Compassionate Love as a Mechanism Linking Sacred Qualities of Marriage to Older Couples’ Marital Satisfaction

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Previous work has underscored the robust links between sanctification of marriage and marital outcomes, and recent developments in the literature suggest that compassionate love, which is important for intimate relationships, may act as a mediator of that relationship. Accordingly, the current study used actor–partner interdependence models to examine the relationship between a spiritual cognition (i.e., perceived sacred qualities of marriage) and marital satisfaction, and to determine whether that relationship is mediated by compassionate love, in a sample of older married couples (N = 64). Results revealed that wives’ greater sacred qualities of marriage were significantly and positively linked to marital satisfaction on the part of both spouses, and that these links were partially mediated by couples’ reports of compassionate love. These findings highlight the importance of moving beyond simply establishing the existence of the link between global markers of involvement of religion and marriage to understanding how specific spiritual cognitions may foster better relationship quality, especially among older couples.

Keywords: religiosity, sanctification, marital satisfaction, compassionate love, older adulthood

Religion is important in the lives of most American adults (Pew Research Center, 2012), and older adults currently tend to be among the most religious (Pew Research Center, 2010). This greater significance of religion among the current cohort of older adults may be related to a historical effect (Wink & Dillon, 2002) or may be developmentally motivated, as Koenig (2006) suggested older adults seek new sources of meaning to handle the changes associated with aging (e.g., health decline, retirement, intergenerational relationships). For many older adults, this entails drawing upon their religious and spiritual beliefs (Ellison, 1991). Utilizing these beliefs as a resource to cope with aging-related challenges appears to be highly beneficial for older adults’ mental health, physical health, and mortality (Oman & Reed, 1998; Seybold & Hill, 2001).

Despite the growing evidence of the benefits of religion for individual well-being, we know surprisingly little about how religious beliefs are related to relational well-being later in life. Although the literature has documented that greater religiosity is associated with greater marital quality and stability earlier in the life span (Black & Lobo, 2008; Dollahite & Marks, 2009), less is known about whether these associations continue to be present and robust among older couples. Thus, the goal of the current study was to use a dyadic approach to identify a potential mechanism linking older couples’ perceptions about the sanctification of their marriage and their marital satisfaction. As previous research indicates that positive relationship behaviors may mediate the link between sanctification of marriage and marital outcomes (Stafford, 2013), we proposed that compassionate love, defined broadly as a love that is centered on the good of the other (Underwood, 2009), would serve as an underlying mechanism of the link between couples’ perceptions of the sanctity of their marriage and their marital satisfaction.

Couples’ Spiritual Cognitions and Their Marriage

Greater religiosity has been consistently associated with greater marital quality (for a review, see Mahoney, Pargament, Tarakeswar, & Swank, 2001). Though the strength of these findings is bolstered by the variety of global or single-item indices of involvement in organized religion that have been examined (e.g., religious affiliation, frequency of religious attendance; Burdette, Ellison, Sherkat, & Gore, 2007; Day & Acocq, 2013), Mahoney and colleagues (1999) argued that this distal focus on religiosity and marriage has failed to capture how most people actually experience religion. As a result, the findings from most research using such global measures have produced small effect sizes and less useful implications for those seeking to promote marital functioning. For most people, religiosity is experienced more proximally, providing values and spiritual meaning for day-to-day life and relationships.

Building upon this perspective, Mahoney et al. (1999) developed a multifaceted construct, known as the sanctification of marriage, to capture the ways spouses actually integrate religion into their lives as a couple. This construct refers to cognitions of one’s marriage having spiritual character and significance, with the focus in the current study on the extent to which spouses viewed their marriage as being endowed with sacred qualities (e.g., holy,
blessed, everlasting). Although there were two specific measures that were devised to tap into sanctification of marriage (manifestation of God and perceived sacred qualities of marriage), we focused on couples’ nontheistic sanctification of marriage, as previous work has shown that this indicator is an especially strong correlate of general marital adjustment (Mahoney et al., 1999). Mahoney, Pargament, Murray-Swank, and Murray-Swank (2003) found that this proximal measure of religious/spiritual beliefs about one’s marriage explained nearly half (42%) of the variance of middle-aged husbands’ and wives’ ratings of marital satisfaction, highlighting the importance of considering how couples actually integrate their religious and spiritual beliefs into their marriage.

