

Religious attitudes among British older people: stability and change in a 20-year longitudinal study

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ABSTRACT

Britain along with other western European countries has seen a marked decrease in allegiance to traditional forms of Christianity during the latter part of the 20th century. Although church attendance remains relatively high among older people compared with younger age groups, there has been little or no investigation into the stability or change of people's religious belief and practice with increasing age. This paper presents findings on these issues from the Southampton Ageing Project, which from 1977–78 to 2002 followed 342 people almost all of whom had had an entirely Christian religious education and all of whom at the outset were aged 65 or more years. Although religion has continued to have considerable meaning in the lives of up to one-half of the participants, approximately one-quarter of the sample expressed a declining commitment to a religious faith and to church membership. The participants' accounts of their recent life experiences, for example following bereavement, give instances of disappointment with the support that they received from institutional religion and show that this was a factor in their declining adherence. They also provide suggestions for further investigation into the origin of this decline. The conclusion argues that the study of older people's religious and spiritual beliefs and practice should be integrated with the investigation of self and identity and of sources of existential meaning in later life.

KEY WORDS – religion, Christianity, age changes, existential meaning, identity, bereavement.

Introduction

Religion and spirituality have been neglected topics in British gerontology. The United States by contrast has a substantial and vigorously growing literature on the subject of religion and ageing (*e.g.* Levin 1994; Koenig 1994; McFadden 1996*a*, 2000). The subject is well represented in the

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annual meetings of the *Gerontological Society of America*, not least because it has a Special Interest Group on Religion and Ageing. This difference is largely understandable given the much higher levels of religiosity in the United States, both in terms of reported belief in God and attendance at religious services (Davie 2002). In this respect, Britain remains closer to most of its western European neighbours, which also show low levels of religious practice.

When one considers how much reliance is given to United States data and theory in other areas of social gerontology, it is surprising that so little comment has been made on the significance (or lack of significance) of religious belief and practice for wellbeing in later life in Britain. The very different religious background means that we cannot assume that US findings on, for example, relationships between religion and wellbeing will be similar in Britain (Levin 1994; Koenig 1994; McFadden 1996*a*). In fact, there have been reports that the beneficial health effects attributed in America to spiritual beliefs do not hold in the United Kingdom (King, Speck and Thomas 1999).

The *Centre for Policy on Ageing* in London has directed attention to the relevance of religion and its decline for British social policy on ageing (Howse 1999). The decline in religious observance and practice has been one of the most striking ways in which British society has changed during the lifetime of the current generation of older people. This has a special resonance, because religion has traditionally been thought to be especially relevant to adaptation to old age. It provides a fixed point of security, and a guarantee of continuity and meaning in the face of social change as well as the deterioration of personal circumstances and death. It is unclear whether there are alternative sources of existential meaning, such as political and philosophical associations, which supply comparable benefits to religion. If religion has the important psychological and social benefits that American research suggests, it is a pertinent question for social welfare policy whether it should be actively promoted, notwithstanding the historical fear in the United Kingdom of religious interference. For example, should older people be encouraged to consider (re)joining religious organisations?

Although the present paper focuses on religious attitudes, it is important to acknowledge the rising interest in Britain in spirituality (as distinct from religion). In healthcare settings (*e.g.* Orchard 2001), and even in discussions of coping with stress in the workplace, spirituality has become a major discussion point. The change of emphasis from religion to spirituality is understandable given the evidence that only a small minority of the British population practises a religious faith, whereas the majority still expresses a belief in a God or some external spiritual power (Davie 2000). Moreover,

‘spiritual’ is increasingly the term used to convey feelings of belonging, harmony and transcendence without reference to an external power. McFadden (1996 *b*), for example, suggested a definition simply in terms of the emotive element of meaning in life.

At present the concept of spirituality is interpreted in such diverse ways that it appears impossible to define and to measure in terms which are acceptable both to researchers and to the various users of the term (Moody 1994). There is perhaps a consensus that spirituality can be considered a global aspect of the quality of life which, like the concept of health, is important but difficult to operationalise except with a cluster of associated sub-categories such as a sense of awe, perceived transcendent meanings in life, feelings of coherence, connectedness and inter-relationship. In this research, the more precisely definable concept of ‘existential meaning’ was preferred, referring to experiencing one’s own existence as having purpose and meaning (Speck 1988; Reker and Chamberlain 2000).

Religion remains the predominant focus of American research in this field. It also has articulate defenders who decry attempts to separate spirituality from religion. Pargament (1997: 32), for example, defines the two concepts in inter-related ways: religion as ‘a search for significance in ways related to the sacred’, and spirituality as ‘a search for the sacred’. According to this definition, spirituality is the central function of religion, but as stated this does not accord with much recent British (and US) usage of the term ‘spirituality’.

