Religious Coping and Meaning-making following the Loss of a Loved One

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Abstract

This study examined the relation between meaning-making and the use of a variety of religious coping strategies following a significant loss in a sample of Christian adults ($N = 60$) who lost a loved one in the past five years. Controlling for associated risk factors, we found that challenges with meaning-making were predicted by negative religious coping, but not positive religious coping. Both negative religious coping and challenges with meaning-making predicted prolonged grief disorder symptoms, although a *post hoc* exploratory mediational analysis suggests that challenges with meaning-making partially explain the association between negative religious coping and prolonged grief. Findings suggest that when individuals' assumptions were compromised through a crisis of faith, meaning-making appeared to be much more of a struggle. In addition to their complex relationship, spiritual crises and meaning-making challenges both uniquely contribute to protracted grief reactions. Individuals who have experienced a significant loss and who are disconnected from their religion may benefit from increased religious community support and from meaning-centered interventions that address their spiritual concerns to help facilitate the grief process.

Religious Coping and Meaning-making following the Loss of a Loved One

Contemporary research has demonstrated that, for most individuals, grieving is a meaning-making process (Neimeyer & Sands, 2011). That is, the intense grief symptoms frequently observed immediately following a significant loss are in many ways linked to an attempt, and sometimes even a struggle, to make sense of or find some greater significance in the death. The process of making meaning of a death is inevitably shaped by an individual's belief system about the way the world works, which is comprised of assumptions that develop early on in our lives (Janoff-Bulman, 1992; Park, 2010). Examples include assumptions that the universe is a benevolent and just place, that God is good, that each individual has value, that life will be rewarding and promising, and that people have some degree of power over their individual circumstances. The loss of a loved one can unsettle these assumptions, challenging one's sense that the world is benevolent and just, and perhaps even challenging spiritual beliefs about the nature or power of God (Janoff-Bulman, 1992; Marrone, 1999). For religious and spiritual individuals, this can be a highly disruptive experience. Yet, few studies have explicitly examined the relationship between religious coping and the way in which one makes meaning of a significant loss.

When there is a discrepancy between pre-existing assumptions and one's construal of an event such as loss, meaning-making processes are activated. Park (2010) presented a valuable model of meaning-making in her comprehensive synthesis of the vast literature on meaning and meaning-making. This model is an expansion of her earlier work with Folkman (Park & Folkman, 1997), incorporating the perspectives of several important theorists, and draws distinctions between several well-defined components, including global meaning, situational meaning, meaning-making processes, and meanings made (Park, 2010). *Global meaning* refers to broad beliefs, schemas, hierarchically organized goals, and subjective feelings of "meaningfulness" (i.e., the global sense that one's life has purpose and direction; Park, 2008; Park, 2010). This is the cognitive framework

used to interpret situations and life events. *Situational meaning* is the assigned meaning of a given stressful event (Park, 2008; Park, 2010), which is developed though cognitive appraisal (i.e., how one construes an event) with respect to his/her well-being (Lazarus & Folkman, 1984). Distress may arise when there is a discrepancy between pre-existing global meaning and the appraised meaning of a given event. *Meaning-making processes* serve to reduce this discrepancy in order to restore a sense of understanding about themselves and the way the world works (Park, 2010). The products of these meaning-making processes are *meanings made*, such as feeling that sense has been made; feeling a sense of acceptance; reattributions; reappraisals; perceived growth; or changed identity, global beliefs, global goals, or meaning in life (Park, 2010). Creating meaning in these various ways has been generally associated with better adjustment to stressful life events, including the loss of a loved one (Davis, Nolen-Hoeksema, & Larson, 1998; Gillies & Neimeyer, 2006; Park, 2008).

Factors Associated with Challenges in Meaning-Making

Although many mourners are eventually able to reestablish a framework of meaning and successfully integrate the loss into their life one to two years after a loss (Bonanno & Mancini, 2006), others face persistent challenges to their existing assumptions and worldviews. For these individuals, the loss ushers in a world that feels precarious, threatening, or inconceivably unfair (Park & Folkman, 1997). Bereaved parents, who face a loss that defies the expected order of life events, may be particularly at risk for meaning-making challenges (Keesee, Currier, & Neimeyer, 2008; Lang & Gottlieb, 1993; Lehman, Wortman, & Williams, 1987). For example, McIntosh, Silver and Wortman (1993) found that in a sample of bereaved parents who searched for meaning, only 23% actually reported finding meaning after their loss. Difficulties with making sense of the death (i.e., sense-making) have also been observed among individuals who experienced a loss that is sudden, untimely, or violent (Currier, Holland, & Neimeyer, 2006), and among individuals who

were highly dependent on their deceased loved one (Bonanno, 2004; Burke & Neimeyer, in press).

