neighbors who were friends as might be expected for long-time residents (see Table 2). Almost one-third (31.0%) had no neighbors who were friends, whereas 39.3% had only one or two neighbors who were friends. Later analysis revealed that widows who were long-time residents were less likely to have neighbors who were close friends (see Table 5). The absence of friends may reflect the changing population of their neighborhoods, which the majority (62%) described as mixed ages; but, on the other hand, 35% reported that there were no new neighbors in the past year. One explanation for the absence of friends nearby is that their long-time friends may have moved as they retired or aged and others may have died. But it may also be that their friends are more widely dispersed in the community and elsewhere.

To measure the extent to which the widows needed assistance with their housing, they were asked about four types of assistance (transportation, repairs, housework, and yard work) and how often they needed help with these activities. This assistance was provided by family, friends, neighbors, and hired help. The four types were chosen as ones which could have an impact upon retaining a home or
moving, in cases where upkeep became difficult. Most of the widows (n = 247) needed assistance with one or more of these activities at least once a year and all but nine respondents reported that they received it. On the average, the widows needed assistance related to transportation or housing a few times a year. Those who received help more often may have been able to postpone moving and to stay in their homes longer. But there might also be a point at which friends, family, and neighbors would feel too burdened to provide further support and the widows might have to move.

**Intention to Move**

As shown in Table 4, most of the widows did not intend to move. Only 24 of the widows (8.7%) planned to move, whereas another 40 or 14.4% were unsure. The largest group (46.6%) planned to stay in their homes as long as they could, which indicates that, although they had not made plans to move, they recognized that they might have to move later. But almost a third (30.3%) intended to remain in their homes the rest of their lives. Overall, more than three-quarters (76.9%) were not planning to move.
Table 4. Intention to Move (N=277)

<table>
<thead>
<tr>
<th>Intention</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have started to move (1)</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Move next year (2)</td>
<td>10</td>
<td>3.6</td>
</tr>
<tr>
<td>Move in next few years (3)</td>
<td>13</td>
<td>4.7</td>
</tr>
<tr>
<td>Do not know (4)</td>
<td>40</td>
<td>14.4</td>
</tr>
<tr>
<td>Stay as long as I can manage (5)</td>
<td>129</td>
<td>46.6</td>
</tr>
<tr>
<td>Stay here for the rest of my life (6)</td>
<td>84</td>
<td>30.3</td>
</tr>
</tbody>
</table>

Inferential Results

The means and standard deviations of all the variables used in the analyses are reported in Table 5 (see Appendix). Pearson’s r correlation coefficients ranged from .0136 to .2505 (Table 5). For this group with N = 277, an r greater than .12 is significant at the .05 level and greater than .155 is significant at the .01 level.

The highest correlation was found between intention to stay and housing satisfaction (r = .25, p < .01). Those who were happy with their homes were more likely to plan to stay there. Another significant correlation was found between homeownership and intention to stay (r = -.15, p < .05). Widows who did not drive were also significantly more likely to intend to stay (r = .16, p < .01). Those who had neighbors who were friends were also planning to stay (r = -.13, p < .05). These variables suggest that the women who intended to stay were more house-bound and also had friends nearby. Contrary to expectations, they did not have more
children or siblings who might help them, nor did they have significantly different amounts of home upkeep support.

**Hypothesis 1.** a) Widows who are dissatisfied with their housing will be more likely to have intended to move than those who are satisfied with their housing.

This hypothesis is supported. Those widows who were less satisfied with their housing were more likely to intend to move \((r = .25, p < .01)\). It should be noted, however, that few of the widows were unhappy with their housing; the mean level of satisfaction was 6.47 on a 7-point scale.

B) Widows who are dissatisfied with their neighborhoods will be more likely to have intended to move than those who are satisfied with their neighborhoods.

There was not a significant correlation between neighborhood satisfaction and intention to move. The hypothesis is not supported.

**Hypothesis 2.** Widows who describe themselves as "fairly well-off" or "comfortable" financially will be more likely to have intended to move than those who describe themselves as "rather short" or "really restricted" financially.

The hypothesis was not supported. There was no significant correlation between reported financial status and intention to move. A follow-up analysis revealed that there was no significant correlation between subjective change in financial situation and intention to move, but there was a significant correlation between reported income and intention to move \((r = .12, p < .05)\). Those widows with higher reported incomes were more likely to intend to move than widows with lower reported incomes.
Hypothesis 3. Widows who are not homeowners will be more likely to have
intended to move than those who owned their homes.

Those widows who did not own their homes were more likely to intend to move
(r = -.15, p < .05). The hypothesis is supported.

Hypothesis 4. a) Widows who do not have living children will be more likely to
have intended to move than those who have living children.

There was no significant relationship between childlessness and intention to
move. The hypothesis is not supported.

b) Childless widows whose siblings live more than one hour away will be more
likely to have intended to move than those whose siblings live less than one hour
away from them.

The number of childless widows with at least one sibling (n = 33) was too small
to analyze the influence of proximity; 15 widows had siblings nearby and 18 had
siblings living more than one hour away. The hypothesis could not, therefore, be
tested.

c) Widows whose adult children all live more than one hour away will be more
likely to have intended to move than those with at least one adult child living less than
one hour away.

There were only 24 widows whose adult children all lived more than one hour
away. The number was too small to analyze the influence of proximity upon intention
to move. The hypothesis could not be tested.
d) Widows who needed help, but did not receive it from children, will be more likely to have intended to move than those who received help.

There were only nine widows who needed help but did not receive it. Therefore, the hypothesis could not be tested.

e) Widows who perceived that no adult child is likely to provide help in times of illness will be more likely to have intended to move than those who perceived that they would be helped.

The number of widows who perceived that no adult child would be likely to provide help was too small (n = 10) to conduct the analysis. The vast majority of the widows, even those who did not see or speak to their children on a regular basis, perceived that it was highly likely that their child or children would help them in times of illness. The hypothesis could not be tested.

f) Widows who do not have a neighbor who is a close friend will be more likely to have intended to move than those who have a neighbor who is a close friend.

Widows who did not have a neighbor who was a close friend were more likely to have intended to move than those who had a neighbor who was a close friend (r = .13, p < .05). The hypothesis is supported.

Hypothesis 5. Widows who are not living with others will be more likely to have intended to move than those who are living with others.

There was no significant correlation between living arrangements and intention to move. The hypothesis was not supported.
Hypothesis 6. Widows who are over age 75 will be less likely to have intended to move than those who are younger.

There was no significant correlation between age and intention to move. The hypothesis is not supported.

Hypothesis 7. Widows who discussed moving with their late husbands will be more likely to have intended to move than those who did not discuss moving with their late husbands.

Because the hypothesis is applicable to all 300 widows, this analysis is discussed at the end of this chapter.

Hypothesis 8. Widows who (a) report themselves as being in "poor" health and (b) who evidence lower psychological well-being will be more likely to be undecided about moving in the future than those who report that they are in better health and who evidence higher psychological well-being.

There was no significant relationship between reported health status and intention to move. There was also no significant relationship between negative psychological well-being and intention to move. The hypothesis is not supported. A follow-up analysis using an alternative measure, life satisfaction, revealed that lower life satisfaction was significantly related to intention to move (r = .14, p < .05).

