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**PREDICTORS OF ASSOCIATIONAL SOLIDARITY
AMONG OLDER RELOCATED ADULTS
AND THEIR ADULT CHILDREN**

by

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the Faculty of The Graduate School of
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Approved by

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FARMER, DEBORAH FRISBIE, Ph.D. Predictors of Associational Solidarity Among Older Relocated Adults and Their Adult Child. (1996)
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This research examined parent/child association among older relocated adults and their child of most contact utilizing the Theory of Intergenerational Solidarity. The purpose of the study was to determine the factors contributing to the older parent/child bond when older adults relocate.

Parent/child association was investigated among 144 older adults who had relocated to two North Carolina counties since the age of 60. Four research questions based on the theory were explored. Are the opportunity structures of proximity to child and parent's health predictive of parent/child association? Are parent's norms of familism and parent's affect for the child predictive of parent/child association? Is the relationship between parent's norms of familism and child association mediated by parent's affect for the child?

The results of the study lend partial support to the theory. Affection, proximity, parental health and norms of familial primacy significantly predicted amount of association. The results did not support the fourth hypothesis which purports that the effect of familial norms on association is mediated by affect.

The findings suggest that the parent/child relationships of older relocated adults are similar to those of older adults in general. Affect for children is quite high and overall expectations for assistance are moderate. Parental health, functional distance, kin affect, and expectations for assistance are all predictive of parent/child association. Proximity is predictive of the type and frequency of interactions. Parent/child bonds as defined by association appear to be strong among nonproximal as well as proximal older parents and adult children suggesting that family bonds are maintained across distances. The findings differ from the Theory of Intergenerational Solidarity in that norms of familial primacy are unrelated to affect. This finding implies that expectations are not predicated on affect but exist independently of attachment bonds.

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APPROVAL PAGE

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CHAPTER 1
INTRODUCTION

Relocation of Older Adults

Older adults move less frequently than the general population; however, a significant number migrate (Flynn, Longino, Wiseman, & Biggar, 1985; Longino, 1995). It has been estimated that in any five-year period, four to five percent of people over the age of 60 move (Litwak & Longino, 1987; Longino, 1995) compared to nine or ten percent for the general population (Longino, 1995). Although nearly two million retirement-age people move across states lines every five years, about 60 percent of them move to fewer than 11 states (Longino, 1995). Older adult movers, unlike other segments of the population, are geographically concentrated (Edmondson, 1987; Fingerhut, Wilson, & Feldman, 1980; Longino, 1995; Longino & Biggar, 1982). The South is a popular relocation area for many elderly movers (Flynn et al., 1985; Golant, 1990; Longino, 1995).

The proportion of retired adults who relocate has remained relatively constant over the last four census decades (Longino, 1995). However, each new decade cohort of retirees is better traveled, more educated, and better able to afford a move than prior cohorts (Longino, 1988). As

more older and younger adults move, future cohorts may have a higher number of geographically dispersed family members; older parents and their adult children may be separated by considerable distances (Moss, Moss, & Moles, 1985). This observation has important implications for parent/adult-child relationships.

Changes in Family Life

Families today are different from families several generations ago. The twentieth century has witnessed an increasing separation between families of origin and families of procreation; family life has become privatized; and mutual assistance among family units has eroded (Hareven, 1993). Demographic changes such as increased longevity have made it more likely that family units will remain intact unless disrupted by divorce. Transitions to adulthood have become more uniform for the age cohort undergoing them, more orderly in sequence, and more rapidly timed. The timing for transitions such as leaving home and entry into the labor force have become more regulated by age norms and less tied to particular family circumstances. Age groups within society are more isolated and segregated than they were a century ago.

This century has also witnessed several developments: in modern technology, the rapidity of the timing of transitions to adulthood, geographic mobility, and the introduction of socially prompted transitions like mandatory

retirement (Hareven, 1993). With all of this separation between generations, it may not be as important for family units to live in close proximity today as it was in the past. Older adults who relocate some distance away from their children may reflect this new view about family proximity.

Separation of Family Units

Recent demographic trends have changed the way generations within a family interact (Dewit, Wister and Burch, 1988; Hareven, 1993). There is increasing diversity in families in the structures, roles, and relationships of today's older adults (Bengtson, Rosenthal, & Burton, 1990). Many modern families have units, and sometimes generations, that are separated by long distances.

As family units move, households may be geographically separated. Today's families have fewer members than those of past generations due to decreased fertility and attenuated family structures across several generations (Bengtson et al., 1990; Moss et al., 1985). Thus, families today tend to have more generations with fewer members and to be more complex and geographically dispersed. However, these characteristics vary by race and socioeconomic status. Geographical dispersion affects the way in which family members and units interact with one another. Older adults who move may increase or decrease the distances that separate them from some of their children or other family

members. Relocation of an older parent near an adult child may be a manifestation of the strength of the parent/child bond (Moss & Moss, 1992). Family interactions are influenced by the structure of the families within which they occur (Hareven, 1993).

Family Structure

Family identities are transmitted across generations; there is a sense of family continuity that transcends the lifespan of individuals (Bengtson et al., 1990). Families also have organization, ways in which family members interact and apportion responsibilities. Extended families may be conceptualized as networks in which family members have specialized roles to accomplish needed tasks. Families vary from those with a lot of organization (bureaucratic families) to those having very little organization (anarchic families). Today's families are most commonly bureaucratic, having a family head and a high degree of internal differentiation. There are indications that bureaucratic families provide more support for their members than other types of families. Intergenerational family structures have important implications for the associations family members have with one another.

Intergenerational Family Structures

Intergenerational family structures today are more varied than ever before. Families may be age-condensed, age-gapped, truncated, matrilineal, or step-families

(Bengtson et al., 1990). Families are becoming more verticalized. They may be of the traditional or modified extended type. Family type has an effect on the interactions among family members.

Age-condensed families have generations that are close in age; teen pregnancy contributes to this family structure (Bengtson et al., 1990). Age-gapped families have many years between generations; they occur with delayed childbearing. Childlessness creates a truncated family structure. Single parent families, frequently headed by women (matrilineal), may rely on grandmothers to assist with parenting thus creating a matrilineal family structure. Divorce and remarriage create step-families which include step-grandparents.

Verticalization. Families are becoming more 'verticalized' (Bengtson et al., 1990 ; Whitbeck, Simons, & Conger, 1991). Verticalization, also called "beanpole" family structure, occurs when there are more intergenerational members, parent to child, than intragenerational members. As overall family size has decreased, the parent/child bond has assumed added importance, especially in kin exchanges. In addition, greater longevity has altered relationships. There is little empirical evidence of the influence of relocation in later life on intergenerational relationships. It is, thus,

important to explore the family solidarity of adults who relocate in later life with their adult children.

Traditional family type. The traditional family type is predicated on proximity of kin or common households (Litwak & Kulis, 1987; Sussman, 1985). The traditional extended family with three generations coresiding was never a normative one (Hareven, 1993). However, in the nineteenth century those who survived to old age seldom lived alone for a variety of reasons. A child might move in with a parent or a parent might move in with a child. Sometimes older adults took in boarders. Solitary residence of older adults has become increasingly common during this century; it was a rare occurrence during the nineteenth century.

Independence is valued in the twentieth century. Older adults prefer to live near rather than with their adult children (Brody, Johnsen, & Fulcomer, 1984). In modern industrialized society, the traditional extended family prototype may be an indicator of family weakness rather than strength (Litwak & Kulis, 1987). Family units may be forced to live in close proximity due to illness, incomplete marital households, or poverty. Older adults who relocate near a child may be in poor health and in need of assistance.

Modified extended family prototype. The modified extended family prototype is a result of recent demographic trends (Litwak & Kulis, 1987; Litwak & Longino, 1987). This

family type occurs when units live in spatially dispersed households but have a high level of interaction and exchanges. It is the most viable model for families in industrialized societies (Litwak & Longino, 1987; Sussman, 1985). Today's norm is for the generations, other than the parent/young child generations, to live in separate dwellings (Bengtson et al., 1990). Residential proximity facilitates intergenerational family connectedness while preserving autonomy and independence (Sussman, 1985). However, modern technology permits the transmission of crucial services over geographic distances (Litwak & Kulis, 1987). The extended family can serve as mediator between older adults and bureaucratic formal organizations, even from a distance, providing information and assistance in dealing with such organizations.

Some older adults who move choose a location near an adult child. Other relocating older adults select locations that are not proximate to a child; it may be more difficult for these adults to maintain strong parent/child bonds.

Theory of Intergenerational Solidarity

The strength of family bonds, namely associational solidarity, between older relocated adults and their adult children may be explored through the Theory of Intergenerational Solidarity (Bengtson, Olander, & Haddad, 1976). The original nonempirically based theory was conceptualized as having three interrelated components:

affection, association, and consensus. Proximity, social class, age, gender, health, physical limitations, helping behavior, American birth of the parent, acceptance of changed norms, and experiences not shared across generations were posited as predictors of family solidarity.

The theory was tested by Atkinson, Kivett, and Campbell (1986) and by Roberts and Bengtson (1990); little support was found for the linear additive model. In response to these two tests, the theory was revised (Bengtson & Roberts, 1991). Three additional dimensions of solidarity were added to the model based on earlier conceptualizations (Bengtson & Mangen, 1988; Bengtson, Mangen, & Landry, 1984; Bengtson & Schrader, 1982). The added dimensions were: resource sharing, familism norms, and opportunity structure for parent/child interaction (Bengtson & Roberts, 1991).

The addition of three elements brought the number of components of family solidarity to six: association, affection, consensus, resource sharing, familism norms, and opportunity structure for parent/child interaction. Association is, thus, one component of family solidarity and the focus of the proposed study. It will be explored in the context of opportunity structure, familism norms, affection, and the mediating effect of affect on familism norms (Bengtson & Roberts, 1991).

Tests of the Theory of Intergenerational Solidarity have shown that several factors affect intergenerational

association. Association is a function of affection (Bengtson & Roberts, 1991), normative solidarity (Atkinson et al., 1986; Bengtson & Roberts, 1991), the interrelationship between familism norms and affect (Bengtson & Roberts, 1991), and opportunity structure, both residential propinquity (Atkinson et al., 1986; Bengtson & Mangen, 1988; Bengtson & Roberts, 1991; Roberts & Bengtson, 1990), and health of the parent (Bengtson & Roberts, 1991; Dewit et al., 1988; Roberts & Bengtson, 1990).

Relocation Changes

The act of moving creates geographical distance from old friends. New relationships and assistance networks must be formed following the move. Adults who move close to a child or other relative, however, often have a strong existing relationship in the new location prior to the move (Gober & Zonn, 1983; Harper, 1987). As a result, older adults who relocate near one or more family units may differ from those who move to a location that is not near family; patterns of association, satisfaction with family relationships, and expectations for assistance from family may be quite different.

The exploration of family relationships, namely family solidarity, of older relocated adults and the development of models about family interactions and their consequences is necessary and important (Bengtson et al., 1990). The question of which factors are related to close association

of older movers and their adult children is a viable one. Is proximity necessary for maintaining close relationships in our technological era? What part do the health of the older adult, affection, and expectations for assistance play in the amount of association older relocated adults have with their adult children?

Purpose of the Study

The proposed study will be based upon the theoretical model of Bengtson and Roberts (1991) which purports that: association varies as a function of opportunity structure (proximity and parental health), familism norms, and affect. The purpose of this study is to determine the factors contributing to the older parent/child bond when older adults relocate. Older parent/child bonds were operationalized as associational solidarity.

Research Questions

The proposed study will examine four research questions.

1. Are the opportunity structures of proximity to child and parent's health predictive of parent/child association?
2. Are parent's norms of familism predictive of parent/child association?
3. Is parent's affect for the child predictive of parent/child association?

4. Is the relationship between parent's norms of familism and child association mediated by parent's affect for the child?

Hypotheses

- H₁: The opportunity structures of proximity to child and parent's health are significantly related to parent/child association; proximity of the child and health of the parent will have direct and positive effects upon association.
- H₂: Parent's norms of familism are significantly related to parent/child association; norms of familism will have a direct positive effect on association.
- H₃: Parent's affect for the child is significantly related to parent/child association; affect for the child will have a direct positive effect upon parent/child association.
- H₄: The relationship between parent's norms of familism and child association will be mediated by parent's affect for the child; association will increase with norms of familism and affect.

Limitations of the Study

There are several limitations in this study. Information was collected only on the older parent population; the Bengtson and Roberts model (1991) was specified on data collection from both the parent and the child [Figure 1]. Thus, the model used in the present study

was a reduced model with implications for misspecification and biased results [Figure 2]. The magnitudes and relations among the variables would possibly have been different had it had been feasible to emulate a full model using both parent and child data. In particular, the relationship of affection to the other variables might have been altered due to the non-recursive nature of this construct.

No data were collected on factors in the prior living situation of the parent thus limiting the study to the exploration of parent/adult-child association in the new environment. Only independent older adults were surveyed; adults living in group quarters were excluded from the study. Thus, generalization of the findings can only be made to older relocated adults migrating to the Southeast who live independently.

CHAPTER 2
REVIEW OF LITERATURE

Relocation

The migration process is comprised of two distinct decisions: the decision to move away from one area and the decision to move to a particular location (Serow, 1987). The "push" factors which influence older adults to move away from an area include high crime rate, cold weather, and high cost of living. "Pull" factors which draw older movers to an area include higher median age of residents and the combination of high unemployment and low earnings, two indicators of a lower cost of living. The economic conditions which lure older migrants to an area tend to encourage younger people to move away from that area. Family and friends may function as pull factors (Longino, 1995). Studies show that most older adults who relocate have prior ties to their destination from previous visits or have family or friends residing there (Cuba, 1991; Cuba & Longino, 1991; Gober & Zonn, 1983; Longino, 1988).

Life-course Perspective

When older people move, the event of the move can be best understood, not as an isolated happening, but as part of the life-course of individuals. Age and the life cycle are both linked to migration; past experiences modify

choices (Yee & Van Arsdol, 1977). People who moved earlier in life may be more likely to migrate in the future. A move at any point in the life-cycle builds upon the past and leads toward the future.

Migration patterns across the lifecourse peak and wane at various points (Litwak & Longino, 1987; Longino, 1990a). For example, children are likely to move during their early years, less likely after age ten. There is another peak during the late teens, a time of college and new jobs; a decline begins about age 35 and continues until retirement.

Later Life Relocation: First, Second, and Third Stage Moves

During the later years, there are three life-course points at which moves are often made: retirement, the onset of moderate disability, and the beginning of major forms of chronic disability (Litwak & Longino, 1987; Longino, 1988, 1990a). There are personal and environmental forces which influence people to move at these life-course points; not everyone moves nor do those who move necessarily do so three times.

First stage moves. The first of these moves in old age generally occurs when people are healthy, married, and have sufficient income; at this stage kinship functions can be performed across considerable distances (Litwak & Longino, 1987; Longino, 1995). Families can give emotional support without living in proximity. Distance does not preclude the lending of economic support and provisional recuperative

care during times of crisis. In other words, technology makes it possible to be supportive from a distance, to send money when needed, and to bridge the miles rather quickly in times of acute illness.

Second stage moves. The second move may be made when older persons develop chronic disabilities that make household tasks difficult; the problem is compounded when combined with widowhood (Litwak & Longino, 1987; Longino, 1995; Silverstein, 1995). As disabilities increase, those who are unmarried or recently widowed tend to move closer to an adult child than their married counterparts (Silverstein, 1995). In addition, renters and recent movers are more likely to relocate than are older people with increased disabilities who are more rooted (Longino, Jackson, Zimmerman, & Bradsher, 1991).

Technology cannot overcome the need to live close to someone who can provide daily help for older adults with chronic disabilities (Litwak & Longino, 1987). Formal services cannot substitute well for informal services when disability is moderate. Assistance is most effectively provided by someone who is younger and who has a long history of past exchanges that produce commitment. Spouses and friends of older adults are generally from the same age cohort and may be frail themselves. Children, on the other hand, are both younger and share a long history with the older adult. This shared past may produce the type of

commitment necessary for providing household assistance on a long-term basis.

Third stage moves. The third move in later life occurs when round the clock care becomes necessary, care that kin resources are unable to provide (Litwak & Longino, 1987; Longino, 1995). This move is generally to an institutional setting in proximity to their prior residence. The bulk of care is provided by the institution with kin performing complimentary services.

Older migrants may, thus, be characterized as first, second, or third stage movers. First stage movers may be younger and healthier than second stage movers and may move to locations that are not proximate to family. Second stage movers are more likely to be relocating near a support system, at least one family member who can provide assistance. Because children are the preferred source of assistance for older adults (Cantor, 1979; Litwak & Longino, 1987; Shanas, 1979), this move may be made toward a child. Third stage moves are often made to an institutional setting and involve frailer, sicker, generally older individuals.

Cohort effect. Cohorts differ in the extent to which they relocate during the later years (Wister & Burch, 1987). Race and socioeconomic status also influence older adults' choice of living situations. Older adults with lower educational levels and lower income are more likely to live close to their children (Silverstein, 1995). Blacks and

Hispanics are less likely to live at a distance from their children than are whites.

Today's cohort of older adults value privacy, independence, separateness, and age segregation and are relatively content with their circumstances (Wister & Burch, 1987). Their low level of relative deprivation may be due to their prior experiences during the Depression and World War II. Thus, many older adults prefer to live separately from their families, either in proximity or far away, and to associate with people their own age.