The Use of Spirituality in Meaning-Making

Spiritual and religious individuals who grieve the loss of a loved one often rely on their faith to help make sense of the death, as religion often shapes their global belief, and most religions provide a unique and reliable framework for making sense of challenging life events (Park & Edmondson, 2011). Use of religious beliefs in this way has been referred to as *spiritual meaning-making* (Baumeister, 1991). In fact, for some people, viewing life through the lens of faith and assimilating it based on their belief system means that they can take tragedy and transpose it psychologically into something that, for example, was meant to happen in accordance with a divine plan, is an act of God's mercy, or was intended for the greater good and, thus, allowed to happen (Pargament & Park, 1997). Pargament, Smith, Koenig, and Perez (1998) referred to this as *positive religious coping (PRC)*, which they defined as "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). The use of PRC strategies has been found to predict increased psychological well-being and spiritual growth (Pargament, et al., 1998).

For other people, significant loss leaves them feeling deprived and disoriented due to the strain that bereavement brings to bear on their spiritual resources. The existing belief system must then accommodate itself, changing so that it can incorporate this life event that does not fit pre-existing assumptions. Attig (2001) argued that the "spiritual pain" that often results from this accommodation process among bereaved individuals is a secondary loss that saps the griever of motivation, leaving his or her life "dispirited…. and drained of meaning" (p. 37). This may be reflected through *negative religious coping (NRC)*, which has been defined as "spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisals (attributing the event to the work of the devil), and reappraisals of God's power" (Pargament, et al., 1998, p. 710).

Studies have demonstrated that it is not only possible, but it is also common for distressed individuals to simultaneously utilize both PRC and NRC (Hills, Paice, Cameron, & Shott, 2005; Pargament, Koenig, Tarakeshwar, & Hahn, 2001); however, individuals who use more PRC than NRC fare best (Pargament, et al., 1998).

Wortmann and Park's (2008) review of over 70 studies revealed that the spiritual meaning-making process often mediates the relation between spirituality, religious coping, and meaning made (i.e., integration) of the loss. For example, bereaved African American women in Smith's (2001) qualitative study reported that their spiritual beliefs empowered them to make sense of their deceased mothers' post-life destiny. Similarly, Abrums (2000) found that bereaved women congregants routinely relied upon specific religious teachings that provided them with a "meaning system about death," that gave reminders about their life purpose, guidance on how to continue to function without their loved one, instruction to prepare for one's own death, and the ability to accept that others would naturally precede them in death (p.140). In their examination of bereaved parents, Murphy, Johnson, and Lohan (2003) observed that religious coping was associated with parents finding a greater meaning (i.e., worth or value) in the death of their child five years after their loss. In contrast, Park (2006) did not find an association between religious coping and stress-related growth, a specific form of a greater meaning that is often made following adverse life events. Thus, for grievers with pre-existing spiritual and religious beliefs, spiritual meaning-making appears to be an inherent aspect of spiritual coping following loss. Using Park's (2010) framework, one can conceptualize the product of these meaning-making coping processes as meaning made.

Spirituality and Grief Outcomes

Some research has demonstrated that greater reliance upon one's spiritual beliefs (Brown, Nesse, House, & Utz, 2004) and positive beliefs about one's relationship with God and God's existence (Easterling, Gamino, Sewell, & Stirman, 2000) were related to less intense levels of grief.

A study of bereaved parents showed that those who construed meaning in spiritual terms have reported lower levels of prolonged grief disorder (PGD) symptoms, which reflect protracted and intense grief (Lichtenthal, Currier, Neimeyer, & Keesee, 2010). Wortmann and Park (2008) noted that while the majority of studies suggest that religious coping is helpful with adjustment to loss, a few investigations have demonstrated null or negative effects (e.g., Tarakeshwar, Hansen, Kochman, & Sikkema, 2005) , or initial negative effects followed by positive effects (e.g., Pearce, et al., 2002; Richards & Folkman, 1997). These mixed findings results suggest the inherently complex nature of religious coping and spiritual meaning-making following loss (Wortmann & Park, 2008).

Study Aims

In sum, several studies have examined the relationship between meaning-making and bereavement or the role of spirituality in meaning-making processes. Researchers have shown that challenges to making meaning can exacerbate grief (e.g., Currier, et al., 2006) and that individuals who do make sense of their loss have greater psychological health (e.g., Coleman & Neimeyer, 2010). Research has additionally demonstrated that religious individuals who successfully construe their losses spiritually (i.e., who use religious coping strategies to make meaning) experience less grief concomitantly (e.g., Lichtenthal, et al., 2010). Conversely, survivors who struggle with making meaning of their loss appear to be more susceptible to spiritual crisis (e.g., Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011). Thus, both meaning and spirituality have been individually associated with bereavement outcomes. However, less is known about the association between meaning made and specific types of religious coping. Therefore, the purpose of the current study was to determine the extent to which the use of a variety of religious coping strategies, which can be viewed as meaning-making processes,[1] predicted the degree of meaning made, which can be conceptualized as integration of the loss of a loved one. We hypothesized that

[1] In this study we focused on Christian belief and practice, in keeping with both the demography of our region of the country and the doctrinal focus of the measures of religious coping on which we relied.

