The Clergy and Religious Faith as Factors in Recovery from Bereavement

Maryann Biggers
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/dissertations
Part of the Counseling Commons, and the Student Counseling and Personnel Services Commons

Recommended Citation
https://scholarworks.wmich.edu/dissertations/2726

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.
THE CLERGY AND RELIGIOUS FAITH
AS FACTORS IN RECOVERY
FROM BEREAVEMENT

by

Maryann Biggers

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Doctor of Education

Western Michigan University
Kalamazoo, Michigan
August 1977
ACKNOWLEDGMENTS

I am very grateful to the many people who have offered help and encouragement to me during my course of study at Western Michigan University. In particular, I want to thank Dr. William D. Martinson, formerly Head of the Department of Counseling and Personnel, who provided both friendship and much valued guidance in the pursuit of my professional objectives. My thanks go, also, to Mr. George B. Seafort, Western Michigan University Counseling Center, a steadfast friend, who has helped me to integrate personal values and professional goals.

I am much in the debt of the members of my doctoral committee for the time, assistance, and encouragement which they have so generously offered me during the execution of this research project. They are Dr. Thelma Urbick, chairman, Dr. Robert L. Betz, and Dr. Otto Grundler. I am thankful to them all for their interest in my undertaking and in me as a person. I offer a special thanks to Dr. Urbick who, in addition to the many services rendered me, has become a treasured friend, providing a never-failing moral support.

Maryann Biggers
INFORMATION TO USERS

This material was produced from a microfilm copy of the original document. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the original submitted.

The following explanation of techniques is provided to help you understand markings or patterns which may appear on this reproduction.

1. The sign or “target” for pages apparently lacking from the document photographed is “Missing Page(s)”. If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting thru an image and duplicating adjacent pages to insure you complete continuity.

2. When an image on the film is obliterated with a large round black mark, it is an indication that the photographer suspected that the copy may have moved during exposure and thus cause a blurred image. You will find a good image of the page in the adjacent frame.

3. When a map, drawing or chart, etc., was part of the material being photographed the photographer followed a definite method in “sectioning” the material. It is customary to begin photoing at the upper left hand corner of a large sheet and to continue photoing from left to right in equal sections with a small overlap. If necessary, sectioning is continued again — beginning below the first row and continuing on until complete.

4. The majority of users indicate that the textual content is of greatest value, however, a somewhat higher quality reproduction could be made from “photographs” if essential to the understanding of the dissertation. Silver prints of “photographs” may be ordered at additional charge by writing the Order Department, giving the catalog number, title, author and specific pages you wish reproduced.

5. PLEASE NOTE: Some pages may have indistinct print. Filmed as received.

University Microfilms International
300 North Zeib Road
Ann Arbor, Michigan 48106 USA
St. John's Road, Tyler's Green
High Wycombe, Bucks, England HP10 8HR

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
BIGGERS, Maryann, 1935-
THE CLERGY AND RELIGIOUS FAITH AS FACTORS
IN RECOVERY FROM BEREAVEMENT.

Western Michigan University, Ed.D., 1977
Education, guidance and counseling

University Microfilms International, Ann Arbor, Michigan 48106
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>ii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>iv</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>I INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Review of Literature</td>
<td>3</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>11</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>12</td>
</tr>
<tr>
<td>II METHOD</td>
<td>13</td>
</tr>
<tr>
<td>Selection of Population</td>
<td>13</td>
</tr>
<tr>
<td>Interviewing Process</td>
<td>16</td>
</tr>
<tr>
<td>Analysis of Data</td>
<td>18</td>
</tr>
<tr>
<td>III RESULTS</td>
<td>20</td>
</tr>
<tr>
<td>The Typical Subject</td>
<td>20</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>22</td>
</tr>
<tr>
<td>Other Findings</td>
<td>31</td>
</tr>
<tr>
<td>IV DISCUSSION</td>
<td>41</td>
</tr>
<tr>
<td>Recommendations</td>
<td>47</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>50</td>
</tr>
<tr>
<td>APPENDIX A--QUESTIONNAIRE</td>
<td>53</td>
</tr>
<tr>
<td>APPENDIX B--RAW DATA</td>
<td>56</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
# List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Comparison of Recovery Subgroups in Relationship to Helpfulness of Clergy</td>
<td>22</td>
</tr>
<tr>
<td>2</td>
<td>Comparison of Recovery Subgroups in Relationship to Helpfulness of Religious Faith</td>
<td>24</td>
</tr>
<tr>
<td>3</td>
<td>Comparison of Recovery Subgroups in Relationship to Closeness to Pastor</td>
<td>25</td>
</tr>
<tr>
<td>4</td>
<td>Comparison of Recovery Subgroups in Relationship to Strength of Religious Faith</td>
<td>27</td>
</tr>
<tr>
<td>5</td>
<td>Comparison of Intimacy Subgroups in Relationship to Helpfulness of the Clergy</td>
<td>28</td>
</tr>
<tr>
<td>6</td>
<td>Comparison of Helpfulness of Faith Subgroups in Relationship to Strength of Faith</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td>Comparison of Numbers of Close Family and Friends Before Bereavement and at the Time of the Interview</td>
<td>32</td>
</tr>
<tr>
<td>8</td>
<td>Comparison of Perceived Intimacy Variables Before Bereavement and at the Time of the Interview</td>
<td>34</td>
</tr>
<tr>
<td>9</td>
<td>Comparison of Perceived Helpfulness During Bereavement</td>
<td>36</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Death, an unavoidable fact of life, has been recognized by most cultures as an important life event. In many cultures, death is accompanied by elaborate rituals which focus attention on the event, ascribe significance to it and provide the means of adjusting to the new life situation. Often, a religious significance is attached to the circumstances surrounding death and dying.

Americans in the last quarter of the twentieth century find themselves in an awkward middleground. While no longer generally observing the traditional means provided in the Judeo-Christian culture for dealing with the problems of death and dying, they also demonstrate a reluctance to deal with the realities of death and dying by any nontraditional means.

Representative of the confusion among professionals in the fields of counseling and psychology as to the appropriate means to deal with dying and bereaved persons is the continued practice of referral of such persons to the clergy. Death alone, of all of life's circumstances, has been avoided as an area of responsibility for professionals in counseling and psychology. Referral to the clergy might be seen as a vestige of the practices used in the management
of the dying and the bereaved which still remains from the time when Americans subscribed more generally to the values of the Judeo-Christian heritage.

While there are those who flatly reject the utility of referral to the clergy, the fact remains that for the dying person and for the bereaved individual, in particular, the traditional custom of referral to the clergy is maintained. Counseling of the dying and the bereaved has been and continues to be considered the province of the church. Until recently, professionals in the fields of counseling and psychology have seemed unwilling or unable to deal professionally and/or personally with the problems of the terminal patient, the person facing a loss by death, and the bereaved person. Somehow, religion and the clergy were believed to be able to provide solutions that were especially suited to the special problems of death and dying.

