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# Religion and Emotional Compensation: Results From a Prospective Study of Widowhood

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*Based on recent applications of attachment theory to religion, the authors predicted that the loss of a spouse would cause widowed individuals to increase the importance of their religious/spiritual beliefs. This hypothesis was examined using the Changing Lives of Older Couples sample from which preloss measures of religiosity were available for widowed individuals and matched controls. A total of 103 widowed individuals provided follow-up data, including reports of religious beliefs and grief, at 6 months, 24 months, and 48 months after the loss. Results indicated that widowed individuals were more likely than controls to increase their religious/spiritual beliefs. This increase was associated with decreased grief but did not influence other indicators of adjustment such as depression. Finally, insecure individuals were most likely to benefit from increasing the importance of their beliefs. Results are discussed in terms of the potential value of applying psychological theory to the study of religion.*

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**Keywords:** *religion; bereavement; widowhood; attachment theory; grief*

**A**mong the most challenging parts of being human is the knowledge that we are mortal and that we will experience grief when loved ones die. The grief may include feelings of despair, anger, shock, intrusive thoughts, and yearning for the loved one's return. Although grief may produce intense suffering that is prolonged and perceived as intolerable, we also witness many who withstand, endure, and recover.

Numerous factors seem to help individuals cope with the loss of a loved one, and a small but growing body of research notes the considerable benefits of religion (e.g., Frantz, Trolley, & Johll, 1996; Gallagher, Thompson, & Peterson, 1982; Glick, Weiss, & Parkes,

1974; McIntosh, Silver, & Wortman, 1993; Smith, 2002). These benefits have included reduced grief (e.g., Walsh, King, Jones, Tookman, & Blizard, 2002); reduced depression (Azhar & Varma, 1995); and lower levels of anger, guilt, and death anxiety (Bohannon, 1991). Religiosity (e.g., the importance of religious beliefs and/or religious behaviors such as church attendance) also has been considered helpful for coping with a variety of circumstances associated with loss such as having a chronic or terminal illness (e.g., Bearon & Koenig, 1990), loneliness (Rokach & Brock, 1998), divorce (Cain, 1988), and being single (Granqvist & Hagekkull, 2000). Taken together, this work suggests that a spiritual connection with a God or other supreme being may help individuals to find comfort during times of loss.

As they are increasingly confronted with losses of friends and family, older adults may be especially likely to benefit from religious involvement (Koenig, 1994; Musick, Traphagan, Koenig, & Larson, 2000). In fact, religiosity is associated with higher subjective well-being (McFadden, 1995), improved morale (Koenig, Kvale, & Ferrel, 1988), and better adjustment to widow-

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**Authors' Note:** This study was supported in part by grants from the National Institute for Aging (R01-AG15948-01A1) and the National Institute of Mental Health (K01-MH065423). We would like to acknowledge the assistance of Dylan M. Smith for his helpful comments on earlier drafts of this article. We also would like to express our appreciation to Camille Wortman, James House, Ronald Kessler, and Jim Lepowski, the original investigators of the Changing Lives of Older Couples Study. Correspondence concerning this article should be addressed to Stephanie L. Brown, Institute for Social Research, The University of Michigan, 426 Thompson Street, PO Box 1248, Ann Arbor, MI 48106-1248; e-mail: stebrown@isr.umich.edu.

*PSPB*, Vol. 30 No. 9, September 2004 1165-1174  
DOI: 10.1177/0146167204263752

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hood among older adults (Gass, 1987). As described by McFadden (1996), "For many older persons, religion provides meaning that transcends suffering, loss, and the sure knowledge that death looms somewhere on the horizon" (p. 163).

Despite this research, it may be premature to conclude that religiosity is universally beneficial for older adults facing loss. Not only have relatively few studies examined this issue directly, but empirical investigations of religious coping have produced mixed findings regarding the benefits of religiosity (e.g., Balk, 1991; Park & Cohen, 1993; Rosik, 1989; Sherkat & Reed, 1992; see Pargament, 2002, for a review of this issue). Rosik, for instance, surveyed 159 elderly widows and found that religiosity characterized by an extrinsic orientation (e.g., religion as a means to some other end) was associated with increased distress for both men and women. Sherkat and Reed found that although religious behavior was associated with increased self-esteem among suddenly bereaved individuals, it was not associated with reduced depression. Similar results have been found for intrinsic religiousness (i.e., religion as an end in and of itself, such as the importance of religious or spiritual beliefs). Park and Cohen surveyed 96 college undergraduates about their reactions to a recent death of a close friend. Although intrinsic religion was indirectly related to personal growth and decreased dysphoria in their study, it also was directly related to increased event-related distress.

These contradictory findings may be explained in part by the fact that most of the research on the link between religion and bereavement has been cross-sectional (e.g., Rosik, 1989) and/or retrospective (e.g., Gass, 1987; Loveland, 1968; McIntosh et al., 1993). As Pargament (2002) describes, "a preponderance of cross-sectional designs . . . leaves us unable to determine whether religion is the cause or effect of well-being" (p. 169). A beneficial effect of religion, therefore, could sometimes go undetected if intense grief causes people to become more religious in such instances: Higher religiosity would appear to be correlated with higher levels of distress.