Types of Moves

Moves made during the later years may be classified into three types: amenity, assistance, and return (Wiseman, 1980).

Amenity moves. Amenity movers are those who seek the good life, who change environments to improve their quality of life. They tend to be younger, married, well educated, have an adequate income (Longino, 1990a, 1995; Longino & Biggar, 1982; Meyer & Speare, 1985; Speare & Meyer, 1988) and to be less attached to family (Edmondson, 1987). These self-selected older adults are first stage movers (Litwak & Longino, 1987; Longino, 1995). This type of move may occur in early retirement and may be a move away from family (Gober & Zonn, 1983; Longino, 1995). Amenity movers may seek the stimulation of new experiences in new environments.

Assistance moves. Amenity movers most frequently fall in the 60 to 69 year age group while assistance movers tend to be older, 75 or more years old (Meyer & Speare, 1985; Wiseman, 1980). Assistance moves are made to establish proximity to one or more family members who can provide help either sporadically or continually; assistance movers are second stage movers (Litwak & Longino, 1987). The combination of widowhood and functional disability often triggers assistance moves (Longino et al., 1991; Speare, Avery, & Lawton, 1991). Older adults may elect to move near a child who can provide assistance at this stage of their lives.

Return moves. Older return migrants are especially prevalent in the southeastern states (Longino, 1990a, 1995). Return moves are more difficult to classify; they may be amenity moves that occur in early retirement or assistance moves that occur later, at the onset of disability (Longino & Smith, 1991; Wiseman, 1980). Return migrants are somewhat more likely to be assistance movers who tax a community's services without increasing its tax base (Longino, 1995; Serow & Charity, 1988).

Older adults are more inclined to return to their state of birth if it has the amenities that attract older people in general (Longino, 1979, 1995). People who moved in earlier years for job reasons may, on retirement, chose to return to their place of origin (Lee, 1980; Longino, 1990a).

These "provincial return migrants" are those who moved to the city to work and who, after retirement, moved back (Cribier in Longino, 1995, p. 73). The cost of living is generally lower away from areas of high employment and so is attractive to retirees on fixed incomes.

Return moves may be made by the old old (age 75 or older) who find themselves unable to take care of all their needs (Longino, 1979; Wiseman, 1980). These movers return to places where they have families who can provide assistance to them. They are people who return to a location of previous residence for a variety of reasons. Research has shown that return migrants tend to be lower on educational and economic characteristics, more likely to be female, widowed and less likely to be married and living independently than non-return migrants (Longino, 1979, 1995; Longino & Serow, 1992).

Adaptation to New Environment

Older people who move create new physical and social environments. The degree of newness depends on distance of the move, prior experience in the area, and family and friendship ties (Cuba & Longino, 1991; Yeatts, Biggar, & Longino, 1987). Regional and intrastate moves allow people to maintain ties to their previous communities making the change to a new location less abrupt (Cuba & Longino, 1991). In addition, people who move short distances are more likely

to have visited the new area many times and to have established ties prior to moving.

Many older people move to areas in which they have already existing ties (Cuba & Longino, 1991). They may have visited or vacationed there for years making the transition a gradual one. Some migrants are seasonal residents before making a permanent move. These prior ties familiarize migrants with the social, economic, climatic, and recreational characteristics of the new location.

Some older people move to areas where they have friends or family and, thus, social contacts. Friends or kin can provide an introduction to the social aspects of the new environment and ease the transition (Cuba & Longino, 1991). Having local kin increases the friendship network of in-migrants (Harper, 1987). Introductions can be made to individuals, groups, and the larger community easing the transition, making adaptation quicker and less stressful. In addition, family and friends can visit easily, providing continuity.

Migration

Older adult migrants have been concentrated in a few destinations over the last four decades (Flynn et al., 1985; Longino, 1990a, 1995). However, there has been a gradual dechannelization of retirement migration (Longino, 1995). The major destination states have received fewer retirement migrants and the migration flow has dispersed somewhat. The

ten most attractive receiving states in descending order are Florida, California, Arizona, Texas, North Carolina, Pennsylvania, New Jersey, Washington, Virginia, and Georgia (Longino, 1995). Arizona and Texas are becoming more appealing, California less so. North Carolina has made a rapid ascent in popularity.

North Carolina. North Carolina ranked 27th among receiving states for older migrants in 1960, 17th in 1970, seventh in 1980, and fifth in 1990 (Longino, 1995). North Carolina received 3.4 percent of older migrants, 64,530 people, in the period 1985-1990. It ranked third for this time period as a net migration state. Net migration is computed by subtracting out-migrants from in-migrants.

North Carolina is becoming an important destination state for retirees, second to Florida as a southern receiving state (Longino, 1990b). There is evidence that it is becoming a regional destination state; migrants are coming not only from adjacent states such as Virginia, South Carolina, and Georgia, but also from farther away, from places like New York, Florida, New Jersey, Pennsylvania, Maryland, Illinois and Michigan (Longino, 1995).

North Carolina's older adult in-migrants tend to be slightly younger than the national average with a higher proportion who are Black and a much higher proportion who are returning to their state of birth (Longino, 1990b). In addition, North Carolina has the highest retention

expectation, or probability of remaining in the state, in the nation for those aged 60 and older, more than 95% (Rogers & Watkins, 1987).

Over the last 30 years, the pattern of migration into North Carolina has shifted with a decrease in dependency and an increase in amenity migration with a corresponding decline in the proportion who are return migrants (Longino, 1990b). A larger proportion of in-migrants are now attracted by climate, cost of living and recreational opportunities. These amenity types of in-migrants contribute to the community monetarily without placing undue demands on its health care and service systems. Most of the retirement spots in North Carolina are non-metropolitan; they include a variety of settings from the mountains to the coast and include amenities such as golfing (Longino, 1995). North Carolina may be considered a turnaround state; turnaround states are largely nonmetropolitan, with recently developed retirement and recreational facilities that make them attractive to older adults (Meyer, 1987).

Family Relationships

Family ties and relationships are important to the study of older movers. Association, assistance, familism norms, and affect are all components of family solidarity and reflect the strength of family relationships.

Association

Older parent/child association has been found to be a function of affect, familism norms, and dependency needs of the parent (Cicirelli, 1983). Some types of interactions require proximity, others do not. Residential propinquity and mutual helping are strong predictors of intergenerational association among older adults (Atkinson et al., 1986). Proximity is a common denominator of kin assistance and contact with kin (Kivett, 1985a, 1985b; Powers & Kivett, 1992).

Patterns of association among family members are correlated with distance and vary with proximity (Bengtson & Roberts, 1991; Mangen & Miller, 1988; Moss & Moss, 1992). Face-to-face contact and telephone conversations occur most frequently across short distances; overnight visits are most common with a travel time of four to nine hours between households; letter writing escalates with distance (Dewit et al., 1988). Assistance provided to family members also varies according to distance; neighbors and friends may take over some tasks formerly performed by families when family members are not proximate (Litwak & Longino, 1987).

Physical proximity to kin has been found to have a strong effect on the type of customary contact (Dewit et al., 1988; Harper, 1987). Geographically distant parent/child dyads have less frequent face-to-face contact with one another and provide less daily instrumental support

for each other than parents and children who are proximate (Moss & Moss, 1992). Proximity has been closely linked to help given to older adults (Kivett, 1985a, 1985b; Whitbeck, Hoyt, & Huck, 1994) and to the type and amount of association among generations (Bengtson et al., 1976; Dewit et al., 1988).

Distance affects relationships. Modern technology, however, has made it possible to maintain family ties across many miles (Dewit et al., 1988; Moss et al., 1985). It has been suggested that a distance beyond 50 miles is associated with less frequent visiting and face-to-face contact; telephone conversations and letter writing may become the primary modes of contact beyond that distance (Moss et al., 1985).

Nonproximal association lacks physical clues like gestures and eye contact, hugs or cold stares (Moss et al., 1985). Family members who live at a distance from one another may have less knowledge of the minutiae of daily activities of each other's lives. This may mean that some familiarity and intimacy is missing. Separation may result in psychological as well as physical distance. And yet, affective ties can survive great physical separations; geographic proximity may not be as important to intergenerational solidarity as socioemotional distance (Hamon, 1992).

Assistance

The provision of services, one type of association, does not always require proximity; telephones, airplanes, automobiles, and mail service make some types of assistance and support possible across distances (Dewit et al., 1988). Nonproximal types of assistance such as advising, comforting, and monitoring well-being are given more frequently than types of assistance that require proximity among family members (Kivett, Dugan, & Moxley, 1994). Nonproximal types of assistance can be provided through telephone calls and letters. Modern transportation makes it possible to provide services that require face-to-face contact on an intermittent or emergency basis (Dewit et al., 1988).

Not all levels of kin provide assistance even when there is proximity. Both expectations for assistance and amount of help received decrease by kin type; primary kin (children and their spouses, siblings and their spouses) are expected to and do provide more assistance than secondary kin, those beyond the sibling level (grandchildren, nieces/nephews, cousins) (Kivett, 1985a; Powers & Kivett, 1992). If primary and secondary kin are not proximate, older adult in-migrants may turn to friends and neighbors for assistance as Cantor (1979) proposed in her hierarchical-compensatory model. This principle of kin

replacement has been found to occur with older relocated adults (Kivett et al., 1994).

The relationship between assistance and proximity is not a simple dichotomy, however; "services vary radically in the extent to which they are affected by distance" (Litwak & Kulis, 1987, p. 651). Proximity is necessary for services that require frequent face-to-face contact or for a long period of time. Family members who live far away may provide "hands on" services sporadically or during a time of crisis. The modified extended family with adequate financial resources can provide powerful aid to its members without proximity, aid which contributes to longevity and quality of life (Dewit et al., 1988; Litwak & Kulis, 1987; Moss et al., 1985).

Familism Norms

Familism norms or, in the case of children, filial expectations are strong for both the adult child and the older parent generations (Hamon & Blieszner, 1990; Matthews & Rosner, 1988). Adult children feel a strong moral obligation to care for their parents (Wolfson, Handfield-Jones, Glass, McClaran, & Keyserlingk, 1993). Older adults have moderately high expectations for assistance from family, especially from children, in the event that help were needed (Atkinson et al., 1986; Bleiszner & Mancini, 1987; Powers & Kivett, 1992; Roberts & Bengtson, 1990). Older relocated adults have been found to have lower

expectations for assistance from their children than adults who age in place; however, these expectations are only slightly lower (Cicirelli, 1981; Kivett et al., 1994).

Older adults "expect their children to have affection and respect for them, and they expect their children to maintain open, honest lines of communication" (Blieszner & Mancini, 1987, p. 178). Regular phone calls facilitate communication. Parents hope that their children will provide emotional and moral support and that they would provide care if it were absolutely necessary.

Findings on the strength of filial expectations are equivocal. The highest expectations have been found in the area of emotional support, possibly evolving from lifelong bonds of affection (Brody et al., 1984; Wolfson et al, 1993). This is followed by instrumental forms of assistance and, lastly, financial support (Wolfson et al, 1993). However, one study found the strongest support was for help with illness and financial support (Blieszner & Mancini, 1987). Other research found expectations to be higher for help with sickness, services, and visits than for financial assistance and housing (Kivett et al., 1994).

Adult children are expected to adjust their family schedules to assist an aging parent, but not their work schedules (Brody et al., 1984). Many older adults feel that adult children should help with care expenses. The sharing

of households usually is not advocated by either adult parents or middle-aged children.

The literature shows that older adults who need more assistance have higher filial expectations than those who do not need assistance (Finley, Roberts, & Banahan, 1988; Hamon, 1992). The expectation and receipt of filial assistance is highest among those who are older, widowed, have low income, and are in poor health. Independence is highly valued, but when help is needed, children are expected to provide it (Cicirelli, 1981; Hamon, 1992). Although older parents wish to maintain their independence, there is security in believing that children will provide aid if it becomes necessary (Blieszner & Mancini, 1987; Hamon & Blieszner, 1990; Sussman, 1985).

Marital status, health, race, and residence during childhood affect the filial expectations of older parents (Lee, Coward, & Netzer, 1994). Those who are unmarried, in poorer health, and nonwhite have higher expectations. In addition, older adults who spent their formative years in a rural environment have higher expectations for assistance than those who spent their formative years in an urban environment regardless of their current living situation. It has also been found that older adults who give more aid to their children expect more assistance from them (Lee, Netzer, & Coward, 1994).

The marital status and health of the parental generation are related to the fulfillment of filial expectations (Hamon, 1992). Those who are widowed and in poorer health receive more assistance from both sons and daughters. The ability of adult children to fulfil filial expectations is influenced by a number of factors: their marital and employment status, proximity, gender, birth order, the presence of young children in the home, and the affection they hold for their parent. Lack of money and time limit what adult children are able to do for their parents (Cicirelli, 1987, 1988). For the ever-growing number of adult children who are divorced, diminished resources may make parent care difficult. Adult children with the financial means that education and jobs provide are less anxious about possible future assistance to their parents than adult children who do not have these assets (Cicirelli, 1988). At least one study, however, has shown that children with competing demands in their lives still feel obligated to assist their parents (Finley et al., 1988).

Affect

The twentieth century has witnessed a change in the primary basis of family solidarity, a shift away from obligation and toward affection (Finley et al., 1988). Survival needs have been met within most families; the focus has switched from meeting these needs to independent choice

and emotional attachments. In times of need, obligation may supersede affection in dominance; in the absence of need, affection is the glue that holds families together.

Contemporary parents and children have a strong bond that is important to both generations throughout life (Cicirelli, 1981; Moss & Moss, 1992; Moss et al., 1985). Parent/child bonds, begun in infancy, develop throughout life (Whitbeck et al., 1994; Whitbeck et al., 1991). These "creative bonds" evolve over a long period of time and are shaped by shared experiences and the meanings with which they are imbued (Bengtson et al., 1990). Adult children who are closely attached to their parents will, other things being equal, live closer to them and visit and phone more frequently (Cicirelli, 1981).

Most families have an intense, extensive, and long history of shared events; this is a distinctive feature of family solidarity which provides the foundation for later life association (Matthews & Rosner, 1988; Whitbeck et al., 1994). The parent/child relationship is an important one. Roles continue across the miles; parents are still parents and children are children even when distance precludes frequent face-to-face contact (Moss et al., 1985).

The literature shows that affection of parents and adult children for one another is high (Bengtson et al., 1990). Feelings of closeness to family and value consensus are not necessarily affected by the degree proximity (Moss &

Moss, 1992; Moss et al., 1985; Roberts & Bengtson, 1990; Serow, 1987). Limited research has shown a negative relationship between proximity and affection for children; proximity "may provide more opportunities for conflict and less idealization of the relationship" (Kivett et al., 1994, p. 48). Physical distance between generations allows independent lifestyles to develop with less generational conflict (Jarrett, 1985).

The Mediating Effect of Affection on Filial Expectations

A strong parent/child attachment bond augments the child's commitment to provide aid (Cicirelli, 1983). The literature shows, however, that the relationship between affection and filial role enactment is not clear-cut (Hamon, 1992). Some studies have found that affection for parents is positively related to the actual fulfillment of filial expectations (Hamon, 1992) especially in the mother/daughter relationship (Finley et al., 1988). Affection strengthens attachment bonds which, in turn, lead to expanded commitment to provide help in the future (Cicirelli, 1983).

The relationship between affection and enactment varies by proximity (Hamon, 1992). Children who live a considerable distance away from their parents may feel less obligation to provide assistance even when affectional bonds are strong (Finley et al., 1988). However, they may compensate for their inability to provide assistance with

other forms of support such as emotional or financial assistance.

Families have normative expectations for the affective and behavioral orientations of their members (Bengtson & Roberts, 1991; Tonnies, 1957). Tonnies (1957) termed societal relationships *Gesellschaft* and community relationships *Gemeinschaft*. Family life is the basis of *Gemeinschaft* life which is centered in love, understanding, and the organization of common life. Norms develop out of understanding and result in mutual actions of rights and duties.

Theoretical Framework

Theory of Intergenerational Solidarity

Relocated adults comprise an increasingly special population of older adults. The strength of their relationships with their adult children may be explored using the Theory of Intergenerational Solidarity (Atkinson et al., 1986; Bengtson & Roberts, 1991; Bengtson et al., 1976; Roberts & Bengtson, 1990). The Theory of Intergenerational Solidarity traces its roots back to Durkheim's concept of mechanical solidarity which was "produced by similarities among members of the group" (McChesney & Bengtson, 1988, p. 26). The social psychological literature of the 1950's tradition extended Durkheim's work to the study of small groups (McChesney & Bengtson, 1988). Families may be thought of as a special

kind of small group (Bengtson et al., 1976; McChesney & Bengtson, 1988). The original theory developed out of this tradition (Bengtson et al., 1976).

Original theory. The Theory of Intergenerational Solidarity was developed during the 1970's when there was much written about the "generation gap" (Bengtson et al., 1976). Two historical events contributed to this gap: individual aging and social change. The Theory of Intergenerational Solidarity was developed out of the need to examine lineage relationships within families.

Solidarity was originally conceptualized as interaction between generations of a family within the spheres of affection, association, and consensus (Bengtson et al., 1976). It was theorized that these three components made up the behavioral (association), emotional (affection), and intellectual (consensus) aspects of solidarity. They formed one construct that could be used to assess both intragenerational and intergenerational solidarity. A number of factors were posited to have an impact on solidarity: residential propinquity, filial expectations, female sex linkage, amount of helping behavior, shared heritage, non-shared experiences, and changing cultural values.

