

Faith, Love, and Loss:  
When Belief and Bereavement Become Complicated

Laurie A. Burke,<sup>1</sup> Robert A. Neimeyer,<sup>2</sup> and Tina C. Elacqua<sup>3</sup>

<sup>1,2</sup>Department of Psychology, University of Memphis, Memphis, TN

<sup>3</sup>School of Graduate and Professional Studies, LeTourneau University, Longview, TX

Please direct manuscript correspondence to:

Laurie A. Burke: [laburke@memphis.edu](mailto:laburke@memphis.edu) or Tina Elacqua: [TinaElacqua@letu.edu](mailto:TinaElacqua@letu.edu)

The authors would like to gratefully acknowledge the help of Natalie L. Davis in this work.

*Grief, it seems, is a consequence of love. You cannot have one without the other. It is by studying love and its vagaries that we begin to understand some of the problems to which it can give rise.* Colin Murray Parkes

In the course of a lifetime, few individuals are spared from experiencing the loss of a loved one to death. In fact, a single death touches an average of six or more survivors (McDaid, Trowman, Golder, Hawton, & Sowden, 2008) who often find the journey of bereavement to be fraught with physical, psychological, and spiritual stressors. Although the length of bereavement varies, most people find that they are able to adjust to a life without their loved one within a few years. And, yet, for a subset of mourners, the journey is both long and arduous—a grief experience that is marked by a protracted, debilitating, sometimes life-threatening (Latham & Prigerson, 2004) response to loss known as *complicated grief* (CG; Prigerson et al., 1995; Shear et al., 2011) or prolonged grief disorder (PGD; Boelen & Prigerson, 2007), often requiring professional counseling (Currier, Neimeyer, & Berman, 2008). Many mourners turn to their religious or spiritual beliefs and activities as a means of coping (Wortmann & Park, 2008), finding them to be a solace when a loved one dies. However, studies show that sometimes the opposite occurs—that bereavement, itself, can have a detrimental affect on the griever's faith (Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, in press; Neimeyer & Burke, 2011; Shear, Dennard et al., 2006). Whereas spiritual beliefs, practices, and meaning making can be protective against overall poor health, in some forms they can also be predictive of overall greater distress. Whether in terms of the lost relationship with a deceased loved one, or a severed or severely compromised relationship with God or one's spiritual community, at the basis of these once-cherished relationships is the common bond of deep emotional attachment and love. Thus, this chapter outlines both empirical findings and theoretical understandings on the relation between faith, love, and loss by linking both spiritual

meaning making and spiritual crisis in bereavement to core attachments that humans have with each other and with God, highlighting the significance, implications, and treatment of both.

### *Loss of a Loved One*

In that swift second that steals away the life of a cherished loved one, core constructs about the laws of life and death, the order of the universe, and even God's character can be systemically deconstructed (Neimeyer, 2001). Grieving is the natural, normal, necessary response of humans to loss, but not all griever respond similarly. In fact, grief-specific distress can be thought of as occurring on a continuum. On one end, for a significant number of griever who are resilient, the mourning period will produce little in the way of psychological distress (Bonanno & Kaltman, 2001). Many others experience a great deal of distress (e.g., shock, anguish, sadness) and adjust gradually to a life without their loved over the course of a year or two (Bonanno & Mancini, 2006). On the other end, some griever suffer from CG—severe, debilitating grief, lasting for many months, years, or even decades. CG signifies a state of unrelenting grief, represented by 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). While bereavement itself poses an increased risk of early mortality for mourners, especially bereaved spouses (M. Stroebe, Schut, & Stroebe, 2007), CG in particular has been shown to predict cardiovascular illness (Prigerson et al., 1997), insomnia (Hardison, Neimeyer, & Lichstein, 2005), substance abuse, suicide, immune dysfunction, and impaired quality of life and social functioning (Latham & Prigerson, 2004; Prigerson et al., 2009). Past studies have found that rates of CG in the general bereaved population are between 10-20% (Jacobs, 1993), but recent studies, especially in samples of those who are bereaved by violent loss (i.e., homicide, suicide, fatal

accident, terrorism, natural disasters), show much higher rates (e.g., 44 -77%; (McDevitt-Murphy, Neimeyer, Burke, & Williams, 2011; Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004; Shear, Jackson, Essock, Donahue, & Felton, 2006).

*Primary attachments.* Bowlby (1969) described the human attachment system as a relational structure that governs the level of desire an individual has to draw near to primary attachment figures, such as parents, or others who provide love, care, and attention. Activation of the attachment system occurs constantly within the context of human relationships; however, loss heightens the arousal of the attachment system when that person, and all that he or she represented in terms of being a place of safety and security, is gone. In their attempt to set criteria for CG as a recognizable mental disorder, Prigerson and her colleagues (2009; see also Latham & Prigerson, 2004) outlined a set of empirically supported risk factors predictive of CG (e.g., childhood separation anxiety, a close kinship to the deceased, marital supportiveness and dependency), all of which were attachment related. On the other hand, yearning and longing on behalf of the griever to be reunited with the lost one was found by Prigerson's team to be the core symptom of CG. Thus, both before and after death occurs and grief ensues, the chief factors that govern how well an individual will do in relation to the loss of the loved one appear to be predicated on issues of attachment in the love relationship.

