

# *The Effect of Parent-Child Geographic Proximity on Widowed Parents' Psychological Adjustment and Social Integration*

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The authors examine the ways that parent-child geographic proximity affects widowed older parents' psychological well-being and social integration. Analyses are based on the Changing Lives of Older Couples (CLOC) study, a prospective study of 1,532 married individuals aged 65 and older. Compared with those who live more than one hour away from a child, widowed older adults who live with or live within an hour's drive of their child(ren) report significantly lower levels of psychological distress, after controlling for parent-child relationship quality. However, parents who live with their children are less likely to be integrated into informal networks of friends, neighbors, and relatives. The findings reveal the complex ways that living arrangements and geographic proximity between generations affect bereaved parents' psychosocial adjustment. This study also suggests ways that bereaved older adults may optimize their support networks during an era marked by high levels of geographic mobility and low fertility.

**Keywords:** *widowhood; geographic proximity; intergenerational relations; psychological well-being; social integration*

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*The geographic proximity* of aging parents and their adult children is considered one of the most important contextual influences on the quality of parent-child relationships and the exchange of support between generations. Both the amount and types of support that adult children provide to their aging parents are shaped by each generation's living arrangements. Compared with those who live with or live

close to their children, older adults who live far away from their children receive significantly less instrumental support (Aldous and Klein 1991; Litwak 1985; Litwak and Kulis 1987), have fewer visits and less frequent contacts (Bengtson and Roberts 1991; Dewit and Frankle 1988; Lawton, Silverstein, and Bengtson 1994), and are less likely to name an adult child as part of their confidant network (Connidis and Davies 1990).

Although parent-child geographic proximity is a powerful influence on the exchange of practical and financial support between parents and children, few studies have examined systematically its psychological and social consequences for parents. Does an adult child's geographic proximity enhance the parent's psychological well-being? Or might this closeness create hassles or a threat to the autonomy and independence of older parents? When an adult child lives close by, are older parents more likely to focus their time and energy on the parent-child relationship rather than on their extended social networks and relationships? Answers to these questions are important for both practical and theoretical reasons. Social gerontologists have argued persuasively that not all social ties are helpful (Antonucci, Akiyama, and Lansford 1998); rather, the impact of intergenerational ties depends on both children's and parents' individual characteristics, as well as the quality of their relationships with each other. Our study seeks to both highlight the diverse ways that parent-child geographic proximity shapes intergenerational relations and show how these experiences mold the social, psychological, and interpersonal experiences of older adults. The study findings may also suggest ways that older adults optimize their support networks in an era of high geographic mobility, when parents and children often live far apart. Older adults may focus on maintaining just a few intimate relationships, such as the one with

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AUTHORS' NOTE: An earlier version of this article was presented at the 2002 annual meeting of the Gerontological Society of America. We would like to thank Berit Ingersoll-Dayton, Ruth Dunkle, and Rebecca Utz for their helpful comments. The Changing Lives of Older Couples study was supported by the following grants from the National Institute on Aging: AG15948-01 (Randolph M. Nesse, principal investigator), AG610757-01 (Camille B. Wortman, principal investigator), and AG05561-01 (James S. House, principal investigator). A public-use version of the data is available from the Inter-University Consortium for Political and Social Research at the University of Michigan or via the website <http://www.cloc.isr.umich.edu>. Address correspondence to Jung-Hwa Ha, Population Studies Center, University of Michigan, 426 Thompson St., P.O. Box 1248, Ann Arbor, MI 48106-1248; e-mail: [jhha@umich.edu](mailto:jhha@umich.edu).

their adult children (Carstensen 1991, 1992), yet geographic distance from kin may force older adults to remain active in larger social networks to solicit instrumental support.

Parent-child geographic proximity may be a particularly important consideration when studying the experiences of older adults who are most in need of their children's support—one notable example is recently widowed older adults. Widowhood is considered one of the most stressful of all life events (Holmes and Rahe 1967), and bereaved spouses may seek more emotional and instrumental support from their children than do their married counterparts (Carr and Utz 2002; Cooney and Uhlenberg 1992; Eggebeen 1992; Ha et al. forthcoming; Rossi and Rossi 1990). Given that geographic proximity is positively correlated with the intergenerational exchange of support (Litwak 1985; Litwak and Kulis 1987), older widowed persons may particularly benefit from living close to a child (Silverstein and Angelelli 1998; Silverstein and Bengtson 1994).

In this study, we examine the extent to which parent-child geographic proximity affects elderly widowed parents' psychological and social adjustment to loss. Using prospective multiwave data from the Changing Lives of Older Couples (CLOC) study, we examine whether geographic proximity affects older adults' (1) levels of psychological distress (e.g., depressive symptoms, anxiety, and loss-related grief symptoms) and (2) integration into informal (e.g., friends, neighbors, relatives) and formal (e.g., groups, clubs, organizations) social networks outside the immediate family upon spousal loss. We recognize that an observed statistical association between parent-child proximity and parents' social and psychological well-being could be spurious or could reflect an endogenous relationship. To account for spuriousness, we control for personal characteristics that may be associated with both parent-child proximity and parents' psychosocial outcomes, such as the bereaved parent's level of functional impairment. To address the possibility that parent-child proximity may be a consequence, rather than cause, of the parent's psychological health, we adjust for parents' levels of psychological distress and social integration *prior to* spousal loss.

## *Background*

### *PARENT-CHILD GEOGRAPHIC PROXIMITY AND WIDOWED PARENTS' PSYCHOLOGICAL WELL-BEING*

Gerontologists and family sociologists have explored in depth the complex ways that parent-child relationships affect and are affected by parents' psychological well-being (e.g., Lee and Ellithorpe 1982; Silverstein and Bengtson 1994; Umberson 1989, 1992). Parent-child relationships have been found to exert both positive and negative effects on parents' psychological well-being, depending on the quality of the relationship (Silverstein, Chen, and Heller 1996; Umberson 1989); the structural circumstances of parents and adult children, such as divorce status (Umberson 1992); and the amount of support exchanged (Silverstein et al. 1996). The psychological benefits of intergenerational social support also vary based on characteristics of the parent; the personal consequences of support tend to be most pronounced among those who are the most vulnerable, including widowed persons or older adults with functional impairment (Silverstein and Bengtson 1994). However, few studies have examined the extent to which geographic proximity affects older adults' psychological adjustments to widowhood (Silverstein and Bengtson 1994 is a notable exception). In particular, we know of no study that has investigated how geographic proximity to adult children may influence grief symptoms among bereaved older adults, such as despair, yearning, anger, and intrusive thoughts.

