International Journal for the Psychology of Religion

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/hjpr20

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Available online: 11 Oct 2011

To cite this article: Laurie A. Burke, Robert A. Neimeyer, Meghan E. McDevitt-Murphy, Maria R. Ippolito & J. Matthew Roberts (2011): Faith in the Wake of Homicide: Religious Coping and Bereavement Distress in an African American Sample, International Journal for the Psychology of Religion, 21:4, 289-307

To link to this article: http://dx.doi.org/10.1080/10508619.2011.607416

The International Journal for the Psychology of Religion, 21:289–307, 2011

ISSN: 1050-8619 print/1532-7582 online
DOI: 10.1080/10508619.2011.607416

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Mourners often rely on faith following loss, but not all find spirituality comforting. Some grievers engage in negative religious coping (NRC), signaled by behaviors and thoughts such as anger toward God or their faith community, feeling spiritually abandoned, or questioning God's power. Our longitudinal study of 46 African American homicide survivors explored the relation of both positive religious coping (PRC) and NRC to complicated grief (CG) and investigated whether religious coping more strongly predicted psychological distress or vice versa. Results indicated that NRC was associated with CG, whereas PRC was substantially unrelated to bereavement outcome. Significantly, CG prospectively predicted high levels of spiritual struggle 6 months later, both in terms of CG and NRC composite scores and at the individual-item level. Clinical implications regarding spiritually sensitive interventions are noted.

The loss of a loved one through death is a ubiquitous human experience that poses significant psychological challenges for the survivor. Although many bereaved people respond resiliently, with substantial grief symptoms lasting only a few weeks (Bonanno & Kaltman, 2001), and others respond more acutely, with symptoms that subside after 1 to 2 years (Bonnano & Mancini, 2006), evidence also indicates that a significant minority struggle profoundly and for a protracted period. Approximately 10% of the bereaved population suffers from an extended, debilitating, and sometimes life-threatening grief response known as *complicated grief* (CG; Prigerson et al., 1995; Shear et al., 2011; also termed prolonged grief disorder; Boelen & Prigerson, 2007; Neimeyer, 2008). Some losses, especially those that are violent and unexpected, can be particularly challenging (Currier, Holland, Coleman, & Neimeyer, 2007) and are likely to raise profound questions of meaning that are associated with problematic adaptation (Currier, Holland, & Neimeyer, 2006).

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Spiritual beliefs and religious practices can be significant coping resources in dealing with bereavement complications, though they also may be affected by them in turn. Although spirituality can have broad relevance to adaptation to bereavement for many mourners (Hays & Hendrix, 2008; Wortmann & Park, 2008), it could have particular importance for African Americans confronted by tragic loss (Barrett, 2001). In the predominantly Christian framework endorsed by African Americans, spiritual resources may temper adaptation to loss (Barrett, 1995) by offering, for example, the prospect of divine solace or spiritual reunion with loved ones after death. However, core features of CG (e.g., acute separation distress, confusion about one's role in life; Lichtenthal, Cruess, & Prigerson, 2004; Prigerson et al., 1999) could in turn undermine one's sense of relationship to God and to one's religious community. In distressed individuals, the latter can be described as a spiritual struggle (Edmondson, Park, Chaudoir, & Wortmann, 2008) or, in extreme cases, a spiritual crisis (Hill & Pargament, 2008). Most research to date has examined the simple correlation of bereavement outcome to religious coping at a single point in time (see Wortmann & Park, 2008, for full review), implying that the latter predicts the former. However, the reverse is equally plausible.

BEREAVEMENT DISTRESS

Many previous studies examining adaptation to loss have measured major depressive disorder (MDD) as the primary or only assessment of bereavement outcome. Although MDD is a valid measurement of psychological distress in bereaved populations (Bonnano & Mancini, 2006), contemporary research has broadened its focus to show that bereavement-related stress can also manifest in posttraumatic stress disorder (Bonnano & Mancini, 2006) and CG (Prigerson et al., 1995). Furthermore, a good deal of research converges on the conclusion that CG is a distinctive construct that displays incremental validity in predicting deleterious medical and psychological outcomes beyond those predicted by depression and anxiety disorders (Bonanno et al., 2007; Lichtenthal et al., 2004; Prigerson et al., 2009).

CG signifies a state of persistent grieving reflected in profound separation distress, psychologically disturbing and intrusive thoughts of the deceased, a sense of emptiness and meaninglessness, trouble accepting the reality of the loss, and difficulty in making a life without the deceased loved one (Holland, Neimeyer, Boelen, & Prigerson, 2009; Prigerson & Jacobs, 2001). Previous studies focusing on levels of CG in the general bereaved population have reported prevalence rates of approximately 10%. Primarily, these studies have investigated samples with the following demographic characteristics: elderly, conjugally bereaved, Caucasian, female, with a mid-to-high socioeconomic status, who have a normative response to an objectively nonviolent loss. However, contemporary studies have revealed much higher prevalence rates of CG in a variety of samples. For instance, Goldsmith, Morrison, Vanderwerker, and Prigerson's (2008) comparison study of African American and Caucasian grievers reported CG rates of 22% and 12%, respectively. Keesee, Currier, and Neimeyer (2008) reported a 30% prevalence rate in bereaved parents, and Shear, Jackson, Essock, Donahue, and Felton (2006) reported CG rates of 44% in survivors of September 11th victims. Furthermore, the role of violent death in predicting elevated levels of CG and other forms of psychological distress (Lichtenthal, Currier, Neimeyer, & Keesee, 2010), as well as a crisis of meaning (Currier et al., 2006), has been explored in recent studies. These findings are particularly concerning when coupled with

the knowledge that African Americans are 10 times more likely to be murdered than are their Caucasian counterparts (Kochanek, Murphy, Anderson, & Scott, 2004), and yet their responses to such horrific loss have received virtually no attention on the part of researchers.

