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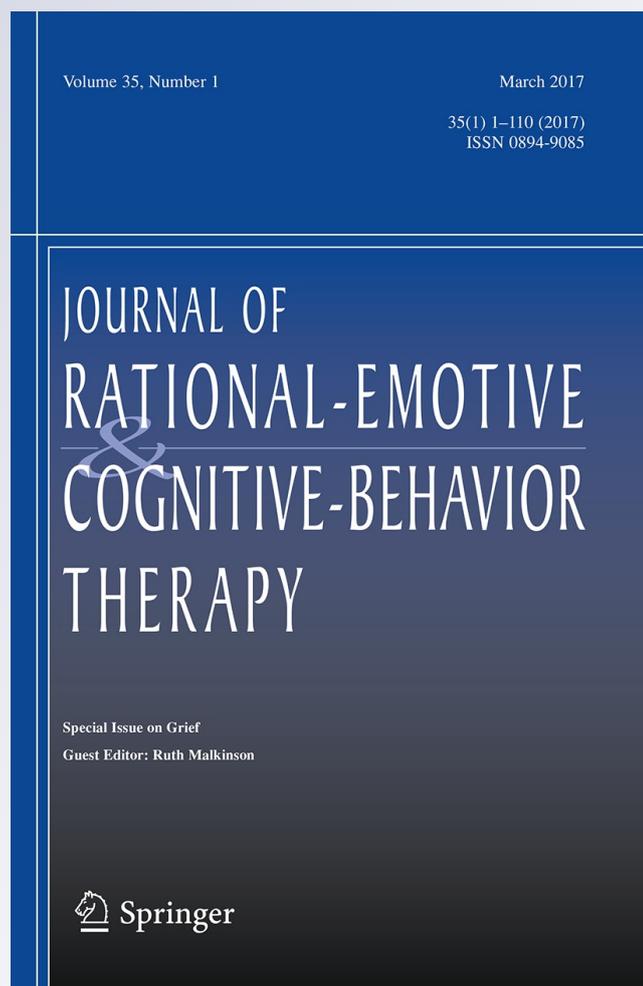
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Spiritual Distress and Depression in Bereavement: A Meaning-Oriented Contribution

Robert A. Neimeyer¹ · Laurie A. Burke²

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Abstract One key focus of a meaning reconstruction model of bereavement concerns spiritual meanings attributed to the death, whether consoling or troubling. Specifically, previous studies in our research program suggest that religiously inclined violent death survivors are at risk for elevated levels of both bereavement distress and *complicated spiritual grief*, a crisis of faith following loss that refers to the erosion of the mourner's relationship to God and/or the religious community. However, more research is needed to understand the convergence of depression and spiritual struggle in the context of violent and natural loss. In this study of a diverse sample of 59 American Christians bereaved less than 5 years, we sought to: (1) determine if individuals bereaved by homicide, suicide or fatal accident differed from those bereaved by natural causes in their levels of depression and spiritual coping; (2) investigate the relation between the latter constructs; and (3) ascertain if cause of death mediates the effect of religious coping on depression. We found that: (a) violently bereaved individuals endorsed more negative religious coping, and (b) depression was associated with greater spiritual struggle, particularly a sense of disrupted relationship with God. Contrary to expectations, positive religious coping was unrelated to post-loss depression, and cause of death did not mediate the relationship between spiritual coping and depressive symptomatology. A clinical

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case study concludes the article, illustrating the interweaving of spiritual and psychological distress in tragic bereavement, and their implications for a meaning-oriented grief therapy.

Keywords Meaning reconstruction · Religious coping · Spiritual crisis · Spiritual struggle · Complicated spiritual grief · Bereavement · Depression · Homicide · Violent death

Clinical Prologue

Four months after the death of her partner, David, in a diving accident, Lauren was disconsolate, stuck in an anguishing depression that contrasted sharply with the single year of joy that she and David had known, against the generally disappointing backdrop of previous relationships. As she tearfully summarized in therapy the circumstances of David's death and her life since, Lauren described the latter as "not really living—just a 'wake up and repeat' sort of thing." Though not actively suicidal, she found herself wondering whether "life was worth it," ruminating frequently about the accident, the quadriplegia that resulted, and the 4 days of hospitalization that intervened between it and the adult respiratory arrest syndrome that ended David's life. She was referred for grief therapy when she "hit the wall" with her previous counselor, who acknowledged Lauren's need for more specialized services.

Inquiring more deeply into Lauren's responses to the loss, the therapist (RAN) learned of her preoccupation with questions that seemingly had no answers: *Why me? Why David?* Indeed, as she phrased it, her partner's senseless death "shattered her world view," at levels ranging from the personal (*Why did I go home to sleep that last day of his hospitalization, the night he died?*) to the existential. As a lifelong Christian, this seemingly futile attempt to find meaning in a meaningless loss ultimately led her to direct her anger at God, as she would plead in her prayers, *Why would you do this, when I've been through so much already?* and *Why would you do this to him?* Feeling as if her prayers were met with silence, she felt her anger generalize to her faith community, which offered only religious platitudes, when they recognized her bereavement at all, in view of her "not really being his wife." Isolated, desperately sad, and tangled in a psycho-spiritual struggle that felt overwhelming, Lauren hoped that therapy would help her get "unstuck," and recover some of the "hope" that David had brought into her life, and that seemed to have died with him.