Several post hoc analyses were conducted comparing the group of widows who did not know whether they intended to move with (a) those who intended to move and (b) those who intended to stay. A three-way ANOVA was performed using reported health status, reported change in health status, functional health, and life satisfaction.
Of these variables, only reported change in health status was significant ($F = 4.236$, $df = 276, p < .015$). The multiple $R$ squared was .030. Thus, widows who were undecided about moving were more likely to have reported that their health status had worsened in the past two years, but they did not report significantly poorer health, poorer functional health, or lower life satisfaction than those who planned to move or those who planned to stay.

**Predictors of Intention to Move**

A stepwise regression analysis was run in order to determine the best predictors of intention to move for older widows. The results which are significant to .05 are found in Table 6. Housing satisfaction was the most powerful predictor in the equation and explained 6.5% of the variance. Homeownership, driving a car, functional health, subjective health status, and life satisfaction together with housing satisfaction explained a total of 19.5% of the variance. Thus, widows who were highly satisfied with their housing, owned their homes, did not drive a car, had good functional and subjective health, and were satisfied with their lives in general were more likely to intend to stay. Those who were dissatisfied with their housing, did not own their homes, drove a car, had poorer functional and subjective health, and were less satisfied with life were more likely to intend to move.
### Table 6. Regression of Intention to Move Among Older Widows on Predictor Variables (N=277)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Satisfaction</td>
<td>.306</td>
<td>.069</td>
<td>.270</td>
</tr>
<tr>
<td>Homeownership</td>
<td>.652</td>
<td>.195</td>
<td>.206</td>
</tr>
<tr>
<td>Drive Car</td>
<td>.330</td>
<td>.137</td>
<td>.154</td>
</tr>
<tr>
<td>Functional Health</td>
<td>-.055</td>
<td>.016</td>
<td>-.222</td>
</tr>
<tr>
<td>Health Status</td>
<td>-.246</td>
<td>.083</td>
<td>-.197</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>.124</td>
<td>.062</td>
<td>.122</td>
</tr>
<tr>
<td>Constant</td>
<td>2.325</td>
<td>.621</td>
<td></td>
</tr>
</tbody>
</table>

Multiple R  
R. Squared  
Adjust R Squared  
Standard Error  

<table>
<thead>
<tr>
<th>Analysis of Variance</th>
<th>DF</th>
<th>Sum of Square</th>
<th>Mean Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>6</td>
<td>48.50</td>
<td>8.08</td>
</tr>
<tr>
<td>Residual</td>
<td>229</td>
<td>199.55</td>
<td>.87</td>
</tr>
</tbody>
</table>

E = 9.28  Significant E = .00001

### Summary of Findings Regarding Intention to Move

Because of the high correspondence between the set of predictors for intention to move and the set for moving, the same set of variables were entered into both analysis. Therefore, although no hypotheses were made regarding driving a car and intention to move, driving a car proved to be significantly correlated with intention to
move ($r = .15, p < .01$), and, in the multiple regression analysis, it was a significant predictor of intention to stay. Widows who did not drive were more likely to intend to stay. These widows were also more likely to live with others ($= 7.17, df = 1, p < .01$), and they reported that they did not have transportation problems. No doubt they depended upon those who shared their housing for transportation and, therefore, did not have transportation difficulties.

As expected, the hypotheses regarding intention to move which were related to housing satisfaction and homeownership were proved. Some of the variables which are mentioned in the literature about residential mobility, such as neighborhood satisfaction and living alone, were not found to be significant factors.

Of the measures of informal support, only having a neighbor who was a close friend was significantly related to intention to stay. None of the measures of family support, such as having children or siblings or receiving assistance, were significant. Even the amount of assistance on four housing-related tasks which the widow received from family and friends, was not significantly correlated with intention to move. Many of the widows, however, did not need assistance from others; they were carrying out the tasks themselves. Those who did need the assistance needed it infrequently and, therefore, they were probably not asking for help too often nor perceived as a burden by others.

Moving

The residential mobility of the entire group of widows ($N = 300$) is presented in Table 7. In the first 12 to 14 months after the death of their spouse and before the
interviews were conducted, 23 widows moved. Following the time of the interview and during the next five years, 43 additional widows moved. The majority of the post-interview moving occurred in the 4th and 5th years (n = 24). A analysis of moving and the time period was not, however, significant.

Table 7. Residential Mobility of Older Widows, 1987-1991 (N=300)

<table>
<thead>
<tr>
<th>Residential Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stayed</td>
<td>235</td>
<td>78.3</td>
</tr>
<tr>
<td>Actually Moved</td>
<td>66</td>
<td>21.7</td>
</tr>
</tbody>
</table>

Inferential Results

The analysis of moving included the widows who moved in the post-interview period (n = 277). The means and standard deviations of all the variables used in the hypotheses are reported in Table 8 (see Appendix). The results of the zero-order correlations are also reported in Table 8. As expected, the strongest correlation was between intention to move and actually moving (r = -.26, p < .01). Although earlier studies (Speare et al., 1975; Yee & Van Arsdol, 1977) have not found a strong relationship between desire to move and actual moving, this may be because they studied "desire" rather than "intention" to move.

There was also a significant correlation between housing satisfaction and moving (r = -.14, p < .05), but there was no significant correlation between neighborhood satisfaction and moving.
It was expected that moving would be related to the availability of informal support and several hypotheses were related to family and friends. There were, however, no significant correlations between having children, siblings, or neighbors who were friends and actually moving. Likewise, there was no significant correlation between housing variables such as homeownership, duration of residence, and having moved within five years, and actually moving. Those widows who did not have an adult child living nearby, were, however, significantly more likely to move.

**Hypothesis 1.** A) Widows who intended to move will be more likely to have actually moved than those who did not intend to move.

This hypothesis was supported. Widows who intended to move were more likely to have moved than those who did not intend to move ($r = -.26$, $p < .01$).

B) Widows who had discussed moving with their husbands will be more likely to have moved than those who had not discussed moving with their husbands.

Because this hypothesis is applicable to all 300 widows, this analysis is included at the end of the chapter.

C) Widows who were undecided about moving will be more likely to have moved than those who had decided to move or who wanted to stay.

Of the 40 widows who did not know whether or not they would move, 7 did move during this period. A three x three analysis showed that there were significant differences between those who planned to move, those who planned to stay, and those who were undecided ($\chi^2 = 14.42$, df $= 2$, $p < .001$). This hypothesis was supported.
Hypothesis 2. Widows who were living with others will be less likely to have moved than those who lived alone.

There was no significant correlation between living alone and moving; thus, the hypothesis is not supported.

Hypothesis 3. Widows who described themselves as "rather short" or really restricted financially will be more likely to have moved than those who were better off financially.

There was no significant correlation between subjective financial status and moving. The hypothesis is not supported. A follow-up analysis revealed that there was no significant correlation between moving and reported income, but there was a significant correlation between subjective change in financial status since the death of the spouse and moving (r = -.12, p < .05).

Hypothesis 4. Widows who were over age 75 will be more likely to have moved than those who were younger.

There was no significant correlation between age and moving. The hypothesis is not supported.

Hypothesis 5. (a) Widows who are dissatisfied with their housing will be more likely to have moved than those who were satisfied.

There was a significant correlation between housing satisfaction and moving (r = -.14, p < .05). Widows who were dissatisfied with their housing were more likely to have moved than those who were satisfied. The hypothesis is supported.
(b) Widows who were dissatisfied with their neighborhoods will be more likely to have moved than those who were satisfied.

There was no significant correlation between neighborhood satisfaction and actual moving. The hypothesis is not supported.

Hypothesis 6. Widows who did not own their homes will be more likely to have moved than those who did own their homes.

