Older people, loss and loneliness: the troublesome nature of increased contact with adult children

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Abstract
Older people may experience considerable loss when they endure emotional or social loneliness. Emotional loneliness is related to the loss or absence of a confidant whilst social loneliness describes the discrepancy between the nature of one's desired and actual social network. In this article, both concepts are examined in relation to new attendees at time-limited day centre reablement programmes in Northern Ireland. Using group work activities, reablement programmes aim to motivate participants to continue to live independently, often in the face of later life losses. Out of a total of 91 initial respondents (range 61-94), 13 lived with adult children (ten of whom were lone parents). Those living with, or who had daily contact with, adult children had significantly higher levels of emotional loneliness at the start of their programme, but not at the end. For this sample, reductions in emotional loneliness in certain cohorts of older adults who attend these programmes has been identified. In conclusion, it is proposed that fourth age losses mediate older people's living arrangement and may create greater vulnerability to emotional loneliness in those living with adult children. Additionally, social groups may be effective in helping reduce emotional loneliness.

Keywords: Loneliness, Older People, Day Centres, Living Arrangements

Introduction

Relationships with adult children and grandchildren are highly treasured in later life (Pettigrew and Roberts 2008). However, roles change due to transitions such as older people's loss of independence and health decline: interaction continues to be valued but the receipt of instrumental support from kin may be more problematic (Dykstra and Fokkema, 2011).   In the event of bereavement, substitution theory (Shanas, 1979) recognises that adult children tend to be called upon for support in a caring capacity (Szinovacz and Davey, 2013) and approximately 10% of older people aged 65 and over live with an adult child in the UK (Chan & Ermisch, 2015; Tomassini et al, 2004).   This support can be highly valued, nonetheless when parents are in a relationship that requires constant contact with their children, whether through living in their home or receiving daily visits from them, the relationship becomes undermined (Dalley et al., 2012) and may exhaust both parties (Blood, 2013; Gray, 2009).

When this occurs, older people's capacity to reciprocate in relationships becomes radically altered. Reciprocity is rooted in 'equity theory' (De Jong Gierveld, Dykstra and Schenk, 2012), which suggests that if an individual receives more support than they give, unhappiness and guilt may result (Dalley et al., 2012; Johnson, 1988). Increasing frailty and other losses are threats to an older person's self-perceived value and self-esteem (Lowenstein and Katz, 2010). One cross-national study found that those who received support without being able to return it were lonelier than those with low levels of social interaction (De Jong Gierveld et al, 2012). Opportunities for older adults to

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show worth, provide care and attention (Stephens et al., 2011), offer financial support (Cicirelli, 1993), wisdom, advice and approval (Merz et al. 2009) and the ability to assist loved ones (Parry et al. 2004) are highly valued. Older parents provide their children with a link to the past (Blood 2013) and the meaning behind what is supplied to children is considered more important than the actual function (Lowenstein, Karz and Gur-Yaish, 2007).

Older people's networks are more likely to be comprised of kin (Cornwell, Laumann and Schumm, 2008; Victor, Scambler and Bond, 2009) and, whilst these relationships are often highly valued, it is often reported that access to friends is more likely to alleviate loneliness than contact with adult children (Nyqvist et al., 2013; Cacioppo, Fowler and Christakis, 2009; Steed et al., 2007; Giles et al., 2005; Wenger and Burholt, 2004; Holmen and Furukawa, 2002; Pinquart and Sorenson, 2001; Russell,1996). Furthermore, those who are dependent upon family for their social needs are more likely to cite loneliness than those more involved with non-kin (Kirkevold et al., 2013). Immediate kin (particularly one's spouse, if available) are preferred for consultation upon critical decisions (also Victor, Scambler and Bond, 2009), whilst non-kin are desired for informal, less burdensome friendships, conversation and comfort. An older adult may enjoy ongoing, regular contact with their adult children, yet living with them is not usually desired and does not usually alleviate loneliness (Nyqvist et al., 2013; Sanchez Rodrigues, De Jong Gierveld and Buz, 2013; Hooyman and Kiyak, 2005; Wenger and Burholt, 2004). Rather, citing the work of Rosenmayr and Kockels (1963, 1965), Shanas (1979: 170) wrote that the favoured position of older people was for "intimacy at a distance".

