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**The Past as a Resource for the Bereaved: Nostalgia Predicts Declines in Distress**

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**Abstract**

Nostalgia, a sentimental longing for one’s past, can serve as a resource for individuals coping with discomforting experiences. The experience of bereavement poses psychological and physical risks. In a longitudinal study, we examined whether dispositional nostalgia predicted reductions in distress associated with the death of a loved one. Undergraduate students (*N* = 133) provided information regarding their loss (time elapsed since loss, expectedness) and levels of initial grief, nostalgia, and distress (hyperarousal, intrusion, avoidance) at three time points over a one-month period (Times 2 and 3 occurred one week and one month after the initial session, respectively). Individuals experiencing higher nostalgia reported a decrease in intrusive thoughts across time, whereas those experiencing lower nostalgia reported no change in intrusive thoughts across time. Hyperarousal (physical symptoms, negative feelings) decreased across time among individuals with higher initial grief who experienced greater nostalgia, but increased across time among those with higher initial grief who experienced lesser nostalgia. No changes occurred in avoidance. Nostalgia can palliate bereavement.

*Keywords:* nostalgia, grief, bereavement, psychological risks, physical risks, coping

**The Past as a Resource for the Bereaved: Nostalgia Predicts Declines in Distress**

The term nostalgia was coined in 1688 by Swiss medical student Johannes Hofer (1688/1934) through the combination of two Greek words: nostos (a desire for home) and algos (pain). Hofer, who focused on Swiss mercenaries, along with contemporary scholars considered nostalgia to be a brain or psychiatric disorder characterized by an array of alarming symptoms (e.g., despondency, bouts of weeping, fainting, anorexia, fever, cardiac palpitations, suicidal ideation) and caused by longing for the Swiss homeland. The view of nostalgia as dysfunctional and damaging persisted for over 300 years. By the turn of the 20th century, nostalgia was considered an unhealthy emotion marked by loneliness or sadness, and confined to a few populations such as seamen, immigrants, or boarding school students (Batcho, 2013a; Sedikides et al., 2004).

Hofer (1688/1934) and his contemporaries, however, made an inferential error. They assumed a causal path from nostalgia to loneliness or sadness based on mere co-occurrence. Instead, recent empirical work has documented the reverse pathway: discomforting experiences evoke nostalgia, which, in turn, operates as a coping resource (Sedikides et al., 2015). We examined whether dispositional nostalgia can palliate one of the most common and challenging experiences humans endure: the death of a loved one.

**Bereavement and Grieving**

The death of a loved one poses a potential double threat to individuals: It may prompt the existential threat of mortality salience as well as the social connection threat of an irrevocable loss of a valued relationship. Bereavement, the condition of having lost a loved one, is a universal human experience denoted by a variety of distressing psychological (affective, cognitive, behavioural) and physical symptoms (Fagundes & Wu, 2020; Stroebe et al., 2007). The bereaved may mention feeling sadness, detachment, guilt, anger, and panic or anxiety (Hogan et al., 2001). The bereaved may also report such physical symptoms as headaches, dizziness, upset stomach, back pain, sleep disturbances, along with cold signs (e.g., coughing, sneezing, itchy or watery eyes; Pennebaker, 1982). Moreover, the bereaved are more susceptible to psychiatric conditions, such as Major Depression Disorder, anxiety-related disorders, and, especially in the cases of traumatic or sudden loss, Posttraumatic Stress Disorder. Further, these symptoms may cascade into an impaired immune functioning and a relatively higher mortality rate among the bereaved (Stroebe et al., 2007).

Although bereavement is a fundamental human experience, individual reactions are nuanced. Bereavement does not translate to one single state, time, or emotion (Shear, 2017). It is a complex phenomenon that may take various courses (Bonanno et al., 2011). In a prospective study of over 200 older adults (Bonanno et al., 2002), several grief trajectories emerged. Although 45.9% of participants demonstrated resilience following the loss, others varied in the duration and intensity of grief. Only 10.7% of participants, for example, exhibited common grief, that is, depressive symptoms immediately following the loss that steadily improved over time. Other participants experienced patterns of chronic grief (15.6%), chronic depression (7.8%), depressed-improved (10.2%), delayed grief (3.9%), delayed-improved (4.9%), or improved-relapsed (1.0%). Further, researchers and clinicians (e.g., Simon et al., 2007) have advocated a new diagnosis for experiences of grief that are markedly impairing. Prolonged Grief Disorder (also known as complicated, pathological, or traumatic grief disorder) describes a chronic and debilitating reaction following loss characterized by “intense intrusive thoughts, pangs of severe emotion, distressing yearnings, feelings of excessive emptiness, avoidance of tasks reminiscent of the deceased, unusual sleep disturbances, and maladaptive levels of loss of interest in personal activities” (DSM-5; American Psychiatric Association, 2013). Regardless, although individual reactions to bereavement can be complex and variable, losing a loved one is generally a distressing, threatening experience that places individuals at risk for harmful health consequences.