Revisions of the theory. Empirical testing of the Theory of Intergenerational Solidarity showed that affection, association, and consensus were separate

dimensions of family solidarity (Atkinson et al., 1986). The model purported in the original theory effectively predicted association, particularly the helping behavior aspect of association; however, it did not predict affect and consensus (Atkinson et al., 1986; Roberts & Bengtson, 1990).

A second validation study confirmed that intergenerational solidarity was not "a simple linear-additive composite of affect, association, and consensus" (Roberts & Bengtson, 1990, p. S18). The two validation studies suggest that intergenerational family relationships differ from small group interactions (Bengtson & Roberts, 1991).

Families have normative expectations concerning how members should feel about and interact with one another (Bengtson & Roberts, 1991). Tonnes (1957) labeled relationships governed by normative prescriptions *Gemeinschaft* relationships. Parents and children are an example of such a relationship; they are expected to care about one another, to be concerned about each other's welfare, and to engage in mutual actions involving rights and duties. Within the family, actions are willed and carried out in accordance with the relationship, either out of love or duty. Kinship, the most universal and natural bond, implies a moral obligation. Parents and children with strong familism norms may be expected to be emotionally

close and to interact with one another frequently. These norms may lead to greater affection and more extensive association. Thus, it was proposed that two components unique to families be added to the model: familism norms and exchange.

Components of the Revised Theory

Structural solidarity. Bengtson and Roberts (1991) focused on proximity and health of family members as elements of opportunity structure for intergenerational relationships; this focus was based on findings that opportunity structure is positively related to association among generations, and that proximity and good health of the parent contribute to association (Bengtson & Roberts, 1991). Proximity enables parents and adult children to associate with one another. Nonproximal types of association, however, are possible across distances.

Health of the older adult may affect parent/adult-child association positively or negatively (Bengtson & Roberts, 1991). For example, poor health may restrict activity or may result in more parent/child association as the child phones or visits more frequently to check on the parent. However, good health of the parent allows more and varied types of interactions and may facilitate association between the two generations. Bengtson and Roberts (1991) found that proximity had a strong effect on association but good parental health was only marginally significant.

Normative solidarity. Normative solidarity is the "strength of commitment to performance of familial roles and to meeting familial obligations" (Bengtson & Roberts, 1991, p. 857). The revised theory posits a linkage between these norms of filial expectation and associational solidarity.

Affectual solidarity. The Theory of Intergenerational Solidarity proposes a relationship between affection and association in which higher levels of affection predict higher levels of association (Bengtson & Roberts, 1991; Cicirelli, 1981, 1983).

Mediating effect of affection on familism norms. Bengtson and Roberts (1991) found that higher parental familism norms were associated with higher levels of affect. These higher affect levels were, in turn, associated with higher levels of association. Thus, affection, to some degree, mediates the effect of familism norms on parent/child association.

In summary, older adults may be first, second, or third stage movers who move either for amenity or assistance reasons or to return to a place of earlier residence. North Carolina is the fifth most popular relocation state for older movers. The Theory of Intergenerational Solidarity may be utilized in the study of family relationships of older relocated adults. The theory proposes that proximity, parental health, affect for child, and parental familism norms will have an effect on parent/child association. In

addition, the relationship between norms of familism and parent/child association is mediated by affect.

CHAPTER 3

RESEARCH METHODS

Research Design and Sample Selection

An existing data set from a pilot study on older relocated adults was utilized for this secondary analysis. This study is a precursor to a later indepth study (Kivett et al., 1994). Respondents for the study were adults aged 65 or older who had moved across state or county lines since the age of 60. They were primarily middle class, married, and Caucasian and ranged in age from 65 to 89. Data were collected on 156 respondents living in two counties in North Carolina: a central Piedmont county in 1990-1991 (76 respondents) and a Western area county in 1991-1992 (80 respondents). These counties were selected at random from a pool of counties for each region having at least a 30 percent rural and not more than 70 percent urban ratio within the county and at least nine percent of residents aged 65 or older who had migrated to the area since the 1990 census (Kivett et al., 1994).

A simple random sampling procedure incorporating compact cluster and random permutation techniques was utilized (Kivett et al., 1994). In the random permutation process, the demographic profile of selected counties was compared to the state profile on key measures (number of

older adults on public assistance, mean age of older adults, and average income). Selected counties that differed greatly from the state profile were not utilized and were replaced by a randomly selected county more representative of the state.

Each county was divided into twenty enumeration districts (ED's). Three-digit numbers were arbitrarily assigned to each ED; three ED's from each county were initially selected beginning with the lowest number. Additional ED's were added in each county after the original ED's had been exhausted proceeding from lowest to highest on the arbitrarily assigned numbers.

All persons, including couples, living within the ED and meeting the criteria were interviewed. Housing units that contained five or more older adults were not included in the sample. The number of single units in retirement communities was controlled to eliminate over-sampling; a sampling ratio was utilized within these communities. In addition, "snowballing" techniques were used, especially within secured retirement communities where it was difficult to gain access to potential respondents. This technique somewhat compromises the randomness of the sample selection and reduces the generalizability of the study. The overall rejection rate was approximately 25 percent.

Data Collection

Six interviewers, indigenous to the areas, were selected and trained in each of the counties. The training included background information on the research project, general guidelines for conducting interviews, specifications for problematic issues, and an item by item discussion of the questionnaire. Interviewers were provided interviewing manuals. Practice interviews were conducted. Interviewers then administered questionnaires to three respondents within their ED's and submitted those interviews for review by the project staff before proceeding.

Interviewers made up to three call-backs to homes where subjects were initially unavailable. Interview appointments were set up at the time of initial contact; if convenient, the interviews were conducted at that time. Interviews took place in respondents' homes and took approximately one and a half hours to complete. Subjects were paid \$20 for their completed interviews.

Instrumentation

Procedures

The questionnaire contained 173 items and was largely precoded by the interviewer's recordings. It covered seven major areas: general information, migration motives, health, activities, family relationships, subjective well-being, and service needs and use (Appendix A). The general information section contained items concerning marital

status, education, housing, prior occupation, income, and retirement. The migration motives section covered all moves since age 60, including where and why they were made. The health section contained a self-rated health assessment, health problems and practices, service use and needs, crisis resource persons, and a rating scale of activities of daily living. An activities section contained questions about membership and participation in volunteer and group activities.

The family relationships section queried respondents about primary and secondary kin and asked detailed questions concerning the kinsperson of most contact in each of seven categories: child, child-in-law, grandchild, sibling, sibling-in-law, niece/nephew, and cousin. In addition, identical information was acquired about the friend or neighbor of most contact. Questions focused on proximity, patterns of association and assistance, expectations for help when needed, satisfaction with family and friend relationships, and measures of affect and consensus.

The subjective well-being section contained a 15-item modification of the Philadelphia Geriatric Center Morale Scale (Lawton, 1975; McCulloch, 1988). The section on service needs and use collected information about types of services utilized, satisfaction with community services and need for additional services, and relationship of person

linking respondent to the services. Only variables related to the present study are described and operationalized.

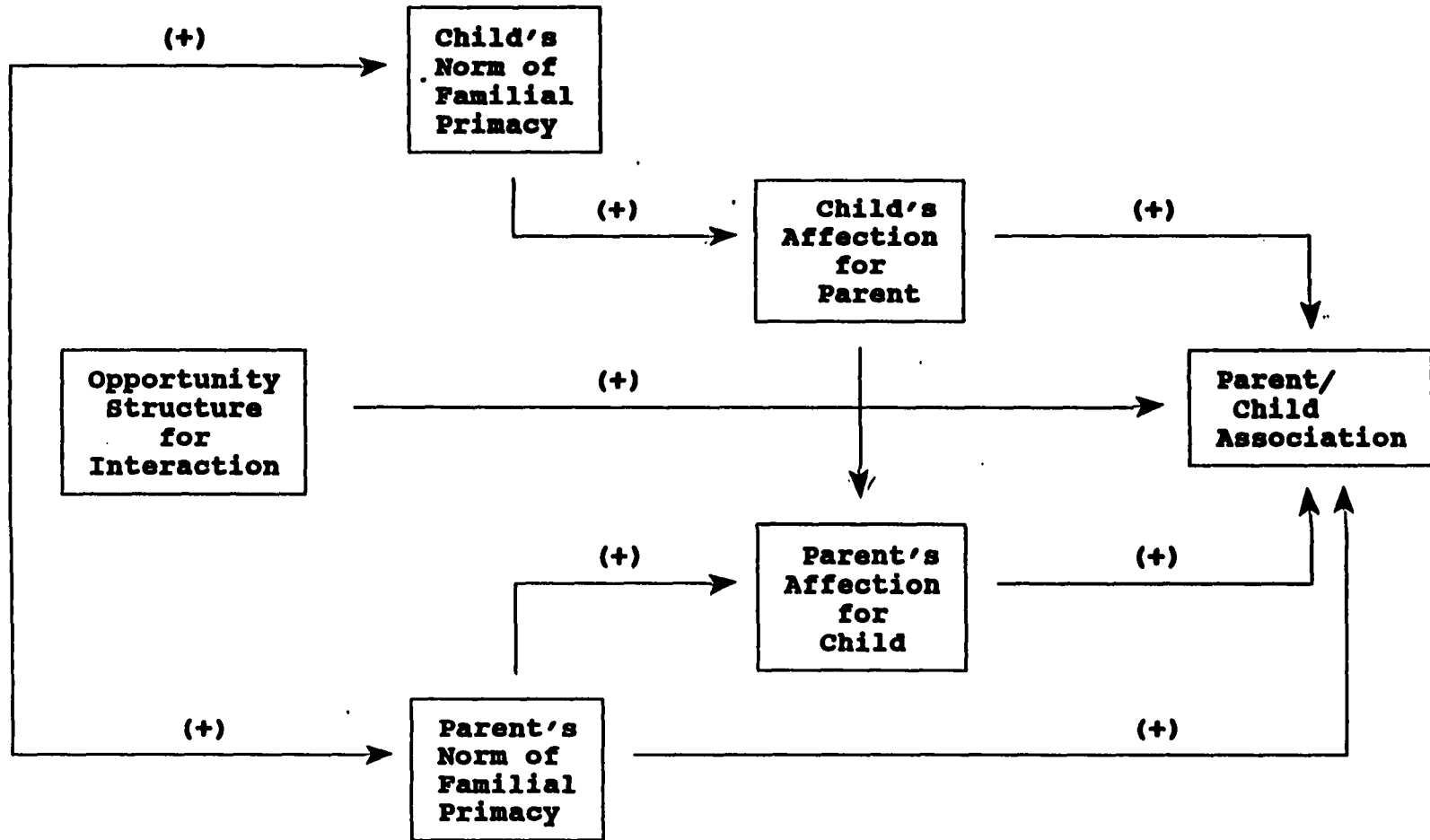
Design of the Study

The revised Theory of Intergenerational Solidarity served as the conceptual framework for the research [Figure 1] (Bengtson & Roberts, 1991). The model utilized in the present study elicited information from one generation, the parent generation [Figure 2]. Opportunity structure of the parent (proximity to child and health), parental norms of filial expectations, and affect were hypothesized to explain a significant amount of the variance in parent/child association. In addition, it was hypothesized that affection would have a mediating effect on the relationship between filial expectations and association. High filial expectations would be positively related to affection which would, in turn, be positively related to association.

Following Bengtson's and Roberts' (1991) model, "The causal ordering among constructs ... reflects assumptions about the degree to which each construct reflects cultural, as opposed to specific familial, influences" (p. 861). The exogenous variables in the model represented constructs that reflected cultural tendencies: for example, self-rated health, proximity, and parent's norm of familial primacy. The endogenous variables, affection and association, were

Figure 1

Bengtson's and Roberts' Revised Model of the Theory of Intergenerational Solidarity¹



¹Bengtson & Roberts, 1991, p. 867.

constructs that reflected more idiosyncratic family tendencies. Of these two variables, association was the most idiosyncratic.

Measures

Opportunity structure. Opportunity structure was operationalized using two separate components: health of the relocated adult (Bengtson & Roberts, 1991; Dewit et al., 1988; Kivett, 1985a) and proximity of the relocated adult to the child of most contact (Atkinson et al., 1986; Bengtson & Roberts, 1991; Kivett, 1985a; 1985b; Kivett & Atkinson, 1984; Powers & Kivett, 1992).

Proximity to the child was determined by asking, "How long does it take your son/daughter to get from his/her residence to yours?" Responses were: same household (1), less than ten minutes (2), 11 to 30 minutes (3), 31 minutes to an hour (4), one to three hours (5), four to six hours (6), and more than six hours (7).

Health was self-rated and measured by the Cantril ladder technique (Cantril, 1965). Respondents were shown a ladder with rungs (0-9) and instructed to suppose that the top of the ladder (9) represented perfect health and the bottom (0), the most serious illness. They were then asked, "Where on the ladder would you say your health is at the present time?"

Normative solidarity. Normative solidarity was measured by the expectations older relocated adults had for

assistance from children (Atkinson et al, 1986; Bengtson & Roberts, 1991; Powers & Kivett, 1992). In this model the term 'parent's norm of familial primacy' is synonymous with familism norms or filial expectations. Filial expectations were determined by summing responses to five items.

Respondents were asked to rate the extent to which they thought children should help older adults if they needed assistance. The five areas were: provide a home, visit, help when sick, assist financially, and provide services such as transportation and shopping. Responses ranged from never (1) to always (4). Composite scores could range from five to 20; Cronbach's alpha for internal consistency was .86. The results of a principal component factor analysis showed the filial expectations variable had a single factor, providing services; this factor accounted for 64.1% of the variance.

Affection. Affectual solidarity was a measure of the older relocated adult's affection for the child of most contact (Atkinson, et.al., 1986; Bengtson & Roberts, 1991; Powers & Kivett, 1992; McCulloch, 1988). Affection of parent for child was assessed using a six-point scale from low (1) to high (6). Participants were given the following directions. "On a six point scale of very little to very much, how would you rate your child of most contact with regard to: closeness to him/her; communication with him/her; getting along with him/her; understanding you; your

understanding him/her". Actual composite scores ranged from nine to 30. Cronbach's alpha for internal consistency was .90. A principal component factor analysis showed the measure consisted of one factor, feelings of closeness; this factor accounted for 72.1% of the variance in the composite.

Association. Association of parent and adult child of most contact included both proximal and nonproximal types. Respondents were shown a code card and asked to indicate how often they participated in the following activities with their child of most contact: do things together outside the home (such as shopping, movies, trips); eat together; visits for conversation; participate in family gatherings for special occasions like holidays, birthdays, anniversaries; religious activities of any kind; writing letters; and telephoning. The scale used for the association variable was: never (0), every two to four years (1), once a year (2), several times a year (3), once a month (4), several times a month (5), once a week (6), several times a week (7), and daily (8). Cronbach's alpha for internal consistency of the association measure was .67.

The integrity of the scale was examined by looking at the reliability with the presence or absence of each item in the scale. When letter writing was removed from the scale, Cronbach's alpha increased to .82. Therefore, letter writing was eliminated from the parent/child association scale and the analyses were done using the revised scale.

The results of a principal component factor analysis showed the association variable was composed of a single factor, shared activities; this factor accounted for 55.6% of the variance in the composite.

Data Analyses

Analyses of the data included both descriptive and inferential types.

Descriptive Analyses

Descriptive analyses were done to provide a profile of the sample. Frequencies and percents were utilized to describe gender, occupation, marital status, race, income, housing type, region of origin, reason for the move, type of move, plans to remain in the area, and difficulty living away from family or friends. Means, ranges, and standard deviations were used to describe respondents' age, self-rated health, and difficulty performing instrumental activities of daily living. Similarly, frequencies and percents were utilized to describe the gender and marital status of their adult child of most contact; mean, range, and standard deviation were used to describe the child's age.