Loneliness in later life is complex and often tied in with overwhelming losses (Kirkevold et al, 2013) such as bereavement, health declines and mobility impairments (Theeke, 2009). As such social interventions, such as those available in day centre programmes, may be introduced to help compensate for these losses.

Aim

This article presents the findings from an aspect of a larger study exploring older people, day centre attendance and loneliness. The purpose here is to examine the living arrangements and amount of contact between older adults and their adult children with reference to two states of loneliness: emotional and social loneliness. The cohort of older adults used to investigate this issue where attendees at time limited day centre programmes. The key themes of emotional/social loneliness and day centre provision are introduced below.

Emotional and Social Loneliness

The complexity of loneliness is such that an uncontested explanation for the term may never be found (Jylha and Saarenheimo, 2010; Victor, Scambler and Bond, 2009). It has been described as a subjective experience based on a deficit between a desired level and quality of social relationships and the current reality (Killeen, 1998). However, there are subtle differences in experiences of loneliness.

Emotional loneliness originates from a keenly felt loss of a specific close relationship, whereas social loneliness arises from feeling detached from an interconnected group of friends or a satisfying social network (Di Tomasso and Spinner, 1997; Weiss, 1973). The concepts underpinning each subdivision are attachment theory for emotional loneliness and social (dis)integration theory for social loneliness (Di Tomasso and Spinner, 1997). A series of distinct emotions are linked to each: for example, feelings of abandonment, utter aloneness and anxiety are common in regard to emotional loneliness; whereas boredom, aimlessness and a desire for interaction are more likely to be associated with social loneliness (Weiss, 1973). The lack of contact with friends, lower income, living in a rural area, increasing age and poor health are significant correlates with social loneliness. Being widowed, separated or divorced is associated with emotional loneliness (Drennan et al., 2008, see *Figure 1*).

< Insert Figure 1 about here >

Attachment has been described as "a conscious desire to be physically close to a specific person whose presence elicits feelings of emotional security and comfort" (Cicirelli, 1993: 144). In adulthood, this person is often an individual's spouse, long term partner or confidant. A romantic relationship may be a common way to achieve the bonds associated with attachment; however, one should not assume it is achieved merely by a sexual partner, but rather through the "continued assurance of someone trusted" (Weiss, 1982: 77). As such, adult attachment may be connected to a parent, sibling or even a very close friend (Dong et al., 2012). Emotional loneliness, therefore, has been identified as being the state experienced when a confidant is no longer available (Shiovitz-Ezra and Leitsch 2010). If emotional loneliness emerges due to the loss (or absence) of this one special relationship, it would follow that the state should not be easily eradicated by interventions used to tackle social isolation. In other words, an individual's sense of bereavement may not be overcome by joining a social group (Coyle and Dugan, 2012; O'Luaniagh and Lawlor, 2008; Heinrich and Gullone, 2006; Rook, 1984) and the acquisition of friends or acquaintances cannot satisfy an absent attachment relationship (Cassidy and Berlin, 1999).

Psychological factors often account for emotional loneliness, and social ones are more likely to be linked to social loneliness (Dahlberg and McKee, 2014). Social loneliness occurs through a perceived discrepancy for an individual between the relationships and groups into which they want to be accepted and the discomforting reality of their situation (Mijuskovic, 1979, citing Gotesky, 1965). It is thus often related to the absence of friendship (Dahlberg and McKee, 2014). A good example of social loneliness is the sense of alienation experienced by a young couple who have just moved into a new area (De Jong Gierveld, Van Tilburg and Dykstra, 2006; Storr, 1988): each has their attachment figure close to them – and may be surrounded by people – and yet still own an uncomfortable sense of disconnection or uncertainly relating to their new community that is experienced as loneliness.