Of the few longitudinal studies that have examined the relationship between religion and bereavement, most have assumed that religious beliefs reflect a stable personality trait or behavior and thus religion variables are assessed only once (e.g., Hettler & Cohen, 1998; Walsh et al., 2002). To illustrate, in one of the only prospective studies of religion and bereavement, 135 close friends and relatives of individuals with terminal illness were surveyed about their levels of grief at 1, 9, and 14 months after the loss (Walsh et al., 2002). The results of this study indicated that strong religious beliefs prior to the loss helped individuals to resolve their grief over

time; however, postloss measures of religious beliefs were not obtained. Thus, although we know something about how preexisting religiosity helps individuals cope with loss, we know less about whether people modify their existing beliefs as a result of the loss. A prospective design that repeatedly assesses religious beliefs is needed to investigate possible effects of loss on reported religious beliefs.

The present study uses longitudinal data collected from widowed individuals and matched controls to replicate and extend previous research on religious coping among older adults. Using prospective data from the Changing Lives of Older Couples (CLOC) study (e.g., Carr et al., 2000), we examined whether the loss of a spouse increases religiosity and whether such an increase is associated with changes in the intensity or course of grief. Thus, we sought to test the idea that an event-related increase in religiosity represents a coping strategy that helps individuals resolve their grief. We chose to examine these questions through the lens of attachment theory (Bowlby, 1958, 1969) because it offers important insights into why benefits might accrue to widowed individuals who increase the importance they place on religious/spiritual beliefs.

#### *Why Should Bereavement Trigger Increased Religiosity?*

Based on recent applications of attachment theory to religiosity (e.g., Granqvist & Hagekull, 2000, 2001; Kirkpatrick, 1997, 1998; Kirkpatrick & Shaver, 1992), an "emotional compensation" hypothesis has been advanced as one of the primary reasons that individuals might turn to God or other supernatural being in times of difficulty, threat, or hardship. According to this hypothesis, a personal relationship with God resembles a secure attachment to a primary caregiver (Kirkpatrick, 1992) and so may be able to provide comfort when a loved one dies. This may be particularly true for older adults who are likely to have lost other attachment figures (e.g., parents) and who are increasingly confronted with their own vulnerability to death (Cicirelli, 2002). Spousal loss among these individuals may trigger an increase in religious beliefs as a means to compensate for, or replace, the severed marital bond.

The notion of attachment was originally proposed by Bowlby (1958, 1969) to explain the evolutionary advantages for infants who formed an affectional bond to a caregiver. These advantages included protection from predation, which was achieved by motivating the infant to maintain proximity with his or her caregiver. The immediate consequence of forming an attachment to a primary caregiver would be feeling secure so that an infant could comfortably explore its world (the "secure base" phenomena) and feel protected during times of

threat (i.e., having a “safe haven”). The affectional bond or attachment was further suggested by Bowlby to foster an internal working model of intimate relationships that would form the affective basis for future interpersonal relationships. Individuals with secure attachments would come to believe in the general trustworthiness of others and trust, in turn, that others would be responsive to their needs (Belsky, Steinberg, & Draper, 1991).

Recently, researchers have noted a striking resemblance between the defining criteria for secure attachment (i.e., proximity-seeking, secure-base phenomena, safe haven in times of threat) and religious phenomena such as seeking proximity with God in the form of worship or prayer and relying on God for comfort during times of threat or hardship (Kirkpatrick, 1992). A personal relationship with God that functions as a secure attachment may, therefore, help to compensate for the lack of a love relationship and provide safety and security for individuals who are bereaved, who are unmarried, or who are otherwise socially isolated. Consistent with this possibility, the absence of a love relationship has been linked to higher degrees of religious beliefs and behavior (e.g., Berardo, 1967; Granqvist & Hagekull, 2000). In a study of 156 undergraduates at a Swedish university, for example, Granqvist and Hagekull (2000) found that “singles, compared to lovers, were . . . more religiously active, perceive a personal relationship with God, [and] have experienced changes implying increased importance of religious beliefs” (p. 111).

Further support for the hypothesis that religious beliefs can provide emotional compensation for loss comes from investigations of the link between attachment style (e.g., Ainsworth, Bell, & Stayton, 1972) and religion. Individuals who have an insecure type of attachment history (i.e., those whose felt they could not reliably depend on the responsiveness of a primary attachment figure and who are now insecure about the trustworthiness of relationship partners) have religious beliefs that are less stable and more prone to sudden change as a result of stressful circumstances than those of individuals with a secure attachment history (Granqvist, 2002; Granqvist & Hagekull, 2000, 2001; Kirkpatrick, 1997, 1998). The explanation for these findings is that insecure individuals who are unable to derive felt security from a relationship partner are instead able to turn to God during times of difficulty or threat, using God as a compensatory attachment figure. Thus, religious beliefs among insecure individuals would appear to be less stable, changing as threats are encountered. Consistent with this possibility, insecurity has been frequently associated with measures of emotion-based religiosity—reports of using God and religion to regulate emotion (Granqvist, 2002; Granqvist & Hagekull, 2000, 2001).