Currently, counselors and psychologists are demonstrating a considerable interest in the subjects of death, dying, and bereavement in an effort to gain an understanding of the problems these events engender in order to provide the psychological, spiritual, and social services needed by those whom they seek to serve.
Statement of the Problem

Since there is only the support of tradition for the continued practice of referral to the clergy, there is need to examine the bereaved person's interaction with the clergy to determine to what degree it is perceived by the grief sufferer as being therapeutic. Inasmuch as the clergy is representative of religious faith, it is logical to ask to what degree the bereaved person perceives religious faith to be of therapeutic value as distinct from interaction with the clergy. The purpose of this study therefore is: (a) to examine the bereaved person's perceived therapeutic aid from the clergy; (b) to examine the bereaved person's perceived therapeutic aid from religious faith.

Review of Literature

It is difficult to identify the factors which might account for the bereaved perceiving a therapeutic effect from interaction with the clergy or from religious faith. Some seek to understand this perception in terms of the personality traits of the individuals involved in the interaction. Another possibility is that the perceived nature of the relationship, itself, between the bereaved and God and/or the clergy is that which is therapeutic. This study has investigated widows' perceptions of the emotional intimacy of their
relationship with the clergy and with God, as evidenced by their perceptions of the strength of their religious faith. These perceptions were examined in relationship to the widows' assessment of their recovery from bereavement.

Writers in the field of death and dying often make comment on the paucity of study in the field. While it appears an almost mandatory preface to any discussion of the literature, this view can scarcely be held at present. Fulton (1970) asserts that more writings on the subject of death and dying were published during the years 1960-1965 than in the preceding 100 years. However, these writings are generally more theoretical supposition than reports of empirical findings. At present, the complaint might be of the lack of depth in any given area of study. The subject is being broadly investigated, but one continues to be disappointed in the amount of material to be found on any particular subtopic.

Professionals in counseling and psychology have been aided in recent years by the work of Kubler-Ross (1969) who has reported her findings in working with the terminal patient. She has outlined a series of stages through which the patient is normally expected to progress in order to arrive at a point where the patient can emotionally accommodate the terminal state. These stages include: denial and isolation, anger, bargaining, depression, and finally, acceptance.
Kutscher (1973) suggests that the bereaved-to-be passes through a process of mourning that begins before the actual loss by death occurs. He calls this type of mourning "anticipatory grief." He contends that the process, while not identical, resembles that reported by Kubler-Ross in the dying patient.

Many investigators have sought to delineate the varying phases which may be observed in the normal recovery process of bereaved persons. The work of researchers such as Fulcomer (1942), Lindemann (1944), and Parkes (1972) outlined the steps through which the grief sufferer can expect to progress in the normal process of grieving before being able to return to a level of functioning which could be considered "normal" for that individual.

Lindemann (1944) observed the grief reactions of the survivors of a Boston nightclub fire. His now well-known report of findings contends that grief can be identified by physical and psychological symptoms including somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions, and loss of patterns of conduct. He was the first to use the expression "grief work" to describe the readjustment process necessary for the bereaved person to return to normal prebereavement functioning.

Fulcomer (1942) provided a description and classification of grief reactions. Case studies of 72 subjects included materials such as direct observations of the subjects, interviews with the
subjects and with others in their environments, and excerpts from journals kept by the subjects at the request of the researcher.

From study of this material, Fulcomer outlined four basic stages of adjustment to bereavement. The stages were: the immediate stage, the post-immediate stage, the transitional stage, and the repatterning of behavior stage. Within each stage several distinct emotional and behavioral states were observed.

Parkes (1964) reported a predictable pattern of mourning. He listed seven conditions which can be expected to be observed in the normal readjustment process of the bereaved person. These conditions are: shock or numbness at hearing of the death, awareness of the grief accompanied by varied physical symptoms, anger and resentment, dependency, poor sleeping and eating habits, return of appetite and normal behavior, and lessening of pain with pleasurable memories instead of painful ones.

Recovery from bereavement, then, has been identified as a process with both physical and psychological aspects. During this process called "grief work" the bereaved person may pass through several stages of grief before returning to a manner of functioning which could be described as "back to normal" for that individual. If grief work is to be accomplished, the mourner must find ways to overcome or manage the symptoms which are engendered by the loss in order to adapt to the new environment.
Descriptions of the grief process have given rise to theorizing among social scientists as to the emotional dynamics of the grief reaction. While grief, a universal experience, can be reduced to a number of commonalities, one cannot overlook individual differences. Some individuals are able to sustain the integrity of personal functioning during the crisis of bereavement while others are not. Grief affects each mourner in a different way and this demands differing adjustments and, hence, differing facilitation.

Of practical value to professionals who serve the bereaved is an understanding of the factors which contribute to the recovery process in the normal grief reaction. However, it would seem from the literature that more effort has been expended by the social scientist in looking at an individual's past in order to explain and to understand the etiology of an individual suffering a breakdown of normal functioning than to what, in fact, aids in the recovery process of the normal bereavement experience.

Many psychologists have postulated needs within the individu-ual that, being met, bring about a life of happiness, self-fulfillment, and successful coping with life's situations. Many among them, such as Ferraira (1964), Glasser (1965), and Maslow (1967), believe that intimacy, that is, emotional closeness, is one of these vital requirements. Intimacy can be understood to mean
involvement or interaction with someone within the environment who is significant to the bereaved person. This may include a perceived intimacy with God, provided by religious faith, as well as physical and/or emotional closeness with another human being. Rogers (1961) contends that not only within the counseling setting but in all human relationships, the intimacy of empathic relationships fosters positive personal experiences. He maintains that a person living in an empathic relationship is frustrated less by stress and recovers more quickly. This can, of course, refer to the grief experience.

For widows, lack of intimacy, expressed in some studies as loneliness, seems to be the greatest problem during the readjustment process of grief work. Barrett (1974), Townsend (1957), and Pomeroy (1975), among others, report this difficulty as the one most frequently mentioned by widows in their studies.

In a study of Chicago widows, Lopata (1969) defined several types of loneliness including missing interaction with the deceased, longing for an in-depth relationship with another person, and lacking another to share work.

Pomeroy (1975) reported that 83.3 percent of the widows she studied stated that loneliness was their major problem. It was their belief that better close relationships would be the most helpful in the management of their grief. The data substantiated the
hypothesis that subjects reporting at least one long-time intimate in the environment are able to cope satisfactorily with their loss.

Similar findings were reported by Lowenthal and Haven (1968) in a study conducted in San Francisco. They determined that the level of social interaction, that is, intimacy, was positively related to a return to normal functioning which they termed "high morale." The data confirmed their hypothesis that maintaining an intimate relationship in the environment can compensate for the loss of social roles and interaction due to the death of a spouse.

For Lindemann (1944), the therapeutic role was one of sharing the client's grief work in finding ways to establish new patterns of interaction. The therapist became, by means of empathy, an intimate sharer in the client's struggle to regain the prebereavement level of normalcy. Lindemann felt that while religion offered comfort to the client, it did not provide adequate assistance, that is, therapeutic intimacy, for the client.