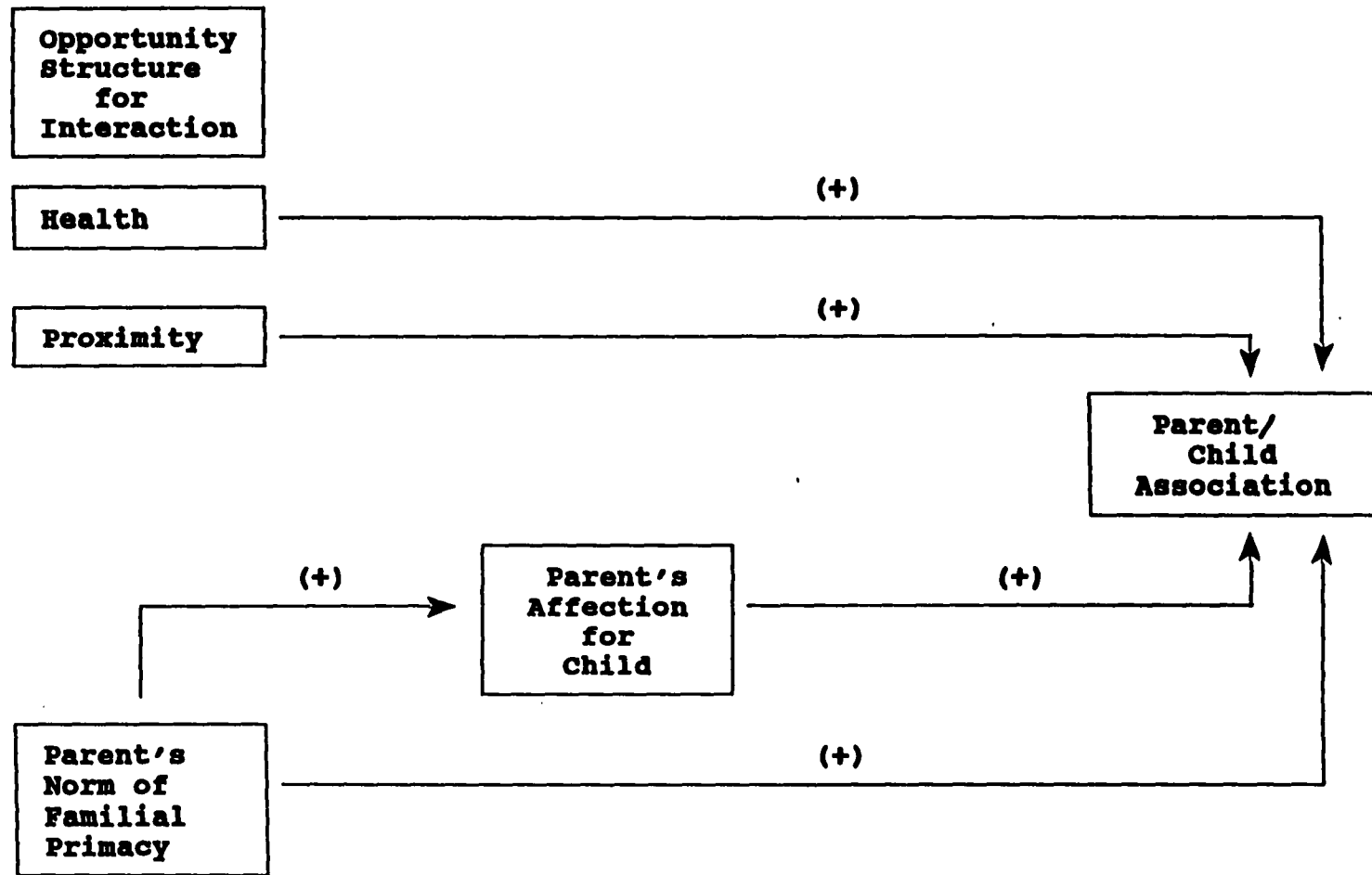
The relationship between association and levels of proximity, health, affect, and norms of familial primacy were explored through the use of one-way ANOVA and Scheffé tests. Health, affect, and familial norms were categorized based on the distributions of scores. Health was

categorized as poor (score 0 - 5, $n = 28$), moderate (score 6 - 7, $n = 52$), and good (score 8 - 9, $n = 64$). Affect was categorized as low (score 5 - 22, $n = 17$), moderate (score 23 - 26, $n = 31$), moderately high (score 27 - 29, $n = 30$), and high (score 30, $n = 65$). Norms of familial primacy were categorized as low (score 5 - 9, $n = 37$), moderate (score 10 - 12, $n = 43$), moderately high (score 13 - 14, $n = 25$), and high (score 15 - 20, $n = 36$). Proximity was grouped by travel time: less than 10 minutes ($n = 21$), 11 to 60 minutes ($n = 16$), one to three hours ($n = 17$), four to six hours ($n = 15$), and more than six hours ($n = 74$).

Test of the Hypotheses

A two-step path analysis was used to determine the direct effect of the independent variables on parent/child association and the effect of filial expectations on association as mediated by affection. Error is a primary concern when measuring subjective concepts, resulting in attenuated correlations. Correlations among variables are attenuated when the variables are measured with less than perfect reliability. Since the purpose of this research was to investigate relationships among constructs underlying these variables, disattenuated correlations were computed. The path analysis was performed using disattenuated correlations [Figure 2]. In the first step, association was regressed on health of the older adult, proximity of the older adult to the adult child, parent's norm of familial

Figure 2 Associational Solidarity as Operationalized in Current Study¹



¹Adapted from Bengtson & Roberts, 1991, p. 867.

primacy, and parent's affection for the child. In the second step, affection was regressed on norms of familial primacy

Statistical significance was identified when the overall F-statistic for each of the regression models was significant at the .05 level or beyond. An alpha level of .05 was used to determine significance of the variables in the model (betas).

The total effect of filial expectations on association was determined by summing its direct and indirect effects on association. The direct path was determined by the path coefficient associated with filial expectations in the first regression. The indirect path was computed by multiplying the path coefficients associated with the variables in the two regression equations. That is, the path coefficients associated with the regression of affection on association and filial expectations on affection were multiplied together.

The first hypothesis posited a direct and positive relationship between opportunity structure and the amount of association older relocated adults have with their child of most contact. Specifically, two relationships were tested: the health of the older relocated adult was positively related to levels of parent/adult-child association; and proximity had a positive relationship with parent/adult-child association. The hypothesis was confirmed if the path

coefficients between health and association and proximity and association were significant at the .05 level and were positive.

The second hypothesis posited a direct, positive relationship between filial expectations and parent/child association. The hypothesis was confirmed if the path coefficient between filial expectation and association was significant and positive.

The third hypothesis posited a direct, positive relationship between affection of older parents for their adult children and parent/adult-child association. The hypothesis was confirmed if the path coefficient between affection and association was significant and positive.

The fourth hypothesis posited an indirect relationship between filial expectations and parent/child association through affection for the child. This hypothesis was confirmed if the path coefficients along the indirect path were significant. That is, if the path coefficient between filial expectations and affection and the path coefficient between affection and association were both significant.

Chapter 4

RESULTS

This chapter is divided into two sections: descriptive analyses and results of hypotheses testing.

Descriptive Information

Respondents ranged from 65 to 89 years of age; the mean age was 73.4 years (Table 1). Slightly more than one half of the respondents were male (55%); most were married (88%); they were predominantly white (97%). Most respondents lived in private homes (79%) rather than retirement communities (18%) or apartments or mobile homes (3%).

Respondents rated their own health as moderately high; the average was seven points on a scale of 0 to 9 (Table 1). The majority of respondents (81%) had little or no problems with instrumental activities of daily living: shopping, meal preparation, money management, telephoning, house repairs, heavy housework, light housework, and yardwork. Respondents listed some activities as not applicable to them; no score was recorded for these activities. Scores ranged from 5 to 22; the average for the group was 8.8.

Only a few (20%) of the respondents had an annual income less than \$20,000; 25% had an income greater than \$40,000; most (50%) had an income between \$20,000 and \$40,000. Fewer than six percent of the respondents did not

Table 1**Characteristics of Older Relocated Adults (N = 144)**

Variables	<u>N</u>	<u>%</u>	<u>M</u>	<u>SD</u>	Range
Gender					
Male	79	54.9			
Female	65	45.1			
Age (years)			73.4	5.2	65 - 89
Race					
White	140	97.2			
Non-White	4	2.8			
Marital status					
Married	127	88.2			
Not Married	17	11.8			

(Table continued)

(Table 1 continued)

Variables	<u>N</u>	<u>X̄</u>	<u>M</u>	<u>SD</u>	Range
Health			6.9	1.7	1 - 9
Instrumental Activities of Daily Living (IADL)			8.8	2.6	5 - 22
Income*					
< \$20,000	28	19.5			
\$20-30,000	39	27.1			
\$30-40,000	33	22.9			
> \$40,000	36	25.0			
Residence					
House	113	78.5			
Apt/Mobile	5	3.5			
Retire Comm.	26	18.0			

*8 participants (5.5%) refused to answer income question.

answer this question. Lifetime occupations varied; the greatest number of respondents had been professionals (44%), homemakers (17%), or in managerial positions (13%) (Table 2).

Respondents varied in their proximity to the child with whom they had the most contact (Table 3). Approximately 26 percent lived an hour or less away from their child; approximately 22 percent lived between one and six hours away from their child. More than one-half of the respondents (52%) were separated from their child by a distance of more than six hours of travel time. The child of most contact was more likely to be a daughter (54%) than a son (46%), and married (72%) (Table 4). The average age of the child was 42 years although the age range was broad: 17 to 68 years ($SD = 8.1$).

The states from which participants had moved were grouped according to U.S. Census regions (Appendix B). Most of the older adults had moved from a state in a another region. The largest number of participants (32%) had moved from a middle Atlantic state: New York, New Jersey, or Pennsylvania (Table 5). Another 24% moved from an east north central state: Wisconsin, Michigan, Illinois, Indiana, or Ohio. Thirty percent had moved from a south Atlantic state; nine percent of these persons moved within North Carolina.

Table 2**Major Lifetime Occupations of Older Relocated Adults (N = 144)**

Variable	<u>N</u>	%
Professional	63	43.8
Homemaker	25	17.4
Managerial	18	12.5
Clerical	14	9.7
Sales	11	7.6
Craftsmen	5	3.5
Service	4	2.7
Transport Equipment	3	2.1
Laborers	1	.7

Table 3**Proximity of Older Relocated Adults to Child of Most Contact
(N = 144)**

Variable	N	%
Same Household	4	2.8
< 10 Minutes	17	11.8
11-30 Minutes	5	3.5
31-60 Minutes	11	7.6
1-3 Hours	17	11.8
4-6 Hours	15	10.4
> 6 Hours	75	52.1

Table 4

Characteristics of Child of Most Contact as Reported by Older Relocated Adults (N = 144)

Variables	<u>N</u>	<u>%</u>	<u>M</u>	<u>SD</u>	<u>Range</u>
Gender*					
Male	66	45.8			
Female	77	53.5			
Age (years)			42.2	8.1	17 - 68
Marital status*					
Married	104	72.2			
Not Married	39	27.1			

* 1 participant (.7%) did not answer the question.

Table 5

Immediate Areas from which Older Relocated Adults Moved
(N = 144)

Variable	N	%
Middle Atlantic State	46	31.9
East North Central State	35	24.3
South Atlantic State	30	20.8
Another NC County	13	9.0
New England State	6	4.2
West North Central State	6	4.2
East South Central State	3	2.1
Pacific State	2	1.4
West South Central	1	.7
Mountain State	1	.7
Foreign Country-East	1	.7
Foreign Country-West	0	.0

Relocation occurred for a variety of reasons (Table 6). Retirement (25%) was most frequently listed as the reason for the move. Mild climate (22%), being near family (14%), and quality of life (13%) were also enumerated as prominent reasons for moving. For most adults (94%) this last move was not a return move (Table 7). The majority (88%) stated that they planned to remain in the area. Many respondents reported that the move took them away from most of their family (60%) and friends (84%). Although some adults (16%) had lived in the county more than 16 years, most (71%) had lived there ten years or less (Table 8).

The association measure was composed of shared parent/child activities, both those that required proximity and those that did not. The overall mean for association was 17.2 (possible range 0 - 36); the standard deviation was 7.0 indicating considerable variability in the amount of parent/child association (Table 9). The most common activity shared with a child was telephone conversations which occurred an average of several times a month. Considerable variability, as seen through the standard deviations, was found among the individual items of the association variable; for each activity there was at least one older adult reporting that the activity did not occur.

The greatest variability in parent/child association was found in visits for conversation (SD = 2.1) and the

Table 6

Primary Reason for Move among Older Relocated Adults (N = 144)

Variable	<u>N</u>	%
Retirement	36	25.0
Mild Climate	31	21.5
Near Family	20	13.9
Quality of Life	18	12.5
Attracted Earlier Visits	13	9.0
Cost of Living	4	2.8
Health	3	2.1
Sports/Leisure	2	1.4
Change Housing	2	1.4
Colder Climate	1	.7
Work Transfer	1	.7
Return to Roots	1	.7
Opportunity Purchase	1	.7
Get Married	1	.7
Other	10	6.9

Table 7**Return Moves, Future Plans, and Separation from Family and Friends among Older Relocated Adults (N = 144)**

Variable	<u>N</u>	%
Return Move*		
No	135	93.7
Yes	8	5.6
Plan to Remain**		
No	10	6.9
Yes	127	88.2
Move Away from Family		
No	58	40.3
Yes	86	59.7
Move Away from Friends		
No	23	16.0
Yes	121	84.0

* 1 participant (.7%) did not answer the question.

** 7 participants (4.9%) did not answer the question.

Table 8**Number of Years Lived in Present County by Older Relocated
Adults (N = 144)**

Years in County	<u>N</u>	%
1 - 5	56	38.9
6 - 10	46	31.9
11 - 15	25	17.4
16 - 20	15	10.4
21 - 25	2	1.4

Table 9

**Association Between Older Relocated Adults and Their Child
of Most Contact (N = 144)**

Variable	<u>M</u>^a	<u>SD</u>	Range
Total association	17.2	6.95	0 -36
Activities*	2.4	1.53	0 - 7
Eating together**	3.0	1.62	0 - 8
Visits for conversation**	3.1	2.14	0 - 8
Special occasions*	2.5	1.12	0 - 7
Religious activities*	1.3	1.69	0 - 7
Telephone***	5.1	1.72	0 - 8

* 1 participant did not answer question.

** 2 participants did not answer question.

*** 3 participants did not answer question.

^a Scores for individual items could range from 0 - 8.

least in shared observance of special occasions ($SD = 1.1$). Scores for individual items of association could range from 0 - 8. Association between parent and child ranged from an average of several times a month ($M = 5.1$) for telephone conversations to every few years for shared religious activities ($M = 1.3$). On average, older adults visited ($M = 3.1$) and ate with their child ($M = 3.0$) several times a year and observed special occasions ($M = 2.5$) and engaged in activities outside the home ($M = 2.4$) somewhat less often.

The affection variable measured parental affect for the child on a six-point scale ranging from low (1) to high (6). The average affective closeness of these older relocated adults and their child of most contact was 27.3 (possible range 0 - 30) (Table 10). Getting along with their child had the highest mean (5.7), but all components of the variable were scored as greater than five on the six-point scale. The greatest variability occurred with the "child understanding the older adult" ($SD = .99$) and the smallest variability with "getting along with the child" ($SD = .61$).

Norms of familial primacy were a measure of older adults' expectations for assistance from a child in five areas measured on a four-point scale. The overall mean for "norms of familial primacy" for this group of older relocated adults was 12.3 ($SD = 3.71$) (Table 11). The possible range for this variable was 5 to 20. The highest expectations for assistance were reported for help when sick

Table 10

**Affect of Older Relocated Adults for Their Child of Most
Contact (N = 144)**

Variable	<u>M^a</u>	<u>SD</u>	<u>Range</u>
Total affect	27.3	3.55	9 - 30
Closeness to him/her*	5.5	.82	1 - 6
Communication with him/her*	5.4	.92	1 - 6
Getting along with him/her*	5.7	.61	3 - 6
Understanding you*	5.4	.99	1 - 6
Your understanding him/her*	5.4	.83	3 - 6

* 1 participant did not answer the question.

^a Scores for individual items could range from 1 - 6.

Table 11

**Parental Norms of Familial Primacy among Older Relocated
Adults (N = 144)**

Variable	<u>M^a</u>	<u>SD</u>	<u>Range</u>
Total norms of familial primacy	12.3	3.71	5 -20
Provide services**	2.6	.87	1 - 4
Provide a home*	2.0	1.04	1 - 4
Visit*	2.7	.84	1 - 4
Help when sick**	2.9	.91	1 - 4
Assist financially**	2.1	.97	1 - 4

* 2 participants did not answer the question.

** 3 participants did not answer the question.

^a Scores for individual items could range from 1 - 4.

($M = 2.9$), visiting ($M = 2.7$), and providing services ($M = 2.6$); the lowest were for providing a home ($M = 2.0$) and assisting financially ($M = 2.1$). The greatest variability was for providing a home ($SD = 1.04$), the smallest variability for visiting ($SD = .84$).

The zero-order correlation matrix (Table 12) and the disattenuated correlation matrix (Table 13) show correlations among the independent and the dependent variables used in this research. All of the independent variables except self-assessed health were positively and significantly correlated with the dependent measure, parent/child association: proximity ($r = .70, p < .001$), affect ($r = .39, p < .001$), and norms of familial primacy ($r = .29, p < .001$). Of the predictor variables, the only significant correlations were between health and norms of familial primacy ($r = .21, p < .05$) and proximity and norms of familial primacy ($r = .20, p < .05$).

Thus, the sample may be characterized as being composed mostly of married, white, older adults of moderate or higher income who lived in private homes in the community and whose careers had been largely professional, managerial, or homemaker. These older adults characterize themselves as having moderately high health ratings and had little difficulty performing household tasks. Slightly more than one-half of the respondents lived a considerable distance away from the child with whom they had the most contact.

Table 12

Zero-order Correlation Matrix of Association, Affect,
Health, Proximity, and Norms of Familial Primacy ($N = 135$)

Variables

	Health	Proximity	Affect	Norms	Association
	1	2	3	4	5
1	1.0000				
2	-.1165	1.000			
3	-.0519	-.0032	1.000		
4	.1949	.1837	.0078	1.000	
5	.0354	.6327***	.3311***	.2448**	1.000

Note. 1 health, 2 proximity, 3 affect, 4 norms of familial primacy, 5 association.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 13

Disattenuated Correlation Matrix of Association, Affect,
Health, Proximity, and Norms of Familial Primacy ($N = 135$)

Variables					
	Health	Proximity	Affect	Norms	Association
	1	2	3	4	5
1	1.000				
2	-.1165	1.000			
3	-.0548	-.0034	1.000		
4	.2106*	.1985*	.0089	1.000	
5	.0391	.6981***	.3858***	.2919***	1.000

Note. 1 health, 2 proximity, 3 affect, 4 norms of familial primacy, 5 association.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Their child was likely to be married, middle-aged, and more likely to be a daughter than a son.