#### THE PRESENT STUDY

Bowlby’s (1958, 1969) attachment theory provides insight into why bereavement might cause changes in religious beliefs or behavior. Specifically, it suggests that spousal loss may arouse increased religiosity that helps to compensate for the severed marital attachment. However, few studies, if any, have had the longitudinal data, relevant comparison group, or repeated assessments of religiosity needed to systematically determine if increased religious or spiritual beliefs help older individuals to cope with widowhood. To the best of our knowledge, studies that have examined changes in religion over time (e.g., Granqvist, 2002; Kirkpatrick, 1997, 1998) have not examined religious change as a consequence of bereavement.

Using data from the CLOC study, we sought to examine whether religiosity is influenced by widowhood and whether an increase in religious beliefs facilitates adjustment. Consistent with the emotional compensation hypothesis, we predicted the following:

1. Widowed participants will be more likely than matched controls to experience an increase in the importance placed on religious/spiritual beliefs.
2. Widowed participants who increase the importance they place on religious/spiritual beliefs will have reduced grief compared to widowed individuals who do not.

We also explored the following related questions:

3. Are the effects of widowhood on religiosity specific to beliefs or do they extend to related behaviors such as church attendance?
4. Are any benefits that accompany increased religiosity specific to grief or are they associated with more general measures of adjustment such as depression, anxiety, or subjective well-being?
5. Would individuals high in insecurity be more likely than those low in insecurity to benefit from increasing the importance of their religious/spiritual beliefs?

#### Method

##### SAMPLE

The CLOC study is a prospective study of a two-stage area probability sample of 1,532 married individuals from the Detroit Standard Metropolitan Statistical Area (see Carr et al., 2000, for a summary of the study). Households were selected on the basis that the husband would be at least 65 years of age or older. Selection criteria included the requirement that respondents be English-speaking, capable of participating in a 2-hour-long interview, and noninstitutionalized. Of those who were selected for participation, 65% agreed to participate. This response rate is consistent with the rate obtained in other Detroit-area studies (Carr et al., 2000). Baseline

measures were assessed during face-to-face interviews that were conducted throughout an 11-month period between 1987 to 1988.

Spousal loss was monitored throughout a 5-year period with daily obituaries from three Detroit-area newspapers and monthly death record tapes provided by the State of Michigan. A total of 319 respondents lost a spouse during the study and 86% participated in one of three follow-up interviews conducted at 6 months (Wave 1), 18 months (Wave 2), and 48 months (Wave 3) after the death. Reasons for nonresponse included refusal to participate (38%) and poor health or death at follow-up (42%). A control group for each wave of data collection was selected from the original sample of 1,532 to match the widowed participants on age, race, and sex. Interviews with controls were conducted at roughly the same time as the widowed group.

In addition to some baseline analyses on the entire sample ( $n = 1,532$ ), hypothesis testing involved only those widowed individuals who participated in all four waves of data collection ( $n = 103$ ). This sample (10 men, 93 women) allowed us to examine changes in religion and grief over time. Control comparisons were conducted on three nonoverlapping samples.<sup>1</sup> Eighty-four matched controls were used at Wave 1 (11 men, 73 women), 188 at Wave 2 (31 men, 157 women), and 108 at Wave 3 (10 men, 88 women). (Controls were not available for all bereaved respondents because funding for the control sample was cut from the proposed budget and was reinstated halfway through data collection for Wave 1.) Women were oversampled in this study to increase the chance of being able to obtain prospective data on widowhood during the 5-year study.

#### MEASURES

**Religion.** Religious preference was assessed by asking participants to categorize themselves as (a) Protestant, (b) Roman Catholic, (c) Jewish, or (d) something else. We assessed the importance of religious/spiritual beliefs with the following item: "In general, how important are religious or spiritual beliefs in your day-to-day life?" Response options to this question included *very important* (1), *fairly important* (2), *not too important* (3), and *not at all important* (4). To assess religious behavior, participants were asked, "How often do you usually attend religious services?" Responses ranged from *more than once a week* (1), *about once a week* (2), *1 to 3 times a month* (3), *less than once a month* (4), to *never* (5). The importance of religious/spiritual beliefs and church attendance were reversed-scored so that higher numbers indicated higher religiosity.

**Grief.** A 19-item grief composite ( $\alpha = .86$ ) was used to measure six aspects of the grief experience: yearning for the loved one, loss-related anxiety, anger, shock, despair,

and intrusive thoughts. Specific items asked individuals about how often they experienced various emotions related to the loss in the past month. Scores on each item ranged from *no, never* (1) to *yes, often* (4). The composite was formed by taking the mean of all 19 items, most of which originate from the Bereavement Index (Jacobs et al., 1986), Present Feelings About Loss (Singh & Raphael, 1981), and the Texas Revised Inventory of Grief (Zisook, Devaul, & Click, 1982). (See Carr & Utz, 2002, for a more detailed description of scale items.)