There is certainly compelling evidence not only from Mahoney and colleagues’ (1999, 2003) groundbreaking work but more recent work that one’s own spiritual cognitions, particularly as they relate to marriage, are associated with the quality of the intimate relationship (DeMaris, Mahoney, & Pargament, 2010; Ellison, Henderson, Glenn, & Harkrider, 2011). However, individuals’ religious beliefs are usually linked with those of their spouse (Kalmin, 1998), and the degree to which spouses’ beliefs overlap has been found to predict the quality of their marriage (Lichter & Carmalt, 2009). Further, couples may differentially benefit from each spouse’s religious and spiritual beliefs, as previous research has found that husbands’ religiousness has a greater impact on spouses’ views of the marital relationship and their marital interactions than does wives’ religiousness (Vaaler, Ellison, & Powers, 2009). Focusing solely on the link between one’s own beliefs and marital outcomes without considering how the partner’s beliefs may also be related could thus significantly underestimate the importance of such beliefs on the quality of the marital relationship. Fincham and Beach (2010) suggested that, to date, social scientists examining the link between religion and marriage have largely overlooked or mishandled the dependent and dyadic nature of couples’ religious experiences, likely leading to statistical errors in results and conclusions regarding marital outcomes. Therefore, the current study employed a dyadic approach to understand how spouses’ views of the sacred qualities of their marriage are associated with both their own and each other’s marital satisfaction.

Although understanding the dyadic nature of couples’ sacred beliefs represents an important step in understanding the role of spiritual cognitions in marriage, scholars have also called for a more thorough examination of how couples integrate their beliefs into their marriage (Ellison, Burdette, & Wilcox, 2010; Mahoney, 2010). Without knowing the explanatory mechanisms of the spiritual cognitions–marriage link, there is a critical gap in our understanding of how a couple’s perception of the sanctification of their marriage may be manifested in their relationship with each other. Does greater sanctification of marriage promote more positive marital processes that, in turn, enhance marital satisfaction? Offering a theoretical perspective on these pathways, Pargament and Mahoney (2005) proposed that sanctification of marriage leads individuals and couples to devote more time and energy toward whatever is perceived as sacred, especially close relationships. Spouses who view their marriage as more sacred may thus behave in extraordinary ways in order to protect and preserve that relationship, and as a result of the subsequent exceptional behaviors, spouses should be more satisfied with their marriage.

Recent empirical work offers support for these proposed pathways, as Stafford (2013) found that relationship maintenance, which includes efforts (e.g., expressing positivity and assurance, displaying understanding) intended to maintain the quality of the relationship, partially explained the positive link between theistic sanctification of marriage and marital quality. This finding provides support for the notion that the relationship between sanctification of marriage and positive marital outcomes may be explained by spouses’ purposeful efforts to maintain the quality of their relationship. The current study specifically contributes to and extends this literature by examining how couples’ perceived sacred qualities of marriage are related to a specific marital strength (i.e., compassionate love), and whether this, in turn, is linked to greater marital satisfaction for both spouses.

It is important to note that this link between spouses’ perceptions of the sacredness of their marriage and marital satisfaction may also work in the opposite direction, with greater satisfaction in a marriage leading to perceiving one’s marriage as more sacred. Mahoney (2010) reviewed longitudinal studies that explored whether religious or spiritual beliefs lead to positive marital outcomes, and although findings have been mixed, there is some evidence for those beliefs leading to increased marital satisfaction. Furthermore, although cross-sectional data cannot be used to determine causality, structural equation modeling (SEM) can provide preliminary evidence for a possible direction of effect if model fit is adequate (Davis-Kean, 2005). Therefore, the current study provides a preliminary, yet valuable, exploration of a potential directional influence of sanctification of marriage on marital satisfaction.

Compassionate Love as a Potential Mediator

Both theoretical and empirical arguments have shown that sanctification of marriage is positively related to marital satisfaction, and research has begun to reveal partial explanations or mediators of that relationship (e.g., relationship maintenance, sacrifice; Pargament & Mahoney, 2005; Stafford, 2013). However, studies exploring such mediators have only considered reported behaviors as possible mediators, even though viewing one’s marriage as sacred is related to how couples feel and think about their relationship as well as to how they behave (Mahoney et al., 2005; Pargament & Mahoney). Thus, we propose that compassionate love may serve as a more encompassing mediator of the relationship between sanctification of marriage and marital satisfaction through capturing the underlying affect and cognitions, as well as reported behaviors associated with viewing one’s marriage as endowed with sacred qualities.

Previous studies that tested relationship maintenance and sacrifice as potential mediators provide support for the proposed pathways and, at the same time, highlight the need to consider a more encompassing construct such as compassionate love. For example, although many relationship maintenance behaviors (e.g., expressing positivity and assurance, displaying understanding) are similar to behaviors that have been associated with compassionate love (e.g., “I expressed a lot of tenderness and caring for my partner”; Reis, Maniaci, & Rogge, 2013), compassionate love involves important affective and cognitive components not captured by relationship maintenance (Underwood, 2009). Compassionate love may similarly act as a form of relationship maintenance but may
also include important, but previously omitted, affect and cognitions to explain how couples’ sanctification of marriage is related to their marital satisfaction.