Depression in Bereavement

Bereavement is as ubiquitous as the psychological distress that commonly follows in its wake. Additionally, researchers have estimated that as many as 10% of deaths each year are a result of a violent act (i.e., homicide, suicide, accident, combat or terrorist attack; Rynearson and Geoffrey 1999), and that violent death loss (including fatal accidents) may negatively affect the course of bereavement

(Lichtenthal et al. 2010) by increasing one's vulnerability to mental illness. For example, Currier et al. (2007) discovered that individuals who were violently bereaved (i.e., as a result of accident, suicide, or homicide) suffered greater psychological distress than those who were bereaved by a natural death (i.e., lengthy illness, heart attack). Likewise, Kaltman and Bonanno's (2003) study with older widows revealed that although high levels of depression were prevalent in their sample, type of loss determined chronicity of depressive symptoms, with violently bereaved individuals maintaining distress levels as long as 25 months post loss. Our goal in the present study was to extend our previous research on meaning reconstruction and adaptation to bereavement (Neimeyer 2014; Neimeyer et al. 2010) by shedding light on the relation between depression and the quest for spiritual meaning in the loss of a loved one to violent or nonviolent causes in a sample of ethnically diverse adults.

Although bereavement distress as an overarching concept can be measured in terms of anxiety (Shear et al. 2011), posttraumatic stress disorder (PTSD; (Bonanno and Mancini 2006), and complicated grief (CG; a protracted, incapacitating, and sometimes life-threatening response to the loss of a primary attachment figure; (Prigerson et al. 1995); also termed prolonged grief disorder, PGD; (Boelen and Prigerson 2007; Neimeyer 2008), depression has served as the most common measure of psychological distress in bereaved populations (Neimeyer et al. 2008). These various forms of distress share some symptomatology (e.g., dysphoria), but they are distinguished phenomenologically and neurologically by the predominance of fearful arousal in anxiety states, alternating intrusion and avoidance in PTSD, longing and yearning for the lost other in prolonged or complicated grief, and self-derogation and anhedonia in depression (Prigerson et al. 2009; Shear et al. 2011). Descriptively, for the present purposes, depression refers to "dysphoria that can vary in severity from a fluctuation in normal mood to an extreme feeling of sadness, pessimism, and despondency" (VandenBos 2007).

Recent research illustrates the prevalence of depression in bereavement (Maercker et al. 2016). For instance, McDevitt-Murphy et al. (2012) found in their longitudinal study of 54 African American homicide survivors that 53% of their baseline sample screened positive for depression, in some cases as much as 5 years post loss. Other studies reveal the enduring nature of depression for a subset of mourners of natural death losses as well. Using data collected from a sample of older women grieving the loss of their husbands, Boerner et al. (2005) found that approximately 10% of widowed spouses were still "chronically depressed" 4 years post loss, with little symptom reduction between months 18 and 48. Thus, research documents the relatively common occurrence of prolonged depression for a subset of both naturally and violently bereaved survivors, a condition that, as for Lauren in the opening case study, clearly merits evaluation and treatment.

Loss and the Quest for Meaning

Like the broader constructivist perspective from which it was derived (Kelly 1955; Neimeyer 2009), a meaning reconstruction perspective on bereavement emphasizes the inveterate human quest to find order and significance in life events at personal,

interpersonal, social, and cultural levels (Neimeyer 2001; Neimeyer et al. 2014). The result of this sense-making activity is, under optimal circumstances, a flexible and evolving self-narrative, defined as “an overarching cognitive–affective–behavioral structure that organizes the ‘micro-narratives’ of everyday life into a ‘macro-narrative’ that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world” (pp. 53–54). Stated simply, we seek to construct and enact a story that makes sense of life, and that makes sense of us.

When we lose a vital participant in that self-narrative to death, however, critical implicit meanings that sustain our sense of our self and the world are eroded, and particularly when the death is sudden and violent, such assumptions can be “shattered,” as Janoff-Bulman and Berger (2000) have theorized, and as Lauren aptly described following the tragic death of her partner. Viewed in this light, grieving commonly entails an attempt to reaffirm or reconstruct a world of meaning that has been challenged by loss (Neimeyer 2002). More concretely, this frequently entails engaging one or both of two narrative tasks: (a) *processing the “event story” of the death itself*, in an effort to integrate it into our self-narrative and to grasp its implications for our own lives going forward, and (b) *accessing the “back story” of the life of our loved one*, in order to address unanswered questions and restore a measure of attachment security (Neimeyer and Thompson 2014). That is, in the latter instance we commonly strive to reconstruct our bond with the deceased rather than simply relinquish it; we seek ways of continuing to love the person in his or her physical absence, or alternatively open the relationship to a new reading when it was in some sense problematic.

When we struggle with these potentially profound narrative revisions, we can experience a traumatic or complicated and prolonged form of grief, respectively, whereas when we succeed in making sense of the loss and reconstructing a sustainable bond with the deceased, we bear the loss less heavily, and can even find in it a measure of posttraumatic growth (Calhoun and Tedeschi 2006). Importantly, this recognition of the role of a potentially traumatizing story of the loss and the ongoing relevance of the relational bond with the deceased in bereavement adaptation is shared by other leading contemporary theories of grief, such as the two-track model (Rubin et al. 2011) and recent adaptations of the dual process model (Rynearson 2012) as well.