The dearth of research on the link between parent-child residential proximity and bereaved parents' psychological well-being may reflect the assumption that widowed parents' emotional health does not necessarily depend on the physical presence or proximity of kin. Moreover, a pervasive assumption is that parent-child coresidence may be disadvantageous to the parent; most research concurs that this living arrangement is adopted due to *children's needs* or difficulties in maintaining an independent residence, rather than parents' desire or need for support (Aquilino 1990; Crimmins and Ingegneri 1990; Ward, Logan, and Spitze 1992). Yet researchers are still divided on the consequences of such arrangements for older parents; for instance, find-

ings are mixed with regard to its effect on parents' marital quality (Ward and Spitze 2004; White and Edwards 1990). Moreover, little is known about whether coresiding with children creates hassles for nonmarried older adults and whether the nature and consequences of the coresidential parent-child relationship are qualitatively different when it occurs following a stressful event in the elderly parent's life, such as spousal loss. Some research suggests that parent-child coresidence can be protective, rather than distressing, particularly among the oldest-old. Lee and Dwyer (1996) found that coresidence is predicted more strongly by parents' needs rather than children's needs among the oldest-old. Parents' advanced age, poor health, and unmarried status are important predictors of older adults' coresidence. These findings suggest that for one disadvantaged subgroup of older adults—widows and widowers—geographic proximity of adult children may be protective because the arrangement may carry important benefits such as companionship and ready access to a potential source of emotional and instrumental support.

The scarcity of research on parent-child geographic proximity and older adults' adjustment to widowhood may further reflect a common assumption about the experience of bereavement; psychologically distressed widowed persons are believed to require more emotional support than instrumental assistance, and the former can be provided long-distance via telephone calls, letters, or e-mail correspondence (e.g., Litwak and Kulis 1987). However, the assumptions that a bereaved elder needs emotional support more than instrumental support, and the presumption that such emotional support can be provided regardless of geographic distance, overlook several important features of the widowhood experience. The psychological distress and grief symptoms that a widowed person experiences do not only reflect the emotional pain associated with the loss of a loved one. Secondary stressors triggered by the death also are important predictors of psychological distress among the bereaved. The bereaved spouse typically must deal with both the emotional disruption caused by the death of the spouse and must also manage the household tasks and financial decisions that they previously shared with the now-deceased spouse (Pearlin and Lieberman 1979; Smith and Zick 1986; Umberson, Wortman, and Kessler 1992; Utz et al. 2004). The Dual Process Model of Coping With Loss (Stroebe and Schut 1999) argues further that to cope successfully with loss, bereaved adults must

engage in both *loss-oriented* coping, or coping with the emotional aspects of the loss, and *restoration-focused* coping, which involves readjusting to the practical challenges of life without one's spouse, such as managing household tasks, errands, and daily routines. Thus, widowed older adults may need instrumental support and companionship, as well as deeper emotional support; close physical proximity may be necessary for the provision of such support.

In sum, it is important to examine the psychological consequences of parent-child geographic proximity, particularly in the lives of the older widowed because spousal loss involves multiple stressors that may be alleviated by the presence of proximal kin. The findings of this research are important especially for current and future cohorts of older adults, given that geographic mobility has increased in recent generations, and older adults cannot assume that their children will live nearby, as they did in prior generations (Plane and Rogerson 1994).

Thus, in this article, we examine the extent to which parent-child geographic proximity affects the psychological adjustment of older widowed persons. We propose that the availability of a child nearby at the time of spousal loss may help parents cope with the stress of widowhood. In examining the influence of parent-child proximity, we consider as mediators two important attributes of the parent-child relationship. First, to ascertain the distinct contribution of geographic proximity, net of parent-child relationship quality, we include indicators of positive and negative support from adult children in our analyses. Second, to examine the possibility that proximity may affect well-being via increasing the support parents receive from children, we control for respondents' level of dependence on their children for emotional and instrumental support.

*PARENT-CHILD GEOGRAPHIC PROXIMITY  
AND WIDOWED PARENTS' SOCIAL INTERACTION PATTERNS*

Widows and widowers must make both psychological and social adjustments following the death of a spouse. When a spouse dies, the bereaved survivor may either establish new relationships or reinvest in old relationships, in an effort to meet their affiliative needs. According to Cantor's (1979) highly influential model of hierarchical compensation, older adults tend to choose confidants on the basis of a hierarchi-

cal order within their social support network. The typical order is spouse, adult child, relatives, friends, neighbors, and organizations. Empirical research also has suggested that adult children are frequently considered a primary source of social support to elderly parents; adult children are second only to spouses when older adults are asked to name the person they rely on most during times of need (Antonucci et al. 1998; Chappell 1991; Hogan and Eggebeen 1995). When adult children are not physically proximate, however, this dynamic may change. Widowed parents may interact more frequently with someone nearby who can provide immediate help in times of need, rather than turning to children who live further away. On the other hand, widowed persons who do have children nearby may rely primarily on their children for support and thus have limited contact with their larger social networks.

Carstensen's (1991, 1992) socioemotional selectivity theory provides a framework for understanding the social and interpersonal relationships maintained by older adults, particularly older bereaved persons. Socioemotional selectivity theory proposes that when people perceive their remaining time left in life as limited, they tend to reduce the number of their social contacts and focus instead on "fewer but emotionally significant" relationships. Through this careful selection of social contacts, older adults maximize their emotional goals (Carstensen and Charles 1998). For widowed older adults, this perception of limited time may be especially pronounced because they have recently experienced the death of their spouse. Thus, physical proximity to their primary source of support (e.g., adult children) may predict a decrease in interactions with other more distal sources of support (e.g., friends, neighbors, relatives, and organizations). We directly evaluate this possibility using the CLOC data. As in the first part of our analysis, we control for positive and negative indicators of parent-child relationship quality to examine whether geographic proximity has an independent influence on widowed older adults' social integration.

*INFLUENCES OF POTENTIAL HEALTH-BASED  
AND RELATIONSHIP-BASED SELECTION FACTORS*

A significant statistical association between geographic proximity and parents' psychosocial well-being may not necessarily mean that

proximity affects parents' psychological well-being and social integration. Rather, the association may reflect a spurious relationship, where selected factors affect both parent-child proximity and the outcome variables. For example, health problems may affect both parent-child proximity and parental emotional well-being. Thus, we take into account factors that may be related to both the explanatory and the outcome variables.

First, we consider respondents' health conditions (functional limitations and preloss mental health). Poor functional health may predict an increased likelihood of elderly parents' living close to their children (Rogerson, Burr, and Lin 1997; Silverstein 1995), heightened psychological distress, or withdrawal from social networks. A bereaved older adult's mental health also can affect both geographic proximity and their level of social participation. Thus, we include indicators of functional limitation, depressive symptoms, and anxiety in models evaluating the effects of geographic proximity. Second, we include indicators of support from friends and relatives; persons who have sufficient support from friends may not need to live close to their children upon widowhood and also may have more frequent interaction with friends. Third, we consider demographic and socioeconomic characteristics of the bereaved older adults (e.g., age, sex, race, number of children, education, income, and home ownership), because these characteristics also may influence parent-child residential proximity and the outcome variables.