NRC would be related to challenges with making meaning of a significant loss, while PRC would be positively associated with the extent to which meaning was made. We also predicted that NRC would be positively associated with PGD symptoms, while PRC and meaning made would both be inversely associated with PGD symptoms based on prior studies of religious coping, meaning, and adjustment to loss (Wortmann & Park, 2008).

Method

Participants

Participants were a heterogeneous sample of 60 individuals who experienced a loss in the past 5 years, all of who were recruited from a large metropolitan area in the mid-South. Following the university's Institutional Review Board's approval, data were collected from several samples of 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, bereaved within the past 5 years, and endorsement of the Christian faith tradition. Because the goal of the paper was to examine religious coping and the extent to which meaning was made of a significant interpersonal loss, individuals were screened based on whether they experienced the index event (i.e., significant interpersonal loss) rather than the degree of bereavement-related distress, such as grief symptoms. Examining the constructs of interest in a sample with varying lengths of post-loss duration increases the likelihood of variability in religious coping, meaning made, and grief symptoms. Type of loss was assessed as: natural anticipated (e.g., lengthy illness), natural sudden (e.g., heart attack), homicide, suicide, or fatal accident. Participants were recruited from: (a) several large, local churches; (b) Victims to Victory (VTV), a local, faith-based homicide survivor advocacy agency that assists homicide survivors through counseling, support group, and victims compensation assistance; and (c) psychology undergraduate classes at a large, mid-South, state university.

To maximize diversity in the sample with regard to ethnicity and type of loss, several large

churches that serve (a) predominantly African American congregations, (b) primarily Caucasian congregations, and (c) multi-racial congregations were invited to participate, as well as clients served by VTV. Similar diversity was achieved in the college sample given the mixed-racial nature and size of the university student body as a whole.

Recruitment and Procedure

Study brochures were used to recruit individuals from weekly church services, grief-specific support group meetings, and VTV. Interested individuals were instructed to respond before the deadline by accessing our project's registration website, indicating a willingness to participate using the web link or contact information provided in the brochure. When feasible, phone numbers were obtained from potential participants, who were then contacted with information about how and where to participate. No monetary remuneration was offered. However, in appreciation for their support, the research team offered bereavement-related education and feedback about the study findings to participating churches and VTV. College students were recruited through their classes, during which the study team provided details about the project, including the eligibility criteria, and an Internet link that directed them to a screening survey that established their eligibility to participate. Those who were ineligible had alternative studies from which to choose to complete their research credit. Individuals who met inclusion criteria were given the option to participate by committing to one of two assessment dates where they completed paper and pencil measures in a group setting in an on-campus classroom. Although no monetary remuneration was offered, students received one research requirement credit each for participating in the screening survey and/or the study survey. Participants who met study criteria were assigned to an assessment location where they completed paper and pencil measures. After signing an informed consent form, all participants completed the assessment in a group setting.

Measures

Background Variables. We assessed routinely used demographic variables such as *age* (of participant and of deceased loved one)*, gender, education, annual income, type of loss* (e.g., violent vs. non-violent), *relationship type* (i.e., spouse, parent, adult child, or other), *time since loss*, as well as *the number of other losses experienced in the past three years.*

Religious Coping. 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 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"*), which has been used as a measure of spiritual struggles (McConnell, Pargament, Ellison, & Flannelly, 2006). The Brief RCOPE has shown adequate to high internal reliability for both subscales (α = .80 and .69, respectively) in studies of distressed individuals exposed to diverse life stressors (Pargament, et al., 1998) and violently bereaved African Americans (Burke, et al., 2011); PRC: α = .88 and NRC: α = .79). Cronbach's alpha for the PRC subscale was α = .83 and for the NRC was α = .86 in this study.

Meaning Made. The Integration of Stressful Life Experiences Scale. (ISLES; Holland, Currier, Coleman, & Neimeyer, 2010) is a 16-item multidimensional scale assessing the extent to which meaning was made following a stressful life event. Higher scores reflect greater meaning made (i.e., greater integration) of the stressful event, whereas lower scores reflect greater challenges to meaning-making. Using data from two college-aged samples—one comprised of 178 individuals who had experienced a range of life stressors, and another comprised of 150 individuals who had experienced a recent bereavement—Holland et al. (2010) found that the ISLES exhibited strong internal consistency (i.e., Footing in the World subscale: α = .93 and .94; and the Comprehensibility subscale: α = .80 and .85 in the general stress and bereaved samples, respectively). The ISLES also demonstrated adequate test-retest reliability (i.e., total ISLES r = .57, p < .001 and r = .57, p < .001) in the general stress and bereaved samples, respectively). Cronbach's alpha for the ISLES in our

sample was $\alpha = .93$.