Although a primary attachment figure may be represented by a variety of types of relationships to the survivor (e.g., parent, child, sibling, friend), the love relationship between spouses appears to have exclusive characteristics that warrant deeper exploration in terms of both bereavement and faith. For instance, the core sacred text that informs all of the Abrahamic faith traditions of Judaism, Christianity, and Islam narrates in the Genesis account that, after forming Eve out of the rib of Adam, God mandated that the two would "become one flesh" (2:24; New

International Version), signifying a unique bond between two humans seemingly not mirrored in other relationships, no matter how close. Findings from researchers across various disciplines appear to converge on this issue of oneness within intimate relationships. According to Thoits (1995), “the simplest and most powerful measure of social support appears to be whether a person has an intimate, confiding relationship or not (spouse or lover; others less powerfully)” (p. 64). Consistent with theories of attachment, W. Stroebe, Stroebe, Abakoumkin, & Schut (1996) found that the loss of a partner equated to the loss of a primary attachment figure, and that, rather than providing a buffer, relationships with family and friends could not provide adequate compensation for such a loss. Stated differently, the well-being of individuals bereaved of their spouses is influenced by both their marital status and social support, but by two distinctly different pathways. Specifically, they found that the distress incurred through partner loss was related to *emotional loneliness*, and was qualitatively different to the *social loneliness* that comes from lack of support from friends and family. In fact, their findings indicated that the only compensation for the loss of a spouse is for the surviving spouse to establish a new intimate relationship. Furthermore, other studies showed that bereaved spouses who suffer the most emotional loneliness tend to be those with high levels of anxious attachment to begin with (van der Houwen et al., 2010), that is, those whose sense of connection to others was tenuous before the loss.

In O’Connor et al.’s (2008) study, using functional magnetic resonance imaging (fMRI) to measure grief-generated brain activity in women (11 complicated grievers; CGs; and 12 non-complicated grievers; NCGs) bereaved of a mother or sister, they argued that there is an addictive quality to grief. While undergoing neuroimaging, both groups of women viewed photos of their deceased mother or sister while simultaneously viewing grief-related words stemming

from their own previously transcribed narrative report of the loss. Their results showed that whereas all griever showed neuronal firings in the pain pathways of their brains, only those individuals with CG had activity in the nucleus accumbens (NA), the part of the human brain that governs reward, especially the type of pleasure associated with addiction. And, although activity in the NA was related to self-reported yearning of the lost loved one, there was no association between NA activity levels and time since the loss, age of the griever, or levels of positive or negative affect.

In a similar study, Gündel, O'Connor, Littrell, Fort, and Lane (2003) reported neuroimaging results of women bereaved of a spouse or a parent less than one year earlier. Through the use of fMRI, the women viewed photos of their loved one or a stranger, crossed with a grief-related word or a non-emotive word. Gündel and colleagues found that when the photo of the loved one was coupled with the grief-related word that the following three areas of the brain were activated: the posterior cingulate cortex (PCC), which is believed to respond to emotionally salient stimuli and memories for personal events; the anterior cingulate cortex (ACC), which is linked to attention; and the insula, which is associated with attention to one's bodily state. Discovering increased brain activity in the PCC in their study can be juxtaposed with other studies that have shown low activation in the PCC of depressed individuals, implying that anxiety related to separation distress rather than depression may be a plausible explanation for high activation in griever. Moreover, finding an association between heightened levels of attention (as measured by increased ACC activity) and visual cues of the women's loved one may indicate a keen sensitivity to the presence of the lost loved one, beyond that of other individuals. Likewise, the activation of the insula indicated that the painful nature of loss seems to require attentional support in terms of one's body. For instance, a frequent report of bereaved

individuals is the sensation of a “broken heart” or “pangs of grief,” which Gündel and associates illuminated in relation to the insula using neuroimaging techniques. Thus, whether consciously or unconsciously, the love relationship appears to continue in spite of death—to a degree that its physical traces can be observed even in the physiology of the brain.

### *Spirituality in Bereavement*

*Spiritual meaning making.* Links have been made between adaptation to bereavement and the near-ubiquitous attempt by human beings to make sense of life via spirituality or religion. Stated aptly by Baumeister (1991), “Religion is...uniquely capable of offering high-level meaning to human life. [It] may not always be the best way to make life meaningful, but it is probably the most reliable way” (p. 205). Some researchers suggest that being religious might position one better when death occurs and mourning begins. For instance, Park (2005) argued that when an individual has a foundation of spirituality/religion it provides a ready-made infrastructure for understanding his or her experience. According to Park, approaching life from the premise of faith facilitates a cognitive reframing of the world, which can be especially useful in enduring difficult life trials. Thus, what at first might be seen as a random, cruel tragedy, seemingly has purpose, meaning, and is divinely ordained when contemplated through the lens of faith (Pargament & Park, 1997).

However, although the importance of faith may increase during the mourning period, it may be accompanied by doubt as well as conviction. For example, in relation to the death, some religious individuals struggle with the question of why God allowed their loved one to die, some question their pre-loss beliefs about God, vacillating between doubt and belief throughout bereavement; and, still others wonder why they have been allowed to live when their loved one has not (Golsworthy & Coyle, 1999). For some bereaved people, faith was an important resource for making sense of their loss, facilitating an acceptance of the death and providing

reassurance for the future (Smith, 2001). Some griever report that spirituality put into words for them the unseeable, unknowable, and unexplainable parts of life and death, such as where their loved one went after they died. Parkes (2011) depicted why this is important by expressing some of the confusion experienced by the griever, “‘I know where I’m going, and I know who’s going with me,’ except that when we lose the one we love, we no longer know where we are going or who is going with us” (p. 4).

Participants in faith traditions who received regular, directive teachings on these and other existential matters reported that it aided them not only in the recognition of death as a permanent yet natural part of life, but also as an event that is accompanied by the hope for reunion with their loved one (Abrums, 2000). McIntosh, Silver, and Wortman (1993) found that individuals who endorsed faith were more likely to find meaning following loss. In fact, the grief-related meaning-making benefits experienced by the participants in Davis and Nolen-Hoeksema’s (2001) study were such that those individuals who had spiritual beliefs prior to the death were three times as likely to find meaning afterward as those who did not. Likewise, in response to the death of a child, parents studied by Lichtenthal, Currier, Neimeyer, and Keesee (2010) reported a great deal of spiritual meaning making (e.g., that the death was God’s will, and that they would reunite with their children in the afterlife), which was in turn associated with lower levels of complicated grief.