When considering the difference in the two concepts, social and emotional loneliness, outlined above, one may hypothesise that social interventions would be more likely to reduce *social* rather than *emotional* loneliness. Robert Weiss previously found that social groups were good for supporting those who had been bereaved but yet did not reduce emotional loneliness (as reported by Storr, 1988; also O'Luanaigh and Lawlor, 2008). Differentiating between social and emotional loneliness, Schnittger et al. (2012) believe that social support interventions are appropriate for those who feel socially isolated, yet programmes that address issues such as depression, stress and neuroticism may be more effective with the emotionally lonely. In other words, tackling emotional loneliness may require more precise work that targets maladaptive internal thoughts and feelings (Masi et al, 2011) in contrast to social activity programmes.

Day Centres

Day centres commonly provide social, health and support services to adults in a protective environment (Conrad et al, 1990). They promote personal growth, social engagement and emotional and physical well-being (Mutchler et al, 2014). Day centres offer a varying range of group care services and traditionally day centre programmes have often been offered to help reduce loneliness for older people and promote their socialisation (Caiels et al., 2010; Aday, Kehoe and Farney, 2006; Powell et al., 2000). Over the last 50 years, it has been observed that the typical day centre attendee is ageing in place and more likely to have suffered health losses, be much frailer or widowed (Pardasani & Sackman, 2014). One Israeli study found that those who attended were significantly more likely to live alone and be bereaved than those who did not (Iecovich and Biderman, 2012). As such, attendees often present with a much greater level of need, both physically and emotionally.

Commonly day centres have provided open ended services – one survey of Northern Irish services found that 83% attended on this basis (PricewaterhouseCoopers, 2007). However, in one area of Northern Ireland, 'reablement' programmes have been introduced within day centre programming. These programmes represent an innovative, time-limited approach within the day centre setting, where participants engage in a group setting with others with similar needs. 'Reablement' programmes focus on short-term interventions to support independent living (Northern Health and Social Care Trust, 2013). Specifically, these interventions assist in learning or re-learning skills to adapt to losses encountered through illness, incapacity or physical/mental health issues (Care

Service Efficiency Delivery, 2007) and the approach aims to promote confidence in being able to complete daily tasks independently and without the long-term assistance of domiciliary care workers.

Whilst addressing loneliness is not an advertised aspect of a reablement programme, it has been found that social groups can be effective in reducing loneliness, albeit vicariously (Honigh-Vlaming et al., 2013; Mathieu, 2008). A number of literature reviews have examined the impact of group interventions on loneliness over the last 20 years or so (Hagan et al, 2014; Cattan et al, 2005, Findlay, 2003) and, whilst findings are mixed, some group interventions have been deemed successful. Others have noted that individuals may be resistant to tackling the topic of loneliness directly, due to its associated stigma (Beach and Bamford, 2014; Griffin, 2010; Victor, Scambler and Bond, 2009).

Method

In the present study, 91 day centre attendees new to day centres in Northern Ireland in 2013/14 completed questionnaires relating to loneliness and other variables to investigate whether loneliness reduced during the duration of the reablement programmes in which they participated over a 12 to 16 week period.

This study used a pre-post test design to explore the impact of day centre programmes in relation to loneliness in older people and a range of other variables. Participants attended reablement programmes, which ran for 12 to 16 weeks at seven participating day centres in one Health & Social Care Trust in Northern Ireland. The study received ethical approval to involve human subjects from the Office of Research Ethics Committee in Northern Ireland and from the Trust's own Research Governance committee in early 2013.