There is no significant correlation between homeownership and moving. This hypothesis is not supported.

Hypothesis 7. Widows who moved in the five years prior to their spouses' deaths will be no more likely to move than those who were long-time residents.

There were 23 widows who had moved in the five years prior to the death of their spouse, and seven moved again in the five years after his death. A two x two analysis of recent movers, and actually moving was significant ($\chi^2 = 4.26, df = 1$, $p < .05$). The hypothesis is not supported.

Hypothesis 8. Widows who reported that they were in poor health or who reported a recent decline in their health status will be more likely to have moved than those who reported they were in better health or reported that their health condition was stable.

There were no significant correlations between reported health status and moving or between a reported decline in health status and moving. Therefore, the hypothesis is not supported. A follow-up analysis revealed that there was, however, a significant correlation between poor functional health and moving ($r = .16, p < .05$).
Those widows who needed assistance with personal care and who had difficulty getting around their homes, yards, and neighborhoods were more likely to have moved.

**Hypothesis 9.**  
A) Widows whose adult children all live more than one hour away will be more likely to have moved than those with at least one adult child living less than one hour away.

There were only 24 widows who had all of their adult children living more than one hour away. Of these, 7 moved and 17 stayed in their homes. A two x two analysis showed that significant results between those whose children lived within 1 hour or less and those whose children lived more than 1 hour away (\( \chi^2 = 4.25, \text{df} = 1, p < .05 \)). The hypothesis is supported.

B) Widows whose daughters live more than one hour away will be more likely to have moved than those whose sons live more than one hour away.

This hypothesis was designed to test the theory that widows who did not have children nearby would prefer to move towards daughters, who might better assist them. There were 10 widows who had only daughters and whose daughters all lived more than one hour away. Only one of these widows moved. There were nine widows who had only sons and whose sons all lived more than one hour away and three of these widows moved. In eight families, the daughters lived more than one hour away and the sons lived less than one hour away. In this group, two widows moved. Because of the small number of widows, analysis could not be performed and the hypothesis could not be tested.
C) Childless widows with siblings who lived more than one hour away will be more likely to have moved than those with siblings who lived less than one hour away.

The hypothesis could not be tested because there were too few childless widows with siblings ($n = 33$). Of the 15 widows with siblings nearby, 3 moved. Of the 18 widows with siblings more than one hour away, 4 moved.

D) Widows who needed help, but did not receive it from adult children, will be more likely to move than those who did receive help from adult children.

The hypothesis could not be tested because the number of widows who needed help and did not receive it was too small ($n = 9$). Only one widow in this group moved.

E) Widows who perceived that no adult child would be likely to help them if they were ill will be more likely to move than those who perceive that they would receive help if ill.

There were too few widows who perceived that they would not be likely to receive assistance if ill or who did not know ($n = 10$) to analyze; only two widows in this group moved. The hypothesis could not be tested.

F) Widows who had at least one neighbor whom they described as a close friend will be less likely to have moved than those without a close friend in the neighborhood.

The hypothesis was not supported. There was no significant correlation between having a neighbor who was a friend and moving.
**Hypothesis 10.** Widows who identified transportation as a frequent problem would be more likely to have moved than those widows for whom transportation was rarely a problem.

The hypothesis is not supported. There was no significant correlation between transportation problems and moving. A follow-up analysis revealed that there was also no significant correlation between driving a car and moving.

**Best Predictors of Moving**

**Probit analysis.** Because moving was a "yes/no" response variable, logistic analysis using the probit procedure was conducted to identify predictors of moving. The probit analysis accepted all of the 277 cases and all but two of the variables, i.e. the change in health status and having a daughter. These two variables were not accepted because a constant covariate was encountered and a coefficient could not be estimated.

In this procedure, the ratio of coefficient to its standard error (called a $t$ statistic) is used to determine significant predictors of moving (Aldrich & Nelson, 1984). The $t$ statistic is used to test the null hypothesis that the coefficients are zero. Thus, values which are far from zero contradict the null hypothesis and suggest that it should be rejected. A variable with a high ratio is, therefore, a better predictor. Positive ratios indicate that the variable decreases the odds of moving whereas negative ratios indicate an increase in the odds of moving. The results are found in Table 9, column 3. The significance of the $t$ statistic is determined using the table for the Student's $t$. 
Table 9. Probit Analysis of Actual Moving\(^1\) (N=277)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Regression Coeff.</th>
<th>Standard Error</th>
<th>Coeff./S.E.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Satisfaction</td>
<td>-.12574</td>
<td>.11053</td>
<td>-1.13762</td>
</tr>
<tr>
<td>Drive Car</td>
<td>-.17109</td>
<td>.25779</td>
<td>-.66370</td>
</tr>
<tr>
<td>Neighbor/Friend</td>
<td>-.03028</td>
<td>.04599</td>
<td>-.65829</td>
</tr>
<tr>
<td>Change Financial Status</td>
<td>-.32009</td>
<td>.12801</td>
<td>-2.50049</td>
</tr>
<tr>
<td>Intention to Move</td>
<td>-.31971</td>
<td>.10093</td>
<td>-3.16774</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>.10483</td>
<td>.10618</td>
<td>.98728</td>
</tr>
<tr>
<td>Homeownership</td>
<td>-.08870</td>
<td>.33420</td>
<td>-.26541</td>
</tr>
<tr>
<td>Age</td>
<td>-.00387</td>
<td>.01741</td>
<td>-.22226</td>
</tr>
<tr>
<td>Siblings</td>
<td>-.07132</td>
<td>.32774</td>
<td>-.21762</td>
</tr>
<tr>
<td>Child</td>
<td>.14960</td>
<td>.27414</td>
<td>.54570</td>
</tr>
<tr>
<td>Live Alone</td>
<td>-.00394</td>
<td>.25726</td>
<td>-.01533</td>
</tr>
<tr>
<td>Duration of Residence</td>
<td>-.01333</td>
<td>.00972</td>
<td>-1.37054</td>
</tr>
<tr>
<td>Neighborhood Satisfaction</td>
<td>.10786</td>
<td>.09322</td>
<td>1.15708</td>
</tr>
<tr>
<td>Health Status</td>
<td>-.03178</td>
<td>.15867</td>
<td>-.20031</td>
</tr>
<tr>
<td>Functional Health</td>
<td>.05312</td>
<td>.02942</td>
<td>1.80535</td>
</tr>
<tr>
<td>Housing Support</td>
<td>-.02568</td>
<td>.04379</td>
<td>-.58656</td>
</tr>
<tr>
<td>Income</td>
<td>.02929</td>
<td>.02200</td>
<td>1.33143</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Intercept (^2) Standard Error</th>
<th>Intercept/S.E.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.22722</td>
<td>1.67226</td>
</tr>
</tbody>
</table>

Pearson Goodness-of-Fit Chi Square = 267.893  DF = 259  P = .339

Since Goodness-of-Fit Chi square is NOT significant, no heterogeneity factor is used in the calculation of confidence limits.

\(^1\)ML converged at iteration 7. The converge criterion = .00028

\(^2\)Parameter Estimates (PROBIT model: (PROBIT(p) + 5) = Intercept + BX):

Note 5 added to intercept.

All variables were entered into the probit analysis. The analysis revealed five variables which significantly predicted moving; the strongest was the intention to move (t = -3.17) followed by change in subjective financial situation (t = -2.50).