Older relocated adults had usually moved from either the middle or southern Atlantic region or from an east north central state. They typically moved to retire to live in a mild climate, to be near family, or to improve their quality of life. They had usually lived in their new location less than ten years and the majority of them planned to remain there.

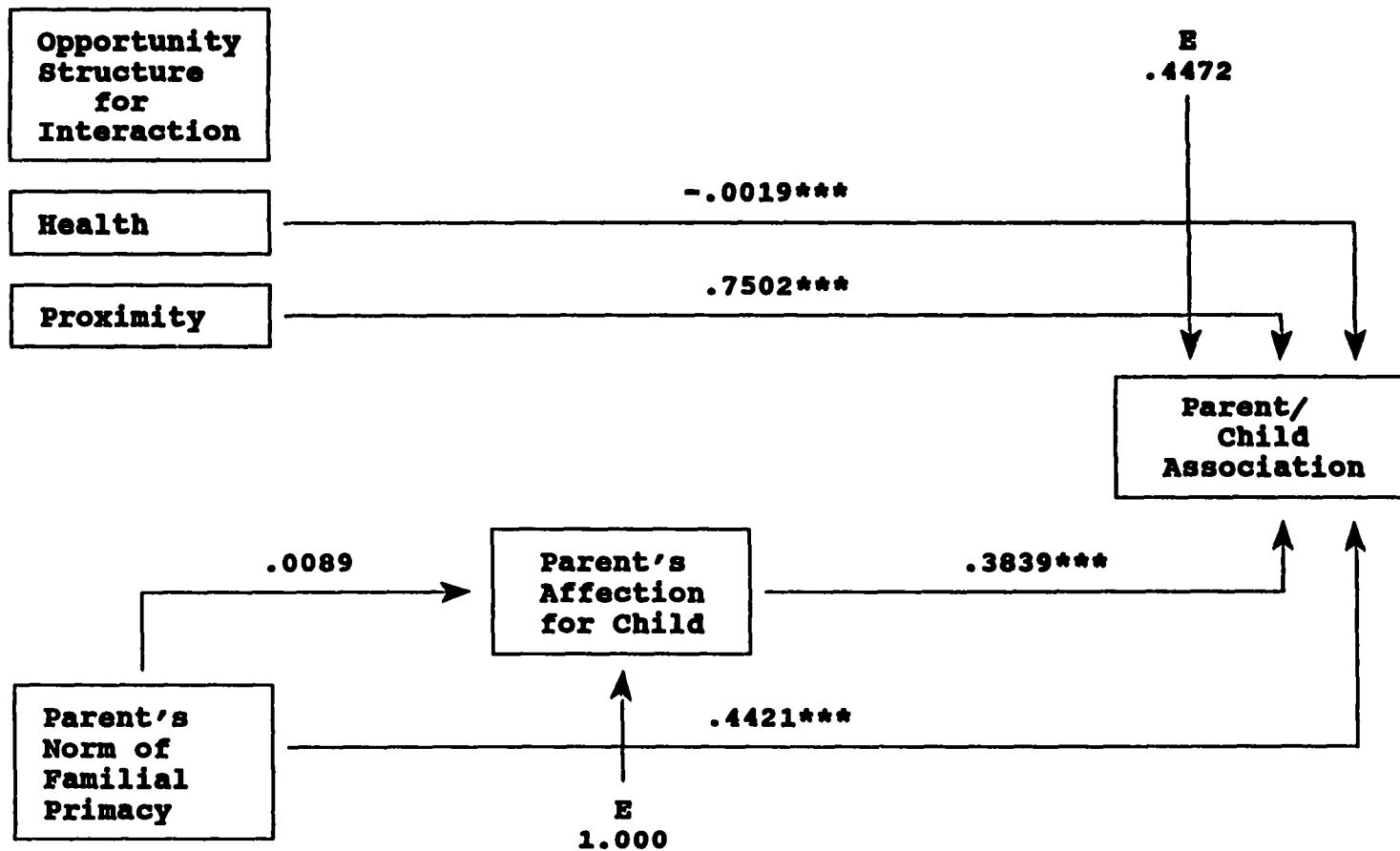
Older relocated adults gave a high rating to their affective closeness to their child of most contact. They had a moderate amount of association with their child. Their expectations for assistance from a child in time of need were from moderate to low.

Tests of the Hypotheses

The overall model using the disattenuated correlations explained 80% of the variance in parent/child association [$F(4,130)=3.46, p<.001$] (Figure 3). Proximity, health, parent's norm of familial primacy, and affect predicted a significant amount of the variance in parent/child association. A simple linear regression of parent's affection for child on parent's norm of familial primacy was not significant; parent's norm of familial primacy did not predict parent's affect for child [$F(1,136)=.037, p>.05$].

The first three hypotheses were supported. The first hypothesis posited a direct, positive relationship between

Figure 3
The Relationship Between Self-assessed Health, Proximity, Parent's Norm of Familial Primacy, Affect for Child and Parent/Child Association among Older Relocated Adults¹



¹Adapted from Bengtson & Roberts, 1991, p. 867.

Note. R^2 (adj.) = .80, $F(4, 130) = 3.46***$. * $p < .05$. ** $p < .01$. *** $p < .001$.

the opportunity structure variables of health and proximity and the dependent measure, parent/child association. This hypothesis was partially supported. Proximity of child and health of the parent both had significant direct relationships with parent/child association: the relationship of proximity was positive, estimated path coefficient, $Beta = .75$, $p < .001$; the relationship of health was negative, estimated path coefficient, $Beta = -.002$. Health made a significant unique contribution to the prediction of the dependent variable in the context of the other predictors ($p < .001$). The second hypothesis also was supported; parental norms of familial primacy had a direct positive relationship with parent/child association, estimated path coefficient, $Beta = .44$, $p < .001$. The third hypothesis supported was that parental affect for child had a significant direct positive relationship with parent/child association, estimated $Beta = .38$, $p < .001$.

The fourth hypothesis was not supported: the relationship between parent's norm of familial primacy and parent/child association was not mediated by parent's affection for the child (Table 14). The direct effect of the norms on association accounted for most of the relationship (99%); the indirect effect through affect had a minimal effect (1%). However, the lack of variability in

Table 14

Decomposition of Parent/Child Association and Norms of Familism by Affect

Variables	Type of Effect	Decomposition	Percent
Norms of Familial	Total Effect	.4455	
Primacy and	Direct	.4421	99.00
Parent/Child	Indirect	.0034	1.00
Association	by Affect		

the affect measure could, artifactually, reduce the association between familism norms and affect.

Proximity, parental health, affect for child and norms of familial primacy all explained a significant amount of the variance in parent/child association (Figure 3). Parents who lived closer to their child interacted more frequently with them than did parents who lived farther away; parents who expressed high affect for their child also had more frequent interactions with them than did parents who were less affectively close to their child.

In addition, parents who held higher expectations for assistance from a child in times of need interacted with them more frequently than did parents with lower norms of familial primacy. Parents who were in poorer health had more frequent interactions with their child than did parents who were in good health.

ANOVA Results

The relationship between the components of the association scale and proximity was explored using one-factor ANOVA (Table 15); the Scheffé test illuminated differences among groups of adults living at varying distances from their child. Older relocated adults who lived close to their child (a distance of an hour or less) associated with them more frequently than did older adults who lived a considerable distance from their child (six or more hours away). This finding held across most of the

Table 15**Levels of Parent/Child Association by Proximity**

Variable	Proximity Groups ^a					ANOVA	
	1	2	3	4	5	F	p
Association	13.49	17.87	17.82	21.50	26.67	26.09	.0000*
Activities	1.76	2.27	2.71	3.25	3.76	11.50	.0000*
Eating	2.12	3.00	3.12	4.19	5.05	27.37	.0000*
Visits	1.89	2.86	3.53	4.44	6.15	35.22	.0000*
Occasions	1.93	2.93	2.76	3.00	3.33	12.14	.0000*
Religious	.97	1.80	.71	1.00	2.81	6.81	.0000*
Phone	4.81	5.00	5.00	5.63	6.00	2.30	.0621

^a 1 'more than 6 hours' ($\underline{n} = 74$), 2 'four to six hours' ($\underline{n} = 15$), 3 'one to three hours' ($\underline{n} = 17$), 4 '11 minutes to an hour' ($\underline{n} = 16$), 5 'less than ten minutes' ($\underline{n} = 21$).

* denotes pairs of groups significantly different at the .05 level.

components of association except telephone conversations: activities, meals, visits, and special occasions.

A significant difference for shared religious activities was found only between those who lived very close (less than ten minutes away) and those who lived at greater distances. That is, religious activities were regularly shared only by older adults and adult children who lived very close to one another. The telephone component alone showed no significant differences among any of the distances separating the generations.

In a similar manner, the relationship between association and levels of affect was explored using one-factor ANOVA (Table 16). Amount of association differed by level of affect. Older adults with the highest level of affect for their child associated with them more frequently than did older adults who reported the lowest levels of affect for their child. The relationship between high affect and levels of association held for a number of types of association: shared activities, visits, special occasions, and telephone conversations.

The relationship between norms of familial primacy and levels of association was explored in a similar manner (Table 17). Although higher levels of familial primacy norms predicted greater association, with only one exception, types of association did not vary significantly by familial norms. The one exception was religious

Table 16 Levels of Association by Levels of Affect

	Levels of Affect ^a				ANOVA	
	1	2	3	4	F	p
Association	12.13	16.52	15.57	19.34	6.04	.0007*
Activities	1.63	2.27	1.93	2.82	4.27	.0064*
Eating	2.19	2.97	2.63	3.33	2.88	.0382
Visits	1.88	2.93	2.57	3.67	4.22	.0069*
Occasions	1.75	2.40	2.37	2.74	3.98	.0094*
Religious	.50	1.10	1.10	1.70	2.78	.0436
Phone	4.18	4.60	4.97	5.63	4.71	.0037*

^a 1 'low' (score 5 - 22, $\underline{n} = 17$), 2 'moderate' (score 23 - 26, $\underline{n} = 31$), 3 'moderately high' (score 27 - 29, $\underline{n} = 30$), 4 'high' (score 30, $\underline{n} = 65$) affect.

* denotes high/low groups significantly different at the .05 level.

Table 17

Levels of Association by Levels of Norms of Familial Primacy

	Levels of Familial Primacy Norms ^a				ANOVA	
	1	2	3	4	F	p
Association	15.72	17.05	16.33	20.03	2.57	.0568
Activities	2.17	2.16	2.29	3.06	2.98	.0339
Eating	2.53	2.93	2.96	3.66	3.08	.0296
Visits	2.78	2.93	2.83	3.97	2.51	.0617
Occasions	2.28	2.77	2.38	2.50	1.47	.2243
Religious	1.25	1.93	.83	2.19	4.98	.0026*
Phone	4.72	5.33	5.04	5.32	1.00	.3963

^a 1 'low' (score 5 - 9, \underline{n} = 37), 2 'medium' (score 10 - 12, \underline{n} = 43), 3 'medium high' (score 13 - 14, \underline{n} = 25), 4 'high' (score 15 - 20, \underline{n} = 36) norms of familial primacy.

* denotes high/low groups significantly different at the .05 level.

activities; those with the highest norms engaged in shared religious activities more than did those with moderate or moderately high expectations but not more than those with low norms of familial primacy.

The results of a one-factor ANOVA further elucidated the relationship between health and association (Table 18). In general, poorer parental health was associated with more parent/child association. However, only one of the components of association was significantly different as a function of level of health. Those in the poorest health visited with their children significantly more than did those who were in moderate health; frequency of visiting did not differ significantly for those in poor and in good health.

Revised Model

The next step in theory building is to postulate a revised model based on the results of the analyses [Figure 4]. In the revised model, the indirect path from norms of familial primacy to affection for child was eliminated because the fourth hypothesis tested was not confirmed. The revised model contains only direct paths from the four predictor variables to parent/child association; all of these paths were shown to be statistically significant in the previous analysis.

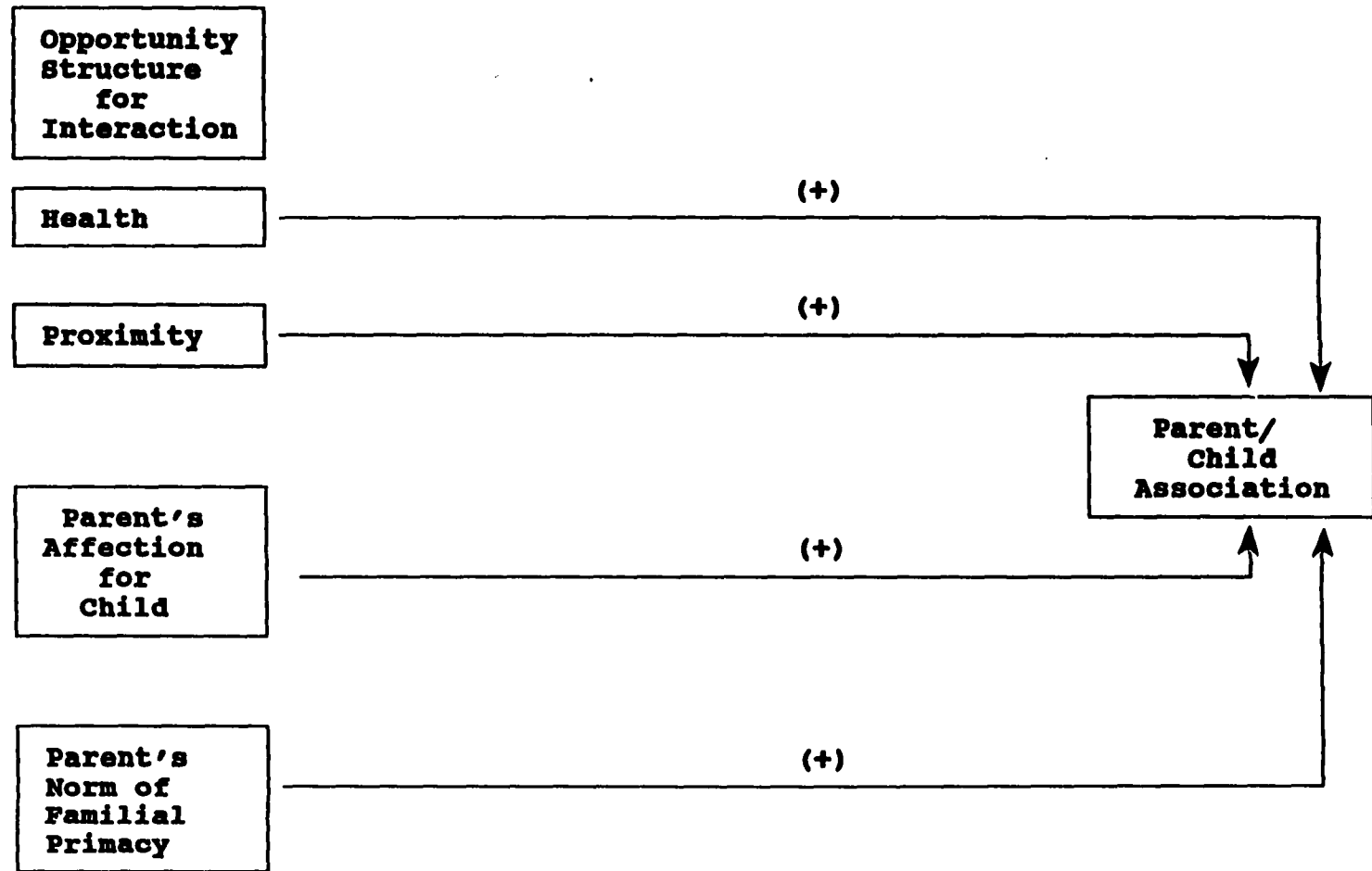
Table 18**Levels of Association by Levels of Health**

	Levels of Health ^a			ANOVA	
	1	2	3	<u>F</u>	<u>p</u>
Association	17.60	16.57	17.46	.29	.7482
Activities	2.41	2.33	2.44	.07	.9360
Eating	3.22	2.92	2.95	.34	.7133
Visits	3.96	2.69	3.06	3.29	.0400*
Occasions	2.29	2.62	2.44	.88	.4185
Religious	1.63	1.09	1.34	.89	.4123
Phone	5.52	4.90	5.09	1.08	.3438

^a 1 'poor' (score 0 - 5, $\underline{n} = 52$), 2 'moderate' (score 6 - 7, $\underline{n} = 52$), 3 'good' (score 8 - 9, $\underline{n} = 64$) health.

* denotes poor/moderate groups significantly different at the .05 level.

Figure 4 Suggested Model for Associational Solidarity¹



¹Adapted from Bengtson & Roberts, 1991, p. 867.

CHAPTER 5

SUMMARY, DISCUSSION, AND IMPLICATIONS

The results of this research show that parental health, functional distance, kin affect, and expectations for assistance in time of need contribute to the family bonds of older adults who relocate. Parents who live close to an adult child and who have strong affective bonds for that child, interact with them more frequently than do parents who are less affectively and proximally close. Proximity and affect, as well as parental health and norms of familism influence the amount of association between the generations. When expectations for assistance are higher and parental health is poorer, associational levels are higher.

The overall model partially supports the revised Theory of Intergenerational Solidarity (Bengtson & Roberts, 1991). That is, it substantiates the importance of opportunity structure, affect, and familial norms to older parent/adult child association. The findings of this study differ from those of Bengtson and Roberts in that affect does not mediate the effect of norms on parent/child association among relocated older adults. The lack of variability in affect may contribute to the nonsignificance of this hypothesis.