Older people have been thought to be relatively unaffected by the change in discourse away from religion and towards spirituality and existential meaning. Popular opinion still associates ageing with stable and even enhanced religious faith. This is supported by surveys that report a high degree of religiosity among older people in both the USA and the UK (Davie and Vincent 1998; McFadden 1996 *a* and 1996 *b*). Perhaps as a consequence, little attention has been given to older people in recent British discussion of the growing autonomy of belief systems and the declining respect for church authority (Heelas 1998). Nevertheless there is some evidence that changed attitudes to religion in society have affected older people. Davie and Vincent (1998) pointed out that the lessening of religious support for the respect society traditionally gave to old age was evident during the 19th century. They argued that modern tendencies in regard to belief and practice in the western world have led to the dissociation of religion and old age – although interestingly not between religion and gender. Newer and older forms of religion are disproportionately practised by women.

Davie and Vincent also cited Hazan’s (1984) study of the use of religion in an Israeli old-age home as evidence for the thesis that older people in

the modern world are quite as capable as younger people of abandoning religion and adopting cynical and secular attitudes to the world around them. Previous studies of older people in London and Southampton have demonstrated that a high rate of 'disturbed questioning of values' is associated with a perception of diminished religious faith in society (Coleman and McCulloch 1990; Coleman 1992*a*). As the binding force of religion has weakened in society, the integrity of a person's perceptions of the past and the future has become harder to achieve. Very different trajectories of religious faith in later life are therefore possible. Cognitive developments may lead to more inclusive religious judgements (McFadden 1996*b*), but perceived contradictions in the world around provoke intense religious doubt (Coleman 1992*a*).

In this paper we report findings from a 20-year longitudinal study in the city of Southampton in southern England. It has collected data on religious belief and practice from the outset, and in its later stages gave closer attention to religious and spiritual meanings as part of a detailed consideration of identity processes in advanced old age. Longitudinal data on religion and ageing are of particular importance (McFadden 1996*b*). Most previous evidence on age differences in religious attitudes in Britain have been entirely cross-sectional, and these may simply reflect generational differences rather than true age changes.

Religion in the Southampton Ageing Project

The Southampton Ageing Project (SAP) is a study of health and wellbeing which since 1977–78 has followed 342 people aged over 65 years: they were drawn from general medical practice patient lists on the east side of the city (Coleman, Ivani-Chalian and Robinson 1993, 1998). An attempt was made at the outset to collect equal numbers of men and women, and of 'younger-old' (65–74 years) and 'older-old' subjects (75 years and over). The sample was therefore biased towards the inclusion of men and the older age group. It was also a predominantly white middle-class sample, and contained a low proportion (16%) of socio-economic classes IV and V (semi-skilled and unskilled workers). An even lower percentage (9%) of the survivors interviewed in 1988 had these occupational backgrounds.

Some questions on religious affiliation, practice and their importance to the individual were included from the beginning of the study, while since 1990 much more has been collected on identity and sources of meaning, including religious meanings. For those who have participated for 15 years or more, the data allow longitudinal case study analyses (Bromley 1986; Coleman 2002). These individual case studies provide valuable evidence of

change in the qualitative significance of religious belief in a person's life over time (Coleman, Ivani-Chalian and Robinson 1999).

SAP's initial purposes were to investigate in detail physical, psychological and social functioning over two years and, by means of a double-blind control design, the influence of the drug procaine on age-related decline in physical and mental functioning. The findings were inconclusive (Hall *et al.* 1983). A systematic follow-up of the surviving sample in 1988, 10 years after the first observation, initiated the second phase, and four follow-up interviews were funded in 1990–91, 1993, 1995–96 and in 1998, the 20th anniversary of the project.

During the first 10 years of the study only interview-administered questionnaires were employed, whereas at the later four observation periods open-ended interviews were also used. The latter were audio-recorded, and the participants also prepared written self-descriptions. The original social interview schedule included seven questions on religious attitudes and practice: Do you consider yourself to be a member of a church or religious organisation? If so, which? Do you sometimes go to a place of worship? Do you listen to religious broadcasts? Do you sometimes speak with a minister of religion or priest? Does religion mean much to you at the moment? Does it mean more or less to you than when you were younger? The scope of these questions was limited in that, for example, they did not ask about prayer or the private reading of sacred texts.

Three of the original questions, on the importance of religion in the person's life and about the frequency of speaking with a minister of religion, were included in the 1988 follow-up interview. Some cross-sectional analysis of the relationships between the religious variables and indices of wellbeing have been reported (Coleman, Seiger and Sherbourne 1990). Other findings have also been published, on the importance of religion in the person's life as a significant predictor of both wellbeing and the prevention of the loss of a sense of usefulness (Coleman, Ivani-Chalian and Robinson 1993).