*Spiritual crisis.* Without diminishing the protective power of spirituality as a practical tool in bereavement, it is clear that bereavement can, in turn, put one’s spiritual resources to the test, sometimes leaving the bereaved feeling spiritually crippled, drained, and purposeless while grieving. It was precisely this that (Attig, 2001) referred to when he spoke of the dispiriting “spiritual pain” that can follow loss—the kind of pain that leaves life sapped of meaning (p. 37). One might rightfully inquire about the source of this spiritual pain. What about interacting with a

deity could produce this? Why, *love*, of course! Turning to the Hebrew text, the mandate is that “You shall love the Lord your God with all your heart, with all your soul, and with all your strength” (Deuteronomy 6:5; New International Version). Thus, not only is a love relationship between humans and God mandated by this sacred text, but it is reinforced in the Christian testament to follow, as well. “God is love,” according to I John 4:8, and, in essence, for many Christians, Jesus is their one great love.

Studies show, just as with the physical loss of a human love relationship to death, breakdown or erosion of one’s love relationship with God can elicit a disordered type of grief (Burke, et al., in press; Neimeyer & Burke, 2011; Shear, Dennard et al., 2006). Granted, when some people face existential crises, their faith can grow or be strengthened; but, for others, this clearly is not the case. Hill and Pargament’s (Hill & Pargament, 2008) collation of studies on spirituality and mental health supported this notion. As the authors explained, spiritual crisis in the lives of distressed individuals can be the catalyst that makes or breaks their faith. Likewise, the most common results from open-ended questions asked of bereaved parents in Lichtenthal et al.’s (2010) study were expressions of spiritual themes, revealing that it is the love of God and other core spiritual beliefs that are both relied upon and called into question when tragic loss occurs, such as the death of a child.

Shear, Dennard, and colleagues (2006) reported similar findings in their church-based study of the bereavement experiences of 31 African American parishioners. Following the loss of their loved one, the faith of the griever in their sample varied greatly from “faith stronger than ever” to “faith seriously shaken,” with 19% of the participants endorsing some level of negative shift in their faith as a result of the loss. The authors referred to this type of experience as “spiritual grief” (p. 7)—an initial acute and painful spiritual response to unexplained yet

important losses allowed by God, that seem unfair or untimely—akin to the psychological grief that survivors experience when their human relationships are severed as a result of death.

However, according to Shear and her team, the more troublesome variant of this reaction to loss is *complicated spiritual grief* (CSG)—a spiritual crisis in the bereaved individual's relationship with God such that he or she struggles to reestablish spiritual equilibrium following loss, often accompanied by a sense of discord, conflict, and distance from God, and at times with members of one's spiritual community. Although a number of studies have looked at spiritual crisis in distressed or bereaved samples, little is known about spiritual crisis as a *result* of bereavement. However, recent studies indicate that a perceived breakdown in the love relationship between spiritually inclined people and God seems to be at its core.

Burke and her associates (in press) conducted a study to examine CSG in a sample of 46 African American homicide survivors. They found that individuals who struggled the most with their grief during bereavement were also the ones who struggled the most in terms of their relationship with God following this horrific form of loss. Specifically, they found that grievers with high levels of CG also wondered what he/she did to receive God's punishment, questioned God's love, felt abandoned by the church, and questioned the power of God. With the same sample of grievers, Neimeyer and Burke (2011) established that CG was the strongest predictor of the later development of spiritual crisis following loss, even above other forms of bereavement distress including posttraumatic stress disorder (PTSD) and depression. Stated differently, it appears that for the grievers in these studies, the anguish over the loss of their relationship to the deceased eventually generalized to a similar anguish in terms of their loss of relationship to God and/or their church community.

Naturally, the death of a primary attachment figure can give rise to a myriad of spiritually oriented questions. Questions that are seemingly left unanswered by God or insufficiently so, or ones perceived by the bereaved person to be pointless to even ask, can add further anguish to an already protracted and embittered bereavement, leaving them vulnerable to subsequent losses—of relationship with God or confidence in His ability or concern to protect and love them. God still exists, but remotely. Although God's existence might not be questioned, His power or love might be, particularly following abject loss of a cherished loved one. As opposed to one's pre-bereavement way of thinking, this suggests a shift in one's view of God, which in attachment terms is modeled on the neglectful parent, as being powerless or uninterested in offering us security in the face of life's most difficult trials. This pattern likewise manifests itself in the survivor feeling alone even while surrounded by a community of fellow believers.

These studies underscore the value of recognizing the spiritual processes of people who have experienced a traumatizing loss. Research indicates that clergy, mental health- and other professionals assisting the survivor should not assume that high levels of pre-loss faith or one's usual spiritual activities (e.g. church attendance, prayer, Bible reading, worship) or engagement with fellow churchgoers will act as a panacea or buffer against a crisis of faith (Burke, et al., in press; Thompson & Vardaman, 1997), especially in bereaved individuals who are also struggling to accept and adjust to the loss of a loved one. In fact, those in the helping professions are called on to creatively facilitate psychological accommodation and spiritual progress in grievors who struggle spiritually as a result of loss. However, understanding the foundation of the distress—that spiritual distress in bereavement is directly related to the loss of the loved one, rather than to symptoms of depression or PTSD *per se*—can guide those who work with grievors as they search for meaning (Coleman & Neimeyer, 2010) and attempt to make spiritual sense of their loss (Lichtenthal,

et al., 2010; Pargament, Koenig, & Perez, 2000; Stein et al., 2009).

Perhaps the essence of CSG was summed up by C.S. Lewis (1961), lay theologian and Christian apologist, who not only expressed his despondency at the loss of his love relationship with his wife, Joy, who died following a short bout with cancer, but also openly expressed his despair in relation to the felt loss of his love relationship with God.

Meanwhile, where is God? [When things are going right, He is right there, with open arms]. But go to him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence. Why is He so present a commander in our time of prosperity and so very absent a help in time of trouble? (pp. 5-6).

Adroit in chronicling the crux of his pain by spinning Psalm 46:1 (*God is...a very present help in time of trouble*) differently, Lewis's anguish epitomizes the suffering experienced by some believers who feel abandoned "amid the tempest" (Job 30:14; New American Standard Bible).