Discussion

Mover Type

Similar to the literature on first stage, amenity migrants, this group of older adults is self-selected on positive characteristics (Litwak & Longino, 1987; Longino, 1990a, 1995; Longino & Biggar, 1982; Meyer & Speare, 1985; Speare & Meyer, 1988). They are primarily couples with moderately high health ratings and adequate financial resources who were able to relocate because they had the "economic, health, and psychic resources" to move (Longino, 1995, p. 11). The act of relocation demonstrates their inner strength and ability to seize opportunities. They exhibited strong independence in areas such as moving away from familiar surroundings, relocating across state and often regional boundaries, and creating new physical and social environments. The qualities that enabled them to move may also make them less dependent upon a child and less willing to consider such a dependency. Amenity movers often relocate away from their families to an area that enhances their quality of life. The majority of the group of older relocated adults studied live a considerable distance from the child with whom they have the most contact.

Family Organization

The low level of parent/child proximity among this group of older relocated adults confirms the modified extended family prototype common today in which the

generations live separately from one another but maintain close ties (Litwak & Longino, 1987; Sussman, 1985). It may be that for this group of economically secure older adults proximity is of little relative importance. Adequate economic means make it possible to bridge geographic distances and to function as a modified extended family even without proximity.

The respondents reflect many of the demographic changes that have occurred during this century such as the separation of the generations from one another by socially prompted transitions like retirement and by geographic mobility (Hareven, 1993). Retirement and the enhancement of quality of life were frequently cited as reasons why respondents moved.

Today's older adults prefer separate housing, privacy, independence, and age segregation in retirement communities (Brody, Johnsen, & Fulcomer, 1984; Wister & Burch, 1987). This group live primarily in separate housing; a substantial number reside in retirement communities. North Carolina has an increasing number of retirement communities that are becoming popular relocation spots that provide many of the amenities of life (Meyer, 1987).

Family Relationships of Older Movers

The family relationships of older relocated adults are similar in many respects to those of older adults in general (Bengtson & Roberts, 1991). The amount of association they

have with their adult child (Atkinson et al., 1986; Bengtson et al., 1990; Cicirelli, 1981; Moss & Moss, 1992; Moss et al., 1985), their affective bonds (Bengtson & Roberts, 1991; Moss et al., 1985; Roberts & Bengtson, 1990), and the amount and kinds of help expected from them (Atkinson et al., 1986; Blieszner & Mancini, 1987; Cicirelli, 1981; Finley et al., 1988; Hamon, 1992; Kivett et al., 1994; Powers & Kivett, 1992; Roberts & Bengtson, 1990; Wolfson et al., 1993) are typical of older adults in general. Although they have great affection for their adult child, this affect seems to be unrelated to expectations for future assistance.

Affective Bonds

Affection of parent for child is high among both the older adults who live close to their child and those who are separated from their child by a considerable distance. This finding is consistent with statements in the literature that strong parent/child bonds are lifelong (Bengtson et al., 1990; Cicirelli, 1981; Moss & Moss, 1992; Moss et al., 1985) and are unaffected by distance (Moss & Moss, 1992; Moss et al., 1985; Roberts & Bengtson, 1990; Serow, 1987). Nonproximal generations can, as this group does, communicate by phone and maintain close contact with one another.

High levels of affect are frequently found among older adults. Several factors may explain the high level of parent/child affect. First, the parent/child relationship is a *Gemeinschaft* relationship having a set of normative

prescriptions for both the affective and the behavioral orientations among family members (Bengtson & Roberts, 1991; Tonnie, 1957). Family relationships are relationships of sentiment; parents and children are expected to be affectively close. Feelings such as love and respect undergird the structure of families. The high level of parental affect for children found in this study may reflect this aspect of the Gemeinschaft relationship of parents and children. However, in this study the behavioral prescriptions or norms of familism did not promote higher levels of parent/child affect. This may be true partly because of the lack of variability in affect and partly because parental affect among this group of older adults is not predicated on expectations for assistance.

Secondly, the concept of "developmental stake" may clarify the high levels of parent/child affective closeness perceived by the older generation (Bengtson & Kuypers, 1971). Older adults want their values and ideas perpetuated in their child (Bengtson et al., 1976; Bengtson & Kuypers, 1971); this ideological continuity across generations validates and lends meaning to life for older adults. Consequently, older adults may emphasize similarities and closeness between the generations and minimize differences and affective distances.

A third possible explanation for the high degree of affect expressed by parents for their child is the distance

that separates many of the parent/child pairs in this study. It has been suggested that distance reduces generational conflict and allows idealization of the relationship (Jarrett, 1985; Kivett et al., 1994). This group of mostly healthy older adults who do not need assistance can have independent lifestyles with strong affective bonds without the stresses concomitant with the fulfillment of filial obligations. They are free to enjoy one another's company and to associate with one another by choice rather than necessity.

The independence of most of the respondents may generate family bonds that are predicated on affection rather than need. This illustrates the twentieth century shift from obligatory assistance to affection as the basis of family solidarity (Finley et al., 1988); the instrumental view of the family has been replaced by one of sentimentality and intimacy (Hareven, 1993). For this special group of older adults, affection and the expectation for help if needed appear to be the glue that binds families together.

Expectations for Assistance

The findings of this study are consistent with results in the literature; the general population of older adults have moderate expectations for assistance from a child in times of need (Atkinson et al., 1986; Blieszner & Mancini, 1987; Finley et al., 1988; Lee et al., 1994; Powers &

Kivett, 1992; Roberts & Bengtson, 1990). For example, Lee, Netzer, and Coward (1994) found an average composite filial expectation rating of 15.68 on a scale with a possible range of six to 24. Older adults who do not need assistance have been found to have lower filial expectations than those who need regular help (Finley et al., 1988; Hamon, 1992). Thus, familism norms vary by social class and are higher among low income older adults.

The group of older relocated adults studied is primarily middle-class; they are healthy, married, moderately old, with adequate income. Thus, they could be expected to have moderate to low norms of familial primacy. Norms may be prescribed more by society than by individual families. Expectations for assistance may exist independently of affective family bonds. Norms reflect the old obligatory bonds of families; affect reflects association by choice rather than necessity.

The Pragmatics of the Parent/Child Relationship: Proximity and Health

Proximity is part of the opportunity structure for parent/child association making intergenerational interactions possible. The relationship between proximity and association in the present study is what might be expected (Bengtson & Roberts, 1991; Dewit et al., 1988; Harper, 1987; Kivett, 1985a, 1985b; Mangen & Miller, 1988;

Moss & Moss, 1992; Powers & Kivett, 1992). Face-to-face types of association are engaged in more frequently by proximally located parents and children. Interactions other than telephone conversations can and do occur more frequently among generations living in proximity. Proximity influences both the type and the frequency of interactions. Distance limits the frequency of some shared activities but it does not appear to preclude them. For example, generations may not be able have shared meals and conversational visits frequently but may periodically spend several days together with more intense interactions.

Health is a second pragmatic element of opportunity structure. Poor parental health increases certain kinds of interactions such as frequent visits to assist the parent. Good parental health, however, broadens the type and range of possible associations. The relatively good health enjoyed by most amenity migrants makes a wide variety of parent/child association possible; very few have physical limitations that would restrict the activities that could be shared with a child. The moderately high level of parent/child association among older relocated adults suggests that those who are in good health choose to interact with some frequency.

Implications

Implications for the Literature

The results of this study imply that older adults who move constitute a special group of older adults who are less dependent upon their families than are older adults in general. First stage, amenity movers are different from nonmovers and, in all probability, from other types of movers: second and third stage, and assistance movers. The characteristics that distinguish them from other older adults affect their parent/child relationships, particularly their high affect for their child in combination with moderately low expectations for assistance. Thus, assumptions and studies about older adults should take into account whether or not they have relocated and what type of relocation occurred, that is amenity, assistance, return move or first, second, or third stage relocation.

This study demonstrates that proximity although important is not necessary for intergenerational contact or associational solidarity. The bonds that join parent and child across a lifetime can be maintained through nonproximal types of association such as telephone contact and by intermittent visits.

The modified extended family prototype is described as family units that maintain close bonds while living at some distance from one another (Litwak & Longino, 1987; Sussman, 1985). Modern forms of communication and transportation

make it possible for family units to remain affectively close and assist one another even when considerable distances separate their units. That is, periodic contact, high affect, and intergenerational exchange can occur without proximity. Children may act as mediators for their parents with bureaucratic formal organizations from a distance and offer financial and emotional support as well as crisis intervention. Proximity may not be as necessary as it was in earlier times for the performance of family functions. The nature of families is changing; the modified extended family prototype includes families whose affective ties are close and who can be available to assist one another on an 'as needed' basis.

Implications for Theory

The Theory of Intergenerational Solidarity was formulated to study the cohesiveness between generations. Results from the present research suggest that the theory may need to be modified to adequately describe subgroups of the older adult population such as adults relocating in later life. In addition, although the Theory of Intergenerational Solidarity provides an excellent basis for the exploration of later life family relationships, it may need to be adapted for other subgroups of older adults such as assistance movers, nonwhites, and the childless elderly.

Implications for Practitioners

First, the practical implications of the lack of relationship between familial norms and affect are great. This finding suggests that the obligatory bonds that function in times of need may exist among family units that are not affectively close. The societal implication is that affectively distant children may be resources for assistance to their older members. Practitioners working with older adults should not underestimate non-affectively close children as a resource and should encourage older adults to utilize the assistance that such children can provide.

Secondly, affect is important to associational solidarity. Practitioners should encourage older adults to foster affective bonds with their children to strengthen intergenerational solidarity. Strong parent/child affective bonds can provide emotional support and enhance quality of life for the older generation.

Thirdly, nonproximal family units can provide assistance to older members in times of need. Practitioners should consider nonproximate children as resources in a variety of ways. For example, modern transportation makes it possible to traverse even long distances rather quickly to provide emergency or temporary assistance. Financial and emotional support can be provided on a regular basis by geographically distant children.

Practitioners working with older adults should consider the enduring nature of parent/child attachments. Bonds that do not appear to be effective or strong due to geographic or affective distance may still function when needed. Practitioners should encourage and facilitate the strengthening and utilization of these bonds by older adults.

Sample Limitations

The cross-sectional nature of this research limits the findings to one point in time. As a result, it does not explore family relationships and changes that may occur in them over time. For example, does the parent/child relationship change as parents age, become widowed, and develop physical limitations?

The majority of older adults surveyed were amenity movers who were relatively young, healthy, and married. Thus, the findings can only be generalized to first stage, amenity movers and not to other types of older relocated adults: assistance and return movers, second and third stage movers.

The racial makeup of this sample was limited almost completely to older white adults; thus, the results may only be generalized to this segment of older adults who relocate. A more racially diverse sample would yield additional information and make it possible to generalize the findings to a broader spectrum of older relocated adults.

The sample consisted of older adults who had moved to the Southern Atlantic region of the United States. More specifically, participants had moved to a central or western North Carolina county. The findings can most appropriately be generalized to this locale.

In spite of the inherent limitations of this sample, the findings confirm what other researchers have found regardless of factors such as race and socioeconomic status. Thus, the aforementioned limitations may not significantly compromise the generalizability of the research.

Finally, the current study was confined to perceptions of the older generation. A study including both the older relocated adult and the adult child generations would yield an additional perspective on family relationships, a perspective that might confirm or contradict that of the older adults.

Recommendations for Future Research

The results of this study suggest two directions for future research. First, more research is needed to confirm the revised model proposed in this study, that is with the indirect path from familial norms through affect removed. A replication is necessary to confirm the findings of this study that older amenity movers differ from the more general population of older adults studied by Bengtson and Roberts (1991).

A second direction for future research is a longitudinal study of the family solidarity of older relocated adults over time. Research that examines family relationships of older relocated adults at multiple points in time is necessary to ascertain the permanence of the present findings. Are the familism norms of amenity movers ten or more years after the move different from those of more recent movers? In particular, it would be beneficial to examine the role played by familism norms in the parent/child associations of older relocated adults as they age, both those who elect to age in place in their new location and those who become counterstream, second stage movers.

In conclusion, this study has informed the Theory of Intergenerational Solidarity as it applies to the parent/child relationships of a special group of older relocated adults, those who are first stage, amenity movers. It has provided support for the roles played by health, proximity, affect, and familism norms in parent/child association while refuting the relationship between familism norms and affect in regard to association. The findings of this study suggest the variability among the family relationships of older adults and the need to modify existing theories for use with special populations.

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APPENDIX A
Questionnaire

QUESTIONNAIRE
Migration Study
School of Human Environmental Sciences
University of North Carolina
at Greensboro

Subject Number _____

* Subject's Name _____
Last
First
Middle

* Subject's Address _____
Street, & Number (or Route)

* Subject's Phone Number _____

Record of Calls and Callbacks

Calls	Date	Time		What Happened (General Reaction)
		Began	Finished	
1				
2				
3				

Questionnaire: _____ complete _____ incomplete

Interviewer: _____

*Only these questions are asked to surrogate respondents

'Some items on this questionnaire were taken or adapted from the OARS Multidimensional Functional Assessment Questionnaire, Older Americans Resources and Services Program of the Duke University Center for the Study of Aging and Human Development, Durham, North Carolina.

CIRCLE ONLY ONE RESPONSE UNLESS OTHERWISE NOTED**(For Office Use Only)**Subject #
 1 2 3Card No. 0 1
 4 5

Circle or write in the appropriate response.

* 1. Are you currently a full-time or a part-time resident of this area?

1 Full-time

2 Part-time IF PART-TIME, INELIGIBLE FOR STUDY

6

* 2. Have you moved from another country, state or county since age 60?

1 Yes

2 No IF NO, INELIGIBLE FOR THE STUDY

7

(Name country, state, or county from which moved)

INTERVIEWER, ASK THESE QUESTIONS:

- A. First I need to get some background information before we discuss your relocation.
- * 7. Where were you born? (Country, state, county)
- _____
- 12 13
- * 8. What year were you born? _____
- 14 15
- * 9. What was your occupation at age 50? Be specific as to the type of work.
- _____
- 16 17
- * 10. What was your major life-time work? Be specific.
- _____
- 18 19
- * 11. How many years of schooling did you complete?
_____ years
- 20 21
- * 12. How many years have you lived in this county?
_____ years
- 22 23
- * 13. Which best describes your present housing? YOU...
- 1 own your home (or condominium), no mortgage
- 2 own your home (or condominium), mortgage
- 3 rent house (yourself)
- 4 rent apartment
- 5 own or rent a mobile home
6. Live in another's home IF SO, WHOSE?
- _____
- (Relationship)
- 25 26
- * 14. What is your marital status?
- 1 Married 2 Widowed 3 Divorced 4 Single
- 27
- IF SINGLE, GO TO ITEM 19
- IF MARRIED, WIDOWED, OR DIVORCED ASK:

*15. How long have you been (Married, Widowed, Divorced)?

_____ years

28 29

IF MARRIED

- * 16. What year was your (Husband/Wife) born? _____ 30 31
 - * 17. What was your (Husband's/Wife's) last full-time occupation? _____ 32 33
(Be specific as to type)
 - * 18. How many years of schooling did he/she complete? _____ years 34 35
 - * 19. Including yourself, how many people are living in your immediate household? _____ 36 37
- (Total)

IF THE SUBJECT LIVES ALONE, GO TO ITEM 21

* 20. How are the persons living with you related to you?

Circle all that apply

- | | | | | | |
|---------------|------------------|----|----|----|----|
| 1 Spouse | 5 Niece/nephew | 38 | 39 | 40 | 41 |
| 2 Child | 6 Grandchild | 42 | 43 | 44 | 45 |
| 3 Parent | 7 Friend | 46 | 47 | 48 | 49 |
| 4 Aunt/Uncle | 8 Brother/sister | 50 | 51 | 52 | 53 |
| 9 Other _____ | Who? | 54 | 55 | 56 | 57 |

Now I'd like to ask you some questions about retirement.

* 21. Are you presently . . .

- 1 Retired
- 2 Working 58
- 1 less than 20 hours/week
- 2 more than 20 hours/week 59

IF RETIRED ASK ITEMS 22 AND 23.

- * 22. When did you retire? _____ year 60 61
- * 23. What was the main reason you retired?

_____ 62 63

IF MARRIED

- * 24. Is your (husband/wife) retired?
- 1 No 64
- 2 Yes

IF YES:

- * 25. When did your husband/wife retire? _____ Year 65 66
- * 26. What was the main reason why he/she retired?

_____ 67 68

B. Now I would like to ask you some questions about moves that you have made.

- * 27. How many times have you moved since age 60? _____ 69 70

Subject # 1 2 3

Card # 0 2
4 5

- * 28. Beginning with your **MOST RECENT** move, provide the following information.

Interviewer, indicate if each move was a return to respondent's hometown, home county, or home state, or if it was not a return move. Please indicate the most appropriate response.

From _____	6	7
To _____	8	9
Age _____	10	11
Reason(s) _____	12	13
_____	14	15
_____	16	17

Was this a return move?

1 No

2 Yes, what type? _____

18

19

NEXT MOST RECENT MOVE

From _____

20 21

To _____

22 23

Age _____

24 25

Reason(s) _____

26 27

28 29

30 31

NEXT MOST RECENT MOVE

Was this a return move?