What contributes to distress among bereaved individuals? They may engage in general and event-specific negative appraisals that will likely culminate in poorer health outcomes. Bereaved individuals who suffer violent losses engage in negative appraisals specific to the loss by reporting recurrent imagery about their loved one’s death, such as reenactment, rescue (of the deceased), and remorse. Each of these forms of recurrent imagery is associated with elevated distress (i.e., intrusions, avoidance, hyperarousal), depression severity, and grief intensity (Baddeley et al., 2015). Similarly, rumination, a process of thinking pervasively about negative feelings and problems that coincides with maladaptive cognitive styles and depressive symptoms (Nolen-Hoeksema et al., 2008), may negatively impact bereaved individuals. Loss-related rumination often accompanies bereavement and predicts higher levels of grief (Lafarge et al., 2019) and depression (Van der Houwen et al., 2010), as well as distress symptoms of intrusion, avoidance, and hyperarousal (Taku et al., 2008). Bereaved individuals who engage in greater general (rather than event-specific) rumination report lower positive affect and, in turn, less meaning in life and inhibited post traumatic growth. Rumination among these individuals also predicts more negative affect and, in turn, reduced sense of meaning in life (Boyraz & Efstathiou, 2011).

 Whereas maladaptive processes such as rumination enhance distress among the bereaved, other forms of appraisal can be beneficial. Both sense-making (Bogensperger & Lueger-Schuster, 2014) and deliberate rumination (i.e., repetitive and *purposeful* thoughts focusing on specific aspects of the difficult event; Lafarge et al., 2019; Taku et al., 2008) are linked to greater posttraumatic growth. Similarly, greater reflection (i.e., more open and exploratory thinking about the self) predicts positive affect and, in turn, both meaning and posttraumatic growth (Boyraz & Efstathiou, 2011). Additionally, bereaved individuals undergoing a mindfulness-based treatment (Thieleman et al., 2014), a cognitive narrative treatment focused on constructing meaning (Barbosa et al., 2014), and a restorative retelling treatment (Saindon et al., 2014) all reported improvement pre- to post-treatment in their symptoms of distress (e.g., intrusion, hyperarousal, avoidance), with the exception of a study that did not find a decline in avoidance symptoms due to a possible floor effect (Saindon et al., 2014).

 Research has documented the benefits of written expressive disclosure on health and psychological outcomes across a variety of populations (Pennebaker, 1997). However, written expressive disclosure does not appear to benefit the bereaved or depressed (Frattaroli, 2006; Stroebe et al., 2002). A reason, though, may be that these emotion-focused strategies call for bereaved individuals to connect with their negative emotions (e.g., sadness, loneliness). We propose that nostalgic reverie will be beneficial to the bereaved due to this emotion’s unique profile in comparison to maladaptive processes (e.g., rumination). Both nostalgia and rumination are linked to a greater use of autobiographical memory to meet current goals and needs, but nostalgia has a substantially more positive profile (Cheung et al., 2018). Specifically, rumination is positively associated with the function of bitterness revival (i.e., using autobiographical memories to rekindle resentment toward others), but not with intimacy maintenance (i.e., drawing on memories to achieve symbolic proximity to close other in lieu of physical presence), whereas nostalgia is associated with higher levels of intimacy maintenance, but not bitterness revival. Bitterness revival is linked to many aspects of poor mental health (Westerhof et al., 2010), whereas nostalgia may allow individuals to maintain proximity to close (deceased) others while remaining free of maladaptive resentment. Nostalgia also serves self-oriented (i.e., perceptions of a positive future), existential (i.e., perceptions of life as meaningful), and social (i.e., sense of social connectedness) functions (Sedikides et al., 2015), all of which may be under threat from the irrevocable loss of a relationship.

**Nostalgia: A Resource for Coping with Negative Experiences**

Nostalgia is “a sentimental longing or wistful affection for the past” (The New Oxford Dictionary of English, 1998, p. 1266). Nostalgic reverie refers to reflecting on meaningful moments in one’s past (e.g., graduations, anniversaries, cultural rituals such as Thanksgiving), close relationships, or valued objects (e.g., keepsakes), and it can entail a redemptive structure in which the narrative progresses from a negative life event to a triumphant or positive one (Abeyta et al., 2015; Wildschut et al., 2006). Nostalgia is an ambivalent but mostly positive emotion: Recall of cherished moments, relationships, or objects is often accompanied by yearning (Hepper et al., 2012; Leunissen et al., 2020; Sedikides & Wildschut, 2016a).

