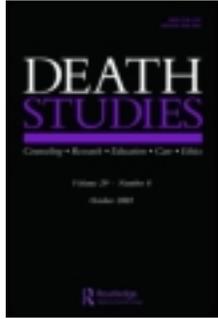


This article was downloaded by: [Mr Robert A. Neimeyer]

On: 17 November 2013, At: 02:22

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Death Studies

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/udst20>

Complicated Spiritual Grief I: Relation to Complicated Grief Symptomatology Following Violent Death Bereavement

Laurie A. Burke^a & Robert A. Neimeyer^a

^a Department of Psychology, The University of Memphis, Memphis, Tennessee, USA

Accepted author version posted online: 25 Sep 2013. Published online: 11 Nov 2013.

To cite this article: Laurie A. Burke & Robert A. Neimeyer, Death Studies (2013): Complicated Spiritual Grief I: Relation to Complicated Grief Symptomatology Following Violent Death Bereavement, Death Studies, DOI: 10.1080/07481187.2013.829372

To link to this article: <http://dx.doi.org/10.1080/07481187.2013.829372>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

Complicated Spiritual Grief I: Relation to Complicated Grief Symptomatology Following Violent Death Bereavement

Laurie A. Burke and Robert A. Neimeyer

Department of Psychology, The University of Memphis, Memphis, Tennessee, USA

Losing a loved one to violent death has been associated with poor mental health outcomes, including posttraumatic stress disorder, depression, and complicated grief (CG), a protracted, debilitating, and sometimes life-threatening reaction to loss. In addition, recent research suggests that traumatic loss can violate mourners' basic assumptive worldviews, and can precipitate a spiritual crisis following loss, also known as *complicated spiritual grief* (CSG). The present cross-sectional study investigated these multidimensional outcomes in a diverse sample of 150 grievers. The authors found that (a) violently bereaved individuals reported greater CG and CSG than did individuals bereaved by natural death; (b) CG and CSG were correlated across the larger sample, and yet are theoretically different constructs; and (c) specific cause of death (natural anticipated, natural sudden, homicide, suicide, or fatal accident) differentially predicted levels of CG and CSG. Implications of these findings for a clearer understanding of spiritual coping in the wake of troubling loss are noted, as well as for intervention with mourners struggling with clinical complications.

Although grief is a nearly ubiquitous response to the loss of a loved one, research shows that loss as a result of violence (i.e., homicide, suicide, or fatal accident) can manifest itself in a variety of ways (McDevitt-Murphy, Neimeyer, Burke, & Williams, 2012). Specifically, when grievers struggle to adapt to their loss, bereavement distress can be expressed in terms of depressive (Williams, Burke, McDevitt-Murphy, & Neimeyer, 2011) or posttraumatic stress symptomatology (PTSD; Bonanno & Mancini, 2006), or as complicated grief (CG; Prigerson et al., 1995; Shear et al., 2011)—also termed prolonged grief disorder (PGD; Prigerson et al., 2009), a protracted, incapacitating, and sometimes life-threatening response to the loss of a primary attachment figure. Research by Shear, Dennard, et al. (2006) also has suggested a less obvious,

yet troubling form of bereavement distress called *complicated spiritual grief* (CSG), defined as a sense of discord, conflict, and distance from God, and at times from members of the survivor's spiritual community. Recent studies with homicidally bereaved African Americans suggest that poor loss adaptation in the form of CG, specifically, prospectively predicts the development of CSG (Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011) and does so even when controlling for other forms of bereavement distress (i.e., PTSD and depression; Neimeyer & Burke, 2011). Thus, a link has been established between CG and subsequent spiritual crisis in a sample of violently bereaved adults. The goal of the present study is to further investigate these deleterious outcomes in the context of violent as opposed to natural death bereavement in a diverse sample of mourners.

Received 19 March 2013; accepted 1 July 2013.

We gratefully acknowledge the grant support from the Tennessee Board of Regents for the project *African Americans in Bereavement II: Assessment and Treatment of Complicated Spiritual Grief following Traumatic Loss*.

Address correspondence to Laurie A. Burke, Department of Psychology, University of Memphis, 400 Innovation Dr., 202 Psychology Building, Memphis, TN 38152. E-mail: laburke@memphis.edu

VIOLENT DEATH BEREAVEMENT AND COMPLICATED GRIEF

Statistics compiled by the Centers for Disease Control and Prevention (2010) establish that approximately

50,000 people die in the United States each year from violence-related injuries. Annually, over half of violent deaths are suicides (56%), followed by homicides (30%), capital punishment and undetermined intent (13%), and unintentional firearm deaths (0.7%). Although not included in that total, approximately 31,000 people are killed in motor vehicle accidents annually (National Highway Traffic Administration, 2009), and such deaths are typically classed as violent by researchers as they share features of suddenness and often grotesqueness with those arising from human intent. When combined with losses through natural disaster, war, and genocide, such experiences have resulted in deep emotional, psychological, physical, social, and spiritual suffering for countless survivors in the wake of violent death.