Paul (1967) and Klein (1957) also emphasized the therapeutic roles of empathy in dealing with the grieving client. They pointed out that the reciprocal nature of empathy is similar to love. When the mourner is loved, that is, is regarded empathically, there is someone to share the grief with the result that the mourner's emotional resources are sustained.

Pomeroy (1975) reported that only 20 percent of the widows in
her study found religion or the clergy to be of any value in learning to cope with their losses. This might be understood in terms of the research of Vollman et al. (1971) who observed a positive relationship between a family's acceptance and benefit from outside intervention and its acceptance of societal norms and values. It would seem likely that for those who are not subscribers to the values of religion, the clergy and faith in God could not be expected to be of help. In the Pomeroy study, the group seen by widows to be of greatest help in accomplishing grief work was intimate family members.

Fulcomer (1942) pointed out the collective nature of the mourning process. He suggested that the members of the primary mourning group, that is, the intimates in the environment, have a great influence on the behavior of the bereaved person. Primary mourning groups mean close family members but can also be understood to refer to persons other than family members who are bound to the bereaved by ties of emotion rather than of those of kinship.

Caplan (1964) recognized the importance of the use of supportive measures for the bereaved by those whom he referred to as "care-givers" within the bereaved person's social environment. He urged both formal and informal involvement by care-givers in providing an environment in which the grief work would safely be accomplished.
Eliot (1942) pointed out that religious faith can affect the recovery of bereaved persons. He stated that beliefs in immortality which give rise to the hope of being reunited at a later time with the deceased will help the bereaved to overcome by faith the separation by death.

The literature seems to suggest that intimacy within a person's environment is of importance to the continuing adjustment process demanded by all of life's situations and within the bereavement experience, intimacy can be considered to be therapeutic. However, it is not clear whether or not faith in God and/or interaction with the clergy fulfill the intimacy requirements to provide a therapeutic climate in which the bereaved person is able to perform the grief work necessary to recovery.

Definition of Terms

The following definitions are of terms used in the study:

Grief work. This term was first used by Lindemann (1944) to refer to the process having both physical and psychological aspects through which the bereaved person can normally be expected to pass before attaining recovery from bereavement.

Intimacy. This word refers to emotional closeness, involvement or interaction with someone within the environment who is significant to the individual.
**Recovery from bereavement.** This term refers to the return of functioning which can be considered normal for the individual.

Hypotheses

The review of literature led to the formulation of the following hypotheses:

**Hypothesis I.** Widows who perceive themselves as recovered from bereavement will be those who perceive interaction with the clergy to be therapeutic.

**Hypothesis II.** Widows who perceive themselves as recovered from bereavement will be those who perceive their religious faith to be therapeutic.

**Hypothesis III.** Widows who perceive themselves as recovered from bereavement will be those who perceive themselves to have an emotional intimacy with a member of the clergy.

**Hypothesis IV.** Widows who perceive themselves as recovered from bereavement will be those who claim a strong religious faith.

**Hypothesis V.** Widows who perceive themselves to have an emotional intimacy with a member of the clergy will be those who perceive interaction with the clergy to be therapeutic.

**Hypothesis VI.** Widows who perceive their religious faith to be therapeutic will be those who claim a strong religious faith.
CHAPTER II

METHOD

Presented in this chapter are the rationale for and the procedure used in the selection of the population, a description of the interviewing process, and the method used in the manipulation and analysis of the collected data.

Selection of Population

The population for this study consisted of widows who had been bereaved for a period of time that was more than three months and less than nine months. This time period was selected because the investigator was interested in exploring what Fulcomer (1942) termed the transitional stage of bereavement which normally can be expected to occur from three to nine months following the death of the spouse. The period of acute crisis immediately following death, termed the immediate stage (Fulcomer, 1942) was not the subject of inquiry. The nature of the study demanded a population of bereaved persons who had experienced interaction with the clergy during their bereavement and who claimed a religious faith. A church-related population was selected as meeting the demands of the study.
In order to gain access to the selected population, the investigator obtained the sponsorship of the Department of Parish Development of the Presbytery of Lake Michigan, The United Presbyterian Church, U. S. A. The chairman of the department drafted a letter to pastors, under the direction of the members of the department, which urged pastors to cooperate with the researcher in the project. A letter from the researcher accompanied the cover letter outlining the ways in which the pastors were expected to help. The letters were sent to the pastors of the 53 churches in the Presbytery of Lake Michigan, the administrative district of the church encompassing most of lower Michigan, excluding the Detroit area.

The pastors of 15 churches were able to supply names of widows who met the time-frame requirements of the research. The resultant widow population numbered 34. One pastor contacted by telephone as a follow-up to the request by letter declined to participate in the study for unspecified personal reasons.

Before submission of the widows' names to the researcher, the pastors personally contacted each widow to explain the nature of the research and to secure participation. In addition, the pastors agreed, as a precautionary measure, to be available to serve as local counseling back-up in the event of any emotional distress engendered by the telephone interview conducted by the
investigator. The researcher provided a form which the pastors signed and returned indicating availability during the interviewing period. The forms remained on file with the researcher and were kept readily at hand during the interviewing period. However, it was not necessary to make use of the back-up provision.

In addition to securing written assurance of availability of the pastors, written consent was obtained from each widow to assure accordance with the ethical standards of the American Psychological Association as outlined in the *APA Ethical Principles in the Conduct of Research with Human Participants*, 1973.

Admittedly, the subjects represented a biased population inasmuch as they were drawn from one religious faith, a circumscribed geographical area, and are limited in number. This was due to the willingness of the Presbytery of Lake Michigan to participate in the study and the location of the investigator. It is understood that the responses elicited cannot be assumed to be generalizable or applicable to the universe of populations of bereaved persons. In view of these limitations, hopefully the study will encourage the generation of further study and the replication among other religious faiths and other geographical areas.
Interviewing Process

Widows were asked to respond in a telephone interview to a 24 item questionnaire (Appendix A) prepared by the investigator. The telephone interview was selected as an acceptable middle-ground between a face-to-face interview which would have been considered more desirable had time and distance factors permitted and an impersonal return-by-mail questionnaire which was thought to be a less sensitive approach to the subjects.

Since the widows had given their consent to be contacted, the researcher encountered almost no hesitancy on the part of widows to talk about their bereaved state. Personal disclosure by the investigator that she, herself, was a widow seemed to establish rapport. Mention of the support of the Presbytery of Lake Michigan and Western Michigan University also appeared to ease entree.

The investigator explained the types of questions that would be asked in the interview and asked for confirmation of consent before starting the questioning. The four-point response scale was explained. It was pointed out that the words used to define the points on the response scale were offered as assistance in helping the widows to locate themselves on the scale.

The widows were assured that there were no right or wrong
answers, nor any expected or more acceptable responses. The investigator reminded the widows that they could omit any question with which they felt uncomfortable and that the interview could be terminated at any point.