Over the course of the fieldwork, any new attendee to these programmes was invited to participate in the research. Day centres supplied these new group members with an information sheet about the aims of the research in advance of programme attendance and those interested signed consent forms. From a potential total of 128 group attendees over the study period, 55 females and 36 males agreed to participate, leading to an overall sample size of 91 and a response rate of 71%. On the first day of the programmes, the lead researcher visited the relevant day centre and completed questionnaires with participants. Ninety-one completed the questionnaire at programme commencement and 68 at programme end. This attrition was mainly due to participants dropping out of the programme.

The following items were used for data collection and analysis in this study.

De Jong Gierveld Loneliness Scale: The De Jong Gierveld 11-item questionnaire was developed in the Netherlands in the mid-1980s (De Jong Gierveld and Kamphuis 1985)). The questionnaire contains positively and negatively worded statements and the scale is set out in such a way that the discrete subjects of social and emotional loneliness can be identified and analysed. A range of 0-5 can be recorded on the social loneliness subscale (items one, four, seven, eight and 11) and 0-6 on emotional loneliness (two, three, five, six, nine and ten). When categorised into the two subscales, the authors suggest that if a respondent scores two or more on either subset, then they can be regarded as either socially or emotionally lonely respectively (De Jong Gierveld et al., 2009).

Other variables: Demographic information relating to age, marital status, living arrangement and contact with adult children was also obtained during the course of the study. Regarding this last category, at the beginning of the programme, a total of 70 of the 91 participants reported that they had adult children, and 52 of these completed questionnaires at the end of the programme.

Analysis focused on comparing the mean levels of loneliness both at baseline and over time using t-tests and analysis of variance (ANOVA). These methods were chosen as they are commonly used linear models for reporting when comparing means (Field, 2013). Datasets were analysed using the SPSS statistical package (v.21) and significant differences between variables investigated. Post hoc analysis was conducted using Fisher's LSD (Least Significant Difference).

Results

For the overall cohort of 68 programme completers, there was no significant reduction in loneliness indicated by the De Jong Gierveld Scale. However, the examination of the social and emotional

loneliness subcategories in relation to certain participant characteristics appeared to reveal an effect of the programmes on emotional loneliness for certain cohorts.

At the commencement of the research, ten of the 91 participants revealed that they lived without their spouse but with adult children or other relatives. These ten participants reported means in relation to emotional loneliness, which would be assessed in De Jong Gierveld's scale as being near equivalent to 'severely lonely' and, simultaneously, social loneliness scores that were 'not lonely' (see *Table 1*).

< Insert Table 1 around here >

Analysing only those who completed the programme, at programme commencement, the small number of those who lived with their children were significantly emotionally lonelier (m=4.67 on a scale of 0-6) than those living in sheltered/supported accommodation t(10)=3.32, *p*=0.01 or with their spouse t(26)=2.50, *p*=0.03. When three individuals who lived with their spouses and adult children were included under those living with their children, these significant differences were still observed: sheltered accommodation t(13)=2.62, *p*=0.02; spouse t(26)=2.30, *p*=0.03. By contrast, as noted above, these participants also recorded social loneliness as 'not lonely'.
Married participants were significantly less emotionally lonely than those who were divorced, separated or widowed combined, t(57)=2.16, *p*=0.03. Additionally, for participants with adult children, those with daily contact were significantly lonelier than those who received 'up to weekly' visits, t(39)=2.29, *p*=0.03. However, in each of these cases, there was no longer any significant difference at programme end (see *Table 2*).

< Insert Table 2 around here >

In terms of social loneliness, programme finishers who had less than weekly contact with their children always cited significantly higher levels of loneliness than those with daily contact at both programme start, t(23)=2.22, *p*=0.04 or programme end, t(23)=3.44, *p*<0.01. By contrast, there were no significant differences between daily and up to weekly contact on either occasion.