In sum, our analysis examines two issues: (1) the relationship between parent-child geographic proximity and widowed parents' psychological distress, and (2) the relationship between geographic proximity and parents' social integration. In examining these relationships, we consider health and relationship-based selection into parent-child coresidence and proximity.

### *Method*

#### *SAMPLE*

Analyses are based on data from the CLOC study, a prospective study of a two-stage area probability sample of 1,532 married men and women from the Detroit standardized metropolitan statistical area

(SMSA). To be eligible for the study, respondents had to be English-speaking members of a married couple in which the husband was age 65 or older. Sample members were community dwelling and were capable of participating in a 2-hour face-to-face interview. Approximately 68% of those contacted for an interview participated, which is consistent with the response rate from other Detroit-area studies. Baseline face-to-face interviews were conducted between June 1987 and April 1988. Our analyses are based on weighted data, which adjust for unequal probabilities of selection and differential response rate at baseline.

CLOC researchers monitored spousal loss by reading the daily obituaries in three Detroit-area newspapers and by using monthly death records provided by the state of Michigan. The National Death Index (NDI) was used to confirm the deaths and obtain causes of death. Of the 319 respondents who lost a spouse during the study, 86% ( $n = 276$ ) participated in at least one of the follow-up interviews, conducted 6 months (Wave 1), 18 months (Wave 2), and 48 months (Wave 3) after the death. The primary reasons for nonresponse were refusal to participate (38%) and ill health or death at follow-up (42%). Wave 1 interviews were completed by 250 persons ( $n = 210$ , in weighted sample). Our analytic sample is limited to sample members with at least one living child; more than 90% ( $n = 223$ , weighted  $n = 193$ ) of all persons who participated in the six-month follow-up interview meet this criterion.

The issue of selective attrition deserves brief mention. If persons who failed to participate in the 6-month follow-up interview are significantly different from those who did participate (in terms of baseline characteristics), then caution should be taken in generalizing our findings to the larger population of elderly widowed persons. We estimated logistic regression models to identify the correlates of nonparticipation in the Wave 1 interview. The following variables were evaluated as possible predictors of attrition: baseline (preloss) demographic and socioeconomic characteristics, marital and nonmarital social support, physical and mental health, and spouse's health. Only three variables were significant predictors of Wave 1 attrition; age and baseline anxiety increase the likelihood of nonparticipation, and home ownership decreases the likelihood of nonparticipation. Thus, caution should be taken in generalizing findings to the population at

large, because older, more anxious and residentially mobile persons may be underrepresented.

#### MEASURES

*Dependent variables.* Two general indicators of psychological distress (i.e., depressive symptoms and anxiety) and seven loss-related grief symptoms (i.e., intrusive thoughts, shock, anger, grief-related anxiety, yearning, despair, and overall grief) at the six-month follow-up (Wave 1) are considered. *Depressive symptoms* ( $\alpha = .81$ ) are assessed with a subset of 9 negative items from the 20-item Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff 1977). Respondents are asked to indicate how often they experienced each of nine symptoms in the week prior to interview. The nine symptoms are the following: (1) I felt depressed; (2) I felt everything I did was an effort; (3) my sleep was restless; (4) I felt lonely; (5) people are unfriendly; (6) I did not feel like eating, my appetite was poor; (7) I felt sad; (8) I felt that people disliked me; and (9) I could not get "going." Response categories are *hardly ever*, *some of the time*, or *most of the time*. The scale is standardized, and higher scores reflect more depressive symptoms.

*Anxiety* ( $\alpha = .84$ ) is assessed with 10 items from the Symptom Checklist 90 (SCL-90) Revised (Derogatis and Cleary 1977). Respondents are asked to indicate how often they experienced each of 10 symptoms in the week prior to interview: (1) nervousness or shakiness, (2) trembling, (3) feeling suddenly scared for no reason, (4) feeling fearful, (5) heart pounding or racing, (6) feeling tense and keyed up, (7) spells of terror and panic, (8) feeling so restless you couldn't sit still, (9) feeling that something bad is going to happen to you, and thoughts and images of a frightening nature. Response categories are *not at all*, *a little bit*, *moderately*, *quite a bit*, and *extremely*. The scale is standardized, and higher scores reflect more anxious symptoms.

*Intrusive Thoughts* ( $\alpha = .66$ ), *Shock* ( $\alpha = .77$ ), *Anger* ( $\alpha = .68$ ), *Loss-Related Anxiety* ( $\alpha = .71$ ), *Despair* ( $\alpha = .64$ ), and *Yearning* ( $\alpha = .75$ ) are subscales of the *Overall Grief Scale* ( $\alpha = .88$ ); these scales tap distinctive aspects of psychological adjustment specific to the loss of one's spouse. Overall grief ( $\alpha = .88$ ) is the average score of all 19 items included in the subscales. The items for these scales were drawn from

widely used grief scales including the Bereavement Index (Jacobs, Kasl, and Ostfeld 1986), Present Feelings About Loss (Singh and Raphael 1981), and Texas Revised Inventory of Grief (Zisook, DeVaul, and Click 1982). A complete listing of scale items is presented in the appendix. Each scale is standardized, and higher scores indicate higher levels of grief.

Two dimensions of widowed parents' social integration at the six-month follow-up (Wave 1) are assessed. *Informal integration* refers to interactions with informal social networks outside the immediate family, and *formal integration* describes their participation in social organizations. Informal integration is measured with the question, "How often do you get together with friends, neighbors, or relatives and do things like go out together or visit in each other's home?" Response categories are *never, less than once a month, 1 to 3 times a month, about once a week, and more than once a week*. Higher values indicate greater integration with friends and neighbors. Formal integration is assessed with the question "How often do you attend meetings or programs of groups, clubs, or organizations that you belong to?" Response categories are *never, less than once a month, 1 to 3 times a month, about once a week, and more than once a week*. Higher scores represent more frequent participation.

*Independent variables.* The key independent variable in this analysis is *parent-child geographic proximity*, which is assessed with two dichotomous variables at the six-month follow-up (Wave 1). One indicator reveals whether the parent coresides with a child, although the measure does not specify whether the two are residing in the parent's or child's home. The second indicator reveals whether the widowed parent lives within one hour's drive of at least one of their children. The reference category includes parents who do not have a child either living with them or living within one hour's drive at the six-month follow-up. The one-hour distance measure was the only measure of geographic proximity obtained in the CLOC. Although we would prefer to have a more detailed measure of distance, this broad measure is used widely in other studies of geographic proximity among family members and thus affords comparability across studies (e.g., Lawton et al. 1994).