For interviewing purposes, the questionnaire was divided into sections such as demographic data, questions pertaining to the widow's relationship to her deceased husband, her relationship to her pastor, the nature of her religious faith and her relationship to family members and friends. At the start of each section, the subject matter was defined and consent was obtained to continue.

The questionnaire solicited demographic data such as the age of the widow, the number of months since the husband's death, the number of years married, and the nature of the husband's death. The majority of questions, however, dealt with the widow's judgments as to the strength of her religious faith and the nature of the relationships within her environment. She was asked to review her interaction with her pastor and family and friends before and after her husband's death and to assess the therapeutic value of both her religious faith and her relationships during her bereavement experience.
Analysis of Data

Responses to the questions were recorded directly on mark-sense sheets by the investigator at the time of the interview. The magnetic tape which resulted from the reading of the mark-sense sheets was supplied to the Western Michigan University computer which, in turn, accomplished the necessary manipulations of the data.

A profile of the typical respondent was obtained by determining the modal response for each item on the questionnaire. Construction of contingency tables for each of the hypotheses and various other pairings of variables provided description of subgroups, comparison between the responses of subgroups, and interpretation of the findings. The data for the hypotheses were submitted to the Chi-square test of significance and probabilities were computed to ascertain, at the .05 level of significance, if the findings might be assumed to have occurred by chance.

Responses dealing with the perceived recovery from bereavement and the helpfulness of religious faith comprised the independent variables. Widows were asked to place themselves at some position on a four-point scale in response to the question, "To what degree do you consider yourself 'back to normal' emotionally?" Possible response choices were "not at all," "somewhat,"
"nearly," and "completely." The question requiring assessment of the helpfulness of religious faith was worded as follows: "How helpful do you feel your religious faith has been to you during your bereavement?" Response choices for this question were: "not at all helpful," "somewhat helpful," "very helpful," and "extremely helpful." In pairings with the variable pertaining to the helpfulness of the clergy, the responses to the question of emotional intimacy with the clergy were analyzed in the function of independent variables.

Dependent variables included assessments by the widows of their emotional intimacy with their pastors and the strength of their religious faith. They responded to the question, "How close did you feel to your pastor before your husband died?" in one of four ways: "not at all close," "somewhat close," "very close," or "extremely close." Response choices for the question, "How strong was your religious faith before your husband's death?" were: "not at all strong," "somewhat strong," "very strong," and "extremely strong." In pairings with the variable dealing with the recovery from bereavement, the responses pertaining to helpfulness of the clergy and of religious faith were analyzed in the function of dependent variables.
CHAPTER III

RESULTS

The Typical Subject

The population for the study, a group of church-related widows, was selected as appropriate to the nature of the questions being investigated in the study. The profile of the typical respondent which follows reflects the modal responses of the group to the questionnaire items. It is offered to serve as a background against which to consider the subgroup descriptions.

The typical respondent in the study was a woman over 65 years of age who had been married more than 40 years. At the time of the interview, she had been widowed for more than six and less than nine months. Her husband's death had been the result of a long-term illness, but she, even so, had not considered herself to have been at all emotionally prepared for her loss. She reported having felt very close emotionally to her husband and deemed his death the worst possible stress she had ever experienced. She had not felt any anger towards her husband during her bereavement. At the time of the interview, she felt that she was nearly back to normal.
The typical widow viewed her pastor as a very helpful person before her bereavement and continued to feel the same way at the time of the interview. She indicated that she had complete confidence in her pastor's being able to help her in the future. She reported having felt an emotional closeness to her pastor before her husband's death. This closeness remained at the same level at the time of the interview. She had known her pastor for a period of between 11 and 20 years and continued to be in contact with him.

The typical widow in the study judged her religious faith to have been very strong before her husband's death and this had not changed. Her religious faith had been extremely helpful during her bereavement. She reported some participation in the activities of her religious faith. This included attendance at church functions and other activities of a spiritual nature such as meditation, Bible reading, and prayer. Her religious faith had been a significant part of her life for more than 20 years.

Before her husband's death, the typical widow felt an emotional closeness to very few friends and family members. At the time of the interview, she reported that the number of people to whom she felt close had increased. She believed these intimates to have been very helpful to her during her bereavement.
Hypotheses

Because of the small number of respondents (six) in the category labeled "completely recovered" and because none of the respondents placed themselves in the category labeled "not at all recovered," comparisons were restricted to those between the categories labeled "somewhat recovered" and "nearly recovered" in reporting results for the first four hypotheses.

Hypothesis I

Widows who perceive themselves as recovered from bereavement will be those who perceive interaction with the clergy to be therapeutic.

Table 1

Comparison of Recovery Subgroups in Relationship to Helpfulness of Clergy

<table>
<thead>
<tr>
<th>Helpfulness/Clergy</th>
<th>Degree Recovered</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Somewhat</td>
<td>Nearly</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Very helpful</td>
<td>46%</td>
<td>67%</td>
</tr>
<tr>
<td>Extremely helpful</td>
<td>39%</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(13)</td>
<td>(15)</td>
</tr>
</tbody>
</table>
As indicated in Table 1, the largest percentage of respondents in each of the categories of perceived recovery from bereavement found their pastors to be very helpful in their recovery from bereavement. This reflects the findings in the total population.

There was a greater percentage of widows in the nearly recovered category (67%) who reported the clergy to be very helpful than there was in the somewhat recovered category (46%) or in the total population (59%).

The test of significance (Chi-square = 4.95, probability = .29) indicates that, at the .05 level of significance, the relationships observed must be considered to have occurred by chance. Conclusion: The hypothesis is not sustained.

**Hypothesis II**

Widows who perceive themselves as recovered from bereavement will be those who perceive their religious faith to be therapeutic.

Table 2 points out that 53 percent of those widows who considered themselves to be nearly recovered from bereavement had found their religious faith to be extremely helpful as compared to 46 percent of those who saw themselves as only somewhat recovered from bereavement. Within the total population, the greatest percentage (44%) considered their religious faith to have been
extremely helpful.

Table 2
Comparison of Recovery Subgroups in Relationship to Helpfulness of Religious Faith

<table>
<thead>
<tr>
<th>Helpfulness/Faith</th>
<th>Degree Recovered</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Somewhat</td>
<td>Nearly</td>
</tr>
<tr>
<td>Not at all helpful</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>23%</td>
<td>7%</td>
</tr>
<tr>
<td>Very helpful</td>
<td>31%</td>
<td>33%</td>
</tr>
<tr>
<td>Extremely helpful</td>
<td>46%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(13)</td>
<td>(15)</td>
</tr>
</tbody>
</table>

The test of significance (Chi-square = 8.199, probability = .22) indicates that, at the .05 level of significance, the relationships observed must be considered to have occurred by chance. Conclusion: The hypothesis is not sustained.