Prolonged Grief Disorder Symptoms. The PG-13 is a 13-item self-report measure of PGD symptoms based on the diagnostic criteria outlined by Prigerson et al. (Prigerson, et al., 2009). These symptom criteria have been empirically validated and have demonstrated high internal consistency (Cronbach's alpha = .82; Prigerson, et al., 2009). Prolonged grief disorder symptoms have minimal overlap with other psychiatric disorders secondary to bereavement, such as depression and posttraumatic stress disorder and incremental validity, predicting functional impairment over and above these established disorders (Prigerson, et al., 2009).

Data Analysis

Associations between continuous background variables and ISLES scores were examined using Pearson's correlation coefficients. For categorical background variables, group differences on ISLES scores were examined using t-tests or one-way analyses of variance (ANOVAs). Hierarchical linear regression analyses were used to determine predictors of ISLES scores. We simultaneously entered background risk factors in Step 1, and entered religious coping variables in Step 2.

Results

Participant characteristics are presented in Table 1.

Insert Table 1 about here

Background Risk Factors and Meaning Made

The mean total score on the measure of the extent to which meaning was made, the ISLES, in the study sample was 61.6 (*SD* = 14.8), with a mean of 14.8 (*SD* = 4.3) on the Comprehensibility subscale and a mean of 43.5 (*SD* = 10.4) on the Footing in the World subscale. Correlations between continuous background variables and ISLES scores revealed that higher ISLES scores

were associated with increased age of the deceased (r = .44, p < .001). There were significant differences in ISLES scores for the relationship to the deceased, $t(58) = -2.38$, p = .021. Specifically, parents and spouses reported the greatest difficulty making meaning (M = 54.1, SD = 18.2) of their loss as compared to adult children, siblings, and other relations (M = 64.2, SD = 12.7). Significantly less meaning was made by individuals who were present at the time of the death (M = 53.5, SD = 18.4) as compared to those were not present (M = 63.9, SD = 13.0), $t(58) = -2.31$, p = .025. In addition, we found that participants who lost someone to violent causes (homicide, suicide, or accident; n = 18, or 30% of the sample) had significantly more difficulty making meaning of their loss (M = 52.5, SD = 15.8) when compared to those bereaved by non-violent (natural anticipated or natural sudden; n = 42, or 70% of the sample) causes (M = 65.6, SD = 12.6), $t(58) = 3.40$, p = .001. ISLES scores were not significantly associated with the participant's age, education, income, time since the loss, or how much contact they had with the deceased prior to the death (all ps >. 10). In addition, we did not observe significant differences in ISLES scores with respect to gender, race (African American or Caucasian), marital status, or Christian denomination.

Positive and Negative Religious Coping and Meaning Made

In this sample, which was on average, strongly religious, PRC and NRC were negatively skewed and positively skewed, respectively. The mean PRC score was 15.2 (SD = 5.1; median = 16.5), and the mean NRC score was 2.7 (SD = 4.3; median = 1). Time since loss was not associated with religious coping.

We conducted hierarchical multivariate regressions to determine the relation between religious coping, as assessed by the Brief RCOPE, and integration of their loss into the participant's life. In Step 1, we simultaneously entered background risk factors associated with ISLES scores, including age of the deceased, relationship to the deceased, presence when deceased was found, and type of loss (violent vs. non-violent). In Step 2, we entered PRC scores into the regression

equation. The *F* statistic for the overall regression model was statistically significant, $F(5, 50) = 3.09$, $p = .017$, $R^2 = .24$, $\Delta R^2 = .04$; but PRC was not a significant predictor of ISLES scores ($\beta = .22$, $p > .10$). In a separate regression, NRC was entered in Step 2 rather than PRC. The *F* statistic for the overall regression model that included NRC was statistically significant, $F(5, 54) = 5.46$, $p < .001$, $R^2 = .34$, $\Delta R^2 = .06$. NRC was significantly associated with ISLES scores, controlling for other associated factors, $\beta = -.26$, $p = .037$. NRC accounted for 6.0% of the unique variance in predicting meaning made. In other words, individuals who used more NRC reported that they made less meaning of their loss. See Tables 2 and 3 for test statistics.