 Nostalgia, like other self-relevant emotions (e.g., self-compassion), involves more complex emotional and cognitive processes (e.g., self-awareness, self-evaluation) than basic emotions (e.g., fear), and it is characterized by low arousal, positive valence, and approach orientation (Van Tilburg et al., 2018). An approach motivation, or an impulse to move toward positive stimuli, is essential to successful physical and psychological adaptation (Elliot, 2008). Framing nostalgia as an approach-oriented psychological state, Sedikides and colleagues (2015) proposed a regulatory or homeostatic model, in which nostalgia operates as a corrective mechanism to alleviate the negative impact of adverse events. Further, individuals who are high on nostalgia are more approach oriented (i.e., “feeling ready for enacting a new idea or plan”; Stephan et al., 2015, p. 1406). Batcho (2013b) noted that a lack of a relation between nostalgia and avoidance strategies indicates that “theories that portray nostalgia as escapist or as a retreat to an idealized nonexistent past” are inaccurate; rather, nostalgia promotes coping that is “socially, emotionally, cognitively, and behaviorally active” (p. 365). Nostalgia, then, has motivational properties (Abeyta & Routledge, 2016; Abeyta et al., 2015; Sedikides & Wildschut, 2016b) and is associated with constructive, pro-active, and future-oriented responding (Batcho, 2013b; Biskas et al., 2019; Cheung et al., 2019).

Individuals who are high (than low) on nostalgia derive more psychological benefits from it (Sedikides et al., 2015). In particular, they report more social connectedness (i.e., acceptance, support; Sedikides & Wildschut, 2019), meaning in life (Sedikides & Wildschut, 2018), optimism (Cheung et al., 2013, 2016), and inspiration (Stephan et al., 2015; Sedikides et al., 2018). Importantly, individuals who are high on nostalgia are better able to use nostalgia as a coping resource in times of adversity. Chronic loneliness is a case in point. Lonely persons feel socially unsupported, but they also feel nostalgic. Nostalgia, in turn, is positively associated with perceived social connectedness, thwarting the effect of loneliness (Zhou et al., 2008). Chronic boredom is another example. Bored individuals experience a drop in meaning in life, but also evince more nostalgia. Nostalgia, in turn, is linked to increases in meaning in life, thus alleviating boredom (Van Tilburg et al., 2013). Existential threat is a final example. When threatened with awareness of their own death (i.e., mortality salience), individuals who are higher (than lower) on nostalgia manifest lower death anxiety (Juhl et al., 2010). Taken together, nostalgia serves a restorative function, helping individuals higher on it to re-establish psychological homeostasis in the aftermath of distress.

**Overview and Hypotheses**

Empirical findings indicate that nostalgia acts as a regulatory resource in the presence of discomforting states (Wildschut & Sedikides, 2020; Wildschut et al., 2011). To date, however, research has not examined whether nostalgia can help individuals cope with an extremely discomforting, complex, and demanding experience, such as bereavement. According to the entrenched and recently challenged view of nostalgia as maladaptive (for reviews, see: Batcho, 2013a; Sedikides et al., 2004), we would expect that a personal and profound loss would send highly nostalgic individuals into a further downward spiral. However, according to a burgeoning literature (Sedikides & Wildschut, 2018, 2019; Sedikides et al., 2015), high levels of nostalgia would help bereaved individuals cope with their loss.

In a longitudinal study, we assessed the extent to which bereaved persons reported intrusive thoughts, hyperarousal (e.g., physical symptoms, negative feelings), and avoidance across time. Although we did not develop specific hypotheses regarding initial level of loss-related grief, we did explore the potential link between initial grief and our outcomes, given that individual grief responses in bereavement can vary (Bonanno et al., 2002). We hypothesized that higher levels of nostalgia would predict reductions of distress (i.e., intrusive thoughts, hyperarousal) related to the loss of a loved one across time. However, we did not expect nostalgia to influence avoidance across time, as previous research has found no correlation between nostalgia and avoidance (Batcho, 2013b).

**Method**

**Participants**

 Participants were introductory students (*N* = 133; 106 women, 23 men, 4 undeclared; *M*age = 19.93 years, *SD*age = 3.75 years) at a large, public, mid-Atlantic university. We recruited them from the research participant pool of the Psychology Department in exchange for course credit for a longitudinal study involving “college students who have lost a loved one.” Participation was limited to those who reported the loss of a loved one in the prior two years, and participants received course credit. Their ethnicity varied: White/Caucasian = 29.3%, Black/African-American = 28.6%, Asian = 18%, Hispanic/Latino = 8.3%, Other/Mixed Race = 12.8%, 3% did not report.