There were also strong relationships between poor functional health and moving
(t = 1.80) and between the number of years the widows had lived in their homes and moving (t = -1.37). Those who had lived there shorter periods of time were more likely in this model to move. Likewise, those who were less satisfied with their housing (t = -1.14) were more likely to move.

Two variables strongly predicted staying: neighborhood satisfaction and reported income. Widows who were satisfied with their neighborhoods are predicted to stay (t = +1.16). Widows who have higher reported incomes are more likely in this model to stay (t = +1.33).

Therefore, there are seven variables which are the most useful in predicting residential mobility: intention to move, a change in subjective financial situation, functional health, duration of residence, housing satisfaction, neighborhood satisfaction, and reported income. Of these, however, intention to move, decline in financial situation, and poorer functional health are the best predictors.

**Discriminant analysis.** A discriminant analysis of Time 1 data was utilized to determine whether widows who later moved could be differentiated from those who did not move (Huck, Cormier, & Bounds, 1974). The results of the discriminant analysis are found in Table 10. In the analysis, all of the 277 cases were used. Wilks' lambda was calculated to be .8653. This is equivalent to an F ratio of 39.06 with 10 degrees of freedom. The probability of obtaining an F this large by chance is less than .00001. Therefore, intention to move, functional health, housing satisfaction, and a change in subjective financial situation do discriminate between the widows who move and those who stay. The classification table in Table 10 shows
that 71.48% of the grouped cases were correctly classified.

Table 10. Discriminant Analysis of Actual Moving (N=227)

Standardized Canonical Discriminant Function Coefficients

<table>
<thead>
<tr>
<th>Variable</th>
<th>Function 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>-0.2313</td>
</tr>
<tr>
<td>Housing Satisfaction</td>
<td>0.2077</td>
</tr>
<tr>
<td>Intention to Move</td>
<td>0.6505</td>
</tr>
<tr>
<td>Change in Financial Status</td>
<td>0.4514</td>
</tr>
<tr>
<td>Duration of Residence</td>
<td>0.2844</td>
</tr>
</tbody>
</table>

Eigen Value  Canonical Variance  Wilk's Lambda  Chi Square  DF  Significance
0.1556        .3670            .8653          39.057         10  .0001

Classification Results:

<table>
<thead>
<tr>
<th>Actual Group</th>
<th>No. of Cases</th>
<th>Predicted Group Membership</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved</td>
<td>43</td>
<td>24</td>
<td>19</td>
<td>55.8% 44.2%</td>
</tr>
<tr>
<td>Stayed</td>
<td>234</td>
<td>60</td>
<td>174</td>
<td>25.6% 74.4%</td>
</tr>
</tbody>
</table>

Percent of "grouped" cases correctly classified: 71.48%

The results of the discriminant analysis confirm the probit analysis. Intention to move, a change in subjective financial situation, and functional health are the best predictors of residential mobility. This provides the most parsimonious model consistent with the observations. Reported income, housing satisfaction, and duration of residence are also, to a lesser extent, useful in predicting residential mobility.
Because intention to move was so strong a predictor, a separate analysis without that variable was run using discriminant analysis. Even without "intention to move," 67% of the grouped cases were correctly classified. This analysis shows that the classification does not depend entirely upon knowing whether the widows intended to move. It also shows, however, that it is easier to predict staying than moving given these variables.

Relationships Between Intention to Move, Moving, and Discussion with Spouse

All of the widows were asked "Did you and your husband ever discuss whether you would move if anything ever happened to him?" Under Intention to Move, Hypothesis 7 stated that "widows who discussed moving with their late husbands will be more likely to have intended to move than those who did not discuss moving with their late husbands."

Because this question was retrospective in nature, it was possible to analyze the responses of all 300 widows in the study, including the 23 who moved prior to the interview. There were 93 widows who had discussed moving with their late husbands. There was, however, no significant correlation between intention to move and discussion of moving with late husband. The hypothesis is not supported.

Open-ended questions regarding the discussion with the husband about moving were also analyzed (n = 89). Husbands were almost equally divided in their opinions: 35 recommended staying, 29 recommended moving, and for 25 of the couples, there was no resolution of the issue. The results of a three x three analysis between intention to move (regrouped into "intend to move", "do not know", "do not know"),
Under Moving, Hypothesis 1(B) stated that "widows who had discussed moving with their late husbands will be more likely to have moved than those who did not discuss moving with their husbands."

Again, because this question was retrospective in nature, it was possible to analyze the responses of all 300 widows, including the 23 who moved prior to the interview; 93 widows had discussed moving with their spouses. But there was no significant correlation between moving and discussion with husband. The hypothesis, therefore, is not supported. A follow-up analysis of the discussion based upon open-ended responses using a two x three analysis also did not show any significant results.

Discussion with husband was not significant in either the multiple regression analysis for intention to move nor in the probit analysis of moving.
CHAPTER VI

Discussion and Recommendations

The residential mobility of older adults has largely been ignored and, when it has been studied, most of the attention has been upon retirement moves of older couples. Yet many older women find themselves widowed in their late 60s and early 70s although they may have many years of life ahead of them. The present study examines whether the housing needs actually change after the death of the spouse, as has been proposed, and if so, the extent to which residential mobility can be predicted for this group.

Wiseman (1980) developed a two-step model of decision-making regarding residential mobility (see Figure 1): first, the re-evaluation of one's housing is usually triggered by a life event, such as retirement, a major change in health, or the death of a spouse; and once the decision is made to move, a second decision is made about the timing and destination of the move. The Wiseman model, however, is somewhat confusing as to the differences between triggering mechanisms and "push-pull" factors and how the two are related. It also does not show the exogenous factors in the diagram. It could also use a feedback loop.

The present study has also examined the developmental model of residential mobility developed by Litwak and Longino (1987) which is based upon the
availability of kin to assist the older adult. According to this model, older women who are widowed will be likely to move if they do not have kin nearby who can assist them if their health deteriorates. Thus, using the Litwak and Longino model, it is predicted that older widows who do not have children or whose children do not live in close proximity would be more likely to move in anticipation of future needs.

**Intention to Move and Moving**

The present research focused upon the residential mobility of the older widows, a group which presumably would be considering a move. Almost three-quarters of them, however, did not intend to move and only 15% actually moved. At the time of the interview, few of them \( n = 24 \) planned to move. Intention to move proved to be the strongest predictor of actually moving, which is somewhat surprising because, in earlier research (Speare et al., 1975; Yee & Van Arsdol, 1977), older adults who said that they wished or desired to move were not significantly more likely to move. First, in both of these previous studies, the respondents were of all ages and they were followed for only one year. In the present study, all the respondents were over the age of 60, and they were followed for five years. Second, both studies had more elaborate models in which they studied the intention to move and distinguished between those who desired to move and those who planned to move. In the present study, the widows were asked whether or not they "intended" to move "within a few years." This question may have probed more into their actual plans.

In the Iowa 65+ Rural Health Study (Colsher & Wallace, 1990), only 2% of the older adults were undecided about moving within the next year. In the present
study, 14.4% of the widows were undecided about moving within the next few years. Perhaps this is because the Iowa study included older men and women who were married as well as single and widowed persons; therefore, that sample included a wider cross-section of older adults. Second, the widows in this study had been widowed recently so perhaps they were still adjusting to the changes in their lifestyles. Third, the Iowa study looked at older adults in a rural setting whereas these widows were long-time residents of a metropolitan area. The Iowa study found that those who were undecided were in poorer health and more depressed than either those who intended to move or those who intended to stay. In the present study, the only significant difference between those who were undecided and the rest of the group was their declining health status. It is likely that the undecided felt that they might be forced to move because of their health in the future, but were delaying the decision.