Insert Table 2 about here

Insert Table 3 about here

Negative Religious Coping, Meaning Made, and Prolonged Grief

On average, PGD symptoms were not especially elevated in this sample, with a mean PG-13 score of 22.5 ($SD = 10.5$); however, though positively skewed (median = 18), scores did range from 12 to 57. PG-13 scores were not significantly related to time since loss. We examined associations between PGD symptoms and (1) PRC, (2) NRC, and (3) meaning made using hierarchical linear regression models. Contrary to our hypothesis, PRC was not a significant predictor of PGD symptoms when controlling for associated risk factors in the first step (type of loss, relationship to the deceased, presence when the deceased was found dead, age of the deceased, number of losses in the past three years, and education level), $\beta = .06$, $p > .10$. As predicted, however, we found that NRC was associated with PGD symptoms in a separate regression model when controlling for

background risk factors, $\beta = .39$, $p = .002$. We also found a strong inverse relationship between the extent to which meaning was made and PGD symptoms when, again, significant covariates were included in the model, $\beta = -.51$, $p < .001$. Given these findings and suggestions of that meaning made is a mechanism underlying lower levels of PGD symptoms (Currier, Holland, & Neimeyer, 2006), we conducted a *post hoc* exploratory test of a meditational model to determine whether the extent to which meaning was made (or not made) mediated the relationship between NRC and prolonged grief reactions. We used Baron and Kenny's (1986) recommended approach for testing meditational models and ran hierarchical multiple regressions for each step. Covariates significantly associated with PGD symptoms were included in the equations. See Table 4 for the step-by-step analysis. Step 3 demonstrates that when meaning made and NRC were entered together into the regression model predicting PGD symptoms (Model 3), meaning made accounted for 12.3% of the variance, whereas NRC only accounted for 4% of the variance. In other words, meaning made appeared to partially mediate the association between NRC and PGD symptoms. While NRC remained a statistically significant predictor of PG-13 scores, the Sobel test confirmed that there was a significant indirect effect of meaning made on the relationship between NRC and PGD symptoms, $z = 1.98$, $p = .048$. The limitations of this analysis are discussed below.

Discussion

While a number of theorists and researchers have discussed the dynamic link between spirituality and finding meaning in the face of adversity, in this study, we examined the extent to which the use of specific types of religious coping strategies was related to having made meaning of a significant loss in a diverse sample of strongly spiritual and religious individuals bereaved by a range of causes. As hypothesized, we found that NRC was significantly associated with difficulty making meaning of the loss of a loved one in a sample of Christian adults who were bereaved in the past five years. In other words, those participants who experienced more spiritual and interpersonal

religious discontent and who engaged in more negative reappraisals of God and God's power were challenged to make meaning of their loss. Given the cross-sectional nature of this study, it may also be, however, that individuals experiencing more challenges with the meaning-making process developed a sense of discontent with God and their religion because of their very difficulty with making sense of or finding a greater significance of their painful experience. Given the relatively small amount of variance explained by NRC in predicting meaning made (6%), several other important factors likely contribute to challenges in meaning-making.

Higher NRC scores reflected anger toward and a sense of distance from God and questioning one's beliefs/faith. Given that individuals with strong religious beliefs use their existing global belief system to make meaning, it is not surprising that a compromised faith would predict difficulties comprehending how or why a significant interpersonal loss occurred and integrating the event into one's life. Marrone (1999) highlighted the tendency that spiritual and religious individuals have to assimilate a significant loss into existing cognitive schemas that reflect their strong religious/spiritual beliefs and faith. He noted that individuals attempt to minimize threat to these assumptive beliefs, but when these cognitive structures are already compromised through a crisis of faith, meaning-making is much more difficult (Marrone, 1999). In fact, individuals who reported discontent in our current sample may have been in the process of accommodation, or major revision of their assumptive worlds, to assist them in making sense of why the loss occurred. The associations between meaning made and NRC in the current study substantiate the position that the beliefs and experiences assessed by the Brief RCOPE, such as feeling spiritually abandoned, punished, or angry; questioning one's faith; and coming to distressing conclusions about why the event occurred (i.e., the Devil made this happen); may represent an unsuccessful attempt to search for spiritual meaning, rather than negative religious coping *per se*. In other words, these Brief RCOPE items do not appear to reflect coping efforts or behaviors.

Instead, researchers and theorists have begun to consider NRC to reflect *spiritual struggles* (McConnell, et al., 2006; Pargament, Murray-Swank, Magyar, & Ano, 2005). Individuals experiencing spiritual struggles may attempt to understand their loss using their spiritual belief system, but may find it yields an unsatisfactory sense of meaning and/or a resultant maladaptive narrative.