An average of 13.18 months (*SD* = 8.32) had elapsed since the participants’ losses occurred. A majority of reported losses were of grandparents (51.1%), extended family members (23.3%), parents (5.3%), or friends (9.8%), with the remaining (10.5%) deaths reported as significant others, acquaintances, other, or undeclared. The losses were nearly equally expected (46.6% “expected” or “very expected”) and unexpected (49.6% “unexpected” or “very unexpected”), with 3.8% undeclared. Participants reported a moderate level of closeness to the deceased (1 = *not very close*, 5 = *extremely close*; *M* = 3.87, *SD* = 1.04).

**Procedure**

This study was part of a larger investigation of bereavement among college students that included an initial laboratory session (T1) and two follow-up sessions completed online one week (T2) and one month (T3) after the initial session. Participants were informed at the study outset that questions focused on their “loss experience” and their “feelings about [their] loved one who has passed away.” They received instructions that “These questions regard the loss of a family member, friend, or loved one. If you have experienced the loss of more than one significant other, please respond regarding your most significant loss experience from the past 2 years.” During the initial laboratory session, participants listed demographic information, and reported characteristics of their loss (i.e., relationship to the deceased, closeness with the deceased, months since the loss, expectedness of the loss). Participants also responded to a series of questionnaires (i.e., initial grief, nostalgia, distress elicited by the loss). In the two

follow-up sessions, participants responded online only to questionnaires assessing nostalgia and distress elicited by the loss.

**Measures**

***Grief***

The 61-itemHogan Grief Reaction Checklist (HGRC; Hogan et al., 2001) instructs participants to report the extent to which they have experienced a variety of thoughts and feelings related to their loss within the past two weeks, including the day of assessment (e.g., “I agonize over his or her death”, “I frequently have muscle tension”) (1 = *does not describe me at all*, 7 = *describes me very well*). To measure initial levels of grief, we averaged responses from the initial (Time 1) laboratory session; higher scores reflected greater initial levels of grief (α = .92).

***Nostalgia***

The 7-item Southampton Nostalgia Scale (Barrett et al., 2010; Routledge et al., 2008) assesses frequency and personal relevance of nostalgic engagement (e.g., “How often do you experience nostalgia?”, “How valuable is nostalgia for you?”; 1 = *not at all*, 7 = *very much*). We averaged responses at each time point; higher scores reflected greater levels of nostalgia (Cronbach’s αT1 = .88, αT2 = .92, αT3 = .93).

***Distress***

The 22-item Impact of Event Scale-Revised (Weiss & Marmar, 1997) is a measure of subjective distress caused by traumatic events. The measure instructs participants to report the extent to which they have been bothered by difficulties in the past seven days and contains three subscales: *intrusion* (8 items; e.g., “I thought about it [referring to the loss] when I didn’t mean to”), *hyperarousal* (6 items; e.g., “I felt irritable and angry”), and *avoidance* (8 items; “I stayed away from reminders about it”) (0 = *not at all*, 4 = *extremely*). We averaged responses for each subscale at each time point; higher scores reflected greater levels of intrusion (αT1 = .87, αT2 = .86, αT3 = .90), avoidance (αT1 = .86, αT2 = .89, αT3 = .89), and hyperarousal (αT1 = .79, αT2 = .87, αT3 = .81) at each time point.

**Results**

**Attrition and Initial Analyses**

First, we assessed whether attrition impacted our variables. Most participants (*n* = 114; 85.71%) took part at the second time point; 74.44% of them (*n* = 99) took part in the final data collection session. We conducted independent samples *t*-tests to examine whether individuals who did (vs. did not) participate in the final data collection session differed on initial levels of grief, nostalgia, intrusion, avoidance, and hyperarousal; no significant differences emerged (*p*s ranged from .67 to .80).

Next, we conducted independent samples *t*-tests to examine whether women and men differed in initial grief as well as nostalgia, intrusion, avoidance, and hyperarousal at each time point. No significant effects of gender emerged (*p*s ranged from .28 to .92). We tested if our variables were influenced by whether the loss was expected. Participants who reported unexpected losses mentioned greater avoidance at Time 1 (*M* = 1.34, *SD* = 1.07) and Time 2 (*M* = 1.16, *SD* = 1.03) compared to those who reported expected losses at Time 1 (*M* = 0.96, *SD* = 0.71) and Time 2 (*M* = 0.66, *SD* = 0.67), respectively (*t*T1[121] = 2.31, *p* = .02, Cohen’s *d* = 0.42; *t* T2[103] = 2.81, *p* = .01 Cohen’s *d* = 0.56). No other significant differences emerged (*p*s ranged from .10 to .96). We also examined correlations of the time elapsed since the loss and closeness to the deceased with initial grief or nostalgia, intrusion, avoidance, and hyperarousal at each time point. Time elapsed since the loss did not correlate with any of the variables (*p*s ranged from .11 to .84). Modest but significant positive relations emerged between relationship closeness and Time 1 intrusion (*r* [122] = .25, *p* = .01), Time 2 intrusion (*r* [101] = .22, *p* = .02), and Time 2 hyperarousal (*r* [104] = .23, *p* = .02); no other significant associations emerged (*p*s ranged from .09 to .88).