In the second part of the longitudinal study, more substantial data were assembled on the role that religion played in the participants' lives. Besides the illustrative examples provided by the self-esteem ascriptions, which have been collected throughout the study, we also have the participants' written answers to a set of questions based on Helen Kivnick's (1991) operationalisation of Erik Erikson's eight psychosocial tasks. These include questions about belief and hope (What do you believe in? and, What is it in your life that gives you hope?). In addition, each follow-up survey focused on specific issues, about which diverse material was collected. In 1990–91 the focus was on coping with health problems; in 1993 it was identity management over time; and in 1995 continuing major life themes

TABLE I. *Southampton Ageing Project: religious affiliation by age and gender in 1977–78*

Church or faith	65–74 years				75 or more years				Total	
	Women		Men		Women		Men			
	N	%	N	%	N	%	N	%	N	%
Church of England	36	(44)	38	(36)	37	(56)	33	(38)	144	(42)
Roman Catholic	6	(7)	5	(5)	3	(5)	4	(5)	18	(5)
Free churches	15	(18)	13	(12)	11	(17)	10	(11)	49	(14)
Other faiths	4	(5)	3	(3)	2	(3)	5	(6)	14	(4)
None	21	(26)	48	(45)	13	(20)	35	(40)	117	(34)
Total	82	(100)	107	(100)	66	(100)	87	(100)	342	(100)

(Coleman, Ivani-Chalian and Robinson 1998). It is possible to scrutinise each person's records to see whether or not they continue to affirm membership of religious organisations, whether they find religious practice meaningful, and whether they support their identity by means of religious attributions.

This paper presents two separate analyses of these data. First, there is a brief report of an analysis of the statistical data collected on the whole sample from 1977–78 ($n = 342$) to 1988 ($n = 101$). This focuses on changes in attitudes over the 10 years. Secondly, a summary is presented of the conclusions from the qualitative case studies of those who remained in the study to 1993 and beyond ($n = 44$). The data are sufficiently substantial for the construction of disciplined case studies (Bromley 1986; Coleman 2002) that examine the place of religion in the lives of these participants over 15 and more years. The conclusion discusses the issues arising from these analyses, in particular the effects on religious attitudes of change and loss, especially bereavement. In addition some suggestions are made for the development of the study of religion, spirituality and existential meaning in the British older population.

Religious attitudes in the SAP sample, 1977–78 to 1988

The data for the first 10 years of the study strongly suggest that a major change occurred in the participants' expression of religious attitudes. Table 1 presents religious affiliation by age and gender in the 1977–78 sample. Almost all were exclusively Christian in background, and almost two-thirds (61%) regarded themselves as members of a Christian church. Of these, just over two-thirds were members of the Church of England.

TABLE 2. *Southampton Ageing Project: religious behaviour and attitudes by age and gender in 1977–78*

	65–74 years		75+ years		Total
	Women	Men	Women	Men	
	<i>Percentages</i>				
Attends place of worship ¹	49	27	38	21	33
Interested but unable to attend	5	2	18	13	9
Watches/listens to religious broadcasts ¹	91	79	94	92	88
Speaks to minister of religion ¹	40	36	47	30	38
Religion means much to person	84	54	79	70	71
Religion means more than when younger	27	21	18	35	26
Religion means less than when younger	9	15	20	9	14

Note: 1. Often/sometimes.

Consistent with other studies, a significantly higher proportion of women than men regarded themselves as members of religious organisations (77% versus 57%). A slightly higher number of those in the older-old age group (68%) expressed religious affiliation than in the younger-old groups (63%).

Table 2 shows further details of the sample's religious behaviour and attitudes. One-third (33%) attended religious services, women and the 'younger-old' more frequently, and a similar fraction (38%) sometimes spoke to ministers. A majority (56%) listened often, and 32 per cent sometimes, to religious broadcasts, more often the 'older-old' (75 years and over) and women. To the question whether religion meant much to them, 71 per cent answered 'yes', again women more than men, but with little gender differential in the older age group. There is thus some evidence for a gender cross-over, with a significantly larger number of older-old men than women indicating that religion had come to mean more to them with age, whereas more of the women expressed a move in the opposite direction. This is consistent with the psychodynamic theory of diverging gender potentialities with advancing age, whereby men become more receptive and women more assertive (Gutmann 1987; Henry 1988).

From this admittedly limited data set, it can be concluded that the 1977–78 sample was predominantly religious in orientation. The age and gender differences are as expected. The older group, aged 75 years and over, attended church less but listened more to religious broadcasts. Women were significantly more religious on all indicators, but there was an interesting suggestion of an age/sex interaction, with men becoming more religious in advanced old age. We also tested for the influence of other variables. Table 3 presents data on the perceived change in importance of religion by marital status and gender. It shows that a higher proportion

TABLE 3. *Southampton Ageing Project: perceived change in significance of religion by marital status and gender (1977–78)*

	Religion means more now	Religion means less now	Sample size
Married men	38 26 %	17 12 %	145
Married women	15 22 %	2 3 %	69
Widowed men	11 28 %	10 25 %	40
Widowed women	15 22 %	14 21 %	68

TABLE 4. *Southampton Ageing Project: change in reported significance of religion, 1977–78 to 1979–80 and to 1988*

Transition	1977–78 to 1979–80	1977–78 to 1988
Religion continues to mean much	145 (57 %)	45 (45 %)
Religion continues <i>not</i> to mean much	48 (19 %)	27 (27 %)
Religion did not mean much, but now does	29 (11 %)	3 (3 %)
Religion did mean much, but now does <i>not</i>	32 (13 %)	26 (26 %)
Sample size	254 (100 %)	101 (100 %)

of widowed men and women than of the married indicated that religion had come to mean less to them. At the first observation point a significantly larger percentage of the married than the widowed participants reported that religion now meant more to them than in the past, and the difference could not be accounted for by the greater age of the widowed. The differential was confirmed by the responses in 1978–79 and 1979–80. No relationship was found between religious variables and either previous occupation or the age of leaving school.