**Mental health and well-being.** Depression ( $\alpha = .83$ ) was measured with a short form of the Center for Epidemiologic Studies Depression (CES-D) scale (Radloff, 1977). Anxiety ( $\alpha = .71$ ) was assessed with 10 items from the Symptoms Checklist 90 Revised (Derogatis & Cleary, 1977). Subjective well-being ( $\alpha = .79$ ) was assessed with a subset of five items developed by Bradburn (1969) to indicate how often (1 = *hardly ever*, 2 = *some of the time*, 3 = *most of the time*) participants experienced positive feelings such as joy and contentment.<sup>2</sup>

**Insecurity.** Although established scales to assess insecure attachment style were not available in the CLOC data set, the CLOC study included two face-valid measures. Participants were categorized as insecure if they endorsed the following items: "The idea of losing a close friend is terrifying to me"; "I tend to imagine the worst if a loved one doesn't arrive when expected." Response options to these items included *very true* (1), *somewhat true* (2), *a little true* (3), and *not at all true* (4). A composite was formed by taking the mean of the two items. Scores were reversed so that higher values indicated greater insecurity.

**Control variables.** Demographic, personality, physical health, and relationship variables were used to examine confounding factors that may be related to religious increase and therefore confound our results. Demographic measures included gender, age, education, and race. Personality variables included modified scales from the NEO Five-Factor Personality Inventory (i.e., Extraversion,  $\alpha = .53$ ; Agreeableness,  $\alpha = .62$ ; Conscientiousness,  $\alpha = .73$ ; Openness to Experience,  $\alpha = .51$ ; and Neuroticism,  $\alpha = .70$ ; Costa & McCrae, 1985) as well as self-esteem ( $\alpha = .72$ ; Rosenberg, 1962), locus of control (internal  $\alpha = .71$ ; external  $\alpha = .68$ ; Levenson, 1973), and interpersonal dependency ( $\alpha = .66$ ). Physical health was measured with two scales assessing (a) satisfaction with health ( $\alpha = .84$ ) and (b) functional health. Relationship variables included social contact with others, dependence on one's spouse, marital satisfaction, emotional support received from spouse and others, and equity with one's spouse in the exchange of emotional support.

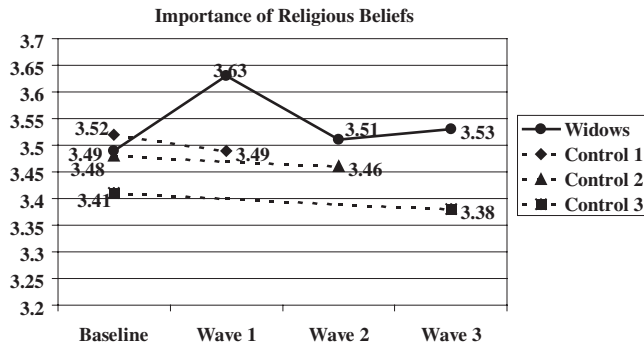


Figure 1 Change in religious beliefs for the widowed and control samples.

(For a complete description of these additional control measures, see Brown, Nesse, Vinokur, & Smith, 2003.)

### Results

The overall sample ranged in age from 38 to 92 years and most (65%) had completed 12 or more years of education. The majority of participants were White (89%) and 11% were Black. Most of the respondents classified themselves as either Protestant (49%) or Roman Catholic (42.8%); 5% classified themselves as Jewish. Across all four waves of data collection, the correlations between the importance of religious/spiritual beliefs and church attendance were significant but moderate, ranging from  $r = .51$  (baseline) to  $r = .58$  (Wave 3).

#### DO WIDOWED PARTICIPANTS INCREASE THE IMPORTANCE OF RELIGIOUS/SPIRITUAL BELIEFS AS A FUNCTION OF WIDOWHOOD?

Because we had nonoverlapping control samples that differed for each follow-up wave, we conducted three separate repeated-measures ANOVAs (baseline to Wave 1, baseline to Wave 2, baseline to Wave 3) to compare the change in religious beliefs for the widowed sample to the relevant control group change. Results of a 2 (widowhood status)  $\times$  2 (time of religious assessment: baseline, follow-up) repeated-measures ANOVA showed a significant interaction of widowhood status and religious beliefs for the Wave 1 sample,  $F(1, 185) = 4.56, p < .05$ ; that is, the importance of religious beliefs increased from baseline to Wave 1 for widowed participants ( $M = 3.49$  to  $3.63, SD = .75, .78$ ),  $F(1, 102) = 7.73, p < .01$ , but not for controls ( $M = 3.52$  to  $3.49, SD = .75, .84$ ),  $F(1, 84) < 1$ . See Figure 1 for a display of these results. This difference in religious beliefs as a function of widowhood status was not observed at the other two time points. At Wave 2, widowed participants' change in religious beliefs from baseline to Wave 2 ( $M = 3.49$  to  $3.51, SD = .75, .78$ ) did not differ from that of controls ( $M = 3.48$  to  $3.46, SD =$

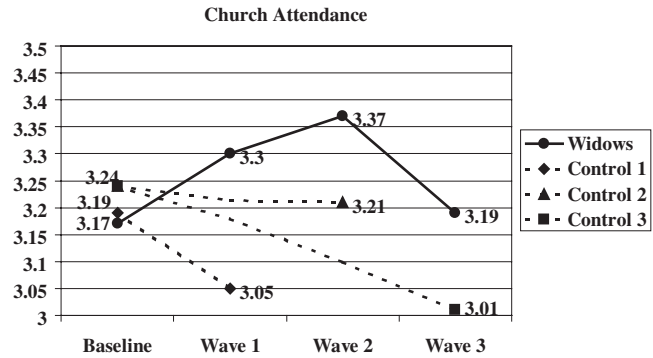


Figure 2 Change in church attendance for the widowed and control samples.