Hypothesis III

Widows who perceive themselves as recovered from bereavement will be those who perceive themselves to have an emotional intimacy with a member of the clergy.
Table 3

Comparison of Recovery Subgroups in Relationship to Closeness to Pastor

<table>
<thead>
<tr>
<th>Closeness / Pastor</th>
<th>Degree Recovered</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Somewhat</td>
<td>Nearly</td>
</tr>
<tr>
<td></td>
<td>Before</td>
<td>Now</td>
</tr>
<tr>
<td>Not at all close</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Somewhat close</td>
<td>31%</td>
<td>15%</td>
</tr>
<tr>
<td>Very close</td>
<td>46%</td>
<td>77%</td>
</tr>
<tr>
<td>Extremely close</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(13)</td>
<td>(13)</td>
</tr>
</tbody>
</table>

The data in Table 3 indicate that the greatest percentage of widows who saw themselves as somewhat or as nearly recovered from bereavement reported feeling very close to their pastors before bereavement. A slightly larger percentage (46%) of the widows who were somewhat recovered than of the widows who were nearly recovered (40%) considered themselves to be very close to their pastors. At the time of the interview, the greatest percentage in both categories remained at the very close level. However, 77 percent of those who saw themselves as only somewhat recovered...
felt, at the time of the interview, very close to their pastors as compared with 40 percent who considered themselves to be nearly recovered. At the extremely close level, those who were somewhat recovered showed no change from "before" to "now" percentages, while those nearly recovered gained 20 percent at this level.

The tests of significance (closeness to pastor before bereavement: Chi-square = 2.82, probability = .83; closeness to pastor at the time of the interview: Chi-square = 9.20, probability = .16) indicate that, at the .05 level of significance, the relationships observed must be considered to have occurred by chance. Conclusion: The hypothesis is not sustained.

Hypothesis IV

Widows who perceive themselves as recovered from bereavement will be those who claim a strong religious faith.

As shown in Table 4, 46 percent of widows reporting themselves as somewhat recovered from bereavement claimed a very strong religious faith before bereavement as compared to a somewhat larger percentage (53%) among widows who saw themselves as nearly recovered. In the total population, 53 percent of the respondents claimed a very strong faith before bereavement. At the time of the interview, 69 percent of the widows who saw themselves as somewhat recovered claimed a very strong religious
faith, while only 34 percent of the widows who considered themselves nearly recovered felt this way. However, the greatest percentage (40%) of the widows who reported themselves as nearly recovered claimed an extremely strong faith as compared to only 15 percent among the widows who claimed to be only somewhat recovered.

Table 4

Comparison of Recovery Subgroups in Relationship to Strength of Religious Faith

<table>
<thead>
<tr>
<th>Faith</th>
<th>Degree Recovered</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Somewhat Before</td>
<td>Nearly Before</td>
</tr>
<tr>
<td></td>
<td>8% 8%</td>
<td>20% 13%</td>
</tr>
<tr>
<td>Not at all strong</td>
<td>20% 27%</td>
<td>53% 34%</td>
</tr>
<tr>
<td>Somewhat strong</td>
<td>38% 69%</td>
<td>100% 100%</td>
</tr>
<tr>
<td>Very strong</td>
<td>46% 69%</td>
<td>100% 100%</td>
</tr>
<tr>
<td>Extremely strong</td>
<td>8% 15%</td>
<td>0% 40%</td>
</tr>
<tr>
<td></td>
<td>(13) (13)</td>
<td>(15) (15)</td>
</tr>
</tbody>
</table>

The tests of significance (strength of faith before bereavement: Chi-square = 2.31, probability = .85; strength of faith at the time of the interview: Chi-square = 6.42, probability = .38)

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
indicate that, at the .05 level of significance, the relationships observed must be considered to have occurred by chance. Conclusion: The hypothesis is not sustained.

Hypothesis V

Widows who perceive themselves to have an emotional intimacy with a member of the clergy will be those who perceive interaction with the clergy to be therapeutic.

Table 5

Comparison of Intimacy Subgroups in Relationship to Helpfulness of the Clergy

<table>
<thead>
<tr>
<th>Helpfulness / Pastor</th>
<th>Closeness / Pastor</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not</td>
<td>Somewhat</td>
<td>Very</td>
<td>Extremely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>0%</td>
<td>27%</td>
<td>14%</td>
<td>0%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Very helpful</td>
<td>100%</td>
<td>46%</td>
<td>43%</td>
<td>100%</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Extremely helpful</td>
<td>0%</td>
<td>27%</td>
<td>43%</td>
<td>0%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td>(11)</td>
<td>(14)</td>
<td>(2)</td>
<td>(34)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As indicated in Table 5, 59 percent of the total population felt their pastors had been very helpful to them during their bereavements. In each category of closeness to the pastor, the greatest
percentage of respondents reflected the findings in the total population. At both ends of the closeness scale, "not" and "extremely," widows found their pastors to be very helpful. Seven widows had not felt at all close to their pastors, but all reported them to be very helpful during their bereavements. Similarly, two respondents stated that they felt extremely close to their pastors before their husbands' deaths and both reported that their pastors were very helpful to them. Nearly the same percentage of those who were somewhat close (46%) and those who were very close (43%) to their pastors found them to be very helpful during their recovery. At the "extremely helpful" level, 43 percent of those who felt very close to their pastors found them extremely helpful as compared with 27 percent of those who were only somewhat close.

The test of significance (Chi-square = 3.82, probability = .70) indicates that, at the .05 level of significance, the relationships observed must be considered to have occurred by chance. Conclusion: The hypothesis is not sustained.

Hypothesis VI

Widows who perceive their religious faith to be therapeutic will be those who claim a strong religious faith.

The data in Table 6 indicate that of the widows who found their religious faith to be very helpful during their bereavements, 50
percent claimed a very strong faith before their husbands' deaths. Seventy-three percent of the widows who found their faith to be extremely helpful to them indicated a very strong faith before their bereavements. In the total population, 53 percent of the respondents indicated a very strong faith before bereavement. Among those who reported their faith to be only somewhat helpful, the responses were evenly divided between having a faith that was not at all strong and having a faith that was only somewhat strong.

Table 6

Comparison of Helpfulness of Faith Subgroups in Relationship to Strength of Faith

<table>
<thead>
<tr>
<th>Faith/Strength</th>
<th>Faith/Helpfulness</th>
<th>Total Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Not at all strong</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Somewhat strong</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Very strong</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Extremely strong</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The test of significance (Chi-square = 7.04, probability = .01) indicates that, at the .05 level of significance, the relationships

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
observed cannot be considered to have occurred by chance. Conclusion: The hypothesis is sustained.

Other Findings

Although not included in the hypotheses, additional information gained from responses to questions asked in the interviewing process may be of interest to anyone considering a replication of this study. The investigator simply offers the findings but supplies no conclusions.