Discussion

There were no significant reductions in loneliness as a whole for those attending the reablement day centre programmes under investigation. However, emotional loneliness has reduced for certain specific cohorts. Significant differences in emotional loneliness disappeared at programme end between those experiencing daily and up to weekly contact with adult children, between married and widowed/divorced/single participants and, for a very small cohort, between those living with adult children and those living in sheltered housing or with a spouse. Whilst reduction in *social* loneliness may have been anticipated (and has not been found), these results may suggest that social programmes can impact positively on older people's *emotional* loneliness in certain situations.
The unanticipated significant differences in changes in emotional loneliness for various subgroups may also support the idea of a 'honeymoon effect', which is sometimes mooted in loneliness interventions, that then usually fades (Vanderweele, Hawkley and Cacioppo 2012). The findings here contrast with Findlay (2003), who noted that loneliness interventions have to be at least five months in duration to create effect.
Some research has found that the living arrangement variable 'living alone' is most likely to produce the greatest loneliness (Ferreira-Alves et al. 2014; De Jong Gierveld, Dykstra and Schenk 2012; Bergland and Engedal 2011; Theeke, 2009). Significantly, in this study, those living with their adult children or other relatives reported the highest levels of emotional loneliness of living arrangement. Those living with their adult children reported high moderate to severe levels of emotional loneliness (respondents' mean being over four on a scale of 0-6, following the guidance of De Jong Gierveld et al., 2009). The results of the study indicate that seven of the ten unmarried respondents who lived with adult children were widowed, a transitional state commonly associated with greater vulnerability to emotional loneliness (O'Luanaigh and Lawlor, 2008; Rokach, 2001). However, even when the three respondents who lived with adult children and spouse were included,

emotional loneliness at programme start still remained significantly higher for this cohort against two other variables. This may indicate that the cost of living with an older child in later life has a greater impact on emotional loneliness than the benefits accrued from the attachment relationship with a confidant.

Living with one's children does not always indicate dependency (Wenger and Burholt, 2001). The choice to move in with an adult child is often due to losses such as the onset of functional impairments that reduce the ability to continue to live independently (Perissinotto and Covinsky, 2014; Haberkern and Szydlik, 2010). Sometimes the arrangement is enacted to avoid the older person moving to a residential or nursing home (McCann, Donnelly and O'Reilly, 2011). However, those who move from living on their own to living with their adult children are eight times more likely to feel excluded from social relationships (Kneale, 2012). Fengler, Danigelis and Little (1983: 359) described moving in with adult children as "a last resort" and note that the arrangement can lead to a loss of privacy. It should not be surprising, then, that such a move would be enveloped in negative emotions. By contrast, those living with adult children also reported the lowest levels of social loneliness. In sum, then, participants living with adult children are highly emotionally lonely and simultaneously not socially lonely. This then may suggest that there are clear distinctions between the two concepts: living with adult children may help address certain social needs and practical forms of support, but cannot salve the yearnings of emotional loneliness. It may be that a crisis, which may be a painful transition such as a bereavement, or sudden health decline, leads to a living arrangement, which is simultaneously helpful and protective, whilst also imbued with loss, a sense of helplessness and other negative emotions (Robinson and Stell, 2015). On the one hand, living with an adult child may help address health needs but, on the other, comes at the expense of reduced privacy (Pezzin et al., 2007).

Applying Drennan et al's (2008) model (*Figure 1*), the respondents living with adult children may feel compensated by their living arrangement in relation to ongoing social contact, health concerns and access to services. At the same time, for this small sample, their new living status was unable to supply them with a high quality confidant-style relationship that typifies many long-term partnerships, or marriages, and which has been lost, thus resulting in the high mean emotional loneliness score. Losses reflected by the new living arrangement suggest the movement of the older person from the freedoms of the 'third age' into the more dependent 'fourth age' (Robinson and Stell, 2015).