The extent to which parent-child geographic proximity affects widowed parents' well-being may be contingent on the duration of this living arrangement. Thus, in preliminary analyses, we evaluated interaction terms of proximity at Wave 1 by proximity at baseline.<sup>1</sup> A statistically significant interaction term would suggest that older adults who lived with (or close to) their children for longer durations (i.e., at both baseline and follow-up interviews) would have significantly different levels of psychosocial well-being than a bereaved person who lived with (or close to) his or her child at one of the two time points only. The interaction terms were not statistically significant and consequently were omitted from the analyses presented here. (All analyses may be obtained from the first author.)

*Mediating factors.*<sup>2</sup> Living near or with one's children may protect against distress among widowed parents because this proximity may foster parents' receipt of both instrumental and expressive support from their children. To address the possibility that parent-child coresidence or proximity is a proxy for emotional closeness or exchange of support, we include in our analyses indicators of parent-child relationship quality and parents' perceived dependence on their children. (The CLOC did not directly assess the objective amount of social support provided by adult children.)

To evaluate the extent to which the effects of proximity on parental well-being operate via parent-child relationship quality, we control for two indicators of parent-child relations: *positive* and *negative support*. Positive support from children ( $\alpha = .63$ ) is assessed with two questions: "How much do your children make you feel loved and cared for?" and "How much are they willing to listen when you need to talk about your worries or problems?" Negative support from children ( $\alpha = .52$ ) is assessed with the following questions: "How much do you feel they make too many demands on you?" and "How much are they critical of you or what you do?" For both measures, response categories are *a great deal*, *quite a bit*, *some*, *a little*, and *not at all*.

We evaluate *parents' dependence on children* ( $\alpha = .47$ ) with the following questions: "How much do you depend on your children for (1) emotional support, (2) help or advice with financial and legal matters, and (3) help with errands or other chores?" Response categories

include *not at all*, *a little*, *some*, and *a lot*. The scale is standardized and higher scores reflect higher levels of dependence.

We recognize that the dependence measure has several limitations. First, the reliability coefficient is quite low, which may reflect the fact that each item in the scale captures different aspects of dependence. Second, the measure may not necessarily capture “objective” levels of instrumental and emotional support that parents receive from their children. However, we believe this measure captures the parent’s *subjective appraisal* of the parent-child exchange, which is important in its own right. Previous studies have found that perceptions of help giving and receiving are more powerful predictors of older parents’ psychological well-being than are objective measures such as hours of care received (e.g., Wallsten et al. 1999). Thus, perceptions of dependence may provide important information as to what geographic proximity brings to parent-child relationship in our study.

*Confounding factors.* We control for two possible confounding factors: functional limitations and support from friends and family members other than one’s children. *Functional limitation at Wave 1* ( $\alpha = .77$ ) is a four-item scale indicating how much difficulty the respondent has (1) bathing by oneself, (2) walking up a few flights of stairs, (3) walking several blocks, and (4) doing heavy housework around the house such as shoveling snow. Response categories are *a little*, *some*, *a lot*, and *cannot do*.

*Support from friends and relatives at Wave 1* ( $\alpha = .53$ ) is assessed with the following four questions: “On the whole, how much do your friends and relatives make you feel loved and cared for?” “How much do you feel your friends and relatives make too many demands on you?” “How much are your friends and relatives willing to listen when you need to talk about your worries or problems?” and “How much are they critical of you or what you do?” Response categories are *a great deal*, *quite a bit*, *some*, *a little*, and *not at all*. The scale is standardized, and higher values indicate higher support from friends and relatives.

The analysis also includes baseline (prewidowhood) measures of the outcome variables (for models predicting grief, which was only assessed at the follow-up interview, baseline measure of depressive symptoms and anxiety are included instead of baseline grief levels). Baseline indicators are measured in the same way as the Wave 1 (six-month follow-up) measures.

Moreover, the study's two outcome measures (i.e., psychological distress and social integration) comprise two distinct domains of psychosocial well-being, yet they may influence one another. For example, psychological distress may reduce one's social interactions, whereas a perceived lack of social support or engagement may lead to heightened depressive symptoms. Thus, we include measures of social support in all models predicting psychological distress and indicators of anxiety and depressive symptoms in models predicting social integration.

*Demographic controls.* We control one's demographic characteristics and socioeconomic status characteristics because these indicators have been linked both to psychological and social well-being and also may affect the likelihood of parent-child coresidence. Variables include *age*, *sex* (1 = female), *education*, *race* (1 = White), and *home ownership* (1 = owns home) at Wave 1 and *total household income* at baseline (prior to widowhood). The CLOC collected information on income at baseline only. Total household income is assessed by asking respondents to indicate which of 10 income categories most accurately characterized their economic status. A continuous measure of income is derived by taking the midpoint of these categories. The natural log of income is used because the respondents' income distribution is heavily skewed toward the lower income categories.

#### ANALYTIC PLAN

In the first part of the analysis, we use ordinary least squares (OLS) regression models to evaluate the influence of geographic proximity on widowed parents' psychological distress. In the second part, we use ordered probit models to identify the influence of proximity on widowed parents' informal and formal social integration. We use ordered probit models because the measures of social integration are ordinal, thus the distances between categories are not equivalent. Ordered probit models use a latent variable approach, which assumes that there are underlying continuous latent variables  $y^*$  that represent the true levels of informal interactions and formal participation in social networks.

TABLE 1  
Means and Standard Deviations for Widowed Persons, by Parent-Child Geographic Proximity, Changing Lives  
of Older Couples Study, 1987-1993

	Parent-Child Geographic Proximity, Wave 1						Significance		
	Respondent Lives With Child (n = 37)		Respondent Lives Within One Hour's Drive of Child (n = 132)		Respondent Lives More Than a One-Hour Drive of Child (n = 24)				
	M	or %	SD	M	or %	SD			
<b>Dependent variables</b>									
Depressive symptoms, W1 <sup>a</sup>	0.54		1.15	0.34		1.22	0.84	1.37	
Anxiety, W1 <sup>a</sup>	0.17		0.85	-0.06		0.88	0.26	1.09	
Intrusive thoughts, W1 <sup>a</sup>	1.51		0.62	1.83		0.96	2.05	1.02	†
Shock, W1 <sup>a</sup>	1.60		0.87	1.73		0.90	2.12	1.05	†
Anger, W1 <sup>a</sup>	1.58		0.64	1.44		0.68	1.77	0.86	†
Loss-related anxiety, W1 <sup>a</sup>	1.71		0.83	1.79		0.92	2.24	1.04	†
Despair, W1 <sup>a</sup>	2.61		1.05	2.63		0.74	2.89	1.00	
Yearning, W1 <sup>a</sup>	2.78		0.85	2.85		0.81	2.90	0.90	
Overall grief, W1 <sup>a</sup>	1.99		0.54	2.07		0.56	2.31	0.79	†
Informal social integration, W1 <sup>a</sup>	2.39		1.35	3.87		1.14	4.17	0.82	***
Formal social integration, W1 <sup>a</sup>	2.60		1.40	2.45		1.50	2.19	1.49	
<b>Independent variables</b>									
<b>Baseline measures of dependent variables</b>									
Depressive symptoms, BL <sup>a</sup>	0.29		0.96	0.02		0.96	0.16	1.09	
Anxiety, BL <sup>a</sup>	0.12		0.97	0.06		1.08	0.24	1.41	
Informal social integration, BL <sup>a</sup>	3.41		1.51	3.43		1.20	3.10	1.14	
Formal social integration, BL <sup>a</sup>	2.89		1.55	2.49		1.51	1.86	1.25	*