Not surprisingly, spiritual struggles have been linked to increased psychopathology, including anxiety and depression (McConnell, et al., 2006), consistent with our finding linking spiritual struggles with PGD symptoms. It may be that individuals begin to struggle with their spirituality because they are suffering from pathological levels of psychological symptoms, or alternatively, the spiritual struggles interfere with coping processes and lead to maladaptive cognitions and behaviors that in turn, lead to the development of pathological symptoms. Our exploratory analyses suggested that difficulties with meaning-making partially mediated the relationship between spiritual struggles and PGD symptoms. Participants with lower levels of prolonged grief may have successfully applied non-spiritual meaning systems (e.g., concluding that death is a natural part of life, that the death concluded a life well lived) to assist them with integrating the death, though not in a specifically spiritual fashion. Having made meaning of the loss may in fact buffer against similar "meaning-related" symptoms of PGD, such as challenges to one's sense of self (i.e., role confusion) and feeling that life is empty or meaningless since the death. The finding that challenges with meaning-making predicted PGD symptoms to a greater extent than spiritual struggles suggests the relevance of this sort of secular meaning-making, even among more religious grievers.

While our findings are exploratory and based on cross-sectional data, which limits our interpretation of the direction of causality between the variables examined, prior studies have demonstrated that meaning made is an underlying mechanism explaining the associations of various

risk and protective factors with PGD symptoms. Currier, Holland, and Neimeyer (2006) found evidence that the degree to which one made sense of a loss partially mediated the relationship experiencing a sudden, violent loss and PGD symptoms (which the authors referred to as complicated grief). In the present study, although meaning made partially explained the influence of NRC on PGD symptoms, NRC still independently predicted PGD symptoms. Because of the cross-sectional design of the study, we cannot determine whether in fact it is the underlying psychopathology that contributes to the struggle with spirituality and to the difficulties creating meaning. Furthermore, there may be another variable that causes both NRC and meaning made that was not examined in this study. Most likely, the relationships are complex and circular.

Contrary to our hypothesis, PRC was unrelated to the extent to which meaning was made. This finding appears counterintuitive, as one would expect PRC to facilitate meaning-making; however, associations between PRC and adjustment have been mixed across studies (Wortmann & Park, 2008). Because our cohort was largely strongly religious, the benefits of PRC might have been masked and might be more easily detected in a sample with more variable degrees of religious involvement. Still, this explanation alone is insufficient, as NRC scores in our sample were equally skewed, and yet were robust in their association with difficulty making meaning of the loss. Notably, our results are congruent with findings by Burke and her colleagues (2011), who observed that NRC but not PRC was associated with PGD. Neimeyer and Burke (2011) similarly found that PRC was not associated with PTSD or depression.

Another explanation for the null findings may be because of the challenges of simultaneously engaging in religious coping efforts and meaning-making processes shortly after the loss of a loved one. It may be that the impact of PRC on meaning-making processes may increase over time, resulting in better outcomes as time passes. To explore this hypothesis, we conducted *post hoc* analyses, examining subgroups that were less than or equal to one year post-loss, one to

two years post-loss, two to three years post-loss, and three to five years post-loss, in order to determine whether a significant association between PRC and meaning made occurred as time from the loss passed. This hypothesis was not supported, as all test statistics were nonsignificant (*p*s > .10). There was similarly no relation between PRC and PGD symptoms for any of these subgroups (*p*s > .10). To explore whether PRC was related to meaning made or PGD in other subgroups, we also conducted post hoc analyses of the associations separately in violently and non-violently bereaved individuals as well as those with different relationships to the deceased (parent, spouse/partner, adult child, sibling/other relations). PRC likewise did not predict meaning made or PGD symptoms in any of these subgroups (*p*s > .10).

A final explanation of the absence of a significant association between PRC and meaning made or grief symptoms involves considering *how* individuals are using their positive spiritual beliefs. For some, it may indirectly result in avoidance that may impede the emotional processing and contemplation necessary for cognitive assimilation and integration of the loss into one's life narrative (Marrone, 1999). For others, redirecting one's attention away from the loss and toward other spiritual resources may help an individual to create meaning—helping to facilitate cognitive assimilation by reinforcing existing assumptions about one's faith. The varying effects of PRC may explain the absence of a linear association between PRC and meaning made.

Our examination of the associations between various background variables and meaning made revealed that individuals who lost a loved one who was younger had significantly more difficulty with meaning-making, likely reflecting the challenges of making sense of an untimely loss. Similar to prior studies, we found that individuals bereaved by violent causes had more difficulty finding meaning in their loss than those bereaved by non-violent, natural causes (e.g., Currier, et al., 2006). Being present when the deceased was found also was related to more challenges with meaning-making, which may be because having a visual image results in trauma

symptoms (e.g, re-experiencing, avoidance) that lead to difficulty engaging in the confrontational work necessary for meaning-making processes. Also at heightened risk for challenges with meaning-making in the current sample were parents and spouses, which is likewise consistent with other studies (e.g., Lichtenthal, et al., 2010), as well as the tendency for these groups to be at increased risk for a complicated bereavement (Burke & Neimeyer, in press). Interestingly, however, other demographic factors were not significant in predicting meaning-making when included in multivariable analyses. For example, we found no differences in how African American and Caucasian individuals, or married versus unmarried grievers processed their loss in terms of meaning-making.