Literature on sacrifice in close relationships, which is related to compassionate love (Fehr & Sprecher, 2009), further substantiates an examination of compassionate love as a potential mediator. Research has shown that sacrifice partially explains why couples who report greater commitment, who also often report stronger religious beliefs (Lambert & Dollahite, 2008), tend to have more satisfying relationships (Stanley, Whitton, Sadberry, Clements, & Markman, 2006; Van Lange et al., 1997). Unfortunately, researchers focusing on sacrifice often overlook spouses’ motivation for those behaviors, and these motivations may be critical to understanding how these behaviors foster better marital relationships. For example, Stafford, David, and McPherson (2014) found that although sacrifice served as a partial mediator between theistic sanctification of marriage and marital quality, greater sacrifice was actually associated with poorer marital quality. As sacrifice has typically been found to be a positive process for couples’ relationship quality, the authors posited that the sacrifices reported in their study may have been motivated by a desire to avoid negative outcomes (e.g., conflict, disapproval), which can potentially have a negative effect on close relationships (see Impett, Gable, & Peplau, 2005). Conversely, they suggested that sacrifice stemming from motivation to enhance or improve the relationship would most likely have a positive effect on the relationship. Thus, focusing only on spouses’ behaviors without considering their underlying motivation or affect may obfuscate our understanding of how sanctification of marriage is related to marital satisfaction.

In light of these concerns, compassionate love may therefore be a more precise mediator, given that it includes both positive behaviors and prosocial motivation for efforts focused on improving a relationship, as seen in current definitions of the construct:

Compassionate love is an attitude toward other(s), either close others or strangers or all of humanity; containing feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need. (Sprecher & Fehr, 2005, p. 630)

Further supporting the role that compassionate love may play in these associations is work showing it is related to greater spirituality (i.e., “How spiritual do you consider yourself to be?”; Sprecher & Fehr, 2005) and more frequent daily spiritual experiences (e.g., connection with the transcendent, strength and comfort in spirituality; Sprecher & Fehr, 2005). Further, compassionate love has been shown to increase daily marital satisfaction (Reis et al., 2013) and marital stability (Neff & Karney, 2009). Thus, based on its definition and the accompanying research, compassionate love may exemplify the exceptional effort and feelings that stem from viewing a marital union as sacred (Pargament & Mahoney, 2005), and explain, in part, how sanctification of marriage is related to greater marital satisfaction.

The Developmental Context: Age and Health as Potential Moderators

Although studies reveal that compassionate love may play an important role in explaining the relationship between sanctification of marriage and marital satisfaction, most of this research has examined these constructs only among couples in the early or middle years of marriage. This limits generalizing to older couples, especially because Roberts, Wise, and DuBenske (2009) have suggested that the importance of compassionate love may, in fact, be amplified in older adulthood, particularly in light of increasing health concerns among older adults (Hodes & Suzman, 2007). Given the strong relationship between health and marital outcomes (Bookwalta, 2005), it is imperative to acknowledge that couples’ age and health may affect their experiences of these pathways. For example, when an individual needs special care because of increasing health limitations, his or her spouse has more opportunities to feel and express compassionate love. This, in turn, should enhance relationship satisfaction (Roberts et al., 2009), suggesting that both age and health may act as important moderators of these links. Thus, older adulthood is an ideal population in which to examine compassionate love and consider it as a potential explanation for why greater sanctification of marriage is related with enhanced marital satisfaction.

Current Study

In light of work underscoring the robust link between sanctification of marriage and positive marital outcomes, and developments in the literature highlighting the importance of compassionate love in intimate relationships, the current study used a dyadic approach to explore whether compassionate love mediated the link between spouses’ perceptions of the sacred qualities of their marriage and their marital satisfaction in a sample of 64 higher-functioning older couples. We proposed that compassionate love would serve as a mediator that explains the relationships between both spouses’ views of their marriage as sacred and their own marital satisfaction. Older couples who view their marriage as more sacred may be more satisfied in their marriage because they feel more compassionate love for one another. In addition, given the role that a couple’s financial context can play in shaping marital outcomes (Karney & Bradbury, 2005), we felt it important to include wealth to offer a more conservative estimate of these links. We chose to use wealth, as it is thought to be the most accurate indicator of socioeconomic status among older adults, because it represents the total resources available for consumption in retirement (Wilmoth & Koslo, 2002). Finally, to provide a more nuanced picture of these pathways, we also explored whether they may differ as a function of gender, age, and health, as the links between one’s own and one’s partner’s sacred beliefs regarding their marriage, compassionate love, and marital satisfaction may depend, to some extent, on the individual experiencing them and context in which they are experienced.

Method

Participants

Sixty-four married heterosexual couples were recruited from newspaper advertisements, churches, and other community organizations in the Southeast United States as part of a larger study examining marital relationships and well-being in older adulthood. To be eligible to participate, couples had to meet three criteria: (a) be married, (b) be at least partially retired (working less than 40
hours a week), and (c) be able to drive to the on-campus research center, to ensure that participants still had relatively high functional health.