A good deal of empirical research now supports key provisions of the meaning reconstruction model. For example, a recent study revealed that prior to the death of a family member receiving palliative care services, an inability to integrate the reality of the terminal illness was the strongest single predictor of disruptive anticipatory grief for family members. Moreover, problems integrating the meaning of the loss was part of a worrisome cluster of factors that included high levels of relational dependency, spiritual struggle, and neuroticism—or proneness to anxiety and rumination. Conversely, higher degrees of meaning making regarding the loved one’s fatal prognosis were associated with comfort with close, interdependent relationships, as well as higher levels of social support and education (Burke et al. 2015).

In bereavement, inability to make sense of the loss has been associated with complicated grief symptomatology in numerous populations, including bereaved young adults (Holland et al. 2006), parents who have lost children (Keesee et al. 2008), and widowed older adults, for whom ability to find meaning in the loss also is a robust predictor of resilience a full 4 years following the death of the spouse (Coleman and Neimeyer 2010). A struggle to find sense or significance in the loss appears to be especially pivotal in violent death cases, as through fatal accident, suicide and homicide, where it accounts for essentially all of the difference in complicated grief symptomatology between these deaths and those occurring by natural means (Currier et al. 2006; Rozalski et al. 2016). Moreover, greater meaning made of loss has been found to have incremental validity in predicting levels of both physical and mental health, even after demographic factors, circumstances of the death, and prolonged grief symptoms are controlled (Holland et al. 2014). Such adaptive integration of loss seems to prove more challenging for mourners like Lauren, whose assumptive worldviews of the meaningfulness of the world and the worth of the self are more fragile (Currier et al. 2009). On the other hand, a struggle with bereavement can be associated with considerable posttraumatic growth (e.g., in altruism, maturity, valuing life), especially when grief symptoms are moderate in severity—neither too minimal to perturb the survivor's meaning system nor too overwhelming to permit healthy processing (Currier et al. 2012).

The present study aims to extend this program of research by investigating one particular domain of meaning making, namely the spiritual sense made of the loss among religiously inclined mourners, and its relation to post-loss depression—itsself a dimension of bereavement adaptation that is distinguishable from CG and one that is relatively less studied in the meaning-making literature. We will first briefly review research on religious coping in bereavement to provide a frame for the study to follow.

Religious Coping and Spiritual Struggle

Numerous studies have measured depression in relation to physical and mental health outcomes in the bereaved (Bonanno and Mancini 2006; Williams et al. 2012). Still, research is divided in determining whether disease, illness, and distress foreshadow depression or the other way around (Koenig 2008). Studies strongly suggest, however, that spirituality may lessen depressive symptoms (Huguelet and Koenig 2009), and that this relation can be clarified by distinguishing between two different styles of spiritual response to a distressing life event: positive religious coping (PRC) and negative religious coping (NRC) (Pargament et al. 1998). PRC signifies “an expression of a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others” (p. 712). NRC, on the other hand, represents attitudes and behaviors symbolizing a volatile relationship with God, a hesitant and ominous worldview, a search for spiritual meaning, and spiritual struggle.

Wortmann and Park (2008), in their review of the role of spirituality in bereavement, found that the use of PRC was generally associated with less anxiety and depression in grievers. However, other studies show no correlation between

religious engagement and depression, anxiety, or general wellbeing in longitudinal research on the bereaved (Brown et al. 2004). Conversely, especially when distressed individuals feel discontent with or abandoned by God, NRC has been associated with depression, low quality of life, and hardheartedness towards others (Pargament et al. 1998), and consistently linked to poor health and mortality.

How might this relation between NRC and bereavement distress be understood? Conceptually, major life stressors, such as the loss of a primary attachment figure, can erode a believer's sense of a secure relationship with God and/or the religious community. Edmondson et al. (2008) referred to this as a spiritual struggle, a phenomenon that Hill and Pargament (2008) called a spiritual crisis in its more severe form. Edmondson and colleagues claimed that the perception that God has abandoned or is punishing the person is often what elicits religious struggle, or the sense that "God continues to exist and exert control but does not provide them with care and comfort" (p. 754). Exline and Martin (2005) asserted that particularly horrific experiences (e.g., violent death of a loved one) or egregious injustices often stand behind the intense anger toward God that is indicative of spiritual crisis.

In keeping with this formulation, an association between maladaptive grieving and spiritual struggle has been established in several recent studies. For instance, Burke and Neimeyer (2011) found in their study of homicidally bereaved African Americans that poor bereavement outcome in the form of complicated grief (CG) prospectively predicted NRC, and did so even beyond the effects of other psychological distress such as PTSD (Burke et al. 2011). Moreover, using fine-grained analyses, Burke and her colleagues also discovered that baseline CG levels assessed at an item-by-item level predicted four out of seven NRC items 6 months later, including the griever's questioning what he/she did to receive God's punishment, questioning God's love, questioning the power of God, and feeling abandoned by the church community. Lichtenthal et al. (2011) discovered a similarly complex convergence of spirituality and bereavement distress in their sample of bereaved Christians, such that spiritual struggle and challenges with meaning making predicted worse outcome. Subsequent research by our group assessing large, diverse samples has conceptually replicated and extended these findings, specifically in relation to violent death loss (Burke and Neimeyer 2014), leading to an expanded conception of a struggle with ominous religious meaning making in bereavement as a form of *complicated spiritual grief* that deserves its own conceptualization and assessment (Burke and Neimeyer 2014, 2015; Burke et al. 2014a, b).