Although many mourners report acute grief symptoms following the death of a loved one, studies show that most individuals experiencing nonviolent losses are able to adapt to their bereavement within 1 to 2 years (Bonanno & Mancini, 2006), and for the approximately 45–50% of the bereaved population who are highly resilient (Bonanno & Kaltman, 2001), the period of debilitating suffering can be quite brief. However, for a subset of grievers, the loss of a loved one can be a crushing blow, leaving them severely disabled by CG symptoms (e.g., profound separation distress, and an inability to accept the loss) that have been linked to long-term physical and mental health problems, suicidality, and early mortality (Gilewski, Farberow, Gallagher, & Thompson, 1991; Latham & Prigerson, 2004; Prigerson et al., 1997; Stroebe, Schut., & Stroebe, 2007).

CG prevalence rates of 10–15% have been reported in samples of individuals grieving natural, anticipated losses, but recent studies show much higher rates in violently bereaved samples (e.g., 31% of traumatically bereaved Bosnian refugees [Momartin, Silove, Manicavasagar, & Steel, 2004]; 44% of survivors of terrorist attacks [Shear, Jackson, Essock, Donahue, & Felton, 2006]; 56% of homicidally bereaved African Americans [McDevitt-Murphy et al., 2012]; 70% of suicide survivors [Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004]). As a consequence of these and other studies (e.g., Clieren, 1993; Currier, Holland, Coleman, & Neimeyer, 2006; Gamino, Sewell, & Easterling, 2000; Keesee, Currier, & Neimeyer, 2008; Murphy, Johnson, Wu, Fan, & Lohan, 2003), violent death has been classified as an established risk factor for complicated grief (Burke & Neimeyer, 2012a). Such findings have not been entirely consistent, however, with some studies reporting null findings (Feigelman, Jordan, & Gorman, 2009; Prigerson et al., 2002; van der Houwen, 2010).

COMPLICATED SPIRITUAL GRIEF

Spiritual beliefs and religious practices can be significant coping resources in dealing with loss (Hays & Hendrix, 2008; Wortmann & Park, 2008). In their review of the empirical literature, Burke and Neimeyer (2012b) found that religious beliefs and practices generally were associated with reduced distress in spiritually inclined individuals, as well as with good decision making, healthy living, and altruistic behaviors. Likewise, in monotheistic traditions, Kirkpatrick (1995) argued that for many individuals “God functions psychologically as an attachment figure” (pp. 451–452) by representing a safe haven and a secure base, much in the way that a primary caregiver does for the young child (Bowlby, 1980). Of course, not all believers regard their relationship with God as safe and secure. In fact, although faith generally is a source of solace more than strain, Exline and Rose (2005) found that when suffering life’s trials it is common for many believers to at least partly blame God, even when there is another known perpetrator (e.g., in the case of homicide loss). Moreover, although Exline and Rose (2005) found that fleeting anger toward God is commonplace among religiously inclined mourners, protracted anger was indicative of poor adaptation. Results from other studies converge with this conclusion and indicate that severe life stressors like traumatic bereavement could severely challenge one’s faith in turn.

A pilot study conducted by Shear, Dennard, and colleagues (2006) illustrated the role of bereavement in affecting one’s spiritual well-being. The team of church leaders and researchers monitored the grief responses of 31 African American bereaved congregants, finding that although the effects of loss on the griever’s faith ranged from “faith stronger than ever” to “faith seriously shaken,” 19% of the participants reported experiencing some degree of negative shift in their faith as a result of the loss. Extending these findings, Burke et al. (2011) conducted a longitudinal study of 46 homicidally bereaved African Americans, finding that CG prospectively predicted spiritual distress 6 months later, but not vice versa, arguing for conceptualizing them as separate constructs. In a follow-up study with the same sample, Neimeyer and Burke (2011) discovered that although all forms of bereavement distress were correlated with spiritual crisis, only CG uniquely predicted the later development of an attachment struggle with God (i.e., CSG), beyond the variance explained by PTSD and depression, as well as the number of months since the loss. However, these results require replication with further samples that are diverse in both ethnicity and cause of death.

AIMS OF THIS STUDY

Insofar as research indicates that violent death loss poses an increased risk of a severe grief response with additional risk of spiritual crisis arising as a byproduct, we hypothesized that violent loss would predict both CG and CSG in a diverse sample of bereaved adults suffering various types of losses, and that the two forms of maladaptive bereavement response would be related but distinguishable constructs. Some investigations of the relation between levels of bereavement distress and type of death indicate that the traumatic experience of having a loved one murdered exceeds other types of violence in term of severity of distress for the survivor (Currier, et al., 2007; Murphy, et al., 2003). Thus, as an additional aim, we sought to establish whether specific causes of death (natural anticipated, natural sudden, homicide, suicide, or fatal accident) differentially predicted levels of CG and CSG in our sample.