Husbands and wives were, on average, 71 years old (SD = 7.4; range = 59 to 93) and 70 years old (SD = 7.0; range = 56 to 89), respectively. Husbands and wives were predominantly white (n = 61 and 60, respectively). With regard to education, most husbands and wives had at least some college, if not more (n = 60 and 54, respectively). Couples’ average annual income was $85,875 (SD = $64,074), and the average total wealth (i.e., property, pensions, IRAs, and income) was $1,082,547 (SD = $1,277,611). Forty-seven of the couples were fully retired (73.4%), and in 17 couples, at least one spouse was currently working for pay. Fifty-one couples (79.7%) were in their first marriage, and couples were married for an average of 42 years (SD = 15.0). On average, the couples reported having 2.6 children (SD = 1.3; range = 0 to 6).

Procedures

Participation in the study included an approximately 0- to 3-hr interview at an on-campus research laboratory. The interview consisted of several interactive tasks, including a relationship narrative task, a problem-solving task, a compassionate love task, and a support task. At the end of the interview, each spouse was given a questionnaire packet, which was to be completed and mailed back within a reasonable time period. The questionnaires assessed various aspects of marital and family life, including the measures of interest for the current study. Most couples returned the questionnaire approximately 2 to 3 weeks following the interview. Couples were paid $75 upon completion of the questionnaire packet.

Measures

Nontheistic sanctification of marriage. The Perceived Sacred Qualities of Marriage Scale (Mahoney et al., 1999) assessed nontheistic sanctification of marriage. Spouses completed 7-point Likert scale (1 = very closely describes sacred term and 7 = very closely describes antonymic term) to evaluate how well nine pairs of antonymic spiritual terms (e.g., heavenly earthly, holy unholy) described the marriage. The responses were averaged and reversed scored to calculate a score, which had a possible range of 1 to 7, with 7 representing a high sacred quality score. Construct validity of this measure has shown to be good in past studies (Mahoney et al., 2003). Reliability for this measure was good (husbands, α = .86; wives, α = .93).

Compassionate love. To assess participants’ reports of their compassionate love for their spouse, participants completed the Compassionate Love for a Close Other Scale (Sprecher & Fehr, 2005). This 21-question measure assessed the willingness, desire, and frequency of putting a partner’s needs above one’s own (e.g., “I spend a lot of time concerned about the well-being of my partner”). Responses could range from 1 (strongly disagree) to 5 (strongly agree), and a mean overall score was computed and had a possible range of 1 to 5. This measure has shown high levels of internal consistency and good convergent and discriminant validity (Sprecher & Fehr, 2005). Reliability for this measure was excellent (husbands, α = .93; wives, α = .95).

Marital satisfaction. Participants’ satisfaction with their marriage was assessed using the Marital Satisfaction Questionnaire for Older Persons (Haynes et al., 1992). This 24-item questionnaire measured various dimensions of marital satisfaction, and included both standard questions and questions thought to be developmentally appropriate for older adults. The measure included standard marital satisfaction questions, such as “How satisfied are you with . . . ?” “how my spouse reacts when I share feelings,” “how decisions are made in my marriage,” and “the number of disagreements between my spouse and me”; and more developmentally appropriate questions, such as “How satisfied are you with your spouse’s physical health?” Responses were summed and ranged from 24 to 139, with higher scores indicating greater satisfaction. Reliability was excellent (husbands, α = .92; wives, α = .93).

Health. Participants were asked if they had ever been diagnosed by their doctor with any of the following diseases/conditions common in older adulthood: heart trouble, diabetes, cancer, arthritis, asthma, stroke, lung disease, stomach problems or ulcers, leg problems, back problems, and depression. Participants responded either “yes” or “no” to each condition and affirmative responses were summed to create a total doctor-diagnosed disease score that ranged from 0 to 11. Higher scores indicated a greater number of doctor-diagnosed diseases and thus poorer health. This approach to assessing health has been well validated in the literature as an indicator of health in older adulthood (Hodes & Suzman, 2007).

Controls. To ensure a conservative estimate of the proposed links, marital duration and wealth (logged) were used as control variables, as these have been consistently linked to marital satisfaction (Karney & Bradbury, 1995). For wealth, couples reported their current total assets during the on-campus interview (i.e., houses, pensions, IRAs, income).

Data Analysis

Following preliminary analyses to examine the nature of and relations among study variables, the data were analyzed using SEM in Mplus 6.12 (Muthén & Muthén, 2009). We utilized the actor–partner interdependence model (APIM; Cook & Kenny, 2005) within SEM to examine direct actor and partner effects between sanctification of marriage and marital satisfaction for husbands and wives. Sanctification of marriage and marital satisfaction were also allowed to covary, and marital duration and wealth (logged) were included as controls. To test for mediation, we then used the actor–partner interdependence mediation model (APIMM; Ledermann, Macho, & Kenny, 2011), with compassionate love as a potential mediator of the direct effects found in the first model. All constructs were again allowed to covary, and control variables were included in Model 2. Complete mediation would occur if the total indirect effect between the one predictor and one outcome is nonzero, and the direct effect between the same predictor and outcome is zero (Lederman et al., 2011). Mplus calculated all necessary direct and indirect effects to test for mediation. Both marital duration and wealth (logged) were again included as controls. Goodness of model fit for each model was evaluated using the chi-square statistic, the Comparative Fit Index (CFI; Bentler, 1990), the root mean square error of approximation (RMSEA; Bentler, 1995), and the standardized root mean square residual (SRMR; Hu & Bentler, 1999). Mplus’ default of full information maximum likelihood was used to handle the small amount of missing data, which included missing sanctification of
marriage scores for two husbands and two wives, from separate couples, and a missing marital satisfaction score for one husband.