Intimacy with family and friends--recovery

Of those widows who reported that, before bereavement, they felt close to a great many people including family members and friends, other than their pastors, 67 percent felt themselves to be nearly recovered from bereavement as compared to only 44 percent of those who reported closeness to very few family members and friends. At the time of the interview, 86 percent of the widows who reported a great many close family members and friends felt nearly recovered as compared to 22 percent of those who reported only a few close family members and friends.
Intimacy with family and friends--before bereavement and at the time of the interview

Table 7
Comparison of Numbers of Close Family and Friends Before Bereavement and at the Time of the Interview

<table>
<thead>
<tr>
<th>Number/Close Family, Friends</th>
<th>Total Population</th>
<th>Degree Recovered</th>
<th>Before</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Some</td>
<td>Nearly</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Very few</td>
<td></td>
<td>31%</td>
<td>47%</td>
<td>23%</td>
</tr>
<tr>
<td>Some</td>
<td></td>
<td>46%</td>
<td>13%</td>
<td>54%</td>
</tr>
<tr>
<td>A great many</td>
<td></td>
<td>23%</td>
<td>40%</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(13)</td>
<td>(15)</td>
<td>(13)</td>
</tr>
</tbody>
</table>

Table 7 compares the numbers of family members and friends, other than pastors, to whom widows felt close before their bereavements and at the time of the interview. The table shows that in the total population the percentages of those who claimed to have had no close family members and friends before their bereavements remained the same at the time of the interview. The same
was true of those who felt close to a great many people. There were considerable shifts, however, in the percentages of those who reported only a very few close family members and friends and those who reported some close family members and friends before their bereavements and at the time of the interview. Before bereavement, 47 percent of the population stated that they had only a few close family members and friends while, at the time of the interview, only 27 percent considered this to be the case. Twenty-four percent of the widows claimed "some" close family members and friends before losing their husbands, but the percentage increased to 41 percent at the time of the interview. When the responses were examined in regard to recovery categories, the "nearly recovered" shows a greater increase in the number of close family members and friends during bereavement. There was an increase of 34 percentage points at the "some close family members and friends" level as compared to an increase of only eight percentage points at the "somewhat recovered" level.

Intimacy with clergy and strength of religious faith--before bereavement and at the time of the interview

Table 8 compares the degree of perceived emotional intimacy with the clergy and the strength of religious faith before bereave-
ment and at the time of the interview. The table shows that during
the bereavement experience, interaction with the clergy resulted in
an increase in intimacy at the "extremely close" level and a corre-
sponding decrease in intimacy at the "not at all close" level.
Before bereavement only six percent of the total population felt
extremely close to their pastors as compared to 15 percent at the
time of the interview. Twenty-one percent reported feeling not at
all close to their pastors before bereavement compared with only
three percent at the time of the interview. At the "very close"
level of intimacy, the percentage of respondents increased from 41
percent before bereavement to 53 percent at the time of the inter-
view.

Table 8
Comparison of Perceived Intimacy Variables
Before Bereavement and at the
Time of the Interview

<table>
<thead>
<tr>
<th></th>
<th>Closeness/Clergy</th>
<th></th>
<th>Strength/Faith</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>Now</td>
<td>Before</td>
</tr>
<tr>
<td>Not at all</td>
<td>21%</td>
<td>3%</td>
<td>15%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>32%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>Very</td>
<td>41%</td>
<td>53%</td>
<td>53%</td>
</tr>
<tr>
<td>Extremely</td>
<td>6%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(34)</td>
<td>(34)</td>
<td>(34)</td>
</tr>
</tbody>
</table>
Similar changes occurred in the levels of strength of religious faith during the bereavement period. There was an increase in strength at the "extremely strong" level with a corresponding decrease in strength at the "not at all strong" level. Before their losses, only three percent of the widows judged themselves to have had an extremely strong faith while, at the time of the interview, 26 percent placed themselves at that level. Fifteen percent of the widows claimed to have had faith that was not at all strong before their bereavements, but at the time of the interview, the percentage had dropped to only nine percent. Percentages at the "very strong" level of faith remained nearly the same.

Helpfulness of clergy, religious faith, and family members and friends

Table 9 presents a comparison of the ratings of the total population in regard to the perceived helpfulness of the clergy, of their religious faith, and of family members and friends, other than their pastors. The table indicates that 74 percent of the total population rated family members and friends, other than their pastors, to be very helpful while 59 percent considered their pastors to be very helpful during their recovery from bereavement. In rating the helpfulness of their religious faith, the greatest percentage (44%) of widows claimed that their religious faith had been extremely helpful.
Table 9
Comparison of Perceived Helpfulness During Bereavement

<table>
<thead>
<tr>
<th>Helpfulness</th>
<th>Clergy</th>
<th>Faith</th>
<th>Family/Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all helpful</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>15%</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>Very helpful</td>
<td>59%</td>
<td>41%</td>
<td>74%</td>
</tr>
<tr>
<td>Extremely helpful</td>
<td>26%</td>
<td>44%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(34)</td>
<td>(34)</td>
<td>(34)</td>
</tr>
</tbody>
</table>

Helpfulness of family and friends -- recovery

In the category labeled "nearly recovered," 80 percent of the respondents indicated that family and friends had been very helpful to them in the course of their bereavements as compared to 69 percent of those who considered themselves to be in the only "somewhat recovered" category. Of the total population, 74 percent indicated that family and friends were very helpful.

Helpfulness of family and friends -- intimacy

When questioned as to the number of close family members and friends before bereavement, 47 percent of the widows claimed
to have had only a very few. Seventy-five percent of these widows saw their intimates as very helpful as compared to 56 percent of widows who claimed a great many close family members and friends. This latter group comprised 26 percent of the total population.

Confidence in pastoral help in the future

Of widows who found their pastors to be very helpful or extremely helpful to them during their bereavements, 65 and 100 percent, respectively, claimed complete confidence in their pastors to be of help to them in the future. Of widows who found their pastors to be only somewhat helpful, only one respondent (20%) felt that she could have complete confidence in her pastor's help in the future. Of the total population, 68 percent indicated complete confidence in their pastor's help in the future.

Emotional intimacy with husband—years married

Of those women married from between 21 and 40 years, the greatest percentage (50%) indicated that they had felt very close to their husbands. For those who had been married more than 40 years, the greatest percentage (44%) stated that they had felt extremely close to their husbands. In the total population, 44 percent of the women had been married for more than 40 years and the
greatest percentage (44%) felt very close to their husbands.

**Emotional intimacy with husband—stress of death**

In the total population, 56 percent of the respondents claimed their husbands' deaths to have been the worst possible stress they have experienced. In the two categories, "much stress" and "worst possible stress," the percentages (50% and 47%) are similar for widows who reported feeling very close to their husbands. There is a somewhat smaller percentage (32%) of those experiencing the worst possible stress among widows who were extremely close to their husbands as compared to widows (40%) who also felt extremely close but reported feeling much stress.

**Emotional intimacy with husband—recovery**

Of widows who reported themselves only somewhat close to their husbands, 56 percent reported themselves to be nearly recovered. This is compared to 40 percent of widows who were very close to their husbands and 42 percent of widows who were extremely close to their husbands. Fifty percent of widows in the extremely close category felt that they were only somewhat recovered from bereavement.
Recovery—time elapsed since husband's death

Eighty-five percent of the widows in the study had been bereaved for more than six months and less than nine months. Forty-eight percent of the widows in the six to nine months category felt themselves nearly recovered while only 20 percent of those in the three to five months category felt the same. None of the respondents placed themselves at the level of "not at all recovered."