About a third of the widows (n = 98) reported that they had discussed with their husbands whether they should move if "anything happened to him." This is a little surprising because about twice as many (n = 170) reported that they had some warning that their husbands would die. Thus, most of the deaths were not totally unexpected (although perhaps the widows only recognized the warning later when looking back at the events leading up to the death of the husband). Of those who reported that they had some warning that their husbands would die, only 36.5% (n = 62) actually discussed future moving plans with their spouses. There is no information about the timing of the discussions, but O'Bryant (1991) reports that these
widows found it difficult to discuss such matters when the husband was suffering or appeared to be near death.

It was expected that those who had discussed moving with their husbands would be more likely to move, but there was no significant correlation between those who had discussed moving and actual moving. But, of the 35 widows whose husbands urged them to stay in the family home, 30 of them did so in the next five years. There were 29 widows whose husbands urged them to move, but 25 of them remained in the family home. Finally, in about a third of the cases (n = 25), the couple had discussed moving, but had not resolved the issue.

A different pattern regarding discussion with husband and actual moving appears among the 23 widows who moved prior to the interview; almost half (n = 11) had discussed moving with their husbands, and in every case, the husband had recommended that the widow move. Perhaps the difference between those who carried forth with the decision which they had made with their husbands prior to his death and those who did not is that, over a longer period of time, the widow’s circumstances may have changed. Among the widows who had not moved and who were undecided about moving, only 27% had discussed moving with their husbands and in more than half of the cases (55%), there was no resolution. Perhaps, these widows were undecided because they had made no decision with their late husbands about relocation.

Biggar (1980) found that recent movers are more likely to move again than those who have not moved recently. In the present study, widows (n = 23) who had
moved with their spouses within the past five years were more likely to actually move again than were the long-time residents. These recent movers reported that the moves before the death of the spouse were made for health reasons (34.8%) or because the family home was too large (17.4%). Therefore, in their most recent move, some couples moved into smaller and more convenient housing. Yet, this housing did not meet the needs of seven widows after the death of the spouse. Most of these widows had moved for health reasons before their husbands died and they themselves reported that their own health was worse than two years ago. This suggests that they moved again for health reasons. But, 12 of the 23 widows who had moved after the death of their husband and prior to the interview moved because the family home was too large for them. Almost all expressed the desire to remain in their new housing ($n = 19$), although two planned to move again and another two were unsure. This may reflect unhappiness with their move or at least, slower adjustment to their new surroundings (O'Bryant & Wolf, 1983).

**Financial Situation**

The hypotheses stated that widows who reported that they were better off financially would be more likely to intend to move and more likely to actually move than those who reported that they were financially restricted. Although neither hypotheses as stated was supported, the widow’s financial condition still was an important predictor of residential mobility. This illustrates the danger of relying upon only one measure of financial well-being, especially one which is subjective.

Examination of widows’ actual monthly incomes revealed a significant correlation
between reported income and intention to move. As found by other researchers (Golant, 1982; Lawton et al., 1973), older adults who have higher incomes are more likely to intend to move.

A change in financial condition has not always been a good predictor of actual moving. Tissue and McCoy (1981) found that an increase in income through the Supplemental Social Security program does not increase moving and independent living, but Fillenbaum and Wallman (1984) found that a decline in income also does not predict residential mobility among the older adults in the Duke Longitudinal Study. In the present study, a decline in income was significant in predicting actual moving. The difference may be that all the subjects were widowed women whereas in the Fillenbaum and Wallman study, married couples were included.

Reported income was also significant to a lesser extent in predicting actual moving, with widows who had higher incomes more likely to move. Since there are costs to moving (Speare et al., 1975), it may be that the widows who are less affluent lack the resources to move or find fewer affordable places. More affluent widows may also be able to afford the housing which is currently available for older adults in the community (Franklin County Office on Aging, 1991).

Actual housing costs of the widows in the present study could not be calculated. Twenty per cent of the widows (n = 48) had mortgages on the family home, which is a little higher than the national figure of 17% for the elderly (U. S. Census, 1989a). Unfortunately, many of the widows were unsure about their other housing costs, such as property taxes and utilities, and, therefore, the data on housing
costs is not reliable. Certainly, after a widow has several years of experience with housing costs and repairs, she may find that it is expensive to keep up the family home. Because older adults are less likely to make repairs themselves and more likely to hire others to make these repairs, it may be that the elderly postpone repairs in order to reduce housing costs (Struyk & Soldo, 1980). Therefore, the family home and its upkeep may become a burden over time; the relationship between housing costs, income, and residential mobility needs to be examined over a period of several years.

In summary, financial situation is an important variable to consider in future studies of widows' relocation. Even those who are satisfied with the family home, but who feel that their economic status has declined, are likely to decide to move. Those who are poorer, but who have experienced less of a financial change, are more likely to stay where they are.

Health

Frequently, respondents are asked to rate their own health on a three- or four-point scale. This is thought to be the single "best" measure of determining health status although, as Kane and Kane (1981) point out, older adults are more likely to give themselves higher ratings than would medical specialists. It is believed that this is because they compare themselves with their peers, some of whom have serious health problems; with that benchmark, their own health seems better (Graney, 1985). In this research, 64% of the widows reported their present health status as "good" or "excellent." Reported health status in this study did predict intention to move, but did
not predict actual moving.

Based on recent research using the Longitudinal Survey On Aging (Longino et al., 1991; Speare et al., 1991; Worobey & Angel, 1990), it appears that changes, especially declines in reported health status, are be important predictors of residential mobility of older adults. Although only reported present health status was included in the hypotheses to be tested, zero-order correlations were calculated for change in health status and intention to move and change in health status and actual moving. Neither, however, was significant. As Worobey and Angel point out, most single older adults, even those with declines in their health, do not move. One difficulty in using reported change in health status is that the answers are retrospective; without a significant marker, such as an accident or an illness, it is not easy to recall one’s health status over time.

Because Findley’s research (1988) shows that chronic health problems were more significantly related to residential mobility for older adults than for younger adults, functional health of the widow was used as a variable in the analysis. Functional health is based upon needing assistance with seven types of activities on a daily basis and is a broader measure than subjective health status. The list included items which are found on the ADL list, such as assistance with bathing and dressing, and items related to general mobility, such as assistance with walking or needing to use a wheel chair or cane. Because most of the activities are performed daily or at least several times a week, they cannot be put off until help becomes available. This measure proved to be significant to both intention to move and actually moving.
Although half of the widows never needed assistance with any of the seven activities, those who did need assistance were more likely to intend to move and, later, actually moved.

It is interesting that the widows who moved shortly after the death of their spouse and before the interview, reported that they were in good or excellent health. They were not forced to move quickly because they could not care for themselves. This would appear to confirm Patrick's (1980) theory that there is a "U" shaped relationship between health and residential mobility. Those who are in better health have the energy and resources to look for a place to move and then to actually move. Those who are in very poor health may have to move in order to have daily care and assistance. But, as more in-house services become available to the elderly, they may be able to delay moving and to remain in their homes longer than in the past.