Aims and Hypotheses

In light of the literature reviewed above, we sought to explore the relation between spiritual meaning making and post-loss depression in a diverse sample of grievers. Specifically, we predicted (1) that higher reliance on positive religious coping would be associated with less report of depression by the bereaved, and (2) that higher levels of spiritual struggle would be associated with greater depression. Furthermore, we expected (3) that mourners bereaved by violent death losses (i.e., by a loved one's suicide, homicide or fatal accident) would experience greater

depression and spiritual distress than those suffering a loss through natural means, and (4) that cause of death would interact with religious coping such that the highest levels of depressive symptomatology would be experienced by those persons grieving violent death in the context of heightened spiritual struggle. Finally, we sought to (5) explore which particular aspects of spiritual coping (e.g., perceptions of God's punishment or indifference, disengagement by the church community) were associated with heightened depression in survivors. These predictions were tested in an ethnically diverse American sample adapting to a wide range of losses of loved ones to death, whose major common denominator was that all participants were spiritually inclined, and early in their bereavement (i.e., on average less than 2 years post loss).

Method

Participants

Participants consisted of a diverse sample of 59 grievors recruited from a large metropolitan area in the mid-South, all of whom were 5 years or less post loss. Following the university's Institutional Review Board's approval, bereaved individuals who were 18 years old or older, endorsed the Christian faith tradition, and were diverse in terms of age, race, type of loss, and church affiliation participated in our study. Inclusion of grievors who had experienced the loss of a loved one up to 5 years prior was substantiated by Bonanno's (2004) results revealing that a subset of chronic grievors exhibited elevated depression up to 4 years post loss, and by studies with violently bereaved individuals showing elevated levels of depression as much as 5 years post-loss (McDevitt-Murphy et al. 2012).

Participants were assessed in relation to the mode of death they experienced—categorized as *natural death loss*, as through lengthy illness or heart attack, and *violently bereaved*—which included death by homicide, suicide, or fatal accident. To ensure diversity in age, ethnicity, socioeconomic status and circumstances of the loss, bereaved individuals were recruited from several large, local churches that serve predominantly African American or Caucasian congregations, victims to victory (VTV), a local, faith-based homicide survivor advocacy agency, and psychology undergraduate classes at a large state university.

Recruitment and Procedure

Participants were recruited using brochures disseminated at VTV meetings, weekly church services, and grief-specific support group meetings. Potential participants were given a brochure that included a web link with instructions to register on our project's website by a specific deadline, indicating a willingness to participate in our study. Where possible, phone numbers were obtained from interested individuals who were then contacted with information about how and where to participate. Although no monetary remuneration was given, in appreciation for their

cooperation, we offered feedback about the study findings and bereavement-related education to participating churches and VTV. Recruitment of university students took place in their classes, where the research team offered study details and an Internet link directing them to a screening survey that established their participation eligibility. Ineligible students were offered a control study option as a means of obtaining course credit. Eligible students were offered one of two assessment dates where they completed paper and pencil measures in a group setting in an on-campus classroom. No monetary remuneration was offered, however, students received course credit for participating in the screening or the study survey. After signing an informed consent form, all participants completed the assessment in a group setting.

Measures

Beck Depression Inventory II

Beck Depression Inventory II (BDI-II; (Beck et al. 1996). The BDI-II is a self-report measure, with 21 items assessing levels of depression on a four-point scale, which includes items such as *I have lost most of my interest in other people or things*. Studies of traumatized adults showed high internal consistency for the BDI-II ($\alpha = 0.92$; Scarpa et al. 2006). Likewise, high internal consistency was found in the present sample ($\alpha = .94$).

The Brief RCOPE

The Brief RCOPE (Pargament et al. 1998) is a reliable and valid measure of religious coping, using 14 items and two subscales to assess both PRC (e.g., “Focused on religion to stop worrying about my problems”) and NRC (e.g., “Felt punished by God for my lack of devotion”), which has been used as a measure of spiritual struggle (McConnell et al. 2006). The Brief RCOPE has shown adequate to high internal consistency for both subscales ($\alpha = .80$ and $.69$, respectively) in studies of distressed individuals exposed to diverse life stressors (Pargament et al. 1998) and violently bereaved African Americans (Burke and Neimeyer 2011) PRC: $\alpha = .88$ and NRC: $\alpha = .79$). Cronbach’s alphas were $.87$ and $.88$, respectively, for the PRC and NRC subscales in the present study.

Religious Coping Activities Scale-Discontent Subscale

Religious Coping Activities Scale-Discontent Subscale (RCA; Pargament et al. 1990). The Discontent Subscale of the RCA uses three items and a four-point Likert scale to assess anger and alienation related to God and the church, and questioning ones beliefs/faith. This subcategory of the RCA corresponds to NRC activities/cognitions, using items such as: *Felt angry with or distant from God*. Pargament et al. (1990) reported adequate internal consistency for this subscale. Likewise the Discontent subscale also had adequate internal consistency ($\alpha = .81$) in the present sample.

Background Variables

We assessed routinely used demographic variables such as *age*, *gender*, *education level*, *annual income*, *type of loss* (i.e., violent vs. natural death), *relationship status* (i.e., in a romantic relationship or not), *time since loss*, and *contact* (i.e., pre-loss frequency of contact with the deceased).

Results

Descriptive statistics for this sample of grievors are found in Table 1. Mean scores for religious coping and depression measures used in this study are reported for both violently- and non-violently bereaved individuals (see Table 1). The mean post-loss duration for grievors in this sample was approximately 2 years ($M = 1.98$; $SD = 1.27$).