One reason to highlight what happens when spiritual coping mechanisms go awry as a result of bereavement is because the psychological literature is nearly silent on the topic (Hays & Hendrix, 2008), both in terms of recognizing it and treating it. Thus, CSG sufferers likely do so in silence. In fact, to our knowledge, there is nothing in the way of a specialized intervention available to specifically target bereavement-induced spiritual crisis. It is to this topic we now turn, offering some suggestions about the treatment of both bereavement distress and concomitant spiritual struggles.

#### *Assisting Sufferers of Complicated Grief*

*Continuing bonds.* Researchers have established that individuals bereft of a loved one often derive much in the way of comfort and are better able to facilitate spiritual meaning making and

reconnection with the loved one when they maintain a continuing bond (CB) with the deceased following death (Klass, Silverman, & Nickman, 1996). Field and Wogrin (2011) conceptualized the griever's use of CBs thusly: "...reorganizing or relocating the relationship [with the deceased loved one] such that it now exists at a purely mental representational level...[in order] to experience the deceased to some degree as continuing to serve a *safe haven* attachment function, to which the bereaved can turn as a comforting presence under times of stress" (p. 38). Some studies suggest that in order for the bereaved to hold a consistent and comprehensible narrative of the loss that fits within the broader context of his or her life story that the bond with the deceased must not be severed but, rather, reestablished and maintained (Fraley & Shaver, 1999). However, an appreciation that CBs might be beneficial also must be coupled with an awareness that *bonding* is not synonymous with *binding* (Holland, Currier, & Neimeyer, 2006). A defining characteristic of CG is the maladaptive use of CBs, often representative of an individual with a highly dependent attachment style that is exhibited in intense separation distress when the primary attachment figure dies. Thus, a "clinician's toolbox" to facilitate reconstruction of the relationship with the deceased rather than relinquishment of it might well include such techniques as *imaginal dialogues*, *letters to the lost*, and the *life imprint*, each of which we will briefly describe and illustrate.

*Imaginal dialogues* commonly involve the therapist facilitating an enactment of a conversation between the mourner and the deceased, with the mourner playing both roles—his/her own and that of the deceased loved one. In this technique, the clinician guides the bereaved individual in a conversation that opens up important themes, often those related to unfinished business between the two people, or that invites forgiveness and/or mutual appreciation. Although such dialogues can be simply invited with the client imagining the deceased and then addressing him or her, the clinician also can make use of *empty chair* or *two-chair* work

(Greenberg, Rice, & Elliott, 1993) to facilitate a shift in the griever's perspective, in the former case allowing the unoccupied seat to symbolically hold the loved one, and in the latter instance rotating the griever to the empty chair to respond as if in the voice of the deceased. A bi-product of the clinician's choreographing of this type of oral interchange is that it can amplify the intensity of the contact. Perhaps the positive results achieved through use of imaginal conversations can be explained by the way in which they are spoken in the present tense, with the therapist prompting for depth and honesty from the sidelines of the conversation, in this way reanimating the relationship between the client and the deceased.

*Sarah had lost her mother to cancer in her early teenage years, but now, in her mid-20's, found that she was beginning to lose even a sense of what her mother looked like, though she missed her still. Indeed, in a curious way, she found that her mother was "growing younger" as the years went on, as she replenished her visual memory with family photographs, many of them taken when her mother was a young woman in high school and college. Accepting the invitation of the therapist to "reopen the conversation with mom about the loss," Sarah spoke quietly and intensely of this irony to her mother, underscoring her continuing bond of love and expressing her wish for closer contact. Changing chairs at the therapist's suggestions, she then straightened and leaned forward, responding as her mother that she had great pride in the woman her daughter was becoming, tears coming to her eyes as she found the words and repeated them at the therapist's prompting. Returning to her seat, Sarah was moved by the encounter, and expressed how she was touched by the special symmetry of the evolving post-mortem relationship with her mother: just as mother was growing younger in her eyes, she was growing into maturity in her mom's. Something about this felt right, like a relationship coming full circle, and provided a different sort of comfort than she had previously known.*

Use of imaginal dialogues shows that, typically, these verbal exchanges are vividly emotional, highly clarifying, and nearly always affirming to the bereaved individual (Neimeyer, Burke, Mackay, & Stringer, 2010). With both the therapist and the client placing premium on the experience, this intensely experiential exchange is followed by client and therapist commentary to consolidate learning and growth. Benefits of using this technique are that it: a) serves to reaffirm the CB, providing a sense of attachment security, b) facilitates resolution of concerns about the death or the relationship, such as survivor guilt or self-blame, c) frees the bereaved to pursue personal goals of autonomy, effectiveness, and relatedness, and d) represents a key component in empirically supported Complicated Grief Therapy (CGT; Shear, Frank, Houch, & Reynolds, 2005).

*Letters to the lost* or “unsent letters” (Neimeyer, 2006) are a straightforward attempt on the part of the survivor to reconnect with the deceased in narrative form, in an effort to say “hello again” (White, 1989), rather than a final goodbye. The most therapeutic letters appear to be those in which the griever speaks deeply from his/her heart about what is important as he or she attempts to reopen contact with the deceased, rather than seek “closure” of the relationship. Some people find it beneficial to consider what the other has given them, intentionally or unintentionally, of enduring value. Additionally, letter writing offers an opportunity to use words that heretofore have remained unspoken, and to ask the questions that remain unasked. The following therapeutic prompts can help initiate this type of written dialogue, especially for those who may be stuck in their grief:

*What I have always wanted to tell you is....*

*What you never understood was....*

*What I want you to know about me is....*

*What I now realize is....*

*The one question I have wanted to ask is....*

*I want to keep you in my life by....*

Continuing bonds, by nature, are personal and individualized, and like imaginal dialogues of a spoken variety, can invite a response from the other. Thus, many grievors use letter writing to initiate an ongoing correspondence “with” the deceased, letting the conversation evolve as their life does. Others use such writing to begin a therapeutic journal, designed to branch out in a variety of literary directions. Still others take advantage of contemporary online media by opening an email account in the loved one’s name to which personal messages can be sent, or by continuing to share postings about the deceased loved one via Facebook or other social networking sites.