Confounding and mediating factors										
Functional limitations, W1 <sup>a</sup>	0.05	0.93	0.20	1.11	0.15	1.09				
Support from friends, W1 <sup>a</sup>	0.21	0.97	0.53	0.77	0.56	0.84				+
Parent-child relationship quality, W1 <sup>a</sup>										
Positive support from children	-0.54	1.21	0.29	0.84	0.37	0.95				***
Negative support from children	0.25	0.99	-0.44	0.93	-0.62	0.70				***
Respondent's dependence on children, W1 <sup>a</sup>	0.61	1.16	0.71	1.17	-0.05	1.15				*
Demographic and SES variables										
Age, W1	72.14	7.28	73.89	6.39	72.76	8.81				
Sex (1 = female)	0.51	0.51	0.73	0.45	0.93	0.27				***
Education in years, BL	11.31	3.26	10.93	2.81	12.95	2.25				***
Race (1 = White)	0.75	0.44	0.88	0.32	0.96	0.21				*
Home owner, W1	0.96	0.20	0.85	0.36	0.85	0.37				
Income (natural log), BL	9.64	0.61	9.70	0.68	9.86	1.05				
Number of children, W1	3.53	1.78	2.89	1.77	2.04	0.97				**

Note: One-way ANOVA tests were used to assess significant differences across means. *N*'s are weighted. BL = baseline; W1 = Wave 1 (six-month follow-up); SES = socioeconomic status.

a. Standardized variables; these measures are standardized on the total baseline sample.

†*p* ≤ .10. \* *p* ≤ .05. \*\**p* ≤ .01. \*\*\**p* ≤ .001.

## *Results*

### *SAMPLE CHARACTERISTICS*

Descriptive statistics and one-way ANOVA comparing means for widowed parents by parent-child proximity are presented in Table 1. We compare three mutually exclusive groups that reflect the parent's residential status six months following spousal loss (Wave 1): living with an adult child (19.2% of analytic sample), living within one hour's drive from an adult child but not coresiding with a child (68.4%), and living further than one hour away from any adult child (12.4%). Persons with no living children are excluded from the analysis.

The upper panel presents means and standard deviations for all dependent variables, by each of the three living arrangement categories. We found significant overall mean differences in several grief symptoms (e.g., intrusive thoughts, shock, anger, loss-related anxiety, and overall grief) as well as in informal social integration. In general, persons who coreside with their child have fewer symptoms than those who live within one hour's drive, who in turn have fewer symptoms than those who live more than one hour away from their children.

The lower panel presents descriptive statistics for the independent variables. Gender and racial composition differ significantly across groups; those parents who live farther than a one-hour drive from their children are mostly women (93%) and White (96%). There are no significant differences in home ownership or total household income at baseline across different living arrangements. Nearly all (96%) of the widowed older adults coresiding with their children report that they own their own home; this suggests that most coresidential children are living in their parents' home, rather than parents living in their children's home.<sup>3</sup>

Residential status is associated with social relationships and interactions, although no one category uniformly benefits across all indicators. Widowed parents who coreside with their children report the lowest level of support from friends at Wave 1; however, they report the highest level of formal social integration at baseline. Widowed parents who live more than one hour away from their children report the highest level of dependence on their children for emotional and

instrumental support, as well as the highest levels of educational attainment.

Interestingly, those who live with their children report the lowest levels of positive and the highest levels of negative relationship quality with their children, whereas those who live more than one hour away report the highest levels of positive and lowest levels of negative interactions. This finding suggests that close proximity to, and frequent interactions with, one's adult children may create stress or emotional ambivalence among older parents (Lüscher and Pillemer 1998; White and Rogers 1997). However, we recognize that the mean differences documented in the (unadjusted) bivariate analyses may reflect compositional differences of the three groups. For instance, the majority of the "distant group" are women, and women tend to have more intensive relationships with their children than men (Nye 1996).

*INFLUENCE OF PARENT-CHILD GEOGRAPHIC PROXIMITY  
ON WIDOWED PARENTS' PSYCHOLOGICAL DISTRESS*

The first objective of our analysis is to explore whether living with or living close to adult children affects widowed parents' psychological distress, net of parent-child relationship quality and other demographic, socioeconomic, and psychosocial influences. Tables 2 and 3 present ordinary least squares (OLS) regression models predicting widowed parents' depressive symptoms, anxiety, and grief symptoms six months after spousal loss. Of the seven loss-related grief scales, despair and yearning were not associated significantly with parent-child proximity and are not shown in the table. (All models are available from the first author.) The nonsignificant association may reflect the fact that despair and yearning are considered the two components of grief most closely tied to the loss of one's relationship with, and emotional attachment to, one's spouse (Archer 1999). Regardless of how close children are to their parents—whether geographically or emotionally—they may not be able to fill the emotional void created by the loss of one's spouse.

Table 2 shows the extent to which parent-child proximity affects general indicators of psychological distress (depressive symptoms and anxiety). Model 1 includes geographic proximity, baseline measures of psychological distress, and control variables only. Model 2

TABLE 2  
 OLS Regression Predicting Effect of Parent-Child Geographic Proximity on Widowed Parents' Psychological Distress at Six-Month Follow-Up (Wave 1), Changing Lives of Older Couples Study, 1987-1993

	General Mental Health Indicators					
	Depressive Symptoms			Anxiety		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Parent-child geographic proximity						
Respondent lives with a child, W1	-0.30	-0.41	-0.62†	-0.24	-0.32	-0.46†
Respondent lives within one hour's drive of a child, W1	-0.45†	-0.46†	-0.59*	-0.33†	-0.33†	-0.42*
Baseline measures						
Depressive symptoms, BL <sup>a</sup>	0.30**	0.26**	0.29**	0.12	0.09	0.10
Anxiety, BL <sup>a</sup>	0.00	0.02	0.03	0.08	0.10	0.10
Confounding factors						
Functional limitations, W1 <sup>a</sup>	0.18*	0.19*	0.17*	0.21***	0.21***	0.20**
Support from friends, W1 <sup>a</sup>	-0.30**	-0.25*	-0.24*	-0.18*	-0.15+	-0.14†
Mediating factors						
Parent-child relationship quality, W1 <sup>a</sup>						
Positive support from children		-0.11	-0.16		-0.12	-0.15*
Negative support from children		0.09	0.76		0.03	0.02
Respondent's dependence on children, W1 <sup>a</sup>			0.17*			0.12†
Constant	-0.01	-0.08	0.23	1.79	1.55	1.76
Adjusted R <sup>2</sup>	.14	.15	.16	.11	.12	.13

NOTE: Demographic and socioeconomic status variables and duration between baseline interview and Wave 1 interview are controlled. BL = baseline; W1 = Wave 1 (six-month follow-up); OLS = ordinary least squares.

a. Standardized measures.