**Multilevel Modeling Analysis Plan**

We used multilevel modeling to analyze the longitudinal data, with an individual’s scores on a subscale measure of distress at each time point (i.e., level 1) nested within the individual (i.e., level 2). We estimated separate models using maximum likelihood for each of the three subscale measures of distress (i.e., intrusion, avoidance, hyperarousal); all models contained random slopes and intercepts. We implemented a build-up modeling approach with an initial model of an individual’s nostalgia at each time point (level 1), time (level 1; coded in units of weeks), and the two-way Time × Nostalgia interaction included as predictors of a subscale measure of distress. We then estimated a second model with initial grief (level 2) included as an additional predictor along with all possible two-way interactions and the three-way interaction (Time × Nostalgia × Initial Grief). We used a likelihood ratio (i.e., deviance) test (Bickel, 2007; Snijders & Bosker, 2011) to compare the two models, with significance at the .05 level indicating that the more complex second model had improved fit to the data. We conducted these multilevel analyses using the *nlme* package (Pinheiro et al., 2017) within R software (R Core Team, 2016). Finally, we used Preacher and colleagues’ (2006) online calculators to examine any significant interactions and test simple slopes.

**Associations of Nostalgia and Initial Grief with Distress: Multilevel Models**

 Table 1 includes the results from the retained multilevel model for each of the three subscale measures of distress reported in more detail below. Given that significant relations were present between loss expectedness and avoidance, and between relationship closeness and intrusion as well as hyperarousal, we also estimated models described in the section with these variables as potential covariates. Stated otherwise, we estimated models of intrusion and hyperarousal with the inclusion of relationship closeness, and we estimated the model of avoidance with the inclusion of loss expectedness. We observed the same pattern of results when we included or removed these variables from the models, and thus we interpreted and reported the more parsimonious hypothesized models.

***Intrusion***

The second model with the inclusion of initial grief did not significantly improve model fit, χ2(3) = 1.84, *p* = .61; thus, we retained the initial model with nostalgia, time, and the Nostalgia × Time interaction. The Nostalgia × Time interaction was significant, *b* ***=*** -0.04, *t*(122) = -2.49, *p* = .01. Figure 1 displays simple slope analyses conducted to examine the change in intrusion across time at different levels of nostalgia. For participants experiencing lower nostalgia, defined as one standard deviation below the mean, the change in intrusions across time was not significant, *b* = 0.04, *t*(122) = 0.51, *p* = .61. For participants experiencing higher nostalgia, defined as one standard deviation above the mean, intrusive thoughts significantly decreased across time, *b* = -0.23, *t*(122) = -3.48 *p* < .001. Region of significance analyses indicated that this significant (*p* < .05) decrease of intrusions across time was predicted to be present when participants reported nostalgia scores equal to or greater than 4.49. Put differently, participants who reported a level of nostalgia at or exceeding 4.49 were estimated to experience a significant decline in intrusions.

***Hyperarousal***

The Time × Nostalgia × Initial Grief interaction was a significant predictor of hyperarousal, *b* = -0.12, *t*(119) = -3.60, *p* < .01, and this full model demonstrated significantly improved model fit when compared to the initial model of time, nostalgia, and Time × Nostalgia, χ2(3) = 11,80, *p* < .01. We conducted simple slopes analyses to examine the association of nostalgia with hyperarousal across time for different levels of initial grief, with lower and higher levels of nostalgia and initial grief defined as one standard deviation below and above the mean, respectively.

 Among participants at lower initial grief intensity (one standard deviation below the mean; initial grief = 1.72), there was no significant change in hyperarousal across time for those experiencing either lower, *b* = -0.03, *t*(119) = 0.35, *p* = .72, or higher nostalgia, *b* = 0.06, *t*(119) = 0.70, *p* = .49. Figure 2a displays the relation between nostalgia and hyperarousal across time for such participants.

 Among participants at higher initial grief (one standard deviation above the mean: initial grief = 2.66), those experiencing lower nostalgia reported a significant increase in hyperarousal across time, *b* = 0.21, *t*(119) = 2.28, *p* = .02. Participants with higher initial grief experiencing higher nostalgia evinced a significant decrease in hyperarousal across time, *b* = -0.24, *t*(119) = -3.62, *p* < .001. Region of significance analyses indicated that, for participants with higher initial grief, a significant (*p* < .05) increase in hyperarousal across time was predicted to be present when they reported nostalgia scores less than or equal to 3.42, whereas a significant decrease in hyperarousal across time was predicted to be present when they reported a nostalgia score greater than or equal to 5.06. Figure 2b displays the relation between nostalgia and hyperarousal across time for such participants.