Clinical and Counseling Implications

Findings from the current study suggest the important role that both clergy and mental health professionals may have in facilitating integration of stressful life events. In addition, awareness about how anger, disappointment, and despondency toward God and the spiritual community may stymie the meaning-making process may also be clinically useful. Providers should assist clients with resolving their discontent, or, if this proves challenging, to identify alternative global meaning systems to help in appraisal of their situational meaning (e.g., a less religiously focused, "Everything happens for a reason."). Likewise, clinicians should be mindful of risk factors for unsuccessful meaning-making, including losing someone who was younger in age, being a spouse or parent, having endured a violent loss, or being present when the deceased was found. Given the empirically established link between challenges with meaning-making and PGD that was also found in the present study, providers should recognize that these same subgroups might be at heightened risk for protracted grief reactions. Finally, this study suggests the utility of meaning-centered, constructivist interventions that acknowledge the specific needs and assumptive worlds of survivors with pre-existing spiritual and religious beliefs (Breitbart, 2002; Breitbart, et al.,

2010; Lichtenthal & Cruess, 2010; Neimeyer, 2000). For those who struggle with assimilating the loss into their existing spiritual or religious belief systems, such interventions can assist grievers with cognitive accommodation using non-spiritual beliefs, identification of other sources of meaning and purpose, focusing on the global significance of the loss in their own personal development, or its greater good in the universe, which may allow the bereaved to transcend their profound suffering (Breitbart, 2002; Breitbart, et al., 2010; Lichtenthal & Cruess, 2010; Neimeyer, 2000). As Marrone (1999) aptly stated, the nature or content of these sources of meaning and revised belief systems may, in fact, be less important than the process of creating meaning itself. Clinicians can encourage clients to engage in the process of meaning-making while educating them that the "products" of these processes (i.e., meaning made) can be subject to revision throughout their lifetime.

Study Limitations and Future Directions

Although our study has a number of strengths including sample size and the use of well-validated measures, we acknowledge that there were several limitations that should influence interpretation of our findings. Most notably, the cross-sectional design limits our ability to understand the causal directionality of the associations observed, including the exploratory mediation findings. The mediation analysis, including the Sobel test, is also limited by the relatively small sample size. Longitudinal studies with larger samples that apply *a priori* hypotheses and rigorous tests of the mediating role of meaning made are needed to further shed light on the likely dynamic interplay of existing spiritual belief systems, meaning-making, and grief, especially given the relatively small effects observed. We additionally acknowledge that Brief RCOPE (and specifically the NRC) includes meaning-making processes that may be confounded with the assessment of meaning made assessed by the ISLES. However, for the most part, the measures are distinguished by the Brief RCOPE's focus on reappraisals and behaviors whereas the

ISLES focuses on the respondent's assessments of the *products* of these processes (meaning made or not made). An additional limitation is the potential sampling bias for individuals who were highly spiritually engaged, generally not suffering from intense grief reactions, and from a restricted geographic region, which may explain, for example, the absence of an association between PRC and ISLES scores. Future investigations should focus on more geographically diverse populations with a wider range of religions and degrees of spiritual involvement. The intention of this study is to provide empirical support for the relation between meaning-making and spirituality, and to stimulate researchers to continue examination of these two means of coping in bereaved samples, that will, in turn, lead to the development of spiritually sensitive, meaning-centered interventions.

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Table 1.

Participant Characteristics of a Diverse Sample of Bereaved Christian Adults (N =60)

Demographic Characteristics	
Age [*M* (*SD*)]	40.5.1 (17.0)
Gender	
Female	48 (80.0)
Male	12 (20.0)
Ethnicity [*n* (%)]	
African American	37 (61.1)
Caucasian	17 (28.3)
Asian	3 (5.0)
Hispanic or Latino/a	1 (1.7)
Other	2 (3.3)
Church Affiliation [*n* (%)]	
Non-denominational	20 (33.3)
Baptist	19 (31.7)
Catholic	4 (6.7)
Methodist	2 (3.3)
Other	14 (23.3)
Relationship Status [*n* (%)]	
Single	25 (41.7)
Married	21 (35.0)
Divorced/Separated	8 (13.3)
Widowed	6 (10.0)
Education [*n* (%)]	
Less than high school	1 (1.7)
High school/GED	5 (8.3)
Some college	28 (46.7)
College degree	14 (23.3)
Beyond college degree	12 (20.0)
Death-Related Circumstances	
Relationship to deceased [*n* (%)]	
Adult Child	14 (23.3)
Parent	10 (16.7)
Spouse/Partner	5 (8.3)
Other[a]	31 (51.7)
Cause of death [*n* (%)]	
Natural anticipated	27 (45.0)
Natural sudden	15 (25.0)
Homicide	17 (28.3)
Accident	1 (1.7)
Years since loss [*M* (*SD*)]	2.0 (1.3)
Deceased's age at death (in years)	57.8 (24.1)
Present at time of death	21 (35.0)
Present when the deceased was found dead	13 (21.7)