The longitudinal changes observed over the following 10 years were much more dramatic (Table 4). Even after only two years (in 1979–80), the balance had shifted to negative reports about the meaning attached to religion, and after 10 years (in 1988) the change had become highly significant. By 1988, only 48 per cent of the sample (then all aged 75 or more years) stated that religion ‘meant much to them’, compared with 70 per cent in the original 1977–78 sample. The corresponding figures for those who survived to 1988 was 71 per cent, and for those in this group who were aged 75 and more years in 1977–78, it was 74 per cent ($n = 153$). As many as 26 per cent of those who survived to 1988 stated that although religion had meant much to them (1977–78 data), that was no longer the case. Only three per cent expressed the opposite view, that religion had not meant much but now did. Several explanations have been sought for these surprising findings, including the influence of interviewer effects, but it has

been concluded that the data reflect genuine changes in expressed attitudes. This interpretation is also borne out by more detailed studies on the surviving sample over the succeeding 10 years, to which the paper will shortly turn.

The 1977–78 data enabled an examination of the relationships between religious attitudes and wellbeing (indices of depression, self-esteem and life satisfaction) (Coleman, Seiger and Sherbourne 1990). It was found that, while church membership was not itself related, attendance at church services and frequency of speaking to a minister of religion was associated with self-esteem and to a positive health perception. By contrast, watching/listening to religious broadcasts was associated with depression. Both church attendance and speaking to a minister can be interpreted as proxies for good health and mental functioning, but watching/listening to religious broadcasts by contrast is an indicator of poor health – it is reported by those who for reasons of disability and frailty are unable to go to church.

Whether people stated that religion did or did not mean much to them was not related to wellbeing in 1977–78, although it predicted that ‘feelings of usefulness’ were maintained in succeeding years (Coleman, Ivani-Chalian and Robinson 1993*a*). Those, however, who said it meant more than it used to do showed significantly higher levels of self-esteem, whereas those who said it meant less than it used to do were significantly more depressed. These last associations were independent of the other included factors such as marital status and the presence of a confidant. Taken as a whole, these findings strongly suggest that age-related perceived change in religious meaning deserves closer analysis by gerontologists.

Findings of the case analyses from 1977 to 2002

The varying importance of religion in the participants’ lives was evident from the supportive illustrations given to self-esteem ascriptions during the first 10 years of the study. These provided clear illustrations of the function of strong belief in certain persons’ self conception, as in the case example of Mrs Monroe (described in Coleman, Ivani-Chalian and Robinson 1993*a*). During the latter stages of the study, more differentiated evidence on the value that the participants attributed to religious belief were collected, including the written statements composed by the participants as part of the self-description and sentence-completion tasks. Particularly useful for the present analysis were Helen Kivnick’s operationalisations of Erik Erikson’s eight life tasks (Kivnick 1991; Coleman, Ivani-Chalian and Robinson 1998). The questions about belief and hope elicited religious

statements from a large minority of the sample who posted back written self-descriptions to us in 1993.

In 1995–96 we interviewed the sample survivors ($N = 28$) on the important themes in their lives, and asked them for their views on our conclusions (Coleman, Ivani-Chalian and Robinson 1998). Some of these themes had a clearly religious and/or spiritual character. In addition three members of the sample (Mr Parker, Mr Rowan and Mrs Shields) were interviewed (2000–02) for a pilot of a new project on the role of belief in the adjustment to bereavement of spouse (Coleman *et al.* 2002). Other pertinent interview material collected in the course of the four studies between 1990 and 1998 were also analysed, including the responses to the 1990–91 questions about coping with health stress, to which some participants gave religious responses.

For the 43 people who were interviewed up to and including 1993, individual case analyses examined change and stability in each person's religious attitudes from 1977–78 to death or to the last interview (Bromley 1986; Coleman, Ivani-Chalian and Robinson 1999). To carry out the analysis using pre-1993 data alone risked compromising the validity of the conclusions, but it was judged that there were enough data for the 43 to support sensitive discrimination of the strength of religious commitment and identity.¹ For each of the 43, all the material collected from them on religious membership, religious belief, religious identity and religious coping was examined. The starting point was their replies to the question about whether 'religion meant much to them at the moment'. In 1977–78, 32 (74%) answered affirmatively, but by 1988 the number had dropped to 21 (49%). This change is similar to that among the larger group that had continued in the study until 1988. At the last interview between 1993 and 1998, the equivalent number was 22 (51%). This suggests a very marked decline in religious allegiance during the first 10 years of the study and stability thereafter.