Recovery—nature of husband's death

None of the widows questioned reported their husbands to have died an accidental death. Twenty-nine percent of the husbands died of unexpected natural causes. Twenty-seven percent died of short-term illness and 44 percent died of long-term illness. Short-term illness was defined as being of less than two weeks' duration. Sixty-seven percent of the widows whose husbands died of short-term illness reported themselves to be nearly recovered, while only 33 percent of widows whose husbands died of long-term illness made that claim. Of widows whose husbands died of unexpected natural causes, only 40 percent felt that they were nearly recovered. The percentage of the total population which rated themselves at nearly recovered was 44 percent.
Recovery--emotional preparedness for bereavement

In the total population, 56 percent of the widows stated that they were not at all emotionally prepared for their husbands' deaths. In the "not at all prepared" category, 42 percent claimed to be nearly recovered while 71 percent of those who reported themselves a little prepared were at the same level of recovery. In the category labeled "well prepared," 43 percent of the widows felt themselves to be only somewhat recovered while 57 percent claimed to be nearly or completely recovered. Only one subject reported that she had felt completely prepared emotionally for her husband's death and she considered herself completely recovered from her bereavement.

Recovery--stressfulness of death

Twenty-nine percent of the total population reported that their bereavement engendered much stress and 56 percent considered the experience to have been the worst possible stress. In the "worst possible stress" category, 63 percent judged themselves to be either nearly or completely recovered. In the "much stress" category, only 50 percent felt they had achieved a similar level of recovery.
CHAPTER IV

DISCUSSION

Discussion of the implications of the results of the study and recommendations for replication are contained in this chapter.

Chi-square was chosen as the appropriate test of significance. Of the six hypotheses, number six, that is, "Widows who perceive their religious faith to be therapeutic will be those who claim a strong religious faith," proved to be statistically significant. Results indicated that at the .05 level of significance, the relationship indicated between helpfulness of faith in bereavement and strength of faith could not have occurred by chance. Therefore, the hypothesis was sustained.

The other five hypotheses did not prove significant according to the statistical test and the results, therefore, are assumed to have been by chance. However, the percentages achieved through univariate and bivariate organization of data and the relationships observed can perhaps be considered of interest in that they point a direction for further research and clarification.

In examining the responses of the widows who were interviewed in the study, it was found that, in the total population, widows perceived their pastors, their religious faith, and their family members
and friends to be of help to them during their bereavements. While both pastors and family members and friends were considered to be very helpful, widows were more likely to credit family and friends. The majority of widows in this study were over 65 years of age and the family and friends most often mentioned were grown children and long-time neighbors. It may be that simple physical proximity, particularly in the case of neighbors, may have allowed children and neighbors more opportunities to be of service. Family ties may have placed a greater obligation on the children to be in physical attendance on their mothers than would be the case with the pastors.

In both the recovery categories used for analysis purposes, namely, "somewhat recovered" and "nearly recovered," the greatest percentage of respondents felt that both their pastors and their close family members and friends had been very helpful to them during their bereavement experiences. However, in the category labeled "nearly recovered," widows were more likely to consider family members and friends as very helpful than to make that judgment of their pastors. This supports the work of Pomeroy (1974) who reported that the widows in her study claimed to have received the greatest help from family members.

In regard to the perceived helpfulness of religious faith in the accomplishment of grief work, it was shown that, in the total population, widows perceived their religious faith to be extremely
helpful. Widows in the nearly recovered category appeared to be those who were more likely to make this judgment.

It is not clear how to account for widows' perceptions of their religious faith as being more helpful than human agents of helpfulness, such as their pastors and family members and friends. However, widows mentioned loneliness and lack of interaction as their greatest complaints. The evening and night hours, when others are occupied with personal and private pursuits, are the most difficult for widows. It could be that it is at these times that the resources of faith are most utilized and most appreciated. There is no time when the resources of faith cannot be called upon and many widows reported doing so when avenues of interaction with others would be unseemly or untimely.

One widow spoke of her religion as "a resource to be tapped when I need it." Another told the investigator that her "biggest comfort is talking to God at night in bed." Still another widow expressed a need for a "'hot line' to talk to somebody, particularly in the evening." It may be that religious faith provides this for widows.

Widows frequently commented on the need to assume personal responsibility for their own recovery. They were well aware that a "cure" could not be accomplished on their behalf by someone else. One widow expressed this as a need "to 'do' for myself." Another
widow said, "There is a certain part you have to go through yourself. You have to 'come to grips' with it yourself."

Further comments on personal responsibility included the remarks of a widow who said, "Every widow has to work out her own problems. She has to assume responsibility for her own recovery." Another remarked, "When I get blue, I get out and visit friends." Still another widow said, "I have to make my own life. I am responsible for my own happiness."

It is perhaps an attitude of assuming personal responsibility that keeps the widow from demanding more of the time of the pastor and family members and friends and also allows her to place more reliance on the resources of her faith. In this way her faith can be extremely helpful to her.

Perhaps the most interesting findings in this study are those which suggest that the bereavement period presents an opportunity for an increase in intimacy. The data seemed to suggest that this is true both in terms of human interaction and in the spiritual realm. When questioned as to their feelings of emotional closeness to their pastors, widows were asked to make assessment of the level of intimacy with their pastors before their bereavements and to compare this to their feelings at the time of the interview. Within the total population, there was an increase in percentages at both the "very close" and the "extremely close" levels. The
increases were 12 percent and nine percent, respectively.

In terms of recovery categories, widows who considered themselves nearly recovered from bereavement were those who showed the greatest increase in intimacy. Although the percentage of widows who felt only somewhat recovered from bereavement also showed an increase in regard to their feelings of emotional closeness to their pastors, the group labeled "nearly recovered" advanced to the level of extremely close. As a group, the widows who saw themselves as somewhat recovered tended to be those who were very close to their pastors before bereavement and who continued at that level of interaction. Widows who, at the time of the interview, saw themselves as nearly recovered, were less likely to have felt very close to their pastors before bereavement but at the time of the interview were more likely to feel extremely close to their pastors. The widows who claimed to be nearly recovered from bereavement had an initial disadvantage in terms of degree of intimacy with the clergy but by somehow using the situation to their advantage could report an increase in the degree of intimacy at the time of the interview.

In evaluating their interaction with family members and friends, widows were asked to assess the number of close associates they had before bereavement and at the time of the interview. The greatest percentage claimed very few close family members
and friends before bereavement. At the time of the interview, the
configuration of responses had changed to show the greatest per-
centage in the next higher response choice, that is, "some close
family members and friends." It appears that the bereavement
experience fosters an increase in intimacy with family members and
friends as well as with the clergy. The recovery category to show
the greatest increase was labeled "nearly recovered" although the
category labeled "somewhat recovered" also increased.