To explore potential gender differences, we conducted a series of delta-chi-square tests to examine whether the pathways were significantly different for husbands and wives. Finally, we conducted a series of multigroup analyses to test for moderation by both age and health. To test for moderation by age, we used median splits to group participants into older and younger age groups (husbands = 71 years; wives = 68.5 years). To test for moderation by health, median splits were again used to group participants into better health (two or fewer diseases) and poorer health (three or more diseases) groups. To test whether the proposed links differed as a function of age and health, two path models were compared for each moderator, one with free parameters and one with parameters fixed across groups (Muthén & Muthén, 2009). Chi-square difference tests were used to reveal if these models significantly differed, and for those that did, moderation was evaluated on a path-by-path basis.

Results

Descriptive Statistics and Preliminary Findings

Descriptive statistics and intercorrelations among study variables are presented in Table 1. Overall, means were generally high for all variables. Paired t tests revealed no differences between husbands and wives. All key variables were positively correlated, with the exception of husbands’ sanctification of marriage and husbands’ marital satisfaction, which were not significantly correlated. For the control variables, wealth was positively correlated with wives’ compassionate love and marital satisfaction. Although the control variables were not significantly correlated with any other variables, they were kept in the models for theoretical purposes in order to partial out associated variance.

Model 1: Sacred Qualities Predicting Marital Satisfaction

We next fit an APIM with husbands’ and wives’ sanctification of marriage predicting their own and their spouses’ marital satisfaction (see Figure 1). The control variables, marital duration and wealth (logged), were also included. The model demonstrated acceptable fit, $\chi^2 = 6.16, df = 4, ns; CFI = .96; RMSEA = .09; SRMR = .05$. Direct actor and partner effects were found, as expected, for wives but not for husbands. Wives’ sanctification of marriage significantly predicted their own ($\beta = .40, p < .05$) and their husbands’ ($\beta = .32, p < .05$) marital satisfaction—the more wives viewed their marriage as sacred, the more they and their husbands were satisfied with their marriage. Husbands’ sanctification of marriage, however, did not predict their own or their wives’ marital satisfaction. This model explained $11.3\%$ in the variance of husbands’ marital satisfaction and $21.2\%$ in the variance of wives’ marital satisfaction.

Model 2: Compassionate Love as a Potential Mediator

We next fit an APIMeM to determine if compassionate love mediated the direct actor and partner effects of wives’ sanctification of marriage on both spouses marital satisfaction, and to test potential indirect effects of husbands’ sanctification of marriage on both spouses’ marital satisfaction. The control variables, marital duration and wealth (logged), were included. The model fit was acceptable, $\chi^2 = 13.36, df = 8, ns; CFI = .95; RMSEA = .10; SRMR = .07$, as an RMSEA of .10 or below is considered reasonable (Hair, Anderson, Tatham, & Black, 1998).

As shown in Figure 2, the results offered marginal support for the mediational hypotheses. For the pathway from wives’ sanctification of marriage to husbands’ marital satisfaction, the indirect effect was nonzero at the trend level ($p = .06$) and the direct effect was zero ($p = .12$). The direct effect found in Model 1 was mediated by husbands’ compassionate love as wives’ sanctification of marriage was positively associated with husbands’ compassionate love ($\beta = .29, p < .05$), and husbands’ compassionate love was positively associated with husbands’ marital satisfaction ($\beta = .30, p < .05$). For the pathway from wives’ sanctification of marriage to wives’ own marital satisfaction, the indirect effect was nonzero ($p = .01$) and the direct effect was partially mediated ($p = .05$). The direct effect found in Model 1 was partially mediated by wives’ compassionate love, as wives’ sanctification of marriage was positively associated with wives’ compassionate love ($\beta = .40, p < .01$), and wives’ compassionate love was positively associated with wives’ marital satisfaction ($\beta = .50, p < .001$). In sum, the direct positive associations between sanctification of marriage and marital satisfaction found in Model 1 were at least partially explained by each spouse’s attitude toward the

Table 1
Descriptive Statistics and Intercorrelations for Study Variables for Husbands and Wives ($N = 64$)

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*p ≤ .10. ** p ≤ .05. *** p ≤ .01. **** p ≤ .001.
other in the marriage—the more sacred wives viewed their marriage, the more both husbands and wives reported feeling compassionate love, which, in turn, was related to each of their own marital satisfaction.