Of the 35 people who responded to the 1993 Kivnick questionnaire, 18 (51%) wrote answers that indicated religious beliefs (referring to the teachings of God, Christ, the Church or the Bible), and eight (23%) gave religious answers to more than one question, most often those on hope and belief. Five people referred explicitly to belief in an afterlife. Asking people directly 'what they believe' in and giving them time to answer provides a sensitive gauge of the presence or absence of religious beliefs. Additional evidence was provided by the content of the self-esteem ascriptions. In 1993 six people (14%) referred explicitly to religious and/or spiritual bases for their sense of identity. Finally, detailed investigation in 1995–96 of the most significant themes in our participants' lives showed that three of the 28 in that analysis agreed with our conclusion that religion and/or

spirituality was among their top three life themes (Coleman, Ivani-Chalian and Robinson 1998).

It is however the stability of religious commitment which raises the most intriguing questions. The data enabled this subject to be explored in considerable detail. The conclusions about each person were checked by two of the authors. As in the 1988 follow-up analysis, movements away from religious allegiance were much more common than movements towards it. Eleven people (26%) gave unequivocal indications that religion had come to mean little to them during the course of the study, and only one person (2%) showed the opposite trajectory. Twenty people (47%) indicated that religion meant much in their lives in both 1977–78 and at the last interview, while 11 (26%) stated that religion meant little to them at both the beginning and end of the study. In the following sections, the views of the participants in each of these four groups are briefly summarised.

Continuity of religious involvement

Of the 20 people (9 men and 11 women) who showed continuity of religious involvement throughout the study, 16 were members of long-established Christian churches, one was a spiritualist, and the other three denied being members of any religious organisation. The latter's inclusion raises the question whether those who are not members of religious organisations can be regarded as 'religious'. Each of the three drew their belief system from a recognised form of religion, namely Christianity. They explained their religious adherence in different ways: one in acceptance of the teachings of the Bible and the Ten Commandments, another through a general interest in Christian religious teaching (in 1998 he accepted Holy Communion which was celebrated weekly in the care-home where he lived), and the third, a woman, by faith in God as revealed in the Bible and regular prayer. She provides an excellent example of a form of Christian faith not based on church membership. The woman's grandfather had been a member of the Plymouth Brethren and imposed very strict behaviour and church attendance on the family. Perhaps in reaction, neither her mother nor she had gone to church after leaving his household, but practised regular prayer and Bible reading. The data collected from her contained many illustrations of the importance of Christian faith to her sense of identity and when coping with stress. For example, after her husband's death she had been consoled by discovering among his clothes a book entitled *How to Become a Christian*. She knew that he had found faith difficult, but was comforted that he had taken this first step towards it.

Two participants expressed an identity strongly based on a narrative of conversion to Christian belief. Mrs Monroe had worked together with her late husband in evangelical ministry both abroad and in the local area. In her final years she went to live in a Christian-based residential home.² Mr McCleod had been converted in his early twenties by an American Baptist missionary while living in India. He described this as the most meaningful incident of his life and many of his self-esteem and identity ascriptions contained references to faith (like Mrs Monroe's). For example, he looked to the future with confidence because he saw his life as 'written by God'; there was therefore 'nothing to fear'. In his room he had several well-used books, including meditations on the scriptures, key passages to which he regularly returned. As he became old, he did not attend church because of the discomfort of sitting, but he continued to read and to pray for guidance. As his frailty increased, and particularly after he incurred a stroke, his family helped to keep him independent by designing a package of care. After his death, his daughter-in-law described him as a man of strong beliefs in all that he did.

Others experienced more intensive commitment as they became older. For example, Mr Parker had become a special Eucharistic minister of the local Roman Catholic parish, and took the communion host to the sick and disabled who were unable to attend Mass. He strongly agreed with our assessment in 1995 that religious faith was the principal source of identity in his life, and he regarded his faith as essential when bearing the loss of both his first wife in 1993 and his second in 2000. When in that year he moved to be nearer his son, he was visited by the parish priest the day after his arrival.

Some had a continuous strong attachment to a particular church, while others adapted to changing circumstances, for example, as mobility declined by attending the nearest church. Many of their self-esteem ascriptions and writings on belief and hope elucidated the ways in which their faith constituted an important feature of their identity. Regular prayer, Bible reading and following television and radio services of worship were more prevalent in this group than actual church attendance, and therefore more frequent markers of religious practice. One man came gradually to faith under the influence of his wife, who had been a steady believer. In the early stages of the research, he did not attend church and was ambivalent about whether religion meant much to him. His attitudes had clearly changed by 1988, and in 1995 at the age of 87 years he regularly attended church with his wife. Although he agreed that his faith was not as strong as his wife's, he said that he was 'a believer, definitely', and he 'tried to live accordingly'. He acknowledged that faith was an important theme in his life.

At least five of the 20 people in this group had been through periods of dissatisfaction with and disbelief in aspects of the Christian faith. Doubts about the literal truth of Biblical accounts troubled two of the men (they referred to the creation of Adam and Eve and the story of the Tower of Babel). Several members of the group, however, women as well as men, referred to the example their own mothers had given in devoutness of religious practice as a strength which they drew on as they themselves grew older.