$.78, .80$ ),  $F_{\text{interaction}}(1, 289) < 1, ns$ . Similarly, at Wave 3, widowed participants had no significant increase between baseline and Wave 3 ( $M = 3.49$  to  $3.53, SD = .75, .80$ ), and controls appeared to decrease slightly in the importance of their beliefs ( $M = 3.41$  to  $3.38, SD = .86, .94$ ),  $F_{\text{interaction}}(1, 199) = 1.05$ .

#### DO WIDOWED PARTICIPANTS INCREASE IN CHURCH ATTENDANCE AS A FUNCTION OF WIDOWHOOD?

A similar set of three separate repeated-measures ANOVAs indicated that church attendance from baseline to Wave 1 increased for widowed participants ( $M = 3.17$  to  $3.30, SD = 1.40, 1.44$ ) but decreased for controls ( $M = 3.19$  to  $3.05, SD = 1.24, 1.40$ ). This interaction was marginally significant,  $F(1, 185) = 3.79, p = .053$ , and the simple effect increase for widowed participants was not conventionally significant,  $F(1, 102) = 2.01, p = .16$ . See Figure 2 for a display of these results. However, at Wave 2, church attendance increased significantly from baseline to Wave 2 for widowed participants ( $M = 3.17$  to  $3.37, SD = 1.40, 1.40$ ),  $F(1, 101) = 4.60, p < .05$ , and decreased slightly for controls ( $M = 3.24$  to  $3.21, SD = 1.31, 1.42$ ),  $F(1, 188) < 1$ . This interaction was significant,  $F(1, 289) = 4.56, p < .05$ . At Wave 3, church attendance increased from baseline to Wave 3 for widowed participants ( $M = 3.17$  to  $3.19, SD = 1.40, 1.40$ ),  $F(1, 102) < 1$ , and decreased for controls ( $3.24$  to  $3.01, SD = 1.29, 1.45$ ),  $F(1, 98) = 7.31, p < .01$ . This interaction was also conventionally significant,  $F(1, 200) = 4.01, p < .05$ .

#### WHAT IS THE EFFECT OF INCREASED RELIGIOUSNESS ON GRIEF?

To examine whether widowed participants who over time increased the importance they placed on religious beliefs tended to experience decreased grief relative to widowed participants who did not, we first examined the distribution of the increase in religious beliefs from baseline to Wave 1 among widowed participants. De-

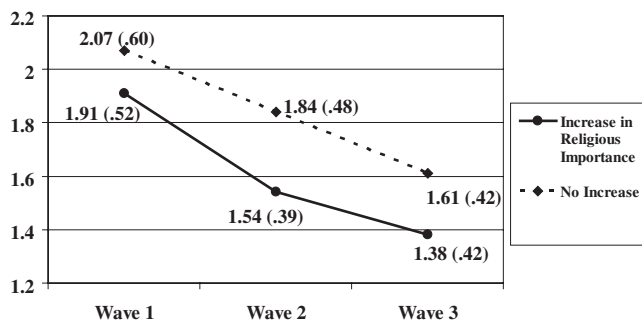


Figure 3 Grief as a function of increasing religious/spiritual beliefs after loss.

NOTE: Standard deviations appear in parentheses.

scriptive statistics indicated that the increase for widowed participants ranged from  $-1$  to  $+2$  points on a 4-point scale, with 7% decreasing 1 point, 80% staying the same, 18% increasing 1 point, and less than 1% increasing 2 points. Because the extent of the increase was largely characterized by a single value, a dichotomous variable was created to differentiate widowed participants who increased in the importance of their religious beliefs ( $n = 21$ ) from those that did not ( $n = 82$ ). We examined the effect of an increase at each time point using a MANOVA. The results showed an overall multivariate effect of increased religious importance (from baseline to Wave 1) on grief outcomes across all three waves, Wilks's Lambda = .91,  $F(3, 95) = 3.17$ ,  $p < .05$ . Individuals who increased the importance they placed on religious/spiritual beliefs had lower grief scores across all three waves compared to others (see Figure 3 for a graph of the means and standard deviations). Univariate tests indicated that the effect of increased religious importance on grief was not significant at Wave 1,  $F(1, 97) = 1.24$ , *ns*, but was significant at Wave 2,  $F(1, 97) = 7.07$ ,  $p < .01$ , and Wave 3,  $F(1, 97) = 4.79$ ,  $p < .05$ .