Because subscales of religious coping were highly skewed in our sample, before running our analyses we transformed the PRC variable using the reflect and square root transformation method, and transformed the NRC variable using the logarithm (with zero values) method, as suggested by Tabachnick and Fidell (2007) and Howell (2007). In anticipation of regression analyses, we ran Pearson's correlations to determine direction and strength of relations between the symptom measure (BDI-II), religious coping measures (PRC and NRC subscales of the Brief RCOPE; and the Discontent subscale of the RCA), and background variables (see "Measures" section). Our results revealed the following statistically significant associations: depression was negatively correlated with education ($r = -.28$, $p = .03$) and income ($r = -.37$, $p = .005$), PRC was positively associated with age ($r = .30$, $p = .03$), and NRC showed an inverse relation with education ($r = -.33$, $p = .01$). Thus, these background variables were controlled for in our statistical analyses when their respective correlate was the dependent variable. No other demographic variables were significantly associated with distress or religious coping variables.

To determine if there was a difference between sufferers of violent- versus non-violent death loss in terms of depression or religious coping, first we conducted a one-way between-groups analysis of covariance (ANCOVA), using violent/non-violent as the independent variable and depression scores as the dependent variable, with levels of income and education as covariates. Preliminary tests were conducted to ensure that there was no violation of the assumptions of linearity, homogeneity of variances, homogeneity of regression slopes, or reliable measurement of the covariate. After adjusting for background variables, there was no significant difference between the two groups on depression scores [$F(1, 55) = .23$, $p = .64$, partial eta squared = .004; violent: $n = 18$, adjusted $M = 12.42$, $SD = 2.8$; non-violent $n = 40$, adjusted $M = 10.79$, $SD = 1.85$]. ANCOVAs to test religious coping were conducted in the same manner, with the exception of using PRC and NRC scores as the dependent variable, respectively, and using age as a covariate for PRC, and education as the covariate for NRC. Although there was no statistically significant difference between the two groups on PRC scores [$F(1, 51) = .11$,

Table 1 Descriptive statistics for depression, religious coping, spiritual crisis, and background variables in a diverse sample of grievors ($n = 59$)

Measures	Range	M (SD)	n (%)	Non-violently bereaved M (SD)	Violently bereaved M (SD)
Depression				10.2 (10.8)	13.7 (13.9)
Positive religious coping				14.7 (5.4)	16.3 (4.4)
Negative religious coping				1.66 (3.33)	5.1 (5.3)
Discontent				1.2 (2.28)	1.6 (1.9)
<i>Demographic variables</i>					
Time since loss	10 days– 4.96 years	1.98 (1.27)			
Age	18–70 years	40.5 (17.17)			
Race					
African American			61 (36)		
Caucasian			28.8 (17)		
Other			10.2 (6)		
Sex					
Female			79.7 (47)		
Male			20.3 (12)		
Kinship to deceased					
Spouses			8.5 (5)		
Mothers			15.3 (9)		
Fathers			1.7 (1)		
Sisters			6.8 (4)		
Children			23.7 (14)		
Extended family			37.3 (22)		
Friends/girlfriends			6.8 (4)		
Marital status					
Married			35.6 (21)		
Single			40.7 (24)		
Separated/divorced			13.6 (8)		
Widowed			10.2 (6)		
Education					
<High school			1.7 (1)		
High school/GED			8.5 (5)		
Some college			45.8 (27)		
College			23.7 (14)		
>College			20.3 (12)		
Income					
<\$24,999			50.8 (30)		
\$24,999–49,999			20.3 (12)		
>50,000			25.5 (15)		

Table 1 continued

Measures	Range	<i>M</i> (SD)	<i>n</i> (%)	Non-violently bereaved <i>M</i> (SD)	Violently bereaved <i>M</i> (SD)
Not provided			3.4 (2)		

$p = .75$, partial eta squared = .002; violent $n = 16$, adjusted $M = 15.60$, $SD = 1.31$; non-violent $n = 38$, adjusted $M = 15.09$, $SD = .83$, there was a statistically significant difference in relation to NRC scores [$F(1, 56) = 5.75$, $p = .02$, partial eta = .09; violent $n = 18$, adjusted $M = 4.65$, $SD = .96$; non-violent $n = 41$, adjusted $M = 1.86$, $SD = .62$]. A one-way between-groups analysis of variance (ANOVA) with Discontent as the dependent variable and violent/non-violent loss as the independent variable revealed no differences between groups in levels of Discontent. Thus, overall, violently bereaved and non-violently bereaved individuals differed only in terms of NRC scores.

All independent continuous variables used to create interaction variables were centered in preparation for hierarchical multiple regressions (Keith 2006). To evaluate the main and interaction effects for PRC and violent death loss on depression scores, subjects were grouped based on type of loss (i.e., violent- vs. non-violent death) using dummy coded variables, and a four-step hierarchical regression analysis was conducted. With depression as the dependent variable, education and income were entered in Step 1, Type of Death (i.e., violent/non-violent) and PRC scores were entered in Step 2, Violent Death \times PRC was entered in Step 3, and Non-violent Death \times PRC was entered in Step 4. In relation to depression, the total variance explained by the model as a whole was 17%; yet, after controlling for education and income, no statistically significant main or interaction effects were found [$F(6, 45) = 1.54$, $p = .19$; Table 2].

To evaluate the main and interaction effects for spiritual crisis and violent death loss on depression scores, two separate hierarchical regression analyses were conducted. In the first analysis, with depression as the dependent variable, correlated background variables were entered in Step 1, Violent/Non-violent Death and NRC scores were entered in Step 2, Violent Death \times NRC was entered in Step 3, and Non-violent Death \times NRC was entered in Step 4. The second analysis was the same, with the exception of Discontent scores in place of NRC scores.