SPIRITUAL COPING

Although individuals express a wide range of responses to loss (Bonanno, 2004; Lichtenthal et al., 2004) and employ various mechanisms to help them cope (Carver, Scheier, & Weintraub, 1989), religion and spirituality have long served as a mainstay in adjusting to various crises (Hill & Pargament, 2008), and particularly in coping with the death of a loved one. African Americans (Barrett, 1995) and other spiritually inclined individuals often look first to their faith for support following the death of a significant person in their lives. *Religious coping* was defined by Wortmann and Park (2008) as "a dimension of religion/spirituality that refers to the use of religious/spiritual activities and beliefs to deal with stressful events" (p. 717). Previous literature has examined religious coping in an array of bereaved samples, including Caucasian mothers (Anderson, Marwit, Vandenberg, & Chibnall, 2005), cancer caregivers (Fenix et al., 2006), HIV-positive individuals (Tarakeshwar, Hansen, Kochman, & Sikkema, 2005), and African American homicide survivors (Thompson & Vardaman, 1997). Several meta-analyses of spirituality in bereavement also have been conducted (Hays & Hendrix, 2008; Wortmann & Park, 2008). These reviews reported results from correlational studies examining the relation between religion/spirituality (using predictors such as church attendance, beliefs, general religiousness, and religious coping) and bereavement outcome (using adjustment variables such as grief, depression, and anxiety), resulting in an overall conclusion that spirituality plays a valuable role in adaptation to loss. In spite of that, grief-specific religious coping, with studies using measurements of grief symptom severity alongside measurements of religious coping, is poorly represented in the scientific literature (Wortmann & Park, 2008).

In developing a concise religious coping scale (Brief RCOPE), Pargament, Smith, Koenig, and Perez (1998) included several samples of individuals facing a variety of life stressors to differentiate between patterns of positive religious coping (PRC) and negative religious coping (NRC). PRC was conceptualized 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). In contrast, NRC appeared to be indicative of an insecure relationship with God, a tentative and threatening view of the world, spiritual sense making and searching, and spiritual struggle. Factor analyses further revealed that NRC is composed of "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" (p. 710). Of interest, studies of distressed samples show that it is not only possible but also common for individuals to use PRC and NRC simultaneously (Hills, Paice, Cameron, & Shott, 2005; Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

SPIRITUAL CRISIS

Pargament et al.'s (1998) delineation of PRC and NRC in the wake of adverse life events illustrates that faith can be both a source of strength and a source of contention. From a more

dire perspective, findings from a 2-year longitudinal study indicate that after controlling for all other variables, spiritual crisis was the clearest determinant of imminent mortality in medically ill elderly patients (Pargament et al., 2001), indicating the seriousness of this type of response to life stressors. Although studies consistently show that distressed individuals tend to use more positive than negative forms of religious coping (Hills et al., 2005; Pargament et al., 2001), not everyone consistently finds spirituality to be a comfort following loss. And, for some, this struggle is exhibited in anger toward God or an inability to square a belief that God is good with the horrendously painful reality of the loss (Batten & Oltenbruns, 1999). Furthermore, although the usual practice has been to consider the buffering effects of spirituality on life stressors, far less is known about what happens when spiritual coping mechanisms go awry (Hays & Hendrix, 2008), especially in response to traumatic loss.

Religious struggle occurs when individuals encountering life stressors "perceive that they are being punished or abandoned by God ... or that God continues to exist and exert control but does not provide them with care and comfort" (Edmondson et al., 2008, p. 754). For some, extreme anger toward God eventuates in the wake of abominable injustices (Exline & Martin, 2005) such as homicide. Thus, not only is it important to understand spiritual struggle in a general sense, but because faith is often more salient following the loss of a loved one, it is also important to understand the mechanisms by which faith is exhibited and maintained following violent loss. Moreover, recognizing factors that predict this less obvious form of bereavement distress is necessary to inform clinicians as they work in tandem with spiritual leaders to develop intervention strategies to address the psychospiritual issues facing the religious bereaved.

Unfortunately, though, spiritual crisis within bereavement is poorly understood. In fact, fewer than 20 studies have explored spiritual coping in bereaved populations, and far fewer have examined spiritual crisis following loss, or evaluated its association to grief, per se. In a rare exception, Tarakeshwar and colleagues (2005) found in their study of 252 HIV-positive bereaved individuals that there was a significant main effect for PRC, such that those who used more PRC reported higher levels of grief. A significant interaction effect for ethnicity and PRC was also reported, such that PRC was more strongly associated with grief among Caucasians than ethnic minorities (African Americans and Hispanics; $n = 179$). However, it was not possible to reach causal conclusions in this cross-sectional study, leaving in question whether religious coping actually promoted better or worse bereavement outcomes.

In a study of 57 bereaved mothers who lost their children to violent death (homicide, motor vehicle accident, or other types of fatal accident) Anderson and colleagues (2005) found that neither NRC nor PRC (assessed using the Religious Coping Activities Scale; Pargament, Ensing, Falgout, & Olsen, 1990) was statistically significant in relation to grief when examined alone. However, once postloss duration was controlled, an interaction effect existed between PRC and task-oriented coping (taking charge of the stressful event with a specific goal in mind), such that those who used PRC in combination with task-oriented coping had less severe grief. Although these studies examined how spiritual coping affected grief levels, we are unaware of studies that have analyzed how levels of grief severity might, in turn, affect the mourner's faith.

Thompson and Vardaman's (1997) study examining 150 homicide survivors revealed the use of both PRC and NRC strategies (assessed using the Religious Coping Activities Scale; Pargament et al., 1990) in an effort to accommodate their loss. In their cross-sectional study on the relation between religious coping and distress (as measured by levels of anxiety, depression,

posttraumatic stress, somatization, and hostility), with a sample of predominately African American (90%), female (86%) grievers, they found, in contrast to Tarakeshwar et al.'s (2005) study, that higher levels of PRC generally predicted lower levels of distress. Conversely, NRC, especially in terms of feeling angry or distant toward God or members of the church and pleading with God for a miracle, predicted increased levels of distress. This relation between bereavement outcome and both PRC and NRC is important because evidence indicates that African Americans experience greater bereavement distress (Goldsmith et al., 2008; Laurie & Neimeyer, 2008; McDevitt-Murphy, Neimeyer, Burke, & Williams, 2011), have a much higher rate of homicide (Bureau of Justice Statistics, 2007), and embrace spirituality to a greater degree than do Caucasians (Taylor, Chatters, & Levin, 2004). Still, consistent with the field's overall deficiency in this area, their study did not use a valid measure of grief-specific symptomology. Likewise, the literature is virtually devoid of studies of the role of bereavement distress in predicting spiritual crisis.