To examine whether reduced grief was due to a general increase in religiosity or to a specific increase in the importance of religious/spiritual beliefs, a similar procedure was run on the grief scores of participants as a function of church attendance increase. A dichotomous variable also was used to differentiate widowed participants who increased their church attendance from baseline to Wave 1 ( $n = 26$ ) from those who did not ( $n = 77$ ).<sup>3</sup> Results of a MANOVA conducted on grief at each wave indicated that an increase in church attendance was unrelated to grief (multivariate and all univariate  $F$ 's  $< 1$ ) at any time point.<sup>4</sup> See Figure 4 for a graph of the means of this analysis.

To examine whether the beneficial effects of an increase in the importance of religious beliefs general-

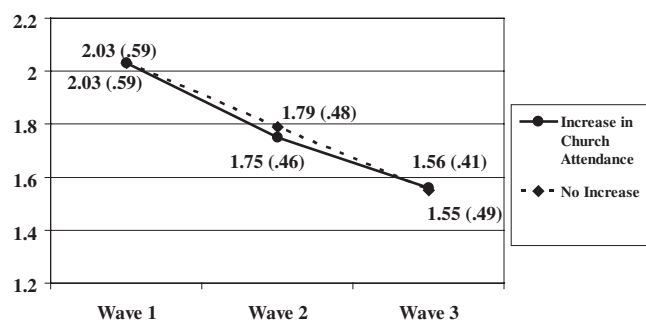


Figure 4 Grief as a function of increasing church attendance after loss.

NOTE: Standard deviations appear in parentheses.

ized to other forms of adjustment, beyond the grief response, three separate MANOVAs assessed the effects of increased religious importance on depression (Wave 1, Wave 2, Wave 3), anxiety (Wave 1, Wave 2, Wave 3), and subjective well-being (Wave 1, Wave 2, Wave 3). None of the analyses showed an overall multivariate effect of increased religiousness,  $F_{\text{depression}}(3, 99) < 1$ ,  $F_{\text{subjective well-being}}(3, 99) = 1.60$ , *ns*,  $F_{\text{anxiety}}(3, 99) < 1$ . Moreover, the results of univariate tests indicated that there were no significant effects of increased religiousness on depression, anxiety, or well-being for any of the time points, most  $F$ 's  $< 1$ , with the exception of depression at Wave 1,  $F(1, 101) = 1.52$ , *ns*, and subjective well-being at Wave 1,  $F(1, 101) = 3.21$ ,  $p < .10$ .

Additional analyses were conducted to examine the possibility that confounding factors were responsible for the reduction in grief at Waves 2 and 3. Results from *t* tests conducted on the widowed participants indicated that our baseline measures (i.e., demographic, health, mental health, personality and relationship variables) did not differentiate individuals who increased in religiosity following the loss of a spouse.

#### DOES INSECURITY MODERATE THE EFFECT OF INCREASED RELIGIOUSNESS ON GRIEF?

In the total sample ( $n = 1,532$ ), insecurity (measured at baseline) was correlated with baseline levels of religious beliefs ( $r = .08$ ,  $p < .01$ ) but unrelated to baseline levels of church attendance ( $r = -.031$ , *ns*). However, insecure individuals were no more likely than others to increase their religious beliefs in response to the loss ( $r = -.02$ , *ns*). To test the hypothesis that insecure individuals benefit more from increased religiousness after the loss, we first tested the interaction of our continuous measure of insecurity and our dichotomous measure of religious increase on grief at each wave using three separate linear regression models. Results of these models indicated

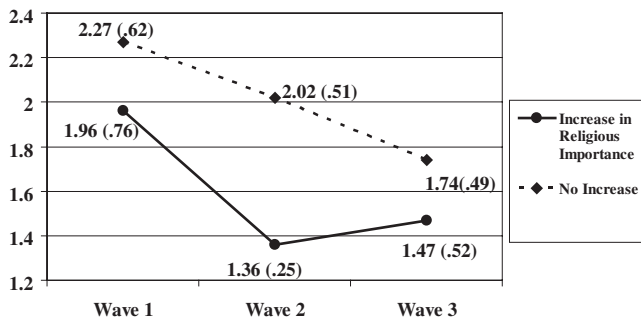


Figure 5a The effect of increased religious beliefs after the loss on grief for participants with high insecurity.

that the interaction of grief and insecurity was significantly related to grief at Wave 2 ( $\beta = -.52$ ,  $SE = .13$ ,  $p < .05$ ).<sup>5</sup> Note, however, that this interaction did not approach significance at either of the other two waves:  $\beta_{\text{Wave 1}} = -.26$ ,  $SE = .16$ ,  $ns$ ;  $\beta_{\text{Wave 3}} = -.06$ ,  $SE = .12$ ,  $ns$ . Across all three waves, insecurity was related to higher levels of grief,  $\beta_{\text{Wave 1}} = -.36$ ,  $SE = .06$ ,  $p < .01$ ;  $\beta_{\text{Wave 2}} = .27$ ,  $SE = .04$ ,  $p < .01$ ;  $\beta_{\text{Wave 3}} = -.35$ ,  $SE = .04$ ,  $p < .01$ . The results of a 2 (increased religiousness)  $\times$  2 (insecurity) repeated-measures ANOVA on the three grief composites suggested that the interaction of religious increase and insecurity differed across time, Wilks's Lambda = .94,  $F(2, 77) = 2.37$ ,  $p = .10$ , such that insecurity predisposed individuals to be more sensitive to the effects of increased religiousness on grief primarily at Wave 2.<sup>6</sup> See Figures 5a and 5b for a graph of these means.<sup>7</sup>