Test results showed a main effect for spiritual crisis, such that high levels of both NRC and Discontent were associated with high levels of depression [see Table 2; Step 2 NRC, $F(4, 51) = 4.85$, $p = .002$; Step 2 Discontent, $F(4, 51) = 5.71$, $p = .001$]; however, these effects became non-significant once both interaction terms were introduced into the final model. Interactions between Type of Death and NRC or Discontent, respectively, were also non-significant (see Table 2). However, in both NRC and Discontent analyses, low levels of income accounted for the majority (i.e., 15%) of the unique variance in depression scores ($\beta = .30$, $p = .04$; and $\beta = .35$, $p = .02$, respectively).

Table 2 Hierarchical multiple regression analyses of positive and negative religious coping, discontent, and violent/non-violent death loss on depression in a diverse sample of bereaved individuals ($n = 59$)

Outcome	Step 1		Step 2		Step 3		Step 4		Total R^2
	Variable	ΔR^2 β	Variable	ΔR^2 β	Variable	ΔR^2 β	Variable	ΔR^2 β	
Depression		.13*		.02		.03		.00	.17
	Income	-.30*	Income	-.26*	Income	-.24*	Income	-.24*	
	Education	-.14	Education	-.14	Education	-.20	Education	-.20	
			Violent/non	.06	Violent/non	.03	Violent/non	.01	
			PRC	.13	PRC	.08	PRC	.07	
					PRC \times violent	.20	PRC \times violent	.22	
						PRC \times non	.04		
Outcome	Step 1	Step 2	Step 3	Step 4	Step 1	Step 2	Step 3	Step 4	Total R^2
Depression		.15*		.12*		.02		.00	.30**
	Income	-.30*	Income	-.33*	Income	-.30*	Income	-.30*	
	Education	-.14	Education	-.01	Education	-.02	Education	-.02	
			Violent/non	.01	Violent/non	.05	Violent/non	.06	
			NRC	.37**	NRC	.28+	NRC	.27+	
					NRC \times violent	.18	NRC \times violent	.16	
						NRC \times non	.04		
Outcome	Step 1	Step 2	Step 3	Step 4	Step 1	Step 2	Step 3	Step 4	Total R^2
Depression		.15**		.16**		.04		.03	.36**
	Income	-.30*	Income	-.28*	Income	-.27*	Income	-.35*	
	Education	-.14	Education	-.04	Education	-.04	Education	-.03	

Table 2 continued

Outcome	Step 1		Step 2		Step 3		Step 4		Total R^2
	Variable	ΔR^2 β	Variable	ΔR^2 β	Variable	ΔR^2 β	Variable	ΔR^2 β	
Depression		.15**		.16**		.04		.03	.36**
			Violent/hon	.11	Violent/hon	.16	Violent/non		.16
			Discontent	.39**	Discontent	.32*	Discontent		.16
					Discontent \times violent	.19	Discontent \times violent		.04
						Discontent \times non		.16	

*P**R**C* positive religious coping, *NRC* negative religious coping, *Violent* violent death loss, *non* non-violent death loss

+ $p < .10$; * $p < .05$; ** $p < .01$

Using partial correlations, and controlling for education and income, we also found that depression was significantly associated with three out of seven items on the NRC subscale and one of three items on the Discontent subscale. Results indicated that depressed mourners felt angry and/or distant from God (Discontent item #18; $r = .47, p < .001$), abandoned by God (NRC item # 8; $r = .27, p = .05$), punished for their lack of devotion (NRC item # 9; $r = .26, p = .05$), and that the death occurred as a result of the devil (NRC #13; $r = .32, p = .02$). The remaining individual CSG items were non-significant in relation to depression scores.

Discussion

Conducting a study in a region with high levels of both religious involvement and violent death loss enabled us to examine the relation between depression, religious coping, and type of death in a heterogeneous group of 59 adult mourners. We anticipated that positive forms of religious coping would predict lower post-loss depression, but that negative forms of religious coping would predict higher distress on the same measure. Moreover, we hypothesized that violent death losses (i.e., by homicide, suicide, fatal accident) would be associated with higher levels of depression and spiritual struggle in our participants than would losses as a result of natural means (i.e., old age, terminal illness, heart attack). Additionally, we sought to discover if the relation between spiritual crisis and low mood could be moderated by the mode of death, and to trace linkages between depression and specific measures of spiritual struggle in the aftermath of loss.

Consistent with previous studies (Burke and Neimeyer 2011; Burke and Neimeyer 2014; Neimeyer and Burke 2011; Thompson and Vardaman 1997), our findings revealed high levels of both positive and negative religious coping in our sample, but no association between PRC and bereavement distress. Earlier we conjectured that the absence of any correlation between PRC on the one hand and either depression or complicated grief on the other could have been an artifact of the high overall endorsement of PRC in our sample of African American homicide survivors (Burke and Neimeyer 2011; Neimeyer and Burke 2011). However, our present sample produced similar results, despite its greater diversity in ethnicity and cause of death, and the somewhat lower mean and greater variance of the PRC score. Thus, while more research is indicated to elucidate circumstances under which positive religious coping (e.g., through prayer or affiliation with a faith community) enhances adaptation to loss, the current findings caution against the assumption that spirituality is inevitably a helpful resource in the aftermath of bereavement. Clinicians and spiritual leaders who counsel grieving individuals should therefore be aware that high endorsement of faith may not always act as a buffer against distress, and instead explore closely what beliefs and practices facilitate or impede adjustment in specific cases.