METHOD

Participants

Following the university's Institutional Review Board's approval, we collected data from several samples of bereaved adults who were diverse in terms of ethnicity, type of loss, and church affiliation, and who met the following inclusion criteria: 18 years old or older, endorsement of the Christian faith tradition, bereaved within the past 10 years (with a mean postloss duration of 3.5 years ($M = 40.6$ months; $SD = 2.6$ months), as CG is by definition a long-term condition whose outer bounds are yet to be established. We recruited a total of 150 bereaved individuals from community collaborators that included (a) several large, local churches ($n = 75$; 50%); (b) Victims to Victory, a local, faith-based homicide survivor advocacy agency ($n = 9$; 6%); as well as (c) psychology undergraduate classes at a large, mid-South, state university ($n = 66$; 44%). Specifically, we recruited from several churches in the Memphis area that serve (a) predominantly African American congregations, (b) primarily Caucasian congregations, and (c) multiracial congregations to maximize diversity in the sample.

After securing support of community collaborators, we recruited participants through the use of brochures handed out by church or agency staff or the project coordinator, with interested individuals being directed to the project's registration website or to call or email to schedule an assessment session. We offered no monetary remuneration; however, we offered participating churches bereavement-related education and follow-up presentations on the results of the study in appreciation for their support. Participants in the college student

cohort were provided an Internet link that directed them to a screening survey that established their eligibility to participate, followed by in-person or online administration of the study questionnaires. Students were offered course credit for completion, and informed of counseling resources available on campus should they wish to speak about any aspect of their grief experience. Ethnic diversity was assured by the mixed-racial nature and size of the university student body as a whole.

Procedures

Participants who met inclusion criteria completed a set of paper-and-pencil measures or an online survey, with questionnaires counterbalanced in order of administration. Measures included the following:

Inventory of Complicated Grief-Revised

The Inventory of Complicated Grief-Revised (ICG-R; Prigerson & Jacobs, 2001) assesses grief symptoms indicative of long-term dysfunction in bereavement. This 34-item scale uses a series of 5-point Likert-style ratings of the frequency of various symptoms ranging from almost never to always. Representative items include "Memories of _____ upset me"; and "I think about _____ so much that it can be hard for me to do the things I normally do." The ICG-R has been shown to have high internal consistency (Cronbach's $\alpha = .95$) and test-retest reliability ($r = .80$) in a sample of bereaved college students (Schnider, Elhai, & Gray, 2007), and high internal consistency ($\alpha = .95$) in samples of homicidally bereft African Americans (Burke, Neimeyer, & McDevitt-Murphy, 2010; Laurie & Neimeyer, 2008). The scale's construct validity has been supported by its convergence with other validated measures of grief (Keese, et al., 2008; Laurie & Neimeyer, 2008), as well as with interviewer ratings of CG (Prigerson, et al., 2009). In the present sample, the ICG-R also had high internal consistency ($\alpha = .96$).

Brief RCOPE

The Brief RCOPE (Pargament, Smith, Koenig, & Perez, 1998) is a reliable and valid measure of religious coping, using 14 items and two subscales to assess both positive religious coping (PRC; e.g., "Focused on religion to stop worrying about my problems") and negative religious coping (NRC; e.g., "Felt punished by God for my lack of devotion"). The Brief RCOPE has shown adequate to high internal reliability for both subscales ($\alpha = .80$ and $.69$, respectively) in three distinct cohorts of distressed individuals (Pargament, et al., 1998), and in samples of violently bereaved African Americans (Burke et al., 2011; PRC and NRC, $\alpha = .88$ and $.79$, respectively). Alphas for the PRC and NRC subscales in this study were both $.89$, respectively.

Religious Coping Activities Discontent Subscale

The Religious Coping Activities Discontent Subscale (RCA; Pargament, Ensing, Falgout, & Olsen, 1990) uses a 4-point Likert scale to assess spiritual struggle with the following items: “Felt angry with or distant from God,” “Felt angry with or distant from members of the church,” and “Questioned my religious beliefs and faith.” Pargament and colleagues (1990) reported adequate to high internal consistency for each subscale in their sample ($\alpha = .61$ to $.92$). The Discontent subscale showed adequate internal consistency in our analyses ($\alpha = .82$).

Background Variables

We assessed routine demographic variables such as age, gender, education, annual income, relationship status (whether the participant is currently involved in a romantic relationship), relationship type (i.e., participant’s relationship to the deceased), time since loss (TSL), cause of death (i.e., natural anticipated, natural sudden, homicide, suicide, or fatal accident), and violent versus nonviolent loss. In addition, we asked “How often were you in contact with this person before he or she died?,” providing the following response options: two to seven times per week, once per week, every other week, once per month, less than once per month.

RESULTS

Our results aligned with other researchers (Exline & Rose, 2005), in that spiritual struggle was commonly experienced among Christians in our study. Descriptively, we discovered that out of 150 respondents 87 (58%) endorsed CSG in terms of NRC scores, and 66 (44%) endorsed CSG in terms of Discontent scores. Table 1 highlights the descriptive statistics for the entire sample, and for violently- and non-violently bereaved cohorts considered separately. Of the total sample, 12% ($n = 18$) had elevated (1 SD above the mean) NRC scores (i.e., >8.16), and 15% ($n = 23$) had elevated Discontent scores (i.e., >3.55). In the case of CG, violent death survivors showed lower levels of CG compared to Burke et al.’s (2010) sample of African Americans grieving the loss of a loved one to homicide ($M = 79.6$; $SD = 24.5$). Both violently and nonviolently bereaved individuals in our sample exhibited lower levels of PRC than did homicidally bereaved adults in Burke et al.’s (2011) study (PRC $M = 17.8$; $SD = 3.9$); however, NRC scores from our violently bereaved cohort were on par with the previous sample (NRC $M = 5.3$; $SD = 5.0$). In terms of Discontent, whole sample scores from our study were similar to Pargament et al.’s (1990) sample of individuals responding to a

recent stressful event (e.g., sudden illness or injury, death of loved one; $M = 1.37$; $SD = .60$).