1 No

2 Yes, what type? _____

32

33

From _____

34 35

To _____

36 37

Age _____

38 39

Reason(s) _____

40 41

42 43

44 45

Was this a return move?

1 No

2 Yes, what type? _____

46

47

* 29. Do you plan to remain in this area?

1 No, Why? _____

48 49

2 Yes, Why? _____

51 52

* 30. Are there things that would make it difficult for you to move away from this area?

- | | | | |
|---|--------------------|-------|-------|
| 1 | No | | 53 |
| 2 | Yes (What things?) | _____ | 54 55 |
| | | _____ | 56 57 |
| | | _____ | 58 59 |
| | | _____ | 60 61 |

* 31. Thinking back over your moves since age 60, did your moves take you: Begin with your most recent move.

	Away from most of your friends		Away from most of your family			
	No	Yes	No	Yes		
Move to _____	1	2	1	2	62	63
Move to _____	1	2	1	2	64	65
Move to _____	1	2	1	2	66	67

IF YES FOR MOST RECENT MOVE, ASK:

* 32. Have you had any problems as a result of living at a distance from your family?

- | | | | |
|---|----------------------|-------|-------|
| 1 | No | | 68 |
| 2 | Yes | | |
| 3 | Does not apply. Why? | _____ | 69 70 |

Subject # _____

1	2	3
---	---	---

Card # _____

0	3
4	5

IF YES:

* 33. What kinds of problems?

- | | | |
|--|----|----|
| | 6 | 7 |
| | 8 | 9 |
| | 10 | 11 |

- * 34. Regarding your most recent move, have you had any problems as a result of living at a distance from your friends?
- 1 No
 - 2 Yes
 - 3 Does not apply. Why? _____
- | | | |
|--|----|----|
| | 12 | |
| | 13 | 14 |

IF YES:

- * 35. What kinds of problems?
- | | | |
|-------|----|----|
| _____ | 15 | 16 |
| _____ | 17 | 18 |
| _____ | 19 | 20 |
- * 36. Do you think people should move after retiring?
- 1. No. Why? _____
 - 2. Yes. Why? _____
- | | | |
|--|----|----|
| | 21 | |
| | 22 | 23 |
| | 24 | 25 |
- * 37. If you could live anywhere, where would you live?
- | | | |
|------------|----|----|
| _____ | 26 | 27 |
| Why? _____ | 28 | 29 |
| _____ | 30 | 31 |
| _____ | 32 | 33 |

C. Now I would like to ask you some questions about your health.

Show picture of ladder (Have surrogate or care receiver rate subject's health if appropriate)

- * 38. Here is a picture of a ladder. Suppose we say that the top of the ladder (pointing) represents perfect health and the bottom of the ladder (pointing) represents the most serious illness. Where on the ladder (moving finger up and down the ladder) would you say that your health is at the present time?

_____ (Code, yellow card)

- * 39. What are some of your health problems? List in order of severity.

_____	35	36
_____	37	38
_____	39	40
_____	41	42
_____	43	44

- * 40. We are interested in knowing some of the things that you did about your health during this past year. Did you....

	YES	NO	
Visit a doctor because of sickness?	1	2	_____
Where? _____			45

			46 47
Visit a doctor because of accident or injury?	1	2	_____
Where? _____			48

			49 50
Visit a doctor for a check-up?	1	2	_____
Where? _____			51

			52 53
Visit a chiropractor?	1	2	_____
Where? _____			54

			55 56
Visit a dentist?	1	2	_____
Where? _____			57

			58 59
Have outpatient surgery?	1	2	_____
Where? _____			60

			61 62
Have to be hospitalized?	1	2	_____
Where? _____			63

			64 65
Buy prescription drugs?	1	2	_____
			66
Stay in a nursing home?	1	2	_____
			67

* 41. Are there any other services that you used in health care? If so, what?

	68	69
	70	71
	72	73

Subject #
1 2 3

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4 5

* 42. Do you feel the need of health care in addition to that which you are now getting?

1. No			
		6	
2. Yes, What?		7	8
		9	10
		11	12

* 43. If you become sick, to whom would you turn for help?

(RECORD THE FIRST SOURCE AND THEN THE SECOND SOURCE)
 Give Relationship not name.

(First source)			
	(Relationship)	13	14
(Second source)		15	16
	(Relationship)		

- * 44. How much difficulty do you have performing the following tasks? Would you say, none, some, or much?

	DIFFICULTY				
	None	Some	Much	NA	
Shopping.....	1	2	3	8	<u>17</u>
Preparing meals.....	1	2	3	8	<u>18</u>
Managing money.....	1	2	3	8	<u>19</u>
Using the phone.....	1	2	3	8	<u>20</u>
Making minor house repairs.....	1	2	3	8	<u>21</u>
Doing heavy housework.....	1	2	3	8	<u>22</u>
Doing light housework.....	1	2	3	8	<u>23</u>
Doing yardwork.....	1	2	3	8	<u>24</u>

- D. I would like to ask you a few questions about your household.

- * 45. Would you give us a general idea of your annual income before taxes, is it?

1 Under \$5,000	<u>25</u>
2 5,000-10,000	
3 10,000-15,000	
4 15,000-20,000	
5 20,000-30,000	
6 30,000-40,000	
7 Over 40,000	
8 No response, refused	

- * 46. Which of these best describes your financial situation?

1. You always have enough money for everything you need	<u>26</u>
2. You usually have enough money	
3. You seldom have enough money	
4. You almost never have enough money for the things you need	

IF RESPONSE WAS 4 (ALMOST NEVER) ASK:

- * 47. What kinds of things do you not have enough money for:

	<u>27</u>	<u>28</u>
	<u>29</u>	<u>30</u>
	<u>31</u>	<u>32</u>

- E. Now I would like to ask some questions about family.

We would like your opinion on a couple of questions relating to children.

Ask regardless of whether the subject has children.

48. If a child has a chance to get a much better job out of town but this means moving away from parents, should the job be turned down in order to stay near the parents or should it be accepted?

- | | | |
|---------------|--|-----------|
| 1 Turned down | | <u>33</u> |
| 2 Accepted | | |

49. How important is it for parents and their children to stay in touch?

- | | | |
|--------------------|--|-----------|
| 4 Very important | | <u>34</u> |
| 3 Important | | |
| 2 Not important | | |
| 1 Very unimportant | | |

- * 50. How many living children do you have? _____ 35 36

IF NO CHILDREN, GO TO ITEM 53

- * 51. Which best describes the composition of your children? (circle only one)

- | | | |
|--------------------------|--|-----------|
| 1 daughter(s) | | <u>37</u> |
| 2 son(s) | | |
| 3 daughter(s) and son(s) | | |

* 52. We would like to ask some questions about your children.

Starting with the oldest child, tell me:

a. Name _____ Sex ____ Age ____ ____
38 39 40

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____

41

How long has it been since you last saw this child?
_____ (Record time. Be specific)

42

(Specify if live with child)

b. Name _____ Sex ____ Age ____ ____
43 44 45

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____

46

How long has it been since you last saw this child?
_____ (Record time. Be specific)

47

(Specify if live with child)

c. Name _____ Sex ____ Age ____ ____
48 49 50

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____

51

How long has it been since you last saw this child?
_____ (Record time. Be specific)

52

(Specify if live with child)

d. Name _____ Sex ____ Age ____ ____
53 54 55

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____

56

How long has it been since you last saw this child?
_____ (Record time. Be specific)

57

(Specify if live with child)

e. Name _____ Sex ____ Age ____ _____
58 59 60

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____ _____
61

How long has it been since you last saw this child?
_____ (Record time. Be specific) _____
62

(Specify if live with child)

f. Name _____ Sex ____ Age ____ _____
63 64 65

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____ _____
66

How long has it been since you last saw this child?
_____ (Record time. Be specific) _____
67

(Specify if live with child)

g. Name _____ Sex ____ Age ____ _____
68 69 70

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____ _____
71

How long has it been since you last saw this child?
_____ (Record time. Be specific) _____
72

(Specify if live with child)

Subject # _____
1 2 3

Card # 0 5
4 5

h. Name _____ Sex ____ Age ____ _____
6 7 8

(Use blue code card)

How long does it take this child to get from
his/her house to yours? _____ _____
9

How long has it been since you last saw this child?
_____ (Record time. Be specific) _____
10

(Specify if live with child)

* 53. Now, let's talk about some other relatives.
 Tell me: How many of the following
 living relatives do you have?

	Number Living		
Sons-in-law.....	_____	11	12
Daughters-in-law.....	_____	13	14
Grandsons.....	_____	15	16
Granddaughters.....	_____	17	18
Great-grandsons.....	_____	19	20
Great-granddaughters.....	_____	21	22
Brothers.....	_____	23	24
Sisters.....	_____	25	26
Brothers-in-law.....	_____	27	28
Sisters-in-law.....	_____	29	30
Nieces.....	_____	31	32
Nephews.....	_____	33	34
Male Cousins	_____	35	36
Female Cousins.....	_____	37	38

* 54. Which child do you see or have the most contact with?

_____ Name of child

- | | |
|----------|----|
| 1 Male | 39 |
| 2 Female | |

- | | | |
|---|----|----|
| * 55. What is her/his age? _____ years | 40 | 41 |
| * 56. How long does it usually take this child to
get from his/her house to yours? _____
(Use blue code card) | | 42 |
| * 57. If you had an emergency, how quickly could he/she
get here? _____ (Use blue code card) | 43 | 44 |
| * 58. How often do you see _____?
(child)
_____ (Use pink code card) | | 45 |

- * 59. How many years of schooling did _____
complete? _____ (child)
_____ years 46 47
- * 60. What is _____ occupation?
(child's) 48 49
- * 61. What is the marital status of this child? 50
- 1 Married
 - 2 Widowed
 - 3 Divorced or separated
 - 4 Single (never married)

**IF NO LIVING CHILDREN-IN-LAW, GO TO ITEM 70 (GRANDCHILDREN).
THESE QUESTIONS REFER TO THE CHILD-IN-LAW WITH WHOM THERE IS THE MOST
CONTACT**

Let's talk about children-in-law.

- * 62. With which child-in-law do you have the most contact?

(Name)

- 1 Male 51
- 2 Female

ASK ITEM ONLY IF MORE THAN ONE CHILD.

- * 63. To which of your children is this daughter/son-in-law
married?

_____ 52

- * 64. What is the approximate age of this child-in-law?

_____ years 53 54

- * 65. How many years of schooling did _____
complete? _____ (child-in-law)

(GIVE APPROXIMATE YEARS IF NOT KNOWN) 55 56

- * 66. What is _____ occupation? **BE SPECIFIC.**
(child-in-law's)

_____ 57 58

- * 67. How long does it usually take _____ to get
from his/her house to yours? (child-in-law)
(Use blue code card) _____ 59

- * 85. With what brother-in-law/sister-in-law do you have the most contact?

 (Name)
- 1 Male 16
- 2 Female
- * 86. What is his/her approximate age? _____ years 17 18
- * 87. How many years of schooling did _____ complete?
 _____ years (brother/sister-in-law) 19 20
- * 88. How is _____ related to you?
 (brother/sister-in-law) 21
- 1 Through marriage on your side of the family
- 2 Through marriage on spouse's side of the family
- 3 Through blood kin of husband/wife
- * 89. Is _____ married (or previously married)
 (brother/sister-in-law)
 to _____ with whom there is the most contact?
 (brother/sister) 22
- 1 No
- 2 Yes
- * 90. How long does it usually take _____
 (brother/sister-in-law)
 to get from his/her residence to yours? 23
 _____ (Use blue code card)
- * 91. If you had an emergency, how quickly could he/she
 get here? _____ (Use blue code card) 24 25
- * 92. How often do you see _____?
 (brother/sister-in-law)
 _____ (Use pink code card) 26

IF NO LIVING NIECES AND NEPHEWS, GO TO ITEM 100 (COUSINS).

THESE QUESTIONS REFER TO NIECE OR NEPHEW WITH WHOM THEY HAVE THE MOST CONTACT.

* 93. With which niece or nephew do you have the most contact?

_____ (name)
 1 Male 27
 2 Female

* 94. How are you related to _____?
 (niece/nephew) 28

- 1 Through blood kin of spouse
 2 Through blood kin of yours

* 95. What is his/her approximate age? _____ years 29 30

IF CLOSEST NIECE OR NEPHEW HAS COMPLETED SCHOOLING, ASK ITEM 96.

* 96. How many years of schooling did _____ complete?
 (niece/nephew)
 _____ years 31 32

* 97. How long does it usually take _____
 (niece/nephew)
 to get from his/her residence to yours?
 _____ (Use blue code card) 33

* 98. If you had an emergency, how quickly could he/she
 get here? _____ (Use blue code card) 34 35

* 99. How often do you see _____?
 (niece/nephew)
 _____ (Use pink code card) 36

IF NO COUSIN, GO TO ITEM 109.

THESE QUESTIONS REFER TO THE COUSIN WITH WHOM THERE HAS BEEN THE MOST CONTACT.

* 100. With which cousin do you have the most contact?

_____ (name)
 1 Male 37
 2 Female

- * 101. How is _____ related to you?
(cousin) _____
38
- 1 Mother's side (blood)
 - 2 Father's side (blood)
 - 3 Spouse's family
- * 102. Is _____ a:
(cousin) _____
39
- 1 First cousin
 - 2 Second cousin
 - 3 Other (play or fictive kin, explain)
- _____
- * 103. What is his/her approximate age? _____ years _____
40 41
- * 104. How many years of schooling did _____ complete?
(cousin) _____
_____ years 42 43
- * 105. How long does it usually take _____ to get from
(cousin) _____
his/her residence to yours?
_____ (Use blue code card) 44
- * 106. If you had an emergency, how quickly could he/she
get here? _____ (Use blue code card) _____
45 46
- * 107. How often do you see _____?
(cousin) _____
_____ (Use pink code card) 47
- * 108. Did you ever live in the same community with _____?
(cousin) _____
Choose the response that best applies. 48
- 1 No, never
 - 2 No, but spent summers together while growing up
 - 3 Yes, for a few years after becoming an adult
 - 4 Yes, while you were growing up
 - 5 Yes, most of your life

THESE QUESTIONS REFER TO SOMEONE OTHER THAN A FAMILY MEMBER WHO IS IMPORTANT TO YOU.

- * 109. What person, other than a family member, is most important to you? (friend, pastor, neighbor, etc.)

(name)

49 50

What is your relationship to them?

(relationship)

- * 110. Now, I would like to go back and ask you about

(this person)

1 Male

51

2 Female

- * 111. How long have you known _____?

(friend/neighbor)

_____ years

52 53

- * 112. What is the approximate age of _____?

(friend/neighbor)

_____ years

54 55

- * 113. How long does it usually take _____

(friend/neighbor)

to get from his/her residence to yours?

_____ (Use blue code card)

56

- * 114. If you had an emergency, how quickly can he/she get here? _____

(Use blue code card)

57 58

- * 115. How often do you see _____?

(friend/neighbor)

_____ (Use pink code card)

59

IF SURROGATE RESPONDENT GO TO ITEM 132

F. I am now going to ask you some questions about your relationship with your relatives and friends.

REFER TO THE RELATIVES OF MOST CONTACT MENTIONED EARLIER.

Let's talk about _____

(daughter/son)

116. On a six point scale of very little to very much, how would you rate _____ with regard to:
(child)

Ratings

	Low					High	
Closeness to him/her.....	1	2	3	4	5	6	_____
Communication with him/her.....	1	2	3	4	5	6	60
Getting along with him/her.....	1	2	3	4	5	6	61
Understanding you.....	1	2	3	4	5	6	62
Your understanding him/her.....	1	2	3	4	5	6	63
							64

117. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that (son/daughter) and you stand at the present time? _____ (Code Yellow Card)

65

118. On a six point scale of very little to very much, how would you rate _____ with regard to:
(child-in-law)

Ratings

	Low					High	
Closeness to him/her.....	1	2	3	4	5	6	_____
Communication with him/her.....	1	2	3	4	5	6	66
Getting along with him/her.....	1	2	3	4	5	6	67
Understanding you.....	1	2	3	4	5	6	68
You understanding him/her.....	1	2	3	4	5	6	69
							70

119. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that (son/daughter-in-law) and you stand at the present time? _____ (Code Yellow Card)

71

Let's talk about _____
(grandchild)

120. On a six point scale of very little to very much, how would you rate _____ with regard to:
(grandchild)

Subject #
 1 2 3

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 4 5

Ratings

	Low					High	
Closeness to him/her.....	1	2	3	4	5	6	_____
							6
Communication with him/her.....	1	2	3	4	5	6	_____
							7
Getting along with him/her.....	1	2	3	4	5	6	_____
							8
Understanding you.....	1	2	3	4	5	6	_____
							9
Your understanding him/her.....	1	2	3	4	5	6	_____
							10

121. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that grandchild and you stand at the present time? _____ (Code Yellow Card) _____

Let's talk about _____
 (brother/sister)

122. On a six point scale of very little to very much, how would you rate _____ with regard to:
 (brother/sister)

Ratings

	Low					High	
Closeness to him/her.....	1	2	3	4	5	6	_____
							12
Communication with him/her.....	1	2	3	4	5	6	_____
							13
Getting along with him/her.....	1	2	3	4	5	6	_____
							14
Understanding you.....	1	2	3	4	5	6	_____
							15
You understanding him/her.....	1	2	3	4	5	6	_____
							16

123. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that (brother/sister) and you stand at the present time? _____ (Code Yellow Card) _____

Let's talk about _____
 (brother/sister-in-law)

124. On a six point scale of very little to very much, how would you rate _____ with regard to:
(brother/sister-in-law)

Ratings

	Ratings						
	Low			High			
Closeness to him/her.....	1	2	3	4	5	6	<u>18</u>
Communication with him/her.....	1	2	3	4	5	6	<u>19</u>
Getting along with him/her.....	1	2	3	4	5	6	<u>20</u>
Understanding you.....	1	2	3	4	5	6	<u>21</u>
You understanding him/her.....	1	2	3	4	5	6	<u>22</u>

125. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that (brother/sister-in-law) and you stand at the present time? _____ (Code Yellow Card)

23

Let's talk about _____
(niece/nephew)

126. On a six point scale of very little to very much, how would you rate _____ with regard to:
(niece/nephew)

Ratings

	Ratings						
	Low			High			
Closeness to him/her.....	1	2	3	4	5	6	<u>24</u>
Communication with him/her.....	1	2	3	4	5	6	<u>25</u>
Getting along with him/her.....	1	2	3	4	5	6	<u>26</u>
Understanding you.....	1	2	3	4	5	6	<u>27</u>
You understanding him/her.....	1	2	3	4	5	6	<u>28</u>

127. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that (niece/nephew) and you stand at the present time? _____ (Code Yellow Card)

29

Let's talk about _____
(cousin)

128. On a six point scale of very little to very much, how would you rate _____ with regard to:
(cousin)

Ratings

	Low						High						
Closeness to him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
Communication with him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
Getting along with him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
Understanding you.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
You understanding him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
													34

129. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that (cousin) and you stand at the present time? _____ (Code Yellow Card)

35

Let's talk about (friend/neighbor)

130. On a six point scale of very little to very much, how would you rate _____ with regard to:
(friend/neighbor)

Ratings

	Low						High						
Closeness to him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
Communication with him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
Getting along with him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
Understanding you.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
You understanding him/her.....	1	2	3	4	5	6	1	2	3	4	5	6	_____
													40

131. Looking at this picture of a ladder, suppose that the top of the ladder represents total agreement of views about life and the bottom represents total disagreement. Where on the ladder do you feel that (friend/neighbor) and you stand at the present time? _____ (Code Yellow Card)

41

- * 132. During the past year, have any of these relatives assisted you in some way as a result of being "in the area" because of a funeral, wedding, reunion, or some other major happening?