In contrast to the lack of association between PRC and depression in our sample, we found a significant positive correlation between NRC and depression, even after demographic factors linked to greater dysphoria such as lower levels of education and income were held constant. This raises the possibility that even if positive

religious coping is less than effective as a bulwark against depression following bereavement, spiritual struggle can be a warning signal of difficulty accommodating the loss. Of course, the correlational nature of the present findings precludes inferences regarding causality, as it is equally plausible that a crisis of faith could precipitate or deepen depression, that severe mood disturbance could instigate spiritual questioning, or that both outcomes could be triggered by a third factor, such as the keen separation distress that is a defining feature of complicated grief (Prigerson et al. 2009). Interpretation of this finding should also take into account that research on a more narrowly defined sample—namely African Americans grieving the loss of a loved one to homicide—failed to identify a link between depression and negative religious coping (Neimeyer and Burke 2011). In the current study, sampling individuals bereft by a variety of types of deaths meant that we could compare violently- versus non-violently bereaved groups, finding, as predicted, higher levels of negative religious coping in the former. However, cause of death emerged only as a main effect in predicting spiritual struggle; it did not interact with either positive or negative religious coping to predict depression. Thus, more research should be conducted to uncover other factors that might explain the equivocal relation between spiritual processes and depression across studies, and to replicate the current findings.

Whatever the causal relationships that emerge between depression and spiritual processes in the wake of bereavement, it is practically useful to recognize that mood disturbance, when observed among the religious bereaved, often goes hand in hand with spiritual struggle. For secular therapists, this finding suggests the importance of assessing depressed clients for spiritual unrest, which when present can deepen mourners' malaise by undermining a key foundation of their assumptive world (Neimeyer and Burke 2012). Likewise, pastoral counselors and clergy who are consulted by bereaved individuals who are struggling with their faith would do well to evaluate the presence of depression, which evidence suggests may signal further difficulties in the domains of the mourner's psychological and physical health (Williams et al. 2012). In the current study, depressed Christians reported feeling punished and abandoned by God, felt angry toward God, and attributed responsibility for the death of their loved one to Satan. Specifically, it appears that with depression, a believer's sense of distance from God, especially during a time of dire need, can induce considerable anger. Perceiving that a once close God is now far away, the griever may direct the resulting anger toward the self, in this case a self that may be viewed as fully deserving of punishment for real or imagined sins, such as failure to intervene in preventing the death of the loved one. When combined with significant clinical depression, which characteristically features symptoms of self-criticism, self-neglect, or active self-punishment (including in the extreme case self-injury or suicide), the result can be a toxic psycho-spiritual syndrome that deserves careful monitoring and intervention. Fortunately, a growing number of psychometrically sound measures (e.g., the Inventory of Complicated Spiritual Grief; ICSG; Burke et al. 2014) now exists to assess various dimensions of both spiritual and secular meaning making in the wake of loss (Neimeyer 2016b), as well as a growing toolkit of therapeutic techniques for helping clients counter depressive withdrawal and avoidance, process the "event story" of the death and access the

“back story” of the relationship to the deceased in constructive ways (Neimeyer 2012, 2016b; Thompson and Neimeyer 2014).

Limitations of this Study

Ours is one of few studies exploring the association between bereavement distress and spiritual struggle. Strengths of the design include participant diversity in terms of age, race, church affiliation, and mode of death. Moreover, in terms of ethnicity, our data closely mirror the demographics of the region in which the study was conducted, increasing confidence in the generalizability of the findings, at least in a generally American Protestant context. Still, several limitations to our study exist and should be weighed while interpreting our results. First, and most obviously, no generalization of the results to potentially quite different expressions of religiosity is warranted, even within the traditions of Judaism, Christianity and Islam. However, the possibility that parallel spiritual struggles with understanding God’s intent or questioning God’s power following the death of a loved one could conceivably arise in other monotheistic faiths, and when these are profound and protracted, could be linked to poorer bereavement outcome. This hypothesis deserves scrutiny in future studies.

Second, the study was limited due to its cross-sectional nature. Lack of a longitudinal design means that correlations observed cannot address causal directionality of the findings, or even establish prospective prediction, as was possible in our earlier research with a more narrowly defined sample (Burke and Neimeyer 2011; Neimeyer and Burke 2011). Collecting data at one or more additional time points would have fostered greater understanding in relation to the target constructs. Additionally, our relatively modest sample size also could have limited the statistical significance of our findings in some cases, and precluded the development of more complex causal models that could prove feasible with very large samples. Finally, although we used empirically validated scales to assess both depression and spiritual coping, all assessments were self-reported and thus could reflect a recall bias or social desirability confounds.

In summary, our goal was to empirically test the relation between depression and spirituality in bereavement, and to do so in a sample that included survivors experiencing both violent and natural death losses. We hope that these results sensitize researchers and practitioners to the relevance of evaluating both psychological and spiritual factors in adjustment to bereavement, and ultimately inform the development and refinement of psycho-spiritual interventions for bereaved individuals.