It was expected from the Iowa 65+ Rural Survey (Colsher & Wallace, 1990) that there would be a significant correlation between psychological well-being and intention to move and actually moving. The Bradburn Affect Balance Scale (Bradburn, 1969) was used to assess negative psychological well-being, but there was no significant correlation with either intention to move or with actual moving. In order to further examine the relationships between the widow's psychological well-being, intention to move, and actual moving, an alternative measure, life satisfaction, was utilized. It was a significant predictor of intention to stay. It is interesting, however, that neither psychological well-being nor higher life satisfaction was significantly correlated with actual staying.
Age

In the late 1970s, the elderly over the age of 75 were more likely to move than those between the ages of 65 and 74 (Biggar, 1980). It was expected that there would be a "U" shaped relationship between age and residential mobility for the elderly with the oldest adults more likely to move because of health problems. In the present research, there was no significant relationship between age and intention to move or actually moving. There are at least two explanations for this. First, as the health of the elderly improves, the shape of the curve may be flattening out and perhaps residential mobility is now more likely after age 80. Second, there is no correlation between age and health status after age 65, but the correlation between age and functional health was significant ($r = .21, p < .01$) Knowing a widow's functional health appears to be a better predictor of moving than her age. After the age of 65, health status varies widely (Speare et al., 1991) and, therefore, knowing only the age of an older adult is not a good predictor of residential mobility.

Living Alone

It was also expected that widows who lived alone would be more likely to intend to move, or at least be forced to move, in order to get the care they needed. But, apparently, the desire to live independently (Crimmins & Ingegneri, 1990) continues to be strong because widows who lived alone were not more likely to intend to move or to actually move. Those who lived alone, however, were less likely to need the assistance of others because living alone was significantly correlated with having better reported health, functional health, and higher reported income.
It was expected that those who already lived with others would not be likely to move, and this was true, although 10 of the 59 widows who lived with others did move. It is usually believed that when older unmarried adults live with other family members, it is because the older adults need assistance, but the child’s needs may actually be more useful in predicting co-residence (Ward, Logan, & Spitze, 1992). In the present study, 39 of the widows who had living children lived with an adult child (14.1%); this is slightly lower than the national figure of 18% (Crimmins & Ingegneri, 1990). But the majority of those widows who lived with others also indicated they were the homeowner (n = 50), and almost all of the adult children who lived with the widows were unmarried (n = 35). This strongly suggests that the widow was providing housing for her child or children and that it is the needs of the adult child which are being met. In addition, eight widows were living with grandchildren without an adult child (presumably the parent) in the household. Again, this reinforces the idea that the older generation is giving assistance to younger generations as well as the reverse.

**Importance of Place Ties**

Housing dissatisfaction was an important predictor of both intention to move and actually moving; those who were satisfied with their housing intended to stay and did indeed stay in their homes. But it is important to recognize that almost all of the widows were highly satisfied with their housing. Neighborhood satisfaction was also high, as it is for older adults generally (LaGory et al., 1985; Struyk & Soldo, 1980), but was not significant in predicting intention to move or actually moving. It may be
that these single-item measures are too simplistic and attitudes about housing and
attachment to home need to be studied in order to refine the predictors. As expected
from the work of O'Bryant and Wolf (1983), there is a significant correlation between
housing satisfaction and homeownership ($r = .16, p < .01$); those widows who did
not own their homes were more dissatisfied with their housing than those who own
their homes. It is not surprising that the homeowners, who had lived in their homes
for an average of 25 years, were satisfied; they have spent time and energy making
the home the way that they want it to be. Those who do not own their homes are less
able to make changes in their existing housing and, therefore, perhaps feel less
satisfaction. LaGory et al. (1985) have pointed out that most older adults rate their
housing very highly, and Golant (1982) has suggested that this is because they are
less mobile and spend more time in their homes. Carp and Carp (1981) suggest that
those with higher feelings of personal competence will rate their housing more highly.
The relationship between personal competence and housing satisfaction should be
examined further.

Neighborhood satisfaction is highly correlated with housing satisfaction
($r = .26, p < .01$), and it did appear as an important predictor of moving. The
widows' satisfaction with the neighborhood is correlated with having a neighbor who
is a close friend ($r = .21, p < .01$). In addition, the more affluent women were
more satisfied with their neighborhood. This is hardly unusual because one would
expect that they live in neighborhoods which are more attractive and have less crime;
Struyk and Soldo reported similar findings from a study in Rhode Island (1980). But
the Philadelphia study (Lawton et al., 1973) found that the more affluent were less satisfied with their neighborhoods. Obviously, the relationship between income and neighborhood satisfaction needs to be explored in more depth.

With respect to health, widows who had poorer functional health were less satisfied with their neighborhoods (r = -.13, p < .05). One explanation for this finding is that they are less able to get around in the neighborhood because of health problems; perhaps, their mobility is limited because of physical barriers in the neighborhood (Carp & Christensen, 1986; Struyk & Soldo, 1980). Poor functional health was also related to lower housing satisfaction; widows who needed assistance or who have limited mobility may be finding that their long-time homes and neighborhoods are more difficult to get around than they once were. Further examination of these relationships is needed because Golant (1982) found that the more house-bound were more satisfied with their housing and neighborhoods.

There was no significant correlation between the number of years a widow had lived in her home and either intention to move or actually moving. There was, however, a significant correlation between the number of years and homeownership. Those widows who were long-time residents were more likely to be homeowners. There is evidence, however, that their neighborhoods were changing. The widows who were long-time residents were less likely to have neighbors who were close friends, indicating that the population of the neighborhoods may have changed. Perhaps, their friends have moved or died. It might also be that the older widows are not able to maintain contact with neighbors who had been close friends because of
their health.

**Transportation**

Because earlier research on widows (O'Bryant & Murray, 1986) suggests that widows who have transportation difficulties relocate, it was expected that the same results would be found in the present study. Most of these widows did not have difficulties with transportation (77.6%), although there were some who did not drive ($n = 87$). But, most of those who did not drive did not report transportation problems. In fact, those who did not drive were more likely to intend to stay. But they also lived with others and, apparently, they either depended upon these "others" for transportation or they lived close enough to shopping and other facilities to walk to them or to take the bus. The widows did not often rely upon others for transportation, but when they did so, they turned to family members for assistance.

But, if one lived alone and had to give up driving, transportation might be a difficult problem if public transportation is not available. A widow might, therefore, move to a location where transportation was available, either public transportation or transportation provided by the housing facility. Questions relating to previous ability to drive were not included in the interview and, therefore, there is no way to know which widows had never driven and which had given up driving because of health problems. In addition, during the five-year period following the interviews, some of the widows may have had to give up driving for health reasons. This change is not reflected in the data.
Informal Support

Adult Children and Siblings. Several researchers who have studied residential mobility of older adults (e.g. Longino et al., 1991; Speare et al., 1991; Worobey & Angel, 1990) have used having living children or having a daughter as a measure of family support. Although neither of these measures has been shown to be significant in predicting residential mobility in the earlier studies, they were included with other family variables in measuring informal support in the present study. In addition, whether the widow had living siblings was also included in the zero-order correlations.

Although it was expected that having no adult children would be an important predictor of intention to move or actually moving, it was not significant for either. Childless widows were no more likely to move than those who had children. They may have built up support networks over the years which took the place of the support traditionally given by children. It might be that prior to the death of the husband, they had chosen more convenient and efficient housing. The childless widows were more likely to have discussed moving with their husbands prior to his death, perhaps because childless couples in the past have been shown to be more interdependent upon each other and independent of others (Johnson & Catalano, 1981). They reported that they were in better financial condition than did those who had children, probably because the wives were more likely to be employed. It may be, therefore, that childless widows have more money to hire assistance to keep up the house and to assist them personally in other ways.
There were 158 widows who had daughters, but those widows with daughters were no more likely to intend to move or actually move than were those 76 widows who did not have daughters. Therefore, it does not appear that widows feel that daughters may be of more assistance to them as their health deteriorates.