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). Table 2 shows statistically significant associations between the major variables in the study. Pearson correlations revealed that CG and PRC were uncorrelated ($r = .09$, $p = .28$), and that CG and CSG were correlated and yet distinguishable constructs (CG and NRC, $r = .40$, $p < .001$; CG and Discontent, $r = .28$, $p = .001$).

Table 3 shows results of hierarchical multiple regression analyses of CG on CSG total scores, controlling for age, education, income, and violent death loss. Consistent with previous studies, CG was positively associated with NRC, $F(6, 138) = 10.54$, $p < .001$, CG $\beta = .36$, $p < .001$; and Discontent, $F(6, 138) = 4.51$, $p < .001$, CG $\beta = .27$, $p < .003$. Likewise the association between CG total scores and individual CSG items is shown in Table 4. All individual items on both the NRC and Discontent subscales were positively correlated with CG, even after controlling for correlated background variables. However, when we paired the longing/yearning variable from the ICG-R with individual items on scales of CSG, we found no association. Specifically, all NRC and Discontent items proved nonsignificant, with the exception of the following, which approached significance: NRC Item 9, “Felt punished by God for my lack of devotion,” $F(5, 139) = 5.21$, $p < .001$; CG Item 5, longing/yearning, $\beta = .15$, $p = .08$; NRC Item 10, “Wondered what I did for God to punish me,” $F(5, 139) = 5.07$, $p < .001$, longing/yearning, $\beta = .14$, $p = .10$.

Our preliminary analyses ensured homogeneity of regression slopes and homogeneity of variances. Thus, we proceeded with tests to see if violently bereaved individuals have higher levels of CG and CSG than non-violently bereaved individuals, finding consistent support for this hypothesis across measures. Analyses of covariance (ANCOVAs) with education, TSL, and contact as covariates showed a statistically significant difference between the two groups on CG scores, $F(1, 143) = 18.65$, $p < .001$, partial $\eta = .12$; violent ($n = 36$) unadjusted $M = 69.08$, $SD = 27.96$, adjusted $M = 66.53$, $SD = 3.40$; and nonviolent ($n = 111$) unadjusted $M = 48.68$, $SD = 18.29$, adjusted $M = 49.50$, $SD = 1.92$. Likewise, ANCOVAs with age, education, income, and TSL as covariates showed a statistically significant difference between the two types of loss on NRC scores, $F(1, 138) = 11.88$, $p < .001$, partial $\eta = .08$; violent ($n = 34$) unadjusted $M = 5.71$, $SD = 5.93$, adjusted $M = 5.89$, $SD = .81$; nonviolent ($n = 110$) unadjusted $M = .2.74$,

TABLE 1
Descriptive Statistics for Bereavement Outcome, Religious Coping, Spiritual Crisis, and Background Variables in a Diverse Sample of Griefers (*n* = 150)

<i>Measures</i>	<i>Range</i>	<i>M (SD)</i>	<i>Whole sample M (SD)</i>	<i>Non-violently bereaved M (SD)</i>	<i>Violently bereaved M (SD)</i>
Complicated grief	0–150		53.5 (22.6)	48.7 (18.2)	68.2 (28.1)
Positive religious coping	0–21		14.5 (5.3)	14.5 (5.4)	14.6 (5.3)
Negative religious coping	0–21		3.4 (4.8)	2.7 (4.2)	5.6 (5.8)
Discontent	0–9		1.42 (2.1)	1.3 (2.1)	2.0 (2.1)
Demographic variables					
Time since loss	7 days–9.9 years	3.4 years (2.6 years)			
Age	18–76 years	33.3 years (17.75 years)			
		<i>% (n)</i>			
Race					
African American		40.7 (61)			
Caucasian		54 (81)			
Other		5.3 (8)			
Sex					
Female		82 (123)			
Male		18 (27)			
Kinship to deceased					
Spouses		6.7 (10)			
Mothers		6.7 (10)			
Fathers		.7 (1)			
Sisters		3.3 (5)			
Children		14.1 (30)			
Extended family		38.5 (58)			
Friends/girlfriends/boyfriends/other		24 (36)			
Marital Status					
Married		24 (36)			
Single		62 (93)			
Separated/divorced		7.3 (11)			
Widowed		6 (9)			
Education					
<High school		1.4 (2)			
High school/GED		12 (18)			
Some college		58.7 (88)			
College		15.3 (28)			
>College		12.7(19)			
Income					
<\$24,999		52.7 (79)			
\$25,000–49,999		16.7 (25)			
>50,000		28.6 (43)			

SD = 4.18, adjusted *M* = 2.68, *SD* = .43. Finally, ANCOVAs with age and TSL as covariates showed a statistically significant difference between violent and nonviolent death loss on Discontent scores, $F(1, 14) = 5.82, p = .02$, partial $\eta^2 = .04$, violent ($n = 35$) unadjusted $M = 2.0, SD = 2.18$, adjusted $M = 2.21, SD = .36$; nonviolent ($n = 110$) unadjusted $M = 1.26, SD = 2.12$, adjusted $M = 1.20, SD = .20$.