Clinical Epilogue

Toward the end of Lauren’s first session of therapy, it was evident to her therapist (RAN) that she was anguished, preoccupied, and overwhelmed by what had befallen her, and was searching for some way to make sense of her relatively brief but

intense relationship with David, which had culminated so quickly in his spine-severing injury and death a few days later. Balancing their detailed attention to her distress, the therapist then solicited from Lauren what she drew on to cope with the rigors of her bereavement. Her answers—yoga to restore her clarity, humor to lighten her depression, and music to give expression to her emotion—suggested a possible homework assignment entitled “Playing with Playlists” (Berger 2012), in which Lauren was encouraged to select and arrange a series of meaningful songs or musical compositions on an MP3 device to map out the trajectory of her relationship with David, from their early dating and growing commitment, through the point of his accident, hospitalization and death, and ultimately to her own movement through bereavement. Lauren was immediately drawn to this creative means of providing a preliminary musical narrative of her experience, and when asked if she could imagine its rationale, responded without hesitation: “Oh, yes! It would be a way of putting things together to give them a kind of closure.... Even though I’ve returned to my job as a nurse, my life is in disarray, but this could give it a sort of order, like something you can put a name on.” She and her therapist then discussed how she might use her other coping skills to prepare herself for the hard work of organizing the playlist, with Lauren deciding she could draw on yoga to establish a “clear space” for the task. Likewise, they considered what might enable her to segue from the homework back into daily life. To assist with this transition, Lauren decided to connect with a female friend with whom she could “share anything,” including the results of her musical memoir. As the first session came to a close, Lauren expressed genuine eagerness to undertake the assignment.

At the beginning of the next session, Lauren acknowledged that she felt “tired” after the first meeting, but also noted that she felt “more hope... because the important feelings were finally getting through.” She then shifted naturally into speaking about her playlist, which she noted included a good deal of country music—partly as homage to David’s working class roots, and partly because country songs are filled with themes of love and loss. Early songs recounted in their lyrics the mutual obsession of lovers that is characteristic of early romance, and suggested Lauren’s yearning to be told that she was loved. Later songs chronicled the couple’s burning passion and easy humor with one another, and ominously, the heavy drinking of “Tennessee Whiskey” that preceded David’s reckless headfirst dive from their boat into shallow water. Swelling orchestral music then gave expression to her grief, great crescendos of emotion that competed with one another with a hint of their integration into a larger theme. Asked about her overall feeling about the project, Lauren replied, “It felt incomplete, like David’s life.” She also recognized that “my songs of grief will go on longer,” as she moved forward from his loss.

Having nested the tragic episode of David’s death in a larger musical self-narrative that included joy and desire as well as sorrow, the therapist and client then turned toward a closer “restorative retelling” (Rynearson and Salloum 2011) of the event story of the dying, a procedure related to prolonged exposure treatments for trauma that is garnering an increasing evidence base in grief therapy (Saindon et al. 2014; Shear et al. 2014). In the current meaning-oriented adaptation of this method, the therapist’s goal was to help Lauren with bracing, pacing, and facing the trauma

narrative (Neimeyer 2016a). *Bracing* involved first grounding her in the story of who she and David were for each other, accessing and validating in this way the back story of their love (Burke et al. 2012; Shear 2016). It also included assisting her with affect regulation through diaphragmatic breathing, as the therapist encouraged her to braid the internal emotion-focused story of the events with the external plot of what happened when, periodically pausing to ask about the reflexive strand of the story, namely what sense she was making of what was occurring. *Pacing* entailed slowing the narration to notice the significant, often painful details, giving voice to otherwise entirely private intrusive images and bodily sensations. And finally, *facing* signaled the overall goal of the work, namely to confront and simply stand in the presence of the traumatic account, integrating it with greater mastery and less avoidance.

An inveterate photographer, Lauren set the stage for the trauma narrative by sharing several iPhone photos taken the day before David's death—their long and joyful drive to the lake, the surreal spontaneous pictures she took of him during their lunch stop, as he gazed almost reverentially toward heaven, the now symbolic dark storm clouds that rolled in as they arrived at the lake, a slow-motion video of a raindrop falling and splashing into non-existence upon impact. Looking back at these now, Lauren saw deep symbolism in the images, as she did in the television show, *Tombstone*, which she and David watched the night before he died.

Lauren's meaning reconstruction continued as she turned to the following morning, when she awoke early to listen to a devotional podcast by a favorite preacher enjoining listeners to "increase their faith" in the midst of adversity. Her story recounted in step-by-step fashion—fully illustrated by copious photos and videos—the day of boating that followed, including David's ill-fated dive, and his floating, face down in the shallow water until he was rescued by two friends—a volunteer fireman and an emergency medical technician. In their efforts, Lauren now saw the hand of God, lifting David's limp body and getting him back aboard the vessel, as he spoke of his total lack of feeling or control below his broken neck. Gradually, she reconstructed a coherent account of the horrific accident, her disbelief, confusion, and guilt, her evolving understanding of the gravity of his injury, the arrival of the ambulance, and the long and fearful drive back to the city where he was placed in intensive care. Punctuating the story at this juncture, and saving the story of the hospitalization for a second telling, Lauren and her therapist mindfully breathed and released the images, and spent the remaining time processing them, weaving spiritual and secular meaning making through an account that was greatly more detailed and cohesive than any version she had told previously. "I don't *want* to forget it," Lauren concluded, "I want to go home, write it down, and archive it. I want to find a place for all my feelings and thoughts in the story." The therapist concluded the session by validating Lauren's bravery, and negotiating with her a "safety plan" for entering and exiting the evocative journaling that would bridge this second session with the third, and help consolidate her meaning-oriented narrative in order to hold and survive the trauma narrative that had until this point held her.

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