***Avoidance***

We observed no significant main effect of time, nostalgia, or Nostalgia × Time interaction in the initial model. When we included initial grief as a predictor, and estimated the full model with all interactions, no significant effects were present. Therefore, nostalgia did not predict declines across time in avoidance. We report results for this model in the bottom section of Table 1.

**Discussion**

Our findings indicate that dispositional nostalgia predicts reductions in distress among bereaved individuals. Individuals experiencing greater dispositional nostalgia reported a decrease in intrusive thoughts across time, whereas individuals experiencing lower dispositional nostalgia did not report a similar decline across time. Additionally, hyperarousal (e.g., irritability, physical reactions to the loss) declined across time among individuals with higher initial grief who experienced higher nostalgia, but hyperarousal increased across time among individuals with higher initial grief who experienced lower nostalgia. No changes occurred in avoidance.

In general, nostalgia helped bereaved individuals by buffering the impact of bereavement across time without encouraging escapist strategies. Regardless of an individual’s initial level of grief, higher levels of nostalgia predicted reductions in intrusive thoughts about the loss across time, and higher levels of nostalgia predicted reductions in physical and emotional hyperarousal across time for participants with higher initial grief. These results are consistent with our hypotheses.

**Implications**

Individuals relate to the past through a variety of means (e.g., nostalgia, rumination, counterfactual thinking), but nostalgia operates as a more positive and constructive method of connecting to the past than alternatives (Cheung et al., 2018). Nostalgia is an active homeostatic process (Sedikides et al., 2015; Wildschut & Sedikides, 2020) that promotes an optimistic outlook (Cheung et al., 2013, 2016) and can follow a redemptive narrative structure progressing from difficulty to resolution (Wildschut et al., 2006). In this way, nostalgia may help bereaved individuals reflect on a loss with less distress and pursue a more constructive trajectory.

We expanded prior literature (Batcho, 2013b; Sedikides & Wildschut, 2020; Sedikides et al., 2015) by demonstrating that nostalgia serves a restorative function for those faced with a profound and wrenching threat: the death of a loved one. First, higher levels of nostalgia predicted reductions in intrusive thoughts across time, which aligns with research examining other cognitive responses to loss: Eulogizing the dead with praise and idealization reduces death-thought accessibility (Hayes, 2016). It is notable that individuals higher (than lower) on nostalgia started out with more intrusive thoughts (Figure 1). One potential explanation for the positive relation between initial levels of intrusion and nostalgia may be continuing bonds. Specifically, higher levels of symptomology (e.g., poor biopsychosocial functioning, traumatic perception of loss) predict a greater likelihood of maintaining an ongoing relationship with the deceased, potentially because individuals with higher symptomology seek more frequently and actively a continued bond (e.g., through memory recovery) as a means of assisting coping and reducing grief (Sirrine et al., 2018). This pattern is similar to the function of nostalgia, in that nostalgia occurs naturally in response to threats and attenuates their psychological impact (Juhl et al., 2010; Van Tilburg et al., 2013; Zhou et al., 2008).

Greater nostalgia predicted declines in hyperarousal among individuals higher in initial grief only. In our sample, individuals lower in initial grief reported less hyperarousal from the initial assessment, leaving little room for further declines across time and, hence, scant opportunity to detect a role for nostalgia (i.e., floor effect; Figure 2a). Individuals higher in initial grief, however, evinced a considerably greater range of hyperarousal, creating space for nostalgia’s soothing, low-arousal character (Van Tilburg et al., 2018) to come into play (Figure 2b).

Nostalgia was not linked with maladaptive avoidant strategies, supporting Batcho’s (2013b) rejection of the negative caricature of nostalgia as a feeble retreat or escape from reality. Instead, greater nostalgia was linked to better emotional and instrumental social coping, as well as with planning, action taking, and positive reframing goal-directed strategies (Batcho, 2013b). Approach and avoidance motivations are conceptually distinct: approach involves movement *toward* a stimulus and facilitates thriving, whereas avoidance involves movement *away* from a stimulus and facilitates merely surviving. More specifically, approach helps individuals promote new, and maintain existing, positive situations, whereas avoidance helps individuals prevent new, and escape existing, negative situations (Elliot, 2008). Thus, individuals can approach (i.e., recall) cherished memories while being no more or less likely to avoid (i.e., suppress) unpleasant ones, perhaps accounting for the lack of relation between nostalgia and avoidance in our research.