(Use pink code card).

_____ child	_____
	42
_____ child-in-law	_____
	43
_____ grandchild	_____
	44
_____ brother/sister	_____
	45
_____ brother/sister-in-law	_____
	46
_____ niece/nephew	_____
	47
_____ cousin	_____
	48
_____ neighbor/friend	_____
	49

- G. I'm going to mention some ways in which families and friends sometimes help each other. Tell me how many times in the past year that each of your relatives has helped you with these:

USE CODE CARDS AND RECORD CODE OF RESPONSES. THESE QUESTIONS REFER TO THE RELATIVE OR FRIEND WITH THE MOST CONTACT.

* 133. Service Assistance (Use pink code card)

How often do you do the following with each of your relatives or friend of most contact?

	Child	Child-In-law	Grandchild	Brother/ Sister
Give help with chores or errands				
Receive help with chores or errands				
Exchange gifts				

* 134. Financial Assistance

In the past year have you: (Use orange code card)

	Child	Child-In-law	Grandchild	Brother/ Sister
Given financial aid				
Received financial aid				

**Brother-in-law/
Sister-in-law** **Niece
Nephew** **Cousin** **Friend/
Neighbor**

<u>50</u>	<u>51</u>	<u>52</u>	<u>53</u>
<u>54</u>	<u>55</u>	<u>56</u>	<u>57</u>
<u>58</u>	<u>59</u>	<u>60</u>	<u>61</u>
<u>62</u>	<u>63</u>	<u>64</u>	<u>65</u>
<u>66</u>	<u>67</u>	<u>68</u>	<u>69</u>
<u>70</u>	<u>71</u>	<u>72</u>	<u>73</u>

Subject # 1 2 3

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4 5

**Brother-in-law/
Sister-in-law** **Niece/
Nephew** **Cousin** **Friend/
Neighbor**

<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>
<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>
<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>

USE WHITE CODE CARD AND RECORD CODE OF RESPONSES. THESE QUESTIONS REFER TO THE RELATIVE OR FRIEND OF MOST CONTACT.

* 135. How often does each of the following occur?

	Child	Child-In-law	Grandchild	Brother/ Sister
Checks on you				
Helps you keep in touch with relatives				
Listens to you				
Discusses your health problems with you				
Comforts you when you are low				
Gives you advice				
Makes medical appointments for you				

**Brother-in-law/
sister-in-law** **Niece
Nephew** **Cousin** **Friend/
Neighbor**

<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>
<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>
<u>30</u>	<u>31</u>	<u>32</u>	<u>33</u>
<u>34</u>	<u>35</u>	<u>36</u>	<u>37</u>
<u>38</u>	<u>39</u>	<u>40</u>	<u>41</u>
<u>42</u>	<u>43</u>	<u>44</u>	<u>45</u>
<u>46</u>	<u>47</u>	<u>48</u>	<u>49</u>
<u>50</u>	<u>51</u>	<u>52</u>	<u>53</u>
<u>54</u>	<u>55</u>	<u>56</u>	<u>57</u>
<u>58</u>	<u>59</u>	<u>60</u>	<u>61</u>
<u>62</u>	<u>63</u>	<u>64</u>	<u>65</u>
<u>66</u>	<u>67</u>	<u>68</u>	<u>69</u>
Subject #	<u>1</u>	<u>2</u>	<u>3</u>
Card #	<u>0</u>	<u>9</u>	
	<u>4</u>	<u>5</u>	
<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>
<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>

H. Interviewer: Kin refers to previously mentioned kin of most contact.

* 136. Using the pink code card, indicate how often you participate in the following activities with each of the following persons.

	Child	Child-In-law	Grandchild	Brother/ Sister
Do things together outside the home (such as shopping, movies, trips)				
Eat together				
Visits for conversation				
Family gatherings for special occasions like holidays, birthdays, anniversaries				
Religious activities of any kind				
Writing letters				
Telephoning				

INTERVIEWER: GIVE GREEN CODE CARD TO RESPONDENT AND READ THE FOLLOWING:

137. I am going to ask you the extent to which you think relatives and friends should help older people if they need help. Tell me whether they should be responsible: Always (4), Most of the time (3), Occasionally (2), or Never (1).

(Use green code card)

Subject #
 1 2 3
 Card # 1 0
 4 5

Kinds of Assistance to Older Adults

	Provide Services (transportation, shopping, etc.)	Provide a home	Visit	Help when sick	Assist financially					
Children						<u> 6 </u>	<u> 7 </u>	<u> 8 </u>	<u> 9 </u>	<u> 10 </u>
Children-in-law						<u> 11 </u>	<u> 12 </u>	<u> 13 </u>	<u> 14 </u>	<u> 15 </u>
Grandchildren						<u> 16 </u>	<u> 17 </u>	<u> 18 </u>	<u> 19 </u>	<u> 20 </u>
Brothers and sisters						<u> 21 </u>	<u> 22 </u>	<u> 23 </u>	<u> 24 </u>	<u> 25 </u>
Brothers and sisters-in-law						<u> 26 </u>	<u> 27 </u>	<u> 28 </u>	<u> 29 </u>	<u> 30 </u>
Nieces and nephews						<u> 31 </u>	<u> 32 </u>	<u> 33 </u>	<u> 34 </u>	<u> 35 </u>
Cousins						<u> 36 </u>	<u> 37 </u>	<u> 38 </u>	<u> 39 </u>	<u> 40 </u>
Friends/ neighbors						<u> 41 </u>	<u> 42 </u>	<u> 43 </u>	<u> 44 </u>	<u> 45 </u>
						<u> 46 </u>	<u> 47 </u>	<u> 48 </u>	<u> 49 </u>	<u> 50 </u>

138. What are some reasons why you would not always expect relatives to help one another?

<hr/>	<u> 51 </u>	<u> 52 </u>
<hr/>	<u> 53 </u>	<u> 54 </u>
<hr/>	<u> 55 </u>	<u> 56 </u>

139. What are some reasons why you would not always expect friends or neighbors to help one another?

	57	58
	59	60
	61	62

INTERVIEWER: READ TO RESPONDENT.

I. Let's talk now about some of your activities.

140. Do you do volunteer work?

- 1 No
- 2 Yes. If yes, please tell:

	Hours per month			
		64	65	66
		67	68	69
		70	71	72
		73	74	75
		76	77	78

63

Subject # 1 2 3
 Card # 1 1
4 5

141. I would like to know about your participation in any social organizations or groups. Do you belong to any social organizations or groups now? (INCLUDE CHURCH.)

Name of Group	How long have you been a member?	Office Holder	No	Yes								
			1	2			6	7	8	9	10	11
			1	2			12	13	14	15	16	17
			1	2			18	19	20	21	22	23
			1	2			24	25	26	27	28	29
			1	2			30	31	32	33	34	35
			1	2			36	37	38	39	40	41

USE PINK CODE CARD

* 142. Do you attend a church or synagogue?

1 No 42

2 Yes. If church, what denomination?

43 44

* 143. Approximately how many times a year do you attend?

_____ Times per year

45 46 47

IF SURROGATE RESPONDENT, GO TO ITEM 168

INTERVIEWER: READ TO RESPONDENT.

J. For a few minutes let's talk about your feelings about life in general.

144. In general, how satisfied are you with your relationship with your family, that is, visits, help exchanged, and their attitudes?

4 Very satisfied 48

3 Satisfied

2 Somewhat satisfied

1 Not very satisfied

145. How satisfied are you with your relationship with your friends, that is, visits, help exchanged, and their attitudes?

4 Very satisfied 49

3 Satisfied

2 Somewhat satisfied

1 Not very satisfied

146. How important is religion in your life? 50

1 Not important

2 Somewhat important

3 Very important

4 The most important thing

147. How much happiness do you experience in life today?

- 1 None
- 2 Not very much
- 3 Some
- 4 Very much

51

148. Do you find yourself feeling lonely quite often, sometimes, or almost never?

- 1 Quite often
- 2 Sometimes
- 3 Almost never

52

149. Do you have as much contact as you would like with a person that you feel close to, someone that you can trust and confide in?

- 1 No
- 2 Yes

53

150. What is your relationship to the person in whom you confide the most?

54 55

(Friend, spouse, daughter, etc.)

INTERVIEWER: READ TO SUBJECT.

K. I'm going to ask some questions; answer Yes or No according to the question.

151. Things keep getting worse as I get older.

- 1 Yes
- 2 No

56

152. I have as much pep as I did last year.

- 2 Yes
- 1 No

57

153. How much do you feel lonely--not much or a lot?

- 1 A lot
- 2 Not much

58

154. Little things bother me more this year. 59
- 1 Yes
- 2 No
155. I see enough of my friends and relatives. 60
- 2 Yes
- 1 No
156. As you get older, you are less useful. 61
- 1 Yes
- 2 No
157. I sometimes worry so much that I can't sleep. 62
- 1 Yes
- 2 No
158. As I get older, things are better/worse, than I thought they would be. 63
- 1 Worse
- 2 Better
159. I sometimes feel that life isn't worth living. 64
- 1 Yes
- 2 No
160. I am as happy now as when I was younger. 65
- 2 Yes
- 1 No
161. I have a lot to be sad about. 66
- 1 Yes
- 2 No
162. I am afraid of a lot of things. 67
- 1 Yes
- 2 No

163. I get mad more than I used to.

1 Yes

68

2 No

164. Life is hard for me much of the time.

1 Yes

69

2 No

165. How satisfied are you with your life today?
(Not satisfied, satisfied)

1 Not satisfied

70

2 Satisfied

166. I take things hard.

1 Yes

71

2 No

167. I get upset easily.

1 Yes

72

2 No

Subject #	<u>1</u>	<u>2</u>	<u>3</u>
Card #	<u>1</u>	<u>2</u>	<u>5</u>
	4		

L. Which of the following services have you used during the past year?

	YES	NO	
* 168. Transportation	1	2	<u>6</u>
Information and referral	1	2	<u>7</u>
Public health nurse	1	2	<u>8</u>
Home health aid	1	2	<u>9</u>
Homemaker service	1	2	<u>10</u>

	YES	NO	
Case management	1	2	<u>11</u>
Nutrition	1	2	<u>12</u>
Senior centers	1	2	<u>13</u>
Day care	1	2	<u>14</u>
Respite care	1	2	<u>15</u>
Medicare	1	2	<u>16</u>
Medicaid	1	2	<u>17</u>
Mental health services	1	2	<u>18</u>
Education	1	2	<u>19</u>
Legal/protective services	1	2	<u>20</u>
Recreational programs	1	2	<u>21</u>
Chore services	1	2	<u>22</u>
Elder care	1	2	<u>23</u>
Other (_____) what?	1	2	<u>24</u>

- * 169. If you need a service, who would help you find the service, or help you to "link up" with the service?

(relationship)

25 26

- * 170. How satisfied are you with the services in this community?

- 4 Very satisfied
- 3 Satisfied
- 2 Not very satisfied
- 1 Dissatisfied

27

* 171. Do you feel a need for any services that you are not receiving?

1 No

28

2 Yes

IF YES, ASK:

* 172. What services?

29 30

31 32

33 34

35 36

* 173. What advice would you give to other older adults who are thinking about moving?

37 38

39 40

41 42

43 44

* 174. Surrogate respondent

1 No

45

2 Yes

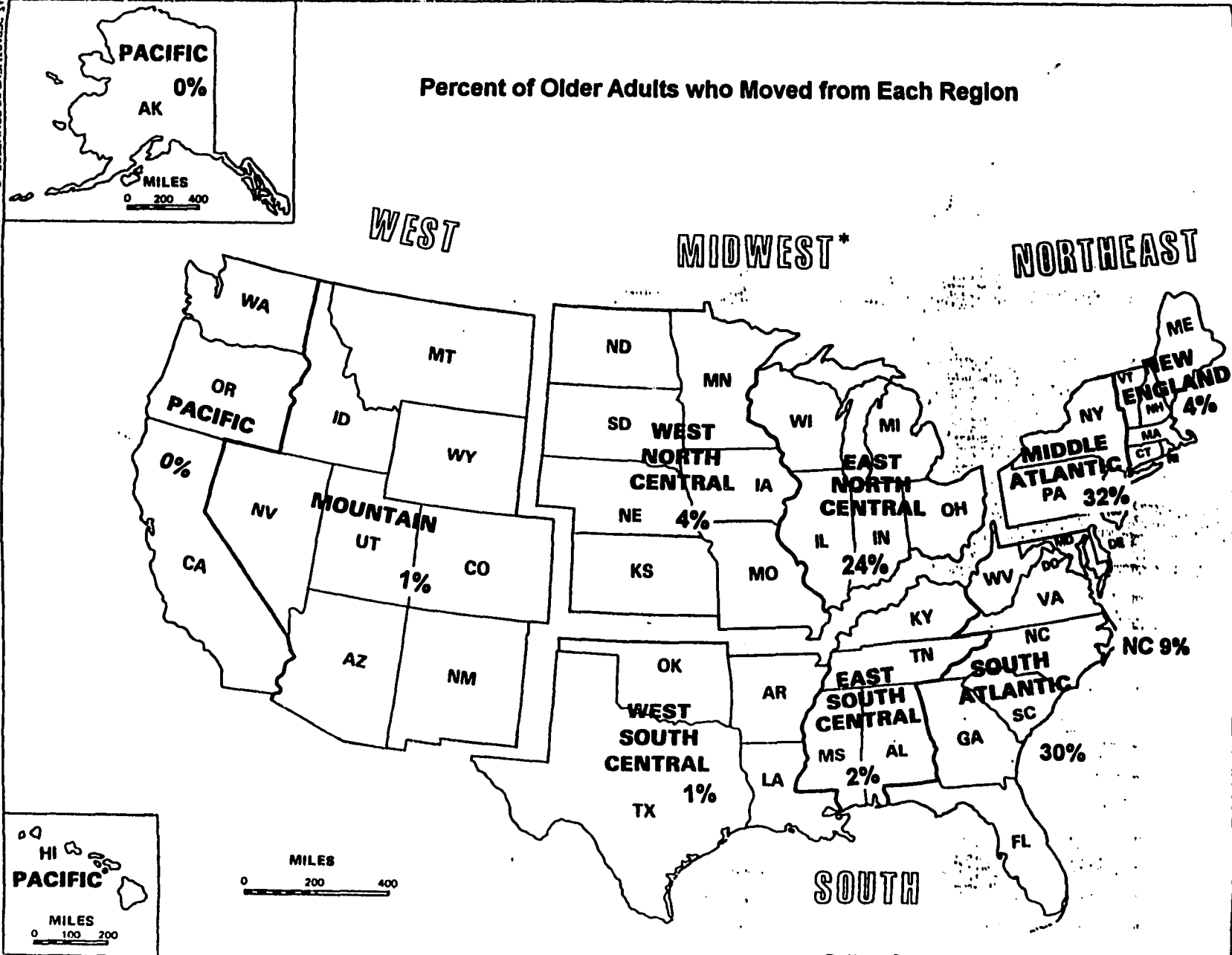
* 175. Enumeration District.

_____ (record number)

46 47 48

APPENDIX B
Census Information

Percent of Older Adults who Moved from Each Region



U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration Bureau of the Census
MAPS

UNITED STATES IV-3