A rare exception to this neglect of spiritual crisis in bereavement was a collaboration between mental health professionals and clergy carried out by Shear, Dennard, et al. (2006), who conducted a pilot study to develop a brief church-based grief intervention for use by a Pittsburgh church's bereavement response team. The team examined the bereavement trajectory of 31 African American bereaved parishioners, most of whom had lost a loved one to natural causes. Self-reports from the ensuing counseling sessions indicated that the effects of loss on the griever's faith varied greatly from "faith stronger than ever" to "faith seriously shaken," with 19% of the participants endorsing some level of negative change to their faith as a result of the loss. Through this and other facets of the investigation, the team concluded that for the religiously inclined, spirituality plays a vital role in bereavement, such that "spiritual grief" (Shear, Dennard, et al., 2006, p. 7)—an initial acute and painful spiritual response to unexplained yet important losses brought by God, that seem unfair or untimely, and that challenge the person's existing spiritual understanding—runs along a similar continuum to psychological grief (i.e., from levels of *highly resilient* to *severely complicated* grief responses). Shear and her colleagues termed the more problematic version of this reaction *complicated spiritual grief* (CSG), defined as a spiritual crisis in the bereaved's relationship with God such that he or she struggles to reestablish spiritual equilibrium following loss, often accompanied by a sense of discordance, conflict, and distance from God, and at times with members of one's spiritual community.

Hill and Pargament's (2008) collation of studies on spirituality and mental health, likewise, appears to support the construct of spiritual crisis. Although some individuals benefit from spiritual struggles stemming from existential crises, others clearly do not. In fact, as the authors explain, spiritual crisis is often what makes or breaks the faith of distressed individuals. Especially when losses are tragic, as in the death of a child, both positive and negative spiritual outcomes are readily observable, as survivors struggle to make sense of a death that challenges their core understandings of the universe (Lichtenthal et al., 2010).

AIMS OF THIS STUDY

Unique characteristics of our sample of African American homicide survivors, such as endorsement of strong spiritual involvement on one hand and high levels of trauma on the other,

provided opportunities to examine a number of factors involved in coping following homicide loss. In addition, conducting a longitudinal study with two assessments 6 months apart enabled us to explore relations over time among our variables. In this investigation, our overarching aim was to explore the relation between positive and negative spiritual coping and psychological distress in the form of CG, with the goal of establishing the predictive nature of both across time in a sample of homicidally bereaved individuals. Consequently, our first aim was to examine the relation between psychological distress and spiritual coping in the early years of adaptation to horrendous loss. Prior research indicates that both PRC and NRC are used by distressed individuals (Hills et al., 2005; Pargament et al., 2001) and by bereaved survivors as they attempt to accommodate their losses (Hays & Hendrix, 2008; Wortmann & Park, 2008). Thus, we hypothesized that at both entry into the study (referred to as Time 1, or T1) and at the 6-month follow-up point (Time 2, or T2), CG would be inversely associated with positive spiritual coping strategies and directly correlated with NRC behaviors.

Although results are mixed, studies have suggested that religious coping can affect the grieving process (Anderson et al., 2005; Tarakeshwar et al., 2005; Thompson & Vardaman, 1997). But a lack of studies on if or how losing a loved one affects a griever spiritually prompted us also to investigate this topic from the opposite perspective. Therefore, in a general sense, we inquired whether spiritual coping at T1 predicted psychological distress at T2 or, conversely, if psychological distress at T1 more strongly predicted spiritual crisis at T2. The latter possibility is suggested by reports of mourning parents whose spiritual sense making had been significantly challenged as a result of their incapacitating grief experiences (Lichtenthal et al., 2010) and African American grievers who suffered a crisis of faith as a result of their loss (Shear, Dennard et al., 2006). Inasmuch as CG is an attachment-based disorder that manifests itself distinctly from posttraumatic stress disorder and depression in bereaved individuals, and because it represents an intense feeling of separation distress from the death-related dissolution of a core attachment (Neimeyer, 2008; Prigerson et al., 1997), we were particularly interested in whether CG would uniquely predict an attachment struggle with God. Accordingly, we hypothesized that high levels of CG at T1 would predict high levels of NRC at T2.

METHOD

Participants

Participants were 46 African American homicidally bereaved adults recruited into the study through Victims to Victory (VTV), a faith-based organization that collaborates with local law enforcement agencies to offer crisis counseling, victims' advocacy, and other services to survivors of homicide victims in a large city in the mid-South. Although VTV conducts a homicide support group, it is not specifically a mental health agency, and it offers its services regardless of the survivor's faith tradition or lack of one. Several recruitment strategies were employed, including phone contacts, mailings, word of mouth, and distribution of brochures at VTV's biweekly support group meetings. For instance, in the course of offering their own support services, not only did VTV staff present our study to new clients in the form a brochure and short description, inviting them to join, but they also allowed our project coordinator to do so at their support group meeting and other meetings for survivors. We also were given access

to their client contact database, which enabled us to make contact via phone and mailings with survivors who had had contact with VTV in the previous 3 years. Finally, some individuals joined as a result of hearing about our study from previous participants, all of whom received study brochures at the end of the first session. The exact number of people who heard about our study is unclear because of the multiple methods used to promote the project, including word of mouth. Of the 137 people with whom our staff had phone conversations, 15 refused to participate. Reasons for not joining included not ready to talk about the loss ($n = 5$), too busy ($n = 5$), not interested in research ($n = 1$), too sick to participate ($n = 1$), too close to the holidays ($n = 1$), or did not speak English ($n = 1$). One person did not give a reason. Many others expressed interest but did not schedule assessment appointments or repeatedly missed or canceled appointments. Participant background information is reported in Table 1.