*When Fred lost his “sweetheart” Shirley after a 55-year marriage, he understandably grieved deeply. But he also felt strangely relieved from the care-giving burden he had lovingly assumed during her long years of illness. Pursuing therapy to sort out these mixed feelings, he accepted the therapist’s invitation to write about his conundrum to Shirley and seek her counsel, though the idea at first surprised him. In part, the first letters in the “exchange” read as follows:*

*Shirley, My Love,*

*Well, today was the day to seek the shrink.... Dr. Neimeyer’s waiting room invites calm as does his therapy suite. He is thoroughly relaxing and non-threatening. Yet, as with any good therapist, you sense he’s no push-over. He completely avoided the typical clinical protocol of intake forms, etc., and said simply, “How can we use this hour to help you?”*

*I jumped right in and told him about your death five months ago and my sojourn since. And that I was having some difficulty with doing as well as I was, with feelings of guilt [for*

*feeling] release after the protracted and intense care-giving.... After asking a number of questions, he led me to the understanding that my recovery was not unusual [for someone in my position] following the release of the beloved from the great pain and suffering, [which] offers a new sense of freedom. He commented that my journaling was right on target with the most current grief therapies, and is what has put me in the relatively healthy place where I am. He read some of my writing and was obviously moved by it and said so. He said I dealt with you and your death in a moving and tender way. He did suggest that I stretch myself and conjure up what your thoughts and expressions would be to the things I am saying and writing now. So, that I will try. But it was so comforting to be really understood and affirmed. He said the next task I might consider would be to re-configure our relationship in light of your death. Not to say a final goodbye. But to find a way to continue the relationship on a different level and find your voice speaking to me and your presence still bearing upon me. Nothing spooky about that. Just simply to find your voice and your presence still with me. So, I shall try. Bear with me, my love.*

*Fred*

He then continued with a new letter, only written with “Shirley’s” words this time:

*Freddie. It’s about time you listened to me! How long have we known and loved each other. And me not to talk to you? That’s unthinkable! Now, what Dr. Neimeyer says is exactly right. You just sit still and listen. That meditation you do each morning will probably help if you focus on it.*

*First of all, let’s deal with the more mundane stuff—what you are doing with your time and energy. Now, that is fine with me as long as you don’t do anything foolish. You don’t have me to worry about. But that doesn’t mean you can be reckless. There are still our children who would be heartbroken if anything happened to you. But go ahead and try some new ministry in*

*the inner city if that's what God is calling you to do. Just don't be disappointed if no one stands and cheers! You have much to give and contribute. You have a loving heart and a good mind. Don't waste them on trivial things.... Rekindle the dream you had for the "beloved community" back in seminary days and earlier. I am with you on this one. Just be sure to include the little children as you go along in some way.*

*Well, tomorrow we will get into other stuff. But, sit on that tonight. And we will chat some more tomorrow.*

*Love always, Shirley*

Narrative therapy techniques, such as letter writing that occurs between the bereaved- and deceased individuals, are used in various therapeutic approaches to grief therapy, even those that otherwise differ in terms of their conceptualization of grief distress and how it should be treated (e.g., Boelen, de Keijser, van den Hout, & van den Bout, 2007; Neimeyer et al., 2010).

*Life imprints* represent unique tools available to the clinician, ones that can be used to enable the griever to seek strands of continuity in the relationship to the deceased, as well as denoting potential points of transition (Holland, et al., 2006). The life imprint helps the griever see that his or her life is a reflection of bits and pieces of the many people whose characteristics and values he or she has unconsciously assimilated into a felt sense of identity. This “inheritance” transcends genetics, as we can powerfully or subtly be shaped not only by parents, but also by mentors, friends, siblings, or even children whom we have loved and lost. If this be true—that life imprints are made up of parts of all of those with whom we have loved most deeply—then it stands to reason that life imprints are not always positive. At times we can trace our self-criticism, distrust, fears, and emotional distance to once-influential relationships that are now with us only internally.

As a means of facilitating the process, grievors are asked to take a few moments privately to trace the imprint of an important figure in their life, and then to discuss their observations with the therapist or another person, using the following fill-in-the-blank sequence of questions:

*The person whose imprint I want to trace is: \_\_\_\_\_*

*This person has had the following impact on:*

*My mannerisms or gestures:*

*My ways of speaking and communicating:*

*My work and pastime activities:*

*My feelings about myself and others:*

*My basic personality:*

*My values and beliefs:*

*The imprints I would most like to affirm and develop are:*

*The imprints I would most like to relinquish or change are:*

As with other techniques in the clinician's toolbox that are designed to foster CBs, variations and extensions of the life imprint can make the process more personalized. The clinician might suggest homework assignments that include :

*Documentation*—the client is asked to write a paragraph about each of the questions to reaffirm the lost connection.

*Letters of gratitude*—the survivor writes a “thank you” letter to the deceased for the “gifts” they have given.

*Survey*—the bereaved person interviews several other people about the imprint of the deceased on them to deepen appreciation of his or her life.

*Directed telling*—using an empty chair, the griever directly expresses the impact of deceased

loved one's life on his or her own.