Our findings have clinical implications for those who work closely with the bereaved, including grief counselors, hospital chaplains, and palliative care clinicians. First, nostalgia appears to facilitate reductions in intrusive thoughts over time. Indeed, the relevance of nostalgia identified in our work maps closely to various third-wave cognitive therapies (e.g., Acceptance and Commitment Therapy; Hayes et al., 2009) and mindfulness-based approaches, which seek to amend one’s *reaction* to thoughts instead of changing the thoughts themselves. Our results also indicate that nostalgia is particularly important for individuals who are most severely affected by their loss. Those experiencing higher initial grief intensity who were more prone to nostalgia showed a reduction in hyperarousal across time, but those with higher initial grief who were less prone to nostalgia evinced an increase in hyperarousal across time. Professionals assisting the bereaved may be able to help severely affected clients cope better by fostering nostalgia through regular sessions. Programs have been developed to help individuals cultivate other dispositional qualities (e.g., humility; Lavelock et al., 2014), and similar programs could be developed for fostering nostalgia. This practice may also serve as a safe method for guiding bereaved individuals to thoughts about their lost loved ones, as nostalgia represents a redeemable, positive experience that does not deny (and is, in fact, embedded within) longing.

**Limitations and Future Research**

Our research is the first to examine whether nostalgia functions as a resource for bereaved individuals. However, our study contains limitations. We focused on dispositional nostalgia. As such, we could not tell what types of nostalgia interventions may be effective in reducing distress among bereaved individuals. Although prior research has examined dispositional nostalgia as a resource to counteract loneliness (Zhou et al., 2008) and to engage in adaptive coping strategies (Batcho, 2013b), additional work has demonstrated that nostalgia can be induced through a variety of methods, including narratives (Wildschut et al., 2006), music and song lyrics (Barrett et al., 2010; Routledge et al., 2011), and scents (Reid et al., 2015). Follow-up investigations could rely on these methods to develop and test nostalgia interventions with bereaved individuals. Such investigations would illuminate the potential benefits of *state* nostalgia. Further, whereas nostalgia does serve as a resource for coping with specific threats (Juhl et al., 2010; Van Tilburg et al., 2013; Zhou et al., 2008), an intervention that targets relationship-specific nostalgia (Mallory et al., 2018) for the deceased may produce more pronounced beneficial effects. Given that prominent models of bereavement (e.g., Dual Process Model, Meaning Reconstruction, Cognitive Behavioural) include some form of nostalgic reverie, dismantling strategies would be most useful in identifying the unique contribution of nostalgia (Stroebe & Schut, 2001).

Our findings add to current literature by examining bereavement among college students. Bereavement in this age group is a “silent epidemic”, with 30% and 39% of traditional age (i.e., 18-23 years of age) college students reporting having lost a loved one within the past 12 and 24 months, respectively (Balk et al., 2010). However, younger adults may receive less empirical attention than older individuals, as the latter report more frequently multiple losses than the former (Shah & Meeks, 2012), and prior loss predicts complicated grief (Hays et al., 1997). Complicated grief, which is associated with excessive bitterness over the loss (Mauro et al., 2019), is more prevalent in older adults relative to other age groups (Kersting et al., 2011; Newson et al., 2011). Furthermore, older adults may have less access to social support and smaller networks (Pinquart & Sörensen, 2001). We expect that nostalgia be particularly beneficial for older adults, as it can be elicited through a variety of stimuli without the actual presence of others in the moment (Barrett et al., 2010; Reid et al., 2015; Routledge et al., 2011; Wildschut et al., 2006). Nostalgia may become more prominent later in life, as bereavement and frailty may make older adults vulnerable to loneliness and prone to reliving close relationships (Hepper et al., 2020), while enhancing perceived bonds is thought to be a particularly promising strategy to combat late-life mental health risks (Chang et al., 2017). Thus, follow-up work could extend our findings by identifying nostalgia as a potential coping mechanism and examining its impact on intrusive thoughts, hyperarousal, and avoidance among older bereaved adults.

Future research may benefit from larger samples. The nature of our population (bereaved individuals) and study design (multiple assessment times) presented a challenge in both recruiting and maintaining participants, but resulted in an adequate sample size (*N* = 133; we did not conduct a priori power analyses) and number of time points (3) for investigating cross-level interactions (Mathieu et al., 2012). Future research may also benefit from extended periods of assessment. We carried out our research over a relatively short time-period: The final assessment occurred one month after the initial assessment. Granted, similar research designs of bereaved undergraduates reported significant effects as early as one week and three months following initial assessment (Lichtenthal & Cruess, 2010). Yet, we recommend that researchers pondering the trade-off between collecting more participants or measuring the same participants across more time points prioritize the latter to achieve the largest increase in power (Moerbeek et al., 2008; Scherbaum & Ferreter, 2009). Furthermore, initial data collection for each participant occurred after differing lengths of time since the death of the loved one (*M* = 13.18, *SD* = 8.32 months elapsed). Although time elapsed did not correlate with our measured variables, it is possible that findings could change in periods of time beyond one month. For example, bereaved individuals may experience a recurrence of their symptoms at the anniversary of the loss, typically during the anniversary month but also during the preceding months as they anticipate the anniversary (Chow, 2010). It is worth testing whether nostalgia’s restorative function promotes individual coping at this particularly difficult time.