Procedure

Following the university's Institutional Review Board's approval, participants met with a trained master's or doctoral-level graduate student for the first assessment (T1), which consisted of signing an informed consent, participating in a brief audio-taped, semistructured, open-ended interview and completing a number of paper-and-pencil measures (see Measures section). The interviews were incorporated simply to build rapport, through the use of two questions: (a) "I did not have the pleasure of knowing [loved one], could you tell me a little about [him/her]?" (to allow the bereaved to reflect on the life of the deceased loved one), and (b) "How have you been doing since [his/her] death?" (to show concern about the well-being of the bereaved since the loss). No aspect of the interviews was analyzed as a part of this study. This was followed by a second assessment session approximately 6 months later (T2). The total length of the sessions was approximately 1 to 3 hr at T1 and 2 to 4 hr at T2.

Measures

Inventory of Complicated Grief–Revised (ICG–R; Prigerson & Jacobs, 2001). The ICG–R assesses grief symptoms indicative of long-term dysfunction in bereavement. Using 34 items, rated on a 5-point Likert scale, the ICG–R evaluates severity of grief symptomatology on items such as *I feel that I have trouble accepting the death* or *Ever since _____ died I feel like I have lost the ability to care about other people or I feel distant from people I care about*. We used the original 19-item version of the ICG embedded within the ICG–R to establish clinically significant "caseness" for CG, using a commonly accepted cutoff score of 30 or more (Boelen et al., 2003; Keesee et al., 2008; Shear, Frank, Houch, & Reynolds, 2005). High internal consistency (Cronbach's $\alpha = .95$) has been reported for the ICG–R in samples of both normative (Schnider, Elhai, & Gray, 2007) and traumatic, premature loss (Keesee et al., 2008). Laurie and Neimeyer (2008) found this measure to have high reliability ($\alpha = .95$) in their sample, which included African American homicidally bereft individuals. In the present sample, the ICG–R also showed had adequate internal consistency (T1, $\alpha = .94$; T2 $\alpha = .95$).

Brief RCOPE. To measure religious coping, we used the 21-item Brief RCOPE (Pargament et al., 1998), which was developed as an efficient measure of religious coping, using

TABLE 1
Descriptive Statistics for Background Variables, Bereavement Outcome, and Religious Coping for African American Adults Bereaved by Homicide ($N = 46$)

Measures	*Range*	*M (SD)*	*% (n)*	*Time 1 M (SD)*	*Time 2 M (SD)*
Positive religious coping				17.8 (3.9)	17.2 (5.1)
Negative religious coping				5.3 (5.0)	4.6 (4.8)
Complicated grief				79.1 (23.2)	69.9 (24.1)
Demographic variables					
Months since loss	1.1–58.3			1.69 years (1.20 years)	2.19 years (1.70 years)
Age	19–71 years	50.23 (11.36)			
Race					
African American			100 (46)		
Sex					
Female			89.1 (41)		
Male			10.9 (5)		
Kinship					
Spouses			10.9 (5)		
Mothers			58.7 (27)		
Fathers			2.2 (1)		
Stepfathers			4.3 (2)		
Sisters			8.7 (4)		
Extended family			15.2 (7)		
Marital status					
Married			26.1 (12)		
Single			26.1 (12)		
Separated/Divorced			30.4 (14)		
Widowed			17.4 (8)		
Education					
<High school			10.8 (5)		
High school/GED			26.1 (12)		
Some college			37 (17)		
College			19.6 (9)		
>College			6.5 (3)		
Income					
<$20,000			37.1 (17)		
$20,000–50,000			45.6 (21)		
>$50,000			17.3 (8)		

subscales to assess PRC and NRC with items such as *Sought help from God in letting go of my anger* and *Wondered whether God had abandoned me*. The Brief RCOPE showed adequate internal consistency for both PRC and NRC subscales ($\alpha = .80$ and .69, respectively) in three distinct samples (Pargament et al., 1998). Cronbach's alphas for both subscales in our sample were somewhat stronger at both T1 and T2, PRC: $\alpha = .88$, and $\alpha = .93$; NRC: $\alpha = .79$, and $\alpha = .82$, respectively.

Background variables. This study examined commonly used background variables such as *age, gender, education, annual income, relationship status* (whether the participant was

currently involved in a romantic relationship), and *time since loss* (TSL). In addition, we examined *pre-death frequency of contact with the deceased* (or *contact*), which was assessed by asking *How often were you in contact with this person before he or she died?*, and by providing the following response options: *2–7 times per week, once per week, every other week, once per month, less than once per month.*

Data Analysis Plan

Our goal in this study was to explore the relation between PRC and NRC and psychological distress (in the form of CG) to determine if religious coping more strongly predicted CG, or vice versa, in survivors of homicide loss. A multivariate approach was chosen to avoid reporting spurious results due to confounding, using a sample of 46 African American homicide survivors. 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 (ICG–R), religious coping measure (PRC and NRC subscales of the Brief RCOPE), and background variables (see Measures section).

Next, a series of hierarchical regression analyses was conducted to determine T1 predictors of T2 outcomes, initially using total scores from the ICG–R and the PRC and NRC subscales. This was followed by exploratory analyses on an item-by-item basis for religious coping, based on research suggesting that composite measures may fail to capture certain aspects of religious coping, some of which might differ as a function of the type of loss (Thompson & Vardaman, 1997; Wortmann & Park, 2008), and for CG, based on research showing that a CG diagnosis is premised upon the endorsement of a subset of symptoms (Prigerson et al., 2009). Correlated background variables that were statistically significant with religious coping or CG were controlled for in all regression analyses, as were T1 variables when the corresponding T2 variable was used as a dependant variable (e.g., T1 NRC was controlled when T2 NRC was the dependent variable).