Table 5 illustrates how cause of death differentially predicted CG, $F(1, 140) = 7.47, p < .001$, partial $\eta^2 = .18$. Specifically, we found differences between natural anticipated death ($M = 45.61, SD = 16.18; n = 74$) on the one hand and both homicide ($M = 73.15, SD = .03, n = 20$) and suicide deaths ($M = 76.60, SD = 28.75,$

$n = 5$) on the other, as well as between natural sudden deaths ($M = 54.71, SD = 20.53, n = 38$) and homicide deaths. Accidental death ($M = 58.27, SD = 19.11, n = 11$) was intermediate in the comparison and not reliably different from any other cause of death. In relation to CSG, a statistically significant difference, $F(1, 135) = 3.64, p = .003$, partial $\eta^2 = .10$, between natural anticipated deaths ($M = 2.39, SD = 3.65; n = 75$) and accident ($M = 7.27, SD = 7.27, n = 11$) in terms of NRC scores was found. We found no other differences between other causes of deaths (homicide, $M = 5.05, SD = 5.28, n = 21$; suicide, $M = 4.40, SD = 4.39, n = 5$; natural sudden $M = 3.23, SD = 2.98, n = 38$) in terms of NRC scores. Finally, we found no statistically significant difference

TABLE 2
Intercorrelations of Bereavement Outcome, Religious Coping, and Background Variables in a Diverse Sample (n = 150)

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. CG	—	.09	.40**	.26**	.11	-.03	-.25**	-.13	.03	-.06	-.25**	.37**
2. PRC		—	.01	-.12	.23**	.21*	-.01	.04	-.07	-.04	-.14	.01
3. NRC			—	.63**	.05	-.19*	-.23**	-.23**	.10	.06	-.16	.27**
4. Discontent				—	.06	-.19*	-.12	-.19	.01	-.01	-.06	.14
5. Gender					—	-.09	-.10	-.07	.01	.10	.08	.07
6. Age						—	.37*	.28**	-.02	.30**	-.30**	.22**
7. Education							—	.32**	-.06	.09	-.09	-.13
8. Income								—	.11	.10	.02	.07
9. Rel. status									—	.02	-.06	.18*
10. TSL										—	-.26**	.12
11. Contact											—	-.17*
12. Violent/non												—

Note: PRC = positive religious coping; NRC = negative religious coping; TSL = time since loss; Contact = preloss frequency of contact with the deceased; Rel. status = relationship status—in a romantic relationship or not; Violent/non = violent vs. nonviolent death.
*p < .05. **p < .01.

TABLE 3
Hierarchical Multiple Regressions Showing Associations Between Complicated Grief and Complicated Spiritual Grief Total Scores in a Diverse Sample of Grievors (n = 150)

Outcome	Step 1				Step 2				Overall F
	Variable	Total R ²	ΔR ²	β	Variable	Total R ²	ΔR ²	β	
NRC	Age	.22***	.22*	-.28*	Age	.31***	.10***	-.25**	10.54***
	Education			-.04	Education			.03	
	Income			-.13	Income			-.13 ⁺	
	Contact			-.20**	Contact			-.11	
	Violent/non			.30***	Violent/non			.19*	
Discontent	Age	.11**	.11**	-.28**	Age	.16**	.07**	-.26**	4.51***
	Education			.01	Education			.06	
	Income			.01	Income			.01	
	Contact			-.15 ⁺	Contact			-.08	
	Violent/non			.23**	Violent/non			.15 ⁺	
	CG				CG			.27**	

Note: NRC = negative religious coping; Complicated spiritual grief = NRC and Discontent scores; Contact = preloss frequency of contact with the deceased; Violent/non = violent vs. nonviolent death; CG = complicated grief.
†p > .05. *p < .05. **p < .01. ***p < .001.

between types of death in relation to Discontent scores, $F(1, 139) = 2.06, p = .09$, partial eta = .06.

DISCUSSION

Relatively little research has been conducted on the conjunction of CG and CSG, generally, or in the lives of individuals bereaved by violent causes, specifically. Consistent with previous studies (Burke et al., 2011; Neimeyer & Burke, 2011), we found that two forms of spiritual responses, PRC and NRC—one characteristically considered positive and one negative—related quite differently to bereavement outcome. On the one

hand, in this study, use of religion as a positive resource in coping proved unrelated to adjustment to loss, whereas maladaptive religious coping was consistently related to elevated grief, replicating findings of Burke and her colleagues (2011) with a sample of homicide survivors. This suggests that across multiple studies, PRC is unrelated to loss accommodation, whereas NRC is most problematic for individuals who have lost a loved one to violent means. Viewed from one perspective, this could suggest that attempting to cope with loss through positive recourse to one's religious beliefs does little to blunt the sharp pain of grief. However, the lack of correlation of these two variables could as legitimately suggest that mourners may continue to reach out to God and