Religious faith was also clearly a solace for some, and offered hope for a better life when experiencing a terminal illness. Mr Parker was deeply distressed following his wife's death, and attributed his subsequent recovery to faith and prayer. Mr Rowan at the age of 94 years was similarly bereaved and found the same strength, but unlike Mr Parker received no support from his local parish church when he stopped attending the services. Although uncomplaining of this neglect, Mr Rowan clearly appreciated regular visits from members of *The Salvation Army* and at the last interview asked us to put him in contact with the local Anglican minister.

Movement towards religious involvement

Only one participant showed a definite transition from non-involvement to involvement during the course of the study, and even he displayed signs of an earlier belief structure. Mr Peck, an active and independent man at the outset of the study, experienced a collapse of self-esteem following his wife's and his own illness, but he then gradually recovered. During the first interview in 1978, he attributed no significance to religion, but when in the following year his wife was diagnosed with Alzheimer's disease, he showed signs of turning to religion. Later he admitted, rather shyly at first (he imagined his sons would laugh), to the importance of prayer in his life. It became a regular practice every evening after his wife died. In 1996 he wrote to the vicar of the local parish church – where as a boy he had sung in the choir – asking whether his ashes could rest in the churchyard. He remarked how important it was to bring young people up with religious practice, since even if they lost belief they could always go back to it in later life. During the last interview in 1998, he spontaneously repeated his belief in the importance of prayer.³

Movement away from religious involvement

In strong contrast to Mr Peck's change of belief, 11 people (including 8 women) expressed a distancing from religion over the period of the study. Nine had regarded themselves as church members at the beginning of the study, although only three still attended services or had any other contact

with a church. Five had said that religion meant more to them than when they were younger, which suggested a growing interest in religion. Why then the subsequent decline? Two of the group were Roman Catholic. Mrs Chester described her childhood as unhappy, not having known 'the love of a true mother', and talked of her adult life as 'a search for love'. During the course of the study she became increasingly critical of her local church and its religious practice. Dissatisfaction eventually led her, after her husband's death in 1989, to cease attending Mass and to join a local Pentecostal group where she felt included in activities and not discriminated against because of her age. A move in 1999 to a care-home took her away from the Pentecostal group, but she remained in contact with a Catholic parish priest, who in 2002 helped find another care-home more suited to her condition. It was run by an Irish Catholic family who gave her the warm welcome she needed.

The other Roman Catholic member of the group, Mrs Moreton, belonged to a close-knit family who took her regularly to Mass. She had brought up her children alone after her husband left them, and was proud of this achievement. However, neither she nor Mrs Chester provided overtly religious responses to the questions on faith and hope in 1993. A striking feature of Mrs Moreton's case is that, although when interviewed in 1998 at the age of 86 years she continued to attend church, she appeared to attribute no religious meaning to her involvement.

Another previously very active church member, who used regularly to attend services (including weekday services) at Winchester Cathedral, spoke readily of her disappointment with the church. At the first interview in 1977, she said that religion meant more to her than when she was younger, but by 1988 she had separated completely from the Anglican church. She disapproved of the church hierarchy and the 'traditional side' of religion, but had not joined another Christian denomination. In her self-descriptions written in 1991 and 1993, she expressed the humanist belief of learning from one's own mistakes, cited with approval Rudolph Steiner's philosophy of life, and believed in 'never giving up' and 'next time making a better job of it'. Clearly this reflected in part her life experience: her husband had left her for another woman he had met during the war, and she had brought up her two sons alone – one had died some years before the first interview. Although no longer subscribing to religious beliefs, she referred readily to God, and argued that help could be obtained without preaching and that God would give guidance to one who asked. A strong example of her faith attributions was a statement that she had come to accept her son's death as God's will.

Mrs Tinker, another previously regular attender, continued to go to her local United Reform Church, although she identified increasingly less with

its beliefs. She enjoyed the friendship and company she found there and helped organise the coffee mornings. In 1977, religion had had increasing meaning for her but this had not been so as she had aged. She wished she could believe and said that she admired those who could withstand disaster by means of their faith. She continued to speak a lot with the minister of her church, and in her written answers of 1993 expressed the hope that 'good would eventually conquer evil'.³

Two of the women and all three men in the group reported increasing interest in religion during the initial stages of the study. They listened frequently to religious broadcasts which they found helpful, but this involvement was not followed by contact with a church and declined with time. At their last interviews, they stated that religion did not mean much to them. The lack of expression of religious meaning did not however preclude expressions of belief in God and another life to come. A woman who had lost her fiancé in the war, as well as a baby at four months, continued to express the hope that she would meet again all those she had lost. In some cases the loss of expressed belief was accompanied by noticeably increased depression and/or demoralisation. In answer to the 1993 questionnaire item on belief, one recently-bereaved woman wrote that she 'no longer knew what she believed in'. But not all movements away from religion were accompanied by expressions of ill-being, for optimistic and resilient attitudes predominated among this group of participants as in the sample as a whole.