In determining if there was a difference between those who screened positive for CG (i.e., CGs; see also Ott, 2003) and those who did not (i.e., *noncomplicated grievers* [NCGs]; Ott, 2003) on measures of religious coping, an established cut score was used for the ICG–R. We computed a score for the 19-item version of the ICG and applied the commonly accepted cut score of 30 to indicate clinically significant "caseness" for CG (Boelen et al., 2003; Keesee et al., 2008; Shear et al., 2005). Given that the proposed diagnostic criteria for CG (Shear et al., 2011) necessitate that severe grief symptomotology last for at least 6 months following the loss before a diagnosis can be given, to differentiate between NCGs and CGs (coded as $1 = \leq 29$ points, and $2 = \geq 30$ points, respectively) we included only those 37 survivors who were 6 months or more postloss. However, all participants were included when the ICG–R was used as a continuous measure. To test whether differences between CGs and NCGs existed in terms of religious coping, an analysis of covariance was performed, using TSL as a covariate, given that CGs included individuals between 6 months and 5 years postloss.

To determine if a subset of CG symptoms was more highly endorsed than others by CGs, we ran descriptive statistics to obtain mean scores for individual items on the T1 ICG–R measure.

We then conducted a series of hierarchical regression analyses to explore whether individual T1 CG items with high mean scores (>3 on a 5-point scale) predicted T2 NRC on an item-by-item basis. Finally, because NRC scores in our overall sample decreased between our two assessments (see Table 1), we sought to determine if elevated T1 ICG–R scores in the CG cohort (i.e., individuals 1 month to 5 years postloss with scores ≥30) predicted an increase in NRC overtime, versus less of a decrease. Therefore, we first calculated the mean difference between T1 and T2 NRC scores for the CG cohort and the NCG cohort (i.e., individuals 1 month to 5 years postloss with scores ≤29). Next, we calculated the percentage decrease for each group, which was the ratio of the mean difference between T1 and T2 NRC scores and the mean T1 NRC scores for each group. The percentage decrease in the CG cohorts' NRC scores was divided by the percentage decrease in the NCG cohorts' NRC scores to determine the difference in rate of decrease between the two groups. Finally, because NRC scores for some individuals in both groups increased between time points, we calculated the mean point increase for each group and found the percentage difference between the two groups to compare the rate of increase in NRC scores across time.

RESULTS

Table 1 presents the descriptive demographic statistics for the sample, and religious coping and CG measures used in this study. With regard to bereavement outcome, these results show elevated levels of CG at T1 compared to African Americans grievers in Goldsmith et al.'s (2008) sample ($M = 69$, $SD = 13$). Figure 1 depicts how a variety of samples suffering from various stressors compare with the participants in our study with regard to spiritual coping. Significantly, our sample of homicide survivors reported substantially higher levels of both PRC and NRC in all cases.

In addition, our results revealed that worse bereavement outcome (CG) was associated with NRC at both T1 and T2 and that PRC was uncorrelated with psychological distress at either time point (see Table 2). Consequently, PRC was omitted from further analyses. Background

TABLE 2
Intercorrelations of Bereavement Outcome, Religious Coping, and Background Variables for African American Adults Bereaved by Homicide ($N = 46$)

Variables	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1. Positive religious coping T1	—	.37**	.04	−.05	.03	−.15	.22	−.17
2. Positive religious coping T2		—	−.21	−.21	−.14	−.18	.34*	−.03
3. Negative religious coping T1			—	.49***	.41**	.33*	.21	−.13
4. Negative religious coping T2				—	.48**	.49***	−.14	−.19
5. Complicated grief T1					—	.79***	−.23	−.31*
6. Complicated grief T2						—	−.15	−.19
7. Time since loss							—	−.26
8. Frequency of contact								—

Note. T1 = Time 1; T2 = Time 2.
*$p < .05$. **$p < .01$. ***$p < .001$.

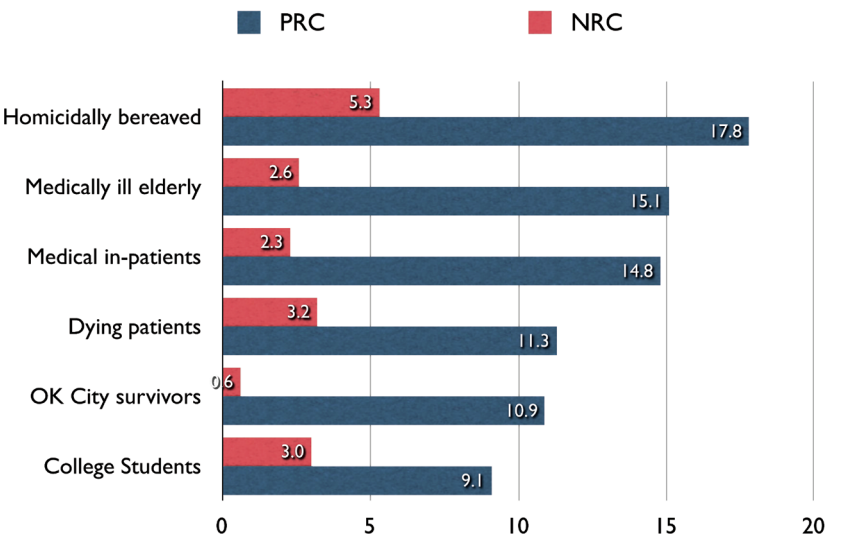

FIGURE 1 Comparison of religious coping levels between samples of distressed individuals using the Brief RCOPE. *Note:* Total possible score of 21 is represented by seven items, each with a score between 0 and 3. Pargament, Smith, Koenig, and Perez (1998; College Students, OK City Bombing Survivors, Medical Inpatients); Pargament, Koenig, Tarakeshwar, and Hahn (2001; Medically Ill Elderly); Hills, Paice, Cameron, and Shott (2005; Dying Patients); this present study (Homicidally Bereaved). PRC = positive religious coping; NRC = negative religious coping. (Color figure available online.)

variables that showed a statistically significant association with CG or religious coping (i.e., contact and TSL) are illustrated in Table 2 and were controlled for in our statistical analyses. To evaluate our specific hypothesis that CG at T1 would predict NRC at T2, a hierarchical regression analysis was conducted. First, T1 NRC scores and correlated background variables were entered in Step 1, and T1 ICG–R scores were entered in Step 2. Consistent with our hypothesis, results demonstrated that CG at T1 accounted for 7% of the unique variance in NRC at T2: total model, $F(4, 41) = 6.357$, $p < .002$; T1 ICG–R $\beta = .32$, $p = .04$ (see Table 3), once contact, TSL, and T1 NRC were taken into account.