† $p \leq .10$ . \*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ .

incorporates relationship quality with children, and Model 3 further adjusts for parents' dependence on children. The latter two models reveal the extent to which the relationship between proximity and psychological distress is mediated (or suppressed) by aspects of the parent-child relationship.

The results in the full model (Model 3) show that widowed parents who live within one hour's drive of their children report significantly fewer depressive symptoms ( $b = -.59, p \leq .05$ ) and less anxiety ( $b = -.42, p \leq .05$ ) than those who live farther away from their children. Coresidence also is associated with reduced levels of distress. However, coresidence is not a significant predictor of depressive symptoms and anxiety symptoms when the indicator of parental dependence on children is omitted (Models 1 and 2). This finding suggests that the potentially distressing feelings of dependence associated with coresidence may cancel out the psychological benefits of living with children. Parental-child coresidence is positively associated with the level of dependence,<sup>4</sup> and higher levels of dependence predict higher levels of both depressive symptoms ( $b = .17, p \leq .05$ ) and anxiety ( $b = .12, p \leq .10$ ). However, after controlling for parents' dependence on children, we find that coresidence is associated with a decrease in depressive symptoms and anxiety.

Table 3 reveals the extent to which parent-child proximity affects grief symptoms. In earlier analyses, we found that the effects of proximity on grief symptoms did not change appreciably in magnitude or significance after adjusting for relationship quality and dependence, thus we present final models only. The results show that parents who coreside with children report significantly lower levels of several grief symptoms, including intrusive thoughts ( $b = -.65, p \leq .05$ ), shock ( $b = -.69, p \leq .01$ ), anger ( $b = -.40, p \leq .05$ ), loss-related anxiety ( $b = -.80, p \leq .01$ ), and overall grief ( $b = -.43, p \leq .05$ ), relative to persons who live more than one hour away from their children. Older adults who live close to children report significantly lower levels of shock ( $b = -.41, p \leq .10$ ), anger ( $b = -.36, p \leq .05$ ), loss-related anxiety ( $b = -.49, p \leq .05$ ), and overall grief ( $b = -.25, p \leq .10$ ), compared with those who live more than one hour away from their children. However, they do not differ in terms of intrusive thoughts. Overall, our findings suggest that both living with or living close to one's children has positive implications for older widowed adults' psychological adjustment.

TABLE 3  
 OLS Regression Predicting Effect of Parent-Child Geographic Proximity on Widowed Parents' Psychological Distress  
 at Six-Month Follow-Up (Wave 1), Changing Lives of Older Couples Study, 1987-1993

	<i>Loss-Related Psychological Distress</i>				
	<i>Intrusive Thoughts</i>	<i>Shock</i>	<i>Anger</i>	<i>Loss-Related Anxiety</i>	<i>Overall Grief</i>
Parent-child geographic proximity					
Respondent lives with a child, W1	-0.65*	-0.69**	-0.40*	-0.80**	-0.43**
Respondent lives within one hour's drive of a child, W1	-0.25	-0.41†	-0.36*	-0.49*	-0.25†
Baseline measures					
Depressive symptoms, BL <sup>a</sup>	-0.01	0.08	0.02	0.02	0.04
Anxiety, BL <sup>a</sup>	0.13†	0.07	0.08	0.13*	0.09*
Confounding factors					
Functional limitations, W1 <sup>a</sup>	0.07	0.08	0.03	0.04	0.03
Support from friends, W1 <sup>a</sup>	-0.13	-0.17†	-0.07	-0.14	-0.12*
Mediating factors					
Parent-child relationship quality, W1 <sup>a</sup>					
Positive support from children	0.09	0.05	-0.10	-0.05	-0.01
Negative support from children	0.17*	0.09	0.07	0.17*	0.10*
Respondent's dependence on children, W1 <sup>a</sup>	-0.03	0.01	0.07	0.10	0.04
Demographic and SES variables					
Age, W1	-0.01	-0.02†	-0.03***	-0.03**	-0.01†
Sex (1 = female)	-0.17	-0.01	-0.42***	0.17	-0.14
Education in years, BL	-0.04	-0.02	0.00	0.01	-0.01
Race (1 = White)	-0.16	-0.01	0.44**	0.20	0.21†

Home owner, W1	-0.02	0.32	-0.17	0.27	0.06
Income (natural log), BL	-0.07	-0.13	-0.01	-0.13	-0.01
Number of children, W1	-0.09*	0.00	-0.04	0.01	-0.06*
Constant	0.13	5.06	4.37	5.17	3.52
Adjusted $R^2$	-.01	.56	.14	.14	.11

Note: Duration between baseline interview and Wave 1 interview is controlled. BL = baseline; W1 = Wave 1 (six-month follow-up); OLS = ordinary least squares; SES = socioeconomic status.

a. Standardized measures.

†  $p \leq .10$ . \*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ .

TABLE 4  
 Ordered Probit Estimation Predicting Effect of Parent-Child Geographic Proximity on Widowed Parents' Informal and Formal Social Integration at Six-Month Follow-Up (Wave 1), Changing Lives of Older Couples Study, 1987-1993

	<i>Informal Social Integration</i>	<i>Formal Social Integration</i>
Parent-child geographic proximity		
Respondent lives with a child, W1	-1.41***	0.00
Respondent lives within one hour's drive of a child, W1	-0.29	0.14
Baseline measures		
Informal social integration, BL	0.24***	
Formal social integration, BL		0.36***
Confounding factors		
Functional limitations, W1 <sup>a</sup>	-0.04	-0.12
Depressive symptoms, W1 <sup>a</sup>	-0.14*	-0.10
Support from friends, W1 <sup>a</sup>	0.27*	-0.06
Mediating factors		
Parent-child relationship quality, W1 <sup>a</sup>		
Positive support from children	0.21*	-0.12
Negative support from children	0.06	-0.03
Demographic and SES variables		
Age, W1	-0.01	0.03†
Sex (1 = female)	0.43*	0.61**
Education in years, BL	-0.02	0.08**
Race (1 = White)	0.36	0.09
Home owner, W1	0.26	0.00
Income (natural log), BL	0.29*	-0.03
Number of children, W1	-0.04	0.09
(Pseudo) $R^2$	.17	.11

NOTE: Duration between baseline interview and Wave 1 interview is controlled. BL = baseline; W1 = Wave 1 (six-month follow-up); SES = socioeconomic status.

a. Standardized measures.