Most of the widows (87%) had siblings, but there was no correlation between having a sibling and intending to stay or actually staying. Other research has shown that older adults are not likely to intend to live with siblings (Wolf & Soldo, 1988) and, although they may feel close to their siblings, they are not likely to move in with them. In the present study, only two widows lived with a sibling. Finally, there were six widows who had neither a sibling nor a child, but none of them intended to move and none actually moved. As with the childless widows, their plans may have been made far in advance with the spouse about future housing. As future cohorts of the elderly contain more older adults who have no children, these findings may be important. Likewise, because of the declining size of families, future cohorts will contain more elderly who are only children and who therefore have no siblings in old age.

Availability of Adult Children. Nationally, 25% of all older adults do not have an adult child living less than one hour away (Crimmins & Ingegneri, 1990). In the present study, however, only 24 widows (9.8% of all widows with children) did not have an adult child living within an hour. Proximity of adult children did prove to be significant; widows who did not have at least one adult child living one hour or less away were more likely to move than those who had at least one child living
within one hour's distance. Therefore, it appears that children must be available to help on a regular basis and that assistance can only be provided by those in close proximity. Further study is needed to determine more about proximity and assistance; in the present study, adult children living one hour or less away were identified as living "nearby". But the critical point for assistance might be closer to 30 or 45 minutes away.

**Housing Support.** Assistance on four housing-related tasks--transportation, repairs, housework, and yard work--and how often this assistance was needed was analyzed. Only nine widows said that their needs were unmet. This was because many were able to handle these tasks themselves (49% reported that they never needed help with these tasks) or because they are receiving the help that they needed. The concern, as it is for social service providers, is how to identify those who do need assistance. It is difficult for several reasons. For some, as Longino and Soldo (1987) suggest, expectations have been lowered and therefore, they do not report unmet needs. It may be a matter of pride to report that one does not have any needs that are not met. Long-time homeowners may simply not recognize problems with their housing (Struyk & Soldo, 1980); because of limited mobility, they may rarely check some parts of their housing and do not know of deterioration or leaks. Older adults are more likely to live in older housing which is harder to maintain. For these reasons, identification of needs related to the upkeep of the family home is difficult.
Widows were asked whether or not they thought it was likely that their children would help them if they were ill. It was hypothesized that those whose needs would not be met would intend to move or would actually move. But few widows (n = 10) reported that it was likely that any of their children would fail to help if they were ill. This was even true of widows who did not see or talk to their children on a regular basis. Again, identifying unmet needs is a difficult task, especially when it involves the relationship between aging parent and adult child (Mancini & Blieszner, 1989).

Neighbors. There were no questions in the interview which asked about friends beyond those friends who were also neighbors or about the impact of friends upon residential mobility. Having a neighbor who was also a friend was important to intending to stay, being satisfied with the neighborhood, and being satisfied with life in general. More research is needed to identify the role which friends, especially friends who live outside the neighborhood and outside the community, play in the decision to move. According to the Wiseman model (1980), the experience of friends who have moved would be important in the decision-making process for the older widow.

Neighbors were expected by these widows to help out in times of illness or emergency (75.5% reported that they did so "frequently") and to bring in mail when out of town. But most of the widows reported that they only occasionally talked with their neighbors. This agrees with a study by O'Bryant (1985), who found that widows who knew their neighbors and who interacted with them were more likely to
receive assistance. Most of the widows in the present study lived in neighborhoods where there was a mix of age groups and yet they did not report large numbers of newcomers. The long-time residents, however, were less likely to report that they had neighbors who were friends. This suggests that their friends may have moved or died. In previous studies, many widows have reported changes in their friendship patterns after the death of the spouse, especially losing contact with other couples who had been friends (Lopata, 1973). But recent widows also may become closer to other women who are widowed. Women friends, however, who are the same age may be less able to help with household tasks (Litwak & Longino, 1987).

**Involuntary Stayers**

Because the residential mobility of the widows was traced over a five-year period of time, it is possible to identify the "involuntary" stayers and "involuntary" movers as proposed by the Wiseman (1980) model. Although 24 widows intended to move, only 10 of them actually did move; therefore, 14 might be classified as "involuntary" stayers. Their functional health was good and 64% of them reported that their financial status had not changed since their spouse died. Therefore, the data suggests that they did not have to move because of health or financial reasons. They may have delayed moving for other reasons or may have changed their minds about moving after they looked at available housing. According to the Wiseman theoretical model, they may have made adjustments to their present housing or they may have adjusted their own expectations about their housing. Longino and Soldo (1987) have argued that many older adults neither move or adjust their environment,
but rather adjust their expectations, and this is the reason they say that so few older adults report that their needs are not being met (as was the case with this group of widows). Twelve of the 14 involuntary stayers lived alone so it may be that the desire to live independently kept them in their homes.

Another alternative and one which this study did not assess, is that the widows may have changed their living arrangements without moving. It may be that an unmarried child, sibling, or another person has moved into the widow’s home and helped with expenses or daily activities. Such changes would not have been identified by the present study because unobtrusive methods were used; thus there was no way to identify other persons who might have moved into or out of the widow’s household. Such changes in living arrangements might help the family member as well as the older adult. At the time of the interview, most of the adult children who shared housing with a widow were unmarried and the widow owned the housing. Two widows who were homeowners lived with their parents and another eight were caring for a grandchild. These findings suggest that shared housing may have been for the benefit of other family members, and this, in turn, could have an impact upon the residential mobility of the widow herself.

Finally, as the Wiseman theoretical model (1980) points out, there are external factors which have an impact upon the decision to move and the timing of the move. For example, formal in-home services may have become available and, therefore, have made it easier for the widow to remain in her home. (This county, for example, became the pilot site for a project to prevent premature nursing home placements in
1986). The housing market also plays a part in a decision to stay. With the recession in the late 1980s, housing sales dropped. Perhaps some widows have postponed moving in order to wait for a better selling market. Likewise, few new housing units for older adults became available in the late 1980's (Franklin County Office on Aging, 1991) and, therefore, widows may not have found the housing they wanted at the price and location they desire.

**Voluntary and Involuntary Movers**

It is interesting to look at the differences between the voluntary movers (n = 10) and the involuntary movers (n = 26). The involuntary movers are those widows who intended to stay in their home at the time of the interview, but who moved during the subsequent five-year period. The voluntary movers had poorer functional health than the rest of the movers, but the functional health of the involuntary movers was good. The financial status of the involuntary movers, however, had declined following the death of the spouse. Likewise, the financial status of the widows who did not know whether they would move but who did move (n = 7) also had declined since the death of their spouse. Further analysis and research is needed, but it may be that those who plan to move are those whose functional health is already poor and who recognize that they need to move. Those who plan to stay, on the other hand, have better functional health but are forced to move if their financial condition declines after the spouse dies.
Suggestions for Future Research

The relationships between residential mobility, health, and family assistance are clearly more complex than shown in the Wiseman (1980) theoretical model. For example, the relationship among the variables such as health and income needs to be examined and re-examined over a period of time.