Conversely, to evaluate if NRC at T1 predicted CG at T2, a hierarchical regression analysis was conducted. T1 ICG–R scores and correlated background variables were entered in Step 1, and T1 NRC scores were entered in Step 2. In relation to CG at T2, the total variance explained by the model as a whole was 63%, $F(4, 41) = 17.606$, $p < .001$; yet, after controlling for ICG–R scores at T1, contact, and TSL, T1 NRC explained only 2% of the variance in CG scores at T2 (T1 NRC $\beta = .02$, $p = .89$). Overall, once T1 CG and related background variables were taken into account, religious coping was not statistically significant in predicting psychological distress at T2.

In response to research suggesting that distress variables might differentially predict individual items of religious coping, we explored whether T1 CG scores were predictive of individual items on the T2 NRC subscale. Using hierarchical regression analyses, and controlling for TSL, contact, and the T1 NRC individual item, T1 CG proved significant in predicting four

TABLE 3
Summary of Hierarchal Regression Analysis for Time 1 Complicated Grief Predicting Time 2 Negative Religious Coping in African American Adults Bereaved by Homicide ($N = 46$)

	T2 NRC				*T2 NRC Item 10*				*T2 NRC Item 11*				*T2 NRC Item 12*				*T2 NRC Item 14*			
	1		*2*		*1*		*2*		*1*		*2*		*1*		*2*		*1*		*2*	
Outcome: *Model*	*β*	*SE*	*β*	*SE*	*β*	*SE*	*β*	*SE*	*β*	*SE*	*β*	*SE*	*β*	*SE*	*β*	*SE*	*β*	*SE*	*β*	*SE*
Predictor																				
Step 1																				
T1 NRC	.43*	.13																		
Contact	−.22	.20																		
TSL	.00	.00																		
Step 2																				
T1 NRC			.34*	.14																
Contact			−.07	.21																
TSL			−2.61E	.00																
ICG–R			.02*	.01																
Step 1																				
T1 Item 10					.58*	.11														
Contact					−.05	.13														
TSL					5.55E	.00														
Step 2																				
T1 Item 10							.52*	.11												
Contact							.04	.14												
TSL							.00	.00												
ICG–R							.01*	.01												
Step 1																				
T1 Item 11									.33*	.13										
Contact									−.12	.15										
TSL									−.00	.00										
Step 2																				
T1 Item 11											.29*	.13								
Contact											.02	.16								
TSL											.00	.00								
ICG–R											.02*	.01								
Step 1																				
T1 Item 12													.38*	.14						
Contact													.05	.11						
TSL													6.65E	.00						
Step 2																				
T1 Item 12													.34*	.14						
Contact													.14	.11						
TSL													.00	.00						
ICG–R													.01*	.01						
Step 1																				
T1 Item 14																	.24	.14		
Contact																	−.04	.15		
TSL																	8.54E	.00		
Step 2																				
T1 Item 14																			.19	.13
Contact																			.13	.15
TSL																			.00	.00
ICG–R																			.02*	.01

Note. Item 10 = Wondered what I did to be punished; Item 11 = Questioned God's love; Item 12 = Felt abandoned by church; Item 14 = Questioned God's power; T1 = Time 1; NRC = negative Religious Coping subscale from the Brief RCOPE; Contact = Predeath frequency of contact with deceased; TSL = time since loss; ICG–R = Inventory of Complicated Grief–Revised.

*$p < .05$.

out of seven items on the T2 NRC subscale (see Table 3). Related questions were reflected by the griever wondering what he/she did to receive God's punishment (T2 NRC Item 10), total model, $F(4, 41) = 9.493$, $p < .001$; $\beta = .27$, $p = .05$; questioning God's love (NRC Item 11), total model, $F(4, 41) = 3.969$, $p = .008$; $\beta = .35$, $p = .02$; feeling abandoned by the church community (T2 NRC Item 12), total model, $F(4, 41) = 3.008$, $p = .03$; $\beta = .32$, $p = .05$; and questioning the power of God (T2 NRC Item 14), total model, $F(4, 41) = 3.217$, $p = .02$; $\beta = .47$, $p = .004$.

To test if there was a difference between CG and NCG groups (with the subset of participants who were greater than 6 months postloss) in terms of NRC, we conducted an analysis of covariance, using CGs/NCGs as the independent variable and T2 NRC scores as the dependent variable, with T1 NRC and TSL as a covariates. After adjusting for T1 NRC and TSL, there was a trend toward statistical significance between CGs and NCGs in terms of T2 NRC, $F(1, 34) = 3.317$, $p = .06$, partial $\eta^2 = .10$. However, there was no statistically significant difference between the two groups on T2 PRC scores, $F(1, 34) = .044$, $p = .83$.