† $p \leq .10$ . \* $p \leq .05$ . \*\* $p \leq .01$ . \*\*\* $p \leq .001$ .

As we expected, functional limitation is associated with an increase in depressive symptoms and anxiety, whereas support from friends is associated with a decrease in widowed parents' depressive symptoms, anxiety, shock, and overall grief. Parent-child relationship quality also has an influence on several indicators of grief. Positive support from children reduces anxiety level, yet it does not affect other indicators of parents' mental well-being. Negative support from children increases loss-related anxiety and overall grief.

*INFLUENCE OF PARENT-CHILD GEOGRAPHIC PROXIMITY  
ON WIDOWED PARENTS' SOCIAL INTEGRATION*

Finally, we examine whether parent-child geographic proximity influences widowed parents' integration into larger social networks. Table 4 shows ordered probit estimates for models predicting informal and formal social integration levels among bereaved spouses at the six-month follow-up (Wave 1). Each of the two dimensions of social integration is affected by parent-child geographic proximity in different ways. Coresiding with a child is significantly and negatively related to levels of informal social integration with friends, neighbors, and relatives ( $b = -1.41, p \leq .001$ ). However, formal social integration (i.e., attendance at meetings, clubs, and organizations) is not affected by parent-child living arrangements or proximity.

Widowed parents' social integration prior to spousal loss is positively associated with social integration after widowhood. Women, persons with higher incomes, and those with greater levels of support from their children and friends report higher levels of integration into a social network. Those who have more depressive symptoms report limited social participation at the six-month follow-up.

*Discussion*

We have documented the ways that parent-child geographic proximity influences older adults' psychological adjustment and social integration following widowhood. We considered three residential arrangements: parents who live with an adult child, parents who live within one hour's drive from a child (but do not coreside), and parents who live more than one hour away from their children. We found that parent-child proximity affects parental well-being in three important ways.

First, living with or near one's adult children is associated with lower levels of psychological distress among bereaved elders, yet this protective effect is apparent only after parents' perceptions of dependence on their children are taken into account. This finding underscores the ambivalent nature of close parent-child relationships (Lüscher and Pillemer 1998; Wilson, Shuey, and Elder 2003). We had expected that persons who lived with or close to their children would report better adjustment following spousal loss, given that nearby children may be

an important source of support. However, we found that the protective effects of proximity were *suppressed* by the counteracting negative effect of parental dependence. While proximity engenders children's support of their parents, parental well-being may be compromised if parents feel overly dependent on these children. Past studies have revealed that parents prefer "intimacy at a distance" (Lopata 1979) rather than living with their children and that maintaining independent residence is an effective mechanism for managing the ambivalent nature of intergenerational relationships (i.e., reducing tension and maximizing gains) (Lüscher and Pillemer 1998). Most studies have concluded that parent-child coresidence may be stressful for parents because their coresidential children often bring problems to the household and are thus dependent on their parents for emotional and instrumental support (e.g., Aquilino and Supple 1991; Silverstein & Bengtson, 1994). Our findings suggest that parents may also experience distress when they perceive that they are highly dependent on their children; because most parents are accustomed to giving support to, rather than receiving support from, their children (Soldo and Hill 1993), this role reversal may threaten parents' sense of autonomy and competence.

Second, living with an adult child significantly decreases the amount of interaction a bereaved older adult has with friends, neighbors, and relatives, although coresidence does not affect one's participation in formal organizations. These findings suggest that informal social interactions with children may be interchangeable with, and just as desirable as, social interactions with friends and other relatives, whereas participation in formal social networks are not a substitute. Attendance at meetings and organizations may comprise an activity or set of relationships that is separate and distinct from interpersonal relationships. The fact that living with a child reduces interactions with people outside the immediate family suggests that widowed persons' informal support networks may follow a hierarchy, consistent with Cantor's (1979) hierarchical compensation model. Bereaved elders who can turn to their primary kin for support may not need to depend on friends and neighbors as much as people living farther away from their children. The findings also suggest that recently widowed older adults may focus their emotional energy on those who are close to them (i.e., children) rather than extending social contacts, as Carstensen's socioemotional selectivity theory posits. Alternatively,

parents who live with a child tend to have more household responsibilities such as caring for grandchildren and may not have as much free time to interact with people outside the immediate family.

Widowed persons living within one hour's drive from their children report levels of interaction with friends and relatives that are no different from those of parents living farther away from their children. Living close to a child does not preclude older adults from maintaining a larger and more diffuse web of social relationships; proximity is distinct from coresidence in this important regard.

Older parents' social relationships are affected not only by parent-child coresidence but also by the nature of their interactions with their children. Specifically, we found that widowed persons receiving more positive support from their children also reported more frequent social interaction with friends and relatives. We were surprised by this finding, which is discrepant with our hypothesis that those whose need for social support is fulfilled by primary relationships will have less interaction with secondary sources of support. Although we cannot ascertain definitively what accounts for this relationship, we believe that it may reflect elderly persons's agreeable personality or good mood, or their children's determination to keep them active and engaged. Children who are supportive of their widowed parents may encourage them to be more involved in social interactions outside the family. Future studies should consider the ways that social relationships in one domain enhance, rather than compete with, social relationships in another domain.

Finally, we found that parent-child proximity affects only a subset of psychosocial well-being indicators. Two symptoms of grief, despair and yearning, were not affected by parent-child proximity. These two dimensions of grief are distinct in that they tap a bereaved person's attachment to and longing for his or her bereaved spouse (Archer 1999). Our findings suggest that no matter how much support or affection bereaved elders receive from their children, that support is not a substitute for the very specific benefits that the bereaved received from their marital relationship. Our results underscore the importance of considering multiple psychological outcomes when studying psychological adjustment to loss. If only global indicators—rather than precise grief symptoms—had been considered, then our analyses would have yielded a misleading and incomplete portrait of how parent-child proximity affects parental well-being.