Continuity of religious non-involvement

Eleven people (5 men and 6 women) expressed non-involvement in religion throughout the study. Some showed similar trajectories and similar reasons for their attitudes to religion as those in the previous group, the key difference being that the dissociation from a church had begun before the study. Mr Woodley had once been an active church member and gave a very explicit account of the distancing he had experienced after his first wife had died suddenly four years before the study began:

I felt very let down with religion, because I was always brought up in the Church of England ... After the funeral the parson just said 'cheerio, I'm off', and nobody even bothered whether I was alright or not ... I've nothing against the church, the teachings of the church, put it that way ... but it doesn't bother me that I don't go to church. ... I try to do the best I can for everybody ... well if that's not enough it's just too bad.

At least eight members of this group had been members of a church at some time during their adult life, and at the beginning of the study six still regarded themselves as members even though religion had lost its

meaning for them. Only one reported contact with a minister of religion in the course of the study: this man also acknowledged some acceptance ('up to a point') of Biblical teaching. Mixed reactions to declining involvement were as evident in this group as in the previous one. For Mrs Willis, losing touch with religion had been accompanied by some pain. She was nostalgic about the past and did not like the ways in which society had changed. She remembered how as a child she had gone to church three times on Sundays, to the morning and evening services and to the afternoon Sunday school: it had meant a lot of walking. She still felt shame about not attending church as an adult. As she commented, 'we all pray when we are in trouble; God must think they only come to me then!' But her husband's death from cancer at the age of 63 years in 1966 had led to a prolonged depression and, she said, made her start to question things that she had previously taken for granted, such as the truth of the Bible, *e.g.* its account of the creation. She remembered once asking 'and who made God?' and being disturbed by her own question. Yet she marvelled at the detail and perfection of created organisms, and argued often with her son who was a committed Darwinist about the theory of evolution. There was an element of sadness about her lack of faith.³

For others such as Mr Blackburn this was not the case. He was the first member of the study to reach 100 years and an extremely sociable man throughout the time that we knew him. Right up to his death (when living in residential care), he spoke lovingly about both his mother and his wife. The latter had had short stature (4 feet 10 inches, he said) and had not been able to bear children. She had died suddenly in 1970 of a blood clot on the brain at the age of 70 years. Religion, he had said in 1978 and 1979, had come to mean less to him, although it was not clear whether the decline had begun before or after his bereavement. Despite this, he readily and emphatically used 'God bless' as a greeting of farewell.³

For some in this group, scepticism had started early in life. Mrs Shields was unusually articulate about her views on religion and their development over her lifetime. She had studied all the world's religions and found them interesting but also the cause of all the conflict in the world. Her husband was an Orangeman who went back to Northern Ireland every year for the 12th July parades. She described vividly her own experience of the drumming and its 'jungle like' effects. Sectarianism was so ingrained there, she said, that it would take a very long time to be eradicated. She was confident in her own views. In fact, when her husband died she had 'taken aback' the local Anglican minister when she asked him not to pray with her, because she 'would feel uncomfortable, also for him'. Nevertheless, she remained open to other people's faith. Like her father, who also did not believe, she had brought up her own children to go to the local

parish church and to make their own decisions, and her younger son in fact had become a regular attender.

Discussion

It is important to stress that the Southampton Ageing Project was not designed as a study of religious or spiritual belief and even in its later stages did not focus on the subject. Nevertheless because some questions about religion were included from the outset and the participants were given opportunities (particularly in the study's later stages) to express their beliefs, SAP is an exceptional resource for British social gerontology. In the absence of other representative studies on change and stability of older people's religious beliefs, it provides clear evidence that older people's allegiance to the Christian religion has declined along with that of the UK population as a whole. This is not the standard view of ageing and religious adherence, especially in the American gerontological literature.

Researchers should give more consideration to the religious and spiritual dimension in older people's lives, and investigate the factors that are associated with stability and change. Our own attention has been drawn to the influence of religion on the experience of bereavement and *vice versa*. Some participants, including Mr Parker and Mr Rowan, claimed that their religious faith had provided a significant resource in dealing with the loss of their spouse. Others, however, criticised religion for letting them down at this time, one example being Mr Woodley who felt suddenly left alone, unsupported by his church on the day of the funeral, and as a result ceased to attend church. The quantitative data from the early years of the study also suggest that, for women in particular, bereavement of a spouse is associated with diminished involvement in religion. This is borne out by the case study evidence. For example, Mrs Willis attributed the beginning of her questioning of religious truths to the premature death of her husband. This is one reason why we decided in a subsequent study to investigate the roles of belief and the support of belief in adaptation to the loss of a spouse (Coleman *et al.* 2002).

Bereavement is of course not the only factor affecting an older person that is likely to provoke a crisis of faith. More study is needed, for instance, of the impact of chronic illness and frailty, and of religious or spiritual responses to dependency and need. We need more sensitive research on the influence of different religious traditions on the experience of ageing, such as Rory Williams's study (1990) of attitudes to illness and death among older people who were brought up in a strong Protestant tradition in Aberdeen. The Catholic tradition, which encourages regular

remembrance of and prayers for the deceased, has obvious benefits for the bereaved.