To further explore whether there were specific CG symptoms at T1 that not only occurred at high levels but also might prospectively predict subsequent religious coping items (i.e., items that were statistically significant in relation to T1 CG in our previous analyses; NRC Items 10, 11, 12, and 14; see Table 3), we examined responses to individual items of the ICG–R at T1 and found that three items—Item 1, feeling devastated/overwhelmed by the death; Item 5, longing/yearning for the deceased; and Item 7, feeling angry about the death—were rated at levels of 3 or higher on the 5-point scale, corresponding to *sometimes*, *often*, or *always* present. Thus, for each of the three T1 ICG–R items we ran hierarchical regression analyses, consecutively using each of the four T2 NRC items (10, 11, 12, and 14) as the dependent variable, and controlling for the corresponding T1 NRC item, TSL, and contact. However, of these, only Item 5, longing/yearning for the deceased, the theoretically central symptom of CG without which a diagnosis cannot be made (Prigerson et al., 2009), proved to be prognostic of later spiritual crisis, as registered in the griever questioning what he or she did to receive God's punishment (T2 NRC Item 10), total model, $F(4, 16) = 4.000$, $p < .02$; T1 ICG–R Item 5, $\beta = -.43$, $p = .04$; questioning God's love (NRC Item 11), total model, $F(4, 16) = 3.745$, $p = .03$; T1 ICG–R Item 5, $\beta = -.66$, $p = .003$; and feeling abandoned by the church community (T2 NRC Item 12), total model, $F(4, 16) = 2.896$, $p = .06$; T1 ICG–R Item 5, $\beta = -.46$, $p = .04$; but not in questioning the power of God (T2 NRC Item 14), total model, $F(4, 16) = 1.158$, $p = .37$; T1 ICG–R Item 5, $\beta = -.37$, $p = .14$. Item 7, feeling angry about the death, approached significance in terms of predicting questioning the power of God (T2 NRC Item 14), total model, $F(4, 16) = 1.403$, $p = .28$; T1 ICG–R Item 7, $\beta = .44$, $p = .09$.

Finally, in ascertaining if CG at T1 predicted an increase in NRC between T1 and T2, versus less of a decrease, we found that although the NRC mean scores for the full sample decreased by 14% over time (see Table 1), the rate of decrease for the CG cohort (10.7 %; T1 NRC $M = 6.69$, T2 NRC $M = 5.97$, M difference $= .72$) was substantially less than the rate of decrease for the NCG cohort (23.7%; T1 $M = 3.00$, T2 $M = 2.29$, M difference $= .71$). Overall, the NCG cohort's NRC scores decreased 55% more than the CG cohort. Although we saw an overall decrease in NRC scores over time, for those in the CG cohort whose NRC scores actually *increased* ($n = 5$), they did so by an average of 5.4 points, whereas for those in the NCG cohort whose NRC scores increased ($n = 5$), they did so by an average of 2.4 points.

Thus, for the subset of individuals with higher T2 NRC scores, the CG cohort reflected the greatest rate of increase—56% more than the NCG cohort.

DISCUSSION

We examined the relation between spiritual crisis and psychological distress in a sample of 46 African American homicidally bereaved adults. One previous study of a similar population revealed survivors' heavy use of both PRC and NRC strategies in an effort to accommodate their loss (Thompson & Vardaman, 1997). Our findings reinforce this conclusion, as participants in the present study reported substantially higher levels of religious coping—both positive and negative—than did samples in other studies dealing with such stressors as medical illness or terrorism. However, our results also indicate that the two forms of spiritual engagement following traumatic loss had quite different levels of association with bereavement outcome, as NRC was consistently related to CG symptoms at both assessment points, whereas positive reliance on religion as a coping strategy was substantially uninformative regarding bereavement adjustment. One possible explanation for the latter counterintuitive finding might be the generally high endorsement of positive religious beliefs in our cohort, which could have disguised the salutary effects of PRC that might have been more evident had the sample been more diverse in its response to this measure. Still, this methodological factor is unlikely to provide a full explanation for the absence of an effect for PRC uniquely, insofar as the NRC subscale showed similar variance and yet was robustly related to deleterious bereavement outcome at both T1 and T2.

These findings could carry practical implications for both clergy and mental health professionals. Measuring grief in a sample with a cultural tradition that highly values the role of spirituality, religion, and church in the everyday life of the individual allowed us to capture signs of spiritual struggle if they existed. Our study highlights the importance of attending to the spiritual processes of people who have experienced a loss due to homicide, as the grief process may be accompanied by a significant spiritual struggle, especially in those who are additionally traumatized by having witnessed the murder of their loved one. Results also suggest that for some survivors, their usual spiritual activities (e.g., church attendance, prayer, Bible reading, worship) or engagement with fellow churchgoers does not always provide adequate bereavement support to facilitate psychological accommodation and spiritual progress following homicide loss. For those individuals in our sample who had difficulty accepting the loss of their loved ones (i.e., endorsed high levels of CG, as assessed using the ICG–R), we found that grieving was even more complicated when they simultaneously struggled in their relationship with God and/or with their spiritual community (i.e., endorsed high levels of NRC, as assessed using the Brief RCOPE). Insofar as a persistent erosion of faith in the aftermath of tragic loss may signal an ongoing struggle with troubling psychological symptoms bearing on mood, severe anxiety states, and profound grief that is unremitting, our findings on the relation between CG and NRC stress the need for spiritually sensitive clinicians and clergy to work together to develop informed and culturally appropriate interventions for spiritually inclined bereaved clients.

Of equal importance was the finding that symptoms of CG at an earlier point in bereavement actually forecasted the exacerbation of spiritual struggles half a year later for these survivors of traumatic loss, even when other important factors such as the time since the loss and

frequency of contact with the deceased were taken into account. Substantively, this suggests that debilitating separation distress over a prolonged period (an average of 2 years after the death in our study) may undermine aspects of the mourner's spirituality. The question of what factors might explain this effect merits additional research, however. For example, a good deal of evidence links an inability to "make sense" of the loss to complications in grieving (Neimeyer, Burke, Mackay, & van Dyke-Stringer, 2010), and a fruitless search for meaning to a prolongation of intense distress across a period of years (Coleman & Neimeyer, 2010). In the present context, it is possible that such a crisis of meaning in the aftermath of the murder of a loved one triggers an equally profound crisis of faith, one that deepens for a subset of believers in the months that follow. In such a circumstance, what begins as a loss of secure attachment to the loved one eventuates in weakened attachment to God (Kirkpatrick, 1995) or a collapse of beliefs that the universe is ultimately just or benevolent (Janoff-Bulman & Berger, 2000). Alternatively, it may be that the debilitating symptomatology of CG renders some survivors inconsolable by ordinary social support in their faith communities and vulnerable to the impact of critical or rejecting others, from whom they then withdraw (Burke, Neimeyer, & McDevitt-Murphy, 2010). Thus, challenges to both core beliefs and social integration with other believers could contribute to an intensification of NRC within the context of bereavement, or what Shear, Dennard et al. (2006) have referred to as complicated spiritual grief. In either case, collaboration and cross-referral to religious and secular counselors who can address critical spiritual and psychological needs of survivors of tragic loss would seem to be a high priority.