*Cara was a devoted African American mother of 3 living children whose fourth child, who she named Spirit—"because that is how she came to me"—was stillborn at 7 months of gestation. Although she had never known Spirit as a living being outside her womb, she decided to trace her imprint on her, in part to recognize that her child had not lived for over half a year inside her in vain. Chief among the imprints that Cara traced were Spirit's impact on her ways of communicating: after sharing the tragedy of her baby's living and dying with others in and beyond the family, including the therapist, she found that she was more emotionally expressive than before, letting people know she loved them, and initiating contact and attempting to resolve festering bad feelings in a way she never had previously. She also felt that Spirit had left her mark on her spirituality, as she was more convinced than ever that there were "other beings" that operated in our lives, including the guardian figure she believed she saw in shadowy outline in Spirit's earlier ultrasound, and which she came to view as an ancestor figure who had come to usher her child into a different form of existence.<sup>1</sup>*

#### *Assisting Sufferers of Complicated Spiritual Grief*

As the field of bereavement studies is only now beginning to research spiritual crisis following loss, ideas for treating such distress are clearly germinal. However, in targeting issues related to a compromised relationship between the bereaved individual and God and/or the spiritual community, we might begin by creatively extending components of interventions that have been used with highly traumatized grievers. For instance, using modified procedures similar to those

---

<sup>1</sup> The full six sessions of therapy with Cara can be viewed in the American Psychological Association's *Constructivist Psychotherapy in Six Sessions* video series, available from their online bookstore.

described above, the griever who struggles to make spiritual sense of the loss or who harbors negative emotions toward God, might benefit from *an imaginal exploration of the death event from God's perspective*. For example, using a two-chair-type approach, the clinician could help the griever to initiate a two-way conversation with God. With the therapist's guidance, the bereaved individual might gain greater understanding about God's perceived purposes or plan, or an increased acceptance on the part of the bereaved about both the death and his or her future existence. Likewise, in the same vein as maintaining a CB with the deceased loved one, *letters to heaven* could offer the survivor an opportunity to use another medium to express both negative and positive emotions, ask questions, or to expound on applicable Bible verses or other writings.

Similar to the *letters to heaven*, Elacqua and Hetzel (2010) propose a *devotional writing* approach that allows the grievers to process their post-traumatic symptoms and feelings through God's perspective. The griever is encouraged to identify a specific area that he or she desires to explore (e.g., sleep problems, intrusive thoughts, the sovereignty of God, unanswered questions such as *Why, Lord? What if?*) and then the griever writes his or her story to God. In this approach, God would respond, not the deceased, using Scripture to substantiate the responses. As the griever asks God a question or takes a concern to God, the griever finds Scripture to answer the question or address the concern. An example of *devotional writing* is found in the following excerpt from Elacqua and Hetzel's book of devotionals, originally designed for survivors of homicide loss, but applicable to many types of losses from God's perspective.

*Believe in God*

*Let not your heart be troubled: ye believe in God, believe also in me. John 14:1 (King James Version)*

*My parents were murdered on October 26, 2005. Even to this day, I still grieve their loss. Thoughts of returning to the hometown I grew up in bring a sense of loss, regret, and grief. I do feel that I have come far in the years of mourning. I have done many things to help me process my grief such as crying, joining support groups, participating in one-on-one counseling, attending homicide walks and retreats, speaking to many groups about my loss, writing, praying, and reading and meditating on God's Word. What I believe has helped me the most is my belief in God. Regardless of how much my heart is troubled, I choose to believe in God, and I pray Scripture to reinforce my faith.*

*I told God that Scripture says, "Do not let your hearts be troubled . . ." (John 14:1a), "but my heart is troubled, Lord!" I pled with God to give me the faith that will move mountains (Matthew 17:20). When I have struggled with painful feelings, I asked God to replace my anger, anxiety, and fear with the peace of God that surpasses all understanding (Philippians 4:7). I asked God to remove my sleepless nights and enable me to sleep in peace and safety (Psalm 4:8). I asked God to replace my weakness with His strength (Psalm 28:7). I asked God to take away the loneliness of life without Mom and Pop, and to give me the abundant life (John 10:10).*

*I desire justice, and God tells me in His Word that He is the Righteous Judge (Psalm 7:11; 9:8; 98:9). His Word reminds me that I do not need to worry about justice on earth because the final judgment happens in heaven (Revelation 20:11-15).*

*It is a long road to transformation, but I choose to believe that because my Heavenly Father gave me Jesus, His only Son, who died for my sins (John 3:16), and who I confess as my Savior (Romans 10:9), I have full confidence of victory over death. I will see my parents again in heaven with eternal life. God is all-powerful, and as the book of Revelation details, the victory has already been won.*

*Oh, Lord, thank You for Jesus. Thank You that in You there is peace, safety, strength, abundance, faith, and justice according to Your will. Lord, take my troubled heart and give me continual faith to believe in You. Amen<sup>2</sup>.*

An accumulation of these types of letters or stories, written over time, could form the basis of a journal that could foster reflexive and ongoing engagement with the deeper meaning of love, loss and faith. Finally, because study results indicate that CSG involves complications not only in terms of the griever's relationship with God, but also with members of his/her spiritual community (Burke, et al., in press), methods to address those relational deficits should also be employed. One such technique is for the clinician to facilitate role-play interactions between the bereaved individual and his or her spiritually inclined friends and family. Doing so can offer the survivor a chance to express concerns, hurts, and disappointments, while also providing a means for improving social and spiritual interactions in the future.

### Summary

Researchers who have monitored the bereavement trajectories of spiritually inclined grievers have reported that grief following the loss of a loved one can precipitate a spiritual crisis in some individuals (Shear, Dennard et al., 2006). Although more research is needed, recent studies have expanded the examination of problematic grief reactions and their relation to subsequent spiritual struggle both in detail (Burke, et al., in press) and in comparison with other disorders (Neimeyer & Burke, 2011). Consequently, research establishes a link between these two forms of bereavement distress, suggesting that, on some level, they may share the common denominator of a stressed attachment, founded upon love. A crisis of spiritual meaning in the aftermath of loss can trigger a

---

<sup>2</sup> The 52-devotional book, *Hope Beyond Homicide: Remembrance Devotionals*, is available from the third author.

profound crisis of faith. In light of this scenario, what starts as a loss of secure attachment to the loved one can eventuate in an insecure attachment to God (Kirkpatrick, 1995).

CSG is an emergent construct, and as such has not been explored much beyond the confines of the Christian faith tradition. To date, research on this topic has been governed by parameters inherent in the study's design, such as characteristics of the sample (African American individuals, known for their high level of church involvement; Taylor, Chatters, & Levin, 2004; living in a predominantly Christian region—the mid-South of the United States) and the instruments used for measurement (scales assessing Christian coping activities and cognitions; Brief RCOPE; (Pargament, Smith, Koenig, & Perez, 1998). Thus, one goal for future research should be to explore CSG in a variety of faith traditions. Additionally, because little research has been conducted on the conjunction of CG and CSG, another worthwhile goal is to develop and pilot a specialized psychospiritual therapy treatment for individuals suffering from both forms of bereavement distress.