Widows who were nearly recovered from bereavement were
those who, before bereavement, had a very strong faith. They were
more likely to report an extremely strong faith at the time of the
interview. None of the respondents in the nearly recovered cate-
gory claimed an extremely strong faith before bereavement but at
the time of the interview, the greatest percentage placed them-
selves at this level. Bereavement appears to foster an increase in
the strength of religious faith.

Widows who were close to their pastors found them to be of
help during their bereavements, and a strong religious faith before
bereavement appeared to provide help during the bereavement
experience. However, widows who claimed very few close family
members and friends were more likely than widows with many close
family members and friends to find them very helpful. It may be
that for these widows the questionnaire item asking for an
assessment of the degree of helpfulness was interpreted as quality of helpfulness rather than as a quantitative measurement. If so, this would account for placing a greater value on the fewer associations. It seems reasonable to suppose that widows who felt close to only a few persons would place a high valuation on the interaction with those persons.

In assessing the therapeutic value of the clergy, even widows who reported feeling not at all close to their pastors before bereavement claimed that their pastors were very helpful to them during their bereavement experiences. This group comprised 21 percent of the total population. Similarly, of those widows who reported their faith to be not at all strong before bereavement, only one widow felt that she had received no help at all from her faith. The other widows in this category judged their faith to have been from somewhat helpful to extremely helpful. One widow stated, "It's not that my faith is so great; it's that I have faith in a great God."

Recommendations

If only the univariate and bivariate analysis of the data were to be considered, referral of widows to the clergy would seem justified. However, the tests of significance were not supportive of the hypotheses dealing with interaction with the clergy. Because of the support by the test of significance of the value of religious
faith during bereavement, pastors' and counselors' support of the use of the resources of religious faith could be justified.

In spite of the fact that the hypotheses regarding intimacy were not sustained, in view of the direction observed in the responses and the informal comments supplied by the widows following completion of the questionnaire, further research might be directed to the subject of intimacy skills. Informal comments on their experiences by the widows studied offer some suggestions as to possible avenues of inquiry. Widows in the study seemed to relate recovery and intimacy with personal responsibility and remaining open to people.

The researcher believes that the study would have been improved by two changes in procedure. First, in addition to sending a letter to the pastors with the cover letter from the Department of Parish Development, the researcher would follow up the request for participation with a personal visit. Several pastors responded to the investigator's invitation to call to discuss the questions to be asked or to "check out" the researcher as a person. One expressed concern about what the researcher might intend to "do" to "his" widows. A personal visit might have prevented any such fears on the part of the pastors. More importantly, it might have facilitated access to the widows, since follow-up calls were needed to some of the pastors to encourage cooperation. This was costly and time
Second, the researcher would make the necessary arrangements to tape record the interviews. It would be an advantage to the investigator if this could be done without compromising the quality of the interview. Recording would be particularly helpful in capturing the comments made informally by the widows after completion of the questionnaire items.

The small population is recognized by the investigator as a serious limitation of the study. Because an understanding of the factors involved in recovery from bereavement is important to counselors and psychologists in their search to serve bereaved persons, further study of the questions addressed in the present research is urged. The responses to the questions asked in the study indicate directions for study that deserve to be considered. Replication with a larger population or sampling is suggested.

In view of the fact that there were a few widows in the study who, before bereavement, did not feel close to their pastors but who, also, found them to be helpful during bereavement, a study restricted to non-church-related widows who have been referred to the clergy might prove of interest. In addition, populations of differing religious faiths might be sought as well as populations of widowers in comparison to widows.
REFERENCES


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


Pomercy, E. L. *Relationship between mourner characteristics*


APPENDIX A

QUESTIONNAIRE

1. Age:
   Under 30, 31-45, 46-65, Over 65

2. How many months is it since your husband's death?
   3-5, 6-9

3. How many years were you married?
   Less than 10, 11-20, 21-40, More than 40

4. What was the nature of your husband's death?
   Accident, Unexpected natural causes, Short-term illness, Long-term illness

5. To what degree were you emotionally close to your husband?
   Not close, Somewhat close, Very close, Extremely close

6. To what degree did you feel "prepared" emotionally for your husband's death?
   Not at all, A little, Well prepared, Completely prepared

7. How stressful has your husband's death been for you?
   No stress at all, Some stress, Much stress, Worst possible stress

8. To what degree do you consider yourself "back to normal" emotionally?
   Not at all, Somewhat, Nearly, Completely "back to normal"

9. To what degree have you felt anger or resentment toward your late husband during your bereavement?
None at all, Very little, Some, A great deal

10. To what degree did you see your pastor as a "helping person" before your husband's death?

   Not at all, Somewhat helpful, Very helpful, Extremely helpful

11. How helpful has your pastor been to you during your bereavement?

   Not at all helpful, Somewhat helpful, Very helpful, Extremely helpful

12. What confidence do you have in your pastor's being able to help you in the future?

   No confidence, Some, Much, Complete confidence

13. How close did you feel to your pastor before your husband died?

   Not at all close, Somewhat close, Very close, Extremely close

14. How close do you feel to your pastor at present?

   Not at all close, Somewhat close, Very close, Extremely close

15. How much contact do you have with your pastor, either on the phone, by mail, or in person?

   None, Very little, Some, A great deal

16. How long have you known your pastor?

   Less than 3 years, 3-10, 11-20, More than 20 years

17. How strong was your religious faith before your husband's death?

   Not at all strong, Somewhat strong, Very strong, Extremely strong
18. How helpful do you feel your religious faith has been to you during your bereavement?
   Not at all helpful, Somewhat helpful, Very helpful, Extremely helpful

19. How strong is your religious faith at present?
   Not at all strong, Somewhat strong, Very strong, Extremely strong

20. How much do you participate in the activities of your religious faith, such as prayer, meditation, Bible reading, and church services?
   Not at all, Very little, Some, A great deal

21. How long has your religious faith been a significant part of your life?
   Less than 3 years, 3-10, 11-20, More than 20

22. Before your husband's death, how many people (family members and friends, other than your pastor) did you feel close to?
   None, Very few, Some, A great many

23. At present how many people (family members and friends, other than your pastor) do you feel close to?
   None, Very few, Some, A great many

24. How helpful have your family and friends, other than your pastor, been to you during your bereavement?
   Not at all helpful, Somewhat helpful, Very helpful, Extremely helpful
APPENDIX B

RAW DATA

424322431344223324344333
322231421344233233334223
323431434334333214234223
424341331444344234442233
424431421223223122334223
323331431434332333444443
323433441334223333334223
421423141324333233334223
42343144113211213324223
4212414312443352333444443
424221331244244223232323
324241421133131123331333
41343332144433334444444
424231432132121112121233
323422431234123134334223
414221141133443213224224
4244313214443332444344444
42133232144433134324333
3142414213433334334333
32343331134234434444443
323241421133121322234333
3233423311323334434234
32332142132323112111333
41434331234234334434244
424432431334333323334443
42443332133443234334233
32334232123423223444223
324241431234344334444444
42443223132222123344333
31323144122333334444113
323441421444334233344444
323321433131211131423
42444141432232323244
424443221334333323344334