The 'fourth age' has been articulated as a time of significant losses as older people experience transitions whereby agency is greatly diminished and where meaningful reciprocal social and cultural exchanges are stripped away (Gilleard and Higgs, 2010). Important social losses at this stage include not only bereavement but the loss of close friends (Isherwood, King and Luszcz, 2017). Gilleard and Higgs predominantly discuss nursing home residence as being fundamental to the losses within the fourth age. Furthermore co-residence has also been theorised as a state wherein an older person's agency is severely compromised as this living arrangement reduces their bargaining power (Pezzin et al., 2007). This involuntary co-residence between different adult generations has been found to be more likely precipitated by declines in health, rather than age per se (Isengard and Szydlik, 2012). As such, this new living arrangement supports Gilleard and Higgs' analysis of the fourth age as a state imposed by later life losses and transitions rather than simply a chronological age marker.

It may appear surprising that a social intervention involving interaction with non-kin may alleviate emotional loneliness to a degree. However, this may be partially due to the previously stated research findings that state it is more likely for friends and non-family members to reduce loneliness than kin. Why older people find friends more effective in coping with loneliness than relationships with kin and, particularly, adult children may be explained by the cohort factor (Drageset, Kirkevold and Espehaug, 2011). Knowing peers who have experienced a similar life history and understand their values helps the individual feel more connected to the world (Routasalo et al., 2006). When living together, tensions emerge between parent and child that would not be so apparent when living apart (Hemingway and Jack, 2013). This can lead to a sense of suffocation that can be alleviated by social interactions elsewhere, as articulated by one of Hemingway & Jack's respondents:

"I just like to get away from them" (p31)

Culture and expectation may play crucial roles into whether an individual feels lonely either living with family or on their own. Generally, older Europeans are much more likely to live in their own accommodation than those in South America, Asia and Africa (United Nations, 2005). Regarding distinct European cohorts, older adults in Southern European cultures report greater loneliness than those in North Western European nations (De Jong Gierveld, Dykstra and Schenk 2012; Hank, 2007). Cultural factors in northern European countries, such as values that prize individualism and living independently contrast with Mediterranean European countries, where filial obligations are highly valued and co-residence in later life more culturally acceptable (De Jong Gierveld, Dykstra and Schenk 2012; Isengard and Szydlik, 2012). In nations where there is a greater expectation that an older person may live with an adult child, this then impacts upon how one's living arrangement is viewed and whether or not it is linked to loneliness (Wang et al., 2014). Where the residential independence of ageing parents and adult children is valued, such as in Northern and Western Europe, co-residence is then associated with greater older adult loneliness (De Jong Gierveld, Dykstra and Schenk, 2012). It has been argued that the UK is positioned in an "intermediate position" between the two cultures (Tomassini et al., 2004: 32). One Northern Irish survey of over 50,000 older people found that 16% of adults over the age of 65 lived with their adult children in Northern Ireland (McCann et al., 2011), a higher percentage than the overall figure of 10% for Britain (Chan and Ermisch, 2009). It has been suggested that the instigation of a quasi-welfare system, offering poor relief, in pre-industrial England inculcated within the nation a sense that individuals look outside their families for support (Viazzo, 2010).

The benefits evidenced from the low levels of social loneliness must not be ignored. Socio-emotional selectivity theory may partially explain this, positing that, when older adults' social networks are reducing, certain close relationships, such as those with family, are chosen to retain meaning and purpose (Isherwood et al., 2017). If friendships are disappearing due to mortality, then continued frequent contact with family members takes on a greater importance and is highly valued (Hank, 2007). However, given this study's finding that there were high levels of emotional loneliness during daily contact whilst levels of social loneliness were highest with those receiving less than weekly contact, it may be that the most protective contact arrangement for older people with their children is that which involves near residence and is not less than once a week.

Limitations

As identified earlier, the results discussed in this paper are based on a small cohort size, particularly in relation to those living with adult children and especially regarding those who lived with their spouse and adult children. Overall, this was a relatively small-scale study carried out in Northern Ireland and therefore results may not be generalizable to the whole population or, indeed, to those elsewhere.