In terms of the predictive power of CG as seen through the lens of our fine-grained, item-by-item examination of NRC, the moral of the story is a telling one: For the homicide survivor, God's existence is not called into question, but His power or love can be, especially when they experience abject loss and grief. Bereavement under these traumatic circumstances, if it crystallizes into a prolonged and embittered grieving, portends a substantial secondary loss—of confidence in God's ability or concern to protect and love them. God still exists, but distantly.

This carries echoes of the "America's 4 Gods" findings (see Froese & Bader, 2010), as something close to one fourth of Americans viewed God in these very terms—present, but disengaged. This is not atheism or agnosticism; a Torah-like depiction of a wrathful deity; or, unfortunately, a compassionate, dependable, engaged God of the Christian Testament either. It suggests a shift to a view of God, which in attachment terms is modeled on the neglectful parent, powerless or uninterested in offering us security in the face of life's trials. This pattern likewise manifests itself in the survivor feeling alone even while surrounded by a community of fellow believers, or in shifting the blame onto himself or herself by viewing the murder as a form of God's punishment.

Our additional finding that the crowning feature of CG—yearning and longing for the deceased—specifically foreshadowed a period of questioning, in which the bereaved felt less divine love, felt greater aloneness, and were left wondering what they did to deserve the punishment associated with homicide loss. Further research is needed to determine if this phenomenon is in fact a function of the type of loss or related to other characteristics of our sample. In addition, our finding that PRC seems to provide little buffering against psychological distress, nor is it much affected by it, in turn, reinforces the distinction between PRC and NRC and suggests the relevance of specific interventions to address struggles resident in the latter, rather than simply strengthening the former.

Finally, our results showed that survivors in our sample who experienced an increase or a decrease in NRC over time did so differentially based on their level of CG symptomotology, with CGs experiencing less of a decrease in NRC over time, and CGs who experienced an increase in NRC doing so at over twice the rate of NCGs. These findings indicate that individuals in our sample with higher levels of both CG and NRC are not simply in need of more time and patience in comparison to other survivors with fewer symptoms, insofar as many of them display a deepening spiritual crisis over time, rather than simply a slower recovery. CSG, a spiritual crisis resulting from loss, therefore appears to be a serious form of bereavement distress that calls for a structured, focused intervention, targeting the convergence of CSG-type symptoms that stem from a prolonged and maladaptive response to loss (i.e., CG). Development of a therapeutic intervention for CSG, perhaps one specifically adapted for use with violently bereaved individuals, appears to be an essential next step.

More studies are also needed to determine whether ethnicity contributed uniquely to the bereavement experience of those in our sample, whether the type of loss played a greater role in creating an environment ripe for spiritual crisis, or whether the unique and tragic convergence of homicide loss and a community that traditionally relies strongly on spiritual coping provides an instigating context for such a spiritual struggle. Comparative research is needed to assess spiritual strengths and vulnerabilities in the grieving processes of survivors of different ethnicities, as well as the relationship between religious coping and bereavement outcome in a variety of types of losses.

Finally, Pargament, Koenig, and Perez (2000) asserted that "religion serves a variety of purposes in day-to-day living and in crisis ... [encompassed by] five key religious functions," which include spiritual coping to find meaning, gain control of a stressful situation, gain God's comfort and closeness, gain intimacy with others, and to achieve a life transformation (p. 521). We concur with these and other researchers (see also Stein et al., 2009) that rather than being a "negative" means of spiritual engagement, the specific items on the Brief RCOPE that were predicted by CG in our study might best be conceptualized as an attempt—albeit one with unfortunate consequences—to make spiritual sense out of an otherwise senseless death, or to gain comfort and closeness to God and others (Pargament et al., 2000) during times of frightening vulnerability. Stated differently, NRC may represent an effort at meaning making that sometimes goes awry.

Limitations to This Study

Although the present study is one of the few to rigorously trace the psychospiritual impact of traumatic bereavement in an African American sample, it is important to acknowledge limitations in our effort to do so. For example, despite the low attrition from the study (less than 10%), our relatively small sample size and the use of only two assessment sessions prevented us from conducting more elaborate statistical analyses that might have yielded still greater clarity about the relations among the variables we studied. For instance, we could not assess individual grief trajectories or influential factors regarding change over time in all of our variables, all of which might have been informative regarding the evolution of spiritual struggle and its possible resolution across a longer period. Such a study could clarify whether spiritual struggle might, over the full course of bereavement, usher in a deepened or more

mature faith or stronger or more compassionate engagement with other people, as suggested by some cross-sectional research findings (Lichtenthal et al., 2010).

Similarly, although we relied on well-validated measures of both of the primary constructs in the study, they were self-report measures and, as a result, might affect our power to detect significant effects. Likewise, we acknowledge the use of only one instrument to measure religious coping, a multidimensional concept (Pargament et al., 1998) that could call for more complex conceptualization, especially in relation to bereavement (Shear et al., 2006). Furthermore, our study's focus on homicide bereavement in African Americans, who are known to have high levels of spiritual engagement and who live in a mid-South city with twice the national homicide rate, prevents us from generalizing regarding this cultural group's spiritual or psychological responses to other forms of violent death (i.e., suicide, fatal accident) or more normative losses, just as it precludes generalization to homicide survivors of other ethnicities, or African Americans in a different region. Greater methodological sophistication in terms of study design, instrumentation, and populations investigated should therefore rank as priorities in future research.

ACKNOWLEDGMENTS

We gratefully acknowledge the invaluable help of Natalie L. Davis in this work.

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