[a] Adult child and other relationships, which included sibling, grandchild, great grandchild, niece, nephew, girlfriend, cousin, aunt, daughter-in-law, and friend, were combined because of small cells and similarity in ISLES scores. Parent and spouse/partner were also combined into a single relationship category because of similar means and distributions on the ISLES.

Table 2.

Associations between Positive Religious Coping and Integration of the Stressful Life Experiences Scale Total Score

	Model 1			Model 2		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Type of loss (violent vs. non-violent)	-5.18	6.71	-.17	-4.28	6.61	-.14
Relationship to deceased (parent/spouse/partner vs. adult child/sibling/other)	-1.41	5.32	-.04	-1.42	5.23	-.04
Present when deceased found	8.27	4.85	.23	10.07	4.89	.27*
Age of deceased	.17	.12	.28	.22	.12	.36
Positive Religious Coping[a]	--	--	--	.61	.36	.22
R^2		.19			.24	
ΔR^2		.19			.04	
F of overall model		3.06*			3.09*	

Note. Type of loss was a dichotomous variable (violent vs. non-violent). Relationship to deceased was a dichotomous variable (parent/spouse/partner vs. adult child/sibling/other).
*$p < .05$. **$p < .01$.

Table 3.

Associations between Positive Religious Coping and Integration of the Stressful Life Experiences Scale Total Score

	Model 1			Model 2		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Type of loss	-4.16	6.41	-.13	-2.02	6.29	-.06
Relationship to deceased	-1.01	5.17	-.03	-.75	5.01	-.02
Present when deceased found	9.88	4.25	.28*	9.33	4.13	.26*
Age of deceased	.22	.11	.35	.19	.11	.31
Negative Religious Coping	--	--	--	-89	.42	-.26*
R^2		.28			.34	
ΔR^2		.28			.06	
F of overall model		5.33**			5.46***	

Note. Type of loss was a dichotomous variable (violent vs. non-violent). Relationship to deceased was a dichotomous variable (parent/spouse/partner vs. adult child/sibling/other).
*$p < .05$. **$p < .01$. ***$p \leq .001$. .

Table 4.

Post Hoc Exploratory Analysis of Meaning Made as a Mediator of the Association between Negative Religious Coping and Prolonged Grief Symptoms

Variable	*B*	*SE B*	*β*	R^2	ΔR^2
Step 1: Show that NRC (negative religious coping) predicts prolonged grief disorder symptoms.					
Model 1				.33**	
Type of loss	-2.09	4.63	-.09		
Relationship to deceased	-5.29	3.64	-.22		
Present when deceased found	-6.83	3.23	-.27*		
Age of deceased	-.11	.08	-.26		
Number of other losses in past 3 years	.51	.75	.09		
Education level	-2.81	1.25	-.27*		
Model 2				.44***	.11**
Negative Religious Coping	.95	.29	.39**		
Step 2: Show that NRC predicts meaning made (ISLES scores).					
Model 1				.28**	
Type of loss	-5.03	6.78	-.16		
Relationship to deceased	-1.39	5.32	-.04		
Present when deceased found	9.12	4.73	.26		
Age of deceased	.21	.12	.34		
Number of other losses in past 3 years	-.28	1.09	-.03		
Education level	-.69	1.83	-.05		
Model 2				.35**	.07*
Negative Religious Coping	-1.04	.45	-.30*		
Step 3: Show that meaning made predicts prolonged grief disorder symptoms, controlling for NRC.					
Model 1				.33**	
Type of loss	-2.09	4.63	-.09		
Relationship to deceased	-5.29	3.64	-.22		
Present when deceased found	-6.83	3.23	-.27		
Age of deceased	-.11	.08	-.26		
Number of other losses in past 3 years	.51	.75	.09		
Education level	-2.81	1.25	-.27		
Model 2				.52***	.19***
ISLES scores	-.36	.08	-.51***		
Model 3				.57***	.04*
Negative Religious Coping	.63	.28	.26*		

*$p < .05$. **$p < .01$. ***$p \leq .001$. .