Lastly, future research may benefit from different measurements of distress. The majority (77.27%) of items in our measure of distress (i.e., Impact of Event Scale-Revised; Weiss & Marmar, 1997) contained event-specific language, and we repeatedly instructed our participants to respond in reference to loss of their loved one. Yet, this measure contains a few items (e.g., “I had trouble falling asleep”) that participants could complete in reference to general rather than event-specific distress. Follow-up work could compare participants’ responses across both event-specific and general measures of distress to determine if differences emerge.

**Conclusion**

Once misinterpreted as a maladaptation, nostalgia operates as a coping resource: It buffers against threats and restores homeostasis. Our research demonstrates that the benefits of nostalgia extend to even one of the most profound threats that humans can experience over the span of their lives: the death of a loved one. Bereavement often is accompanied by aversive states of intrusive thoughts and frustration or irritability, and nostalgia serves to allay these discomforting states.

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**Table 1**

*Results from Multilevel Regression Analyses for Each Measure of Distress*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Retained Model** **for Each Measure of Distress** | *b* | *SE* | *df* | *t* | *p* |
| **Intrusion** |  |  |  |  |  |
| Intercept | 0.29 | 0.22 | 122 | 1.34 | .18 |
| Time | 0.14 | 0.08 | 122 | 1.75 | .08 |
| Nostalgia | 0.16 | 0.05 | 122 | 3.44 | < .001 |
| Time × Nostalgia | 0.04 | 0.02 | 122 | -2.49 | .01 |
| **Hyperarousal** |  |  |  |  |  |
| Intercept | -1.83 | 0.85 | 119 | -2.17 | .03 |
| Time | -0.91 | 0.33 | 119 | -2.71 | <. 05 |
| Nostalgia | -0.06 | 0.18 | 119 | -0.32 | .75 |
| Grief  | 1.12 | 0.40 | 92 | 2.84 | < .05 |
| Time × Nostalgia | 0.22 | 0.07 | 119 | 3.10 | < .01 |
| Time × Grief | 0.48 | 0.16 | 119 | 3.10 | < .01 |
| Nostalgia × Grief | 0.06 | 0.08 | 119 | 0.68 | .50 |
| Time × Nostalgia × Grief | 0.12 | 0.03 | 119 | -3.60 | < .01 |
| **Avoidance** |  |  |  |  |  |
| Intercept | -0.40 | 1.17 | 119 | -0.34 | .74 |
| Time | -0.30 | 0.43 | 119 | -0.70 | .49 |
| Nostalgia | -0.24 | 0.24 | 119 | -0.98 | .33 |
| Grief  | 0.58 | 0.55 | 92 | 1.06 | .29 |
| Time × Nostalgia | 0.07 | 0.09 | 119 | 0.77 | .44 |
| Time × Grief | 0.08 | 0.20 | 119 | 0.38 | .71 |
| Nostalgia × Grief | 0.13 | 0.11 | 119 | 1.15 | .25 |
| Time × Nostalgia × Grief | -0.03 | 0.04 | 119 | -0.65 | .52 |

*Note.* Estimates (*b*) represent unstandardized coefficients. Time is centered at Time 2 and coded in units of weeks. Other predictors are unaltered from the raw metric.

*Figure 1*. Simple Slopes Plot for Effect of Time × Nostalgia on Intrusion



*Note.* Nostalgia (*M* = 4.52, *SD* = 1.39). Lower nostalgia is one standard deviation below the mean (3.13) and higher nostalgia is one standard deviation above the mean (5.91).

Solid lines indicate significant simple slope (*p* < .05), whereas dashed lines indicate non-significant simple slope.

*Figures 2a and 2b.* Simple Slopes Plot for Effect of Time × Nostalgia on Hyperarousal at Lower and Higher Grief



*Note.* Nostalgia (*M* = 4.52, *SD* = 1.39). Lower nostalgia is one standard deviation below the mean (3.13) and higher nostalgia is one standard deviation above the mean (5.91). Grief (*M* = 2.19, *SD* = 0.47). Lower grief is one standard deviation below the mean (1.72).

Higher grief is one standard deviation above the mean (2.66). Dashed lines indicate non-significant simple slope. Solid lines indicate significant simple slope (*p* < .05).