Although in Model 1, husbands’ sanctification of marriage was not significantly related to either their own or wives’ marital satisfaction, the total indirect effect between husbands’ sanctification of marriage and wives’ marital satisfaction was positively, albeit marginally, significant (β = .12, p < .10) through wives’ compassionate love (β = .12, p = .10). This APIMeM accounted for 11.9% in the variance of husbands’ compassionate love, 31.0% in the variance of wives’ compassionate love, 23.9% in the variance of husbands’ marital satisfaction, and 42.4% in the variance of wives’ marital satisfaction.

Examining Spousal Differences in These Pathways

To test for potential gender differences in these links, we performed delta-chi-square tests in both models. For each pathway between sanctification of marriage and marital satisfaction in Model 1, and for sanctification of marriage, compassionate love, and marital satisfaction in Model 2, we compared two models, one with free parameters and one in which a path was constrained to be equal between spouses. Nonsignificant chi-square difference tests between these models would indicate that husbands and wives could be considered as a single population. Using this approach, we did not find evidence that husbands and wives significantly differed in either model. In Model 1, there were no significant differences for either actor effects, Δχ²(1) = 2.65, p = .10, or partner effects, Δχ²(1) = .66, p = .42, meaning that the relationships between sanctification of marriage and marital satisfaction were similar for husbands and wives. For Model 2, there were again no significant actor or partner effects for the pathways between sanctification of marriage and compassionate love (actor effects, Δχ²[1] = 2.66, p = .10; partner effects, Δχ²[1] = .06, p = .81); compassionate love and marital satisfaction (actor, Δχ²[1] = .42, p = .52; partner, Δχ²[1] = .02, p = .89), or sanctification of marriage and marital satisfaction (actor, Δχ²[1] = 1.86, p = .17).

Examining Age and Health as Potential Moderators of These Pathways

Finally, we tested if either model was significantly moderated by spouses’ age or health. We found that neither Model 1 nor

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**Figure 1.** Actor-partner interdependence model of sacred qualities of marriage and marital satisfaction for husbands and wives. All path coefficients are standardized. For ease of interpretation, significant pathways and mediated direct effects are presented, whereas other nonsignificant pathways and cross-sectional correlations are not shown. Model fit statistics: χ² = 6.16, df = 4, n.s; CFI = .96; RMSEA = .09; SRMR = .05. * p ≤ .05.

**Figure 2.** Actor-partner interdependence model of sacred qualities of marriage, compassionate love, and marital satisfaction for husbands and wives. All path coefficients are standardized. For ease of interpretation, significant pathways and mediated direct effects are presented, whereas other nonsignificant pathways and cross-sectional correlations are not shown. Model fit statistics: χ² = 13.36, df = 8, n.s; CFI = .95; RMSEA = .10; SRMR = .07. * p ≤ .10. ** p ≤ .05. *** p ≤ .01. **** p ≤ .001.
Model 2 varied by wives' age (Model 1, $\Delta \chi^2[8] = 15.26$, $p = .05$; Model 2, $\Delta \chi^2[11] = 4.26$, $p = .96$) or husbands' age (Model 1, $\Delta \chi^2[8] = 15.16$, $p = .06$; Model 2, $\Delta \chi^2[11] = 14.26$, $p = .22$). Model 1 did not vary by husbands' health, $\Delta \chi^2(10) = 17.346$, $p = .07$; or wives' health, $\Delta \chi^2(10) = 12.73$, $p = .24$, but Model 2, the mediational model, varied by both husbands' and wives' health (husbands', $\Delta \chi^2[19] = 38.33$, $p = .01$; wives', $\Delta \chi^2[19] = 46.0$, $p = .00$). The path-by-path analysis with wives' health revealed no significant specific pathways, but with husbands' health, freeing the path from wives' sanctification of marriage to wives' compassionate love resulted in a significant improvement in model fit, $\Delta \chi^2(1) = 3.96$, $p = .047$. Wives' sanctification of marriage was more strongly linked to wives' compassionate love for wives whose husbands were in poorer health.

**Discussion**

There is growing consensus in the literature that couples’ spiritual and religious beliefs are intimately intertwined with their views of their marriage (Mahoney, 2010). The challenge facing researchers now is to move beyond simply establishing the existence of this link to understanding how specific spiritual beliefs are related to marital adjustment, especially among more diverse populations (Ellison et al., 2010; Mahoney, 2010). To answer this call, the current study used a dyadic approach to examine whether compassionate love mediated the link between nontheistic sanctification of marriage (i.e., perceived sacred qualities of marriage) and marital satisfaction in a sample of older couples. Compassionate love was found to partially explain the effects of wives' sanctification of marriage on both spouses’ marital satisfaction, suggesting that wives’ sacred beliefs of their marriage play an important role in the marriage for both husbands and wives because of how these beliefs may inspire couples’ attitudes and/or actions toward each other. Further underscoring the importance of sanctification of marriage were findings suggesting a marginally significant indirect effect from husbands’ sanctification of marriage to wives’ marital satisfaction through wives’ compassionate love. Highlighting the robustness of these links for couples in older adulthood, moderational analyses with spouses’ health and age revealed only minimal differences in how these pathways operated. Together, the findings of the current study add nuance and depth to the oft-cited religion–marriage link, and suggest that further consideration of how and for whom spiritual cognitions are incorporated into the marriage is warranted.