Researchers should attempt to identify and test the concept of a "burden point" --the point at which the older widow needs more assistance than family and friends have the time and energy to provide. Reschosky and Newman (1990) studied the assistance which frail and nonfrail elderly (both married and unmarried) received from family. They identified tasks which family members performed for older adults and those for which they hired assistance for the older adult. Because spouses provide the most help, and spouses are not available to widows, further research is needed in this area. Widows may depend upon their adult children for emotional support, but choose to either perform the household tasks themselves or hire others to perform them as needed. It is likely that they do not wish to burden their children with routine or menial tasks.

Today more women are choosing to remain childless and yet the care of the elderly in the community has depended upon the family. We can learn from the experience of older widows who do not have family about planning for old age and about housing needs. The present study indicates that financial resources may be helpful to these women in purchasing services and providing support. Further research should examine whether those who are able to purchase in-home care and
personal care services are also receiving adequate emotional support.

There are several aspects from the Wiseman model (1980) which should be explored in future studies. The first is the extent to which widows modify their environment, their living arrangements, and their expectations rather than move. Researchers could examine the extent to which widows either modify their homes to handle disabilities or change their living habits rather than relocating. For example, widows may decide to move their bedroom to the first floor because of difficulty in using stairs. Likewise, living arrangements might be changed as a family member moves in with the older adult. Finally, the older adult's expectations of housing and life style may be modified; if working in the yard is difficult, the widow may decide to stay, but not to have a flower bed in the future. It would interesting, too, to learn how one's expectations of housing and one's attachment to it change after the death of a spouse. For some older widows, the house may become more important because the home is a place of family memories. For others, the house represents a hardship because of needed upkeep and repairs.

Longino et al. (1991) have suggested that economic resources may act as a buffer for older adults whose health deteriorates. The present research suggests that changing economic circumstances are an important consideration in residential mobility. This aspect of widowhood needs to be studied more in the future. Likewise, the Litwak and Longino (1987) model predicts that increasing levels of disabilities will cause older adults to move. But these researchers were not able to determine the time between health deterioration and moving. In the present study, it
is not clear whether older widows wait until their health declines before they move (the Litwak and Longino model would suggest that they do not). At least some moves are probably made in anticipation of future health problems. The whole sequence of moving and its relationship to health needs to be explored further in the future.

Wiseman (1980) also suggests that the housing market is important in the decision-making process. Widows may sell their homes earlier than expected because the market improves, or they may postpone selling until the market improves. How do widows get information about the housing market and how reliable are their perceptions of it? In addition, the availability of suitable housing may be important in the decision-making process. Many widows would like to remain in their neighborhood and the Annual Housing Survey (U. S. Census, 1989a) reports that a third of the older movers looked at housing in only one neighborhood. But because of zoning and the lack of vacant land, it may be impossible to build housing for older adults in their present neighborhoods. Planners have begun to identify naturally occurring retirement communities (AARP, 1989), that is neighborhoods to which older adults are moving after retirement, but which are not planned retirement areas. Research on such areas and widowhood would be useful.

Limitations

1. The data collected in the 1987 interviews was not gathered to test the Wiseman (1980) theoretical model. Therefore, questions such as those about the residential mobility of friends were not included. Some of the information relating to
the availability of family and friends was also difficult to collate from the interviews, given the structure of particular questions and the focus of the original study from which the data has been taken.

2. Widows in the Columbus metropolitan area may not be representative of widows nationwide. The applicability of these results to other groups of widows may be limited because of the higher percentage of homeowners in the group than found nationally. For example, renters are under-represented in this group, as were older widows who lived with others. In addition, widows in the present study are slightly better off financially than widows nationwide, and they live in a medium-sized metropolitan area. Thus, the results might not apply to widows living in rural areas or in larger, more industrial and ethnically diverse cities.

3. Although the respondents included 41 widows who were Black, no analysis was done by racial group. Therefore, further analysis would be needed to determine whether racial differences exist.

4. Widows who were institutionalized at the time of the 1987 interview were not included. Those who were interviewed perceived themselves to be healthy and most were able to drive. Thus, these results cannot be applied to widows who have serious health problems.

5. The widows were interviewed only once; the data which was used to investigate their residential mobility was four to five years old. Many changes may have taken place in the widows' lives which are unknown. A follow-up interview after moving would be useful to identify both the reason or reasons for moving and
their present locations. Although information about the new addresses was gathered for more than half of the movers, it was beyond the scope of this study to assess and compare the widows' past and present housing.

Summary

Because so few elderly actually move and earlier research has shown that married couples were more likely to move than other older adults, it was believed at the beginning of this research that few of the 300 widows would have actually moved. But over the five-year period, 66 widows actually did move, which was more than would be expected from the national figures on elderly residential mobility. Of the 66 widows who moved, 43 moved after the interview and, therefore, a number of variables which related to them could be used in predicting residential mobility. Another advantage in the present analysis was that the widows had been asked whether they intended to move and, thus, some information about the decision-making process was available. This meant that, using the Wiseman model (1980), involuntary movers and stayers could also be identified.

The most significant variable in predicting moving was the intention to move, but, interestingly, the variables which are important in intention to move are not as important in predicting actual moving. Thus, housing satisfaction, homeownership, and life satisfaction in general were among the significant predictors of intention to move or to stay. To a certain extent, these are variables which relate to one's attitudes and perceptions about the housing and its value. But, when widows actually moved, it was poorer functional health and declining financial resources which were
the significant predictors. This indicates that, although a widow may be satisfied with her home, she may move because of her health and changes in financial resources.

The results of the present study suggests that widows who moved can be divided into two groups: those who intended to move because their functional health was poor and those who did not intend to move, but whose financial circumstances declined and they, therefore, decided to move. There is obviously some overlap between these groups, but further research would be necessary to determine its extent. Likewise, there were widows who intended to move, but did not. It does not appear from their functional health rating or their reported financial conditions that they differed from the widows who moved. It may be that they did not move because of either changing circumstances, outside factors such as change in family situation, the housing market, or a host of other possible factors.

Although the availability of family per se was not an important predictor in either intention to move or actually moving, proximity of adult children was significant in predicting moves. For the most part, the widows already had at least one adult child who was living nearby; those who did not have adult children nearby were more likely to move. It is not known, however, whether these moves brought them into closer proximity with an adult child or not. The present study suggests that the desire to remain in their homes is very strong among these widows and that most intend to remain living alone for as long as possible. In fact, living alone may enhance their personal sense of independence and competency thereby offsetting the disadvantages of this living arrangement.
Evaluation of Residential Satisfaction

No Move:
1. Personal Adjustment
2. Housing Adjustments
3. Involuntary Stayer

Triggering Mechanisms
1. change life cycle stage
2. age related losses and critical events
3. environmental incongruence
4. change in preferred lifestyle
5. forced movement

Push Factors
1. independence loss
2. loss of spouse
3. environmental stress

Pull Factors
1. retirement amenities
2. relocated friendship and/or kinship networks
3. "successful" relocation by friend(s)
4. environmental amenities

Indigenous Factors
1. personal resources, e.g., income and self-concept
2. former migration experience
3. community ties
4. perception of likely outcomes

Exogenous Factors
1. housing market
2. cost of living
3. attrition or movement of social network

Type of Move
1. migration
2. seasonal migration
3. relocation

Figure 1. Wiseman Model

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*Number of cases varies from 234-277
**Significance p<.05
*Significance p<.01
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Mean: 4.9

Standard Deviation: 1.01

*Number of cases varies from 234-277

**Significant p<.05

*Significant p<.01
List of References