Another intriguing and surprisingly ignored area are the different trajectories that men and women follow in later life. One of the most robust findings in the scientific study of religion is the greater devoutness of women than men. But there are suggestions, as in the SAP data, that this may reverse in later life, with women becoming more sceptical and men more open to religious faith. Only one person in the latter stage of this study, Mr Peck, showed a movement towards religion, but his case is particularly striking and illustrative of men's late-life potentials. As he pointed out himself, his religious education and experiences as a child had made possible his return to religion and his church of origin. Without this background he would not have had such a clear path to follow. On the other hand, a large proportion of women in the sample showed dissatisfaction with their experiences of church life. Even women who had been firmly committed to church membership seemed less so at the end. Some distanced themselves from communal worship while maintaining a strong belief in God.

The psychology of attachment has been recognised as a useful perspective on religious belief and practice (Kirkpatrick 1995). Early family experiences and in particular the faith of parents is an important influence on the character of belief. Similarities with parents are more striking than differences (this may of course also reflect a shared genetic influence). For example, Mrs Shields reflected in her attitudes the open-minded approach of her father who had also apparently felt no need of religious faith and was impressed by its irrational element. Others carried on their parents' and grandparents' traditions of belief, prayer and worship. Mrs Chester on her own admission had lacked a true attachment figure in her mother. She described her life in terms of a 'search for love'. When she found the Roman Catholic Church in which she had been nurtured lacking in warmth, she responded strongly to the welcome of a local Pentecostal group, although eventually she found herself in the embrace of a Catholic family.

Several cases illustrate the importance of the pastoral care of a person's own church. Mr Parker, for example, was reassured by its ready presence through bereavement and relocation during his last years, and Mrs Chester and Mr Rowan were very aware of its absence at critical times. The latter two benefited subsequently from uninvited contacts with other church groups. Even Mrs Shields, who was not religious, perceived that many older people greatly benefit from contact with clergy and was critical of any neglect of their pastoral duty. A number of SAP participants indicated their disillusionment and disappointment with their churches of

origin. Examples were given of insensitive responses to bereavement and of their repulsion at the self-importance of clergy and their lack of interest in older people, as when they appeared more concerned to raise money than to visit their parishioners. This may reflect in part a more general disillusionment with British institutions and authorities.

At the very least our findings suggest that churches should not take the allegiance of their older members for granted, and that faith is not a given at this stage of life. Loss is a common experience in ageing, and religion is an important coping resource. Use of that resource depends partly on the organisation and management of the religious institution itself. Although churches face many challenges, not least attracting younger members, they should not pass lightly over their obligations to their older members. Young people also need to see how a lifelong witness is maintained and honoured. We are currently carrying out more detailed research on older people's satisfaction with the religious institutions to which they belong.

In the Southampton Ageing Project we have studied religious involvement in the context of understanding self and identity processes, and have noted the particular value of Helen Kivnick's application of Erik Erikson's psychosocial stages in drawing out people's core beliefs (Kivnick 1991). For some people religious faith is clearly a central part of their identity. What people can legitimately hope and believe in is every bit as important as what they can know about the world. These are strengths which care workers can support and build on. We encourage other researchers to explore these neglected topics.

Another area of relevant gerontological research is existential meaning. This is less well developed than the study of self and identity, but its importance is increasingly recognised (Reker and Wong 1988; Coleman 1992*b*; McFadden 2000). Religion is one of the major providers of purpose for one's own life, but there are others, including belief in one's own family, one's community, a political ideology and a philosophy of life. We consider the term 'spirituality' to be more difficult to operationalise and use because of its multiple meanings, in particular its ambiguity about the implied presence or absence of a transcendent reality. At the same time, it is important to recognise that perception of transcendence and divinity, although it might originate in a person's religious education is not necessarily dependent upon it. Several SAP participants were clear that although they might deny allegiance to a religion, in so doing they were not denying God or the possibility of drawing on His help.

There is, at present, increased academic interest in religion and spirituality in the United Kingdom, and it is noticeable that there is much more discussion of spirituality than religion. It is therefore important to

stress that the SAP has focused more on questions of religion than of spirituality. Certainly, the fact that people have ceased to be members of the Christian churches does not mean that they have necessarily lost their beliefs or that they lack spiritual needs. But the decreasing contact with and credibility of religious institutions make it more likely that older people's needs for existential and spiritual meaning are not being fulfilled in contemporary British society. Older people have become socially and psychologically more vulnerable because of the collapse of a very important resource. Are the diverse spiritual paths now opening up in society, from New Age to eastern philosophies, equally accessible to the old as to the young? These observations are intended to alert social gerontologists to important but hugely neglected aspects of wellbeing and quality of life in old age.

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NOTES

- 1 An additional person interviewed in 1990–91 and 1995 but not in 1993 and 1998 was excluded from this analysis because the data collected did not warrant a conclusion on change or stability of belief system since 1988.
- 2 Mrs Monroe's life is described more fully in Coleman, Ivani-Chalian and Robinson (1993).
- 3 Mr Peck's, Mrs Tinker's, Mrs Willis's and Mr Blackburn's cases are analysed in detail in Coleman, Ivani-Chalian and Robinson (1999).

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