It was impossible to identify what aspect of the group process may have led to any improvements in emotional loneliness: specifically whether this was effected by the groupwork process of the reablement programme or the 'group care' dynamic of the informal day centre gathering (Ward, 2007). It has been proposed that the informal socializing that takes place in addition to a group intervention at a day centre may be the factor that precipitates positive change (Fields, Anderson and Dabelko-Schoeny, 2012).

Conclusion

Day centre services may offer compensation for the losses accrued in later life and allow some maintenance of independence for those whose agency is reduced following the introduction of a living arrangement with adult children. Loneliness did not reduce for the overall sample of day centre participants, nonetheless, this study has demonstrated that a social intervention, such as a reablement day centre programme may help reduce emotional loneliness in the short term. For this sample, those living with adult children returned the highest levels of emotional loneliness. Other studies have concluded previously that older people are most likely to develop loneliness living alone. The experience of loneliness for older people who live with adult children may require further research to fully understand the study outcome described here.

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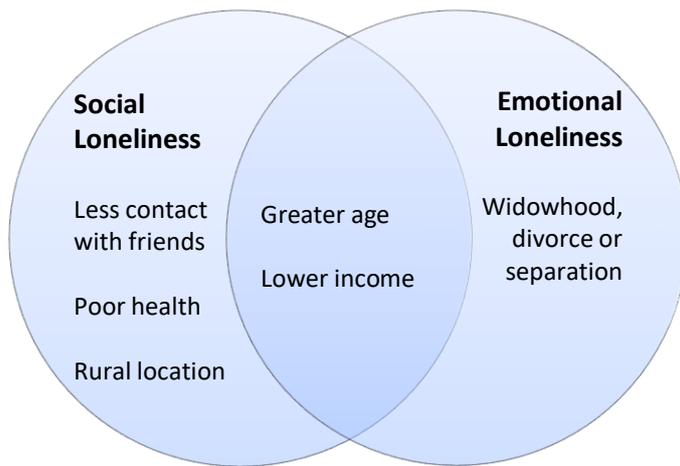
Figure 1: Breakdown of factors leading to social and emotional loneliness (adapted from Drennan et al, 2008)

Table 1: Emotional and Social Loneliness mean scores by Living Arrangement at baseline

		N	M (SD)
Emotional Loneliness (range 0-6)	Living on own	43	3.53 (1.92)
	With spouse/partner	30	2.93 (1.87)
	With children/relatives	10	4.70 (1.25)
	Sheltered/supported accommodation	8	2.00 (1.92)
Social Loneliness (range 0-5)	Living on own	42	1.40 (1.53)
	With spouse/partner	29	1.28 (1.46)
	With children/relatives	10	0.80 (0.92)
	Sheltered/supported accommodation	8	1.00 (1.41)

Table 2: Comparison of mean Emotional Loneliness scores by contact with children, living arrangement and marital status at baseline and end of programme for matched sample.

		N	Baseline M *(SD)*	End M *(SD)*
Contact with children	Daily	14	4.21 *(1.89)*	3.93 *(1.77)*
	Up to weekly	27	2.82 *(1.84)*	2.89 *(2.01)*
	p-value		*0.03*	*0.11*
Living arrangement	Adult children*	6	4.67 *(1.21)*	4.17 *(1.83)*
	Sheltered	6	2.00 *(1.55)*	2.83 *(2.32)*
	p-value		*0.01*	*0.23*
	Spouse	22	2.73 *(1.78)*	2.68 *(1.76)*
	p-value		*0.03*	*0.10*
Marital Status	Married	23	2.61 *(1.83)*	2.70 *(1.72)*
	Widowed/Divorced/ Separated	36	3.69 *(1.93)*	3.57 *(1.93)*
	p-value		*0.03*	*0.09*

* denotes reference group for comparisons across living arrangement groups