TABLE 4
Hierarchical Multiple Regressions Showing Association Between Complicated Grief Total Scores and Individual Complicated Spiritual Grief Items in a Diverse Sample of Grievers (n= 150)

		Overall F	β	Total R ²	ΔR ²
Item #	NRC Item ^a				
8	Wondered whether God had abandoned me	7.48***	.35***	.21	.10
9	Felt punished by God for my lack of devotion	7.96***	.32***	.22	.08
10	Wondered what I did for God to punish me	6.54***	.25**	.19	.05
11	Questioned God's love for me	3.70**	.18*	.12	.03
12	Wondered whether my church had abandoned me	3.64**	.20*	.12	.03
13	Decided the devil made this happen	10.02***	.23**	.24	.04
14	Questioned the power of God	3.00**	.23**	.10	.04
Item #	Discontent Item ^b				
18	Felt angry with or distant from God	8.39***	.25**	.10	.06
19	Felt angry with or distant from members of the church	7.63***	.28***	.10	.08
20	Questioned my religious beliefs and faith	7.48***	.35***	.05	.03
Item #	Longing/Yearning Item ^c				
9	Felt punished by God for my lack of devotion	5.21***	.15 ⁺	.16	.02
10	Wondered what I did for God to punish me	5.07***	.14 ⁺	.15	.02

Note: NRC = negative religious coping; Complicated Spiritual Grief = NRC and Discontent items.

^aControlling for age, education, income, and violent/nonviolent loss.

^bControlling for age.

^cSee Inventory of Complicated Grief-Revised (ICG-R).

⁺p ≥ .05. *p ≤ .05. **p < .01. ***p < .001.

members of the faith community in constructive ways regardless of the intensity of their distress. In contrast, those who suffer bereavement complication appear to be at risk for spiritual distress.

We have consistently found (see also Burke et al., 2011) that CG predicts CSG both globally (i.e., using NRC and Discontent total scores) and at an item-by-item level, even when correlated background variables are held constant. In fact, in the present study, collecting data on a larger, more diverse sample produced a greater number of examples, and a more heterogeneous model of spiritual struggle. Specifically, in addition to replicating previous findings (Burke et al., 2011), we found that grievers who struggled with the loss of their loved one also simultaneously struggled with feeling angry with or distant from God and from members of their church, felt punished by God for a lack of devotion, wondered whether God had abandoned them,

questioned their religious beliefs and faith, and endorsed the notion that the devil made the death occur. However, unlike Burke et al.'s (2011) sample, grievers in the present study with high levels of longing and yearning for their deceased loved one did not have high levels of CSG. In light of these findings, further analyses of these constructs comparing differences between violent and nonviolent cohorts might illuminate nuances in grievers' experiences.

In relation to cause of death, our findings revealed that this factor differentially predicted struggles with both grief and faith. Not surprisingly, mourners whose loved ones died violently reported the greatest difficulty accommodating the loss emotionally and spiritually. Specifically, those persons whose loved ones had taken their own lives, been murdered, or suffered a fatal accident experienced significantly greater complicated grief than did those bereaved by natural death. However,

TABLE 5
ANCOVA Posthoc Comparisons (Sidak) Showing That Cause of Death Differentially Predicted Complicated Grief and Complicated Spiritual Grief in a Diverse Sample of Grievers (n= 150)

Type of death	CG M (SD)	NRC M (SD)	Discontent M (SD)
Natural anticipated	45.61 (16.18) ^a	2.39 (3.65) ^c	1.21 (2.11) ^a
Natural sudden	54.71 (20.53) ^a	3.23 (2.98) ^{ab}	1.37 (2.17) ^a
Suicide	76.60 (28.75) ^c	4.40 (4.39) ^{ab}	3.20 (2.17) ^a
Homicide	73.15 (.03) ^b	5.05 (5.28) ^{ab}	1.35 (1.84) ^a
Accident	58.27 (19.11) ^{abc}	7.27 (7.27) ^b	2.70 (2.54) ^a

Note: a, b, c superscripts represent homogeneous subsets or statistically equivalent groups of means on respective outcome measures. ANCOVA = analysis of covariance; CG = complicated grief; NRC = negative religious coping; Complicated Spiritual Grief = NRC and Discontent item.

no differences were found between types of violent death losses on measures of spiritual struggle, suggesting that it may be their common elements, such as their suddenness, traumatic nature, or the role of human intention or inattention that can lead some believers to question their faith in light of the unpredictable, uncontrollable randomness of life. Thus, future research would do well to identify features of tragic losses that pose particular challenges to people's spiritual coping, particularly those subject to modification in applied contexts.

Clinically, the present findings suggest that the need exists for spiritually sensitive clinicians and clergy to work together to develop informed and culturally appropriate interventions for spiritually inclined bereaved clients, and especially for those whose losses are sudden, unexpected, and violent. More work is also warranted in the assessment of spiritual struggle in the specific context of bereavement, inasmuch as the existential issues that can arise in the wake of a loved one's death may differ in kind as well as degree from those triggered by less permanent or pervasive life stressors or transitions. The refinement of both assessment and intervention is likely to benefit from systematic qualitative research on the experience of spiritual struggle in bereavement, to yield a richer depiction of the distinctive themes that define such mourners' challenged beliefs, relationship with God, and connection to the faith community. A step in this direction has been taken by the companion study to the present one, reported by Burke and colleagues (2014, this issue).