Finally, despite the depths of his despair, C.S. Lewis (1961) recognized the valuable spiritual growth that frequently comes through affliction: "...if my [faith] was a house of cards, the sooner it was knocked down the better. And only suffering could do it" (p. 38). Suffering the loss of a love relationship is surely one of the most painful human experiences to endure. Couple that with a severely compromised relationship with God, and the picture is all the more challenging. We know that a subset of mourners will suffer substantially more than others at the hand of such affliction. It is for these individuals that more compassion, greater understanding, better assessment tools, and specialized treatment are both specifically warranted and desperately needed.

## References

- Abrums, M. (2000). Death and meaning in a storefront church. *Public Health Nursing, 17*, 132-142.
- Attig, T. (2001). Relearning the world: Making and finding meanings. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 33-53). Washington, DC: American Psychological Association.
- Baumeister, R. F. (1991). *Meanings of life*. New York: Guilford Press.
- Boelen, P. A., de Keijser, J., van den Hout, M., & van den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive-behavioral therapy and supportive counseling. *Journal of Clinical and Consulting Psychology, 75*, 277-284.
- Boelen, P. A., & Prigerson, H. G. (2007). The influence of symptoms of prolonged grief disorder, depression, and anxiety on quality of life bereaved adults: A prospective study. *European Archives of Psychiatry and Clinical Neuroscience, 257*, 444-452.
- Bonanno, G. A., & Kaltman, S. (2001). The varieties of grief experience. *Clinical Psychology Review, 21*, 705-734.
- Bonanno, G. A., & Mancini, A. D. (2006). Bereavement-related depression and PTSD: Evaluating interventions. In L. Barbanel, & R. J. Sternberg (Eds.), *Psychological interventions in times of crisis* (pp. 37-55). New York, NY: Springer.
- Bowlby, J. (1969). *Attachment and Loss* (Vol. 1). London: Hogarth Press.
- Burke, L. A., Neimeyer, R. A., McDevitt-Murphy, M. E., Ippolito, M. R., & Roberts, J. M. (in press). In the wake of homicide: Spiritual crisis and bereavement distress in an African American sample. *International Journal Psychology of Religion*.
- Coleman, R. A., & Neimeyer, R. A. (2010). Measuring meaning: Searching for and making sense of spousal loss in later life. *Death Studies, 34*, 804-834.
- Currier, J. M., Neimeyer, R. A., & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for the bereaved: A comprehensive quantitative review. *Psychological Bulletin, 134*, 648-661.
- Davis, C. G., & Nolen-Hoeksema, S. (2001). Loss and meaning: How do people make sense of loss? *American Behavioral Scientist, 44*, 726-741.
- Elacqua, T. C., & Hetzel, J. (Eds.). (2010). *Hope beyond homicide: Remembrance devotionals* (2<sup>nd</sup> ed.). Jackson, TN: Elacqua & Hetzel.
- Field, N. P., & Wogrin, C. (2011). The changing bond in therapy for unresolved loss: An attachment theory perspective. In Neimeyer, R. A., Harris, D., Winokuer, H., & Thornton, G. (Eds.). *Grief and bereavement in contemporary society: Bridging research and practice*. New York: Routledge.
- Fraley, R. C., & Shaver, P. R. (1999). Loss and bereavement: Bowlby's theory and recent controversies concerning grief work and the nature of detachment. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment theory and research* (pp. 735-759). New York: Guilford Press.
- Golsworthy, R., & Coyle, A. (1999). Practitioner's accounts of religious and spiritual dimension in bereavement therapy. *Counseling Psychology Quarterly, 14*, 183-202.
- Greenberg, L., Rice, L. N., & Elliott, R. (1993). *Facilitating emotional change*. New York: The Guilford Press.
- Gündel, H., O'Connor, M.F., Littrell, L., Fort, C., & Lane, R. (2003). Functional neuroanatomy of grief: An fMRI study. *American Journal of Psychiatry, 160*, 1946-1953.

- Hardison, H. G., Neimeyer, R. A., & Lichstein, K. L. (2005). Insomnia and complicated grief symptoms in bereaved college students. *Behavioral Sleep Medicine, 3*, 99-111.
- Hays, J. C., & Hendrix, C. C. (2008). The role of religion in bereavement. In M. S. Stroebe, R. O. Hansson, H. Schut, W. Stroebe, & E. V. D. Blink (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 327-348). Washington, DC: American Psychological Association.
- Hill, P. C., & Pargament, K. I. (2008). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Psychology of Religion and Spirituality, 1*, 2-17.
- Holland, J. M., Neimeyer, R. A., Boelen, P. A., & Prigerson, H. G. (2009). The underlying structure of grief: A taxometric investigation of prolonged and normal reactions to loss. *Journal of Psychopathology and Behavioral Assessment, 31*, 190-201.
- Jacobs, S. C. (1993). *Pathologic Grief: Maladaptation to loss*. Washington DC: American Psychiatric Press.
- Kirkpatrick, L. A. (1995). Attachment theory and religious experience. In J. R.W. Hood (Ed.), *Handbook of religious experience* (pp. 446-475). Birmingham: Religious Education Press.
- Klass, D. Silverman, P. R., & Nickman, S. (1996). *Continuing bonds: New understandings of grief*. Washington, DC: Taylor & Francis.
- Latham, A., & Prigerson, H. (2004). Suicidality and bereavement: Complicated grief as psychiatric disorder presenting greatest risk for suicidality. *Suicide Life Threat Behavior, 34*, 350-362.
- Lewis, C. S. (1961). *A grief observed*. New York: Harper Collins.
- Lichtenthal, W. G., Currier, J. M., Neimeyer, R. A., & Keesee, N. J. (2010). Sense and significance: A mixed-methods examination of meaning making following the loss of one's child. *Journal of Clinical Psychology, 66*, 791-812.
- McDaid, C., Trowman, R., Golder, S., Hawton, K., & Sowden, A. (2008). Interventions for people bereaved through suicide: Systematic review. *The British Journal of Psychiatry, 193*, 438-443.
- McDevitt-Murphy, M. E., Neimeyer, R. A., Burke, L. A., & Williams, J. L. (2011). Assessing the toll of traumatic loss: Psychological symptoms in African Americans bereaved by homicide. *Manuscript in review*.
- McIntosh, D. N., Silver, R. C., & Wortman, C. B. (1993). Religion's role in adjustment to a negative life event. *Journal of Personality and Social Psychology, 65*, 812-821.
- Mitchell, A. M., Kim, Y., Prigerson, H. G., & Mortimer-Stephens, M. (2004). Complicated grief in survivors of suicide. *Crisis, 25*, 12-18.
- Neimeyer, R. A. (2006). *Lessons of Loss* (2<sup>nd</sup> ed.). New York: Routledge.
- Neimeyer, R. A. (Ed.). (2001). *Meaning reconstruction and the experience of loss*. Washington, DC: American Psychological Association.
- Neimeyer, R. A., Burke, L., Mackay, M., & Stringer, J. (2010). Grief therapy and the reconstruction of meaning: From principles to practice. *Journal of Contemporary Psychotherapy, 40*, 73-85.
- Neimeyer, R. A., & Burke, L. A. (2011). Complicated grief in the aftermath of homicide: Spiritual crisis and distress in an African American sample. *Religions. Manuscript in review*. (Invited submission for special issue: Spirituality and Health ).
- O'Connor, M. F., Wellisch, D. K., Stanton, A. L., Eisenberger, N. I., Irwin, M. R., Lieberman, M.D. (2008). Craving love? Enduring grief activates brain's reward center. *NeuroImage, 42* (2), 969-972.