**The Importance of Compassionate Love for One’s Spouse**

This study provides preliminary evidence that one reason that sanctification of marriage may benefit a marital relationship may be because it is related to spouses’ compassionate dispositions toward one another. As sanctification of marriage has been both theorized and empirically shown to be related to extraordinary efforts focused on the well-being of spouses over oneself (Pargament & Mahoney, 2005; Stafford, 2013), spouses that are able to integrate that perspective into their daily activities and actions most likely experience more satisfying relationships. Sanctification of marriage may provide inspiration for couples to rise to the challenge of taking care of one another in the service of maintaining the quality of their relationship. This inspiration appears to be important in older adulthood, perhaps as a result of the increasing age-related challenges they must face (Koenig, 2006). We must note, however, that the cross-sectional nature of our study precludes us from ruling out the possibility that these relationships work in the opposite direction, with greater marital satisfaction leading to more compassionate love for one another, prompting wives to view their marriages as more sacred. Although a small amount of longitudinal research supports the direction of effects presented in the current study (Mahoney, 2010), without a longitudinal or experimental design, any causal relationships can only be theoretical at this point.

Our findings dovetail nicely with previous work on the links between sacrifice and commitment in marriage (Stanley et al., 2006; Van Lange et al., 1997), with wives’ sacred beliefs appearing to enhance husbands’ marital satisfaction through husbands’ compassionate love, and husbands’ sacred beliefs appearing to enhance wives’ marital satisfaction through wives’ compassionate love. Husbands and wives may have more compassionate love for their spouse to the extent that they perceive their spouse is committed to and strongly value the marriage—the more a husband or wife views the marriage as sacred, the more the other spouse is willing to invest in and sacrifice for the sake of the relationship. This willingness and sacrifice leads to greater relationship satisfaction and cycles back to reinforce the sacred nature of the relationship (Underwood, 2009). In fact, such perceptions of a romantic partner’s motives in the relationship have been found to be more strongly related to relationship quality than actual acts of sacrifice (Impett et al., 2005).

Although perceiving compassionate love from one’s spouse likely enhances the overall climate of the marriage, it is important to note that we did not find direct links between husbands’ or wives’ compassionate love and their spouses’ marital satisfaction. Instead, it appears that feeling compassionate love for one’s spouse is particularly beneficial for one’s own view on marriage, net of the effects of feeling that ones’ spouse is compassionately loving. These findings are consistent with previous work examining the role of compassionate love in older couples’ health, which found that the benefits of compassionate love appeared to be primarily for the giver, rather than the recipient (Rauer, Sabey, & Jensen, 2013). Similarly, in their work on support, a theoretically related process (Fehr & Sprecher, 2009), Jensen, Rauer, and Volling (2013) found that men enjoyed the greatest marital benefits when providing their spouse with sensitive support. This may be a function of perception or attribution of the other—simply seeing the other in a positive and grateful manner—rather than an actual difference in actions or interactions. Future research should examine specific behaviors related to compassionate love among older couples to explore this possible explanation.

**Later-Life Marriages as a Unique Developmental Window**

The importance of taking a dyadic approach was highlighted when considering what may have inspired the compassionate love, as wives’ sanctification of marriage was linked to both spouses’ compassionate love and, to a lesser extent, husbands’ sanctification of marriage was linked to wives’ compassionate love. Although some studies have reported gender differences in the rela-
tionship between religious and spiritual beliefs and marital relationships (e.g., Stafford et al., 2014; Vaaler et al., 2009), our lack of significant gender differences are consistent with other studies (e.g., Ellison et al., 2010). It is important to note, however, that our lack of significant gender differences may have resulted from the limited statistical power as a result of the modest sample size.

Our lack of gender differences may also be due to the unique developmental period of older adulthood, as Mahoney et al. (1999) suggested that previous findings about the religion–marriage link may not generalize across older adulthood. This argument is consistent with previous work suggesting that the role of religion in a couple’s life may change as they age. For example, Levenson, Carstensen, and Gottman (1993) found that the topic of religion became less of a source of conflict among older adults compared with middle-aged adults. Further, researchers have suggested that older adults have different reasons for their spiritual beliefs than when they were younger (Ellison, 1991; Koenig, 2006), and these different motivations may lead to various patterns of effects across spouses. Finally, given that gender differences in the effects of marriage on individuals appear to diminish later in life (Beach, Katz, Kim, & Brody, 2003), it may be that gender is less salient for older couples. Both males and females may similarly benefit from their religious views, particularly as they inspire compassionate love for each other.