Limitations

The current study is one of few exploring the relation between complicated bereavement and spiritual crisis. Strengths of our design include participant diversity in terms of age, race, church affiliation, and mode of death, as well as reliance on well-validated measures of major study variables. Furthermore, generalizability likely is enhanced because our data closely reflect the ethnic demographics of the area in which the study was conducted.

Nevertheless, some limitations to the study should be considered when interpreting our findings. First, the research design was limited because of its cross-sectional nature. Unlike our previous longitudinal studies with a more distinctly defined sample (Burke et al., 2011; Neimeyer & Burke, 2011), the present single-assessment design precludes inferences regarding causal directionality between CG and CSG, or even the prospective prediction of outcome. Our understanding likely would be greater in relation to our primary constructs had we conducted assessments at two or more time points. Despite using psychometrically established measures to assess both complicated grief and spiritual crisis, all

responses were self-reported, which might reflect a recall bias or social desirability confounds. Including interview-based assessments of complicated grief and behavioral indices of religious disruption (e.g., decreased church attendance) would strengthen confidence in the present findings.

In conclusion, the present study adds to a growing literature pointing to the phenomenon of spiritual crisis in the wake of bereavement, and its association with deleterious psychological outcomes in which mourners can struggle for prolonged periods with painful preoccupation with their loved one's death and the seeming emptiness of their own lives. Moreover, it underscores the particular salience of such disruptions in the aftermath of violent death losses, even those suffered a number of years ago. We hope that the demonstration of these relations in the present quantitative analysis of a large and diverse sample of bereaved individuals will encourage other investigators to join us in exploring the conjunction of psychological and spiritual issues in the context of bereavement, so that insights into both might render religious and secular professionals better able to understand and help those who seek help following loss.

REFERENCES

- Bonanno, G. A., & Kaltman, S. (2001). The varieties of grief experience. *Clinical Psychology Review, 21*, 705–734.
- Bonanno, G. A., & Mancini, A. D. (2006). Bereavement-related depression and PTSD. In L. Barbanel & R. J. Sternberg (Eds.), *Psychological interventions in times of crisis* (pp. 37–55). New York, NY: Springer.
- Bowlby, J. (1980). *Attachment and loss: Loss, sadness and depression* (Vol. 3). New York, NY: Basic.
- Burke, L. A., & Neimeyer, R. A. (2012a). Prospective risk factors for complicated grief. In M. S. Stroebe, H. Schut, J. V. D. Bout & P. Boelen (Eds.), *Complicated grief* (pp. 145–161). New York, NY: Routledge.
- Burke, L. A., & Neimeyer, R. A. (2012b). Meaning making in bereavement. In M. Cobb, C. Puchalski & B. Rumbold (Eds.), *The textbook on spirituality in healthcare* (pp. 127–133). Oxford, UK: Oxford University Press.
- Burke, L. A., Neimeyer, R. A., Holland, J. M., Dennard, S., Oliver, L., & Shear, M. K. (2014). Inventory of complicated spiritual grief scale: Development and initial validation of a new measure. *Death Studies*. doi:10.1080/07481187.2013.810098
- Burke, L. A., Neimeyer, R. A., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement. *Omega, 61*, 1–24.
- Burke, L. A., Neimeyer, R. A., McDevitt-Murphy, M. E., Ippolito, M. R., & Roberts, J. M. (2011). Faith in the wake of homicide. *International Journal of Psychology of Religion, 21*, 1–19.
- Centers for Disease Control and Prevention. (2010). *National violent death reporting system (NVDRS)* Retrieved from <http://www.cdc.gov/violenceprevention/nvdrs/faqs.html>
- Cleiren, M. (1993). *Bereavement and adaptation*. Washington, DC: Hemisphere.
- Currier, J. M., Holland, J., Coleman, R., & Neimeyer, R. A. (2007). Bereavement following violent death: An assault on life and