### Discussion

The results of this study indicated that widowed individuals, compared to controls, experienced an increase in both religious beliefs and church attendance. Analyses conducted on widowed individuals who participated in all waves of data collection demonstrated that the importance of religious beliefs was highest 6 months after the death of a spouse but returned to near baseline levels by the 18-month follow-up. On the other hand, church attendance remained elevated through the 18-month follow-up period and did not reach baseline levels until the 48-month follow-up. Taken together, these results suggest that the loss of a spouse increases religious beliefs and religious behaviors, but the increase is temporary.

To examine whether these increases provided any emotional compensation for the loss, we compared the grief levels of widowed persons who experienced an increase in religious/spiritual beliefs to those who did not. Results of these analyses indicated that across all time points, the subgroup of widowed individuals who

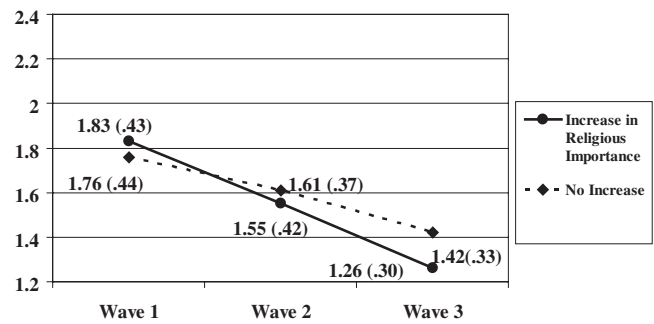


Figure 5b The effect of increased religious beliefs after the loss on grief for participants with low insecurity.

increased the importance of their religious/spiritual beliefs had lower grief overall compared to the rest of the widowed participants. Upon closer examination, the beneficial effect of increased beliefs was only significant at Waves 2 and 3. This pattern of findings underscores the importance of using longitudinal data to examine the long-term benefits of religion. An initial increase in religious/spiritual beliefs was followed by subsequent decrease in grief—or emotional compensation—at a later point in time.

There was no similar benefit for church attendance. Widowed participants who increased their frequency of church attendance exhibited the same levels of grief as widowed participants who did not. Thus, the benefits for widowed individuals who turn to religion appear to reside more in the importance of religious or spiritual beliefs than in religious participation. This pattern of results highlights the possibility that the coping value of religion depends on the kind of religion (Pargament, 2002) and suggests certain forms of religiosity (i.e., beliefs) may be more beneficial than others, such as church attendance.

Despite the fact that increased religious beliefs reduced grief for widowed individuals at 18 and 48 months after the loss, there was no similar benefit for more general indicators of well-being. Increased beliefs had no conventionally significant effect on depression, anxiety, or subjective well-being at any time point. This targeted effect of increased religious beliefs on grief may speak to a specific role that religion plays during times of bereavement. Rather than being a general coping tool, relieving or reducing all types of negative states, our results suggest that religious beliefs reduce a particular type of distress associated with the death of a loved one—grief. This result supports Pargament's (2002) conclusion that "whether religion has positive, negative, or few if any implications for well-being depends, in part, on how well-being is defined and measured" (p. 172).

*RELIGION AND EMOTIONAL COMPENSATION*

Broadly speaking, our results are consistent with the emotional compensation hypothesis advanced by Kirkpatrick (1992). Not only did the loss of a spouse lead to an increase in the importance of spiritual/religious beliefs but this increase was associated with lower levels of grief—perhaps an indicator of finding comfort from a compensatory attachment figure. Furthermore, insecure widowed individuals were more likely than those low in insecurity to have reduced grief as a function of increased spiritual/religious beliefs. Although insecurity was associated with higher levels of grief at Wave 1, there was a significant interaction of insecurity and increased religious beliefs at Wave 2, indicating that insecure participants who increased the importance of their religious beliefs had the lowest levels of grief and benefited the most from the increase. Among secure participants (low insecurity), there was no obvious benefit of increasing the importance of religious/spiritual beliefs. This pattern of results is consistent with the possibility that insecure widowed individuals who turn to God are better able to use God as a compensatory attachment figure and regulate emotional distress compared to individuals who are relatively more secure.

*LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH*

Despite the general support for the emotional compensation hypothesis, insecurity was not associated with increased religiosity. This is somewhat surprising because previous work links insecurity to religious beliefs that are less stable and more prone to sudden change than those of individuals with a secure attachment history (Granqvist, 2002; Granqvist & Hagekull, 2000, 2001; Kirkpatrick, 1997, 1998). However, previous work examined sudden religious conversions as opposed to religious change in the face of a traumatic, attachment-related event. It may be that insecurity does not predispose individuals to readily invoke religious beliefs as a means to control bereavement-related distress, only that insecure individuals might be more likely to benefit from increasing the importance of their religious beliefs. Future research should attempt to disentangle these two possibilities and determine whether personality dimensions such as attachment style can be used to predict who will increase the importance of their religious beliefs as a means to cope with event-related distress.