As for why compassionate love might be particularly powerful in older couples’ lives, it may be that compassionate love provides the motivation to genuinely care for each other while simultaneously minimizing the costs traditionally associated with providing high levels of caregiving later in life (for a review, see Pinquart & Sörensen, 2003). For example, having a more selfless attitude, a key component of compassionate love, has been found to result in less depression and stress for a spousal caregiver, even in the face of increasing caregiving demands (Robinson-Whelen & Kiecolt-Glaser, 1997). As wives typically experience more negative effects of caregiving than husbands because of their different caregiving approaches (Raschick & Ingersoll-Dayton, 2004), it is plausible that wives’ sacred beliefs about their marriage may become more influential than husbands’ for fostering an attitude of compassionate love for both spouses, which, in turn, would enhance both spouses’ marital satisfaction. This argument is consistent with the findings from the moderational analyses, as wives’ sanctification of marriage was more strongly linked to their own feelings of compassionate love for their husbands when husbands reported poorer health. Given the unprecedented growth in the number of older adults in the United States, coupled with a pessimistic picture of their health that has recently emerged (King, Matheson, Chirina, Shankar, & Bromance, 2013), researchers and policymakers alike have a vested interest in understanding relational well-being in older couples. Understanding the roles of spouses’ sanctification of marriage and the links to both spouses’ compassionate love and marital satisfaction may represent a critical and necessary step toward achieving this goal.

Considerations and Conclusions

Despite the strengths of our study (e.g., focus on older adults, dyadic approach), the limitations suggest these findings should be interpreted with some caution. First, the sample was comprised of mostly Caucasian, highly educated, and financially well-off older adults. Considering that race (Broman, 1993), income (Karney & Bradbury, 1995), and education (Karney & Bradbury, 1995) have all been linked with marital satisfaction, this sample may not represent the general population of marriages, or even of older adults in long-term marriages, in the United States. In particular, given that finances are often linked with marital outcomes (Archuleta, Britt, Tonn, & Grable, 2011), our findings may differ from studies utilizing more diverse samples (e.g., lower-SES couples). For example, sanctification of marriage may be even more potent for marital satisfaction if couples are experiencing more financial related stressors. In addition, given that our sample was highly maritally satisfied (i.e., the mean scores for both husbands and wives were over one standard deviation above the means presented in the development of the assessment; Haynes et al., 1992), it may not be representative of the larger population of long-term marriages, as marital happiness typically declines with duration (VanLaningham, Johnson, & Amato, 2001). We recognize that high marital satisfaction scores may have been a result of a priming effect during the interview tasks, although this effect is somewhat mitigated by most couples completing their questionnaires 2–3 weeks after the visit.

Other potential limitations are the use of the omnibus measure of marital satisfaction and nontheistic sanctification of marriage scale (i.e., perceived sacred qualities of marriage). Although the marital satisfaction measure has been successfully used in many studies examining the marriages of older adults (e.g., Campbell et al., 2008), we acknowledge the inability to tap into more nuanced pieces of marital quality (e.g., communication, conflict). Thus, the use of this measure did not allow a more specific understanding of the relationships between sanctification of marriage, compassionate love, and specific aspects of marital quality, even though sanctification of marriage has been shown to be related to a variety of positive and negative aspects of marital quality (e.g., collaboration, verbal aggression; Mahoney et al., 1999). With regard to the Perceived Sacred Qualities of Marriage Scale we selected to only use nontheistic sanctification of marriage for statistical power reasons but we acknowledge that couples may hold a variety of other spiritual cognitions about their marriage, for better or worse. Future research could examine how these relationships proposed here might vary depending on the type of spiritual cognition (e.g., manifestation of God in marriage).

Finally, the cross-sectional nature of the study precludes determinations of causal pathways between sanctification of marriage and marital satisfaction—that is, perhaps more satisfied couples are more inclined to view their marriage as being endowed with sacred qualities than less satisfied couples. As it is likely that both pathways are operating, it is imperative that future studies follow couples over time to determine the extent to which each pathway is operating, and for whom, to further evaluate the developmental and gender differences that we began to uncover in the current study. Further, some of the results supporting the mediational hypotheses were interpreted based on marginally significant or trend level p values. We chose to interpret these pathways because of the modest sample size and thus limited statistical power. However, these results should be only tentatively accepted until supported in future studies.

In conclusion, findings from the current study highlight the powerful role that spiritual cognitions play in the marital relation-
ship for both husbands and wives, and begin to offer mechanisms through which couples integrate their beliefs into their relationships with each other. Specifically, we found that sacred beliefs regarding one’s marriage may be influential in a marital relationship by inspiring the type of love that provides motivation, encouragement, and context to prioritize the needs of the spouse over the self. Further, our findings suggest that this inspiration may operate differently at different points of the life span, such that unique characteristics of older couples (e.g., changing role of religiosity, health concerns, caregiving responsibilities) may influence the relationships between sanctification of marriage, compassionate love, and marital outcomes among older married couples. It is our hope that these findings will stimulate further research with the aim of identifying how religion may promote marital functioning later in life, thus potentially making marital satisfaction both achievable and sustainable for what is quickly becoming the largest segment of our population.

References


References