- meaning. In R. Stevenson & G. Cox (Eds.), *Perspectives on violence and violent death* (pp. 175–200). Amityville, NY: Baywood.
- Exline, J., & Rose, E. (2005). Religious and spiritual struggles. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 315–330). New York, NY: Guilford.
- Feigelman, W., Jordan, J. R., & Gorman, B. S. (2009). How they died, time since loss, and bereavement outcomes. *Omega: Journal of Death and Dying, 58*, 251–273.
- Gamino, L. A., Sewell, K. W., & Easterling, L. W. (2000). Scott and White grief study phase 2: Toward an adaptive model of grief. *Death Studies, 24*, 633–660.
- Gilewski, M. J., Farberow, N. L., Gallagher, D. E., & Thompson, L. W. (1991). Interaction of depression and bereavement on mental health in the elderly. *Psychology and Aging, 6*, 67–75.
- Hays, J. C., & Hendrix, C. C. (2008). The role of religion in bereavement. In M. S. Stroebe, R. O. Hansson, H. Schut, W. Stroebe & E. V. D. Blink (Eds.), *Handbook of bereavement research and practice* (pp. 327–348). Washington, DC: American Psychological Association.
- Keesee, N. J., Currier, J. M., & Neimeyer, R. A. (2008). Predictors of grief following the death of one's child: The contribution of finding meaning. *Journal of Clinical Psychology, 64*, 1–19.
- Kirkpatrick, L. A. (1995). Attachment theory and religious experience. In J. R. W. Hood (Ed.), *Handbook of religious experience* (pp. 446–475). Birmingham, AL: Religious Education Press.
- Latham, A., & Prigerson, H. (2004). Suicidality and bereavement. *Suicide and Life Threatening Behavior, 34*, 350–362.
- Laurie, A., & Neimeyer, R. A. (2008). African Americans and bereavement. *Omega, 57*, 173–193.
- McDevitt-Murphy, M. E., Neimeyer, R. A., Burke, L. A., Williams, J. L., & Lawson, K. (2012). The toll of traumatic loss. *Psychological Trauma, 4*, 303–311. doi:10.1037/a0024911
- Mitchell, A. M., Kim, Y., Prigerson, H. G., & Mortimer-Stephens, M. (2004). Complicated grief in survivors of suicide. *Crisis, 25*, 12–18.
- Momartin, S., Silove, D., Manicavasagar, V., & Steel, Z. (2004). Complicated grief in Bosnian refugees. *Comprehensive Psychiatry, 45*, 475–482.
- Murphy, S. A., Johnson, L., Wu, L., Fan, J., & Lohan, J. (2003). Bereaved parents' outcomes 4 to 60 months after their children's death by accident, suicide, or homicide. *Death Studies, 27*, 39–61. doi:10.1080/07481180302871
- National Highway Traffic Administration. (2009). *National statistics*. Retrieved from <http://www.fars.nhtsa.dot.gov/Main/index.aspx>
- Neimeyer, R. A., & Burke, L. A. (2011). Complicated grief in the aftermath of homicide. *Religions, 145*–164. doi:10.3390/rel2020145.
- Pargament, K., Ensing, D., Falgout, K., & Olsen, H. (1990). God help me. *American Journal of Community Psychology, 18*, 793–824.
- Pargament, K., Smith, B., Koenig, H., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37*, 710–724.
- Prigerson, H., Ahmed, I., Silverman, G. K., Saxena, A. K., Maciejewski, P. K., Jacobs, ... Hamirani, M. (2002). Rates of risks of complicated grief among psychiatric clinic patients in Karachi Pakistan. *Death Studies, 26*, 781–792.
- Prigerson, H. G., Frank, E., Kasl, S., Reynolds, C., Anderson, B., Zubenko, G. S., ... Kupfer, D. J. (1995). Complicated grief and bereavement related depression as distinct disorders. *American Journal of Psychiatry, 152*, 22–30.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., ... Maciejewski, P. K. (2009). Prolonged grief disorder. *PLoS Medicine, 6*(8), 1–12.
- Prigerson, H. G., & Jacobs, S. C. (2001). Traumatic grief as a distinct disorder. In M. S. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research* (pp. 613–645). Washington, DC: American Psychological Association.
- Prigerson, H. G., Shear, M. K., Frank, E., Beery, L. C., Silberman, R., Prigerson, J., & Reynolds, C. F. (1997). Traumatic grief. *American Journal of Psychiatry, 154*, 1003–1009.
- Schnider, K. R., Elhai, J. D., & Gray, M. J. (2007). Coping style use predicts posttraumatic stress and complicated grief symptom severity among college students reporting a traumatic loss. *Journal of Counseling Psychology, 54*, 344–350.
- Shear, M. K., Dennyard, S., Crawford, M., Cruz, M., Gorscak, B., & Oliver, L. (2006). *Developing a two-session intervention for church-based bereavement support*. Paper presented at the International Society for Traumatic Stress Studies Conference, Hollywood, CA.
- Shear, M. K., Jackson, C. T., Essock, S. M., Donahue, S. A., & Felton, C. J. (2006). Screening for complicated grief among Project Liberty service recipients 18 months after September 11, 2001. *Psychiatric Services, 57*, 1291–1297.
- Shear, M., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., & ... Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety, 28*, 103–117. doi:10.1002/da.20780
- Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes in bereavement. *Lancet, 370*, 1960–1073.
- Tabachnick, B. G., & Fidell, L. S. (2007). *Multivariate statistics* (5th ed.). Boston, MA: Allyn and Bacon.
- van der Houwen, K., Stroebe, M., Stroebe, W., Schut, H., van den Bout, J., & Wijngaards-de Meij, L. (2010). Risk factors for bereavement outcome. *Death Studies, 34*, 195–220.
- Williams, J. L., Burke, L. A., McDevitt-Murphy, M. E., & Neimeyer, R. A. (2012). Bereavement outcomes and health functioning among African American homicide survivors. *Journal of Loss and Trauma, 17*, 358–375.
- Wortmann, J. H., & Park, C. L. (2008). Religion and spirituality in adjustment following bereavement: An integrative review. *Death Studies, 32*, 703–736.