Although the present study found support for the possibility that an insecure attachment style predisposes individuals to benefit from increasing the importance of religious/spiritual beliefs, caution should be used when drawing general conclusions about the role of attachment style in bereavement. The CLOC study did not employ traditional measures of attachment style and

there is debate concerning whether attachment security as a dimension indicates an underlying style or typology (Fraley & Waller, 1998, provides evidence that a dimensional approach may be a more precise way to assess adult attachment patterns). Thus, future research is needed to determine whether insecurity, as an attachment style or attachment dimension, predisposes individuals to turn to God, or to benefit from doing so, when confronted with the loss of a loved one.

*SUMMARY*

“Psychologists have built an impressive stock of knowledge about many spheres and forms of behavior. . . . However, some areas remain strangely neglected, constituting holes in our field’s understanding. Religion is one of these” (Baumeister, 2002, p. 165). One of the strengths of the present study is that we were able to examine a somewhat neglected area of psychological inquiry (religion) through the lens of an important psychological framework (attachment theory; e.g., Hazan & Shaver, 1994). This conjunction proved useful because we were able to find support for one hypothesized function of religion—emotional compensation (e.g., Kirkpatrick, 1992)—while ruling out the correlated effects of church-going. An implication of our results is that a compensatory function of religion may be specific to loss-related emotions such as grief or loss-related events such as the death of a spouse. Indeed, Mattlin, Wethington, and Kessler (1990) found that religious coping was more effective in bereavement situations than in other types of situations such as job loss or marital problems. Given that the emotional compensation hypothesis (e.g., Kirkpatrick, 1992) expects religion to offer a safe haven during times of general threat or distress, future research should examine whether religious compensation, particularly for insecure individuals, occurs in other stressful or threatening circumstances that are not associated with loss. Such a comparison may help to refine the emotional compensation hypothesis and delineate the types of events most likely to trigger a compensatory religious response.

Another strength of this study was the use of a prospective design, with control comparisons, to address the question of whether the loss triggers a change in religiosity. Our results suggest that the loss does affect religious beliefs, so this suggests the need for caution in interpreting cross-sectional and/or retrospective studies. It is perhaps an irony that many people believe there to be “no atheists in fox holes,” but most studies of religious coping presume religion to reflect a stable dispositional trait. Our results offer mixed support for this assumption. On one hand, we were able to demonstrate changes in religiosity as a function of bereavement. On the other hand, we demonstrated that such changes return to



baseline over time. Thus, it may be safe to assume that religion is relatively stable over the life course; however, studies of religious coping should consider shorter-term changes that result from stress or other life events related to bereavement.

This study is unique in that it is one of the first to consider the type of event, type of religiosity, type of person, and type of outcome in examining religious coping among older adults. Thus, it addresses Pargament's (2002) recent question, "How helpful or harmful are particular forms of religious expression for particular people dealing with particular situations in particular social contexts, according to particular criteria of helpfulness or harmfulness?" (p. 168) We offer one slice of an answer, pointing to the benefits of religion at the time of spousal bereavement. By viewing religious coping through the lens of attachment theory, and by considering religion both as an independent and dependent variable, this study was able to demonstrate the process of religious coping and raise questions about the very function of religion (e.g., What are the specific events that trigger a need for emotional compensation?). In other words, our study underscores the value of applying psychological theory to understand religious phenomena. In dangerous times with uncertain outcomes, and religious beliefs at the core, the more we understand, the better.

#### NOTES

1. Control participants, all of whom provided baseline data, were matched at each wave to the sample of widows but were not followed subsequently over time.

2. All mental health measures were standardized so that higher values indicate higher levels of the measured construct.

3. The increase in church attendance was nonnormally distributed as well. More than 92% of the participants increased 1 point or less, so a dichotomous variable was used to characterize the increase.

4. Because the increase in church attendance for widows was greatest at Wave 2, another dichotomous variable characterized widows who increased in church attendance from baseline to Wave 2 ( $n = 28$ ) from those who did not ( $n = 74$ ). Further multivariate analyses conducted on this new variable indicated that there was still no effect of increased church attendance on grief at any wave, including Wave 3, all  $F$ s  $< 1$ .

5. This interaction remained significant ( $\beta = -.54$ ,  $SE = .13$ ,  $p < .05$ ) even after controlling for baseline measures of anxiety, suggesting that the effects of the interaction on grief cannot be attributed to the association of generalized anxiety with insecurity or grief.

6. To conduct this analysis, we used a median-split procedure to divide our baseline sample into high and low levels of insecurity.

7. Other analyses indicated that there was no tendency for the effect of increased religious beliefs on grief to differ as a function of baseline religion levels.

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Received May 7, 2003

Revision accepted December 10, 2003