*LIMITATIONS AND FUTURE DIRECTIONS*

Our analyses have revealed the ways that bereaved parents' residential arrangements and relationships with their children affect both their psychological well-being and also their engagement with other social roles and relationships. Our findings provide a springboard for further exploring the interplay among the diverse roles and relationships that older bereaved persons engage in. One important line of future inquiry is to further identify the mechanisms through which geographic proximity to children affects aging parents' well-being. In particular, future studies should examine the ways that the exchange of social and instrumental support—both in terms of hours and tasks exchanged—mediates the linkage between residential arrangement and the bereaved parent's psychosocial adjustment. We could not examine this pathway directly, because the CLOC study obtained measures of *perceived* dependence only, rather than the actual amount of support exchanged. The use of more accurate and objective measures of social support and the investigation of the link between objective and subjective measures of support may allow researchers to better specify the relationship between parent-child geographic proximity and widowed parents' adjustment.

Second, future studies should investigate in greater depth the role that social selection processes play in the relationship between parent-child geographic proximity and parents' well-being. We considered the role of several important selection factors, including preloss levels of functional limitations, support from children, and demographic characteristics of the widowed person (e.g., age, income, home ownership, number of children). However, future studies, particularly studies using more ethnically and geographically diverse samples, should investigate the ways that race, ethnicity, and cultural beliefs shape parents' residential options and decisions. Past studies suggest that older African Americans are much less likely than Whites to live alone or with their spouse and are more likely to live with other family members (Himes, Hogan, and Eggebeen 1996). Studies also find that African Americans are more socially integrated into their communities than Whites, especially in church activities (Snowden 2001). The psychological and social implications of living with or close to children may vary across racial and ethnic lines.

Third, our analyses focused on bereaved spouses only; this decision was based on the assumption that parent-child geographic proximity may be a particularly powerful influence on well-being among those parents who are most in need of children's instrumental and emotional support. However, to obtain a comprehensive understanding of how parent-child geographic proximity affects elderly parents, researchers should also focus on other subgroups of the elderly population, including those who are divorced or still married. Preliminary analyses of the CLOC data suggest that married older adults exhibit fewer depressive symptoms, lower levels of anxiety, and reduced social integration when they live with or live close to their adult children, just as bereaved spouses do (full results are available from the first author). Future studies should further explore the ways that parent-child proximity affects the well-being of older married individuals, as well as marital quality among older married couples.

Fourth, we limited our focus to bereaved persons who are still in the relatively early stages of adjusting to loss. Future studies should explore whether parent-child geographic proximity affects older adults who have been bereaved for longer than six months. Geographic proximity of adult children may enhance a parent's psychological well-being in the short term following a spouse's death but may no longer be protective once the bereaved elders "recover" from their grief and go on to pursue new hobbies, interests, or romantic relationships. The close proximity of children, particularly coresidential children, may stifle (or encourage) their bereaved parent's desire to reestablish his or her life as an independent, unmarried person. Finally, we urge researchers using large, nationally representative samples of older adults to replicate our analyses. Our study is based on a relatively small sample, and it is not clear whether some of our nonsignificant results reflect limited statistical power or a true absence of effects.

Despite these limitations, our study contributes to family sociologists' and social gerontologists' understanding of the parent-child relationship under conditions of stress, by delineating how living arrangements and geographic proximity between generations affect bereaved parents' psychological distress and social integration. Our findings suggest that no one living arrangement is uniformly and unequivocally positive for bereaved older adults. Living with adult children may create hassles in the parent-child relationship, yet it also

brings important psychosocial benefits as older adults cope with the psychological distress of widowhood.

### APPENDIX

#### List of Items in the Grief Scale and Subscales

Anxiety ( $\alpha = .71$ )	Afraid of what is ahead, felt anxious or unsettled, worried about how you would manage your day-to-day affairs
Despair ( $\alpha = .64$ )	Life seemed empty, felt empty inside, felt life had lost its meaning
Shock ( $\alpha = .77$ )	Felt in a state of shock, couldn't believe what was happening, felt emotionally numb
Anger ( $\alpha = .68$ )	Felt resentful or bitter about death, felt death was unfair, felt anger toward God
Yearning ( $\alpha = .75$ )	Longing to have him or her with you, painful waves of missing him or her, feelings of intense pain and grief, feelings of grief or loneliness
Intrusive Thoughts ( $\alpha = .66$ )	Difficulty falling asleep, thoughts of him or her kept coming into your mind, tried to block out memories or thoughts of him or her; couldn't get thoughts about him or her out of my head
Grief ( $\alpha = .88$ )	All 19 items above

NOTE: Response categories for all items are no, never; yes, but rarely; yes, sometimes; and yes, often.

### NOTES

1. Among the 193 widowed individuals included in our sample, 39 reported changes in their geographic proximity to children, between baseline and Wave 1 interviews. Of those parents living with their children at Wave 1 ( $n = 37$ ), 18 people also had been coresiding with their children at baseline. Of those parents living within one hour's drive of their children at Wave 1 ( $n = 132$ ), 121 people had also lived within one hour's drive from their children at baseline. The CLOC did not obtain information on why the change of residence occurred.

2. We also considered including an indicator of the frequency of contact between parents and children, but the CLOC obtained this measure only for respondents with noncoresident children. To evaluate the extent to which frequency of contact affects the relationship between parent-child geographic proximity and psychosocial outcomes, we evaluated an alternative model including the following predictors: respondents who (1) coreside with a child, (2) live within one hour from at least one child and have frequent contact, (3) live within one hour and have infrequent contact, (4) live more than one hour away from all children but have frequent contact, and (5) live more than one hour away from children and have infrequent contact (reference group). Frequent contact included responses of "more than once a week" and "about once a week"; infrequent contact included responses of "one to three times a month," "less than once a month," and "never." We

found that persons who have a coresident child (Group 1) and those who live close to and have frequent contact with their children (Group 2) show fewer depressive symptoms than those who live far away and have infrequent contact (Group 5). However, those who live close but have infrequent contact with their children (Group 3) reported depressive symptom levels that are comparable with those of the reference group. These findings suggest that both place of residence and frequency of interaction between parents and children affect the psychological and social well-being of widowed older adults.

3. Further descriptive analyses revealed that out of 37 people who coreside with their child(ren), 24 people (64.8%) live with one adult child only, and 9 people (24%) coresided with both a child and a grandchild. Other living arrangements included living with more than two children or a child and his or her spouse. Our analyses also revealed that out of the 37 coresiding parents, 23 people (60.7%) had at least one son living in the household, and 19 people (51.1%) lived with at least one daughter. The age of the coresident children ranged from 21 to 65 (average age = 39.7). The CLOC did not obtain further information on the children, such as their marital or financial status.

4. We conducted a separate regression analysis to estimate the effects of living arrangements on parents' perceived dependence on their children. Compared with those who live more than one hour away from their children, both coresident parents and parents who live near their children reported higher levels of perceived dependence ( $b = .78, p \leq .01$  and  $b = .68, p \leq .05$ , respectively).

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