- Pargament, K., Koenig, H., & Perez, L. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology, 56*, 519–543.
- Pargament, K., Smith, B., Koenig, H., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37*(4), 710-724.
- Pargament, K. I., & Park, C. L. (1997). In times of stress: The religion–coping connection. In B. Spilka, D. N. McIntosh, B. Spilka, & D. N. McIntosh (Eds.), *The psychology of religion: Theoretical approaches* (pp. 43-53 ). Boulder, CO: Westview Press.
- Park, C. L. (2005). Religion and meaning. In C. L. P. R. F. Paloutzian (Ed.), *Handbook of the psychology of religion and spirituality* (pp. 295-314). New York: Guilford Press.
- Parkes, C. M. (2011). The historical landscape of loss: Development of bereavement studies. In R. A. Neimeyer, D. Harris, H. Winokur, & G. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 1-8). New York: Routledge.
- Prigerson, H. G., Beirhals, A. J., Kasl, S. V., Reynolds, C. F., Shear, K. Day, N., et al. (1997). Traumatic grief as a risk factor for mental and physical morbidity. *American Journal of Psychiatry, 154*, 616-623.
- Prigerson, H. G., Frank, E., Kasl, S., Reynolds, C., Anderson, B., Zubenko, G. S., et al. (1995). Complicated grief and bereavement related depression as distinct disorders: Preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry, 152*, 22-30.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., et al. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine, 6*(8), 1-12.
- Prigerson, H. G., & Jacobs, S. C. (2001). Traumatic grief as a distinct disorder: A rationale, consensus criteria, and a preliminary empirical test. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of Bereavement Research* (pp. 613-645). Washington, DC: American Psychological Association.
- Shear, K., Frank, E., Houch, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association, 293*, 2601-2608.
- Shear, M. K., Dennard, S., Crawford, M., Cruz, M., Gorscak, B., & Oliver, L. (2006, November). *Developing a two-session intervention for church-based bereavement support: A pilot project*. Paper presented at the meeting of International Society for Traumatic Stress Studies, Hollywood, CA.
- Shear, M. K., Jackson, C. T., Essock, S. M., Donahue, S. A., & Felton, C. J. (2006). Screening for complicated grief among Project Liberty service recipients 18 months after September 11, 2001. *Psychiatric Services 57*, 1291-1297.
- Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., et al. (in press). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety*.
- Smith, S. H. (2001). “Fret no more my child...for I’m all over heaven all day”: Religious beliefs in the bereavement of African American, middle-aged daughters coping with the death of an elderly mother. *Death Studies, 26*, 309-323.
- Stein, C. H., Abraham, K. M., Bonar, E. E., McAuliffe, C. E., Fogo, W. R., & Faigin, D. A., et al. (2009). Making meaning from personal loss: Religious, benefit finding, and goal-oriented attributions. *Journal of Loss and Trauma, 14*, 83-100.
- Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes in bereavement. *Lancet, 370*, 1960-1073.

- Stroebe, W., Stroebe, M. S., Abakoumkin, G., & Schut, H. (1996). The role of loneliness and social support in adjustment to loss: A test of attachment versus stress theory. *Journal of Personality and Social Psychology*, 70, 1241-1249.
- Taylor, R. J., Chatters, L. M., & Levin, J. (2004). *Religion in the lives of African Americans: Social, psychological, and health perspectives*. Thousand Oaks, CA: Sage Publications.
- Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior, Extra issue*, 53-79.
- Thompson, M. P., & Vardaman, P. J. (1997). The role of religion in coping with the loss of a family member to homicide. *Journal for the Scientific Study of Religion*, 36, 44-51.
- van der Houwen, K., Stroebe, M., Stroebe, W., Schut, H., van den Bout, J., & Wijngaards-de Meij, L. (2010). Risk factors for bereavement outcome: A multivariate approach. *Death Studies*, 34, 195-220.
- White, M. (1989). Saying hello again. In M. White (Ed.), *Selected papers* (pp. 29-36). Adelaide, Australia: Dulwich Centre Publications.
- Wortmann, J. H., & Park, C. L. (2008). Religion and spirituality in adjustment following bereavement: An integrative review. *Death Studies*, 32, 703-736.